

Professional Research Consultants

Date \_\_\_\_\_

Interviewed by \_\_\_\_\_ ID# \_\_\_\_\_ 0000

Validated by \_\_\_\_\_

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2008-0131-02

previous project number: 2002-0001-02,2004-0001-02, 2006-0201-02

**NOTE: Highlighted items represent new or modified questions.**

**QUALITY OF LIFE ASSESSMENT  
2008 PRC Community Health Survey  
Broward County, Florida**

Hello, this is \_\_\_\_\_ with Professional Research Consultants. We are calling people in your area on behalf of the Coordinating Council of Broward County.

(IF NECESSARY, READ:) This survey is part of a project to study ways to improve the health of the community. The organizations participating include The United Way, the Broward County School System, County Government and other community organizations.

1. Would you please tell me which ZIP Code area you live in?

- 33004  000
- 33009
- 33019
- 33020
- 33021
- 33023
- 33024
- 33025
- 33026
- 33027
- 33028
- 33029
- 33060
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- 33068
- 33069
- 33071
- 33073
- 33076
- 33301
- 33304
- 33305
- 33306
- 33308
- 33309
- 33311
- 33312
- 33313
- 33314
- 33315
- 33316
- 33317
- 33319
- 33321
- 33322
- 33323
- 33324
- 33325

- 33326
- 33327
- 33328
- 33330
- 33331
- 33332
- 33334
- 33351
- 33441
- 33442

(THANK & TERMINATE) Any Others

Lang. Language.

- (SKIP to READ BOX before SP1)
- English  000
  - Spanish

2. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?

- One  000
- Two
- Three
- Four
- Five
- Six or More

NOTE: Select from the random household member key according to age where 1 is the oldest.

SQ1. The person in this household that I need to speak with is (oldest/youngest). Is he/she available?

- Yes
- (Make An Appointment) No
- (THANK & TERMINATE) [Refused To Do Survey]
- (THANK & TERMINATE) [Refused To Do Survey / Remove From List]

3. Gender of Respondent. (Do Not Ask - Just Record)

Male  000  
Female

4. Are you under or over 60 years of age?

Under 60  000  
60/Over

HEALTH STATUS

5. Would you say that in general your physical, mental, and emotional health is:

Excellent  000  
Very Good   
Good   
Fair   
or Poor   
[Don't Know/Not Sure]   
[Refused]

HEALTH CARE ACCESS

6. In general, how would you rate the health care you currently receive?  
Would you say:

Excellent  000  
Very Good   
Good   
Fair   
or Poor   
[Don't Know/Not Sure]   
[Refused]

7. Do you have any kind of health care coverage?

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

8. About how long has it been since you last visited a DOCTOR for a routine checkup?

Within the Past Year (1 to 12 Months Ago)	<input type="text"/>	000
Within the Past 2 Years (1 to 2 Years Ago)	<input type="text"/>	
Within the Past 5 Years (2 to 5 Years Ago)	<input type="text"/>	
5 or More Years Ago	<input type="text"/>	
[Never]	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

9. About how long has it been since you last visited a DENTIST for a routine check-up?

Within the Past 6 Months (1 to 6 Months Ago)	<input type="text"/>	000
Within the Past Year (7 Months to 12 Months Ago)	<input type="text"/>	
Within the Past 2 Years (1 to 2 Years Ago)	<input type="text"/>	
Within the Past 5 Years (2 to 5 Years Ago)	<input type="text"/>	
5 or More Years Ago	<input type="text"/>	
[Never]	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

10. Was there a time during the past 12 months when you needed to have a prescription filled, but could not because of the cost?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

HYPERTENSION AWARENESS

11. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once, or have you never been told that you have high blood pressure?

More Than Once	<input type="text"/>	000
Only Once	<input type="text"/>	
Never	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

CHOLESTEROL

12. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

DIABETES

13. Have you ever been told by a doctor that you have diabetes? (*If female, MENTION: Not counting diabetes during pregnancy*)

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

CHRONIC ILLNESS

**Would you please tell me if you or any persons in your household have been diagnosed with any of the following medical conditions: (Insert Qs in Bold)?**

*(ROTATE: Qs in Bold)*

14. Asthma

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

15. Diabetes

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

16. AIDS

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

17. HIV

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

*(End of Rotation)*

DISABILITY

**Would you please tell me how many persons in this household are:  
(Insert Qs in Bold)?**

*(ROTATE: Qs in Bold)*

**18.** Hard of Hearing

0 to 5  000  
[Refused]

**19.** Deaf

0 to 5  000  
[Refused]

**20.** Speech Impaired

0 to 5  000  
[Refused]

**21.** Vision Impaired

0 to 5  000  
[Refused]

**22.** Blind

0 to 5  000  
[Refused]



23. Have a Physical Disability Requiring Assistance in Walking or Moving

0 to 5  000  
[Refused]

24. Have a Developmental Disability

0 to 5  000  
[Refused]

25. Have a Mental Disability

0 to 5  000  
[Refused]

*(End of Rotation)*

SOCIAL SERVICES

26. Social services are designed to help people in need by providing things such as financial assistance, legal aid, job training, or child care. If you needed social services, would you know where to go?

