2023 Los Angeles County Health Survey (LACHS) Child Survey CAWI Specifications

Last edited: 10/04/23

SCREENER

CAWI: THE CHILD SURVEY IS PASTED INTO THE SAME PROGRAM AS THE ADULT SURVEY, PLACED AFTER THE ADULT SURVEY. ALL RESPONDENTS ARE ADMINISTERED THE SAME SCREENER. IF APPLICABLE, CHILD-ONLY SURVEY RESPONDENTS WILL SKIP THE ADULT SURVEY AFTER THE SCREENER. THE CHILD SELECTION INSTRUCTIONS ARE INCLUDED IN THE ADULT CAWI SPECS.

QUESTIONNAIRE

ASK IF CHILD ONLY SURVEY, ELSE GO TO C1. CCON INTRO

CAWI: NON DATA VARIABLE. DISPLAY TO ALL ON SINGLE SCREEN.

The Los Angeles County Health Survey is being conducted on behalf of the Los Angeles County Department of Public Health. The information you provide will help the Department of Public Health address public health issues that affect Los Angeles County residents like you and your family. Before you begin, please ensure you are in a private location where no one else can see your responses. It is recommended you complete the entire survey in one sitting, which takes approximately 20 minutes, depending on your answers.

This year, about 7,000 people across the County will complete this survey. You have been randomly chosen to take part. You may choose not to take part in this survey, but no one else can take your place. When you finish the survey, you will receive [\$20/\$30].

This survey asks about the health of a child residing in your household. The data you provide are confidential. Only the combined responses from all 7,000 people will be reported, not just one person's answers.

Your participation is voluntary. You can quit the survey at any time by closing your browser window and you can refuse to answer any questions. If you have to stop the survey, after 15 minutes, you will be logged out automatically and will need your Participant Code to resume the survey at the point where you exited.

If you have any questions or concerns about this survey, please visit www.LAcountyHealthSurvey.org, call us toll-free at 877-282-4757, or email us at LACountyHealthSurvey@rti.org.

By clicking on the Start Survey button below, you acknowledge you have read and understood your rights as a participant and are agreeing to participate in the Los Angeles County Health Survey.

CAWI: PUT A "START SURVEY" BUTTON BELOW INFORMED CONSENT TO PROCEED TO C1.

ABOUT YOUR CHILD

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED)

ASK IF SELECTED CHILD NAME IS MISSING OR IF (FLAG_PAPI=1 AND NUM_CHILD>0). So that we can refer to your child by name during the rest of the survey, please provide the first name or initials of [CAW]: IF NUM CHILD=1 AND FLAG PAPI=1, DISPLAY: "the child living in your household", IF NUM CHILD>1 AND FLAG PAPI=1 DISPLAY: "the child living in your household with the next birthday. If the child with the next birthday is a twin, please answer about the younger twin," IF SELECTED CHILD NAME IS MISSING AND FLAG PAPI=0, DISPLAY: SELECT C.] CAWI: OPEN TEXT BOX. SET MAX 50 CHARACTERS. ENTER NAME OR INITIALS 98 DK 99 **REFUSED** (LACHS 18, 15, 11, 07, 05, 02, 99) CAWI: FILL "CHILD" VARIABLE WITH NAME OR INITIALS HELD FROM SCREENER OR C1 if FLAG_PAPI=1. FOR CHILD. SET VALUE TO VALUE OF SELECT C. IF SELECT C IS MISSING. DISPLAY "the child". **ASK ALL** CD1 What is [CHILD]'s age? If [CHILD] is less than a year old, please enter 0. CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 17. Age: ____ WEB SKIP=99 (LACHS 18, 15, 11, 07, 05, 02, 99, 97) ASK IF CD1=99, ELSE GO TO CD1b. Can you just tell us generally if [CHILD]'s age is...? 01 2 years old or younger 02 3 to 5 years old 03 6 to 11 years old 04 12 to 17 years old WEB SKIP=9 (LACHS 18, 15, 11, 07, 05, 02, 99, 97) ASK IF (CD1>=0 AND CD1<=2) OR CD1a=1, ELSE GO TO CD2. What is [CHILD]'s age in months? If [CHILD] is less than a month old, please enter 0. CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 35. Months WEB SKIP=99

```
CD2
<b>Is [CHILD] a...?</b>
01
       Male
02
       Female
       Another gender, please specify: CAWI: OPEN SPECIFY, SET MAX TO 50 CHARACTERS
03
WEB SKIP=9
(LACHS 18, 15, 11, 07, 05, 02, 99, 97)
CAWI: CREATE "GENDER1" VARIABLE BASED ON RESPONSE TO CD2:
IF CD2=01, FILL GENDER1 WITH "his".
IF CD2=02, FILL GENDER1 WITH "her".
IF CD2=03, FILL GENDER1 WITH "[CHILD]'s".
IF CD2=9, FILL GENDER1 WITH "[CHILD]'s".
CAWI: CREATE "GENDER2" VARIABLE BASED ON RESPONSE TO CD2:
IF CD2=01, FILL GENDER2 WITH "him".
IF CD2=02. FILL GENDER2 WITH "her".
IF CD2=03, FILL GENDER2 WITH "[CHILD]".
IF CD2=9, FILL GENDER2 WITH "[CHILD]."
CAWI: CREATE "GENDER3" VARIABLE BASED ON RESPONSE TO CD2:
IF CD2=01, FILL GENDER3 WITH "he".
IF CD2=02, FILL GENDER3 WITH "she".
IF CD2=03, FILL GENDER3 WITH "[CHILD]".
IF CD2=9, FILL GENDER3 WITH "[CHILD]".
ASK ALL
CD3
<b>What is your relationship to [CHILD]? Are you [GENDER1]...?</b>
01
       Biological mother
02
       Biological father
       Step-mother
03
04
       Step-father
05
       Adoptive mother
       Adoptive father
06
07
       Foster mother
       Foster father
80
       Sister
09
10
       Brother
11
       Aunt
12
       Uncle
13
       Grandmother
14
       Grandfather
15
       Other relationship, please specify:
                                            CAWI: OPEN SPECIFY. SET MAX TO 50 CHARACTERS.
WEB SKIP=99
```

(LACHS 18, 15, 11)

ASK ALL

ASK IF (CD3>=1 AND CD3<=6) OR (CD3>=9 AND CD3<=15) OR CD3=99, ELSE GO TO CD3b.

CD3a

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15)

ASK IF CD3=3 OR CD3=4 OR CD3=9 OR CD3=10 OR CD3=11 OR CD3=12 OR CD3=13 OR CD3=14 OR CD3=15 OR CD3=99, ELSE GO TO RD1.

CD3b

b>Are you a legal guardian for [CHILD]?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15)

ASK ALL

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D1a.

What is your current gender identity?

01 Male

02 Female

03 Transgender male/trans man

04 Transgender female/trans woman

05 Gender non-binary, gender non-conforming

Of Another gender category or another identity, please specify: CAWI: OTHER SPECIFY, MAX 50 CHARACTERS

09 Prefer not to state

WEB SKIP=99

(LACHS 18 modified; DPH-SOP)

ABOUT YOUR INFANT

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.

Ci1

Which of the following statements best describes you during the 3 months before you got pregnant with [CHILD]?

01 I was trying to get pregnant

02 I was not trying to get pregnant but did not mind if I became pregnant

03 I was not trying to get pregnant

WEB SKIP=9

(LACHS 18)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.

Ci2

How many weeks or months pregnant with [CHILD] were you when you had your first visit for prenatal care?

CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.

01 I would like to answer in weeks

02 I would like to answer in months

03 I did not get prenatal care

WEB SKIP=9

DISPLAY IF Ci2=01.

Ci2_w

CAWI: FOR WEEKS, SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 52.

Weeks

DISPLAY IF Ci2=02.

Ci2_m

CAWI: FOR MONTHS, SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 12.

Months

(LACHS 18)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.

Ci3

While you were pregnant with [CHILD], did you...?

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

CAWI: RANDOMIZE ITEMS 1 THROUGH 4.

01 Yes 02 No

Ci3_1

Take folic acid

Ci3 2

 Set a Tdap shot or vaccination A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whopping cough).

Ci3_3

 Have a flu shot within twelve months before giving birth to [CHILD]

Ci3 4

<bs>See a dentist within twelve months before giving birth to [CHILD]

WEB SKIP=9

(LACHS 18)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1. Ci4 While you were pregnant with [CHILD], were you exposed to cigarette smoke, e-cigarette vapor, or both? 01 Cigarette smoke 02 E-cigarette vapor 03 Both Neither WEB SKIP=9 (LACHS 18) ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1. For two weeks or longer during your pregnancy with [CHILD], did you...? **CAWI: TWO COLUMN RESPONSES** CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX 01 Yes 02 No Ci5 a
b>Feel sad, empty, or depressed for most of the day? Lose interest in most things like work, hobbies, and other things you usually enjoyed? Ci₅ c Experience anxiety (excessive and unrealistic worry about everyday tasks or events)? WEB SKIP=9 (LAMB modified) ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1. Within the first 12 months after giving birth to [CHILD], did you experience the following symptoms for two weeks or longer? **CAWI: TWO COLUMN RESPONSES** CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX 02 01 Yes No Feel sad, empty, or depressed for most of the day?

Ci6_b

Lose interest in most things like work, hobbies, and other things you usually enjoyed?

Ci6 c

Experience anxiety (excessive and unrealistic worry about everyday tasks or events)?

WEB SKIP=9

(LAMB modified)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1. IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM HC1a. Ci7

b>How tall are you without shoes?

CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.

