

**2002 LOS ANGELES COUNTY HEALTH SURVEY
– PARENT SURVEY –**

SCREENING QUESTIONS

TRANSFER FROM MAIN QUESTIONNAIRE:

- FIRST NAME, AGE, GENDER, PHONE #, ALTERNATIVE PHONE #S OF PARENT, AND LANGUAGE OF SURVEY

May I speak with FIRST NAME OF PARENT? (IF NECESSARY:) I'm calling on behalf of the Los Angeles County Health Department. (IF NECESSARY:) We are conducting a survey among Los Angeles County parents about the health and health care needs of their children.

ONCE PARENT IS ON PHONE, IF CALLBACK TO THE SAME PERSON INTERVIEWED IN THE MAIN SURVEY, SAY:

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. Recently you participated in an important telephone survey about health care for the Los Angeles County Health Department. You said we could call back to ask you some questions about the health and health care needs of your child or children. Just to confirm, are you the parent or legal guardian of a child under age 18 living in this household? Is now a good time?

(IF YES, RECORD GENDER OF PARENT (PS5) AND GO IMMEDIATELY TO P1a)

IF NOT A PARENT OR GUARDIAN:

May I speak with the mother of a child under age 18 who lives at this household? (IF NOT AVAILABLE, ASK FOR FIRST NAME OF MOTHER AND BEST TIME TO CALL BACK.)

ONCE PARENT IS ON PHONE, IF NOT THE SAME PERSON INTERVIEWED IN THE MAIN SURVEY, SAY:

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. Recently a member of your household participated in an important telephone survey about health care for the Los Angeles County Health Department. The Health Department is now asking parents of Los Angeles County children to answer some questions about their children's health and health care needs. Just to confirm, are you the parent or legal guardian of a child under age 18 living in this household? Is now a good time?

(IF YES, RECORD GENDER OF PARENT (PS5) AND GO IMMEDIATELY TO P1a)

IF NOT A PARENT OR GUARDIAN:

May I speak with the mother of a child under age 18 who lives at this household? (IF NOT AVAILABLE, ASK FOR FIRST NAME OF MOTHER AND BEST TIME TO CALL BACK.)

IF NECESSARY, SAY:

- Hello. I'm _____ and I'm calling on behalf of the Los Angeles County Health Department, whose role is to promote and protect public health. We're doing an important telephone survey about the health care needs of children in Los Angeles County, sponsored by the Los Angeles County Health Department. We'd like to speak to the mother of any child under age 18 who lives in this household.
- We are definitely not selling anything.
- The survey is totally anonymous. Your responses will be strictly confidential and will not be identified with you in any way.
- This is a public health survey sponsored by the Los Angeles County Health Department. If you have any questions about the survey, you may contact the Los Angeles County Department of Health Services at (213) 240-7785.

IF LANGUAGE DIFFICULTIES, SAY:

PS1. We can conduct the survey in any of the following languages – English, Spanish, Mandarin, Cantonese, Korean, or Vietnamese. Would you prefer to be interviewed in a language other than English? YES.....1
NO2

IF YES TO PS1, ASK:

PS2. RECORD LANGUAGE OR ASK: Which one?
(IF DIFFERENT BILINGUAL INTERVIEWER IS REQUIRED,
RECORD APPLICABLE CODE)

SPANISH.....	1	(GO TO PS3)
MANDARIN.....	2	(GO TO PS3)
CANTONESE	3	(GO TO PS3)
CHINESE (UNSPECIFIED)	4	(GO TO PS3)
KOREAN	5	(GO TO PS3)
VIETNAMESE.....	6	(GO TO PS3)
ASIAN UNSPECIFIED	7	(GO TO PS3)
OTHER	8	(GO TO PS4)
DON'T KNOW	DK	(GO TO PS4)
REFUSED	REF	(TERMINATE)

IF PS2 = 1, 2, 3, 4, 5, 6 OR 7, SAY:

PS3. 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 PS2 = 8 OR DK, SAY:

PS4. We can only conduct the interview in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese. Is there another parent or legal guardian of a child under age 18 in your household who speaks English or one of these languages?

YES 1 (ASK TO SPEAK WITH THAT PERSON)
NO 2 (TERMINATE)

PS5. RECORD GENDER OF PARENT: MALE.....1
FEMALE.....2

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CHILD IDENTIFICATION AND BACKGROUND

P1a. How many of your children are under age 18 and live with you in this household? (P1a) _____

IF ONLY ONE CHILD UNDER AGE 18 IN HOUSEHOLD, ASK:

P1b. So that we can refer to your child by name during the rest of the survey, what is his or her first name? (IF REFUSED) What are his or her initials? (P1b)	NAME/INITIALS OF CHILD: _____
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IF MORE THAN ONE CHILD UNDER AGE 18 IN HOUSEHOLD, ASK:

P2. To keep this interview short, we will only be asking questions about one of your children under age 18 in your household. As a way to select which child to discuss, I would like you to tell me which of your children under age 18 has had the most recent birthday. What is that child's first name? (IF REFUSED) What are his or her initials? (P2 REVISED)	NAME/INITIALS OF CHILD WITH MOST RECENT BIRTHDAY: _____
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IF TWO OR MORE CHILDREN HAVE SAME BIRTHDAY, SAY:

P3a. How many children have the same birthday?	_____ CHILDREN REFUSED REF
P3b. What are the names of each child? (IF REFUSED) What are the initials of each child?	NAME/INITIALS OF CHILD #1: _____ NAME/INITIALS OF CHILD #2: _____
SELECT NAME/INITIALS WHICH COMES FIRST IN ALPHABETIC ORDER.	

Most of the questions in this survey will be about the health and health care needs of NAME.

P4a. What is NAME's age? (IF LESS THAN ONE, ENTER "0") (P4a) _____ YEARS OLD
 REFUSED REF

IF REFUSED, ASK:

P4b. Can you tell me generally if <u>NAME</u> is age (READ CATEGORIES)? (P4b)	0-3..... 1 4-5..... 2 6-11..... 3 12-17..... 4 REFUSED REF → TERMINATE
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IF 0-2 YEARS, ASK:

P5. What is <u>NAME's</u> age in months? (P5 REVISED)	_____ MONTHS OLD (0-35) REFUSED REF
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P6. And, NAME is a (male) (female), is that correct? (P6) MALE 1
 FEMALE..... 2

IF RESPONDENT IS FEMALE AND CHILD IS 0-5 YEARS, ASK :

P7.	Are you <u>NAME's</u> biological mother? (P7)	YES, BIOLOGICAL MOTHER 1 NO, OTHER 2 DON'T KNOW DK REFUSED REF
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IF MULTIPLE CHILDREN IN HOUSEHOLD, RESPONDENT IS BIOLOGICAL MOTHER AND CHILD IS 0-5 YEARS, ASK:

