

2002 LOS ANGELES COUNTY HEALTH SURVEY

SCREENING QUESTIONS

Hello. I'm _____ and I'm calling on behalf of the Los Angeles County Health Department, whose role is to promote and protect the health of all County residents. The Health Department is conducting an important research study to help the county better understand and meet the needs of Los Angeles County residents. (REVISED)

IF NECESSARY, SAY:

- We are definitely not selling anything.
- Your telephone number was selected at random by computer.
- The survey is totally confidential. If you prefer not to answer any question, please tell me and I will simply go on to the next question. (REVISED)
- If you have any questions about the survey, you may contact the Los Angeles County Health Department at (213) 240-7785.

IF NO ENGLISH SPOKEN, CODE AS FOLLOWS:

- SPANISH.....1
- MANDARIN.....2
- CANTONESE.....3
- CHINESE (UNSPECIFIED).....4
- KOREAN.....5
- VIETNAMESE.....6
- ASIAN UNSPECIFIED.....7
- OTHER.....8

QS1. For this survey, it is important that we only interview people who currently live in Los Angeles County. Is your household located in Los Angeles County?
 YES1 (CONTINUE)
 NO2
 DON'T KNOWDK } ASK QS2
 REFUSEDREF

IF NO, DON'T KNOW OR REFUSED, ASK:

| | |
|--|--|
| <p>QS2. In what city or town do you live?</p> <ul style="list-style-type: none"> • IF CITY ON LIST, CONTINUE • IF "OTHER," DON'T KNOW OR REFUSED CITY, TERMINATE AND SAY: I'm sorry but you are not eligible for this survey. We are only interviewing people who currently live in Los Angeles County. Thank you for your time. | <p>CITY CODE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>DON'T KNOW DK</p> <p>REFUSED REF</p> |
|--|--|

So that all types of people will be represented in our survey, our research experts will select the person in your household for me to interview. (S3 OR S4 RANDOMLY ASSIGNED) (REVISED)

() QS3. (Then) Thinking of all the men age 18 or older who are currently at home now, may I please speak to the male whose birthday is coming up next? (ENTER ONE CODE)

- SPEAKING TO RANDOMLY SELECTED MALE 1 → CONTINUE WITH QS5
- RANDOMLY SELECTED MALE COMES TO PHONE 2 → REPEAT INTRO, THEN CONTINUE WITH QS5
- RANDOMLY SELECTED MALE IS NOT AVAILABLE/
 NO MALES 18 OR OLDER IN HOUSEHOLD..... 3 → GO TO QS4
- NO ADULT IN HOUSEHOLD AGE 18 OR OLDER..... 4 → TERMINATE
- DON'T KNOW.....DK → ASK TO SPEAK TO SOMEONE WHO MAY BE ABLE TO ANSWER THE QUESTION; ARRANGE CALLBACK, IF NECESSARY
- REFUSEDREF → TERMINATE

- () QS4. (Then) Thinking of all the women age 18 or older who are currently at home now, may I please speak to the female whose birthday is coming up next? (ENTER ONE CODE)
- SPEAKING TO RANDOMLY SELECTED FEMALE 1 → CONTINUE WITH QS5
 - RANDOMLY SELECTED FEMALE COMES TO PHONE 2 → REPEAT INTRO, THEN CONTINUE WITH QS5
 - RANDOMLY SELECTED FEMALE IS NOT AVAILABLE/
NO FEMALES 18 OR OLDER IN HOUSEHOLD 3 → GO TO QS3
 - NO ADULT IN HOUSEHOLD AGE 18 OR OLDER..... 4 → TERMINATE
 - DON'T KNOW.....DK → ASK TO SPEAK TO SOMEONE WHO
MAY BE ABLE TO ANSWER THE
QUESTION; ARRANGE CALLBACK,
IF NECESSARY
 - REFUSEDREF → TERMINATE

- QS5. We can conduct the survey in any of the following languages – English, Spanish, Mandarin or Cantonese, Korean, or Vietnamese. Would you prefer to be interviewed in a language other than English?
- NO, CONTINUE IN ENGLISH 1 → CONTINUE WITH Q1
 - OTHER LANGUAGE 2 → ASK QS6
 - DON'T KNOW.....DK → GO TO QS8
 - REFUSEDREF → TERMINATE

IF YES, ASK:

- QS6. RECORD LANGUAGE OR ASK: Which one?
(IF DIFFERENT BILINGUAL INTERVIEWER IS REQUIRED, RECORD APPLICABLE CODE)
- SPANISH 1
 - MANDARIN 2
 - CANTONESE 3
 - CHINESE (UNSPECIFIED)..... 4
 - KOREAN 5
 - VIETNAMESE 6
 - ASIAN UNSPECIFIED..... 7
 - OTHER 8
 - DON'T KNOW DK
 - REFUSED REF → TERMINATE
- } GO TO QS7
- } GO TO QS8

IF QS6 = 1, 2, 3, 4, 5, 6, OR 7, SAY:

QS7. An interviewer (fluent in _____) will call you back soon to conduct the interview in that language. We greatly appreciate your participation in this important survey when our interviewer calls back.

IF QS6 = 8 OR DK OR QS5 = DK, SAY:

- QS8. We can only conduct the interview in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese. Is there another adult in your household who speaks English or one of these languages?
- YES..... 1 → ASK TO SPEAK WITH THAT
PERSON AND RETURN TO INTRO
 - NO 2 → TERMINATE

2002 LOS ANGELES COUNTY HEALTH SURVEY

OVERALL HEALTH STATUS

First, a few questions about your health and general well-being. . .

- Q1. Would you say that in general your health is excellent, very good, good, fair or poor? (Q1)
- EXCELLENT 1
 VERY GOOD 2
 GOOD 3
 FAIR 4
 POOR 5
 DON'T KNOW DK
 REFUSED REF
- Q2. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Q2a)
- _____ DAYS
 DON'T KNOW DK
 REFUSED REF
- Q3. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good? (Q2b)
- _____ DAYS
 DON'T KNOW DK
 REFUSED REF
- Q4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? (Q3)
- _____ DAYS
 DON'T KNOW DK
 REFUSED REF
- Q5. GENDER: (Q38)
- MALE 1
 FEMALE 2
- Q6a. What is your age? (Q5a)
- _____ YEARS OLD
 REFUSED REF

IF REFUSED, ASK:

- Q6b. We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)? (Q5b REVISED)
- 18-24 1
 25-29 2
 30-39 3
 40-44 4
 45-49 5
 50-59 6
 60-64 7
 65 OR OLDER 8
 DO NOT READ → REFUSED REF

IF REFUSED, ASK:

- Q6c. Well, can you tell me whether you are under age 65 or not? (Q5c)
- YES, UNDER AGE 65 1
 NO, AGE 65 OR OLDER 2
 REFUSED REF

- Q7. How tall are you? (Q15)
- _____ FEET
 _____ INCHES
 DON'T KNOW DK
 REFUSED REF
- Q8. What is your weight? (Q16)
- _____ LBS
 DON'T KNOW DK
 REFUSED REF

IF UNDER AGE 65, ASK:

| | | | |
|-----|---|---------------------|-----|
| Q9. | Do you now consider yourself to be overweight, underweight, or about average for your height? (Q17) | OVERWEIGHT..... | 1 |
| | | UNDERWEIGHT | 2 |
| | | ABOUT AVERAGE | 3 |
| | | DON'T KNOW..... | DK |
| | | REFUSED | REF |

HEALTH CONDITIONS

The next few questions are about any health conditions you may have.

Q10. Have you ever been told by a doctor or other health professional that you have... (READ ITEMS) (Q45 REVISED)

| | YES | NO | DON'T KNOW | REF |
|---|--------|--------|------------|-----|
| a. arthritis | 1..... | 2..... | DK.... | REF |
| b. a heart problem, such as coronary heart disease, angina (AN-JIE-NA), or had a heart attack..... | 1..... | 2..... | DK.... | REF |
| c. diabetes (DIE-AH-BE-TEES) or sugar diabetes (IF FEMALE, ADD: other than during pregnancy)..... | 1..... | 2..... | DK.... | REF |
| d. high blood pressure or hypertension | 1..... | 2..... | DK.... | REF |
| e. asthma | 1..... | 2..... | DK.... | REF |
| f. a chronic respiratory condition (such as emphysema (EM-FAH-ZEE-MA) or chronic bronchitis) By chronic, we mean a long-term condition lasting three months or longer | 1..... | 2..... | DK.... | REF |
| h. depression or some other depressive disorder (IF NECESSARY: such as bipolar disorder or manic depression)..... | 1..... | 2..... | DK.... | REF |
| i. an anxiety or stress disorder or phobia | 1..... | 2..... | DK.... | REF |

IF YES TO DIABETES, IMMEDIATELY ASK:

| | | | | | |
|--------|---|--------|--------|------------|-----|
| Q11. | Are you doing any of the following things to control your diabetes (DIE-AH-BE-TEES)? (READ ITEMS IN RANDOM ORDER, ASKING:) Are you doing this to control your diabetes? | | | | |
| | | YES | NO | DON'T KNOW | REF |
| () a. | exercising..... | 1..... | 2..... | DK.... | REF |
| () b. | modifying your diet..... | 1..... | 2..... | DK.... | REF |
| () c. | taking medication | 1..... | 2..... | DK.... | REF |

IF TAKING MEDICATION, ASK:

| | | | |
|------|---|---------------------------------------|-----|
| Q12. | What kind of medication are you taking for your diabetes (DIE-AH-BE-TEES) – insulin, pill or liquid by mouth, or something else? (ANSWER CAN BE A MULTIPLE) | INSULIN | 1 |
| | | PILL OR LIQUID MEDICINE BY MOUTH..... | 2 |
| | | SOMETHING ELSE | 3 |
| | | DON'T KNOW..... | DK |
| | | REFUSED | REF |
| Q13. | In the past 12 months, was there a time when you went without your medicine? | YES | 1 |
| | | NO | 2 |
| | | DON'T KNOW..... | DK |
| | | REFUSED | REF |

