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1999-0413-0201

Date \_\_\_\_\_

Interviewed by \_\_\_\_\_ ID# \_\_\_\_\_ 000

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

QUALITY OF LIFE ASSESSMENT  
1999 PRC Community Health Survey  
Broward County, Florida

Hello, this is \_\_\_\_\_ with Professional Research Consultants. We are calling people in your area on behalf of Memorial Hospital and 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.

SQ1. Is your phone number '+fixphone+':

Yes

(THANK & TERMINATE) No

(THANK & TERMINATE) [Refused To Do Survey]

(THANK & TERMINATE) [Refused To Do Survey / Remove From List]

1. 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.

SQ2. 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]

SCRIPTING NOTE: The Following variable (Gender) will be used for toplines only; it will not be used for quotas.

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

Male

Female

000

SCRIPTING NOTE: Yes, the client requested that we track over/under 60, instead of 65.

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

Under 60

60/Over

000

SCRIPTING NOTE: Please merge ZIP Code from phone file.

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

|                     |                      |                      |
|---------------------|----------------------|----------------------|
| 33004               | <input type="text"/> | 000                  |
| 33009               | <input type="text"/> |                      |
| 33019               | <input type="text"/> |                      |
| 33020               | <input type="text"/> |                      |
| 33021               | <input type="text"/> |                      |
| 33023               | <input type="text"/> |                      |
| 33024               | <input type="text"/> |                      |
| 33025               | <input type="text"/> |                      |
| 33026               | <input type="text"/> |                      |
| 33027               | <input type="text"/> |                      |
| 33028               | <input type="text"/> |                      |
| 33029               | <input type="text"/> |                      |
| 33060               | <input type="text"/> |                      |
| 33062               | <input type="text"/> |                      |
| 33063               | <input type="text"/> |                      |
| 33064               | <input type="text"/> |                      |
| 33065               | <input type="text"/> |                      |
| 33066               | <input type="text"/> |                      |
| 33067               | <input type="text"/> |                      |
| 33068               | <input type="text"/> |                      |
| 33069               | <input type="text"/> |                      |
| 33071               | <input type="text"/> |                      |
| 33073               | <input type="text"/> |                      |
| 33076               | <input type="text"/> |                      |
| 33301               | <input type="text"/> |                      |
| 33304               | <input type="text"/> |                      |
| 33305               | <input type="text"/> |                      |
| 33306               | <input type="text"/> |                      |
| 33308               | <input type="text"/> |                      |
| 33309               | <input type="text"/> |                      |
| 33311               | <input type="text"/> |                      |
| 33312               | <input type="text"/> |                      |
| 33313               | <input type="text"/> |                      |
| 33314               | <input type="text"/> |                      |
| 33315               | <input type="text"/> |                      |
| 33316               | <input type="text"/> |                      |
| 33317               | <input type="text"/> |                      |
| 33319               | <input type="text"/> |                      |
| 33321               | <input type="text"/> |                      |
| 33322               | <input type="text"/> |                      |
| 33323               | <input type="text"/> |                      |
| 33324               | <input type="text"/> |                      |
| 33325               | <input type="text"/> |                      |
| 33326               | <input type="text"/> |                      |
| 33327               | <input type="text"/> |                      |
| 33328               | <input type="text"/> |                      |
| 33330               | <input type="text"/> |                      |
| 33331               | <input type="text"/> |                      |
| 33332               | <input type="text"/> |                      |
| 33334               | <input type="text"/> |                      |
| 33351               | <input type="text"/> |                      |
| 33388               | <input type="text"/> |                      |
| 33441               | <input type="text"/> |                      |
| 33442               | <input type="text"/> |                      |
| (THANK & TERMINATE) | Any Others           | <input type="text"/> |

HEALTH STATUS

5. Would you say that in general your health is:

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

SCRIPTING NOTE: For Qs 6-8, recode “0” to “88” in the VAR variable. Add 88 [None] to the coding table.