P9.	Is <u>NAME</u> your first-born child? (P9)	YES, FIRST-BORN 1 NO, NOT FIRST-BORN..... 2 DON'T KNOW DK REFUSED REF
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INFANT QUESTIONS

IF AGE 0-5, ASK:

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK:

P15.	Since the birth of <u>NAME</u> did you go back to work or begin a new job? (INTERVIEWER: DO NOT COUNT SCHOOL AS A JOB)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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IF YES, ASK:

P16.	How old was <u>NAME</u> when you first returned to work or began work? (RECORD ANSWER IN YEARS AND MONTHS) (IF LESS THAN 2 YEARS, RECORD ANSWER IN MONTHS)	_____ YEARS _____ MONTHS DON'T KNOW DK REFUSED REF
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P17.	Was this full- or part-time?	FULL-TIME 1 PART-TIME 2 DON'T KNOW DK REFUSED REF
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P18.	Have you ever breast-fed <u>NAME</u> ? (P14)	YES, HAVE BREAST-FED 1 NO, HAVE NOT 2 DON'T KNOW DK REFUSED REF
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IF HAVE BREAST FED, ASK:

P19.	Are you currently breast-feeding <u>NAME</u> ? (P15)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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IF NO, ASK:

P20.	How old was <u>NAME</u> when you stopped breastfeeding (him/her)? (RECORD ANSWER IN MONTHS) (P16)	_____ MONTHS DON'T KNOW DK REFUSED REF
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IF P20 < 12 MONTHS, ASK:

P21.	Which of the following were reasons why you stopped breastfeeding <u>NAME</u> when you did? (READ ITEMS IN RANDOM ORDER, ASKING:) Was this a reason?				
		YES	NO	DON'T KNOW	REF
() a.	You went back to work.....	1	2	DK	REF
() b.	You or your baby had physical or medical conditions that interfered with breastfeeding	1	2	DK	REF
() c.	You decided it was better to use formula.....	1	2	DK	REF
() d.	You felt your baby was old enough to stop breastfeeding.....	1	2	DK	REF
() e.	Breastfeeding in public was uncomfortable or embarrassing for you.....	1	2	DK	REF
() f.	The baby's father or other family members didn't want you to breast feed any more	1	2	DK	REF
() g.	Your child started a day care program that didn't support breastfeeding	1	2	DK	REF
() h.	Your doctor or a health care professional told you to stop	1	2	DK	REF

P26.	How old was <u>NAME</u> when (he) (she) was first fed something other than breastmilk or water, such as formula, juice or solid foods?	_____ MONTHS
		NOT YET FED OTHER FOODS XX
		DON'T KNOW DK
		REFUSED REF
P22.	Did you make the decision to breast-feed <u>NAME</u> before you became pregnant, while you were pregnant, or after <u>NAME</u> was born? (P18)	
		BEFORE PREGNANCY 1
		DURING PREGNANCY..... 2
		AFTER BIRTH..... 3
		DON'T KNOW DK
		REFUSED REF
P23.	While you were pregnant with <u>NAME</u> and in prenatal care, how much did your doctor, nurse, or other health professional encourage you to breastfeed – a lot, some, very little, or not at all?	
		A LOT..... 1
		SOME..... 2
		VERY LITTLE..... 3
		NOT AT ALL 4
		DON'T KNOW DK
		REFUSED REF
P24.	While you were in the hospital for the birth of <u>NAME</u> , how much did a doctor, nurse, or other health professional encourage you to breastfeed – a lot, some, very little, or not at all? (P19a REVISED)	
		A LOT..... 1
		SOME..... 2
		VERY LITTLE..... 3
		NOT AT ALL 4
		DON'T KNOW DK
		REFUSED REF
P25.	After you left the hospital, how much support or encouragement to breast-feed <u>NAME</u> did you receive – a lot of support, some support, very little support, or no support? (P19b REVISED)	
		A LOT OF SUPPORT..... 1
		SOME SUPPORT 2
		VERY LITTLE SUPPORT 3
		NO SUPPORT..... 4
		DON'T KNOW DK
		REFUSED REF

IF DID NOT BREAST-FEED, ASK:

P27.	Did you make the decision not to breast-feed <u>NAME</u> before you became pregnant, while you were pregnant, or after <u>NAME</u> was born? (P20)	
		BEFORE PREGNANCY 1
		DURING PREGNANCY..... 2
		AFTER BIRTH..... 3
		DON'T KNOW DK
		REFUSED REF

P28.	While you were pregnant with <u>NAME</u> and in prenatal care, how much did your doctor, nurse, or other health professional encourage you to breastfeed – a lot, some, very little, or not at all?	A LOT..... 1 SOME..... 2 VERY LITTLE..... 3 NOT AT ALL 4 DON'T KNOW DK REFUSED REF
P29.	While you were in the hospital for the birth of <u>NAME</u> , how much did a doctor, nurse, or other health professional encourage you to breastfeed – a lot, some, very little, or not at all? (P21 REVISED)	A LOT..... 1 SOME..... 2 VERY LITTLE..... 3 NOT AT ALL 4 DON'T KNOW DK REFUSED REF
P30.	Which of the following were reasons for not breast-feeding <u>NAME</u> ? (READ ITEMS IN RANDOM ORDER, ASKING:) Was this a reason?	
		YES NO DON'T KNOW REF
	() a. You went back to work	1 2 DK REF
	() b. You or your baby had physical or medical conditions that interfered with breastfeeding	1 2 DK REF
	() c. You preferred formula.....	1 2 DK REF
	() d. You didn't know how to breastfeed.....	1 2 DK REF
	() e. The baby's father or other family members didn't want you to breastfeed	1 2 DK REF
	() f. You didn't want to breastfeed.....	1 2 DK REF

P31.	During <u>NAME'S</u> first year, did any professional visit your home to provide information about parenting <u>NAME</u> ?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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IF YES, ASK:

P32.	About how many times did someone come to your home (IF NECESSARY:) to provide these services during <u>NAME'S</u> first year?	_____ TIMES DON'T KNOW DK REFUSED REF
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IF LESS THAN SIX MONTHS OLD, ASK:

P33.	What sleeping position do you usually put <u>NAME</u> at bedtime or naptime – on (his) (her) back, stomach or side? (P29)	BACK 1 STOMACH 2 SIDE 3 DON'T KNOW DK REFUSED REF
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IF SIX MONTHS TO 5 YEARS, ASK:

P34.	When <u>NAME</u> was less than six months old, in what sleeping position did you usually put (him/her) at bedtime or naptime – on (his) (her) back, stomach or side? (P30)	BACK 1 STOMACH 2 SIDE 3 DON'T KNOW DK REFUSED REF
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IF BIOLOGICAL MOTHER, ASK:

P35.	While you were pregnant with <u>NAME</u> , did you participate in WIC (WICK), the supplemental food program for Women, Infants and Children? (P36 REVISED)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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P36.	Has <u>NAME</u> ever participated in the WIC (WICK) program? (IF NECESSARY: the supplemental food program for Women, Infants and Children) (P35 REVISED)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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DAILY ACTIVITIES/FAMILY INTERACTION

IF AGE 0-5, ASK:

The next few questions are about day to day activities that may occur in your family.