Yes  000  
No   
[Don't Need Social Services]   
[Don't Know/Not Sure]   
[Refused]

27. If you needed housing assistance, would you know where to go?

Yes  000  
No   
[Don't Need Social Services]   
[Don't Know/Not Sure]   
[Refused]

28. If you needed help with care for the elderly, would you know where to go?

Yes  000  
No   
[Don't Need Social Services]   
[Don't Know/Not Sure]   
[Refused]

29. Are you aware of the Family Success Centers in Broward County?

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

***NOTE:*** If "No" in Q29, FORCE Q30 to "No" and SKIP to 31.

All Others, ASK Q30.

30. Have you received any services from the Family Success Centers?

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

INJURY CONTROL

31. Are you aware of any domestic violence services offered in Broward County?

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

32. How often do you use seat belts when you drive or ride in a car? Would you say:

Always	<input type="text"/>	000
Nearly Always	<input type="text"/>	
Sometimes	<input type="text"/>	
Seldom	<input type="text"/>	
or Never	<input type="text"/>	
[Never Drive/Ride in a Car]	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

33. Have you or has anyone in your household been the victim of a violent crime in the past 5 years?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

34. Do you have a gun in your home?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

EXERCISE

35. The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

	Yes	<input type="text"/>	000
(SKIP to 38)	No	<input type="text"/>	
(SKIP to 38)	[Don't Know/Not Sure]	<input type="text"/>	
(SKIP to 38)	[Refused]	<input type="text"/>	

36. How many times per week or per month did you take part in these activities during the past month?

	<u>TIMES PER WEEK:</u>		000
	<u>TIMES PER MONTH:</u>		
(SKIP to 37)	[Don't Know/Not Sure]		
(SKIP to 37)	[Refused]		

37. And when you took part in these activities, for how many minutes or hours did you usually keep at it?

	1 to 59		000
	100 to 159		
	200 to 259		
	300 to 359		
	400 to 459		
	500 to 559		
	600		
	[Don't Know/Not Sure]		
	[Refused]		

TOBACCO USE

38. Have you smoked at least 100 cigarettes in your ENTIRE life? @@(5 Packs = 100 Cigarettes)

		Yes	000
	(SKIP to 41)	No	
(SKIP to 41)		[Don't Know/Not Sure]	
(SKIP to 41)		[Refused]	

39. Do you NOW smoke cigarettes everyday, some days, or not at all?

		Every Day	000
	(SKIP to 41)	Some Days	
	(SKIP to 41)	Not At All	
(SKIP to 41)		[Don't Know/Not Sure]	
(SKIP to 41)		[Refused]	

40. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

ALCOHOL CONSUMPTION

41. For this question about alcohol use, keep in mind that a drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor. @@During a typical month, on how many days did you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor?

0 to 30	<input type="text"/>	000
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

DEMOGRAPHICS

42. Next, I'd like to ask you some general questions about yourself. @@What is your age?

18 to 110	<input type="text"/>	000
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

43. What is your race? Would you say:

American Indian, Alaska Native	<input type="text"/>	000
Asian, Pacific Islander	<input type="text"/>	
Black	<input type="text"/>	
White	<input type="text"/>	
Multi-Racial or Other	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

44. Are you of Hispanic or Latino origin?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

45. Are you or is someone in your family originally from another country?

	Yes	<input type="checkbox"/>	000
(SKIP to 47)	No	<input type="checkbox"/>	
(SKIP to 47)	[Don't Know/Not Sure]	<input type="checkbox"/>	
(SKIP to 47)	[Refused]	<input type="checkbox"/>	

46. Would you please tell me which country that is?

[Don't Know/Not Sure]	000
[Refused]	
Argentina	
Belize	
Bolivia	
Brazil	
Canary Islands	
Chile	
Colombia	
Costa Rica	
Cuba	
Dominican Republic	
Ecuador	
El Salvador	
Guatemala	
Guyana	
Haiti	
Honduras	
Mexico	
Nicaragua	
Panama	
Paraguay	
Peru	
Puerto Rico	
Spain	
Uruguay	
Venezuela	
Other (Specify)	

47. Would you please tell me your religion?

Protestant	000
Catholic	
Jewish	
Muslim	
[Other]	
[No Religious Preference]	
[Refused]	

48. And would you please tell me your marital status? Are you:

Married	<input type="text"/>	000
Divorced	<input type="text"/>	
Widowed	<input type="text"/>	
Separated	<input type="text"/>	
Never Been Married or A Member of an Unmarried Couple	<input type="text"/>	
[Refused]	<input type="text"/>	

49. What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only	<input type="text"/>	000
Grades 1 through 8 (Elementary)	<input type="text"/>	
Grades 9 through 11 (Some High School)	<input type="text"/>	
Grade 12 or GED (High School Graduate)	<input type="text"/>	
College 1 Year to 3 Years (Some College or Technical School)	<input type="text"/>	
College Graduate	<input type="text"/>	
Post-Graduate Classes or Degree	<input type="text"/>	
[Refused]	<input type="text"/>	