6. Now thinking about your *physical* health, which includes physical illness and injury, for how many days during the past 30 days was your physical health *not* good?

|                       |  |     |
|-----------------------|--|-----|
| 0 to 30               |  | 000 |
| [Don't Know/Not Sure] |  |     |
| [Refused]             |  |     |

7. Now thinking about your *mental* health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health *not* good?

|                       |  |     |
|-----------------------|--|-----|
| 0 to 30               |  | 000 |
| [Don't Know/Not Sure] |  |     |
| [Refused]             |  |     |

8. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

|                       |  |     |
|-----------------------|--|-----|
| 0 to 30               |  | 000 |
| [Don't Know/Not Sure] |  |     |
| [Refused]             |  |     |

HEALTH CARE ACCESS

9. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (Health Maintenance Organizations), or government plans such as Medicare?

|              |                       |  |     |
|--------------|-----------------------|--|-----|
| (SKIP to 11) | Yes                   |  | 000 |
|              | No                    |  |     |
| (SKIP to 13) | [Don't Know/Not Sure] |  |     |
| (SKIP to 13) | [Refused]             |  |     |

10. About how long has it been since you had health care coverage?

|  |  |     |
|--|--|-----|
| Within the Past 6 Months (1 to 6 Months Ago) |  | 000 |
| Within the Past Year (7 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                          |  |     |
| [Don't Know/Not Sure]                        |  |     |
| [Never]                                      |  |     |
| [Refused]                                    |  |     |

*NOTE:* SKIP to 13.

11. Is that an HMO?

|                         |     |  |     |
|-------------------------|-----|--|-----|
|                         | Yes |  | 000 |
| (SKIP to 13)            | No  |  |     |
| ) [Don't Know/Not Sure] |     |  |     |
| ) [Refused]             |     |  |     |

12. Was there a time during the past 12 months when you experienced difficulty getting an appointment to see your primary care doctor?

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

13. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?

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

14. 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                        |  |     |
| [Don't Know/Not Sure]                      |  |     |
| [Never]                                    |  |     |
| [Refused]                                  |  |     |

15. 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)

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

[Don't Know/Not Sure]

[Never]

[Refused]

000

16. 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

No

[Don't Know/Not Sure]

[Refused]

000

HYPERTENSION AWARENESS

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

More Than Once

Only Once

Never

[Don't Know/Not Sure]

[Refused]

000

CHOLESTEROL

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

Yes

No

[Don't Know/Not Sure]

[Refused]

000

DIABETES

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

Yes

(SKIP to READ BOX before 21) No

(SKIP to READ BOX before 21) [Don't Know/Not Sure]

(SKIP to READ BOX before 21) [Refused]

000

20.

In general, how would you rate your vision? Would you say:

Excellent

Very Good

Good

Fair

or Poor

[Don't Know/Not Sure]

[Refused]

000

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 21-23?

(ROTATE: Qs 21-23)

21.

Asthma

Yes

No

[Don't Know/Not Sure]

[Refused]

000

SCRIPTING NOTE: If Respondent answered “Yes” in Q19, force “Yes” in Q22 and SKIP to 23.

22.

Diabetes

Yes

No

[Don't Know/Not Sure]

[Refused]

000

23.

AIDS

Yes

No

[Don't Know/Not Sure]

[Refused]

000

(End of Rotation)

SICKLE CELL

24.

Have you ever been screened for sickle cell?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

**SCRIPTING NOTE: For Qs 25-30, recode “0” to “88” in the VAR variable. Add 88 [None] to the coding table.**

DISABILITY

Would you please tell me how many persons in this household are: (Insert Qs 25-30)?

(*ROTATE*: Qs 25-30)

25.    Hard of Hearing

0 to 5

000

[Refused]

26.    Deaf

0 to 5

000

[Refused]

27.    Speech Impaired

0 to 5

000

[Refused]

28.    Vision Impaired

0 to 5

000

[Refused]

29.    Blind

0 to 5

000

[Refused]

30.    Have a Physical Disability Requiring Assistance in Walking or Moving Around

0 to 5

000

[Refused]

(End of Rotation)



INJURY CONTROL

31.

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

Always

Nearly Always

Sometimes

Seldom

or Never

[Don't Know/Not Sure]

[Never Drive/Ride in a Car]

[Refused]

000

32.

Have you or has anyone in your household had a serious automobile accident in the past 5 years?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

33.

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

Yes

No

[Don't Know/Not Sure]

[Refused]

000

34.

Are there any handguns in your home?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

35.

Can you swim or tread water for 5 minutes in water that is over your head?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

36.