P37.	Is <u>NAME'S</u> bedtime usually the same everyday or does it change from day to day?	SAME EVERY DAY 1 CHANGES FROM DAY TO DAY 2 DON'T KNOW DK REFUSED REF
P38.	How many days in a typical week do you or other family members <u>read</u> to <u>NAME</u> – every day, 3 to six days, 1 to 2 days or never? (P39 REVISED)	EVERY DAY 1 3 – 6 DAYS 2 1 – 2 DAYS 3 NEVER 4 DON'T KNOW DK REFUSED REF
P39.	Are <u>NAME'S</u> mealtimes usually the same everyday or do they change from day to day?	SAME EVERY DAY 1 CHANGES FROM DAY TO DAY 2 DON'T KNOW DK REFUSED REF
P40.	How many days in a typical week does everyone in the household eat <u>a meal</u> together – every day, 3 to six days, 1 to 2 days or never?	EVERY DAY 1 3 – 6 DAYS 2 1 – 2 DAYS 3 NEVER 4 DON'T KNOW DK REFUSED REF

IF AGE 2-17, ASK:

P41.	Yesterday, did <u>NAME</u> eat breakfast or a morning meal? (P37)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
P42.	Yesterday, were any of <u>NAME'S</u> meals or snacks from a fast- food restaurant, like McDonald's, Taco Bell, Burger King, Kentucky Fried Chicken or another similar type of place? (P38)	YES 1 NO 2 DON'T KNOW DK REFUSED REF

IF AGE 6 MONTHS – 17 YEARS, ASK:

P43.	In a typical <u>day</u> , about how many hours does <u>NAME</u> spend watching TV and videos? (INTERVIEWER: DO NOT INCLUDE GAMES LIKE PLAYSTATION OR VIDEO GAMES)	_____ HOURS DON'T KNOW DK REFUSED REF
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IF AGE 6-17, ASK:

P44.	In a typical week, how many days does <u>NAME</u> participate in an organized sports activity or in physical, recreational activities? (P45)	_____ DAYS (0-7) DON'T KNOW DK REFUSED REF
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IF AGE 1-17, ASK:

P45.	Is there a park, playground or other safe place for <u>NAME</u> to play that you can get to easily? (P46)	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

IF AGE 0-5, ASK:

P46.	Thinking about the past month, how much of the time have you felt... (READ ITEMS IN RANDOM ORDER) – all of the time, most of the time, some of the time, or none of the time?										
									DON'T KNOW REF		
() a.	that <u>NAME</u> was much harder to care for than most children.....	ALL	MOST	SOME	NONE	1	2	3	4	DK	REF
() b.	that <u>NAME</u> does things that really bother you a lot.....	1	2	3	4	DK	REF				
() c.	that you were giving up too much of your life to meet <u>NAME'S</u> needs.	1	2	3	4	DK	REF				
() d.	angry with <u>NAME</u>	1	2	3	4	DK	REF				

P47.	In general, how would you describe <u>NAME'S</u> health – excellent, very good, good, fair or poor? (P44)	EXCELLENT	1
		VERY GOOD	2
		GOOD	3
		FAIR.....	4
		POOR.....	5
		DON'T KNOW	DK
		REFUSED	REF

SPECIAL HEALTH NEEDS/DISABILITIES

P48.	Does <u>NAME</u> currently need or use medicine prescribed by a doctor (other than vitamins)?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

IF YES, ASK:

P49.	Is this because of <u>any</u> medical, behavioral or other health condition?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF
IF YES, ASK:			
P50.	Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

P51.	Does <u>NAME</u> need or use more medical care, mental health or educational services than is usual for most children of the same age?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

IF YES, ASK:

P52.	Is this because of <u>any</u> medical, behavioral or other health condition?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF
IF YES, ASK:			
P53.	Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

P54. Is NAME limited or prevented in any way in (his) (her) ability to do the things most children of the same age can do? YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

P55.	Is this because of <u>any</u> medical, behavioral or other health condition?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
IF YES, ASK:		
P56.	Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ?	YES 1 NO 2 DON'T KNOW DK REFUSED REF

P57. Does NAME need or receive special therapy, such as physical, occupational or speech therapy? YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

P58.	Is this because of <u>any</u> medical, behavioral or other health condition?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
IF YES, ASK:		
P59.	Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ?	YES 1 NO 2 DON'T KNOW DK REFUSED REF

P60. Does NAME have any kind of emotional, developmental or behavioral problem for which (he) (she) needs or receives treatment or counseling? YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

P61.	Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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IF AGE 0-5 AND RESPONDENT IS BIOLOGICAL MOTHER, ASK:

P13.	While you were pregnant with <u>NAME</u> , were you offered an HIV or AIDS test, as part of your prenatal care? (P13 REVISED)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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ASTHMA

P62. Has a doctor or other health professional ever told you that NAME had asthma? (P47)

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

P63. Does NAME still have asthma?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

P64. During the past 12 months, has NAME had an episode of asthma or an asthma attack? (P48)

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES TO EITHER P63 OR P64, ASK:

P65. How often does NAME'S asthma limit (his) (her) physical activity- always, most of the time, sometimes, rarely, or never? (P51 REVISED)

ALWAYS 1
 MOST OF THE TIME 2
 SOMETIMES 3
 RARELY 4
 NEVER 5
 DON'T KNOW DK
 REFUSED REF

P66. Does NAME take prescription medicines (including inhalers) to control (his) (her) asthma?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF CHILD 6-17 YEARS, ASK:

P67. Do you (IF CHILD 10-17 YEARS: or NAME) ever check his/her peak flow level at home?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

P68. Has a doctor or other health professional ever talked to you about things you can do in your home to help keep NAME'S asthma under control (for example, putting a special cover over your child's mattress and pillow or vacuuming your carpets more often)?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

P69. Has a doctor or other health professional ever talked to you about the importance of keeping NAME away from cigarette and other tobacco smoke to help control (his) (her) asthma?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

P70. During the past 12 months, did NAME visit an emergency room or urgent care center because of asthma? (P49 REVISED)

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

P71. How many times during the past _____ TIMES
12 months did NAME visit an
emergency room or urgent care
center because of asthma? DON'T KNOW DK
REFUSED REF

ATTENTION DEFICIT DISORDER

IF AGE 3-17, ASK:

P72.	Have you ever been told by a doctor or other health professional that <u>NAME</u> has attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)? (P64 REVISED)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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IF YES, ASK:

P73.	Is <u>NAME</u> currently taking doctor-prescribed medication for ADHD?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
P74.	Is <u>NAME</u> currently receiving individual or group therapy for ADHD?	YES 1 NO 2 DON'T KNOW DK REFUSED REF

IF AGE 6-17 YEARS, ASK:

P75.	Does <u>NAME</u> currently have a specially trained classroom aide in school?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
P76.	Is <u>NAME</u> enrolled in a special education class?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
P77.	Do you discuss <u>NAME'S</u> behavior regularly with (his) (her) teacher(s)?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
P78.	Does <u>NAME</u> have a tutor at home?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
P79.	In general, does <u>NAME'S</u> ADHD limit (his) (her) school performance a lot, a little, or not at all?	A LOT 1 A LITTLE 2 NOT AT ALL 3 DON'T KNOW DK REFUSED REF
P80.	In general, does <u>NAME'S</u> ADHD affect (his) (her) ability to play normally with children (his) (her) age a lot, a little, or not at all?	A LOT 1 A LITTLE 2 NOT AT ALL 3 DON'T KNOW DK REFUSED REF

P81.	Are you (or your partner) receiving individual or group counseling or family therapy to help you in raising <u>NAME</u> ?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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CHILD CARE

IF AGE 0-5, ASK:

Next, some questions about childcare. The information you give will be used for county planning only, and your responses are totally confidential. By childcare, we mean any kind of arrangement where someone other than you or NAME'S other parent takes care of NAME 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.

P82. How many hours is NAME currently in any kind of childcare during a typical week? Just your best estimate. _____ HOURS PER WEEK
 (IF NECESSARY:) Do not include kindergarten or care provided by you or NAME'S other parent. (P68a REVISED)
 DON'T KNOW DK
 REFUSED REF

IF 0 HOURS PER WEEK, ASK:

P83. Which of the following is a reason why you do not use any childcare for NAME in a typical week? (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?

	YES	NO	DON'T KNOW	REF
() a. You or <u>NAME'S</u> other parent work from home	1	2	DK	REF
() b. You or <u>NAME'S</u> other parent work different hours in order to care for <u>NAME</u> yourselves	1	2	DK	REF
() c. You or <u>NAME'S</u> other parent are not currently working	1	2	DK	REF
() d. You prefer to stay at home with <u>NAME</u>	1	2	DK	REF
() e. Child care costs too much.....	1	2	DK	REF
() f. The child care you want is full or not available.....	1	2	DK	REF
() g. Transportation is a problem	1	2	DK	REF
() h. Your child has a disability or other special needs	1	2	DK	REF

IF >0 HOURS PER WEEK, ASK:

P84. Which of the following types of childcare do you use for NAME on a regular basis? (READ ITEMS, ASKING:) Do you use this type of childcare for NAME on a regular basis? (IF NECESSARY: We don't need to know where, but are just interested in the type of program.) (P68b REVISED)

	YES	NO	DON'T KNOW	REF
a. A Head Start or State Preschool program (IF NECESSARY, SAY:) Head Start is a federally-sponsored childcare program, while State Preschools are funded by the state	1	2	DK	REF
b. A childcare center, preschool or nursery school (other than Head Start or a state pre-school program)	1	2	DK	REF
c. Someone cares for <u>NAME</u> in <u>their</u> home.....	1	2	DK	REF
d. Someone cares for <u>NAME</u> in <u>your</u> home.....	1	2	DK	REF

IF YES TO "SOMEONE WHO CARES FOR NAME IN THEIR HOME", IMMEDIATELY ASK:

P85. Is this person a <u>licensed</u> family or home day care provider? (P68c)	YES	1
	NO	2
	DON'T KNOW	DK
	REFUSED	REF
P86. Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair? (P68d)	RELATIVE	1
	NON-RELATIVE	2
	DON'T KNOW	DK
	REFUSED	REF

IF YES TO "SOMEONE WHO CARES FOR NAME IN YOUR HOME", IMMEDIATELY ASK:

P87. Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair? (P68d)	RELATIVE	1
	NON-RELATIVE	2
	DON'T KNOW	DK
	REFUSED	REF

IF MULTIPLE YES ANSWERS IN P84, ASK:

<p>P88. You mentioned that you currently use the following types of childcare for <u>NAME</u> ... (READ BACK CATEGORIES ANSWERED "YES" FROM P84). Which of these do you use most for <u>NAME</u> ?</p>	<p>A HEAD START OR STATE PRESCHOOL PROGRAM..... 1 A CHILD CARE CENTER, PRESCHOOL OR NURSERY SCHOOL 2 SOMEONE CARES FOR <u>NAME</u> IN THEIR HOME.. 3 SOMEONE CARES FOR <u>NAME</u> IN YOUR HOME... 4 NONE USED MOST 5 DON'T KNOW DK REFUSED REF</p>
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DO NOT READ {

<p>P89. Overall, how easy or difficult is it for you to get childcare for <u>NAME</u> on a regular basis when you need it – very easy, somewhat easy, somewhat difficult, or very difficult? (P66 REVISED)</p>	<p>VERY EASY..... 1 SOMEWHAT EASY..... 2 SOMEWHAT DIFFICULT..... 3 VERY DIFFICULT 4 DOES NOT NEED CHILDCARE..... 5 DON'T KNOW DK REFUSED REF</p>
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IF VERY OR SOMEWHAT DIFFICULT, ASK:

<p>P90. Which of the following are reasons why it is difficult to find or keep childcare for <u>NAME</u> on a regular basis... (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason? (P71 REVISED)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DON'T KNOW</td> <td style="text-align: center;">REF</td> </tr> <tr> <td>() a. Child care costs too much.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">REF</td> </tr> <tr> <td>() b. It is difficult to find a provider with space available.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">REF</td> </tr> <tr> <td>() c. The hours and location don't fit your needs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">REF</td> </tr> <tr> <td>() d. The quality of the childcare is not satisfactory.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">REF</td> </tr> <tr> <td>() e. The providers are unreliable (for example, they quit without notice or are late).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">REF</td> </tr> <tr> <td>() f. <u>NAME</u> has a disability or other special needs.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">REF</td> </tr> </table>		YES	NO	DON'T KNOW	REF	() a. Child care costs too much.....	1	2	DK	REF	() b. It is difficult to find a provider with space available.....	1	2	DK	REF	() c. The hours and location don't fit your needs	1	2	DK	REF	() d. The quality of the childcare is not satisfactory.....	1	2	DK	REF	() e. The providers are unreliable (for example, they quit without notice or are late).....	1	2	DK	REF	() f. <u>NAME</u> has a disability or other special needs.....	1	2	DK	REF
	YES	NO	DON'T KNOW	REF																																
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() e. The providers are unreliable (for example, they quit without notice or are late).....	1	2	DK	REF																																
() f. <u>NAME</u> has a disability or other special needs.....	1	2	DK	REF																																