01 I would like to answer in feet and inches

02 I would like to answer in meters and centimeters

WEB SKIP=9

DISPLAY IF Ci7=01.

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM HC1a_f & HC1a_i.

Ci7 f & Ci7 i

CAWI: FOR FEET, SET TO ONE DIGIT NUMERIC INTEGER, SET RANGE TO 4 TO 6.

CAWI: FOR INCHES, TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 11.9.

CAWI: SET VALIDATION TO REQUIRE RESPONSES IN BOTH FEET AND INCHES. SOFT PROMPT DISPLAY:

"Please enter your response in both feet and inches."

Feet and Inches

DISPLAY IF Ci7=02.

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM HC1a_m & HC1a_c.

Ci7_m & Ci7_c

CAWI: FOR METERS, SET TO ONE DIGIT NUMERIC INTEGER, SET RANGE TO 1 TO 2.

CAWI: FOR CENTIMETERS, SET TO TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 99.9.

CAWI: SET VALIDATION TO REQUIRE RESPONSES IN BOTH METERS AND CENTIMETERS. SOFT PROMPT DISPLAY: "Please enter your response in both meters and centimeters."

___ Meters and ___ Centimeters

(PRAMS)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.

Ci8

How much did you weigh right before your pregnancy with [CHILD]?

CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.

01 I want to answer in pounds

02 I want to answer in kilograms

WEB SKIP=9

(LACHS 18; WIC)

DISPLAY IF Ci8=01. Ci8_p CAWI: SET TO THREE DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 50.0 TO 550.0. Pounds **DISPLAY IF Ci8=02.** Ci8_k CAWI: SET TO THREE DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE, SET RANGE TO 23.0 TO 225.0. Kilograms ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1. How much weight did you gain during your pregnancy with [CHILD]? CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN. 01 I want to answer in pounds 02 I want to answer in kilograms WEB SKIP=9 (LACHS 18) **DISPLAY IF Ci9=01.** Ci9_p CAWI: SET TO TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 75.0. ___ Pounds **DISPLAY IF Ci9=02.** Ci9_k CAWI: SET TO TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 35.0. ___ Kilograms (LACHS 18) ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1. Since the birth of [CHILD] did you return to work or begin a new job? 01 Yes 02 No WEB SKIP=9 (LACHS 18, 15, 11, 07, 05, 02)

ASK IF Ci10=1, ELSE GO TO Ci11. Ci₁₀a How old was [CHILD] when you first returned to work or began a new job? Please give us your best estimate. CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN. CAWI: IF Ci10a=MISSING, GO TO Ci11. I want to answer in years 02 I want to answer in months 03 I want to answer in weeks I want to answer in days 04 WEB SKIP=9 (LACHS 18, 07, 05, 02; WIC) **DISPLAY IF Ci10a=01.** Ci10a_y CAWI: SET TO ONE DIGIT NUMERIC INTEGER, SET RANGE TO 0 TO 5. ___ Years DISPLAY IF Ci10a=02. Ci10a_m CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 60. ___ Months DISPLAY IF Ci10a=03. Ci10a_w CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 52. ___ Weeks **DISPLAY IF Ci10a=04.** Ci10a d CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 60. ___ Days ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1. Was [CHILD] born in a hospital? 01 Yes

02

No

ASK IF Ci11=1, ELSE GO TO Ci13.

Ci12

The next questions ask about things that may have happened at the hospital where [CHILD] was born.
Select an answer for each question.

(LACHS 18, 15, 11, 07 MODIFIED, 05; PRAMS 2004 MODIFIED; BREASTFEEDING MODULE P29)

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

01 Yes 02 No

Ci12a

Did you breastfeed or feed breast milk to [CHILD] in the hospital?

Ci12b

Was [CHILD] fed only breast milk at the hospital?

Ci12d

Did [CHILD] stay in the same room with you in the hospital?

Ci12d

Did the hospital give you a telephone number to call for help with breastfeeding?

Ci12e

Did [CHILD] use a pacifier in the hospital?

Ci12f

Did hospital staff help you learn how to breastfeed?

Ci12g

Did hospital staff tell you to breastfeed whenever your baby wanted?

WEB SKIP=9

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1. IF Ci12a=1 OR Ci12b=1, AUTOPUNCH Ci13=01 AND GO TO Ci14.

Ci13

Was [CHILD] ever breastfed or fed breast milk?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, MODIFIED, 05, 02, 99; CDC NIS 2010)

ASK IF Ci12a=1 OR Ci12b=1 OR Ci13=1, ELSE GO TO Ci17.

Ci14

Did you breastfeed or feed breast milk to [CHILD] in the first hour after birth?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11)

ASK IF Ci12a=1 OR Ci12b=1 OR Ci13=1, ELSE GO TO Ci17. Ci15
 Are you currently breastfeeding [CHILD]?
01 Yes 02 No
WEB SKIP=9
(LACHS 18, 15, 11, 07, 05, 02, 99)
ASK IF (Ci12a=1 OR Ci12b=1 OR Ci13=1) AND Ci15=2, ELSE GO TO Ci17. Ci16
How old was [CHILD] when [GENDER3] completely stopped breastfeeding or being fed breast milk? Please round to the closest day, week, month, or year.
CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.
 I want to answer in days I want to answer in weeks I want to answer in months I want to answer in years
WEB SKIP=99
(LACHS 18, 15, 11, 07 MODIFIED, 05, 02, 99; CDC NIS 2010)
DISPLAY IF Ci16=01. Ci16_d
CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 90.
Days
DISPLAY IF Ci16=02. Ci16_w
CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 52.
Weeks
DISPLAY IF Ci16=03. Ci16_m
CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 60.
Months
DISPLAY IF Ci16=04. Ci16_y
CAWI: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 5.
Years

ASK IF CD3=1 AND (CD1>=0 AND CD1<=2) OR CD1a=1, ELSE GO TO Ci19.

Ci17

How old was [CHILD] when [GENDER3] was first fed formula? Please round to the closest day, week, month, or year.

CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.

01 I want to answer in days
02 I want to answer in weeks
03 I want to answer in months
04 I want to answer in years

05 I fed my child formula at birth

06 I never fed my child formula/I am still only feeding my child breast milk

WEB SKIP=9

(LACHS 18, 15, 11; CDC NIS 2010)

DISPLAY IF Ci17=01.

Ci17 d

CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 90.

___ Days

DISPLAY IF Ci17=02.

Ci17_w

CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 52.

___ Weeks

DISPLAY IF Ci17=03.

Ci17 m

CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 35.

___ Months

DISPLAY IF Ci17=04.

Ci17_y

CAWI: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 2.

___ Years

ASK IF CD3=1 AND (CD1>=0 AND CD1<=2) OR CD1a=1, ELSE GO TO Ci19.

Ci18

 The next question is about the first thing that [CHILD] was given other than breastmilk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [CHILD] might have been given, even water.

How old was [CHILD] when [GENDER3] was first fed anything other than breast milk or formula?

CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.

01 I want to answer in days

02 I want to answer in weeks

 I want to answer in months I want to answer in years I fed my child other food at birth I never fed my child anything other than breast milk or formula
WEB SKIP=9
(LACHS 18, 15, 11; CDC NIS 2010)
DISPLAY IF Ci18=01. Ci18_d
CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 90.
Days
DISPLAY IF Ci18=02. Ci18_w
CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 52.
Weeks
DISPLAY IF Ci18=03. Ci18_m
CAWI: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 35.
Months
DISPLAY IF Ci18=04. Ci18_y
CAWI: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 2.
Years
ASK IF Ci10=1 AND (Ci12a=1 OR Ci12b=1 OR Ci13=1), ELSE GO TO CB1. Ci19 <
01 Yes 02 No
WEB SKIP=9

(LACHS 18, 15, 11, 07, 05)

CHILD ACTIVITIES

ASK ALL

CB1

On an AVERAGE DAY, about how many sodas, such as Coke, Pepsi, Dr. Pepper or Sprite, or sweetened drinks, such as Gatorade, Red Bull or Sunny Delight does [CHILD] drink? Do not include diet sodas or sugar-free drinks. Count juice unless it's 100% fruit juice. Please count a 12-ounce can, bottle, or glass as one drink.

If [CHILD] drinks sodas or sweetened drinks rarely (drinks less than 1 drink per day), please enter 97 as your response.

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 97.

Number of sodas or sweetened drinks

WEB SKIP=99

(LACHS 18, 15, 11, 07; NYCHS 2005, MODIFIED)

ASK IF (CD1>=3 AND CD1<=17) OR (CD1a=2 OR CD1a=3 OR CD1a=4) OR (CD1b>=6 AND CD1b<=35), ELSE GO TO CB3.

CB2

 How often does [CHILD] eat any food including meals and snacks from a fast food restaurant, like McDonald's, Taco Bell, KFC, or another similar type of place?

If they go multiple times per day, please count each visit for that day.

- 4 or more times per week
- 1 to 3 times per week
- 03 Less than once a week but more than once a month
- 04 Less than once a month
- 05 Never

WEB SKIP=9

(LACHS 11, 07; AMERICAN JOURNAL OF HEALTH PROMOTION ARTICLE, MODIFIED)

ASK IF (CD1>=6 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CB5.

CB3

On how many of the past 7 days did [CHILD] exercise or do physical activity for a total of at least 60 minutes a day, like basketball, soccer, running, swimming laps, bicycling, skateboarding, fast walking, dancing, or similar aerobic activities?
Do not include exercise that lasts less than 10 minutes at a time.

CAWI: SET ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

Days

WEB SKIP=9

(LACHS 18, 15; Source: 2013 California Healthy Kids Survey)

ASK IF (CD1>=6 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CB5.

