



Professional Research Consultants

Date \_\_\_\_\_

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

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

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2010-0219-02

**MEMORIAL HEALTHCARE SYSTEM/COORDINATING COUNCIL OF BROWARD  
2011 PRC Quality of Life 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		
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33323	
33324	
33325	
33326	
33327	
33328	
33330	
33331	
33332	
33334	
33351	
33441	
33442	
Any Others	

(THANK & TERMINATE)

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	<input type="text"/>	000
Two	<input type="text"/>	
Three	<input type="text"/>	
Four	<input type="text"/>	
Five	<input type="text"/>	
Six or More	<input type="text"/>	

**This survey may be recorded for quality assurance.**

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

Male	<input type="text"/>	000
Female	<input type="text"/>	

PERSONAL HEALTH: HEALTH STATUS

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

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"/>	

PERSONAL HEALTH: HEALTH CARE ACCESS

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

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

6. 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)		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]		

7. 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)		000
Within the Past Year (7 Months to 12 Months Ago)		
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]		

8. 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		000
No		
[Don't Know/Not Sure]		
[Refused]		

NOTE: If Q2 is "One", SKIP to 10.  
All Others, ASK Q9.

9. Was there a time during the past 12 months when ANYONE ELSE IN YOUR HOUSEHOLD needed to have a prescription filled, but could not because of the cost?

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

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

	Yes		000
(SKIP to READ BOX before 12)	No		
(SKIP to READ BOX before 12)	[Don't Know/Not Sure]		
(SKIP to READ BOX before 12)	[Refused]		

11. Would you please tell me why you or this member of your household could NOT get these health care services?

[Don't Know/Not Sure]		000
[Refused]		

Other (Specify)

PERSONAL HEALTH: CHRONIC ILLNESS

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

(*ROTATE*: Qs in BOLD)

12. Asthma

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

13. Diabetes

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

14. AIDS or HIV

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

(End of Rotation)

PERSONAL HEALTH: DISABILITY

Would you please tell me how many people in this household have:  
**(Insert Qs in Bold)**? @@(If More Than 5, Code = 5.)

(ROTATE: Qs in Bold)

15. A Physical Disability Requiring Assistance in Walking or Moving

0 to 5	<input type="text"/>	000
[Refused]	<input type="text"/>	

16. A Developmental Disability

0 to 5	<input type="text"/>	000
[Refused]	<input type="text"/>	

17. A Mental Disability

0 to 5	<input type="text"/>	000
[Refused]	<input type="text"/>	

(End of Rotation)

PERSONAL HEALTH: INJURY CONTROL

18. During the past 12 months, have you or has anyone in your household needed domestic violence services, but could not get them?

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

19. In the past 30 days, how many times would you say that you either talked on your cell phone, or sent or read text messages or email WHILE DRIVING?

0 to 100	<input type="text"/>	000
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

20. The next question is about guns and firearms. Do you have a gun in your home?  
@ (If Respondent does not feel this is relevant to a health survey, explain  
“Sometimes the use of firearms can lead to injury, which is a health problem.”)

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

PERSONAL HEALTH: EXERCISE

21. 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 24)	No	<input type="text"/>	
(SKIP to 24)	[Don't Know/Not Sure]	<input type="text"/>	
(SKIP to 24)	[Refused]	<input type="text"/>	

22. During the past month, how many times per week or per month did you take part in these activities?

(ASK IVAR22A)	<i><u>TIMES PER WEEK:</u></i>		000
(SKIP to IVAR22B)	<i><u>TIMES PER MONTH:</u></i>		
(SKIP to 23)	[Don't Know/Not Sure]		
(SKIP to 23)	[Refused]		

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

1 to 360/888		000
[Don't Know/Not Sure]		
[Refused]		

#### DEMOGRAPHICS

24. Next, I would like to ask you some general questions about yourself. @@What is your age?

18 to 110		000
[Don't Know/Not Sure]		
[Refused]		

25. What is your race? Would you say:

American Indian, Alaska Native		000
Asian, Pacific Islander		
Black		
White		
Multi-Racial		
or Other		
[Don't Know/Not Sure]		
[Refused]		



26. Are you of Hispanic or Latino origin?

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

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

	Yes		000
	No		
(SKIP to 29)	[Don't Know/Not Sure]		
(SKIP to 29)	[Refused]		

28. 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		
Germany		
Guatemala		
Guyana		
Haiti		
Honduras		
Ireland		
Italy		
Jamaica		
Mexico		
Nicaragua		
Panama		
Paraguay		
Peru		