IF > 0 HOURS FROM P82, ASK:

<p>P91. Think about all the child care arrangements you used for <u>NAME</u> over the past month. Altogether, how much did you pay out-of-pocket for childcare for <u>NAME</u> in the past month? Was it... (READ CATEGORIES)? Just your best estimate.</p>	<p>IF 10+ HOURS (ANSWER CATEGORIES)</p> <p>LESS THAN \$100..... 1 \$100 TO LESS THAN \$300..... 2 \$300 TO LESS THAN \$500..... 3 \$500 TO LESS THAN \$700..... 4 \$700 TO LESS THAN \$900..... 5 \$900 TO LESS THAN \$1,000 6 \$1,000 OR MORE 7 DON'T KNOW DK REFUSED REF</p>
<p>IF 1 – 9 HOURS (ANSWER CATEGORIES)</p> <p>LESS THAN \$100..... 1 \$100 OR MORE 2 DON'T KNOW DK REFUSEDREF</p>	

<p>P92. Are you receiving any financial assistance from a relative, the government, an employer or anyone else to help pay for the cost of childcare for <u>NAME</u> ? Do <u>not</u> count any tax credits or dependent care spending accounts.</p>	<p>YES 1 NO 2 DON'T KNOW DK REFUSED REF</p>
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IF YES, ASK:

<p>P93. From whom are you receiving this assistance – a relative, the government, an employer, from the child care provider or someone else? (ANSWER CAN BE A MULTIPLE)</p>	<p>RELATIVE 1 GOVERNMENT 2 EMPLOYER..... 3 CHILDCARE PROVIDER..... 4 SOMEONE ELSE..... 5 DON'T KNOW DK REFUSED REF</p>
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AFTER-SCHOOL CARE

IF AGE 6-12, ASK:

Next, some questions about after-school care.

- P94. Does NAME attend an after-school program or receive after-school care from someone other than you or NAME'S other parent?
- | | |
|------------------|-----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | DK |
| REFUSED | REF |

IF YES, ASK:

- P95. Which of the following types of after-school care does NAME receive? (READ EACH CATEGORY AND RECORD ONE ANSWER FOR EACH)
- | | YES | NO | DON'T KNOW | REF |
|-----------------------------------------------------------------------------------------|-----|----|------------|-----|
| a. someone cares for <u>NAME</u> in <u>their</u> home after school..... | 1 | 2 | DK | REF |
| b. someone cares for <u>NAME</u> in <u>your</u> home after school..... | 1 | 2 | DK | REF |
| c. <u>NAME</u> attends an after-school program located on a school campus | 1 | 2 | DK | REF |
| d. <u>NAME</u> attends an after-school program at a center not on a school campus | 1 | 2 | DK | REF |

HEALTH INSURANCE

- P96. Is NAME 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. (P85 REVISED)
- | | |
|------------------|-----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | DK |
| REFUSED | REF |

IF P96 = YES, DON'T KNOW, OR REFUSED, ASK:

- P97. Is NAME currently covered for health insurance ... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)
- | | YES | NO | DON'T KNOW | REF |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|------------|-----|
| a. 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 |
| b. under <u>Healthy Families</u> , a state program that pays for health insurance for children and young adults | 1 | 2 | DK | REF |
| c. 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 |
| d. under <u>California Kids, Kaiser Kids or other plan like this</u> | 1 | 2 | DK | REF |
| e. under <u>your own or some other family members military insurance program</u> (like Champus or VA coverage) | 1 | 2 | DK | REF |

IF NOT YES TO ALL, ASK:

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

IF P96 = NO, ASK:

P98. There are some types of coverage you may not have considered. Is NAME currently covered for health insurance... (READ ITEMS ONE AT A TIME AND RECORD ANSWER FOR EACH)?

	YES	NO	DON'T KNOW	REF
a. 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
b. under <u>Healthy Families</u> , a state program that pays for health insurance for children and young adults	1	2	DK	REF
c. 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
d. under <u>California Kids, Kaiser Kids or other plan like this</u>	1	2	DK	REF
e. under your own or some other family members <u>military insurance program</u> (like <u>Champus or VA coverage</u>)	1	2	DK	REF

IF NOT YES TO ALL, ASK:

f. 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
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IF NOT YES TO ALL ITEMS IN P98, ASK:

P99. Have you tried to apply for the state's Medi-Cal or Healthy Families programs for NAME at any time in the past year? (IF NECESSARY, SAY:) These are the state's health insurance programs for low income children.

YES	1
NO	2
DON'T KNOW	DK
REFUSED	REF

IF YES, ASK:

P100. When you tried to apply for Medi-Cal or Healthy Families for NAME ... (READ ITEMS IN RANDOM ORDER)?

	YES	NO	DON'T KNOW	REF
() a. Were the forms too complicated and difficult to fill out?	1	2	DK	REF
() b. Were you told that <u>NAME</u> was not eligible?	1	2	DK	REF
() c. (IF NON-ENGLISH LANGUAGE) Did no one at the office speak your language?	1	2	DK	REF
() d. Were you able to complete the application process?	1	2	DK	REF

IF NO, ASK:

P101. Which of the following best describes why you have not tried to apply for Medi-Cal or Healthy Families for NAME. (READ ITEMS IN RANDOM ORDER) (IF NECESSARY:) Does this describe why you have not tried to apply for Medi-Cal or Health Families for NAME ?

	YES	NO	DON'T KNOW	REF
() a. <u>NAME</u> is in good health and doesn't need health insurance.....	1	2	DK	REF
() b. You don't think Medi-Cal or Healthy Families is a good program for <u>NAME</u>	1	2	DK	REF
() c. You're afraid that it might affect your family's immigration status	1	2	DK	REF
() d. You don't know where to go or how to apply	1	2	DK	REF
() e. You don't think you would be treated fairly at the Medi-Cal or Healthy Families office	1	2	DK	REF
() f. You can pay for <u>NAME'S</u> health care as needed	1	2	DK	REF
() g. You don't think <u>NAME</u> is eligible	1	2	DK	REF
() h. Other children or family members are not eligible	1	2	DK	REF

IF NOT YES TO ALL ITEMS IN P98 AND NOT YES TO P99, ASK:

P102.	Before this interview, had you ever heard of a program called Healthy Families?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

