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2002-0001-02

Date \_\_\_\_\_

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

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

QUALITY OF LIFE ASSESSMENT  
2002 PRC Community Health Survey  
Broward County, Florida

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

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

1. 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

Two

Three

Four

Five

Six or More

000

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

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

Yes

(Make An Appointment)

No

(THANK & TERMINATE)

[Refused To Do Survey]

(THANK & TERMINATE)

[Refused To Do Survey / Remove From List]

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

Male

Female

000

3. Are you under or over 65 years of age?

Under 65

65/Over

000

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?

(SKIP to 11)	Yes		000
	No		
(SKIP to 12)	[Don't Know/Not Sure]		
(SKIP to 12)	[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 12.

11. 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]	

12. 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]	

13. 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]		

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

15. 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

16. 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

17. 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

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

Yes

No

[Don't Know/Not Sure]

[Refused]

000

(SKIP to READ BOX before 20)

(SKIP to READ BOX before 20)

(SKIP to READ BOX before 20)

19. 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 in Bold**?

(*ROTATE*: Qs in Bold)

20.     Asthma

Yes

No

[Don't Know/Not Sure]

[Refused]

000

SCRIPTING NOTE: If Respondent answered “Yes” in Q18, force “Yes” in Q21 and SKIP to 22.

21.     Diabetes

Yes

No

[Don't Know/Not Sure]

[Refused]

000

22.     AIDS

Yes

No

[Don't Know/Not Sure]

[Refused]

000

23.     HIV

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 25-31, 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 in Bold)?**

(*ROTATE*: Qs in Bold)

25.    Hard of Hearing

0 to 5000

[Refused]

26.    Deaf

0 to 5000

[Refused]

27.    Speech Impaired

0 to 5000

[Refused]

28.    Vision Impaired

0 to 5000

[Refused]

29.    Blind

0 to 5000

[Refused]

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

0 to 5000

[Refused]

31.    Have a Developmental Disability or a Mental Disability

0 to 5000

[Refused]

(End of Rotation)

INJURY CONTROL

32.

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

33.

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

34.

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

35.

Are there any firearms in your home?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

36.

Do you take precautions to limit your exposure to the sun?

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 these activities 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 these activities, 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 Q43, 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 44-46, recode “0” to “88” in the VAR variable. Add 88 [None] to the coding table.

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

47. What is your race? Would you say:

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

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

	Yes	<input type="text"/>	000
(SKIP to 50)	No	<input type="text"/>	
(SKIP to 50)	[Don't Know/Not Sure]	<input type="text"/>	
(SKIP to 50)	[Refused]	<input type="text"/>	

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:

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

51. And would you please tell me your marital status:

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 Graduate	<input type="text"/>	
Post-Graduate Classes or Degree	<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"/>	

54. Total Family Household Income.

Under \$8,600	<input type="text"/>	000
\$8,600 to \$11,599	<input type="text"/>	
\$11,600 to \$14,599	<input type="text"/>	
\$14,600 to \$17,399	<input type="text"/>	
\$17,400 to \$20,499	<input type="text"/>	
\$20,500 to \$23,499	<input type="text"/>	
\$23,500 to \$26,699	<input type="text"/>	
\$26,700 to \$29,499	<input type="text"/>	
\$29,500 to \$32,799	<input type="text"/>	
\$32,800 to \$35,499	<input type="text"/>	
\$35,500 to \$38,799	<input type="text"/>	
\$38,800 to \$41,599	<input type="text"/>	
\$41,600 to \$47,399	<input type="text"/>	
\$47,400 to \$53,399	<input type="text"/>	
\$53,400 to \$59,499	<input type="text"/>	
\$59,500 to \$65,499	<input type="text"/>	
\$65,500 to \$71,499	<input type="text"/>	
\$71,500 to \$77,599	<input type="text"/>	
\$77,600 to \$82,999	<input type="text"/>	
\$83,000/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 have convenient access to a computer?

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

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 71)	[Don't Know/Not Sure]		
(SKIP to 71)	[Refused]		



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

(SKIP to 71)

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?