CB4

CAWI: SET ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

____ Days

WEB SKIP=9

(LACHS 18, 15; Source: 2010 National Youth Physical Activity and Nutrition Survey)

ASK ALL

CB₅

em>On most weekdays, about how much time did [CHILD] spend in front of a TV, computer, cell phone, or other electronic device watching programs, playing games, accessing the internet, or using social media? Do not include time spent doing schoolwork.

- 01 Less than 1 hour
- 02 1 hour
- 03 2 hours
- 04 3 hours
- 05 4 or more hours
- 06 Never

WEB SKIP=9

(NSCH 2021)

ASK ALL

CB6

 In the past 7 days, on how many days was [CHILD] exposed to tobacco smoke in the home where [CHILD] primarily lives (whether from inside the home, other neighboring homes/units, or from the outside)?

CAWI: SET ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

____ Days

WEB SKIP=9

YOUR COMMUNITY

ASK ALL

IF CCON1=1 (ADULT CONTINUATION – SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM V3. BE1

How safe from crime do you consider your neighborhood to be...?

- 01 Very safe
- 02 Somewhat safe
- 03 Somewhat unsafe
- 04 Very unsafe

WEB SKIP=9

(LACHS adult 99-18; BRFSS)

ASK ALL

BE2

How would you rate your community on access to fresh fruits and vegetables? Would you say...?

01 Excellent

02 Good

03 Fair

04 Poor

WEB SKIP=9

(LACHS 18, 15, 11, 07 subsample, Modified)

ASK ALL

BE3

Is there a park, playground, or other place that is safe from crime for [CHILD] to play that you can get to easily?

01 Yes

02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99)

GENERAL HEALTH

ASK ALL

CH1

 In general, how would you describe [CHILD]'s health?

01 Excellent

02 Very Good

03 Good

04 Fair

05 Poor

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99; NHIS)

ASK IF (CD1>=6 AND CD1<=17) OR (CD1a=3 OR CD1a =4), ELSE GO TO CSH1a.

CH2

em>During the past 12 months, about how many days did [CHILD] miss school because of illness, injury, or disability?

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 365.

____ Days

WEB SKIP=999

(LACHS 18 modified; NSCH 2016)

ASK ALL

CSH1a

Does [CHILD] currently need or use medicine prescribed by a doctor (other than vitamins)?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH1a=1, ELSE GO TO CSH1b. DISPLAY ON SAME SCREEN AS CSH1a.

CSH2a

<bs/>Is this because of any medical, behavioral, or other health condition, including mental health?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH2a=1, ELSE GO TO CSH1b. DISPLAY ON SAME SCREEN AS CSH1a.

CSH3a

Is this a condition that has lasted or is expected to last for at least 12 months?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK ALL

CSH₁b

 Does [CHILD] need or use more medical care, mental health or educational services than is usual for most children of the same age?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH1b=1, ELSE GO TO CSH1c. DISPLAY ON SAME SCREEN AS CSH1b.

CSH2b

Is this because of any medical, behavioral, or other health condition, including mental health?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH2b=1, ELSE GO TO CSH1c. DISPLAY ON SAME SCREEN AS CSH1b.

CSH3b

Is this a condition that has lasted or is expected to last for at least 12 months?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK ALL

CSH1c

Is [CHILD] limited or prevented in any way in [GENDER1] ability to do the things most children of the same age can do?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH1c=1, ELSE GO TO CSH1d. DISPLAY ON SAME SCREEN AS CSH1c.

CSH₂c

ls this because of any medical, behavioral, or other health condition, including mental health?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH2c=1, ELSE GO TO CSH1d. DISPLAY ON SAME SCREEN AS CSH1c.

CSH₃c

Is this a condition that has lasted or is expected to last for at least 12 months?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK ALL

CSH1d

Does [CHILD] need or receive special therapy, such as physical, occupational, or speech therapy?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH1d=1, ELSE GO TO CSH1e. DISPLAY ON SAME SCREEN AS CSH1d.

CSH2d

ls this because of any medical, behavioral, or other health condition, including mental health?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH2d=1, ELSE GO TO CSH1e. DISPLAY ON SAME SCREEN AS CSH1d.

CSH3d

Is this a condition that has lasted or is expected to last for at least 12 months?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK ALL

CSH1e

Does [CHILD] have any kind of emotional, developmental, or behavioral problem for which [GENDER3] needs or receives treatment or counseling?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH1e=1, ELSE GO TO CSH4. DISPLAY ON SAME SCREEN AS CSH1e.

CSH3e

Is this a condition that has lasted or is expected to last for at least 12 months?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 05, 02)

ASK IF CSH3a=1 OR CSH3b=1 OR CSH3c=1 OR CSH3d=1 OR CSH3e=1, ELSE GO TO CDD1.

CSH4

 How many hours per week do you or other family members spend arranging or coordinating [CHILD]'s care? By this we mean making appointments, making sure that care providers are exchanging information, and following up on [CHILD]'s care needs.</br>

It is fine to provide an average number of hours per week based on several weeks. Please give us your best estimate. If your answer is less than an hour or none per week, please enter 0. If your answer is around the clock per week, please enter 168.

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 168.

____ Hours per week

WEB SKIP=999

(LACHS 18, 15; Source: 2009-2010 CSHCN)

ASK IF CSH3a=1 OR CSH3b=1 OR CSH3c=1 OR CSH3d=1 OR CSH3e=1, ELSE GO TO CDD1.

CSH₅

Have you or other family members cut down on the hours you work or stopped working because of [CHILD]'s health condition?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15; Source: 2009-2010 CSHCN)

ASK IF CSH3a=1 OR CSH3b=1 OR CSH3c=1 OR CSH3d=1 OR CSH3e=1, ELSE GO TO CDD1.

Has [CHILD]'s health condition caused financial problems for your family?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15; Source: 2009-2010 CSHCN)

ASK IF CSH3a=1 OR CSH3b=1 OR CSH3c=1 OR CSH3d=1 OR CSH3e=1, ELSE GO TO CDD1. CSH7

To what degree has [CHILD]'s condition impacted your daily life?

01 Great impact
02 Moderate impact
03 Little impact
04 No impact

WEB SKIP=9

(LACHS 18, 15; DPH CMS)

ASK IF CSH3a=1 OR CSH3b=1 OR CSH3c=1 OR CSH3d=1 OR CSH3e=1, ELSE GO TO CDD1. CSH8

Do you experience difficulty getting needed services for [CHILD]'s condition?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15)

ASK IF CSH8=1, ELSE GO TO CSH9.

CSH8a

Did you experience difficulty getting needed services because...? Please check all that apply.

CAWI: ENABLE MULTIPLE RECORD

- O1 You did not have insurance?
- Vour insurance doesn't cover needed services?
- There is a language barrier to receiving needed services?
- You did not have transportation to take [CHILD]?
- Needed services are not available or are in short supply?

WEB SKIP=9

(LACHS 18, 15)

ASK IF CSH3a=1 OR CSH3b=1 OR CSH3c=1 OR CSH3d=1 OR CSH3e=1, ELSE GO TO CDD1.

CSH9

During the past 12 months, was [CHILD] admitted to a hospital overnight? Please include mental health hospitals.
Do not include overnight stays in the Emergency Room.

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15; Source: 2009-2010 CSHCN)

ASK IF (CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a =2), ELSE GO TO CDD2.

CDD1

During the past 12 months, did [CHILD]'s doctors or other health care providers ask if you have concerns about [CHILD]'s learning, development, or behavior?

01 Yes 02 No

WEB SKIP=9

(NSCH 2021)

ASK IF (CD1>=3 AND CD1<=5) OR CD1a=2 OR (CD1b>=9 AND CD1b<=35), ELSE GO TO CDD3. CDD2

During the past 12 months, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about [CHILD]'s development, communication, or social behavior?

01 Yes 02 No

WEB SKIP=9

(NSCH 2021)

ASK ALL

CDD3

 doctor, or other health care provider, school nurse, or teacher ever told you that [CHILD] has a developmental delay?

01 Yes 02 No

WEB SKIP=9

(NSCH 2021)

ASK IF CDD3=1, ELSE GO TO CDD4. DISPLAY ON SAME SCREEN AS CDD3.

CDD3a

Does [CHILD] currently have the condition?

01 Yes 02 No

WEB SKIP=9

(NSCH 2021)

ASK IF CDD3a=1, ELSE GO TO CDD4. DISPLAY ON SAME SCREEN AS CDD3.

CDD3b

03

s it mild, moderate, or severe?

01 Mild02 Moderate

Severe

WEB SKIP=9

(NSCH 2021)

ASK ALL

CDD4

Has [CHILD] ever had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).

01 Yes 02 No

WEB SKIP=9

(NSCH 2021)

ASK IF CDD4=1, ELSE GO TO CDD5. DISPLAY ON SAME SCREEN AS CDD4.

CDD4a

Is [CHILD] currently receiving services under one of these plans?

01 Yes 02 No

WEB SKIP=9

(NSCH 2021)

ASK ALL

CDD5

Has [CHILD] ever received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

01 Yes 02 No

WEB SKIP=9

(NSCH 2021)

ASK IF CDD5=1, ELSE GO TO CH3. DISPLAY ON SAME SCREEN AS CDD5.

CDD5a

s [CHILD] currently receiving these special services?

01 Yes02 No

WEB SKIP=9

(NSCH 2021)

HEALTH CONDITIONS

ASK ALL

CH3

Have you ever been told by a doctor or other health professional that [CHILD] has asthma?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF CH3=1, ELSE GO TO CH4. DISPLAY ON SAME SCREEN AS CH3.