IF YES, ASK:

| | | | | | |
|--------|---|--------|--------|------------|-----|
| Q14. | Which of the following was a reason why you went without medicine for your diabetes (DIE-AH-BE-TEES)? (READ ITEMS IN RANDOM ORDER, ASK:) Was this a reason (IF NECESSARY: why you went without medicine for your diabetes)? | | | | |
| | | YES | NO | DON'T KNOW | REF |
| () a. | you didn't have insurance coverage for prescription medicines..... | 1..... | 2..... | DK.... | REF |
| () b. | the medication was too expensive | 1..... | 2..... | DK.... | REF |
| () c. | the pharmacy was too difficult to get to..... | 1..... | 2..... | DK.... | REF |
| () d. | your prescription or refills expired | 1..... | 2..... | DK.... | REF |

Q15. Do you ever check your blood sugar at home? YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

Q16. How many times a day or week do you check your blood sugar? (IF LESS THAN 1 TIME PER WEEK, ENTER "0" AT TIMES PER WEEK) _____ TIMES PER DAY
 _____ TIMES PER WEEK
 DON'T KNOW DK
 REFUSED REF

IF NO, ASK:

Q17. Which of the following is a reason why you don't check your blood sugar at home? (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason? (IF NECESSARY: a reason why you don't check your blood sugar at home?)

| | YES | NO | DON'T KNOW | REF |
|--|-----|----|------------|-----|
| () a. you don't have a monitor..... | 1 | 2 | DK | REF |
| () b. you don't know how to do it or don't have anyone to help you..... | 1 | 2 | DK | REF |
| () c. the monitor and supplies are too expensive | 1 | 2 | DK | REF |
| () d. you are afraid or don't like needles..... | 1 | 2 | DK | REF |
| () e. you are too busy or don't have the time..... | 1 | 2 | DK | REF |
| () f. you don't feel you need to..... | 1 | 2 | DK | REF |

Q18. Within the past 12 months, did a doctor or nurse advise you to have an eye exam from an eye specialist? YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

Q19. When was the last time you had a dilated eye exam by an eye specialist – less than 12 months ago, 1 year but less than 2 years ago, 2 years but less than 5 years ago, or 5 or more years ago? (IF NECESSARY: A dilated eye exam is when the doctor puts drops in your eye, and look inside your eye and afterward any light seems very bright.) LESS THAN 12 MONTHS AGO..... 1
 1 YEAR BUT LESS THAN 2 YEARS AGO ... 2
 2 YEARS BUT LESS THAN 5 YEARS AGO . 3
 5 OR MORE YEARS AGO 4
 NEVER HAD A DILATED EYE EXAM 5
 DON'T KNOW DK
 REFUSED REF

Q20. How many times during the past 12 months did a doctor examine your feet for sores or ulcers after you took off your shoes and socks? _____ TIMES
 FOOT AMPUTEE/DOES NOT APPLY XX
 DON'T KNOW DK
 REFUSED REF

Q21. During the past 12 months, how many times did you go to a hospital emergency room for your diabetes (DIE-AH-BE-TEES)? _____ TIMES
 DON'T KNOW DK
 REFUSED REF

Q22. During the past 12 months, how many times did you stay overnight or longer in a hospital for your diabetes (DIE-AH-BE-TEES)? _____ TIMES
 DON'T KNOW DK
 REFUSED REF

IF YES TO HIGH BLOOD PRESSURE, IMMEDIATELY ASK:

Q23. Are you doing any of the following things to control your high blood pressure? (READ ITEMS IN RANDOM ORDER, ASKING:) Are you doing this to control your high blood pressure?

| | YES | NO | DON'T KNOW | REF |
|---------------------------------|-----|----|------------|-----|
| () a. exercising..... | 1 | 2 | DK | REF |
| () b. modifying your diet..... | 1 | 2 | DK | REF |
| () c. taking medication..... | 1 | 2 | DK | REF |



IF YES TO ASTHMA, IMMEDIATELY ASK:

| | | |
|------|---|---|
| Q24. | Do you still have asthma? | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| Q25. | During the past 12 months, have you had an episode of asthma or an asthma attack? (Q52) | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| Q26. | During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma? (Q53) | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| Q27. | During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? | _____ DAYS (0 – 365) DON'T KNOW DK REFUSED REF |

IF YES TO A DEPRESSIVE DISORDER, IMMEDIATELY ASK:

| | | |
|------|---|---|
| Q28. | Are you currently taking medication prescribed by a doctor or psychiatrist for this disorder? (Q54 REVISED) | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| Q29. | Are you currently receiving counseling from a mental health professional, such as a psychiatrist, psychologist, psychotherapist, social worker, or counselor for this disorder? | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| Q30. | What type of doctor originally diagnosed your depressive disorder – your regular doctor, a psychiatrist, a psychologist, or someone else? | REGULAR DOCTOR 1 PSYCHIATRIST 2 PSYCHOLOGIST 3 OTHER 4 DON'T KNOW DK REFUSED REF |

IF YES TO ANXIETY DISORDER, IMMEDIATELY ASK:

| | | |
|------|---|---|
| Q31. | Are you currently taking medication prescribed by a doctor or psychiatrist for this disorder? | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| Q32. | Are you currently receiving counseling from a mental health professional such as a psychiatrist, psychologist, psychotherapist, social worker or counselor for this disorder? | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| Q33. | What type of doctor originally diagnosed your anxiety disorder – your regular doctor, a psychiatrist, a psychologist, or someone else? | REGULAR DOCTOR 1 PSYCHIATRIST 2 PSYCHOLOGIST 3 OTHER 4 DON'T KNOW DK REFUSED REF |

DISABILITY SCREENING QUESTIONS

The next questions ask about any long-term health impairments or disabilities you may have that have lasted or can be expected to last for at least 3 months.

- Q34. Are you limited in any way in any activities because of a physical, mental, or emotional problem? YES 1
NO 2
DON'T KNOW DK
REFUSED REF
- Q35. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (Q6) YES 1
NO 2
DON'T KNOW DK
REFUSED REF
- Q36. Do you consider yourself a person with a disability? YES 1
NO 2
DON'T KNOW DK
REFUSED REF

IF YES TO ANY OF THE PREVIOUS THREE QUESTIONS ABOVE, ASK:

- Q37. For how long have (your activities been limited) (you had a disability) (you used special equipment)? How many years? _____ YEARS
(ROUND TO NEAREST YEAR) DON'T KNOW DK
REFUSED REF
- Q38. Would you consider (your activity limitation) (your disability) (the need for your use of special equipment) to be slight, moderate, somewhat severe, or very severe? SLIGHT 1
MODERATE 2
SOMEWHAT SEVERE 3
VERY SEVERE 4
DON'T KNOW DK
REFUSED REF
- Q39. Which of the following best describes (the type of activity limitation you have) (IF ONLY Q35 = YES: why you use special equipment) (IF ONLY Q36 = YES OR ONLY Q35 AND Q36 = YES: your disability) – (READ CATEGORIES IN ORDER)? (IF NECESSARY: Does this describe (your disability)(the type of activity limitation you have)(why you use special equipment?)

| | YES | NO | DON'T KNOW | REF |
|---|-----|----|---------------|-----|
| a. lack of mobility – e.g., walking or going upstairs | 1 | 2 | DK | REF |
| b. a limitation in body movement, such as standing, crouching, bending, or sitting | 1 | 2 | DK | REF |
| c. difficulty gripping, holding or manipulating small objects or carrying light loads | 1 | 2 | DK | REF |
| d. difficulty hearing, except for “loud” noises | 1 | 2 | DK | REF |
| e. problems with seeing, including difficulty reading newspaper print | 1 | 2 | DK | REF |
| f. a mental health condition..... | 1 | 2 | DK | REF |
| g. problems with learning..... | 1 | 2 | DK | REF |
- Q40. Do you have a chronic medical condition that... (affects your ability to function) (IF ONLY Q35 = YES: necessitates the use of special equipment) (IF ONLY Q36 = YES OR ONLY Q35 AND Q36 = YES: is related to your disability) YES 1
NO 2
DON'T KNOW DK
REFUSED REF
- Q41. Does your home currently have special modifications or adaptive equipment, or other features that you need due to any physical impairment or health problem? YES 1
NO 2
DON'T KNOW DK
REFUSED REF

IF NO, ASK:

| | | |
|------|---|---------------------|
| Q42. | Could you benefit from having such special equipment or modifications in your home? | YES 1 |
| | | NO 2 |
| | | DON'T KNOW DK |
| | | REFUSED REF |

| | | |
|------|---|--|
| Q43. | As an adult, have you ever been treated unfairly by a health care provider or their office staff specifically because of a physical impairment or disability? | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| Q44. | Because of any physical impairment or health problem, how often does the location, design, or layout of your health care provider's office keep you from getting needed health care – never, some of the time, most of the time, or all of the time? | NEVER..... 1 SOME OF THE TIME..... 2 MOST OF THE TIME..... 3 ALL OF THE TIME 4 DON'T KNOW..... DK REFUSED REF |
| Q45. | Please tell me how much you agree or disagree with the following statement: "I don't participate in as many social activities as I would like because (my activities are limited) (I have a disability) (I use special equipment)." Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree? | STRONGLY AGREE..... 1 AGREE SOMEWHAT 2 DISAGREE SOMEWHAT 3 STRONGLY DISAGREE 4 DON'T KNOW..... DK REFUSED REF |
| Q46. | Do you know where to get information about community resources for people with disabilities? | YES 1 NO 2 DON'T KNOW..... DK REFUSED REF |

EMPLOYMENT AND DAILY ACTIVITIES

The next questions are about your employment situation and daily activities...

| | | |
|------|--|---|
| Q47. | What were you doing <u>most</u> of last week? Were you working, were you not at work but had a job, were you looking for work, keeping house, going to school, unable to work, retired, or what? (ACCEPT ONLY <u>ONE</u> RESPONSE) (Q12) | WORKING 1 (ASK Q49) NOT AT WORK, BUT HAVE A JOB 2 } LOOKING FOR WORK 3 } (ASK Q48) KEEPING HOUSE 4 } GOING TO SCHOOL 5 } UNABLE TO WORK 6 (SKIP TO Q50) RETIRED 7 } OTHER SITUATION 8 } (ASK Q48) DON'T KNOW DK } REFUSED REF } |
|------|--|---|

IF NOT WORKING BUT ABLE TO WORK FROM Q47, ASK:

| | | |
|------|---|---|
| Q48. | Did you do any work at all last week for pay or profit? (Do not count work around the house, but include unpaid work in a family farm or business.) (Q13) | YES 1 (ASK Q49) NO 2 } DON'T KNOW DK } (SKIP TO Q50) REFUSED REF } |
|------|---|---|

IF EMPLOYED FROM Q47/48, ASK:

| | | |
|------|--|---|
| Q49. | How many hours per week do you usually work? (Q14) | _____ HOURS DON'T KNOW DK REFUSED REF |
|------|--|---|

Next, some questions about exercise and physical activity. First we are asking about vigorous exercises or activities, those that require hard physical effort and causes heavy sweating, and large increases in breathing and heart rate (for example, running or aerobics).