BARRIERS TO ACCESSING HEALTH CARE

P103.	Overall, how easy or difficult is it for <u>NAME</u> to get medical care when (he) (she) needs it? Would you say it is very difficult, somewhat difficult, somewhat easy, or very easy?	VERY DIFFICULT	1
		SOMEWHAT DIFFICULT	2
		SOMEWHAT EASY	3
		VERY EASY	4
		DON'T KNOW	DK
		REFUSED	REF

IF VERY OR SOMEWHAT DIFFICULT, ASK:

P104.	How important are each of the following reasons why getting medical care for <u>NAME</u> is difficult? (READ ITEMS IN RANDOM ORDER) Is this a very important, somewhat important or not important reason why getting medical care for <u>NAME</u> is difficult?	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	DON'T KNOW	REF
() 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 NOT YES TO ALL ITEMS IN P98, ASK:						
() d.	<u>NAME</u> has no insurance	1	2	3	DK	REF
() e.	You do not know where to go or who to call to get <u>NAME</u> health care	1	2	3	DK	REF
() f.	You're afraid that it might affect your family's immigration status	1	2	3	DK	REF

P105.	In the past year, was there ever a time when <u>NAME</u> needed (ITEM) but didn't get it because you could not afford it? (READ ITEMS IN RANDOM ORDER)	YES	NO	DON'T KNOW	REF
() a.	to see a doctor for a physical exam or well (IF AGE 0-2: baby) (IF AGE 3-17: child) check-up	1	2	DK	REF
() b.	to see a doctor when <u>NAME</u> had an illness or other health problem	1	2	DK	REF
() c.	prescription medicines	1	2	DK	REF
() d.	IF AGE 3-17: dental care, including check-ups	1	2	DK	REF
() e.	IF AGE 3-17: mental health care or counseling	1	2	DK	REF

P106.	During the past year, was there ever a time when transportation problems kept you from getting needed medical care for <u>NAME</u> ?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

IF NON-ENGLISH LANGUAGE INTERVIEW, ASK:

P107.	During the past year, was there ever a time when you had trouble talking to a doctor or health care provider about <u>NAME</u> because he or she did not speak your language? (P100 REVISED)	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

P108. When did NAME last have a physical exam or well (IF 0-2: baby) (IF 3-17: child) visit?

<u>IF AGE 0-5:</u>		<u>IF AGE 6-17:</u>	
WITHIN THE PAST 6 MONTHS.....	1	WITHIN THE PAST 2 YEARS	1
6 MONTHS BUT LESS THAN 1 YEAR AGO	2	2 OR MORE YEARS AGO	2
1 YEAR BUT LESS THAN 2 YEARS AGO.....	3	NEVER	3
2 OR MORE YEARS AGO.....	4	DON'T KNOW	DK
NEVER.....	5	REFUSED	REF
DON'T KNOW.....	DK		
REFUSED.....	REF		

Now I am going to ask you some questions about the place NAME goes to for all or most of (his) (her) health care needs.

P109. When NAME is sick or you want advice about (his) (her) health, is there one particular place or health provider that you take (him) (her) to most often? (P93 REVISED)

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF P109 = NO, DON'T KNOW, OR REFUSED, ASK:

P110. Is that because you have more than one place to take NAME or is it because you have no regular place to take (him) (her)? (P94 REVISED)

MORE THAN ONE PLACE..... 1
 NO PLACE TO GO..... 2
 DON'T KNOW..... DK
 REFUSED..... REF

IF MORE THAN ONE PLACE TO GO, DK OR REF FROM P110, ASK:

P111. Is there a particular place that you take NAME more often than any other place? (P95)

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

IF NO REGULAR SOURCE OF CARE, ASK:

P112. Where has NAME received health care services in the past 12 months – a private practice doctor's office including an HMO or 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 (INCLUDES HMO'S OR KAISER)..... 1
 HOSPITAL OUTPATIENT CLINIC 2
 HOSPITAL EMERGENCY ROOM 3
 COUNTY, COMMUNITY CLINIC 4
 OTHER..... 5
 NO CARE RECEIVED IN PAST 12 MONTHS..... 6
 DON'T KNOW..... DK
 REFUSED..... REF

IF NOT EMERGENCY ROOM FROM P112, ASK:

P113. Has NAME received care at a hospital emergency room in the past 12 months?

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

IF COUNTY, COMMUNITY OR HOSPITAL OUTPATIENT CLINIC, HOSPITAL EMERGENCY ROOM FROM P112 OR P113 = YES, ASK:

P114. Which (hospitals) (county or community clinics) did you take NAME to in the past 12 months? (ANSWER CAN BE A MULTIPLE)

LIST OF (HOSPITALS) (CLINICS) HERE

IF REGULAR SOURCE OF CARE, ASK:

P115.	Which of the following best describes the place you take <u>NAME</u> most often – a private practice doctor's office including an HMO or Kaiser; a hospital outpatient clinic; a hospital emergency room; a county or community clinic, or somewhere else? (P96 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
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IF COUNTY, COMMUNITY OR HOSPITAL OUTPATIENT CLINIC, HOSPITAL EMERGENCY ROOM, ASK:

P116. Which (hospital) (county or community clinic) do you usually take <u>NAME</u> ?	LIST OF (HOSPITALS) (CLINICS) HERE
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P117.	Is this the same place that <u>NAME</u> gets a physical examination or well (if age 0-2: baby) (if AGE 3-17: child) check-up? (P97)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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P118.	If <u>NAME</u> needed to get a vaccination or shot, is this the place where (he)(she) would get (his)(her) shot? (P98)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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P119.	Overall, how satisfied are you with the care <u>NAME</u> receives from (his) (her) regular provider in each of the following areas... (READ ITEMS IN RANDOM ORDER) – are you very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied? (IF NECESSARY: with <u>NAME'S</u> regular provider?) (P99 REVISED)	<table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td>VERY</td> <td>SOMEWHAT</td> <td>SOMEWHAT</td> <td>VERY</td> <td></td> <td></td> </tr> <tr> <td></td> <td>SATISFIED</td> <td>SATISFIED</td> <td>DISSATISFIED</td> <td>DISSATISFIED</td> <td>DK</td> <td>REF</td> </tr> </table>		VERY	SOMEWHAT	SOMEWHAT	VERY				SATISFIED	SATISFIED	DISSATISFIED	DISSATISFIED	DK	REF
	VERY	SOMEWHAT	SOMEWHAT	VERY												
	SATISFIED	SATISFIED	DISSATISFIED	DISSATISFIED	DK	REF										
	() a. Providing <u>NAME</u> with good health care 1 2 3 4 DK... REF															
	() b. Giving you guidance on how to care for <u>NAME</u> 1 2 3 4 DK... REF															
	() c. Helping you understand how <u>NAME</u> is growing and developing 1 2 3 4 DK... REF															
	() d. Being easy to contact by phone 1 2 3 4 DK... REF															
	() e. Listening to you carefully and answering your questions 1 2 3 4 DK... REF															
	() f. Scheduling appointments quickly when <u>NAME</u> is sick or injured 1 2 3 4 DK... REF															

P120.	Has <u>NAME</u> received care at a hospital emergency room in the past 12 months?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
-------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------

IF 120 = YES, ASK:

P121. Which hospitals did you take <u>NAME</u> to in the past 12 months? (ANSWER CAN BE A MULTIPLE)	LIST OF HOSPITALS HERE
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IF AGE 0 – 5, ASK:

PARENTAL SUPPORT

P122. How easy or difficult is it to find someone you can talk to when you need advice about how to raise NAME – very easy, somewhat easy, somewhat difficult or very difficult? (P52)

VERY EASY..... 1
 SOMEWHAT EASY 2
 SOMEWHAT DIFFICULT 3
 VERY DIFFICULT 4
 DON'T KNOW DK
 REFUSED REF

Thinking about your neighbors...