50. Are you currently:

Employed for Wages	<input type="text"/>	000
Self-Employed	<input type="text"/>	
Out of Work for More Than 1 Year	<input type="text"/>	
Out of Work for Less Than 1 Year	<input type="text"/>	
A Homemaker	<input type="text"/>	
A Student	<input type="text"/>	
Retired or Unable to Work	<input type="text"/>	
[Refused]	<input type="text"/>	



51. Total Family Household Income.

Under \$9,000	000
\$9,000 to \$12,099	
\$12,100 to \$15,299	
\$15,300 to \$18,199	
\$18,200 to \$21,499	
\$21,500 to \$24,499	
\$24,500 to \$27,799	
\$27,800 to \$30,799	
\$30,800 to \$34,099	
\$34,100 to \$37,099	
\$37,100 to \$40,399	
\$40,400 to \$43,299	
\$43,300 to \$49,399	
\$49,400 to \$55,599	
\$55,600 to \$61,899	
\$61,900 to \$68,199	
\$68,200 to \$74,499	
\$74,500 to \$80,799	
\$80,800 to \$86,999	
\$87,000/Over	
[Don't Know/Not Sure]	
[Refused]	

52. About how much do you weigh without shoes? @@(INTERVIEWER: Round Fractions Up)

40 to 600	000
[Don't Know/Not Sure]	
[Refused]	

53. About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)

300 to 311	<input type="checkbox"/>	000
400 to 411	<input type="checkbox"/>	
500 to 511	<input type="checkbox"/>	
600 to 611	<input type="checkbox"/>	
700 to 711	<input type="checkbox"/>	
800 to 811	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

*NOTE:* If Respondent is Male, SKIP to 57.

WOMEN'S HEALTH

54. A mammogram is an x-ray of the breast to look for cancer. How long has it been since you had your last mammogram?

Within the Past Year (1 to 12 Months Ago)	<input type="checkbox"/>	000
Within the Past 2 Years (1 to 2 Years Ago)	<input type="checkbox"/>	
Within the Past 3 Years (2 to 3 Years Ago)	<input type="checkbox"/>	
Within the Past 5 Years (3 to 5 Years Ago)	<input type="checkbox"/>	
5 or More Years Ago	<input type="checkbox"/>	
[Never]	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

55. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. How long has it been since you had your last clinical breast exam?

Within the Past Year (1 to 12 Months Ago)	<input type="checkbox"/>	000
Within the Past 2 Years (1 to 2 Years Ago)	<input type="checkbox"/>	
Within the Past 3 Years (2 to 3 Years Ago)	<input type="checkbox"/>	
Within the Past 5 Years (3 to 5 Years Ago)	<input type="checkbox"/>	
5 or More Years Ago	<input type="checkbox"/>	
[Never]	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

56. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?

Within the Past Year (1 to 12 Months Ago)	<input type="text"/>	000
Within the Past 2 Years (1 to 2 Years Ago)	<input type="text"/>	
Within the Past 3 Years (2 to 3 Years Ago)	<input type="text"/>	
Within the Past 5 Years (3 to 5 Years Ago)	<input type="text"/>	
5 or More Years Ago	<input type="text"/>	
[Never]	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

IMMUNIZATION

57. During the past 12 months, have you had a flu shot?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

58. Have you ever had a pneumonia vaccination?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

COLORECTAL CANCER SCREENING (AGES 40 AND OLDER)

NOTE: If Respondent is 40 Years Old or Older in Q42, ASK 59.  
 Otherwise, SKIP to 61.

59. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. When did you have your last digital rectal exam?

- Within the Past Year (1 to 12 Months Ago) 000
- Within the Past 2 Years (1 to 2 Years Ago)
- Within the Past 5 Years (2 to 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]
- [Refused]

60. A colonoscopy exam is when a tube is inserted in the rectum to check for cancer and other health problems. When did you have your last colonoscopy exam?

- Within the Past Year (1 to 12 Months Ago) 000
- Within the Past 2 Years (1 to 2 Years Ago)
- Within the Past 5 Years (2 to 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]
- [Refused]

MENTAL HEALTH CARE ACCESS

61. During the past 12 months, have you or has anyone in your household needed mental health services, but could not get them?

- Yes 000
- (SKIP to 68) No
- (SKIP to 68) [Don't Know/Not Sure]
- (SKIP to 68) [Refused]

**Would you say that (you/your family member) could not get mental health services  
because of the: Insert Qs in Bold?**

*(ROTATE: Qs in Bold)*

**62. Cost**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**63. Lack of Transportation**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**64. Quality of the Program**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**65. Lack of Information on Programs Available**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**66. Stigma**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

67. Lack of Adequate Insurance Coverage

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

*(End of Rotation)*

68. During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? Would you say:

All	<input type="text"/>	000
Most	<input type="text"/>	
Some	<input type="text"/>	
A Little	<input type="text"/>	
or None of the Time	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

69. Are you aware of any in-home services in Broward County to treat depression for pregnant women, parents, and others who take care of children?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

ACTIVITY LIMITATIONS

70. The next questions are about limitations you may or may not have in your daily life. Does a physical, psychological, or cognitive impairment or health problem NOW keep you from working at a job, a business, or maintaining self-employment?  
@@(INTERVIEWER: If Necessary, READ: Cognitive impairment includes memory, perception, problem-solving, conceptualization and attention deficits. This may result from a range of conditions such as mental retardation, autism, brain injury, Parkinson's disease, Alzheimer's disease and old age.)