Poland	
Puerto Rico	
Russia	
Spain	
Trinidad	
Uruguay	
Venezuela	
Virgin Islands	

Other (Specify)	
-----------------	--

29. Would you please tell me your religion?

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

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

Married		000
Divorced		
Widowed		
Separated		
Never Been Married		
or A Member of an Unmarried Couple		
[Refused]		

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

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

32. Are you currently:

Employed for Wages		000
Self-Employed		
Out of Work for More Than 1 Year		
Out of Work for Less Than 1 Year		
A Homemaker		
A Student		
Retired		
or Unable to Work		
[Refused]		

33. Total Family Household Income.

Under \$10,900		000
\$10,900 to \$14,699		
\$14,700 to \$18,499		
\$18,500 to \$22,099		
\$22,100 to \$26,199		
\$26,200 to \$29,699		
\$29,700 to \$33,799		
\$33,800 to \$37,399		
\$37,400 to \$41,499		
\$41,500 to \$44,999		
\$45,000 to \$49,099		
\$49,100 to \$52,599		
\$52,600 to \$59,999		
\$60,000 to \$67,599		
\$67,600 to \$75,299		
\$75,300 to \$82,899		
\$82,900 to \$90,499		
\$90,500 to \$98,199		
\$98,200 to \$105,799		
\$105,800/Over		
[Don't Know/Not Sure]		
[Refused]		

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

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

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

300 to 311		000
400 to 411		
500 to 511		
600 to 611		
700 to 711		
800 to 811		
[Don't Know/Not Sure]		
[Refused]		

NOTE: If Q3 is "Male", SKIP to NOTE before 39.  
If Q3 is "Female", CONTINUE.

#### PERSONAL HEALTH: WOMEN'S HEALTH

36. 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)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 3 Years (2 to 3 Years Ago)		
Within the Past 5 Years (3 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		

37. 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)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 3 Years (2 to 3 Years Ago)		
Within the Past 5 Years (3 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		

38. 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)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 3 Years (2 to 3 Years Ago)		
Within the Past 5 Years (3 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		

PERSONAL HEALTH: COLORECTAL CANCER SCREENING (AGES 40 AND OLDER)

NOTE: If Q24 is *40 Years Old or Older*, ASK 39.

All Others, SKIP to 40.

39. 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]		

PERSONAL HEALTH: BEHAVIORAL HEALTH CARE ACCESS

40. 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 42)	No		
(SKIP to 42)	[Don't Know/Not Sure]		
(SKIP to 42)	[Refused]		

41. Would you please tell me why you or this member of your household could NOT get these mental health care services?

[Don't Know/Not Sure]		000
[Refused]		

Other (Specify)

42. In general, how would you rate the EASE with which you or your family is able to get mental health services? Would you say:

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

43. How would you describe the QUALITY of mental health services in Broward County? Would you say:

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

44. And, how would you rate the AFFORDABILITY of mental health services in Broward County? Would you say:

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

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

All of the Time		000
Most of the Time		
Some of the Time		
A Little of the Time		
or None of the Time		
[Don't Know/Not Sure]		
[Refused]		

46. Are you aware of any IN-HOME services in Broward County that provide treatment for depression in pregnant women, parents, and others who take care of children?

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

47. During the past 12 months, have you or has anyone in your household needed substance abuse services, but could not get them?

Yes		000
(SKIP to 49)	No	
(SKIP to 49)	[Don't Know/Not Sure]	
(SKIP to 49)	[Refused]	

48. Would you please tell me why you or this member of your household could NOT get these substance abuse services?

[Don't Know/Not Sure]		000
[Refused]		
Other (Specify)		

#### PERSONAL HEALTH: ACTIVITY LIMITATIONS

49. 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 51)	Yes		000
	No		
	[Don't Know/Not Sure]		
	[Refused]		

50. 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]		



51. 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]		

52. 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		000
No		
[Don't Know/Not Sure]		
[Refused]		

#### QUALITY OF LIFE IN BROWARD COUNTY

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

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

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

Improved		000
Stayed the Same		
or Grown Worse		
[Don't Know/Not Sure]		
[Refused]		

## QUALITY OF LIFE: OUR FAMILIES & COMMUNITIES

55. Overall, how would you rate the social environment in your community, meaning the friendliness of its people, the way people respect and help one another, and the willingness of people to work for the good of the community? Would you say:

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

56. And during the time that you have lived in Broward County, would you say that the social environment in your community has:

Improved		000
Stayed the Same		
or Grown Worse		
[Don't Know/Not Sure]		
[Refused]		

57. Do you believe that you, as an individual, are able to affect the quality of life in your community?

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

58. How would you rate community pride in the area? Would you say:

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

59.

