2023 Los Angeles County Health Survey (LACHS)
Adult Survey
CATI Specifications

Last edited: 08/31/2023

SCREENER

CATI: LANGUAGE PROCEDURE
CREATE NEW VOXCO PROCEDURE TO SELECT LANGUAGE CALLED "LANGSEL". PROCEDURE CAN BE ACCESSED AT ANY POINT DURING THE INTERVIEW.

LANGSEL
INTERVIEWER: SELECT LANGUAGE OF THE INTERVIEW.

01   ENGLISH
02   SPANISH
03   MANDARIN
04   CANTONESE
05   VIETNAMESE
06   KOREAN

ASK IF LANGSEL GT 02
STEPESINST
INTERVIEWER: FOR ASIAN LANGUAGE INTERVIEW, INITIATE CALL WITH STEPES INTERPRETATION SERVICE: 1-315-325-8550. ASK STEPES TO CONFIRM RESPONDENT SPEAKS MANDARIN, CANTONESE, VIETNAMESE, OR KOREAN.

(IF RESPONDENT SPEAKS ANOTHER LANGUAGE OTHER THAN MANDARIN, CANTONESE, VIETNAMESE, KOREAN, OR SPANISH, CODE AS LANGUAGE BARRIER – OTHER, USING THE BREAKOFF OPTION, THANK, AND TERMINATE.)

(IF RESPONDENT SPEAKS A LANGUAGE DIFFERENT FROM WHAT YOU CODED, HIT LANGUAGE BUTTON AND UPDATE LANGUAGE.)

ASK IF CATI INBOUND
CALL_IN
Thank you for calling. My name is [NAME] and we were contacting you on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. This call may be monitored or recorded for quality assurance.

01   CONTINUE

ASK IF CATI OUTBOUND AND REACH ANSWERING MACHINE
ANSPROMPT
PLEASE LEAVE THE FOLLOWING MESSAGE ON THE ANSWERING MACHINE.

Hello, I'm calling on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. Please call us at 877-282-4757. We look forward to speaking with you! Thank you.

LEAD_IN1

Hello, I'm calling on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. My name is [NAME] and I am part of the research team. If you are eligible, you will receive $[INCENTIVE] for participating. This call may be monitored or recorded for quality assurance.

01   CONTINUE

ASK ALL
LAND_CELL

Is this a landline or cell phone?

IF NECESSARY: "By landline I mean any phone in your house that is not a cell phone."

INTERVIEWER NOTE: IF R SAYS "cable, VOIP (voice over) or satellite phone" CODE AS A LANDLINE PHONE
01   LANDLINE PHONE
02   CELL PHONE (GO TO CELLSAFE)
98   DK
99   REFUSAL

ASK IF LAND_CELL=02 OR LAND_CELL=98 OR LAND_CELL=99
CELLSAFE
Before we continue, are you driving or doing anything that requires your full attention right now?

01   YES (R IS DRIVING/DOING SOMETHING)
02   NO
98   DK
99   REFUSAL

ASK IF CELLSAFE=01
CELL2
When would be a better time to call you?

IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW: I´m sorry, but for your safety we´re not able to do the interview while you´re driving. When would be a better time to call you?

01   SET CALL BACK **PROGRAMMER: TERMINATE AND SET CALLBACK**

PROGRAMMER: DISPLAY IF SAMPLE IS FROM TWO-STAGE DESIGN. NON DATA VARIABLE.
INTRO_OSD
Your household has been selected to participate in the Los Angeles County Health Survey! Completing this survey will help the Los Angeles County Department of Public Health learn about the health of people in <b>your</> neighborhood and how to make things better. To first figure out who in your household should complete the survey, I have a few questions about your household.

01   CONTINUE **PROGRAMMER: GO TO SR_RESIDENCE.**

SR_RESIDENCE
Do you now live at the following address:

PROGRAMMER: FILL WITH ADDRESS FROM SAMPLE RECORD.

STREET1
STREET2
CITY
STATE
ZIP CODE

01	YES
02	NO
98	DK
99	REFUSAL

ASK IF SR_RESIDENCE=02 OR SR_RESIDENCE=98 OR SR_RESIDENCE=99.
S_RES_TERM
Thank you for your interest, but only a resident of this household can answer these questions.

PROGRAMMER: TERMINATE AND CODE AS INELIGIBLE – OUT OF SAMPLE.

ASK IF SR_RESIDENCE=01.
SR_AGE
Are you 18 years of age or older?