(SKIP to 72) Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

71. Are you limited in the kind or amount of employment activities you can do because of a physical, psychological, or cognitive impairment or health problem?

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

72. Because of ANY impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

73. Because of ANY impairment or health problem, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

CAREGIVER STATUS

74. Are you a caregiver for any other person?

	Yes	<input type="text"/>	000
(SKIP to 78)	No	<input type="text"/>	
(SKIP to 78)	[Don't Know/Not Sure]	<input type="text"/>	
(SKIP to 78)	[Refused]	<input type="text"/>	

75. Would you please tell me the age of the person for whom you are a caregiver?  
 @@(INTERVIEWER: Code "Under 1 Year Old" as 0.)

0 to 110	<input type="text"/>	000
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	



76. And would you please tell me your relationship to this person?

[Don't Know/Not Sure]	<input type="text"/>	000
[Refused]	<input type="text"/>	
Spouse	<input type="text"/>	
Daughter	<input type="text"/>	
Son	<input type="text"/>	
Sister	<input type="text"/>	
Brother	<input type="text"/>	
Mother	<input type="text"/>	
Father	<input type="text"/>	
Grandmother	<input type="text"/>	
Grandfather	<input type="text"/>	
Aunt	<input type="text"/>	
Uncle	<input type="text"/>	
Niece	<input type="text"/>	
Nephew	<input type="text"/>	
Cousin	<input type="text"/>	
Neighbor	<input type="text"/>	
Friend	<input type="text"/>	
Other (Specify)	<input type="text"/>	

77. Do you get any relief from your caregiver role?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

LITERACY

78. Are you aware of literacy classes offered in the community?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

79. Do you need help learning to read better?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

80. Do you need help learning English?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

AIDS KNOWLEDGE AND TESTING

81. The next few questions are about the national health problem of AIDS. Please remember that your answers are strictly confidential.

What are your chances of getting the AIDS virus? Would you say:

High	<input type="checkbox"/>	000
Medium	<input type="checkbox"/>	
Low	<input type="checkbox"/>	
or None	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

82. Do you practice safe sex?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

83. Except for donating or giving blood, have you ever been tested for the AIDS virus infection?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

EMPLOYMENT LIMITATIONS

**Would you say that your employment opportunities in Broward County have ever been limited by: (Insert Qs in Bold)?**

*(ROTATE: Qs in Bold)*

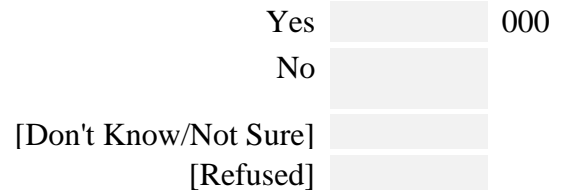
84. Accessibility to On-The-Job Training Programs

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

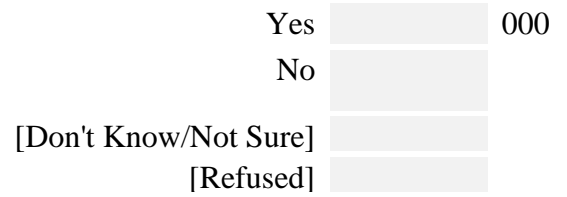
85. Lack of Training and Education

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

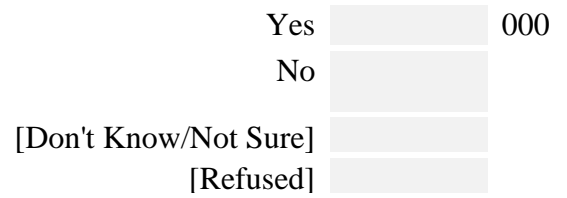
**86. Insufficient Wages**



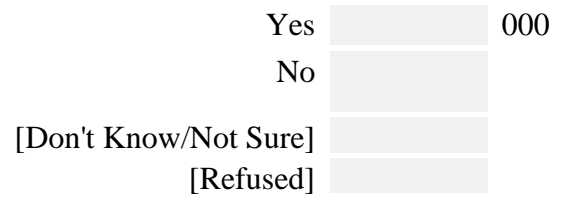
**87. Lack of Child Care**



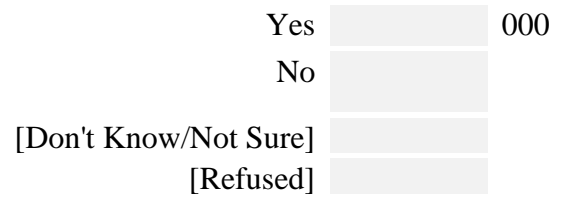
**88. Lack of Elder Care**



**89. Lack of Adequate Transportation**



**90. Lack of Reasonable Accommodations for People with Disabilities**



91. Your Ability to Speak or Write English

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

92. Your Age

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

(End of Rotation)

93. Have you or has anyone in your household been UNABLE to find suitable employment in Broward County in the field for which you are trained?