Do you limit your exposure to the sun, use sunscreen and wear protective clothing?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

37. How would you rate the quality of your drinking water from the tap?  
Would you say it is:

Excellent

Very Good

Good

Fair

or Poor

[Don't Know/Not Sure]

[Refused]

000

EXERCISE

38. 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

(SKIP to 41) No

(SKIP to 41) [Don't Know/Not Sure]

(SKIP to 41) [Refused]

000

39. How many times per week or per month did you take part in this activity during the past month?

(ASK IVAR39A)

(SKIP to IVAR39B)

(SKIP to 40)

(SKIP to 40)

TIMES PER WEEK:

TIMES PER MONTH:

[Don't Know/Not Sure]

[Refused]

000

IVAR39A. INTERVIEWER: Enter the times per week specified in the previous question.

1 to 21

000

IVAR39B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 31

000

40. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

1 to 59

100 to 159

200 to 259

300 to 359

400 to 459

500 to 559

600

[Don't Know/Not Sure]

[Refused]

000

TOBACCO USE

41. Do you smoke cigarettes now?

|              |           |  |     |
|--------------|-----------|--|-----|
|              | Yes       |  | 000 |
| (SKIP to 43) | No        |  |     |
| (SKIP to 43) | [Refused] |  |     |

SCRIPTING NOTE: For Q42, recode “0” to “888” in the VAR variable. Add 888 [None/Haven’t Smoked in Past Month] to the coding table.

42. On the days that you smoked in the past month, about how many cigarettes per day did you smoke? @@(INTERVIEWER: 1 Pack = 20 Cigarettes)

|  |                       |  |     |
|--|-----------------------|--|-----|
|  | 0 to 100              |  | 000 |
|  | [Don’t Know/Not Sure] |  |     |
|  | [Refused]             |  |     |

SCRIPTING NOTE: For Qs 43-45, recode “0” to “88” in the VAR variable. Add 88 [None] to the coding table.

ALCOHOL/DRUG CONSUMPTION

43. The next few questions are about alcohol use. For these questions, 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 the past month, on how many days did you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor?

|              |                       |  |     |
|--------------|-----------------------|--|-----|
| (SKIP to 45) | 0                     |  | 000 |
|              | 1 to                  |  |     |
| (SKIP to 45) | [Don’t Know/Not Sure] |  |     |
| (SKIP to 45) | [Refused]             |  |     |

44. Keep in mind that all of your answers are strictly confidential, and that no one will be able to view your individual responses or attribute them specifically to you. With this in mind, during the past month, how many times have you driven when you’ve had perhaps too much to drink?

|  |                       |  |     |
|--|-----------------------|--|-----|
|  | 0 to 30               |  | 000 |
|  | [Don’t Know/Not Sure] |  |     |
|  | [Refused]             |  |     |

45. During the past month, how many times have you ridden with a driver who has had perhaps too much to drink?

|  |                       |  |     |
|--|-----------------------|--|-----|
|  | 0 to 30               |  | 000 |
|  | [Don’t Know/Not Sure] |  |     |
|  | [Refused]             |  |     |

DEMOGRAPHICS

46.

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

18 to 110

000

[Don't Know/Not Sure]

[Refused]

47.

What is your race? Would you say:

American Indian, Alaska Native

000

Asian, Pacific Islander

Black

White

or Other

[Don't Know/Not Sure]

[Refused]

48.

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

Yes

000

(SKIP to 50)

No

(SKIP to 50)

[Don't Know/Not Sure]

(SKIP to 50)

[Refused]

49. 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)       |  |     |

50. Would you please tell me your religious affiliation? Is it:

|                           |  |     |
|---------------------------|--|-----|
| Protestant                |  | 000 |
| Catholic                  |  |     |
| or Jewish                 |  |     |
| [Other]                   |  |     |
| [No Religious Preference] |  |     |
| [Refused]                 |  |     |

51. Are you:

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

52. 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 4 Years or More (College Graduate)                   | <input type="text"/> |     |
| [Refused]  | <input type="text"/> |     |

53. 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"/> |     |
| Homemaker                        | <input type="text"/> |     |
| Student                          | <input type="text"/> |     |
| Retired                          | <input type="text"/> |     |
| or Unable to Work                | <input type="text"/> |     |
| [Refused]                        | <input type="text"/> |     |