01	YES
02	NO
98	DK
99	REFUSAL

ASK IF SR_AGE=02 OR SR_AGE=98 OR SR_AGE=99. ELSE GO TO NUM_ADULTS.
SR_AGE2
This survey should be completed by an adult resident of this household. Please ask someone who is 18 years of age or older to continue.

01	I am an adult 18 years of age or older
02	I am not an adult 18 years of age or older

ASK IF SR_AGE2=02.
S_AGE_TERM
Thank you for your interest, but only an adult resident of this household can answer these questions.

PROGRAMMER: TERMINATE AND CODE AS INELIGIBLE – AGE.

ASK IF SR_AGE=01 OR SR_AGE2=01.
NUM_ADULTS
To figure out who in your household should complete the survey, first, please tell me: including yourself, how many adults 18 years of age or older usually live at this address?

IF NECESSARY: Remember that this survey is completely voluntary and confidential.

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 20.

___ ENTER # OF ADULTS IN HOUSEHOLD

98	DK
99	REFUSAL

ASK ALL.
Please tell me your name or initials. Remember that this survey is completely voluntary and confidential.

NAME_ADULT1
Your name or initials _____   CATI: SET OPEN TEXT BOX. SET MAX TO 50 CHARACTERS.

ASK IF NUM_ADULTS>=2 AND NUM_ADULTS<=4.
Now, please tell me the names or initials of the other adults who usually live at this address.

ASK IF NUM_ADULTS>=5.
Now, starting with the youngest adult in your household, please tell me the names or initials for up to 3 other adults who usually live at this address.

IF NECESSARY: Remember that this survey is completely voluntary and confidential. We will use the name or initials to identify the person selected to complete the survey.

CATI: DISPLAY IF NUM_ADULTS=>2.
NAME_OADULT1
Name or initials for adult 2 _____   CATI: SET OPEN TEXT BOX. SET MAX TO 50 CHARACTERS.

CATI: DISPLAY IF NUM_ADULTS=>3.
NAME_OADULT2
Name or initials for adult 3 _____   CATI: SET OPEN TEXT BOX. SET MAX TO 50 CHARACTERS.

CATI: DISPLAY IF NUM_ADULTS=>4.
NAME_OADULT3
Name or initials for adult 4 _____   CATI: SET OPEN TEXT BOX. SET MAX TO 50 CHARACTERS.

IF NECESSARY: We understand that names are personal information. If you are not comfortable providing names, initials are fine. This will make it easier to answer the rest of the survey. None of the names or initials will be tied to your responses.

ASK IF NUM_ADULTS NE MISSING.
AGE_SELF
Next, I have a few questions about you.

What is your age?

IF NECESSARY: We are asking these questions to make sure that we capture the diversity of LA County in this survey. Your answers are confidential.

01   18 – 29 years old
02   30 – 64 years old
03   65 years old or older
98   DK
99   REFUSAL

RACE_SELF

What is your race or ethnicity? Are you White, Hispanic, Latino, or Spanish origin, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, or some other race I have not mentioned? Please tell me all that apply.

CAWI: ENABLE MULTIPLE RECORD

01	White
02	Hispanic, Latino, or Spanish origin
03	Black or African-American
04	Asian
05	American Indian or Alaska Native
06	Native Hawaiian or Pacific Islander
07	Some other race
98	DK
99	REFUSAL

SOGI_SELF

Do you consider yourself to be a member of the lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+) community?

01	YES
02	NO
98	DK
99	REFUSAL

NUM_CHILD

I have a few questions about children in your household.

How many children 17 years of age or younger usually live at this address?

CAWI: SET TWO DIGIT NUMER INTENGER. SET RANGE TO 0 TO 20.

___ ENTER # OF CHILDREN IN HOUSEHOLD

98	DK
99	REFUSAL

CHILD_ROSTER
Please tell me the child's name or initials and their age group. Remember that this survey is completely voluntary and confidential.

Now, please tell me the names or initials and age groups of each child who usually live at this address. Remember that this survey is completely voluntary and confidential.

Please tell me the names or initials and the age groups for up to 4 children in your household, starting with the youngest child. Remember that this survey is completely voluntary and confidential.

IF NECESSARY: We understand that names are personal information. If you are not comfortable providing names, initials are fine. This will make it easier to answer the rest of the survey. None of the names or initials will be tied to your responses.

CATI: CREATE MATRIX WITH FOUR COLUMN RESPONSES. DISPLAY TEXT BOXES IN COLUMN 1 AND RADIAL BUTTONS IN COLUMN 2-4. ROWS SHOULD BE EQUAL TO THE TOTAL OF NUM_CHILD (4 MAXIMUM). DISPLAY ON SAME SCREEN.