Yes, Unable to Find	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

THE ENVIRONMENT

94. The next questions are about the environment. Are you concerned about the quality and availability of future drinking water supplies?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

95. Do you have devices, equipment or practices in your home that help conserve water?  
 (For example, low flow toilets/shower heads, water smart landscaping, rain shut off valves on your sprinkler system.)

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

96. How often do you recycle cans, glass, or paper? Would you say:

Always	<input type="checkbox"/>	000
Most of the Time	<input type="checkbox"/>	
Sometimes	<input type="checkbox"/>	
or Never	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

QUALITY OF LIFE

97. Next, I'd like you to think about people with disabilities. Do you think a person with a disability in Broward County has more opportunities now than in the past, the same kinds of opportunities, or do you think things are more difficult for people with disabilities?

More Opportunities Now	<input type="checkbox"/>	000
Same Opportunities	<input type="checkbox"/>	
More Difficult	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

98. The next questions are about mental illness. What would you say is the biggest barrier facing people who have a mental illness and need treatment?

[Don't Know/Not Sure]	000
[Refused]	
Cost	
Lack of Transportation	
Quality of the Programs	
Lack of Information on Programs Available	
Social Stigma	
Lack of Insurance or Ability to Pay	
Fear of Losing Job	
Lack of Awareness of the Symptoms of the Illness	
Other (Specify)	

99. What do you think is the biggest consequence of untreated mental illness in our society?

[Don't Know/Not Sure]	000
[Refused]	
Crime	
Domestic Violence	
Suicide	
Health Related Problems	
Increased Hospitalizations	
Family Break-up	
Economic (Loss of Income)	
Other (Specify)	

100. Would you employ or recommend someone for a job who has been treated for a mental illness?

Yes	000
No	
[Depends on Type of Mental Illness]	
[Don't Know/Not Sure]	
[Refused]	

**Now I would like to ask you a few questions about diversity and how you feel your neighborhood deals with it. Would you say that: (Insert Qs in Bold) in your neighborhood are:**

*(ROTATE: Qs in Bold)*

**101. Race Relations**

Excellent	<input type="text"/>	000
Very Good	<input type="text"/>	
Good	<input type="text"/>	
Fair	<input type="text"/>	
or Poor	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**102. Cultural Relations**

Excellent	<input type="text"/>	000
Very Good	<input type="text"/>	
Good	<input type="text"/>	
Fair	<input type="text"/>	
or Poor	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**103. Religious Relations**

Excellent	<input type="text"/>	000
Very Good	<input type="text"/>	
Good	<input type="text"/>	
Fair	<input type="text"/>	
or Poor	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

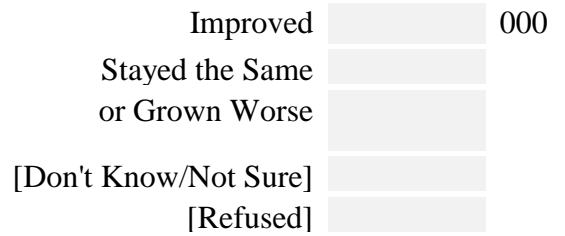
*(End of Rotation)*



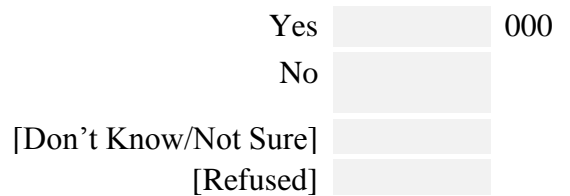
104. The next series of questions deals with various quality of life issues in Broward County. Overall, how would you rate Broward County as a place to live? Would you say:



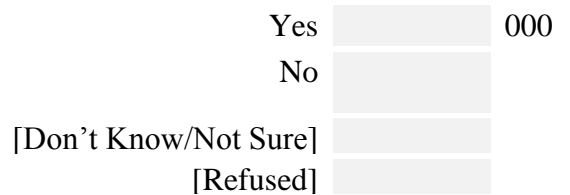
105. And during the time that you have lived in Broward County, would you say that your quality of life has:



106. Do you think the beaches of Broward County enhance your quality of life?



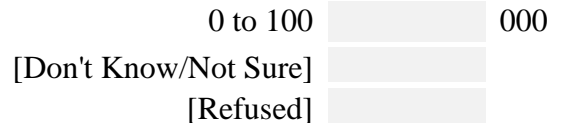
107. Do you believe the Everglades enhance the quality of life in South Florida?