- Q50. In a usual week, do you do vigorous exercise or activities for at least 10 minutes at a time without stopping? (IF NECESSARY: any exercise or activity that causes heavy sweating, and large increases in breathing and heart rate) (INTERVIEWER: THIS CAN INCLUDE VIGOROUS ACTIVITY YOU DO WHILE AT WORK.) (Q18 REVISED)
- YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

- Q51. How many days per week do you do such vigorous exercise or activities for at least 10 minutes without stopping? (Q19 REVISED)
- _____ DAYS (1-7)
 DON'T KNOW DK
 REFUSED REF
- Q52. On an average day when you do these vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities? (Q20) (RECORD ANSWER IN MINUTES) (INTERVIEWER: TOTAL TIME WHEN BREATHING AND HEART RATE ARE INCREASED) (INTERVIEWER: ONLY ADD UP THE TIMES WHEN RESPONDENT DID THESE ACTIVITIES FOR 10 MINUTES OR MORE)
- _____ MINUTES
 DON'T KNOW DK
 REFUSED REF

Next, we are asking about moderate exercises or activities, those that cause light sweating, and slight increases in breathing and heart rate (for example, walking, yard work or physical labor at work).

- Q53. In a usual week, do you walk or do moderate exercise or activities for at least 10 minutes at a time without stopping? (IF NECESSARY: any exercise or activity that causes a light sweating, and slight to moderate increases in breathing and heart rate) (INTERVIEWER: THIS CAN INCLUDE MODERATE ACTIVITY AT WORK OR HOME, FOR RECREATION OR EXERCISE)
- YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

- Q54. How many days per week do you walk or do moderate exercise or physical activities for at least 10 minutes without stopping?
- _____ DAYS (1-7)
 DON'T KNOW DK
 REFUSED REF
- Q55. On an average day when you walk or do moderate exercise or physical activities for at least 10 minutes without stopping, how much total time do you spend doing these activities? (RECORD ANSWER IN MINUTES) (INTERVIEWER: TOTAL TIME WHEN BREATHING AND HEART RATE ARE INCREASED) (INTERVIEWER: ONLY ADD UP THE TIMES WHEN RESPONDENT DID THESE ACTIVITIES FOR 10 MINUTES OR MORE.)
- _____ MINUTES
 DON'T KNOW DK
 REFUSED REF

IF AGE 65 OR OLDER, ASK:

- Q56. During the past 12 months, have you been helped at home by any health or medical professionals such as a visiting nurse, private duty nurse, doctor, social worker, therapist or hospice worker? (Q9)
- YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF
- Q57. During the past 12 months, about how many times, if any, have you fallen and landed on the floor or hit an object? (Q10)
- _____ TIMES
 DON'T KNOW DK
 REFUSED REF

IF 1 OR MORE TIMES, ASK:

| | | |
|------|--|---------------------|
| Q58. | Did (that) (any of those) fall(s) cause a broken bone, a serious injury or cause you to seek medical care? (Q11) | YES 1 |
| | | NO 2 |
| | | DON'T KNOW DK |
| | | REFUSED REF |

MAIN SURVEY – NUTRITION/FOOD QUESTIONS

Q59. Thinking about nutrition... how many total servings of fruits and vegetables did you eat yesterday? (IF NECESSARY, SAY:) A serving would equal one medium apple, a handful of broccoli, or a cup of cut carrots. (INTERVIEWER: 6 OZ. OF 100% FRUIT JUICE COUNTS AS A SERVING.) (Q29 REVISED)

_____ SERVINGS
 DON'T KNOW..... DK
 REFUSED REF

Q60. How many total servings of fruits and vegetables do you think you should eat everyday for good health? That's a combined total of both fruits and vegetables. (Q30)

_____ SERVINGS
 DON'T KNOW..... DK
 REFUSED REF

FOOD-BORNE ILLNESSES SUBSAMPLE QUESTIONS APPEAR HERE

HEALTH INSURANCE

Q61. Are you yourself covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, government programs such as Medicare, Medi-Cal, Medicaid, Healthy Families, military programs such as Champus, Champ VA, or the Indian Health Service. (Q31 REVISED)

YES, COVERED 1
 NO, NOT COVERED 2
 DON'T KNOW..... DK
 REFUSED REF

IF YES, DON'T KNOW, OR REFUSED, ASK:

Q62. Are you yourself currently covered for health insurance... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)? (Q32-36 REVISED)

| | | | | | |
|--|--|-----|----|------------|-----|
| | | YES | NO | DON'T KNOW | REF |
|--|--|-----|----|------------|-----|

IF AGE 65 OR OLDER OR DISABLED, ASK:

a. under Medicare (IF NECESSARY:) Medicare is the government's health insurance program for seniors and certain persons with disabilities 1 2 DK.... REF

b. through your own or some other family member's current or former employer, union, trade association, school or business 1 2 DK.... REF

c. under your own or some other family member's military insurance program (like Champus or VA coverage) 1 2 DK.... REF

d. under Medi-Cal, also known as Medicaid (the government's health insurance program for certain low-income children and their families, pregnant women, and certain persons who are disabled or who are seniors)..... 1 2 DK.... REF

IF NOT YES TO Q62a-d, ASK Q62e:

e. through a separate policy that you or some other family member bought directly from an insurance provider..... 1 2 DK.... REF

IF NO, NOT COVERED, ASK:

Q63. There are some types of coverage you may not have considered. Are you yourself currently covered for health insurance... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)?

| | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> | <u>REF</u> |
|---|------------|-----------|-------------------|------------|
| IF AGE 65 OR OLDER OR DISABLED, ASK: | | | | |
| a. under <u>Medicare</u> (IF NECESSARY:) Medicare is the government's health insurance program for seniors and certain persons with disabilities | 1 | 2 | DK | REF |
| b. through your own or some other family member's current or former <u>employer, union, trade association, school or business</u> | 1 | 2 | DK | REF |
| c. under your own or some other family member's <u>military insurance program</u> (like Champus or VA coverage) | 1 | 2 | DK | REF |
| d. under <u>Medi-Cal</u> , also known as <u>Medicaid</u> (the government's health insurance program for certain low-income children and their families, pregnant women, and certain persons who are disabled or who are seniors)..... | 1 | 2 | DK | REF |
| IF NOT YES TO Q63a-d, ASK Q63e: | | | | |
| e. through a <u>separate policy</u> that you or some other family member bought <u>directly from an insurance provider</u> | 1 | 2 | DK | REF |

IF INSURED, DK OR REF, OR IF Q63a-e = 1, ASK:

| | | |
|--|-----------------|-----|
| Q64. During the past 12 months, have you had any periods when you had no health insurance and you were not covered under anyone else's plan or government health insurance program, like Medicare or Medi-Cal? | YES | 1 |
| | NO | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

BARRIERS TO ACCESSING HEALTH CARE

| | | |
|--|--------------------------|-----|
| Q65. Overall, how easy or difficult is it for you to get medical care when you need it? Would you say it is very difficult, somewhat difficult, somewhat easy, or very easy? (Q74) | VERY DIFFICULT | 1 |
| | SOMEWHAT DIFFICULT | 2 |
| | SOMEWHAT EASY | 3 |
| | VERY EASY | 4 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

IF VERY OR SOMEWHAT DIFFICULT, ASK:

| | | | | | | |
|--|---|-----------------------|---------------------------|----------------------|-------------------|------------|
| Q66. How important are each of the following reasons why getting medical care is difficult for you? (READ ITEMS IN RANDOM ORDER) Is this a very important, somewhat important or not important reason why getting medical care is difficult for you? | | <u>VERY IMPORTANT</u> | <u>SOMEWHAT IMPORTANT</u> | <u>NOT IMPORTANT</u> | <u>DON'T KNOW</u> | <u>REF</u> |
| () a. You cannot afford to pay | 1 | 2 | 3 | DK | REF | |
| () b. The clinic/office/doctor's hours do not fit with your schedule..... | 1 | 2 | 3 | DK | REF | |
| () c. You have difficulty getting an appointment or have to wait too long | 1 | 2 | 3 | DK | REF | |
| IF UNINSURED (Q61 = NO, DK, OR REF), ASK: | | | | | | |
| () d. You have no insurance..... | 1 | 2 | 3 | DK | REF | |
| () e. You do not know where to go or who to call | 1 | 2 | 3 | DK | REF | |
| () f. You're afraid that it might affect your immigration status | 1 | 2 | 3 | DK | REF | |

| | | |
|---|----------------------|-----|
| Q67. Has getting medical care when you need it gotten more difficult, less difficult, or stayed about the same over the past 12 months? | MORE DIFFICULT | 1 |
| | LESS DIFFICULT | 2 |
| | NO CHANGE | 3 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

Q68. In the past year, was there ever a time when you needed (ITEM) but didn't get it because you could not afford it? (READ ITEMS IN RANDOM ORDER) (Q77 REVISED)

| | YES | NO | DON'T KNOW | REF |
|---|-----|----|------------|-----|
| () a. prescription medicine | 1 | 2 | DK | REF |
| () b. mental health care or counseling | 1 | 2 | DK | REF |
| () c. to see a doctor for a health problem | 1 | 2 | DK | REF |
| () d. dental care (including check-ups) | 1 | 2 | DK | REF |
| () e. eyeglasses | 1 | 2 | DK | REF |

Q69. During the past year, was there ever a time when transportation problems kept you from getting needed medical care?
 YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF NON-ENGLISH LANGUAGE INTERVIEW, ASK:

Q70. During the past year, was there ever a time when you had trouble talking to a doctor or health care provider because he or she did not speak your language? (Q76)
 YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

Q71. When was your last visit to a health care provider – meaning a doctor, nurse, or physician's assistant – or your last visit to a hospital emergency room or clinic? (Do not include visits to the dentist.) Was it... (READ CATEGORIES)? (Q39 REVISED)
 LESS THAN 12 MONTHS AGO..... 1
 1 YEAR BUT LESS THAN 2 YEARS AGO ... 2
 2 YEARS BUT LESS THAN 5 YEARS AGO . 3
 5 OR MORE YEARS AGO 4
 NEVER..... 5
 DON'T KNOW..... DK
 REFUSED REF

DO NOT READ {

Now I am going to ask you some questions about your usual source of care. This is the place you go to for all or most of your health care needs.