**SCRIPTING NOTE: Please note change from normal income list. \$50,000-\$59,999 and \$60,000+ added per previous study for this client.**

54. Total Family Household Income.

|                       |                      |     |
|-----------------------|----------------------|-----|
| Under \$8,000         | <input type="text"/> | 000 |
| \$8,000 to \$10,999   | <input type="text"/> |     |
| \$11,000 to \$13,999  | <input type="text"/> |     |
| \$14,000 to \$16,499  | <input type="text"/> |     |
| \$16,500 to \$19,499  | <input type="text"/> |     |
| \$19,500 to \$22,499  | <input type="text"/> |     |
| \$22,500 to \$27,499  | <input type="text"/> |     |
| \$27,500 to \$33,499  | <input type="text"/> |     |
| \$33,500 to \$39,999  | <input type="text"/> |     |
| \$40,000 to \$49,999  | <input type="text"/> |     |
| \$50,000 to \$59,999  | <input type="text"/> |     |
| \$60,000/Over         | <input type="text"/> |     |
| [Don't Know/Not Sure] | <input type="text"/> |     |
| [Refused]             | <input type="text"/> |     |

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

|                       |                      |     |
|-----------------------|----------------------|-----|
| 40 to 600             | <input type="text"/> | 000 |
| [Don't Know/Not Sure] | <input type="text"/> |     |
| [Refused]             | <input type="text"/> |     |

56. 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]             |  |     |

57. Do you or does another member of your household use a computer at home?

|           |  |     |
|-----------|--|-----|
| Yes       |  | 000 |
| No        |  |     |
| [Refused] |  |     |

NOTE: If respondent is Male, SKIP to 61.

WOMEN'S HEALTH

58. 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]                                  |  |     |

59. 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 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]                                  |  |     |

60.

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)

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]

000

IMMUNIZATION

61.

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

Yes

No

[Don't Know/Not Sure]

[Refused]

000

62.

Have you ever had a pneumonia vaccination?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

COLORECTAL CANCER SCREENING (AGES 40 AND OLDER)

*NOTE:* If Respondent is *40 Years Old or Older*,  
ASK 63.  
Otherwise, SKIP to 65.

63.

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)

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]

000



64.

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

65.

Did you have a need for any mental health services in the past year?

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

66.

Would you say the service was:

|                          |                       |  |     |
|--------------------------|-----------------------|--|-----|
|                          | Easily Accessible     |  | 000 |
|                          | Moderately Accessible |  |     |
|                          | Difficult to Access   |  |     |
| (SKIP to NOTE before 68) | or Not Available      |  |     |
| (SKIP to NOTE before 68) | [Don't Know/Not Sure] |  |     |
| (SKIP to NOTE before 68) | [Refused]             |  |     |

67.

And would you say the effectiveness of the service was:

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

ACTIVITY LIMITATIONS

*NOTE:* If Respondent is *70 Years Old or Older*,  
SKIP to 74.

PART A: Ages 18-69

68. The next questions are about limitations you may have in your daily life.

What were you doing *most* of the past 12 months? Would you say:

|                              |                       |     |
|------------------------------|-----------------------|-----|
| Working at a Job or Business |                       | 000 |
| (SKIP to 71)                 | Keeping House         |     |
| (SKIP to 71)                 | Going to School       |     |
| (SKIP to 71)                 | or Something Else     |     |
| (SKIP to 81)                 | [Don't Know/Not Sure] |     |
| (SKIP to 81)                 | [Refused]             |     |

69. Does any impairment or health problem *now* keep you from working at a job or business?

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

70. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

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

71. Are you limited in any way in any activities because of any impairment or health problem?

|              |                       |  |     |
|--------------|-----------------------|--|-----|
|              | Yes                   |  | 000 |
| (SKIP to 77) | No                    |  |     |
| (SKIP to 77) | [Don't Know/Not Sure] |  |     |
| (SKIP to 77) | [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

No

[Don't Know/Not Sure]

[Refused]

000

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

No

[Don't Know/Not Sure]

[Refused]

000

*NOTE:* SKIP to 77.

PART B: Ages 70 and Older

74.

The next questions are about limitations you may have in your daily life.

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

No

[Don't Know/Not Sure]

[Refused]

000

75.