CH3a

Does [CHILD] still have asthma?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02; NHIS)

ASK IF CH3=1, ELSE GO TO CH4. DISPLAY ON SAME SCREEN AS CH3.

CH3b

During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99; NHIS)

ASK IF CH3a=1 OR CH3b=1, ELSE GO TO CH4.

CH3c

During the past 12 months, how many days of daycare or school did [CHILD] miss due to asthma?
Please provide your best estimate.

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 365.

____ Days

997 [CHILD] was not in day care or school/Does not apply

WEB SKIP=999

(LACHS 18, 15, 11, 07, 05; CHIS CHILD SURVEY 2003 MODIFIED)

ASK IF CH3a=1 OR CH3b=1, ELSE GO TO CH4.

CH3d

How often does [CHILD]'s asthma limit [GENDER1] physical activity?

- 01 Always
- 02 Most of the time
- 03 Sometimes
- 04 Rarely
- 05 Never

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99 MODIFIED)

ASK IF CH3a=1 OR CH3b=1, ELSE GO TO CH4.

CH3e

 How many times during the past 12 months did [CHILD] visit an emergency room or urgent care center because of asthma?

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 365.

Times

WEB SKIP=999

(LACHS 18, 15, 11, 07, 05, 02; NATIONAL ASTHMA SURVEY 2003)

ASK IF (CD1>=5 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CH6.

CH₄

How often does [CHILD] seem very anxious, nervous, or worried?

- 01 Daily
- 02 Weekly
- 03 Monthly
- 04 A few times a year
- 05 Never

WEB SKIP=9

(NHIS 2021)

ASK IF (CD1>=5 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CH6.

CH₅

How often does [CHILD] seem very sad or depressed?

- 01 Daily
- 02 Weekly
- 03 Monthly
- 04 A few times a year
- 05 Never

WEB SKIP=9

(NHIS 2021)

ASK ALL

CH₆

Yes, it's too highYes, it's too low

03 No, I am not concerned

WEB SKIP=9

(NSCH 2021)

ASK IF (CD1>=3 AND CD1<=17) OR (CD1a=2 OR CD1a=3 OR CD1a=4) OR (CD1b>=24 AND CD1b<=35), ELSE GO TO WS1.

CH7

Has a doctor or other health care provider ever told you that [CHILD] is overweight or obese?

01 Yes 02 No

WEB SKIP=9

(NSCH 2021 modified)

WATER SAFETY AND DROWNING PREVENTION

ASK IF (CD1>=0 AND CD1<=14) OR (CD1a=1 OR CD1a=2 OR CD1a=3), ELSE GO TO WS3.

WS1

Does [CHILD] ever play in or around swimming pools?

01 Yes 02 No

WEB SKIP=9

ASK IF WS1=1, ELSE GO TO WS2.

WS1a

How often is an adult designated as the "pool watcher" to actively watch [CHILD] when [GENDER3] is in or around a swimming pool where there are no lifeguards? By "pool watcher", we mean an adult who is solely responsible for watching children at the swimming pool until they are relieved by another adult who will take on that responsibility.

01 Every time02 Sometimes03 Never

WEB SKIP=9

ASK IF (CD1>=0 AND CD1<=14) OR (CD1a=1 OR CD1a=2 OR CD1a=3), ELSE GO TO WS3. WS2

Has [CHILD] ever received any formal swimming lessons? By formal lessons we mean swimming lessons taught by trained instructors through swim programs offered by the Red Cross, YMCA, a park, a public pool, a swimming school, or a private instructor.

01 Yes 02 No

ASK IF WS2=2, ELSE GO TO WS3.

WS2a

Which of the following are reasons why [CHILD] has not taken formal swimming lessons? Is it because swimming lessons are...?

CAWI: ENABLE MULTIPLE RECORD

- 01 Too expensive
- 02 Not offered at convenient times
- 03 Not available near me
- 04 Always full
- 05 Not a priority for my family
- Not safe right now due to the COVID-19 pandemic
- 07 Something [CHILD] does not want to attend
- Not needed because [CHILD] was/is taught by family/friend
- 09 Other reason, please specify: CAWI: OTHER SPECIFY, SET MAX TO 100 CHARACTERS

WEB SKIP=99

ASK IF (CD1>=5 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CC1.

WS3

Can [CHILD] swim the length of a swimming pool without a floatation device?

01 Yes02 No

WEB SKIP=9

CHILD CARE

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND (CD1=5 OR CD1a=2), ELSE GO TO CC2.

CC1

Is [CHILD] currently enrolled in kindergarten?

01 Yes 02 No

WEB SKIP=9

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)) AND (CC1=2 OR CC1=9 OR CC1=MISSING), ELSE GO TO CC7. CC2

The next questions are about child care. By child care, we mean any kind of arrangement where someone other than you or [CHILD]'s other parent takes care of [CHILD] on a regular basis. Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center. Do not include occasional babysitting.

How many hours is [CHILD] currently in any kind of child care during a typical week? Please provide your best estimate. Do not include care provided by you or [CHILD]'s other parent.

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 80.

Hours

WEB SKIP=99

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99)

ASK IF (CC2>=1 AND CC2<=80), ELSE GO TO CC7. CC3 We'd like to know more about the types of child care you use for [CHILD] on a regular basis. Do you use a child care center, preschool, or nursery school for [CHILD] on a regular basis? 01 Yes 02 No WEB SKIP=9 ASK IF CC3=1, ELSE GO TO CC4. DISPLAY ON SAME SCREEN AS CC3. CC3a s this part of a school district? 01 Yes 02 No WEB SKIP=9 ASK IF (CC2>=1 AND CC2<=80), ELSE GO TO CC7. CC4 Does someone care for [CHILD] in their home on a regular basis? 01 Yes 02 No WEB SKIP=9 (LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99) ASK IF CC4=1, ELSE GO TO CC5. DISPLAY ON SAME SCREEN AS CC4. CC4a ls this a licensed family or home day care provider? 01 Yes 02 No WEB SKIP=9 (LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99) ASK IF CC4=1, ELSE GO TO CC5. DISPLAY ON SAME SCREEN AS CC4. CC4b
Is this a family member, friend, neighbor, nanny, or au pair? 01 Family member

02 Friend

03 Neighbor

04 Nanny

05 Au pair

Of Someone else, please specify: CAWI: OTHER SPECIFY. SET MAX TO 50 CHARACTERS

ASK IF (CC2>=1 AND CC2<=80), ELSE GO TO CC7.

CC5

Does someone care for [CHILD] in your home on a regular basis?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99)

ASK IF CC5=1, ELSE GO TO CC6, DISPLAY ON SAME SCREEN AS CC5.

CC5a

ls this a family member, friend, neighbor, nanny, or au pair?

- 01 Family member
- 02 Friend
- 03 Neighbor
- 04 Nanny
- 05 Au pair
- 06 Someone else, please specify: CAWI: OTHER SPECIFY. SET MAX TO 50 CHARACTERS

WEB SKIP=9

ASK IF (CC2>=1 AND CC2<=80), ELSE GO TO CC7.

CC6

b>What is most important to you in choosing child care?

- 01 Cost of child care
- O2 Quality of the program
- 03 Location (close to home or work)
- 04 Length of operating hours and flexibility of drop-off and pick-up times
- O5 Qualifications of staff and teachers
- 06 Something else, please specify: CAWI: OTHER SPECIFY, SET MAX TO 100 CHARACTERS

WEB SKIP=9

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND (CC1=1 OR (CD1>=6 AND CD1<=12) OR CD1a=3), ELSE GO TO CC10.

The next questions are about child care that [CHILD] may receive before or after school. By child care, we mean any kind of arrangement where someone other than you or [CHILD]'s other parent takes care of [CHILD] on a regular basis. Please include care provided by a relative or non-relative, either in your home or someone else's home, in a community or child care center, as well as a school campus. Do not include occasional babysitting.

How many hours is [CHILD] currently in any kind of child care before or after school during a typical week? Please provide your best estimate. Do not include care provided by you or [CHILD]'s other parent.

____ Hours

ASK IF (CC7>=1 AND CC7<=80), ELSE GO TO CC10.

CC8

Does [CHILD] receive child care before the start of the school day?

01 Yes 02 No

WEB SKIP=9

ASK IF CC8=1, ELSE GO TO CC9.

CC8a

Where does [CHILD] receive child care before the start of the school day? Is it at a location outside of your home or is it inside of your home?

- Outside of my home only
 Inside of my home only
- 03 Both outside and inside of my home

WEB SKIP=9

ASK IF CC8a=1 OR CC8a=3, ELSE GO TO CC8a2.

CC8a1

At which of the following locations does [CHILD] receive child care outside of your home before the start of the school day?

CAWI: ENABLE MULTIPLE RESPONSES

- 01 Home of a family member
- 02 Home of a friend
- 03 Home of a neighbor
- 04 Home of a paid caregiver
- 05 Program located at [CHILD]'s school
- 06 Program located at a different school campus
- 07 Community or youth center (such as YMCA, Boys and Girls Club, child care center)
- 08 Somewhere else, please specify: CAWI: OTHER SPECIFY. SET MAX 100 CHARACTERS

ASK IF CC8a=2 OR CC8a=3, ELSE GO TO CC9.

CC8a2

Who provides child care for [CHILD] inside of your home before the start of the school day?

CAWI: ENABLE MULTIPLE RESPONSES

- 01 Family member
- 02 Friend
- 03 Neighbor
- 04 Nanny
- 05 Au pair
- 06 Someone else, please specify: CAWI: OTHER SPECIFY. SET MAX TO 50 CHARACTERS

WEB SKIP=9

ASK IF (CC7>=1 AND CC7<=80), ELSE GO TO CC10.