Q72. When you are sick or want advice about your health, is there one particular place or health provider to whom you go most often? (Q78)
 YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF NO, DON'T KNOW OR REFUSED, ASK:

Q73. Is that because you have more than one place to go, or is it because you have no regular place to go? (Q79)
 MORE THAN ONE PLACE..... 1
 NO PLACE TO GO..... 2
 DON'T KNOW..... DK
 REFUSED REF

IF Q73 = MORE THAN ONE PLACE TO GO, DON'T KNOW OR REFUSED, ASK:

Q74. Is there a particular place that you go more often than any other place (IF NECESSARY: for your routine care)? (Q80)
 YES 1
 NO 2
 DON'T KNOW..... DK
 REFUSED REF

IF Q73 = NO PLACE TO GO OR Q74 = NO/DK/REF, ASK:

Q75. Which of the following is a reason why you don't have a regular source of care? (READ ITEMS IN RANDOM ORDER, ASKING:) Was this a reason (why you don't have a regular source of care)?

| | YES | NO | DON'T KNOW | REF |
|---|-----|----|------------|-----|
| () a. you're healthy and don't need a doctor..... | 1 | 2 | DK | REF |
| () b. you don't know where to go for care..... | 1 | 2 | DK | REF |
| () c. your doctor or clinic is no longer available to you..... | 1 | 2 | DK | REF |
| () d. it costs too much to see a doctor regularly..... | 1 | 2 | DK | REF |

IF NO REGULAR SOURCE OF CARE (Q73 = 2 [NO PLACE TO GO] OR Q74 = NO/DK/REF) AND Q71 = 1, ASK:

| | | |
|------|--|---|
| Q76. | Where was your last visit to a health care provider – a private practice doctor's office including an HMO like Kaiser, a hospital outpatient clinic, a hospital emergency room, a county or community clinic, or somewhere else? | DOCTOR'S OFFICE (INCLUDES HMO'S AND KAISER) 1 HOSPITAL OUTPATIENT CLINIC 2 HOSPITAL EMERGENCY ROOM..... 3 COUNTY, COMMUNITY CLINIC 4 OTHER 5 DON'T KNOW..... DK REFUSED REF |
|------|--|---|

IF COUNTY, COMMUNITY CLINIC, HOSPITAL OUTPATIENT CLINIC OR HOSPITAL EMERGENCY ROOM ASK:

| | |
|--|--|
| Q76(h) Which (hospital) (county or community (c)(e). clinic) did you go to on your last visit? | LIST OF HOSPITALS/COUNTY FACILITIES HERE |
|--|--|

| | | |
|------|--|--|
| Q78. | Have you gone anywhere else for health care in the past 12 months? | YES 1 NO 2 DON'T KNOW..... DK REFUSED REF |
|------|--|--|

IF YES, ASK:

| | | |
|------|---|---|
| Q79. | Where else have you received care in the past 12 months – a private practice doctor's office including an HMO like Kaiser, a hospital outpatient clinic, a hospital emergency room, a county or community clinic, or somewhere else? (ANSWER CAN BE MULTIPLE) | DOCTOR'S OFFICE (INCLUDES HMO'S AND KAISER) 1 HOSPITAL OUTPATIENT CLINIC 2 HOSPITAL EMERGENCY ROOM..... 3 COUNTY, COMMUNITY CLINIC 4 OTHER 5 DON'T KNOW..... DK REFUSED REF |
|------|---|---|

IF COUNTY, COMMUNITY CLINIC, HOSPITAL OUTPATIENT CLINIC OR HOSPITAL EMERGENCY ROOM ASK:

| | |
|---|--|
| Q79(h) Which (hospital(s)) (county or (c)(e). community clinic(s)) was this? (ANSWER CAN BE A MULTIPLE) | LIST OF HOSPITALS/COUNTY FACILITIES HERE |
|---|--|

IF Q76 OR Q79 = EMERGENCY ROOM, ASK:

| | | |
|--------|--|--------------------------------------|
| Q80. | Which of the following describes why you went to an emergency room the last time you received care there? (READ LIST IN RANDOM ORDER, ASKING:) Does this describe why you went to an emergency room the last time you received care there? | |
| | | YES NO DON'T KNOW REF |
| () a. | You were instructed by a doctor or other health care provider to go to the emergency room or were taken there because of a medical emergency..... | 1.....2DK.... REF |
| () b. | You couldn't get an appointment at a doctor's office or clinic during office hours, or the office or clinic was closed | 1.....2DK.... REF |
| () c. | You could not afford care elsewhere or you did not have insurance..... | 1.....2DK.... REF |
| () d. | You prefer getting medical care from an emergency room | 1.....2DK.... REF |
| () e. | You didn't know where else to go | 1.....2DK.... REF |
| () f. | It's convenient for you | 1.....2DK.... REF |

IF REGULAR SOURCE OF CARE (Q72 = 1, YES OR Q74 = 1, YES), ASK:

| | | |
|------|--|---|
| Q76. | Which of the following best describes the place you usually go when you are sick or want advice about your health – a private practice doctor's office including an HMO like Kaiser, a hospital outpatient clinic, a hospital emergency room, a county or community clinic, or somewhere else? (Q82 REVISED) | DOCTOR'S OFFICE 1 HOSPITAL OUTPATIENT CLINIC 2 HOSPITAL EMERGENCY ROOM..... 3 COUNTY, COMMUNITY CLINIC 4 OTHER 5 DON'T KNOW..... DK REFUSED REF |
|------|--|---|

IF COUNTY, COMMUNITY CLINIC, HOSPITAL OUTPATIENT CLINIC OR HOSPITAL EMERGENCY ROOM ASK:

| | |
|--|--|
| Q76(h) Which (hospital) (county or community (c)(e). clinic) do you usually go to? | LIST OF HOSPITALS/COUNTY FACILITIES HERE |
|--|--|

Q77. Overall, how satisfied are you with the care you receive from your regular provider in each of the following areas ... (READ ITEMS IN RANDOM ORDER) – are you very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with your regular provider on this?

| | VERY SATISFIED | SOMEWHAT SATISFIED | SOMEWHAT DISSATISFIED | VERY DISSATISFIED | DK | REF |
|---|-------------------|-----------------------|--------------------------|----------------------|-------|-----|
| () a. Providing you with the care you need..... | 1 | 2 | 3 | 4 | .DK.. | REF |
| () b. Being easy to contact by phone | 1 | 2 | 3 | 4 | .DK.. | REF |
| () c. Explaining things to you and answering your questions..... | 1 | 2 | 3 | 4 | .DK.. | REF |
| () d. Spending enough time with you | 1 | 2 | 3 | 4 | .DK.. | REF |

IF Q71 = 1, ASK

| | | |
|------|--|--|
| Q78. | Other than your regular source of care, have you gone anywhere else for health care in the past 12 months? | YES 1 NO 2 DON'T KNOW..... DK REFUSED REF |
|------|--|--|

IF YES, ASK:

| | | |
|------|---|---|
| Q79. | Where else have you received care in the past 12 months – a private practice doctor's office including an HMO like Kaiser, a hospital outpatient clinic, a hospital emergency room, a county or community clinic, or somewhere else? (ANSWER CAN BE A MULTIPLE) | DOCTOR'S OFFICE 1 HOSPITAL OUTPATIENT CLINIC 2 HOSPITAL EMERGENCY ROOM..... 3 COUNTY, COMMUNITY CLINIC 4 OTHER 5 DON'T KNOW..... DK REFUSED REF |
|------|---|---|

IF COUNTY, COMMUNITY CLINIC, HOSPITAL OUTPATIENT CLINIC OR HOSPITAL EMERGENCY ROOM ASK:

| | |
|---|--|
| Q79(h) Which (hospital(s)) (county (c)(e). or community clinic(s)) was this? (ANSWER CAN BE A MULTIPLE) | LIST OF HOSPITALS/COUNTY FACILITIES HERE |
|---|--|

IF Q76 OR Q79 = EMERGENCY ROOM, ASK:

| | | | | | |
|---|---|-----|----|------------|-----|
| Q80. Which of the following describes why you went to an emergency room the last time you received care there? (READ LIST IN RANDOM ORDER, ASKING:) Does this describe why you went to an emergency room the last time you received care there? | | | | | |
| | | YES | NO | DON'T KNOW | REF |
| () | a. You were instructed by a doctor or other health care provider to go to the emergency room or were taken there because of a medical emergency | 1 | 2 | DK | REF |
| () | b. You couldn't get an appointment at a doctor's office or clinic during office hours, or the office or clinic was closed | 1 | 2 | DK | REF |
| () | c. You could not afford care elsewhere or you did not have insurance..... | 1 | 2 | DK | REF |
| () | d. You prefer getting medical care from an emergency room | 1 | 2 | DK | REF |
| () | e. You didn't know where else to go | 1 | 2 | DK | REF |
| () | f. It's convenient for you | 1 | 2 | DK | REF |