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?

(SKIP to 77)

Yes

No

[Don't Know/Not Sure]

[Refused]

000

76.

Are you limited in any way in any activities because of any impairment or health problem?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

CAREGIVER STATUS

77. Are you a caregiver for any other person?

|                                    |  |     |
|------------------------------------|--|-----|
| Yes                                |  | 000 |
| (SKIP to 81) No                    |  |     |
| (SKIP to 81) [Don't Know/Not Sure] |  |     |
| (SKIP to 81) [Refused]             |  |     |

78. Would you please tell me the age of the person for whom you are a caregiver?  
@@(INTERVIEWER: Code Under 1 Year Old as 555)

|                       |  |     |
|-----------------------|--|-----|
| 1 to 110              |  | 000 |
| 555                   |  |     |
| [Don't Know/Not Sure] |  |     |
| [Refused]             |  |     |

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

|                       |  |     |
|-----------------------|--|-----|
| [Don't Know/Not Sure] |  | 000 |
| [Refused]             |  |     |
| Spouse                |  |     |
| Daughter              |  |     |
| Son                   |  |     |
| Sister                |  |     |
| Brother               |  |     |
| Mother                |  |     |
| Father                |  |     |
| Grandmother           |  |     |
| Grandfather           |  |     |
| Aunt                  |  |     |
| Uncle                 |  |     |
| Niece                 |  |     |
| Nephew                |  |     |
| Cousin                |  |     |
| Neighbor              |  |     |
| Other (Specify)       |  |     |

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

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

LITERACY

81.

What is your level of prose literacy, or being able to read printed information and to communicate in writing? Would you say:

High

Medium

Low

or None

[Don't Know/Not Sure]

[Refused]

000

82.

And what is your level of quantitative literacy, or being able to apply math in your everyday life? Would you say:

High

Medium

Low

or None

[Don't Know/Not Sure]

[Refused]

000

AIDS KNOWLEDGE AND TESTING

83.

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

Medium

Low

or None

[Don't Know/Not Sure]

[Refused]

000

84.

Do you practice safe sex?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

85.

In the past 5 years, have your chances of getting the AIDS virus increased, decreased, or stayed the same?

Increased

Decreased

Stayed the Same

[Don't Know/Not Sure]

[Refused]

000

86.

Except for donating or giving blood, have you ever had your blood tested for the AIDS virus infection?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

EMPLOYMENT LIMITATIONS

Would you say that your employment opportunities in Broward County have ever been limited by: (Insert Qs 87-91)?

(ROTATE: Qs 87-91)

87.

Accessibility to On-The-Job Training Programs

Yes

No

[Don't Know/Not Sure]

[Refused]

000

88.

Lack of Training and Education

Yes

No

[Don't Know/Not Sure]

[Refused]

000

89.

Insufficient Wages

Yes

No

[Don't Know/Not Sure]

[Refused]

000

90.

Lack of Day Care

Yes

No

[Don't Know/Not Sure]

[Refused]

000

91.

Lack of Adequate Transportation

Yes

No

[Don't Know/Not Sure]

[Refused]

000

(End of Rotation)

HEALTH CARE

92. Now, I would like to ask you some questions about health care.

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]             |  |     |

93. Do you see any major trouble with health care in your community?

|              |                       |  |     |
|--------------|-----------------------|--|-----|
|              | Yes                   |  | 000 |
|              | (SKIP to 95) No       |  |     |
| (SKIP to 95) | [Don't Know/Not Sure] |  |     |
| (SKIP to 95) | [Refused]             |  |     |

94. Would you please tell me what that is?

|                 |  |  |     |
|-----------------|--|--|-----|
|                 | [Don't Know/Not Sure]                          |  | 000 |
|                 | [Refused]                                      |  |     |
|                 | Care is Expensive                              |  |     |
|                 | HMOs Taking Over                               |  |     |
|                 | Quality Care for People Whether Insured or Not |  |     |
| Other (Specify) |  |  |     |

95. This next series of questions deals with various quality of life issues in Broward County.

Overall, would you rate Broward County as a place to live as:

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

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

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

97.

Now thinking about your own community, would you say that it is *ideal* for you as a place to live, it is *good* for you but could be better in some respects, or it has *some major problems* as a place to live?