Yes

000

No

[Don't Know/Not Sure]

[Refused]

71. 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]

72. 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]

CAREGIVER STATUS

73. Are you a caregiver for any other person?

Yes

000

(SKIP to 77)

No

(SKIP to 77)

[Don't Know/Not Sure]

(SKIP to 77)

[Refused]

74. 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]

75. 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		
Friend		
Other (Specify)		

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

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

LITERACY

77. At what level are you able to read printed information and to communicate in writing?  
Would you say:

High		000
Medium		
Low		
or None		
[Don't Know/Not Sure]		
[Refused]		

78. And at what level are you able to apply math in your everyday life? Would you say:

High		000
Medium		
Low		
or None		
[Don't Know/Not Sure]		
[Refused]		

AIDS KNOWLEDGE AND TESTING

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

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

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

80. Do you practice safe sex?

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

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

Increased	<input type="text"/>	000
Decreased	<input type="text"/>	
Stayed the Same	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

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

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

EMPLOYMENT LIMITATIONS

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

(ROTATE: Qs in Bold)

83. Accessibility to On-The-Job Training Programs

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

84. Lack of Training and Education

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

85. Insufficient Wages

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

86. Lack of Day Care

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

87. Lack of Adequate Transportation

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

88. Lack of Reasonable Accomodations for People with Disabilities

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

89. Lack of English Language Proficiency

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

(End of Rotation)

HEALTH CARE

90. Now, I would like to ask you some questions about health care in your neighborhood. 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]		

91. Do you see any major trouble with health care in your neighborhood?

Yes		000
(SKIP to 93) No		
(SKIP to 93) [Don't Know/Not Sure]		
(SKIP to 93) [Refused]		

92. 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)		

93. Overall, would you rate the neighborhood in which you live as:

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

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

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

95.

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

Excellent

Very Good

Good

Fair

or Poor

[Don't Know/Not Sure]

[Refused]

000

96.

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

Yes

No

[Don't Know/Not Sure]

[Refused]

000

97.

Have you looked for new housing in the past year?

(SKIP to 99)

(SKIP to 99)

(SKIP to 99)

Yes

No

[Don't Know/Not Sure]

[Refused]

000

98.

Did you have difficulty finding something affordable?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

99.

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

Excellent

Very Good

Good

Fair

or Poor

[Don't Know/Not Sure]

[Refused]

000

100. 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]		

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

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

102. 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 in Bold)

(*ROTATE*: Qs in Bold)

103. More Bus Routes

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

104. More Frequent Bus Service

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

105. More Evening and Weekend Service

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

106. More Information on Buses

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

107. More Affordable Fares

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 thinking about pedestrian safety in your neighborhood, are you satisfied with:  
(Insert Qs in Bold)

(ROTATE: Qs in Bold)

108. Bus Shelters With Benches

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

109. Timing of Traffic Lights

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

110. Sidewalks

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



111. Street Lighting

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

112. 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 neighborhood deals with that. Would you say that **Insert Qs in Bold** in your neighborhood are:

*(ROTATE:* Qs in Bold)

113. 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"/>	

114. 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"/>	

115. 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)*

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

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"/>	

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

119. And do you think a person with a disability in Broward County has more opportunities now than in the past, the same kinds of opportunities, or do you think things are more difficult for people with disabilities?

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

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	<input type="text"/>	000
Getting Worse	<input type="text"/>	
or Has It Stayed About the Same	<input type="text"/>	
[Don't Know/Not Sure]	<input type="text"/>	
[Refused]	<input type="text"/>	

121. Overall, do you feel safe and secure?

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

122. And would you rate the emergency preparedness of your local community 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"/>	

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	<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"/>	

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

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

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

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

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

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

CHILDREN'S HEALTH

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

One		000
Two		
Three		
Four		
Five or More		
(SKIP to GOODBYE)	[None]	
(SKIP to GOODBYE)	[Refused]	

SQ2. 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	

SQ3. Is the person who participates in healthcare decisions for the child/children available?

Yes	<input type="text"/>
(Make An Appointment to Call Back)	No <input type="text"/>

*NOTE:* If respondent answered “One” to Q132,  
SKIP to 133.