	Name or initials	Age		
		01 0 – 5 years old	02 6 – 11 years old	03 12 – 17 years old
Child 1				
Child 2				
Child 3				
Child 4				

IF CHILD1_NAME IS MISSING AND NUM_CHILD=1, DISPLAY: "The child in your household"
IF CHILD1_NAME IS MISSING AND NUM_CHILD GT 1, DISPLAY: "The youngest child in your household"

IF CHILD2_NAME IS MISSING AND NUM_CHILD GE 2, DISPLAY: "The second youngest child in your household"

IF CHILD3_NAME IS MISSING AND NUM_CHILD GE 3, DISPLAY: "The third youngest child in your household"

IF CHILD4_NAME IS MISSING AND NUM_CHILD GE 4, DISPLAY: "The fourth youngest child in your household"

HOUSEHOLD SELECTION (ADULT RESPONDENT AND CHILD SUBJECT)
CAWI: DEFINE PRIORITY LEVELS AND SELECTION FORMULAS BASED ON SCREENER RESPONSES AND SELECTION WEIGHTS DEFINED BY THE STATISTICAL TEAM.

SELECT_R
IF ADULT1 IS SELECTED, THEN SELECT_R FILL = NAME_ADULT1.
IF ADULT2 IS SELECTED, THEN SELECT_R FILL = NAME_OADULT1.
IF ADULT3 IS SELECTED, THEN SELECT_R FILL = NAME_OADULT2.
IF ADULT4 IS SELECTED, THEN SELECT_R FILL = NAME_OADULT3.

SELECT_C
IF CHILD1 IS SELECTED, THEN SELECT_C FILL = CHILD_1_NAME AND CHILD_1_AGE.
IF CHILD2 IS SELECTED, THEN SELECT_C FILL = CHILD_2_NAME AND CHILD_2_AGE.
IF CHILD3 IS SELECTED, THEN SELECT_C FILL = CHILD_3_NAME AND CHILD_3_AGE.
IF CHILD4 IS SELECTED, THEN SELECT_C FILL = CHILD_4_NAME AND CHILD_4_AGE.

S_SEL_TERM
DISPLAY IF SELECT_R IS MISSING (NO PRIMARY ADULT SELECTED) OR SELECT_C IS MISSING (NO PRIMARY CHILD SUBJECT SELECTED).
Based on the responses you provided, you have not been selected to complete the Los Angeles County Health Survey. Thank you for your time.

CATI: CODE AS SRNRSTATUS – SCREENER INELIGIBLE AND TERMINATE.

SEL_R_CONTACT
DISPLAY IF SELECT_R IS ADULT1.
You have been selected to complete the Los Angeles County Health Survey.

SEL_R_HANDOFF

 [SELECT_R] has been selected to complete the Los Angeles County Health Survey and should take over answering the rest of the questions.

Please hand the phone to SELECT_R.

INTERVIEWER: IF SELECT_R COMES TO PHONE: Hello, I'm calling on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. My name is [NAME] and I am part of the research team. You will receive [$20/$30] for participating. This call may be monitored or recorded for quality assurance.

OTHERSELECT2

When would be a good time to call back to talk to SELECT_R?

01   SET CALL BACK   **PROGRAMMER: TERMINATE AND SET CALLBACK**

ASK IF CATI INBOUND AND SCREENER WAS COMPLETED BEFORE CALL WAS INITIATED
CALL_IN_A
Thank you for calling. My name is [NAME] and we were contacting you on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. This call may be monitored or recorded for quality assurance.

01   CONTINUE   **PROGRAMMER: GO TO LAND_CELL_A**

ASK IF CATI OUTBOUND AND REACH ANSWERING MACHINE
ANSPROMPT_A
PLEASE LEAVE THE FOLLOWING MESSAGE ON THE ANSWERING MACHINE.

Hello, I'm calling on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. Please call us at 877-282-4757. We look forward to speaking with you! Thank you.

ASK IF CATI OUTBOUND AND SCREENER WAS COMPLETED BEFORE CALL WAS INITIATED
LEAD_IN1_A
Hello, I'm calling on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. My name is [NAME] and I am part of the research team. You will receive [INCENTIVE] for participating. This call may be monitored or recorded for quality assurance.

01   CONTINUE

ASK IF CALL_IN_A=01 OR LEAD_IN1_A=01
LAND_CELL_A
Is this a landline or cell phone?