Ideal

Good

Some Major Problems

[Don't Know/Not Sure]

[Refused]

000

98.

Overall, would you rate the local community in which you live as:

Excellent

Very Good

Good

Fair or Poor

[Don't Know/Not Sure]

[Refused]

000

99.

Thinking about housing and where people live, would you rate the condition of housing in your community as:

Excellent

Very Good

Good

Fair or Poor

[Don't Know/Not Sure]

[Refused]

000

100.

And would you rate the availability of affordable housing in your community as:

Excellent

Very Good

Good

Fair or Poor

[Don't Know/Not Sure]

[Refused]

000

101.

Would you rate the recreation areas in your local community, such as public parks and other open spaces, as:

Excellent

Very Good

Good

Fair or Poor

[Don't Know/Not Sure]

[Refused]

000



102. And overall, would you rate the road and highway system where you live as:

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

103. Overall, would you rate your local public transportation as:

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

104. Do you or does anyone else in your household use public transportation?

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

Would you please tell me which, if any, of the following changes would encourage you or another member of your household to use public transportation:  
(Insert Qs 105-109)?

(*ROTATE*: Qs 105-109)

105. More Bus Routes

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

106. More Frequent Bus Service

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

107. More Evening and Weekend Service

Yes

No

[Don't Know/Not Sure]

[Refused]

000

108. More Information on Buses

Yes

No

[Don't Know/Not Sure]

[Refused]

000

109. More Affordable Fares

Yes

No

[Don't Know/Not Sure]

[Refused]

000

*(End of Rotation)*

Now thinking about pedestrian safety in your community, are you satisfied with:  
(Insert Qs 110-114)?

*(ROTATE:* Qs 110-114)

110. Bus Shelters With Benches

Yes

No

[Don't Know/Not Sure]

[Refused]

000

111. Timing of Traffic Lights

Yes

No

[Don't Know/Not Sure]

[Refused]

000

112. Sidewalks

Yes

No

[Don't Know/Not Sure]

[Refused]

000

113. Street Lighting

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

114. Crosswalks

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

*(End of Rotation)*

Now I would like to ask you a few questions about diversity and how you feel your community deals with that. Would you say that (Insert Qs 115-117) in your community are:

*(ROTATE:* Qs 115-117)

115. 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"/> |     |

116. 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"/> |     |

117. 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)*

118. Now I would like to ask how fair you think things are for people like you in Broward County right now.

Do you think a person in Broward County from the same background as you has more opportunities now than in the past, the same kinds of opportunities, or do you think things are more difficult for someone like you?

|                        |  |     |
|------------------------|--|-----|
| More Opportunities Now |  | 000 |
| Same Opportunities     |  |     |
| More Difficult         |  |     |
| [Don't Know/Not Sure]  |  |     |
| [Refused]              |  |     |

119. And do you think a disabled person 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 disabled people?

|                        |  |     |
|------------------------|--|-----|
| More Opportunities Now |  | 000 |
| Same Opportunities     |  |     |
| More Difficult         |  |     |
| [Don't Know/Not Sure]  |  |     |
| [Refused]              |  |     |

120. 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:

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

121. Overall, do you feel safe and secure?

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

122. And would you rate the emergency preparedness of your local community as:

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

123. 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="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"/> |     |

124. 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:

|                       |                      |     |
|-----------------------|----------------------|-----|
| 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"/> |     |

125. 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:

|                       |                      |     |
|-----------------------|----------------------|-----|
| 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"/> |     |

126. How would you rate your own access to higher education opportunities?  
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"/> |     |

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

Excellent

Very Good

Good

Fair

or Poor

[Don't Know/Not Sure]

[Refused]

000

128. 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?