108. How would you rate the arts and entertainment opportunities in Broward County?  
Would you say:



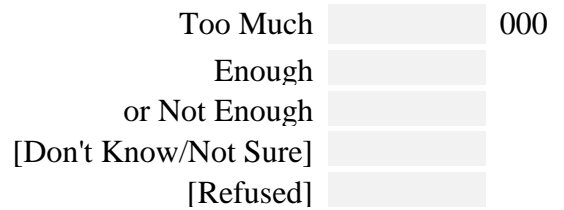
109. How many times did you attend a cultural event such as a movie, art festival, concert, historical site, museum, art gallery, or theater performance in Broward County in the past year?



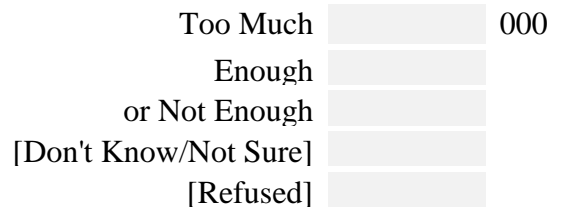
**Concerning travel in and through Broward County, would you say that the money invested in: (Insert Qs in Bold) is:**

*(ROTATE: Qs in Bold)*

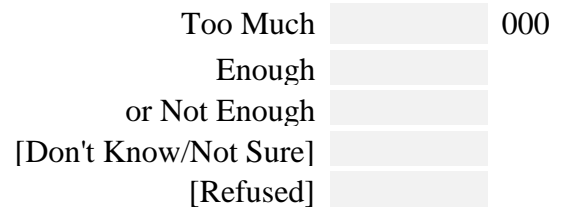
110. Adding More Lanes to Existing Roads



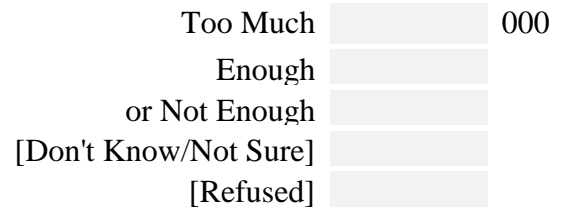
111. Road Safety



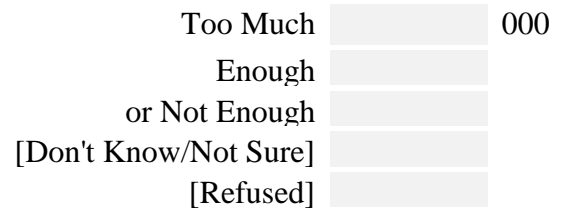
**112. Public Transit**



**113. Sidewalks and Bike Paths**



**114. Lanes for Vehicles Carrying More Than One Person**



*(End of Rotation)*

NEIGHBORHOOD QUALITY

115. The next few questions are about the quality of life in your neighborhood. Overall, how would you rate your neighborhood as a place to live? Would you say:



116. And during the time that you have lived in this neighborhood, would you say that your quality of life has:

Improved	<input type="text"/>	000
Stayed the Same or Grown Worse	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

117. In the past year, have you done any volunteer work in your neighborhood or community?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

118. And in the past year, have any of the children in your household done any volunteer work in your neighborhood or community?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[No Children in Household]	<input type="text"/>	
[No Children Old Enough to Volunteer]	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

119. Thinking about housing and where people live, how would you rate the condition of housing in your neighborhood? Would you say:

Excellent	<input type="text"/>	000
Very Good	<input type="text"/>	
Good	<input type="text"/>	
Fair or Poor	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

120. In the past year, has the rising cost of housing caused you or anyone in your household to work an extra job or extra hours in order to make housing or rental payments?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

121. Have you looked for new housing in the past year?

	Yes	<input type="checkbox"/>	000
(SKIP to 123)	No	<input type="checkbox"/>	
(SKIP to 123)	[Don't Know/Not Sure]	<input type="checkbox"/>	
(SKIP to 123)	[Refused]	<input type="checkbox"/>	

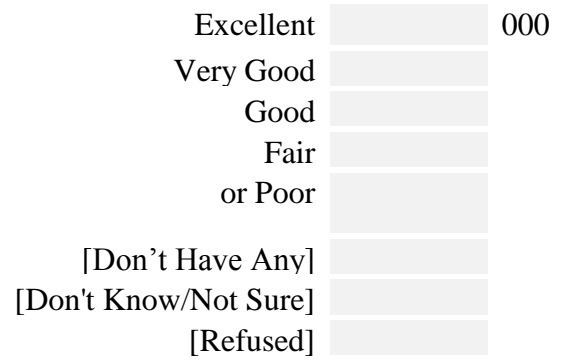
122. Did you have difficulty finding something affordable?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

123. Do you currently own or rent the house or apartment you live in?

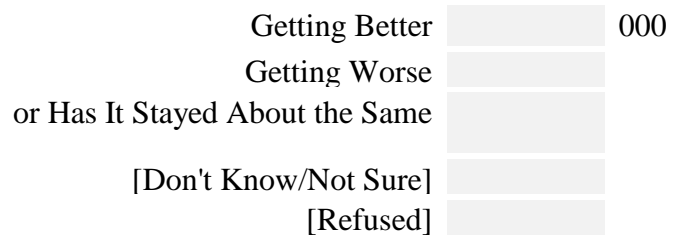
Own	<input type="checkbox"/>	000
Rent	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