CC9

Does [CHILD] receive child care after the end of the school day?

01 Yes 02 No

ASK IF CC9=1, ELSE GO TO CC10.

CC9a

Where does [CHILD] receive child care after the end of the school day? Is it at a location outside of your home or is it inside of your home?

- Outside of my home only
 Inside of my home only
- 03 Both outside and inside of my home

WEB SKIP=9

ASK IF CC9a=1 OR CC9a=3, ELSE GO TO CC9a2.

CC9a1

At which of the following locations does [CHILD] receive child care outside of your home after the end of the school day?

CAWI: ENABLE MULTIPLE RESPONSES

- 01 Home of a family member
- 02 Home of a friend
- Home of a neighbor
- 04 Home of a paid caregiver
- 05 Program located at [CHILD]'s school
- O6 Program located at a different school campus
- 07 Community or youth center (such as YMCA, Boys and Girls Club, child care center)
- 08 Somewhere else, please specify: CAWI: OTHER SPECIFY. SET MAX 100 CHARACTERS

WEB SKIP=9

ASK IF CC9a=2 OR CC9a=3, ELSE GO TO CC10.

CC9a2

Who provides child care for [CHILD] inside of your home after the end of the school day?

CAWI: ENABLE MULTIPLE RESPONSES

- 01 Family member
- 02 Friend
- 03 Neighbor
- 04 Nanny
- 05 Au pair
- 06 Someone else, please specify: CAWI: OTHER SPECIFY. SET MAX TO 50 CHARACTERS

WEB SKIP=9

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=12) OR (CD1a=1 OR CD1a=2 OR CD1a=3)), ELSE GO TO CHi1. CC10

Overall, how easy or difficult is it for you to get child care for [CHILD] on a regular basis when you need it?

- 01 Very easy
- 02 Somewhat easy
- 03 Somewhat difficult
- 04 Very difficult
- 05 I do not need child care

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, EXTENDED AGE RANGE)

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.

Which of the following are reasons why it is difficult to find or keep child care for [CHILD] on a regular basis?

Please select a response for each reason.

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

01 Yes 02 No

CC10a a

Child care costs too much.

CC10a b

It is difficult to find a provider with a spot for [CHILD] or the waiting list is too long.

CC10a_c

b>The hours and location don't fit my needs.

CC10a d

The quality of the child care is not satisfactory.

CC10a e

The providers are unreliable – for example, they guit without notice or are late.

CC10a f

[CHILD] has a disability or other special needs.

CC10a g

It is difficult to find transportation to or from a child care provider.

CC10a h

Other reason, please specify: CAWI: OTHER SPECIFY. DISPLAY IF CC10a_h=1. SET MAX TO 100 CHARACTERS.

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.

CC10b

Have you or other family members cut down on the hours you work or stopped working because of difficulty with finding or keeping child care for [CHILD] on a regular basis?

01 Yes

02 No

HEALTH INSURANCE

ASK ALL

CHi₁

Is [CHILD] covered by health insurance or any other kind of health care plan?

This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, government programs such as Medi-Cal, Medicaid, or Healthy Kids, military programs such as CHAMPUS, CHAMPVA, or the Indian Health Service.</br>

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF CHi1=1, ELSE GO TO CHi3a.

CHi2a

to>ls [CHILD]'s health insurance under Medi-Cal or Medicaid? This is the government's health insurance program for low-income individuals including families with children, seniors, pregnant women, and people with certain diseases or disabilities.

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF CHi2a=2 OR CHi2a=9, ELSE GO TO CHi3a.

CHi2b

ls [CHILD]'s health insurance through your own or some other family member's employer, union, trade association, school, or business?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF (CHi2a=2 OR CHi2a=9) AND (CHi2b=2 OR CHi2b=9), ELSE GO TO CHi3a.

CHi₂c

ls [CHILD]'s health insurance through one of the Covered California health plans, also known as the Exchange Marketplace health plans?</br>

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15)

ASK IF (CHi2a=2 OR CHi2a=9) AND (CHi2b=2 OR CHi2b=9) AND (CHi2c=2 OR CHi2c=9), ELSE GO TO CHi3a. CHi2d

Is [CHILD]'s health insurance through some other insurance program in LA County for children not eligible for Medi-Cal or Covered California, such as Healthy Kids?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05)

ASK IF (CHi2a=2 OR CHi2a=9) AND (CHi2b=2 OR CHi2b=9) AND (CHi2c=2 OR CHi2c=9) AND (CHi2d=2 OR CHi2d=9), ELSE GO TO CHi3a.

CHi2e

IcHILD]'s health insurance through Kaiser Permanente Child Health Program?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 02)

ASK IF (CHi2a=2 OR CHi2a=9) AND (CHi2b=2 OR CHi2b=9) AND (CHi2c=2 OR CHi2c=9) AND (CHi2d=2 OR CHi2d=9) AND (CHi2e=2 OR CHi2e=9), ELSE GO TO CHi3a.

CHi2f

IcHILD]'s health insurance through Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

01 Yes 02 No

WEB SKIP=9

ASK IF (CHi2a=2 OR CHi2a=9) AND (CHi2b=2 OR CHi2b=9) AND (CHi2c=2 OR CHi2c=9) AND (CHi2d=2 OR CHi2d=9) AND (CHi2e=2 OR CHi2e=9) AND (CHi2f=2 OR CHi2f=9), ELSE GO TO CHi3a. CHi2g

Is [CHILD]'s health insurance under your own or some other family member's military insurance program like CHAMPUS, CHAMPVA, TRICARE, or VA coverage?
/b>

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF (CHi2a=2 OR CHi2a=9) AND (CHi2b=2 OR CHi2b=9) AND (CHi2c=2 OR CHi2c=9) AND (CHi2d=2 OR CHi2d=9) AND (CHi2e=2 OR CHi2e=9) AND (CHi2f=2 OR CHi2f=9) AND (CHi2g=2 OR CHi2g=9), ELSE GO TO CHi3a.

CHi2h

ls [CHILD]'s health insurance through a separate policy that you or some other family member bought directly from an insurance provider.

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF (CHi2a=2 OR CHi2a=9) AND (CHi2b=2 OR CHi2b=9) AND (CHi2c=2 OR CHi2c=9) AND (CHi2d=2 OR CHi2d=9) AND (CHi2e=2 OR CHi2e=9) AND (CHi2f=2 OR CHi2f=9) AND (CHi2g=2 OR CHi2g=9) AND (CHi2h=2 OR CHi2h=9), ELSE GO TO CHi3a.

CHi2i

What is the type or name of [CHILD]'s insurance?

CAWI: OPEN TEXT. LIMIT TO 100 CHARACTERS.

(LACHS 18, 15, 11, 07, 05)

ASK IF CHi1=2 OR CHi1=9, ELSE GO TO CAC1.

CHi3a

 We are collecting insurance information to measure people's ability to access medical care in Los Angeles County.
This information will be kept completely confidential.

There are some types of coverage you may not have considered. Is [CHILD] currently covered for health insurance under Medi-Cal or Medicaid? This is the government's health insurance program for low-income individuals including families with children, seniors, pregnant women, and people with certain diseases or disabilities.

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF CHi3a=2 OR CHi3a=9, ELSE GO TO CAC1.

CHi₃b

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF (CHi3a=2 OR CHi3a=9) AND (CHi3b=2 OR CHi3b=9), ELSE GO TO CAC1.

CHi3c

ls [CHILD] currently covered for health insurance through one of the Covered California, also known as the Exchange Marketplace, health plans?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15)

ASK IF (CHi3a=2 OR CHi3a=9) AND (CHi3b=2 OR CHi3b=9) AND (CHi3c=2 OR CHi3c=9), ELSE GO TO CAC1. CHi3d

ls [CHILD] currently covered for health insurance through some other insurance program in LA County for children not eligible for Medi-Cal or Covered California, such as Healthy Kids?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 02)

ASK IF (CHi3a=2 OR CHi3a=9) AND (CHi3b=2 OR CHi3b=9) AND (CHi3c=2 OR CHi3c=9) AND (CHi3d=2 OR CHi3d=9), ELSE GO TO CAC1.

CHi3e

Is [CHILD] currently covered for health insurance through Kaiser Permanente Child Health Program?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 02)

ASK IF (CHi3a=2 OR CHi3a=9) AND (CHi3b=2 OR CHi3b=9) AND (CHi3c=2 OR CHi3c=9) AND (CHi3d=2 OR CHi3d=9) AND (CHi3e=2 OR CHi3e=9), ELSE GO TO CAC1.

CHi3f

Is [CHILD] currently covered for health insurance through Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
/b>

01 Yes 02 No

WEB SKIP=9

ASK IF (CHi3a=2 OR CHi3a=9) AND (CHi3b=2 OR CHi3b=9) AND (CHi3c=2 OR CHi3c=9) AND (CHi3d=2 OR CHi3d=9) AND (CHi3e=2 OR CHi3e=9) AND (CHi3f=2 OR CHi3f=9), ELSE GO TO CAC1.

CHi3q

| CHILD] currently covered for health insurance under your own or some other family member's military insurance program like CHAMPUS, CHAMPVA, TRICARE, or VA coverage?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF (CHi3a=2 OR CHi3a=9) AND (CHi3b=2 OR CHi3b=9) AND (CHi3c=2 OR CHi3c=9) AND (CHi3d=2 OR CHi3d=9) AND (CHi3e=2 OR CHi3e=9) AND (CHi3f=2 OR CHi3f=9) AND (CHi3g=2 OR CHi3g=9), ELSE GO TO CAC1.