Better

Worse

[Same]

[Don't Know/Not Sure]

[Refused]

000

129. Now, we would like to ask you a few questions about how you feel about government.

How much of the time do you think you can trust the Broward County government to do what is right? Would you say:

Just About Always

Most of the Time

Only Some of the Time

or Never

[Don't Know/Not Sure]

[Refused]

000

130. Would you rate the job the Broward County government is doing as:

Excellent

Very Good

Good

Fair

or Poor

[Don't Know/Not Sure]

[Refused]

000

131. In general, would you say that the city/town services where you live are:

Excellent

Very Good

Good

Fair

or Poor

[Don't Know/Not Sure]

[Refused]

000

132. How much of each tax dollar you pay to state government would you say is wasted?  
Would you say:

All of It

Most of It

Some of It

or Hardly Any of It

[Don't Know/Not Sure]

[Refused]

000

CHILDREN'S HEALTH

133. Now I would like to know, how many children under the age of 18 are currently  
*living* in your household?

One

Two

Three

Four

Five or More

(SKIP to GOODBYE)

(SKIP to GOODBYE)

[None]

[Refused]

000

SQ3. Are you responsible for or do you participate in healthcare decisions for the  
child/children, such as which hospital or doctor to go to?

(SKIP to NOTE)

Yes

No

SQ4. Is the person who participates in healthcare decisions for the child/children available?

(Make An Appointment to Call Back)

Yes

No

*NOTE:* If respondent answered “One” to Q133,  
SKIP to 134.

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.

134. How old is he or she? @@(INTERVIEWER: Code Under 1 Year Old as 55)

1 to 17

55

(SKIP to GOODBYE)

[Refused]

000

135.

Do you have any kind of health care coverage for this child, including health insurance, prepaid plans such as HMOs (Health Maintenance Organizations), or government plans such as Medicaid?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

136.

Was there a time during the past 12 months when he/she needed to see a doctor but you didn't take him/her because of the cost?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

NOTE: If Child is Under 1 Year Old,  
SKIP to 140.

137.

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)

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]

000

138.

Was there a time during the past 12 months when he/she needed to see a dentist but you didn't take him/her because of the cost?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

NOTE: If Child is 1-5 Years Old,  
ASK 139.  
Otherwise, SKIP to 145.



139. 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"/> |     |

140. Was there a time during the past 12 months when you needed child care for this child?

|               |                       |                      |     |
|---------------|-----------------------|----------------------|-----|
|               | Yes                   | <input type="text"/> | 000 |
| (SKIP to 145) | No                    | <input type="text"/> |     |
| (SKIP to 145) | [Don't Know/Not Sure] | <input type="text"/> |     |
| (SKIP to 145) | [Refused]             | <input type="text"/> |     |

Was there a time during the past 12 months when you did not utilize child care for this child because of the (Insert Qs 141-144)?

(*ROTATE*: Qs 141-144)

141. Cost

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

142. Location

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

143. Quality of Care Available

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

144. 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"/> |     |

(End of Rotation)

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

Yes

No

[Don't Know/Not Sure]

[Refused]

000

146. In the past 12 months, has this child had an eye examination?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

147. In the past 12 months, has this child had a hearing test?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

*NOTE: If Child is 6 Years Old or Older,  
ASK 148.  
Otherwise, SKIP to 153.*

148. Was there a time during the past 12 months when you needed an after-school care program for this child?

(SKIP to 153)

(SKIP to 153)

(SKIP to 153)

Yes

No

[Don't Know/Not Sure]

[Refused]

000

Was there a time during the past 12 months when you did not utilize an after-school care program for this child because of the (Insert Qs 149-152)?

*(ROTATE: Qs 149-152)*

149. Cost

Yes

No

[Don't Know/Not Sure]

[Refused]

000

150. Location

Yes

No

[Don't Know/Not Sure]

[Refused]

000

151. Quality of Program Available

Yes

No

[Don't Know/Not Sure]

[Refused]

000

152. Lack of Information About Where the Program Was Provided

Yes

No

[Don't Know/Not Sure]

[Refused]

000

*(End of Rotation)*

153. Was there a time during the past 12 months when this child needed mental health care?

Yes

(SKIP to 158) No

(SKIP to 158) [Don't Know/Not Sure]

(SKIP to 158) [Refused]

000

Was there a time during the past 12 months when this child needed mental health care, but you did not take him/her because of the (Insert Qs 154-157)?

*(ROTATE: Qs 154-157)*

154. Cost

Yes

No

[Don't Know/Not Sure]

[Refused]

000

155. Location

Yes

No

[Don't Know/Not Sure]

[Refused]

000

156.    Quality of Program Available

Yes

No

[Don't Know/Not Sure]

[Refused]

000

157.    Lack of Information About Where the Program Was Provided

Yes

No

[Don't Know/Not Sure]

[Refused]

000

*(End of Rotation)*

158.    Was there a time during the past 12 months when this child needed alcohol or drug treatment?

(SKIP to GOODBYE)

(SKIP to GOODBYE)

(SKIP to GOODBYE)

Yes

No

[Don't Know/Not Sure]

[Refused]

000

Was there a time during the past 12 months when this child needed alcohol or drug treatment, but you did not take him/her because of the (Insert Qs 159-162)?