IF NECESSARY: "By landline we mean any phone in your house that is not a cell phone."

INTERVIEWER NOTE: IF R SAYS "cable, VOIP (voice over) or satellite phone" CODE AS A LANDLINE PHONE

01   LANDLINE PHONE
02   CELL PHONE   **PROGRAMMER: GO TO CELLSAFE_A**
98   DK   **PROGRAMMER: GO TO CELLSAFE_A**
99   REFUSAL   **PROGRAMMER: GO TO CELLSAFE_A**

ASK IF LAND_CELL_A=02 OR LAND_CELL_A=98 OR LAND_CELL_A=99
CELLSAFE_A
Before we continue, are you driving or doing anything that requires your full attention right now?

01   YES (R IS DRIVING/DOING SOMETHING)
02   NO
98   DK
99   REFUSAL

ASK IF CELLSAFE_A=01
CELL2_A
When would be a better time to call you?

IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW: I´m sorry, but for your safety we´re not able to do the interview while you´re driving. When would be a better time to call you?

01   SET CALL BACK **PROGRAMMER: TERMINATE AND SET CALLBACK**

ASK IF: CATI OUTBOUND
IDENTITY
To make sure we have the right person, are you SELECT_R?

01	YES	PROGRAMMER: GO TO SR_RESIDENCE_A
02	NO	PROGRAMMER: GO TO IDENTITY2
98	DK	PROGRAMMER: GO TO END_ID
99	REFUSED	PROGRAMMER: GO TO END_ID

ASK IF IDENTITY=02
IDENTITY2
Is SELECT_R available to talk right now?

01	YES	PROGRAMMER: GO TO HAND_PHONE
02	NO	PROGRAMMER: GO TO OTHERSELECT2_CO
98	DK	PROGRAMMER: GO TO END_ID
99	REFUSED	PROGRAMMER: GO TO END_ID

ASK IF IDENTITY2=01
HAND_PHONE
Please hand the phone to SELECT_R.

INTERVIEWER: IF SELECT_R COMES TO PHONE: Hello, I'm calling on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. My name is [NAME] and I am part of the research team. You will receive [INCENTIVE] for participating. This call may be monitored or recorded for quality assurance.

01	CONTINUE	PROGRAMMER: GO TO SR_RESIDENCE_A
99	REFUSED	PROGRAMMER: GO TO END_ID

ASK IF SEL_R_HANDOFF GT 01
OTHERSELECT2_CO
When would be a good time to call back to talk to SELECT_R?

01	SET CALL BACK	PROGRAMMER: TERMINATE AND SET CALLBACK

ASK IF (IDENTITY=98 OR 99) OR (IDENTITY2=98 OR 99)
END_ID
Thank you, but we can only interview people who are selected to take the survey. **PROGRAMMER: TERMINATE**

ASK IF IDENTITY=01 OR HAND_PHONE=01
SR_RESIDENCE_A
Do you now live at the following address:

PROGRAMMER: FILL WITH ADDRESS FROM SAMPLE RECORD.

STREET1
STREET2
CITY
STATE
ZIP CODE

01	YES
02	NO
98	DK
99	REFUSAL

S_RES_TERM_A
Thank you for your interest, but only a resident of this household can answer these questions.

PROGRAMMER: TERMINATE AND CODE AS INELIGIBLE – OUT OF SAMPLE.

ASK ALL
INFO_CON

The Los Angeles County Health Survey is being conducted on behalf of the Los Angeles County Department of Public Health. The information you provide will help the Department of Public Health address public health issues that affect Los Angeles County residents like you and your family. Before you begin, please ensure you are in a private location where no one else can hear your responses. The survey will take approximately 30 minutes, depending on your answers.

This year, about 9,000 people across the County will complete this survey. You have been randomly chosen to take part. You may choose not to take part in this survey, but no one else can take your place. When you finish the survey, you will receive [$20/$30].

This survey asks about nutrition, exercise, tobacco, alcohol, drug use or non-use, mental health, and other health issues. The data you provide are confidential. Only the combined responses from all 9,000 people will be reported, not just one person's answers.

Your participation is voluntary. You can quit the survey at any time and you can refuse to answer any questions.

If you have any questions or concerns about this survey, please visit www.LACountyHealthSurvey.org, call us toll-free at 877-282-4757, or email us at LACountyHealthSurvey@rti.org.

By agreeing to continue, you acknowledge you have understood your rights as a participant and are agreeing to participate in the Los Angeles County Health Survey.