CHi3h

| CHILD] currently covered for health insurance through a separate policy that you or some other family member bought directly from an insurance provider?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02)

ACCESS TO CARE

ASK ALL

CAC1

 When [CHILD] is sick or you want advice about [GENDER1] health, is there one place or health provider that you take [GENDER2] to most often?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF CAC1=2 OR CAC1=9, ELSE GO TO CAC2.

CAC1a

that because you have more than one place to take [CHILD] or it is because you have no regular place to take [GENDER2]?

01 More than 1 place

02 No regular place to take child

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF CAC1a=1 OR CAC1a=9, ELSE GO TO CAC2.

CAC₁b

sthere one place that you take [CHILD] more often than any other place for [GENDER1] routine care?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK ALL

CAC₂

Overall, how easy or difficult is it for [CHILD] to get medical care when [GENDER3] needs it? Would you say it is...?

01 Very difficult

02 Somewhat difficult

03 Somewhat easy

04 Very easy

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

CAC₃

 About how long has it been since [CHILD] last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

01 Never

O2 Less than 1 year ago
O3 1 year up to 2 years ago
O4 2 years up to 5 years ago

05 5 or more years ago

WEB SKIP=9

(LACHS 18, 11, 07)

ASK IF (CD1>=5 AND CD1<=12) OR CD1a=3, ELSE GO TO CV1.

CAC4

 If there was a program at [CHILD]'s school that offered free dental screenings, would you give permission for [GENDER2] to receive this service?

01 Yes 02 No

08 I don't know/I am not sure

WEB SKIP=9

(Source: OHP)

ASK IF CAC4=2 OR CAC4=8, ELSE GO TO CAC5.

CAC4a

>Would it make a difference if the free dental screening was offered by the Department of Public Health?

01 Yes 02 No

08 I don't know/I am not sure

WEB SKIP=9

ASK IF CAC4a=2 OR CAC4a=8, ELSE GO TO CAC5.

CAC4b

What is the most important reason why you would not give permission for [CHILD] to receive the free service from [GENDER1] school or the Department of Public Health?

01 I prefer taking [CHILD] to [GENDER1] own dentist

02 I prefer to be present during [GENDER1] exam

03 A dental exam is not important

1 am concerned there may be a hidden cost

05 I do not understand what this exam entails

06 Other reason, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.

ASK IF (CD1>=5 AND CD1<=12) OR CD1a=3, ELSE GO TO CV1.

CAC₅

01 Yes 02 No

08 I don't know/I am not sure

WEB SKIP=9

(Source: OHP)

ASK IF CAC5=2 OR CAC5=8, ELSE GO TO CV1.

CAC5a

Would it make a difference if the free dental sealant services were offered by the Department of Public Health?

01 Yes 02 No

08 I don't know/I am not sure

WEB SKIP=9

ASK IF CAC5a=2 OR CAC5a=8, ELSE GO TO CV1.

CAC5b

What is the most important reason why you would not give permission for [CHILD] to receive the free dental sealant service from [GENDER1] school or the Department of Public Health?

01 I prefer taking [CHILD] to [GENDER1] own dentist

1 prefer to be present during [GENDER1] sealant application

03 Dental sealants are not important

04 I am concerned there may be a hidden cost
 05 I do not understand what a dental sealant entails

06 I am concerned about its safety

07 Other reason, please specify: CAWI: OPEN SPECIFY, SET MAX TO 100 CHARACTERS

WEB SKIP=9

VACCINATION

ASK ALL

CV1

There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. During the past 12 months, has [CHILD] had a flu vaccination?

01 Yes 02 No

WEB SKIP=9

(NHIS 2021)

ASK IF (CD1>=11 AND CD1<=17) OR CD1a=4, ELSE GO TO RMH1a.

CV2

Has a doctor or other health care professional ever recommended that [CHILD] receive the HPV vaccine? HPV, or the Human papilloma virus, is a common infection known to cause cancer and genital warts.

01 Yes 02 No

WEB SKIP=9

(LACHS 18; NIS TEEN 2017)

ASK IF (CD1>=11 AND CD1<=17) OR CD1a=4, ELSE GO TO RMH1a.

CV3

b>Has [CHILD] received any HPV vaccine doses?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 11, 07)

ASK IF CV3=1, ELSE GO TO RMH1a.

CV3a

b>Has [CHILD] received 2 or more HPV vaccine doses?

01 Yes 02 No

WEB SKIP=9

(LACHS 18, 11)

YOUR MENTAL HEALTH

ASK IF (CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1, ELSE GO TO CD4.

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM MH1a & MH1b.

Thinking about yourself in the past two weeks...

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

01 Not at all 02 Several days 03 More than half the days 04 Nearly every day

RMH1a

How often have you been bothered by little interest or pleasure in doing things?

RMH1b

How often have you been bothered by feeling down, depressed, or hopeless?

WEB SKIP=9

(PHQ2; LACHS 18, 15, 11)

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CD4.

RMH3

In the past 12 months, how often have you felt overwhelmed by the demands of [CHILD]?

01 Never

02 Rarely

03 Sometimes

04 Usually

05 Always

WEB SKIP=9

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CD4.

For each of the following statements, select Yes if it applies to you now or select No if it does not:

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

01 Yes 02 No

RMH4a

I have steps I can take to manage stress.

RMH4h

l feel comfortable asking for help when I need it.

RMH4c

I am confident in my ability to raise and take care of [CHILD].

RMH4d

 I know where to go for parenting information or if I have questions or concerns about [CHILD]'s development.

RMH4e

I have a spiritual practice routine.

WEB SKIP=9

CHILD DEMOGRAPHICS

ASK ALL

CD4

 The next few questions ask about [CHILD]'s racial and ethnic background.

What is [CHILD]'s race or ethnicity?

CAWI: ENABLE MULTIPLE RECORD

- 01 White
- 02 Hispanic, Latino, or Spanish origin
- 03 Black or African American
- 04 Asian
- 05 American Indian or Alaska Native
- 06 Native Hawaiian or Pacific Islander
- O7 Some other race, please specify: CAWI: OTHER SPECIFY. SET MAX TO 500 CHARACTERS.

WEB SKIP=9

(DPH-SOP)

ASK IF CD4=2, ELSE GO TO CD5b.

CD5a

Which of the following best describes [CHILD]'s Latino or Hispanic ancestry or ethnic origin?

CAWI: ENABLE MULTIPLE RECORD

- 01 Mexican
- 02 Salvadoran
- 03 Guatemalan
- 04 Costa Rican
- 05 Honduran
- 06 Nicaraguan
- 07 Panamanian
- 08 Argentinian
- 09 Colombian
- 10 Peruvian
- 11 Other South American, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.
- 12 Spanish
- 13 Cuban
- 14 Puerto Rican
- 15 Other, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.

WEB SKIP=99

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF CD4=4, ELSE GO TO CD5c.

CD₅b

Which of the following best describes [CHILD]'s Asian ancestry or ethnic origin?

CAWI: ENABLE MULTIPLE RECORD

- 01 Asian Indian
- 02 Bangladeshi
- 03 Cambodian
- 04 Chinese
- 05 Filipino
- 06 Hmong
- 07 Indonesian
- 08 Japanese
- 09 Korean
- 10 Laotian
- 11 Malaysian
- 12 Pakistani
- 13 Sri Lankan
- 14 Taiwanese
- 15 Thai
- 16 Vietnamese
- 17 Other, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=99

(DPH-SOP)

ASK IF CD4=6, ELSE GO TO CD6.

CD₅c

Which of the following best describes [CHILD]'s Native Hawaiian or Pacific Islander ancestry or ethnic origin?

CAWI: ENABLE MULTIPLE RECORD

- 01 Chamorro
- 02 Fiiian
- 03 Guamanian
- 04 Native Hawaiian
- 05 Samoan
- 06 Tongan
- 07 Other, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=09

(DPH-SOP)

ASK ALL

CD6

Was [CHILD] born in Los Angeles County, in some other place in California, in some other state in the U.S., or outside the United States?

- 01 LA County
- 02 Other place in California
- 03 Other U.S. State
- 04 Outside the U.S.

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF CD6=4, ELSE GO TO RD2.

CD6a

How many years has [CHILD] lived in the United States? If less than one year, please enter 0.

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 17.

Years

WEB SKIP=99

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF CD6=4, ELSE GO TO RD2.

CD6b

Is [CHILD] currently a U.S. citizen or not?

- 01 Yes, U.S. Citizen
- 02 No, not a U.S. Citizen

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99)

ABOUT YOU

ASK ALL

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D2. RD2

Now, a few questions about yourself. What is your age?

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 18 TO 125.

Years Old

WEB SKIP=999

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF RD2=999, ELSE GO TO RD3.

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D2a. RD2a

We don't need to know exactly, but generally speaking are you between ages...?

01 18 to 24 years old 02 25 to 29 years old 03 30 to 39 years old 04 40 to 44 years old 05 45 to 49 years old 06 50 to 59 years old 07 60 to 64 years old 65 to 74 years old 80 75 years old or older

WEB SKIP=99

ASK ALL

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D5.

b>The next few questions ask about your racial and ethnic background.

What is your race or ethnicity?

CAWI: ENABLE MULTIPLE RECORD

- 01 White
- 02 Hispanic, Latino, or Spanish Origin
- 03 Black or African American
- 04 Asian
- 05 American Indian or Alaska Native
- 06 Native Hawaiian or Pacific Islander
- 07 Some other race, please specify: CAWI: OTHER SPECIFY. SET MAX TO 500 CHARACTERS.