P123a. How many of your neighbors do you know well enough to ask them to keep watch on your house or apartment?

_____ NEIGHBORS
 DON'T KNOW DK
 REFUSED REF

P123b. How many of your neighbors do you know well enough to ask for a ride?

_____ NEIGHBORS
 DON'T KNOW DK
 REFUSED REF

P123c. How many of your neighbors do you know well enough to talk with them about a personal problem?

_____ NEIGHBORS
 DON'T KNOW DK
 REFUSED REF

P123d. How many of your neighbors do you know well enough to ask for their assistance in making a repair?

_____ NEIGHBORS
 DON'T KNOW DK
 REFUSED REF

P124. Please tell me whether you agree or disagree with the following statements (READ ITEMS IN RANDOM ORDER, ASKING:) Do you agree or disagree?

	AGREE	DISAGREE	DK	REF
() a. You are interested in knowing what your neighbors are like.....	1.....	2.....	DK...	REF
() b. You enjoy meeting and talking with your neighbors	1.....	2.....	DK...	REF
() c. Your neighbors always borrow things from you or your family	1.....	2.....	DK...	REF
() d. It's easy to become friends with your neighbors	1.....	2.....	DK...	REF

OTHER HEALTH RISKS

P125a. Do you have a pool or outdoor hot tub or spa at your place of residence? (P77)

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

IF YES, ASK:

P126b. Do you have a barrier, such as a fence or gate, completely around your pool or spa? (P78)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------

PARENT'S MENTAL HEALTH AND HEALTH RISK BEHAVIORS

IF DIFFERENT RESPONDENT THAN PERSON WHO COMPLETED MAIN SURVEY, ASK:

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

P126. 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

P127. 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

P128. Have you smoked at least 100 cigarettes in your entire life?

YES 1
NO 2
DON'T KNOW DK
REFUSED REF

IF YES, DK OR REF, ASK:

P129. Do you currently smoke cigarettes, cigars, a pipe or chew smokeless tobacco? (IF YES:) Which ones? (ANSWER CAN BE A MULTIPLE) (P122)	NO, NOT A TOBACCO USER	1
	YES, CIGARETTES.....	2
	YES, CIGARS	3
	YES, A PIPE	4
	YES, SMOKELESS TOBACCO.....	5
	DON'T KNOW	DK
	REFUSED	REF

IF SMOKER, ASK:

P130. During the past 7 days, on how many days did you smoke in your home?	_____	DAYS
	DON'T KNOW	DK
	REFUSED	REF

SECOND-HAND SMOKE

P131. On how many of the past 7 days was <u>NAME</u> exposed to cigarette, cigar or pipe smoke in your home?	_____	DAYS
	DON'T KNOW	DK
	REFUSED	REF

CHILD DEMOGRAPHICS

The next few questions ask about NAME'S ethnic and racial background ...

P132. Is <u>NAME</u> Latino or of Hispanic origin (IF NECESSARY: such as Mexican-American, Latin American, South American, or Spanish-American)? (P104 REVISED)	YES	1
	NO	2
	DON'T KNOW	DK
	REFUSED	REF

IF YES, HISPANIC, ASK:

P133. Is <u>NAME</u> 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:

P134. Which of the following best describes <u>NAME'S</u> (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (P105 REVISED)	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

P135. For classification purposes, we'd like to know what <u>NAME'S</u> racial background is. Is (he) (she) White, Black or African-American, Asian, Pacific Islander, American Indian or an Alaskan native, a member of another race or a combination of these? (ANSWER CAN BE A MULTIPLE) (P106)	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:

P136.	Which of the following best describes <u>NAME's</u> Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (P107)	
	CHINESE	1
	KOREAN	2
	FILIPINO	3
	JAPANESE	4
	VIETNAMESE	5
	ASIAN INDIAN	6
	CAMBODIAN	7
	HAWAIIAN	8
	GUAMANIAN	9
	SAMOAN	10
	LAOTIAN/HMONG	11
	OTHER (SPECIFY) _____	12
	DO NOT READ { DON'T KNOW	DK
	REFUSED	REF

P137.	Was <u>NAME</u> born in Los Angeles County, in some other place in California, in some other state in the U.S. or outside the United States? (P108 REVISED)	LOS ANGELES COUNTY	1
		OTHER CALIFORNIA	2
		OTHER U.S. STATE	3
		OUTSIDE THE U.S.	4
		DON'T KNOW	DK
		REFUSED	REF

IF OUTSIDE THE U.S., ASK:

P138.	How many years has <u>NAME</u> lived in the U.S.?	_____ YEAR	
		S	
		DON'T KNOW	DK
		REFUSED	REF
P139.	Is <u>NAME</u> currently a U.S. citizen or not? (P110)	U.S. CITIZEN	1
		NOT A U.S. CITIZEN	2
		DON'T KNOW	DK
		REFUSED	REF

PARENT DEMOGRAPHICS

IF DIFFERENT RESPONDENT THAN PERSON WHO COMPLETED MAIN SURVEY, ASK:

P140.	What is your age? (P111)	_____ YEARS	
		REFUSED	REF

IF REFUSED, ASK:

P141.	We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)? (P112 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
		REFUSED	REF

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

P142.	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, ASK:

P143.	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:

P144. Which of the following best describes your (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE) (Q71 REVISED)				
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

P145. 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:

P146. 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...