01   CONTINUE

HEALTH STATUS

ASK ALL
HS1

First, a few questions about your health and general well-being.

Would you say that in general your health is…?

01   Excellent
02   Very good
03   Good
04   Fair
05   Poor
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97; BRFSS)

ASK ALL
HS2

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?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30, 98=DK; 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99; BRFSS)

ASK ALL
HS3

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?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99; BRFSS)

HS4

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?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99; BRFSS)

ABOUT YOU

D1a

I want to ask you about your gender identity and your sex assigned at birth. Gender identity refers to how you identify yourself, which may not be the same as the sex you were at birth.

What is your current gender identity?

INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY. SELECT 'PREFER NOT TO STATE' FOR REFUSAL.

01   MALE
02   FEMALE
03   TRANSGENDER MALE/TRANS MAN
04   TRANSGENDER FEMALE/TRANS WOMAN
05   GENDER NON-BINARY, GENDER NON-CONFORMING
06   ANOTHER GENDER CATEGORY OR ANOTHER IDENTITY, PLEASE SPECIFY **PROGRAMMER: OTHER SPECIFY, MAX 50 CHARACTERS**
09   PREFER NOT TO STATE

(LACHS 18 modified; DPH SOP)

D1b

What was your sex that was designated at your time of birth?

INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY. SELECT 'PREFER NOT TO ANSWER' FOR REFUSAL.

01   MALE
02   FEMALE
03   OTHER, PLEASE SPECIFY   **PROGRAMMER: OTHER SPECIFY**
09   PREFER NOT TO ANSWER

(LACHS 18 modified; DPH SOP)

D2

What is your age?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 18 TO 125; 998=DK, 999=REFUSED.

___ ENTER AGE

998   DK
999   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF D2=998 OR 999, ELSE GO TO NUT1.
D2a

I am only asking this to make sure that we have enough people in each age group. Can you just tell me if you are …?

01   18 to 24 years old
02   25 to 29 years old
03   30 to 39 years old
04   40 to 44 years old
05   45 to 49 years old
06   50 to 59 years old
07   60 to 64 years old
08   65 to 74 years old
09   75 years old or older
98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF D2A=98 OR 99, ELSE GO TO NUT1.
D2b

Can you tell me whether you are under age 65 or not?

01   YES, UNDER AGE 65
02   NO, 65 YEARS OLD OR OLDER
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99)

PROGRAMMER: CREATE VAL_AGE, WHICH HOLDS UPPER BOUND FOR AGE BASED ON RESPONSES TO D2. IF D2 <> 988 OR 999, THEN VAL_AGE=D2. ELSE MAX RANGE (125).

NUTRITION

ASK ALL
NUT1
How many total servings of fruits and vegetables did you eat yesterday?

IF NECESSARY: A serving would equal one medium apple, a handful of broccoli, or a cup of carrots. Six ounces of 100% fruit juice counts as a serving.

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 97; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF SERVINGS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK ALL
NUT2
The next questions are about healthy foods that support your health and well-being. These foods include fruits, vegetables, whole grains, beans, nuts, yogurt, and fish. They can be fresh, frozen, or canned, and they don't have to be organic. Less healthy foods can include foods that are highly processed and high in salt, starch, sugar, or unhealthy fats.

Thinking about the last 12 months, how hard was it for you or your household to regularly eat healthy foods?

01   Very hard
02   Hard
03   Somewhat hard
04   Not very hard
05   Not hard at all
98   DK
99   REFUSED

ASK ALL
NUT3
People have different reasons for not eating healthier foods. Please tell me how often each of the following reasons, if any, were true for you or your household in the last 12 months.
NUT3_a
Healthy foods are too expensive. Was this often true, sometimes true, or never true for you or your household in the last 12 months?

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

NUT3_b

There are not a lot of healthy food choices at the stores where you usually shop.

INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

NUT3_c

You don't live near any stores or food pantries that have healthy foods.
INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

NUT3_d

You don't have a car or transportation to reach stores or food pantries that have healthy foods.

INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

NUT3_e

You don't have time to shop for groceries.

INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

NUT3_f

You don't have time to cook.

INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

NUT3_g

You don't have adequate cooking equipment or ways to store food.

INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

```
01      OFTEN TRUE
02      SOMETIMES TRUE
03      NEVER TRUE
98      DK
99      REFUSED
```

NUT3_h

You don't know how to cook.

INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

```
01      OFTEN TRUE
02      SOMETIMES TRUE
03      NEVER TRUE
98      DK
99      REFUSED
```

NUT3_i

You don't know what foods are considered healthy foods.

INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

```
01      OFTEN TRUE
02      SOMETIMES TRUE
03      NEVER TRUE
98      DK
99      REFUSED
```

NUT3_j

You don't like to eat healthy foods.

INTERVIEWER REPEAT IF NECESSARY: Was this often true, sometimes true, or never true for you or your household in the last 12 months?

```
01      OFTEN TRUE
02      SOMETIMES TRUE
03      NEVER TRUE
98      DK
99      REFUSED
```

NUT3_k
Some of the foods from your culture are hard to make healthy.

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

NUT3_l
You don't think you qualify for food assistance programs like food stamps (also known as SNAP, CalFresh, or EBT) or WIC that would help you buy healthy foods.

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

NUT3_m
Other, please specify: **PROGRAMMER: OTHER SPECIFY**

01   OFTEN TRUE
02   SOMETIMES TRUE
03   NEVER TRUE
98   DK
99   REFUSED

ASK ALL
NUT4
On an average day, about how many sodas, such as Coke, Pepsi, Dr. Pepper, or Sprite, or sweetened drinks such as Gatorade, Red Bull or Sunny Delight do you drink? Do not include diet sodas, sugar-free drinks, or 100% fruit juice. Please count a 12-ounce can, bottle or glass as one drink.

INTERVIEWER: IF RESPONDENT SAYS ONLY DRINKS SODA/SWEETENED DRINKS LESS THAN 1 A DAY, A FEW TIMES A WEEK, FEW TIMES A MONTH, OCCASIONALLY, CODE AS "97" (LESS THAN 1 A DAY/RARELY); COUNT JUICE UNLESS IT'S 100% FRUIT JUICE

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 96; 97=LESS THAN 1 PER DAY/RARELY; 98=DK, 99=REFUSED.

____ ENTER # OF SODAS OR SWEETENED DRINKS

97   LESS THAN 1 PER DAY/RARELY
98   DK
99   REFUSED

(LACHS 15, 11-SUB, 07-SUB)

NUT5

How often do you eat any food, including meals and snacks, from a fast-food restaurant, like McDonald's, Taco Bell, KFC or another similar type of place?

If you go multiple times per day, please count each visit for that day.

IF RESPONDENT GOES MULTIPLE TIMES PER DAY, COUNT EACH VISIT FOR THAT DAY.

01   4 or more times per week
02   1 to 3 times per week
03   Less than once a week, but more than once a month
04   Less than once a month
05   Never
98   DK
99   REFUSED

(LACHS 11, 07; AMERICAN JOURNAL OF HEALTH PROMOTION OBESOGENIC ARTICLE, MODIFIED)

NUT6

Do you think fluoride in the drinking water is good for adult and children's teeth?

01   YES
02   NO
98   DK
99   REFUSED

[LACHS 18, 15]

HEALTH CONDITIONS

ASK ALL
HC1a

How tall are you without shoes?

INTERVIEWER: ASSUME RESPONDENT IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE/THEY SPECIFICALLY SAYS METERS/CENTIMETERS.

01   ANSWERED IN FEET/INCHES (GO TO HC1a_f)
02   ANSWERED IN METERS/CENTIMETERS (GO TO HC1a_m)
98   DK (GO TO HC1b)
99   REFUSED (GO TO HC1b)

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

DISPLAY IF HC1a=01.
HC1a_f & HC1a_i

PROGRAMMER: FOR FEET, SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 4 TO 6. FOR INCHES, TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE 0.0 TO 11.9.

INTERVIEWER: ENTER 1 DECIMAL PLACE IF NEEDED FOR INCHES. ENTER WHOLE NUMBERS ONLY FOR FEET.

___ ENTER # OF FEET

___ ENTER # OF INCHES

DISPLAY IF HC1a=02.
HC1a_m & HC1a_c

PROGRAMMER: FOR METERS, SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 2. FOR CENTIMETERS, SET TO TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 99.9.

INTERVIEWER: IF ANSWER IS ONLY IN METERS, ENTER 0 FOR CENTIMETERS; IF ANSWER IS ONLY IN CENTIMETERS, ENTER 0 FOR METERS. ENTER 1 DECIMAL PLACE IF NEEDED.

___ ENTER # OF METERS

___ ENTER # OF CENTIMETERS

ASK ALL
HC1b
How much do you weigh?

(INTERVIEWER: ASSUME RESPONDENT IS PROVIDING WEIGHT IN POUNDS, UNLESS HE/SHE/THEY SPECIFICALLY SAYS KILOGRAMS.)