IF FEMALE, ASK:

| | | |
|--|--------------------------------------|-----|
| Q82. How long has it been since you had your last Pap smear? (IF NECESSARY, SAY:) This is a scraping from the cervix (SIR-VIX) administered to you by a doctor, nurse or other health professional. Was it... (READ CATEGORIES)? | LESS THAN 12 MONTHS AGO..... | 1 |
| | 1 YEAR BUT LESS THAN 2 YEARS AGO ... | 2 |
| | 2 YEARS BUT LESS THAN 3 YEARS AGO . | 3 |
| | 3 YEARS BUT LESS THAN 5 YEARS AGO . | 4 |
| | 5 OR MORE YEARS AGO | 5 |
| | DO NOT READ { NEVER..... | 6 |
| | { DON'T KNOW..... | DK |
| | { REFUSED | REF |

IF AGE 40 OR OLDER, ASK:

| | | |
|--|-----------------|-----|
| Q83. During the past two years, have you had a breast X-ray called a mammogram? (Q59a) | YES | 1 |
| | NO | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

IF AGE 50 OR OLDER, ASK:

| | | |
|--|-----------------|-----|
| Q84. Have you ever had a sigmoidoscopy (SIG-MOID-OS-KO-PE) or colonoscopy (KO-LUN-OS-KO-PE)? (IF NECESSARY, SAY:) This is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. (Q61) | YES | 1 |
| | NO | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

IF YES, ASK:

| | | |
|---|--------------------------------------|-----|
| Q85. How long has it been since you had your last sigmoidoscopy (SIG-MOID-OS-KO-PE) or colonoscopy (KO-LUN-OS-KO-PE)? (READ CATEGORIES) | LESS THAN 12 MONTHS AGO..... | 1 |
| | 1 YEAR BUT LESS THAN 2 YEARS AGO ... | 2 |
| | 2 YEARS BUT LESS THAN 5 YEARS AGO . | 3 |
| | 5 OR MORE YEARS AGO | 4 |
| | DO NOT READ { DON'T KNOW..... | DK |
| | { REFUSED | REF |

| | | |
|--|-----------------|-----|
| Q86. Have you ever had a blood stool test? (IF NECESSARY, SAY:) This is a test that may use a special kit at home to determine whether the stool contains blood. (Q62) | YES | 1 |
| | NO | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

IF YES, ASK:

| | | |
|------|---|--|
| Q87. | When did you last have such a blood stool test – (READ CATEGORIES)? (Q63 REVISED) | LESS THAN 12 MONTHS AGO..... 1 1 YEAR BUT LESS THAN 2 YEARS AGO ... 2 2 YEARS BUT LESS THAN 5 YEARS AGO . 3 5 OR MORE YEARS AGO 4 |
| | DO NOT READ { | DON'T KNOW..... DK REFUSED REF |

IF AGE 65 OR OLDER, ASK:

| | | |
|------|--|--|
| Q88. | During the past 12 months, have you had a flu shot? (IF NECESSARY: A flu shot is usually given in the fall and protects against influenza for the flu season.) (Q65 REVISED) | YES 1 NO 2 DON'T KNOW..... DK REFUSED REF |
|------|--|--|

IF YES, ASK:

| | | |
|------|--|---|
| Q89. | Which of the following best describes where you received your flu shot – a private doctor's office including an HMO like Kaiser, a hospital outpatient clinic, a hospital emergency room, a county or community clinic, a healer other than a doctor, a pharmacist, or somewhere else? | PRIVATE DOCTOR'S OFFICE (INCLUDES HMO'S OR KAISER) 1 HOSPITAL OUTPATIENT CLINIC 2 HOSPITAL EMERGENCY ROOM..... 3 COUNTY, COMMUNITY CLINIC 4 HEALER OTHER THAN A DOCTOR..... 5 PHARMACIST 6 – OR –SOMEWHERE ELSE 7 |
| | DO NOT READ { | DON'T KNOW..... DK REFUSED REF |

| | | |
|------|--|--|
| Q90. | Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. (IF NECESSARY: It is also called the pneumococcal vaccine.) | YES 1 NO 2 DON'T KNOW..... DK REFUSED REF |
|------|--|--|

HEALTH DEPARTMENT, ANTIBIOTICS SUBSAMPLE QUESTIONS APPEAR HERE

MENTAL HEALTH

The next few questions ask about your feelings and thoughts during the past month.

| | | |
|------|---|--|
| Q91. | During the past month, have you often been bothered by feeling down, depressed or hopeless? | YES 1 NO 2 DON'T KNOW..... DK REFUSED REF |
|------|---|--|

| | | |
|------|---|--|
| Q92. | During the past month, have you often been bothered by little interest or pleasure in doing things? | YES 1 NO 2 DON'T KNOW..... DK REFUSED REF |
|------|---|--|

IF YES TO EITHER Q91 OR Q92, ASK:

| | | |
|------|--|--|
| Q93. | During the past month, when you were bothered by (feeling down, depressed, or hopeless) (little interest or pleasure in doing things), from whom did you receive emotional or moral support... (READ CATEGORIES)? (ANSWER MAY BE A MULTIPLE) | |
| | a family member or friend..... | 1 |
| | a health professional (IF NECESSARY: such as a doctor, psychologist, psychiatrist, or counselor)..... | 2 |
| | a priest, minister, or other religious person | 3 |
| | – or – someone else | 4 |
| | DO NOT READ { | NO ONE 5 DON'T KNOW DK REFUSED REF |

TOBACCO QUESTIONS

Q94. Have you smoked at least 100 cigarettes in your entire life? (Q102)

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

Q95. How old were you when you first started to smoke cigarettes fairly regularly? _____ YEARS OLD

NEVER SMOKED REGULARLYXX
 DON'T KNOW DK
 REFUSED REF

Q96. Do you currently smoke cigarettes, cigars, a pipe or chew smokeless tobacco? (IF YES: Which one(s)?) (ANSWER CAN BE A MULTIPLE "YES") (Q101)

NO, NON-TOBACCO USER 1
 YES, CIGARETTES..... 2
 YES, CIGARS 3
 YES, PIPE 4
 YES, SMOKELESS TOBACCO 5
 DON'T KNOW DK
 REFUSED REF

IF SMOKES CIGARETTES, ASK:

Q97. On how many of the past 30 days did you smoke a cigarette? _____ DAYS

DON'T KNOW DK
 REFUSED REF

Q98. During the past 30 days, on the days that you smoked, about how many cigarettes did you smoke per day? (Q104 REVISED) (1 PACK = 20 CIGARETTES) (IF LESS THAN 1 PER DAY, ENTER 1. IF 95 OR MORE PER DAY, ENTER 95.) _____ CIGARETTES PER DAY

DON'T KNOW DK
 REFUSED REF

Q99. On a typical day that you smoke, how soon after you wake up do you smoke? Would you say within 5 minutes, from 6 to 30 minutes, more than 30 minutes to an hour, or more than an hour?

WITHIN 5 MINUTES..... 1
 FROM 6 TO 30 MINUTES 2
 FROM > 30 MINUTES TO AN HOUR 3
 MORE THAN AN HOUR 4
 DON'T KNOW DK
 REFUSED REF

Q100. During the past 12 months, have you cut down the number of cigarettes that you smoke?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

Q101. During the past 12 months, how many times have you stopped smoking for more than one day because you were trying to quit smoking? (IF HAVE NOT TRIED TO QUIT, ENTER "0") _____ TIMES

DON'T KNOW DK
 REFUSED REF

IF >0, ASK:

Q102. (Among the times you tried quitting) In the past 12 months, what was the longest period of time for which you were able to stop smoking? _____ DAYS

_____ WEEKS
 _____ MONTHS

DON'T KNOW DK
 REFUSED REF

Q103. During the past year, did you try to quit smoking cold turkey, without the help of any outside aids?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

Q104. During the past year, did you use any of the following aids to help you cut down or quit smoking, even if your quit attempt was not successful? (READ ITEMS, ASKING:) During the past year, did you do this to help you cut down or quit smoking, even if your quit attempt was not successful? (Q108 REVISED)

| | YES | NO | DON'T KNOW | REF |
|---|-----|----|------------|-----|
| a. Group counseling | 1 | 2 | DK | REF |
| b. One-on-one counseling | 1 | 2 | DK | REF |
| c. Smokers' telephone help line | 1 | 2 | DK | REF |
| d. Self-help materials | 1 | 2 | DK | REF |
| e. A nicotine patch, nicotine gum, or a nicotine inhaler | 1 | 2 | DK | REF |
| f. Zyban (ZY-BAN), Prozac (PRO-ZAK), or other anti-depressant drug prescribed to you by a physician | 1 | 2 | DK | REF |

IF MORE THAN ONE YES, ASK:

| | | |
|--|--|---|
| Q105. Which one of these aids do you feel was the most effective for you? (CATI PLAYS BACK CATEGORIES ANSWERED YES) | GROUP COUNSELING | 1 |
| | ONE-ON-ONE COUNSELING | 2 |
| | SMOKERS' TELEPHONE HELPLINE | 3 |
| | SELF-HELP MATERIALS..... | 4 |
| | A NICOTINE PATCH, NICOTINE GUM, OR A NICOTINE INHALER | 5 |
| | ZYBAN, PROZAC, OR OTHER ANTI- DEPRESSANT DRUG PRESCRIBED TO YOU BY A PHYSICIAN | 6 |
| | NONE/COLD TURKEY | 7 |
| DO NOT READ { DON'T KNOW..... | DK | |
| REFUSED | REF | |

| | | |
|--|-----------------|-----|
| Q106. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (Q106 REVISED) | YES | 1 |
| | NO | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

IF SMOKER FROM Q96, ASK:

| | |
|--|--------------------|
| Q107. During the past 7 days, on how many days did you smoke in your home? | _____ DAYS |
| | DON'T KNOW..... DK |
| | REFUSED |
| Q108. During the past 7 days, on how many days were you around someone else's cigarette, cigar or pipe smoke in your home? | _____ DAYS |
| | DON'T KNOW..... DK |
| | REFUSED |

IF NON-SMOKER FROM Q96, ASK:

| | |
|--|--------------------|
| Q109. On how many of the past 7 days were you around someone else's cigarette, cigar or pipe smoke in your home? | _____ DAYS |
| | DON'T KNOW..... DK |
| | REFUSED |

TOBACCO POLICY SUBSAMPLE QUESTIONS (A/B) APPEAR HERE

ALCOHOL QUESTIONS

Q110. If a drink is considered one can or bottle of beer, one glass of wine or cocktail or shot of liquor... during the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers or liquor? (Q111)

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

Q111. During the past 30 days, on how many days have you had at least one drink of any alcoholic beverages? Just your best estimate.