P147. 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	1
	ENGLISH BETTER THAN SPANISH.....	2
	BOTH EQUALLY.....	3
	SPANISH BETTER THAN ENGLISH.....	4
	ONLY SPANISH	5
	DON'T KNOW	DK
	REFUSED	REF
P148. 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	1
	MORE IN ENGLISH THAN IN SPANISH	2
	BOTH EQUALLY.....	3
	MORE IN SPANISH THAN IN ENGLISH	4
	ONLY SPANISH	5
	DON'T KNOW	DK
	REFUSED	REF

P149.	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 1 MORE ENGLISH THAN SPANISH..... 2 BOTH EQUALLY..... 3 MORE SPANISH THAN ENGLISH..... 4 ONLY SPANISH 5 DON'T KNOW DK REFUSED REF
P150.	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 1 MORE ENGLISH THAN SPANISH..... 2 BOTH EQUALLY..... 3 MORE SPANISH THAN ENGLISH..... 4 ONLY SPANISH 5 DON'T KNOW DK REFUSED REF
P151.	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 1 MORE ENGLISH THAN SPANISH..... 2 BOTH EQUALLY..... 3 MORE SPANISH THAN ENGLISH..... 4 ONLY SPANISH 5 DON'T KNOW DK REFUSED REF

P152.	Were you born in California, in some other state in the U.S. or outside the United States? (P113)	CALIFORNIA..... 1 OTHER U.S. STATE..... 2 OUTSIDE THE U.S. 3 DON'T KNOW DK REFUSED REF
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IF OUTSIDE THE U.S., ASK:

P153.	In which country were you born? (P114)	COUNTRY CODE <input type="text"/> <input type="text"/> OTHER (SPECIFY) _____ DON'T KNOW DK REFUSED REF
P154.	How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0") (P116)	_____ YEARS DON'T KNOW DK REFUSED REF
P155.	Are you currently a U.S. citizen or not? (P115)	U.S. CITIZEN..... 1 NOT A U.S. CITIZEN 2 DON'T KNOW DK REFUSED REF

P156.	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? (P117 REVISED)	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
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P157. What is your marital status? Are you... (READ CATEGORIES)? (P118)	MARRIED.....	1
	NOT MARRIED BUT LIVING TOGETHER.....	2
	WIDOWED	3
	DIVORCED.....	4
	SEPARATED	5
	NEVER MARRIED	6
	DO NOT READ { DON'T KNOW	DK
	REFUSED	REF

Thinking about your own employment situation and daily activities...

P158. 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) (P119)	WORKING.....	1
	NOT AT WORK, BUT HAVE A JOB	2
	LOOKING FOR WORK.....	3
	KEEPING HOUSE.....	4
	GOING TO SCHOOL	5
	UNABLE TO WORK	6
	RETIRED	7
	OTHER SITUATION	8
	DON'T KNOW	DK
	REFUSED	REF

IF NOT WORKING BUT ABLE TO WORK, ASK:

P159. 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.) (P120)	YES	1
	NO	2
	DON'T KNOW	DK
	REFUSED	REF

IF EMPLOYED, ASK:

P160. How many hours per week do you usually work? (P121)	_____ HOURS	
	DON'T KNOW	DK
	REFUSED	REF

EMPLOYMENT OF OTHER PARENT

IF MARRIED OR LIVING TOGETHER (P157="MARRIED" OR "NOT MARRIED BUT LIVING TOGETHER" IF DIFFERENT RESPONDENT, OR Q152="MARRIED" OR "NOT MARRIED BUT LIVING TOGETHER" IF SAME RESPONDENT FROM MAIN), ASK:

Thinking about the employment situation of your (spouse)(partner)...

P161. What was (he) (she) doing <u>most</u> of last week? Was (he) (she) working, was (he) (she) not at work but had a job, was (he) (she) looking for work, keeping house, going to school, unable to work, retired, or what? (P126) (ACCEPT ONLY <u>ONE</u> RESPONSE)	WORKING.....	1
	NOT AT WORK, BUT HAVE A JOB	2
	LOOKING FOR WORK.....	3
	KEEPING HOUSE.....	4
	GOING TO SCHOOL	5
	UNABLE TO WORK	6
	RETIRED	7
	OTHER SITUATION	8
	DON'T KNOW	DK
	REFUSED	REF

IF NOT WORKING BUT ABLE TO WORK, ASK:

P162. Did (he) (she) 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.) (P127)	YES	1
	NO	2
	DON'T KNOW	DK
	REFUSED	REF

IF EMPLOYED, ASK:

P163. How many hours per week does (he) (she) usually work? (P128)	_____ HOURS	
	DON'T KNOW	DK
	REFUSED	REF

OTHER HOUSEHOLD INFORMATION

IF CROSS STREET INFORMATION NOT OBTAINED FROM MAIN SURVEY AND DIFFERENT RESPONDENT, ASK:

P164. 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. (P141 REVISED)

(DO NOT ENTER PARALLEL STREETS) STREET #1: _____

STREET #2: _____

DON'T KNOW DK
REFUSED REF

IF INCOME INFORMATION NOT OBTAINED FROM MAIN SURVEY AND DIFFERENT RESPONDENT, ASK:

P165. 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? (P129)

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:

P166a. 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) (P130)

LESS THAN 200% FPL 1
MORE THAN 200% FPL 2
DON'T KNOW DK
REFUSED REF

IF APPLICABLE, ASK:

P166b. 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) (P131)

LESS THAN 100% FPL 1
MORE THAN 100% FPL 2
DON'T KNOW DK
REFUSED REF

IF APPLICABLE OR IF P169 = "DON'T KNOW" OR "REFUSED", ASK:

P166c. (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) (P132)

LESS THAN 300% FPL 1
MORE THAN 300% FPL 2
DON'T KNOW DK
REFUSED REF

FOLLOW-UP SURVEY CONSENT

IF MAIN SURVEY RESPONDENT AND AGE 18-29, ASK:

P167. 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 1
NOT AVAILABLE NOW 2 → GO TO CALL BACK SCRIPT
RESPONDENT UNWILLING TO CONTINUE 3

◆ IF RESPONDENT UNWILLING TO CONTINUE, THANK RESPONDENT FOR PARTICIPATING IN THE SURVEY AND SKIP TO END

IF CALL BACK, SAY:

P168.	Would you prefer that we call you back at this same telephone number or at another phone number?	SAME PHONE 1 DIFFERENT PHONE 2
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IF SAME PHONE, SAY:

P169.	To confirm, your telephone is (READ BACK TELEPHONE NUMBER). Is that correct?	YES, CORRECT 1 NO, OTHER NUMBER 2
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IF DIFFERENT PHONE OR OTHER NUMBER, SAY:

P170.	What is this number, area code first?	AREA CODE: _____ NUMBER: _____
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P171.	What day of the week or time of day would be most convenient for you?	ENTER PREFERRED DAY ENTER PREFERRED TIME
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P172.	(CONFIRM FIRST NAME OF PARENT) (So that we know who to ask for, can I have your first name)?	FIRST NAME: _____
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IF MAIN SURVEY RESPONDENT AND NOT AGE 18 – 29, ASK:

P173.	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. (Q178)	YES 1 NO 2 DON'T KNOW DK REFUSED REF
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END

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