WEB SKIP=9

(DPH-SOP)

ASK IF RD3=2, ELSE GO TO RD4b. IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D6a.

 Which of the following best describes your Latino or Hispanic ancestry or ethnic origin?

CAWI: ENABLE MULTIPLE RECORD

- 01 Mexican
- 02 Salvadoran
- 03 Guatemalan
- 04 Costa Rican
- 05 Honduran
- 06 Nicaraguan
- 07 Panamanian
- 08 Argentinian
- 09 Colombian
- 10 Peruvian
- 11 Other South American, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.
- 12 Spanish
- 13 Cuban
- 14 Puerto Rican
- 15 Other, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.

WEB SKIP=99

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF RD3=4, ELSE GO TO RD4c.

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D6b. RD4b

Which of the following best describes your Asian ancestry or ethnic origin?

CAWI: ENABLE MULTIPLE RECORD

- 01 Asian Indian
- 02 Bangladeshi
- 03 Cambodian
- 04 Chinese
- 05 Filipino
- 06 Hmong
- 07 Indonesian
- 08 Japanese
- 09 Korean
- 10 Laotian
- 11 Malaysian
- 12 Pakistani
- 13 Sri Lankan
- 14 Taiwanese
- 15 Thai
- 16 Vietnamese
- 17 Other, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=99

(DPH-SOP)

ASK IF RD3=6, ELSE GO TO RD5.

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D6c. RD4c

Which of the following best describes your Native Hawaiian or Pacific Islander ancestry or ethnic origin?

CAWI: ENABLE MULTIPLE RECORD

- 01 Chamorro
- 02 Fijian
- 03 Guamanian
- 04 Native Hawaiian
- 05 Samoan
- 06 Tongan
- 07 Other, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=9

ASK ALL

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D7. RD5

What language is spoken most often in your home?

- 01 English
- 02 Spanish
- 03 Mandarin
- 04 Cantonese
- 05 Another Chinese dialect
- 06 Korean
- 07 Vietnamese
- 08 Tagalog
- 09 Armenian
- 10 Russian
- 11 Japanese
- 12 Hmong
- 13 Something else, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=99

(LACHS 18, 15, 11, 07, 05)

ASK ALL

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D7a. RD5a

 Would you say you speak English very well, well, not well, or not at all?

- 01 Very well
- 02 Well
- 03 Not well
- 04 Not at all

WEB SKIP=9

(CHIS 2021)

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D4. RD6

Were you born in California, in some other state in the U.S., or outside the United States?

01 California

O2 Another U.S. State
O3 Outside of the U.S.

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK IF RD6=3, ELSE GO TO RD7.

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D4a. RD6a

How many years have you lived in the United States? If you have lived in the United States less than one year, please enter 0.

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 125.

____Years

WEB SKIP=999

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK IF RD6=3, ELSE GO TO RD7.

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D4b. RD6b

b>Are you currently a U.S. citizen or not?

01 Yes, I am a U.S. Citizen

02 No, I am not a U.S. Citizen

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK ALL

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D8.

What is the highest level of school you have completed or the highest degree you have received?

01 8th grade or less

02 Grades 9 – 12

03 High school graduate/GED

O4 Some college/trade school/Associate's degree

College graduate (4-year includes Bachelor's, BA, BS)

O6 Post-graduate degree (includes Master's, PhD, JD, MD)

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99)

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D9.

What is your marital status?

- 01 Married
- 02 In a domestic partnership
- 03 Not married but living together
- 04 Widowed
- 05 Divorced
- 06 Separated
- 07 Never married

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK ALL

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D10. RD9

 Do you consider yourself to be...?

- 01 Gay or lesbian
- 02 Bisexual
- 03 Straight or heterosexual
- 04 Not sure
- 05 Something else, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS
- 06 Don't understand the question
- 07 Prefer not to state

WEB SKIP=99

(LACHS 05-18 modified; DPH-SOP)

ASK ALL

RD10

Are you currently working for pay full-time – at least 35 hours a week – part-time, or not at all?

- 01 Full-time
- 02 Part-time
- 03 Not at all

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF RD8=1 OR RD8=2 OR RD8=3, ELSE GO TO CHHC1.

RD11

- 01 Full-time
- 02 Part-time
- 03 Not at all

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02)

ABOUT YOUR HOUSEHOLD

ASK ALL IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC1. CHHC1
 Including yourself, how many people currently live in your household? CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 20. ____ People WEB SKIP=99 (LACHS 18, 15, 11, 07, 05, 02, 99, 97) **ASK ALL** IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC2a. CHHC2a
 Including yourself, how many are adults age 65 or older? CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20. People WEB SKIP=99 (LACHS 18, 15, 11, 07, 05) **ASK ALL** IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC2b. CHHC2b Including yourself, how many are adults between the ages of 18 and 64? CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20. People WEB SKIP=99 (LACHS 18, 15, 11, 07, 05) **ASK ALL** IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC3.
Are there any children age 17 or younger currently living in your household? 01 Yes 02 No WEB SKIP=9 (LACHS 18, 15, 11, 07, 05)

ASK IF CHHC3=1, ELSE GO TO CHHTOTAL/CHHCVER. IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC3a. CHHC3a
How many are children between the ages of 12 and 17? CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20. Children WEB SKIP=99 (LACHS 18, 15, 11, 07, 05, 02) ASK IF CHHC3=1, ELSE GO TO CINC2. IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC3b. CHHC3b
How many are children between the ages of 6 and 11? CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20. Children WEB SKIP=99 (LACHS 18, 15, 11, 07, 05, 02) ASK IF CHHC3=1. ELSE GO TO CINC2. IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC3c. CHHC3c
How many are children 5 years of age or younger? CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20. Children WEB SKIP=99 (LACHS 18, 15, 11, 07, 05, 02, 99) CAWI: CREATE NEW VARIABLE "CHHTOTAL" TO HOLD THE SUM OF CHHC2a + CHHC2b + CHHC3a + CHHC3b + CHHC3c. CHECK CHHTOTAL AGAINST CHHC1. IF CHHC1 = CHHTOTAL, GO TO CINC2. IF CHHC1 <> CHHTOTAL. ASK CHHCVER. **CHHCVER**

There seems to be an issue with the total number of adults and children. You reported having a total of [CHHC1] people in your household, including [CHHC2a + CHHC2b] adults and [CHHC3a + CHHC3b + CHHC3c] children. Can you please verify that we recorded the correct number of people in each of the following groups? Please use the Previous button to correct any number that is wrong.

CAWI: FILL IN THE TEXT BOXES WITH RECORDED RESPONSE FOR EACH QUESTION.

[CHHC2a] Adults age 65 and older [CHHC2b] Adults age 18 to 64 [CHHC3a] Children age 12 to 17 [CHHC3b] Children age 6 to 11 [CHHC3c] Children age 0 to 5

HOUSEHOLD INCOME

CAWI:

2022 poverty definitions as per Federal Register

Persons in family/HH	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
+8	\$4,720 per person above 8
CAWI: SET VARIABLE	"POVERTY" BASED ON RESPONSE

TO CHHC1:

```
IF CHHC1=1, THEN POVERTY=13,590.
IF CHHC1=2, THEN POVERTY=18,310.
```

IF CHHC1=3, THEN POVERTY=23,030.

IF CHHC1=4, THEN POVERTY=27,750.

IF CHHC1=5, THEN POVERTY=32,470.

IF CHHC1=6, THEN POVERTY=37,190.

IF CHHC1=7, THEN POVERTY=41,910.

IF CHHC1=8, THEN POVERTY=46,630.

IF CHHC1>8, THEN POVERTY=46,630+(4,720 (CHHC1-8)).

ASK ALL

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM INC2.

The next question is about your combined household income. By household income, we mean the combined income from everyone living in the household including roommates or those on disability income.

Is your household's total annual income from all sources before taxes...?

```
01
       Above $[POVERTY x 2] or
       Below $[POVERTY x 2]
02
```

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK IF CINC2=2 OR CINC2=9, ELSE GO TO CINC4. IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM INC3. CINC₃

Is your household's total annual income from all sources before taxes...?

```
01
       Above $[POVERTY x 1] or
02
       Below $[POVERTY x 1]
```

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK IF CINC2=1 OR CINC2=9, ELSE GO TO CFi1. IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM INC4. CINC4

Is your household's total annual income from all sources before taxes...?

01 Above \$[POVERTY x 3] or 02 Below \$[POVERTY x 3]

WEB SKIP=9

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK ALL

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM Fi1.

CFi₁

b>The next questions are about the food eaten in your household.

In the last 12 months, did you or any other adults in your household ever have to cut the size of your meals or skip meals entirely because there wasn't enough money for food?

01 Yes 02 No

WEB SKIP=9

(LACHS ADULT 18, 15, 11, 05, 02, 99 supplemental)

ASK IF CFi1=1, ELSE GO TO CFi2. IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM Fi1a. CFi1a

How often did this happen?

01 Almost every month

O2 Some months but not every month

03 Only one or two months

WEB SKIP=9

(LACHS ADULT 18, 15, 11, 05, 02, 99 supplemental)

ASK ALL

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM Fig. CFi2

 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

01 Yes 02 No

WEB SKIP=9

(LACHS ADULT 18, 15, 11, 05, 02, 99 supplemental)

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM Fig.

CFi3

In the last 12 months, were you ever hungry but didn't eat because you could not afford enough food?

01 Yes 02 No

WEB SKIP=9

(LACHS ADULT 18, 15, 11, 05, 02, 99 supplemental)

ASK ALL

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSES FROM Fi4a & Fi4b.