*(ROTATE: Qs 159-162)*

159.    Cost

Yes

No

[Don't Know/Not Sure]

[Refused]

000

160.    Location

Yes

No

[Don't Know/Not Sure]

[Refused]

000

161.    Quality of Program Available

Yes

No

[Don't Know/Not Sure]

[Refused]

000

|      |  |                       |  |     |
|------|--|-----------------------|--|-----|
| 162. | Lack of Information About Where the Program Was Provided | Yes                   |  | 000 |
|      |  | No                    |  |     |
|      |  | [Don't Know/Not Sure] |  |     |
|      |  | [Refused]             |  |     |

*(End of Rotation)*

That's my last question. Everyone's answers will be combined to give us information about the health practices of residents in this community. Thank you very much for your time and cooperation.

SCRIPTING NOTE: These are the demographics from the previous study.

|      |  |                          |  |     |
|------|--|--------------------------|--|-----|
| 163. | Total Number of Times Exercised Per Week.  | 7 or More                |  | 000 |
|      |  | 3 to 6                   |  |     |
|      |  | 1 to 2                   |  |     |
|      |  | [None]                   |  |     |
| 164. | Total Amount of Time Exercised During the Past Month (Hours).                          | 7 or More Hours          |  | 000 |
|      |  | 3 to 6 Hours             |  |     |
|      |  | 1 to 2 Hours             |  |     |
|      |  | [None]                   |  |     |
| 165. | Total Number of Drinks Per Week.   | 7 or More                |  | 000 |
|      |  | 4 to 6                   |  |     |
|      |  | 2 to 3                   |  |     |
|      |  | 1                        |  |     |
|      |  | [None]                   |  |     |
| 166. | BMI.   | 0.0 to 99.9              |  | 000 |
| 167. | Obese.   | Not Obese                |  | 000 |
|      |  | Obese                    |  |     |
| 168. | Cardiovascular Risk Factor.  | At Least One Risk Factor |  | 000 |
|      |  | No Risk Factors          |  |     |
| 169. | Poverty.   | Below Poverty            |  | 000 |
|      |  | 100 to 150%              |  |     |
|      |  | 150 to 200%              |  |     |
|      |  | 200% to \$60,000         |  |     |
|      |  | \$60,000/Over            |  |     |
| 170. | Women 18 to 44.  | Yes                      |  | 000 |
| 171. | Women 50/Over.   | Yes                      |  | 000 |
| 172. | Women 50/Over Who Had Clinical Breast Examination and Mammogram in Previous Two Years. | Yes                      |  | 000 |

173. Women Without a Hysterectomy Who Have Had a Pap Smear in the Last Two Years.

Yes

000

174. Age Categories.

18 to 39

000

40 to 49

50 to 59

60 to 64

65 to 69

70 to 79

80/Over

SCRIPTING NOTE: If Response to Q49 is any of the following:

Argentina

Bolivia

Canary Islands

Chile

Colombia

Costa Rica

Cuba

Dominican Republic

Ecuador

El Salvador

Guatemala

Guyana

Honduras

Mexico

Nicaragua

Panama

Paraguay

Peru

Puerto Rico

Spain

Uruguay

Venezuela

Set Q175 to “Yes.”

175. Someone from Spanish-Speaking Country.

Yes

000

176. Smoking.

Current

000

Former

Never

177. Sedentary (Exercise Less Than 3 Times Per Week for at Least 20 Minutes Per Occasion).

Yes

000

No

178. Current Drinker (1 or More Drinks in Past Month).

Yes

000

No

179. Chronic Drinker (60 or More Drinks in Past Month).

Yes

000

No

180. Binge Drinker (5 or More Drinks on an Occasion).

Yes

000

No

SCRIPTING NOTE: Qs 181 and 182 will be merged by processing.

181. Census Tract.

Merged

000

182. 9-Digit ZIP Code.

Merged

000