_____ DAYS
 DON'T KNOW DK
 REFUSED REF

Q112. On the days that you drank alcohol during the past month, how many drinks did you have on average? (IF LESS THAN ONE, ENTER "0") (Q113)

_____ DRINKS PER DAY
 DON'T KNOW DK
 REFUSED REF

Q113. Considering all types of alcohol, how many times during the past month did you have (IF MALE: 5) (IF FEMALE: 4) or more drinks on the same occasion? (Q114 REVISED)

_____ TIMES
 DON'T KNOW DK
 REFUSED REF

Q114. During the past month, how many times have you driven when you've perhaps had too much to drink? (Q115)

_____ TIMES
 DON'T KNOW DK
 REFUSED REF

IF AGE 18-20, ASK:

Q115. Which of the following were ways in which you obtained beer, wine or alcohol in the past month? (READ LIST IN RANDOM ORDER, ASKING:) Did you obtain alcohol this way in the past month? (IF NECESSARY, SAY: Your answers are completely confidential.)

- | | YES | NO | DON'T KNOW | REF |
|---|-----|----|------------|-----|
| () a. It was available at home or when you were at another private residence | 1 | 2 | DK | REF |
| () b. You bought beer, wine or alcohol from a store | 1 | 2 | DK | REF |

IF YES, ASK:

c. Did you use an ID or not?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

- () d. You bought beer, wine or alcohol from a restaurant, bar or club..... 1 2 DK REF

IF YES, ASK:

e. Did you use an ID or not?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

- () f. Somebody else over age 21 bought or obtained beer, wine or alcohol for you 1 2 DK REF

Q116. During the past month, how many times have you ridden with a driver (other than yourself) who has perhaps had too much to drink? (Q116)

_____ TIMES
 DON'T KNOW DK
 REFUSED REF

ALCOHOL POLICY SUBSAMPLE QUESTIONS APPEAR HERE

OTHER HEALTH RISKS

- Q117. How safe from crime do you consider your neighborhood to be – very safe, somewhat safe, somewhat unsafe, or not at all safe? (Q122)
- | | |
|-----------------------|-----|
| VERY SAFE..... | 1 |
| SOMEWHAT SAFE | 2 |
| SOMEWHAT UNSAFE | 3 |
| NOT AT ALL SAFE..... | 4 |
| DON'T KNOW..... | DK |
| REFUSED | REF |

CHILDCARE SUBSAMPLE QUESTIONS APPEAR HERE

The next questions are about firearms, including pistols, shotguns and rifles. (IF NECESSARY: Please do not include BB guns, starter pistols or guns that cannot fire ammunition.)

- Q118. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (Q127)
- | | |
|-----------------|-----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW..... | DK |
| REFUSED | REF |

IF YES, ASK:

- | | | |
|--|--------------------------|-----|
| Q119. How often are these firearms kept loaded – all the time, some of the time, rarely or never? (Q128) | ALL THE TIME..... | 1 |
| | SOME OF THE TIME..... | 2 |
| | RARELY..... | 3 |
| | NEVER..... | 4 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |
| Q120. How often are these firearms locked in a cabinet, box or other firearm container – all the time, some of the time, rarely or never? (Q130) | ALL THE TIME..... | 1 |
| | SOME OF THE TIME..... | 2 |
| | RARELY..... | 3 |
| | NEVER..... | 4 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |
| Q121. Is the ammunition stored separately from the firearm? | YES, SEPARATELY | 1 |
| | NO, NOT SEPARATELY | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |
| IF SEPARATELY, ASK: | | |
| Q122. Is the ammunition stored in a locked or unlocked place? | LOCKED | 1 |
| | UNLOCKED..... | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

BIOTERRORISM-RELATED SUBSAMPLE QUESTIONS (A/B) APPEAR HERE

AIDS/HIV RISK

So that the County can help prevent the spread of HIV, the virus that causes AIDS, we need to know about the sexual practices of the general public. Some of these questions are rather personal. If you prefer not to answer a question, please tell me and I will simply go on to the next question. Your answers are completely confidential. We appreciate your cooperation in answering these questions. (REVISED)

- Q123. How many sex partners did you have during the past 12 months? (Q131)
- | | |
|-----------------|-----|
| _____ PARTNERS | |
| DON'T KNOW..... | DK |
| REFUSED | REF |

IF ONE OR MORE PARTNERS, ASK:

Q124. In the past 12 months, have you had sex with... (READ ITEMS)? (Q133) (NOTE: IF Q123 = 1 ASK ABOUT OPPOSITE SEX PARTNER FIRST THEN, IF YES, SKIP SAME SEX PARTNER)

| | YES | NO | DON'T KNOW | REF |
|-----------------|-----|----|------------|-----|
| a. a man | 1 | 2 | DK | REF |
| b. a woman..... | 1 | 2 | DK | REF |

IF RESPONDENT OR ONE OF THE PARTNERS IS MALE, ASK:

| | | |
|---|------------------------|-----|
| Q125. In the past 12 months, did you or your partner(s) use a condom all the time, most of the time, some of the time, rarely, or never? (Q132) | ALL OF THE TIME | 1 |
| | MOST OF THE TIME | 2 |
| | SOME OF THE TIME..... | 3 |
| | RARELY..... | 4 |
| | NEVER..... | 5 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

| | | |
|---|-----------------|-----|
| Q126. Not including blood donations, during the past 2 years, have you been tested for HIV, the virus that causes AIDS? | YES | 1 |
| | NO | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

IF YES, ASK:

| | |
|---|--------------------|
| Q127. How many times have you been tested in the past two years? (Q135) | _____ TIMES |
| | DON'T KNOW..... DK |
| | REFUSED |

| | |
|---|-----|
| Q128. Which of the following <u>best describes</u> the main reason for your most recent HIV test... (READ CATEGORIES)? (Q137 REVISED) | |
| (IF FEMALE UNDER AGE 50) You were pregnant | 1 |
| It was required for employment, an insurance application, military service, or by immigration | 2 |
| Someone suggested you should be tested | 3 |
| You were concerned about your personal risk | 4 |
| It was done as part of a routine medical check-up | 5 |
| – or – Some other reason..... | 6 |
| DO NOT READ { DON'T KNOW..... | DK |
| REFUSED | REF |

| | | |
|---|---|-----|
| Q129. Which of the following <u>best describes</u> where you got your most recent HIV test... (READ CATEGORIES)? (Q136 REVISED) | A FAMILY PLANNING CLINIC..... | 1 |
| | A PRIVATE DOCTOR'S OFFICE, LAB OR HMO | 2 |
| | A COUNTY OR COMMUNITY CLINIC..... | 3 |
| | A VAN OR MOBILE TESTING UNIT | 4 |
| | AT HOME | 5 |
| | –OR– SOME OTHER PLACE | 6 |
| DO NOT READ { | DON'T KNOW..... | DK |
| | REFUSED | REF |

| | | |
|---|------------------|-----|
| Q130. After you were last tested, did you get the results back or not? (Q138 REVISED) | YES, DID..... | 1 |
| | NO, DID NOT..... | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

| | | |
|---|-----------------|-----|
| Q131. Did you receive any information or counseling about your risks for getting HIV when you were last tested? | YES | 1 |
| | NO | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

DEMOGRAPHIC QUESTIONS

Now, some questions about yourself for classification purposes.

- Q132. Were you born in California, in some other state in the U.S. or outside the United States? (Q148)
- | | |
|------------------------|-----|
| CALIFORNIA | 1 |
| OTHER U.S. STATE | 2 |
| OUTSIDE THE U.S. | 3 |
| DON'T KNOW | DK |
| REFUSED | REF |

IF OUTSIDE THE U.S., ASK:

| | |
|---|--|
| Q133. In which country were you born? (Q149) | COUNTRY CODE <input type="text"/> <input type="text"/> |
| | OTHER (SPECIFY) _____ |
| | DON'T KNOW |
| | REFUSED |
| Q134. How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0") (Q151) | _____ YEARS |
| | DON'T KNOW |
| | REFUSED |
| Q135. Are you currently a U.S. citizen or not? (Q150a) | U.S. CITIZEN..... |
| | NOT A U.S. CITIZEN..... |
| | DON'T KNOW |
| | REFUSED |

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

- Q136. Are you of Latino or Hispanic origin? (IF NECESSARY:) such as Mexican-American, Latin American, South American, or Spanish-American? (Q70 REVISED)
- | | |
|------------------------|-----|
| YES, HISPANIC | 1 |
| NO, NON-HISPANIC | 2 |
| DON'T KNOW | DK |
| REFUSED | REF |

IF YES, HISPANIC, ASK:

| | | | |
|--|------------------|------------------------|-----|
| Q137a. Are you of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE) | MEXICAN | 1 | |
| | OTHER | 2 | |
| | DON'T KNOW | DK | |
| | REFUSED | REF | |
| IF OTHER, ASK: | | | |
| Q137b. Which of the following best describes your (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) | | | |
| SALVADORAN..... | 1 | SOUTH AMERICAN | 7 |
| GUATEMALAN | 2 | SPANISH-AMERICAN | 8 |
| COSTA RICAN..... | 3 | CUBAN | 9 |
| HONDURAN | 4 | PUERTO RICAN | 10 |
| NICARAGUAN | 5 | OTHER (SPECIFY) _____ | 11 |
| PANAMANIAN | 6 | | |
| | DO NOT READ { | DON'T KNOW | DK |
| | | REFUSED | REF |