CAWI: THREE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

CAWI: RANDOMIZE ITEMS A AND B

01 Often true 02 Sometimes true 03 Never true

CFi4a

The food that was bought just didn't last, and we didn't have money to get more.

CFi4b

We couldn't afford to eat balanced meals.

WEB SKIP=9

(LACHS ADULT 18, 15, 11, 05, 02, 99 supplemental)

TECHNOLOGY ACCESS

ASK ALL

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSES FROM TA1a, TA1b, TA1c, & TA1d.

Do you or any member of your household own or use any of the following types of computers?

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

01 Yes 02 No

CTA1a

Desktop or laptop

CTA₁b

Smartphone

CTA1c

b>Tablet or other portable wireless computer

CTA1d

Some other type of computer, please specify:
CAWI: DISPI
TO 100 CHARACTERS

CAWI: DISPLAY OTHER SPECIFY IF CTA1d=1, SET MAX

WEB SKIP=9

(ACS 2020 modified)

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM TA2.

CTA2

 Do you or any member of this household have access to the Internet?

- Yes, by paying a cell phone company or Internet service provider
- Yes, without paying a cell phone company or Internet service provider
- 03 No access to the Internet

WEB SKIP=9

(ACS 2020 modified)

COVID-19

ASK ALL

CCOV1

 The next questions are about [CHILD]'s experience with COVID-19.

Has [CHILD] ever had a COVID-19 infection?

- 01 Yes
- 02 No
- 08 I don't know
- 09 I prefer not to state

WEB SKIP=99

ASK IF CCOV1=1, ELSE GO TO FOLLOWUPc.

CCOV1a2

Has [CHILD] had two or more separate COVID-19 infections?

- 01 Yes
- 02 No
- 08 I don't know
- 09 I prefer not to state

WEB SKIP=99

ASK IF CCOV1=1, ELSE GO TO FOLLOWUPc.

CCOV1a

Was [CHILD]'s COVID-19 infection confirmed by a test? By test we mean a nose or throat swab test, or a blood test for antibodies. [IF CCOV1a2=01, THEN DISPLAY: "Please consider [GENDER1] most recent infection only."]</br>

- Ves, [CHILD]'s test result showed that [GENDER3] had a COVID-19 infection
- No, [CHILD]'s results did not show that [GENDER3] had a COVID-19 infection
- 03 [CHILD] was not tested for a COVID-19 infection
- 08 I don't know
- 09 I prefer not to state

ASK IF CCOV1=1, ELSE GO TO FOLLOWUPC.

CCOV1b

Did [CHILD] have any symptoms during [GENDER1] [IF CCOV1a2=01, THEN DISPLAY: "most recent"] COVID-19 infection? Common COVID-19 symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue or extreme tiredness, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

01 Yes 02 No

WEB SKIP=9

ASK IF CCOV1=1, ELSE GO TO FOLLOWUPC.

CCOV1c

Once you found out about [CHILD]'s COVID-19 infection, did you isolate [GENDER2] according to the public health guidelines that were in place at that time? By isolate, we mean keeping [CHILD] at home or in another type of lodging (such as a hotel room or vacation rental) at all times, and physically separating [CHILD] from other people, including people [CHILD] lives with, and/or having [CHILD] wear a mask when [CHILD] was around them to prevent spreading [CHILD]'s infection to them. [IF CCOV1a2=01, THEN DISPLAY: "Please consider [GENDER1] b>most recent

01 Yes 02 No

08 I don't know09 I prefer not to state

WEB SKIP=99

ASK IF CCOV1c=2, ELSE GO TO CCOV1d.

CCOV1c1

CAWI: ENABLE MULTIPLE RECORD

- No one told me that [CHILD] needed to isolate.
- 02 I did not receive instructions on how to isolate [CHILD].
- 03 It was not possible for [CHILD] to stay physically separated from the other people in our household.
- 04 It was not possible for [CHILD] to wear a mask around the other people in our household.
- 05 Some other reason, please specify: CAWI: DISPLAY OTHER SPECIFY. SET MAX TO 100 CHARACTERS.

ASK IF CCOV1=1 AND (CD1>=6 and CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO FOLLOWUPC. CCOV1d

Some children experience a broad range of mental or physical symptoms that may last for a long while after a COVID-19 infection. This is commonly referred to as "long COVID," "long-haul COVID," or "post-COVID conditions."

Did [CHILD] experience any of the following symptoms for more than 4 weeks after [GENDER1] COVID-19 infection? [IF CCOV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of [GENDER1] COVID-19 infections."]

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

01 Yes 02 No

CCOV1d a

b>Extreme tiredness or fatigue

CCOV1d b

Shortness of breath or difficulty breathing

CCOV1d c

b>Persistent cough

CCOV1d d

Joint pain

CCOV1d e

Body aches

CCOV1d f

Loss of taste or smell

CCOV1d a

Problems with memory or concentration ("brain fog")

CCOV1d_h

Difficulty sleeping

CCOV1d i

Headaches

CCOV1d i

Depression or anxiety

CCOV1d k

Other symptom(s), please specify: CAWI: DISPLAY OTHER SPECIFY IF CCOV1d_k=1. SET MAX TO 100 CHARACTERS.

ASK IF CCOV1d_a through CCOV1d_k = 2 (all), ELSE GO TO CCOV1d1.

CCOV1d I

01 Yes 02 No

WEB SKIP=9

ASK IF (CCOV1d_a=1) OR (CCOV1d_b=1) OR (CCOV1d_c=1) OR (CCOV1d_d=1) OR (CCOV1d_e=1) OR (CCOV1d_f=1) OR (CCOV1d_g=1) OR (CCOV1d_h=1) OR (CCOV1d_i=1) OR (CCOV1d_i=1) OR (CCOV1d_i=1) OR (CCOV1d_k=1), ELSE GO TO FOLLOWUPc.

CCOV1d1

How long did [CHILD] experience these symptoms?

- 01 More than 1 month but less than 3 months
- More than 3 months but less than 6 months
- More than 6 months
- 08 I don't know
- 09 I prefer not to state

WEB SKIP=99

ASK IF (CCOV1d_a=1) OR (CCOV1d_b=1) OR (CCOV1d_c=1) OR (CCOV1d_d=1) OR (CCOV1d_e=1) OR (CCOV1d_f=1) OR (CCOV1d_f=1) OR (CCOV1d_f=1) OR (CCOV1d_i=1) OR (CCOV1d

CCOV1d2

 Is [CHILD] still experiencing these symptoms today?

- 01 Yes 02 No
- 08 I don't know
- 09 I prefer not to state

WEB SKIP=99

ASK IF (CCOV1d_a=1) OR (CCOV1d_b=1) OR (CCOV1d_c=1) OR (CCOV1d_d=1) OR (CCOV1d_e=1) OR (CCOV1d_f=1) OR (CCOV1d_f=1) OR (CCOV1d_i=1) OR (CCOV1d

CCOV1d3

How much do/did these symptoms prevent [CHILD] from doing [GENDER1] usual daily activities (such as going to school or playing or socializing with friends)?

- 01 A lot
- 02 A little
- 03 Not at all
- 08 I don't know
- 09 I prefer not to state

FOLLOWUPc

If we have any future surveys would you be willing to be contacted again to participate?

01 Yes 02 No

ASK IF FOLLOWUPc=1, ELSE GO TO INCENTc.

RECONC

In order to contact you again for a future survey, please provide us the information below.

- I am willing to provide my contact informationI do not want to provide my contact information

DISPLAY IF RECONC=1, ELSE GO TO INCENTC. SAME SCREEN.

FNAMEc

CAWI: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS.

DISPLAY IF RECONC=1, ELSE GO TO INCENTC. SAME SCREEN.

LNAMEc

CAWI: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS.

DISPLAY IF RECONC=1, ELSE GO TO INCENTC. SAME SCREEN.

EMAILc

CAWI: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS. ENABLE EMAIL ADDRESS VALIDATION.

....

DISPLAY IF RECONC=1, ELSE GO TO INCENTC. SAME SCREEN.

PHONEC

CAWI: SET OPEN TEXT BOX. ACCEPT NUMERIC INTEGERS ONLY. SET MAX TO 10 DIGITS.

ASK IF PHONEC NE MISSING, ELSE GO TO INCENTC.

FOLLOWUPc2

Would it be okay to text you?

01 Yes 02 No

ASK ALL

INCENTc

Please select how you would like to receive your [INCENTIVE].

CAWI: DISABLE ABILITY TO BACK UP TO PREVIOUS QUESTION.

01 Electronic gift card sent by email

02 Check sent by mail

ASK IF INCENTc=1, ELSE GO TO CLOSINGC.

INCENT ec

 Please enter your email address for us to send your electronic gift card. b>

CAWI: DISPLAY DATA RECORDED FOR EMAILC AND ENABLE RESPONDENT TO MAKE REVISIONS.

Email Address: _____

ASK IF INCENTc=2, ELSE GO TO CLOSINGc.

INCENT_cc

b> Please enter your first and last name below for us to send your check.

CAWI: DISPLAY DATA RECORDED FOR FNAME¢ AND LNAME¢ AND ENABLE RESPONDENT TO MAKE REVISIONS.

First Name: _					
Last Name:					

CAWI: AUTO CODE 01 IF FNAMEc OR LNAMEc ARE CHANGED.

O1 I have updated my name above. / My name is correct.

CLOSINGc

 Thank you very much for participating in this important survey for the Los Angeles County Department of Public Health. You may close your browser window.

CAWI: DISABLE ABILITY TO BACK UP TO PREVIOUS QUESTION.