01   ANSWERED IN POUNDS (GO TO HC1b_p)
02   ANSWERED IN KILOGRAMS (GO TO HC1b_k)
98   DK (GO TO HC2)
99   REFUSED (GO TO HC2)

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

DISPLAY IF HC1b=01.
HC1b_p

PROGRAMMER: SET TO THREE DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 50.0 TO 550.0.

___ ENTER # OF POUNDS

DISPLAY IF HC1b=02.
HC1b_k

PROGRAMMER: SET TO THREE DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 23.0 TO 225.0.

___ ENTER # OF KILOGRAMS

ASK ALL

HC2

Have you ever been told by a doctor or other health professional that you have a heart problem, such as coronary heart disease, angina, or had a heart attack?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 07, 05, 02, 99, 97; NHIS)

ASK ALL

HC3

Have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes [IF D1B=2 OR D1B=3 OR D1B=9, DISPLAY: "other than during pregnancy"]?

IF ASKED: This does not include pre-diabetes.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97; BRFSS; NHIS)

ASK ALL

HC4

Have you ever been told by a doctor or other health professional that you have high blood pressure or hypertension [IF D1B=2 OR D1B=3 OR D1B=9, DISPLAY: "other than during pregnancy"]?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97; BRFSS; NHIS)

ASK ALL

HC5

Have you ever been told by a doctor or other health professional that you have high cholesterol?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 99; BRFSS 2004)

ASK ALL

HC6

Have you ever been told by a doctor or other health professional that you have depression or other depressive disorder?

IF NECESSARY: such as bipolar disorder or manic depression?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK IF HC6=1, ELSE GO TO HC7.

HC6a

Is that…?

01   Depression
02   Manic Depression/Bipolar
03   Something else
98   DK
99   REFUSED

(LACHS 18, 15, 11)

ASK IF HC6=1, ELSE GO TO HC7.

HC6b

Are you currently taking medication prescribed by a doctor or psychiatrist for this disorder?

IF NEEDED: depression or depressive disorder.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK IF HC6=1, ELSE GO TO HC7.

HC6c

Are you currently receiving counseling from a mental health professional, such as a psychiatrist, psychologist, psychotherapist, social worker, or counselor for this disorder?

IF NEEDED: depression or depressive disorder.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF HC6=1, ELSE GO TO HC7.
HC6d

Are you currently experiencing or suffering from symptoms of this disorder?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11)

ASK IF HC6d=1 AND (HC6b=2 AND HC6c=2), ELSE GO TO HC7.
HC6e

Are you currently being treated for this disorder?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11)

ASK ALL
HC7

Have you ever been told by a doctor or other health professional that you have asthma?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 05, 02, 99; BRFSS, NHIS)

ASK IF HC7=1, ELSE GO TO MH1a.
HC7a

Do you still have asthma?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 05, 02)

ASK IF HC7=1, ELSE GO TO MH1a.
HC7b

During the past 12 months, have you had an episode of asthma or an asthma attack?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 05, 02, 99)

MENTAL HEALTH

ASK ALL
MH1a
Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things?

01   Not at all
02   Several days
03   More than half the days
04   Nearly every day
98   DK
99   REFUSED

(LACHS 18, 15, 11, 02; PHQ2)

ASK ALL
MH1b
Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

01   Not at all
02   Several days
03   More than half the days
04   Nearly every day
98   DK
99   REFUSED

(LACHS 18, 15, 11, 02; PHQ2)

ASK ALL
MH3a
How often do you feel that you lack companionship?

01   Hardly ever
02   Some of the time
03   Often
98   DK
99   REFUSED

(UCLA Loneliness Scale)

ASK ALL
MH3b
How often do you feel left out?

01   Hardly ever
02   Some of the time
03   Often
98   DK
99   REFUSED

(UCLA Loneliness Scale)

MH3c

How often do you feel isolated from others?

01   Hardly ever
02   Some of the time
03   Often
98   DK
99   REFUSED

(UCLA Loneliness Scale)

ASK ALL
MH4

How often do you get the social and emotional support you need?

INTERVIEWER: IF ASKED, SAY "Please include support from any source."

01   Always
02   Usually
03   Sometimes
04   Rarely
05   Never
98   DK
99   REFUSED

(LACHS 18, 15, 11; BRFSS 07)

HEALTH IMPAIRMENTS

ASK ALL
Di1

Are you deaf or have serious difficulty hearing?