124. How would you rate the recreation areas in your local neighborhood, such as public parks and other open spaces? Would you say:

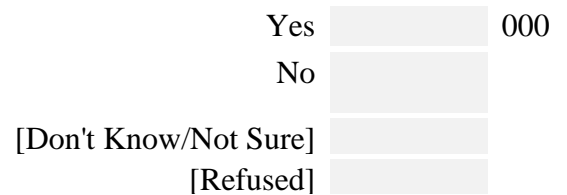


125. Now I would like to ask you some questions regarding neighborhood and personal safety.

Within the past year or two, do you think that the problem of crime in your neighborhood has been:



126. Overall, do you feel safe and secure?



127. How would you rate the overall performance of your law enforcement agency in providing services to the community? Would you say:

Excellent	<input type="checkbox"/>	000
Very Good	<input type="checkbox"/>	
Good	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	
or Poor	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

128. How would you rate the attitude and behavior of your law enforcement agency deputies? Would you say:

Excellent	<input type="checkbox"/>	000
Very Good	<input type="checkbox"/>	
Good	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	
or Poor	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

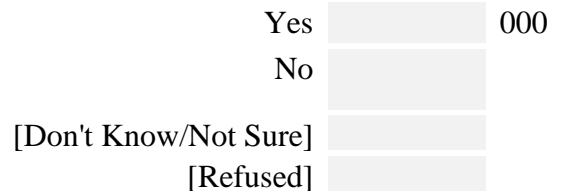
129. Now I would like you to think about the educational system in Broward County. Would you rate the job the local public schools are doing as:

Excellent	<input type="checkbox"/>	000
Very Good	<input type="checkbox"/>	
Good	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	
or Poor	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

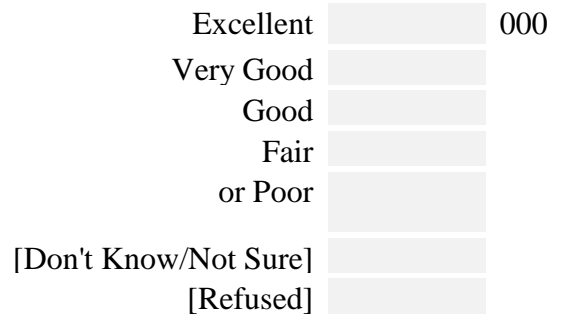
130. Do you think that all public schools should have regular classes in art, music, and theater?

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

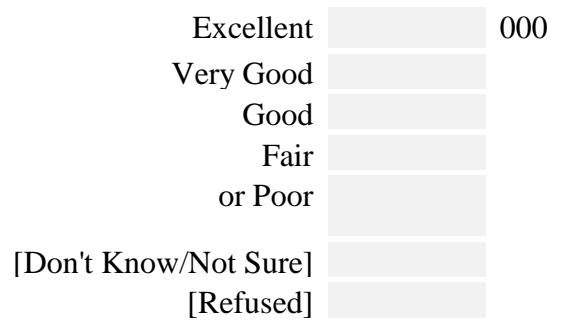
131. Do you think that public schools provide a safe and secure learning environment?



132. Now thinking about the HIGHER education system in Broward County, would you rate the job the community colleges and universities are doing to prepare students for future employment in their fields of training as:



133. And would you rate the job Florida's educational system is doing to develop the kind of work force businesses will need in the future as:





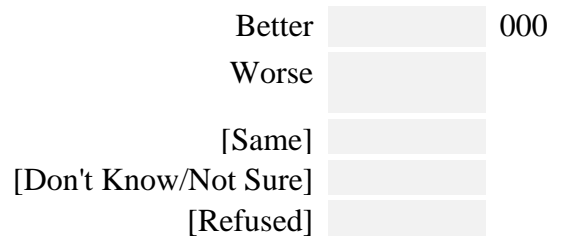
134. How would you rate your own access to higher education opportunities?  
Would you say:



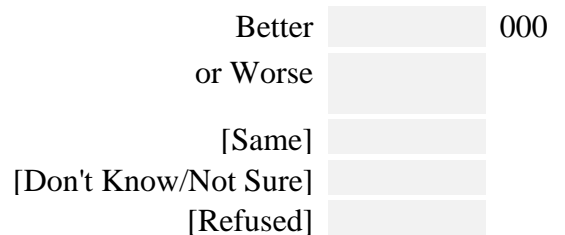
135. And would you rate your own access to job training or vocational opportunities as:



136. We are also interested in how people are getting along financially these days. Would you say that you (and your family living in this household) are BETTER off or WORSE off financially than you were a year ago?