- Q138. For classification purposes, we'd like to know what your racial background is. Are you White, Black or African-American, Asian, Pacific Islander, American Indian or an Alaskan native, or a member of another race? (ANSWER CAN BE A MULTIPLE) (Q72)
- | | |
|--------------------------------------|-----|
| WHITE | 1 |
| BLACK/AFRICAN-AMERICAN | 2 |
| ASIAN | 3 |
| PACIFIC ISLANDER..... | 4 |
| AMERICAN INDIAN/ALASKAN NATIVE | 5 |
| HISPANIC/LATINO (VOLUNTEERED)..... | 6 |
| OTHER (SPECIFY) _____ | 7 |
| DON'T KNOW | DK |
| REFUSED | REF |

IF ASIAN OR PACIFIC ISLANDER, ASK:

Q139. Which of the following best describes your Asian ancestry or ethnic origin? (READ CATEGORIES)
(ANSWER CAN BE A MULTIPLE) (Q73)

| | | | |
|--------------------|---|-----------------------|----|
| CHINESE..... | 1 | CAMBODIAN | 7 |
| KOREAN | 2 | HAWAIIAN..... | 8 |
| FILIPINO | 3 | GUAMANIAN | 9 |
| JAPANESE | 4 | SAMOAN..... | 10 |
| VIETNAMESE | 5 | LAOTIAN/HMONG..... | 11 |
| ASIAN INDIAN | 6 | OTHER (SPECIFY) | 12 |

DO NOT READ { DON'T KNOW DK
REFUSED REF

ACCULTURATION QUESTIONS

IF LATINO, ASK:

The next questions are about your fluency in English and Spanish... (FOR SPANISH INTERVIEWS, BEGIN Q140-144 WITH "ONLY SPANISH")

| | | |
|--|---------------------------------------|-----|
| Q140e. In general, what languages do you <u>read and speak</u> – only English, English better than Spanish, both equally, Spanish better than English, or only Spanish? | ONLY ENGLISH..... | 5 |
| | ENGLISH BETTER THAN SPANISH..... | 4 |
| | BOTH EQUALLY | 3 |
| | SPANISH BETTER THAN ENGLISH..... | 2 |
| | ONLY SPANISH..... | 1 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |
| Q141e. In which language(s) do you usually <u>think</u> – only English, more in English than in Spanish, both equally, more in Spanish than in English, or only Spanish? | ONLY ENGLISH..... | 5 |
| | MORE IN ENGLISH THAN IN SPANISH | 4 |
| | BOTH EQUALLY | 3 |
| | MORE IN SPANISH THAN IN ENGLISH | 2 |
| | ONLY SPANISH..... | 1 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |
| Q142e. What (was) (were) the language(s) <u>you used as a child</u> – only English, more English than Spanish, both equally, more Spanish than English, or only Spanish? | ONLY ENGLISH..... | 5 |
| | MORE ENGLISH THAN SPANISH..... | 4 |
| | BOTH EQUALLY | 3 |
| | MORE SPANISH THAN ENGLISH..... | 2 |
| | ONLY SPANISH..... | 1 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |
| Q143e. What languages <u>do you usually speak at home</u> – only English, more English than Spanish, both equally, more Spanish than English, or only Spanish? | ONLY ENGLISH..... | 5 |
| | MORE ENGLISH THAN SPANISH..... | 4 |
| | BOTH EQUALLY | 3 |
| | MORE SPANISH THAN ENGLISH..... | 2 |
| | ONLY SPANISH..... | 1 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |
| Q144e. What languages do you usually <u>speak with your friends</u> – only English, more English than Spanish, both equally, more Spanish than English, or only Spanish? | ONLY ENGLISH..... | 5 |
| | MORE ENGLISH THAN SPANISH..... | 4 |
| | BOTH EQUALLY | 3 |
| | MORE SPANISH THAN ENGLISH..... | 2 |
| | ONLY SPANISH..... | 1 |
| | DON'T KNOW..... | DK |
| | REFUSED | REF |

- Q150. What is the highest level of school you have completed or the highest degree you have received? (IF HIGH SCHOOL, ASK:) What was the highest grade you completed? (Q140)
- 8TH GRADE OR LESS..... 1
 GRADES 9-12..... 2
 HIGH SCHOOL GRADUATE..... 3
 SOME COLLEGE/TRADE SCHOOL/
 ASSOCIATE DEGREE..... 4
 (4-YEAR) COLLEGE GRADUATE..... 5
 POST GRADUATE DEGREE..... 6
 DON'T KNOW..... DK
 REFUSED..... REF
- Q151. In a typical week, do you access the Internet, the World Wide Web, online databases or any other online information service either through a computer you own or through any other computer you have access to?
- YES..... 1
 NO..... 2
 DON'T KNOW..... DK
 REFUSED..... REF
- Q152. What is your marital status? Are you... (READ CATEGORIES)? (Q141)
- MARRIED..... 1
 NOT MARRIED BUT LIVING TOGETHER.... 2
 WIDOWED..... 3
 DIVORCED..... 4
 SEPARATED..... 5
 NEVER MARRIED..... 6
 DON'T KNOW..... DK
 REFUSED..... REF
- DO NOT READ {
- Q153. Are you gay, (IF FEMALE, ADD: lesbian) or bisexual?
- YES..... 1
 NO..... 2
 DON'T KNOW..... DK
 REFUSED..... REF

IF YES, ASK:

| | |
|--|---|
| Q154. Is that (IF MALE, SAY: gay) (IF FEMALE, SAY: lesbian) or bisexual? | GAY MALE..... 1 LESBIAN FEMALE..... 2 BISEXUAL..... 3 DON'T KNOW..... DK REFUSED..... REF |
|--|---|

- Q155. Including yourself, how many people currently live in your household? (Q142) _____

IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:

| | |
|---|-------|
| Q156. (Including yourself,) how many are adults age 18 or older? (Q143 REVISED) | _____ |
| Q157. How many are teens between the ages of 12 and 17? (Q144 REVISED) | _____ |
| Q158. How many are children between the ages of 6 and 11? (Q144 REVISED) | _____ |
| Q159. How many are children between the ages of 0 and 5? (Q145) | _____ |

- Q160. Excluding cell phones and fax lines, does your household have more than one telephone number that I could have dialed to reach you? (Q155a REVISED)
- YES..... 1
 NO..... 2
 DON'T KNOW.....DK
 REFUSED.....REF

- Q161. At any time during the past year, has your household been without telephone service? (Q156a)
- YES..... 1
 NO..... 2
 DON'T KNOW.....DK
 REFUSED.....REF

- Q162. In what city or town do you live? (Q157)
- CITY CODE.....
 OTHER (SPECIFY) _____
 DON'T KNOW.....DK
 REFUSED.....REF

Q163. What is your current zip code? (Q158) ZIP CODE
 (ALL ZIP CODES MUST BEGIN WITH "9") DON'T KNOW.....DK
 REFUSEDREF

Q164. What is the closest intersection to your home? We're only interested in identifying areas where people live. (IF NECESSARY, SAY:) This is where two streets cross one another. (Q159 REVISED)
 (DO NOT ENTER PARALLEL STREETS) STREET #1: _____
 STREET #2: _____
 DON'T KNOW DK
 REFUSED REF

Q165. We don't need to know exactly, but just roughly could you tell me if your annual household income from all sources before taxes is less than \$10,000, between \$10,000 and \$20,000, between \$20,000 and \$30,000, between \$30,000 and \$40,000, between \$40,000 and \$50,000, between \$50,000 and \$75,000 or more than \$75,000? (Q162)
 LESS THAN \$10,000..... 1
 \$10,000 - \$20,000..... 2
 \$20,000 - \$30,000..... 3
 \$30,000 - \$40,000..... 4
 \$40,000 - \$50,000..... 5
 \$50,000 - \$75,000..... 6
 MORE THAN \$75,000 7
 DON'T KNOW..... DK
 REFUSED REF

IF APPLICABLE, ASK:

Q166a. Was your total annual household income before taxes less than or more than \$_____? (READ INCOME THRESHOLD FOR 200% OF FEDERAL POVERTY LEVEL APPLICABLE TO HOUSEHOLD SIZE) (Q163)
 LESS THAN 200% FPL..... 1
 MORE THAN 200% FPL 2
 DON'T KNOW..... DK
 REFUSED REF

IF APPLICABLE, ASK:

Q166b. Was your total annual household income before taxes less than or more than \$_____? (READ INCOME THRESHOLD FOR 100% OF FEDERAL POVERTY LEVEL APPLICABLE TO HOUSEHOLD SIZE) (Q164)
 LESS THAN 100% FPL..... 1
 MORE THAN 100% FPL 2
 DON'T KNOW..... DK
 REFUSED REF

IF APPLICABLE OR IF Q165 = "DON'T KNOW" OR "REFUSED", ASK:

Q166c. (Was) (Can you tell me whether) your total annual household income before taxes (was) less than or more than \$_____? (READ INCOME THRESHOLD FOR 300% OF FEDERAL POVERTY LEVEL APPLICABLE TO HOUSEHOLD SIZE) (Q165)
 LESS THAN 300% FPL..... 1
 MORE THAN 300% FPL 2
 DON'T KNOW..... DK
 REFUSED REF

IF LESS THAN 300% OR UNCLASSIFIED, ASK:

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

Q167. 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?
 YES 1
 NO 2
 DON'T KNOW..... DK
 REFUSED REF

IF YES, ASK:

Q168. How often did this happen – almost every month, some months but not every month, or in only one or two months?
 ALMOST EVERY MONTH..... 1
 SOME MONTHS, BUT NOT EVERY MONTH..... 2
 ONLY ONE OR TWO MONTHS..... 3
 DON'T KNOW..... DK
 REFUSED REF