**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.**

133. How old is he or she? @@(INTERVIEWER: Code Under 1 Year Old as 55)	1 to 17	<input type="text"/>	000
	55	<input type="text"/>	
(SKIP to GOODBYE)	[Refused]	<input type="text"/>	

134. Do you have any kind of health care coverage for this child?	Yes	<input type="text"/>	000
	No	<input type="text"/>	
	[Don’t Know/Not Sure]	<input type="text"/>	
	[Refused]	<input type="text"/>	

135. Was there a time during the past 12 months when he/she needed to see a <i>doctor</i> but you couldn’t take him/her because of the cost?	Yes	<input type="text"/>	000
	No	<input type="text"/>	
	[Don’t Know/Not Sure]	<input type="text"/>	
	[Refused]	<input type="text"/>	

*NOTE:* If Child is *Under 1 Year Old*,  
SKIP to 139.

136. About how long has it been since <i>this child</i> 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"/>	

137.

Was there a time during the past 12 months when he/she needed to see a *dentist* but you couldn'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 138.  
Otherwise, SKIP to 144.

138.

Has this child started learning to read?

Yes

No

[Don't Know/Not Sure]

[Refused]

000

139.

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

Yes

(SKIP to 144) No

(SKIP to 144) [Don't Know/Not Sure]

(SKIP to 144) [Refused]

000

Was there a time during the past 12 months when you needed but did not utilize child care for this child because of the **Insert Qs in Bold**?

(*ROTATE:* Qs in Bold)

140.

Cost

Yes

No

[Don't Know/Not Sure]

[Refused]

000

141.

Lack of Transportation

Yes

No

[Don't Know/Not Sure]

[Refused]

000

142.

Quality of Care Available

Yes

No

[Don't Know/Not Sure]

[Refused]

000

### 143. Lack of Information About Where the Service Was Provided

Yes  000

No

[Don't Know/Not Sure]

[Refused]

(End of Rotation)

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

Yes  000

No

[Don't Know/Not Sure]

[Refused]

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

Yes  000

No

[Don't Know/Not Sure]

[Refused]

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

Yes  000

No

[Don't Know/Not Sure]

[Refused]

NOTE: If Child is 6 Years Old or Older, ASK 147.

Otherwise, SKIP to 152.

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

Yes  000

(SKIP to 152)

No

(SKIP to 152)

[Don't Know/Not Sure]

(SKIP to 152)

[Refused]



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

(*ROTATE*: Qs in Bold)

148. Cost

Yes

No

[Don't Know/Not Sure]

[Refused]

000

149. Lack of Transportation

Yes

No

[Don't Know/Not Sure]

[Refused]

000

150. Quality of Program Available

Yes

No

[Don't Know/Not Sure]

[Refused]

000

151. Lack of Information About Where the Program Was Provided

Yes

No

[Don't Know/Not Sure]

[Refused]

000

(*End of Rotation*)

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

Yes

No

[Don't Know/Not Sure]

[Refused]

000

(SKIP to 157)

(SKIP to 157)

(SKIP to 157)

Was there a time during the past 12 months when this child needed mental health care, but you could not take him/her because of the **(Insert Qs in Bold)**?

(*ROTATE*: Qs in Bold)

153. Cost

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

154. Lack of Transportation

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

155. Quality of Program Available

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

156. Lack of Information About Where the Program 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)

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

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

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

(*ROTATE*: Qs in Bold)

158. Cost

Yes

No

[Don't Know/Not Sure]

[Refused]

000

159. Lack of Transportation

Yes

No

[Don't Know/Not Sure]

[Refused]

000

160. Quality of Program Available

Yes

No

[Don't Know/Not Sure]

[Refused]

000

161. Lack of Information About Where the Program Was Provided

Yes

No

[Don't Know/Not Sure]

[Refused]

000

(*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.

Demographics from previous study.

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

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

Yes

000

173. 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 Q174 to “Yes.”

174. Someone from Spanish-Speaking Country.

Yes

000

175. Smoking.

Current

000

Former

Never

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

Yes

000

No

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

Yes

000

No

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

Yes

000

No

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

Yes

000

No

180. Census Tract.

Merged

000

181. 9-Digit ZIP Code.

Merged  000