137. Do you feel that your economic future in Broward County will be:



138. Now, I would like to ask a few questions about how you feel about the government.

How would you rate the job your state government is doing? Would you say:

Excellent	<input type="checkbox"/>	000
Very Good	<input type="checkbox"/>	
Good	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	
or Poor	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

139. How would you rate the job the Broward County government is doing? Would you say:

Excellent	<input type="checkbox"/>	000
Very Good	<input type="checkbox"/>	
Good	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	
or Poor	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

140. Would you rate the job your local government is doing as:

Excellent	<input type="checkbox"/>	000
Very Good	<input type="checkbox"/>	
Good	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	
or Poor	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

CHILDREN'S HEALTH

141. Now I would like to know, how many children under the age of 18 years are currently LIVING in your household?

	(SKIP to 143)	One	<input type="text"/>	000
		Two	<input type="text"/>	
		Three	<input type="text"/>	
		Four	<input type="text"/>	
		Five or More	<input type="text"/>	
	(SKIP to CM and GOODBYE)	[None]	<input type="text"/>	
	(SKIP to CM and GOODBYE)	[Refused]	<input type="text"/>	

142. Are any of these children under the age of 1 year or are you currently expecting a child?

	Yes	<input type="text"/>	000
	No	<input type="text"/>	
	[Refused]	<input type="text"/>	

**I would like to ask some questions about the healthcare of one of your children. In order to randomly select one, please answer the following questions about the child who had the most recent birthday.**

143. How old is he or she? @@(INTERVIEWER: Code Under 1 Year Old as 0)

		0 to 17	<input type="text"/>	000
	(SKIP to GOODBYE)	[Refused]	<input type="text"/>	

144. Do you have any kind of health care coverage for this child?

		Yes	<input type="text"/>	000
	(SKIP to 146)	No	<input type="text"/>	
	(SKIP to 146)	[Don't Know/Not Sure]	<input type="text"/>	
	(SKIP to 146)	[Refused]	<input type="text"/>	

145. Is this health care coverage:

[Don't Know/Not Sure]	<input type="text"/>	000
[Refused]	<input type="text"/>	
Medicaid	<input type="text"/>	
Kidcare	<input type="text"/>	
Private Insurance	<input type="text"/>	
Other (Specify)	<input type="text"/>	

146. Was there a time during the past 12 months when he/she needed to see a DOCTOR but you could not take him/her because of the cost?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

NOTE: If Child is Under 1 Year Old in Q143,  
SKIP to 150.

147. About how long has it been since THIS CHILD last visited a dentist for a routine check-up?

Within the Past 6 Months (1 to 6 Months Ago)	<input type="text"/>	000
Within the Past Year (7 Months to 12 Months Ago)	<input type="text"/>	
Within the Past 2 Years (1 to 2 Years Ago)	<input type="text"/>	
Within the Past 5 Years (2 to 5 Years Ago)	<input type="text"/>	
5 or More Years Ago	<input type="text"/>	
[Never]	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

148. Was there a time during the past 12 months when he/she needed to see a DENTIST but you could not take him/her because of the cost?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**NOTE:** If Child is 1 to 5 Years Old in Q143, ASK 149.  
Otherwise, SKIP to 150.

149. Has this child started learning to read?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

150. Can this child swim or float for 5 minutes in water that is over his/her head?

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**Now I'd like to ask you a few questions about ANY of your children.**

151. During the past 12 months, other than the occasional babysitter, did you use PAID child care for any of your children?

	Yes	<input type="text"/>	000
(SKIP to READ BOX before 153)	No	<input type="text"/>	
(SKIP to READ BOX before 153)	[Don't Know/Not Sure]	<input type="text"/>	
(SKIP to READ BOX before 153)	[Refused]	<input type="text"/>	

152. Did you receive financial assistance for this child care?

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

During the past 12 months, did any of your children use any of the following services: **(Insert Qs in Bold)**?

*(ROTATE: Qs in Bold)*

153. After-School Program

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

154. Mental Health Care Such as Counseling

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

155. Alcohol or Drug Treatment

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

156. Services for Children with Special Needs

Yes  000  
No   
[Don't Know/Not Sure]   
[Refused]

(End of Rotation)

Now I'd like to ask you a few questions about services such as Child Care, After-School Programs, Mental Health Care, alcohol or drug treatment, or services for children with special needs. During the past 12 months, did you have difficulty getting any of these services for any of your children because of any of the following reasons: (Insert Qs in Bold)?

*(ROTATE: Qs in Bold)*

**157. Cost**

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

**158. Lack of Transportation**

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

**159. Lack of Quality Care Available**

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

**160. Lack of Information About Where the Service Was Provided**

Yes	<input type="checkbox"/>	000
No	<input type="checkbox"/>	
[Don't Know/Not Sure]	<input type="checkbox"/>	
[Refused]	<input type="checkbox"/>	

**161. Lack of Late Evening Care**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**162. Lack of Weekend Care**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**163. Lack of Care for Children with Special Needs or Disabilities**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

**164. Your Child Had A Temporary Contagious Illness Such As A Cold, the Flu, or Chickenpox?**

Yes	<input type="text"/>	000
No	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

*(End of Rotation)*

**That's my last question. Everyone's answers will be combined to give us information from the residents in Broward County. Thank you very much for your time and cooperation.**