- Q169. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? YES 1
NO 2
DON'T KNOW DK
REFUSED REF
- Q170. In the last 12 months, were you ever hungry but didn't eat because you could not afford enough food? YES 1
NO 2
DON'T KNOW DK
REFUSED REF
- Q171. I am going to read two statements that people have made about the food situation at their household. For each, please tell me whether the statement was often, sometimes, or never true for you or other members of your household in the last 12 months. (READ STATEMENTS IN RANDOM ORDER) Was this often, sometimes, or never true for you or the other members of your household in the last 12 months?
- | | <u>OFTEN</u> | <u>SOMETIMES</u> | <u>NEVER</u> | <u>DON'T KNOW</u> | <u>REF</u> |
|---|--------------|------------------|--------------|-------------------|------------|
| () a. The food that was bought just didn't last, and we didn't have money to get more..... | 1..... | 2..... | 3..... | DK.... | REF |
| () b. We couldn't afford to eat balanced meals..... | 1..... | 2..... | 3..... | DK.... | REF |
- Q172. Thinking back over the past 5 years, was there ever a time when you were homeless or did not have your own place to live or sleep? YES 1
NO 2
DON'T KNOW DK
REFUSED REF

IF YES, ASK:

- Q173. During this time when you were homeless, did you stay one or more nights in any of the following places... (READ ITEMS IN RANDOM ORDER, ASKING:) During this time when you homeless, did you stay one or more nights in this place?
- | | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> | <u>REF</u> |
|---|------------|-----------|-------------------|------------|
| () a. In a mission, homeless shelter or transitional shelter..... | 1..... | 2..... | DK.... | REF |
| () b. In a hotel or motel paid for by a voucher..... | 1..... | 2..... | DK.... | REF |
| () c. On the street or outdoors..... | 1..... | 2..... | DK.... | REF |
| () d. In a church, chapel or synagogue..... | 1..... | 2..... | DK.... | REF |
| () e. In an all night theater or some other indoor public place..... | 1..... | 2..... | DK.... | REF |
| () f. In an abandoned building..... | 1..... | 2..... | DK.... | REF |
| () g. At a friend or relative's home..... | 1..... | 2..... | DK.... | REF |
| () h. In a car or truck..... | 1..... | 2..... | DK.... | REF |
| () i. In a park..... | 1..... | 2..... | DK.... | REF |

- Q174. Are you currently receiving any cash payments or services from CalWorks, food stamps, general relief, or other forms of public assistance from a federal, state or county agency other than Social Security, unemployment, or Worker's Compensation benefits? (Q161c REVISED) YES 1
NO 2
DON'T KNOW DK
REFUSED REF

IF YES, ASK:

- Q175. Are you currently receiving services or cash payments from the CalWorks program? (Q161a REVISED) YES 1
NO 2
DON'T KNOW DK
REFUSED REF
- Q176. Are you currently receiving general relief or general assistance? (Q161d) YES 1
NO 2
DON'T KNOW DK
REFUSED REF
- Q177. Are you currently receiving food stamps? YES 1
NO 2
DON'T KNOW DK
REFUSED REF

FOLLOW-UP SURVEY SCREENING QUESTIONS

IF FEMALE AND ANY TEENS OR CHILDREN UNDER AGE 18 IN HOUSEHOLD, ASK:

Q193a. Are you the parent or legal guardian of (the child) (any of the children) who live(s) in your household?
 YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF RESPONDENT IS MOTHER/FEMALE LEGAL GUARDIAN, ASK:

Q193b. The County Health Department would like to ask some additional questions about the health and health care needs of (your child) (one of your children). Would it be all right if we called you back?
 (IF NECESSARY, SAY:) It is important for your answers to be included so that the survey will include a good cross-section of all Los Angeles County parents.

MOTHER AVAILABLE NOW (**DO NOT USE THIS CODE**)..... 1
 MOTHER NOT AVAILABLE NOW – CALLBACK REQUIRED 2
 RESPONDENT UNWILLING TO CONTINUE 3

- ◆ IF RESPONDENT IS ABLE TO CONTINUE THE INTERVIEW, PROCEED IMMEDIATELY TO PARENT QUESTIONNAIRE.
- ◆ IF CALLBACK IS REQUIRED:
 - ASK FOR RESPONDENT’S FIRST NAME
 - CONFIRM TELEPHONE NUMBER
 - ASK WHEN WOULD BE GOOD TIME TO CALL BACK
 - SKIP TO END

IF MALE AND TEENS OR CHILDREN UNDER AGE 18 IN HOUSEHOLD, OR IF FEMALE OTHER THAN MOTHER/LEGAL GUARDIAN, SAY:

Q194. We would like to (speak to) (call back) the mother of the child(ren) who live(s) in this household about the health and health care needs of the child(ren). (Is she at home now?) Would it be all right if we called her back to ask some additional questions?
 (IF NECESSARY, SAY:) It is important for her answers to be included so that the survey will include a good cross-section of all Los Angeles County parents.

MOTHER AVAILABLE NOW (**DO NOT USE THIS CODE**)..... 1
 MOTHER NOT AVAILABLE NOW – CALLBACK REQUIRED 2
 MOTHER OF CHILD DOES NOT LIVE IN HOUSEHOLD..... 3
 RESPONDENT UNWILLING TO CONTINUE 4

- ◆ IF TRANSFERRED TO ANOTHER PERSON, PROCEED IMMEDIATELY TO PARENT QUESTIONNAIRE.
- ◆ IF NOT AVAILABLE NOW, ARRANGE FOR A CALLBACK BY SAYING:
 We would like to call back your household to arrange an interview with the mother or legal guardian of (the child) (any of the children) under age 18 in the household. When would be a good time to call back?
 - ASK FOR MOTHER’S FIRST NAME
 - CONFIRM TELEPHONE NUMBER
 - SKIP TO END
- ◆ IF RESPONDENT IS UNWILLING TO COOPERATE FURTHER:
 - THANK RESPONDENT FOR PARTICIPATING IN THE SURVEY AND SKIP TO END

IF MOTHER OF CHILD DOES NOT LIVE IN HH, ASK:

Q194b. Are you the parent or legal guardian of the child(ren) who live(s) in this household?

- YES 1
NO, SOMEONE ELSE 2

IF YES, PARENT OR GUARDIAN:

Q194c. The County Health Department would like to ask some additional questions about the health and healthcare needs of the (child) (children). Would it be alright if we called you back?

- CONTINUE (**DO NOT USE THIS CODE**) 1
CALLBACK REQUIRED 2
RESPONDENT UNWILLING TO CONTINUE 3 → TERMINATE

IF SOMEONE ELSE, ASK:

Q194d. Is there another parent or legal guardian who can talk to us about the health and health care needs of the (child) (children) living in this household? Would it be all right if we called that person back to ask some additional questions?

- NEW PERSON COMES TO PHONE (**DO NOT USE THIS CODE**) . 1
CALLBACK REQUIRED 2
RESPONDENT UNWILLING TO TRANSFER CALL..... 3 → GO TO Q195

◆ IF WILLING TO TRANSFER TO ANOTHER PERSON IN HOUSEHOLD:

- ASK FOR FIRST NAME OF OTHER PERSON AND ASK TO SPEAK WITH HIM/HER
- IF NOT AVAILABLE, ASK FOR BEST TIME TO CALL BACK
- THANK RESPONDENT FOR PARTICIPATING IN THE SURVEY AND SKIP TO END

RESPONDENT IS AGE 18-29, ASK:

Q195. We would like to ask young adults under the age of 30 some additional questions. (Is now a good time?) (Would it be all right if we called you back?) Your answers will be of great value to the County health department.

(IF NECESSARY, SAY:) It will only take about 10 or 15 minutes of your time.

- AVAILABLE NOW (**DO NOT USE THIS CODE**)..... 1
NOT AVAILABLE NOW – CALLBACK REQUIRED 2
RESPONDENT UNWILLING TO CONTINUE 3

- ◆ IF RESPONDENT IS ABLE TO CONTINUE THE INTERVIEW, PROCEED IMMEDIATELY TO YOUNG ADULT QUESTIONNAIRE.
- ◆ IF CALLBACK IS REQUIRED:
 - ASK FOR RESPONDENT'S FIRST NAME
 - CONFIRM TELEPHONE NUMBER
 - ASK WHEN WOULD BE GOOD TIME TO CALL BACK
 - SKIP TO END
- ◆ IF RESPONDENT IS UNWILLING TO COOPERATE FURTHER:
 - THANK RESPONDENT FOR PARTICIPATING IN THE SURVEY AND SKIP TO END

IF NOT ELIGIBLE FOR PARENT OR YOUNG ADULT SURVEY, ASK:

Q196. Your household is eligible to participate in an important follow-up survey that will be conducted next year. Would it be alright if we called your household back at that time? (IF NECESSARY, SAY:) All answers are completely confidential.

YES 1
NO 2
DON'T KNOW DK
REFUSED REF

IF OKAY TO CALL BACK, SAY:

| | | |
|-------|--|---|
| Q242. | So that we know whom to ask for when we call back, can I please have the first name to ask for? (INTERVIEWER: ENTER FIRST NAME OR INITIALS OF PERSON TO ASK FOR) | _____ DON'T KNOW DK REFUSED REF |
| Q243. | Just to confirm, (name) (you) can be reached at this telephone number: (READ BACK TELEPHONE NUMBER). Is this correct? | YES 1 CHANGED PHONE NUMBER 2 DON'T KNOW DK REFUSED REF |
| | CHANGED PHONE NUMBER | |
| | AREACODE. INTERVIEWER: VERIFY AND ENTER TELEPHONE NUMBER. | _____ |
| Q244. | Are there any other alternative phone numbers where (name) (you) can be reached? | YES 1 NO 2 DON'T KNOW DK REFUSED REF |
| | IF YES, ALTERNATE NUMBER, ASK: | |
| | ALTAREA. What is this number, area code first? | AREA CODE: _____ NUMBER: _____ |
| Q246. | When would be a good time to call back? | ENTER PREFERRED DAY ENTER PREFERRED TIME |

These are all the questions I have. Thank you very much for participating in this important survey.