How would you rate the tolerance in your community for people of different RACES or CULTURAL BACKGROUNDS? Would you say:

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

60.

In the past month, how often have you had someone you could turn to if you needed or wanted help? Would you say:

All of the Time		000
Most of the Time		
Some of the Time		
Little of the Time		
or None of the Time		
[Don't Know/Not Sure]		
[Refused]		

61.

How would you rate the willingness of people in your community to help each other out? Would you say:

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

62. How would you describe your community as a place to raise a family? Would you say:

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

63. 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 Know/Not Sure]		
[Refused]		

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

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

QUALITY OF LIFE: OUR SAFETY

65. Now I would like to ask you some questions regarding neighborhood and personal safety. Overall, how would you rate the safety, security, and crime control in Broward County? Would you say:

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

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

Getting Better		000
Getting Worse		
or Has It Stayed About the Same		
[Don't Know/Not Sure]		
[Refused]		

67. How would you rate the safety and security you feel walking in your neighborhood DURING THE DAY? Would you say:

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

68. How would you rate the safety and security you feel walking in your neighborhood  
AT NIGHT? Would you say:

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"/>	

69. How would you rate the safety and security you feel IN YOUR HOME at night?  
Would you say:

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"/>	

70. Overall, how would you rate the effectiveness of your local law enforcement  
agencies? Would you say:

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"/>	

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

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

72. How would you rate the attitude and behavior of your local law enforcement officers? Would you say:

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

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

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

QUALITY OF LIFE: OUR LEARNING

74. Now I would like you to think about the educational system in Broward County.  
Overall, how would you rate the job the local public schools are doing? Would you say:

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"/>	

75. And during the time that you have lived in Broward County, would you say the local public schools have:

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

**And regarding local public schools, how would you rate the following in Broward County: (Insert Qs in BOLD)?**

(ROTATE: Qs in BOLD)

76. The Quality of Teachers

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"/>	



77. The Availability of Financial and Other Resources for Education

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

78. The Curriculum Used in Public Schools

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

79. School Leadership

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

(End of Rotation)

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

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

81. How would you rate PARENTS' support for public education in Broward County?  
Would you say:

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

82. How would you rate THE COMMUNITY'S support for public education in Broward County? Would you say:

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

83. Now thinking about the HIGHER EDUCATION SYSTEM in Broward County, how would you rate the job the community colleges and universities are doing to prepare students for future employment in their fields of training? Would you say:

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

## QUALITY OF LIFE: OUR HEALTH

84. In general, how would you rate health care services in Broward County? Would you say:

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

85. And during the time that you have lived in Broward County, would you say the health care services have:

Improved		000
Stayed the Same		
or Grown Worse		
[Don't Know/Not Sure]		
[Refused]		

86. How would you rate the EASE with which you are able to get the health care services you need? Would you say:

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

87. How would you describe the QUALITY of health care services you receive? Would you say:

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

88. And, how would you rate the AFFORDABILITY of health care in Broward County? Would you say:

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

QUALITY OF LIFE: OUR ECONOMY AND WELL-BEING

89. We are also interested in how people are getting along financially these days. Overall, how would you rate the strength and growth of the LOCAL ECONOMY? Would you say:

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

90. Overall, how would you rate your personal or your family's financial situation, in terms of being able to afford adequate food, housing, and pay the bills you currently have? Would you say:

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

91. 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?

Better Off		000
Worse Off		
[The Same]		
[Don't Know/Not Sure]		
[Refused]		

92. Would you rate the EMPLOYMENT OPPORTUNITIES that exist in this area as:

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

93. Overall, how would you rate the availability of affordable housing in your community? Would you say:

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

94.

In the past 12 months, has the cost of housing caused you or anyone in your household to work an extra job or extra hours in order to get by?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

95.

During the past 12 months, have you or has anyone in your household needed public assistance with housing or rental payments, but could not get it?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

96.

During the past 12 months, have you or has anyone in your household needed public assistance with utility bills, such as water and electric, but could not get it?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

97.

During the past 12 months, did you need public assistance services, such as respite, adult day care, or personal care to care for an elderly person in your household, but could not get them?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

## QUALITY OF LIFE: OUR ENVIRONMENT

98. Overall, how would you rate the PHYSICAL ENVIRONMENT in your community, in terms of being free of pollution and having clean streets and yards, attractive neighborhoods and buildings, access to open space and natural areas, and an agreeable climate? Would you say:

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

99. And during the time that you have lived in Broward County, would you say the physical environment in your community has:

Improved		000
Stayed the Same		
or Grown Worse		
[Don't Know/Not Sure]		
[Refused]		

100. Would you say the AIR QUALITY in your community is:

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

101. Would you say the quality of your DRINKING WATER is:

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

102. How would you rate your access to open space and natural areas in your community?  
Would you say:

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

103. How much do natural features, such as the Everglades, beaches, coral reefs and  
natural areas, contribute to your quality of life in Broward County? Would you say:

A Great Deal		000
Some		
A Little		
or Not At All		
[Don't Know/Not Sure]		
[Refused]		

104. How much does Broward's climate and weather contribute to your quality of life in  
Broward County? Would you say:

A Great Deal		000
Some		
A Little		
or Not At All		
[Don't Know/Not Sure]		
[Refused]		



105. How would you describe the condition of the homes in your neighborhood? Would you say:

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

106. Would you say that the roads and highways in your community are:

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

107. How would you describe the flow of traffic in your community in terms of being free of congestion? Would you say:

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

108. Overall, would you say that public transportation in your community is:

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

## QUALITY OF LIFE: OUR GOVERNMENT

109. The next questions are about your local government. Overall, how would you rate the job your LOCAL government is doing? Would you say:

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

110. And during the time that you have lived in Broward County, would you say your local government has:

Improved		000
Stayed the Same		
or Grown Worse		
[Don't Know/Not Sure]		
[Refused]		

111. Would you say that you trust your local government to work for the best interest of your community:

Always		000
Most of the Time		
Some of the Time		
Seldom		
or Never		
[Don't Know/Not Sure]		
[Refused]		

112. How much, would you say, of each tax dollar you pay to LOCAL government is wasted? Would you say:

All of It		000
Most of It		
Half of It		
Some of It		
or None of It		
[Don't Know/Not Sure]		
[Refused]		

113. How would you rate local government in terms of being accountable to the people and operating with transparency? Would you say:

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

#### CHILDREN'S HEALTH

114. Now I would like to ask you some questions about the children in this household.  
Do you have any children under the age of 1 year OR are you currently expecting a child?

Yes		000
No		
[Refused]		
(SKIP to GOODBYE)	[Terminate Interview]	

115. How many children, under the age of 18 years, are currently LIVING in your household?

(SKIP to 116)	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 GOODBYE)	[None]	<input type="text"/>	
(SKIP to GOODBYE)	[Refused]	<input type="text"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>	

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

116. How old is this child? @@(INTERVIEWER: Code Under 1 Year Old as 0)

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

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

	Yes	<input type="text"/>	000
(SKIP to 119)	No	<input type="text"/>	
(SKIP to 119)	[Don't Know/Not Sure]	<input type="text"/>	
(SKIP to 119)	[Refused]	<input type="text"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>	

118. 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"/>		

119. Was there a time during the past 12 months when this child 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

NOTE: If Q116 is Under 1 Year Old, SKIP to 123.  
All Others, CONTINUE.

120. 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

121. Was there a time during the past 12 months when this child 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

NOTE: If Q116 is 1 to 5 Years Old, ASK 122.  
All Others, SKIP to 123.

122. 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

123. 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

NOTE: If Q115 is “One”, SKIP to 124.  
All Others, CONTINUE.

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

124. 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 126)	No	<input type="text"/>
(SKIP to READ BOX before 126)	[Don't Know/Not Sure]	<input type="text"/>
(SKIP to READ BOX before 126)	[Refused]	<input type="text"/>
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

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

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

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

*(ROTATE: Qs in Bold)*

**126.**    An After-School Program

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

**127.**    Mental Health Care Such as Counseling

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

**128.**    Alcohol or Drug Treatment

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

**129.**    Services for Children with Special Needs

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

*(End of Rotation)*

Now I would 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)

130. Cost

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

131. Lack of Transportation

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

132. Lack of Quality Care Available

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

133. Lack of Information About Where the Service Was Provided

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



134. 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

135. 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

136. 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<input type="text"/>

137. 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"/>	
(SKIP to GOODBYE)	[Terminate Interview]	<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.**