01   YES
02   NO
98   DK
99   REFUSED

(2021 ACS)

ASK ALL
Di2

Are you blind or have serious difficulty seeing even when wearing glasses?

01   YES
02   NO
98   DK
99   REFUSED

(2021 ACS)

Di3

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

01   YES
02   NO
98   DK
99   REFUSED

(2021 ACS)

ASK ALL
Di4

Do you have serious difficulty walking or climbing stairs?

01   YES
02   NO
98   DK
99   REFUSED

(2021 ACS)

ASK ALL
Di5

Do you have difficulty dressing or bathing?

01   YES
02   NO
98   DK
99   REFUSED

(2021 ACS)

ASK ALL
Di6

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

01   YES
02   NO
98   DK
99   REFUSED

(2021 ACS)

ASK IF Di1=02 AND Di2=02 AND Di3=02 AND Di4=02 AND Di5=02 AND Di6=02, ELSE GO TO SF1.
Di7

 Do you consider yourself a person with a disability?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF (D2>=65 AND D2<=125) OR (D2A=8 OR D2A=9) OR (D2B=2 OR D2B=98 OR D2B=99), ELSE GO TO D3.
SF1
Next, I will ask about recent falls. By a fall, I mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 12 months, have you fallen at least once?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15 modified)

ASK IF SF1=1, ELSE GO TO D3.
SF2
Did any of these falls cause an injury?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15; modified)

EMPLOYMENT

ASK ALL
D3
Next, I am asking about your current employment situation. Please tell me yes or no to each.

PROGRAMMER: ENABLE MULTIPLE RECORD

01   are you employed for pay? (IF NECESSARY: this includes being self-employed, working for a family business or for some other organization.)
02   are you looking for work,
03   are you a homemaker or keeping house,
04   are you retired from the labor force,
05   are you unable to work because of a disability, or
06   are you a student?
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05; FIELD)

CAREGIVING

ASK IF SUBSAMPLE=2, ELSE GO TO PA1.
CG1
During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 15-sub, 11-sub, 07, modified; BRFSS 2018)

ASK IF CG1=1, ELSE GO TO PA1.
CG1a
Does this person have a problem with memory loss or have a disorder like Alzheimer's disease?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 15-sub, 11-sub, 07)

ASK IF CG1=1, ELSE GO TO PA1.
CG1b
What is this person's relationship to you?

INTERVIEWER: PROBE RESPONSE OR READ ANSWER OPTIONS AS NECESSARY.

01   MOTHER
02   FATHER
03   MOTHER-IN-LAW
04   FATHER-IN-LAW
05   CHILD
06   HUSBAND
07   WIFE
08   LIVE-IN-PARTNER
09   BROTHER OR BROTHER-IN-LAW
10   SISTER OR SISTER-IN LAW
11   GRANDMOTHER
12   GRANDFATHER
13   GRANDCHILD
14   OTHER RELATIVE
15   NON-RELATIVE/FAMILY FRIEND
98   DK
99   REFUSED

CG1c

Does this person live with you?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 07)

CG1d

Of the following support services, which one do you, as a caregiver, most need that you are not currently getting?

01   Classes about giving care, such as giving medications
02   Help in getting access to services
03   Support groups
04   Individual counseling to help cope with giving care
05   Respite care – Respite care means short-term breaks for people who provide care.
06   You don't need any of these support services
98   DK
99   REFUSED

PHYSICAL ACTIVITY

ASK ALL
PA1

The next few questions are about 2 types of exercises or activities: vigorous and moderate.

First, I am asking about vigorous exercises or activities, those that require hard physical effort and cause heavy sweating and large increases in breathing and heart rate (for example, running or aerobics).

In a usual week, do you do vigorous exercise or activities for at least 10 minutes at a time without stopping? This can include vigorous activity you do while at work or home, for recreation or exercise.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99)

PA1a

How many days per week do you do such vigorous exercise or activities for at least 10 minutes without stopping?

PROGRAMMER: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 TO 7; 98=DK, 99=REFUSED.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99)

PA1b

On an average day when you do these vigorous exercise or activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

INTERVIEWER: TOTAL TIME WHEN BREATHING AND HEART RATE ARE INCREASED. ONLY ADD UP THE TIMES WHEN RESPONDENT DID THESE ACTIVITIES FOR 10 MINUTES OR MORE.

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 10 TO 997; 998=DK, 999=REFUSED.

___ ENTER # OF MINUTES

998   DK
999   REFUSED

PA1bv

I just want to confirm that you do vigorous exercise or activities for [PA1b RESPONSE] minutes on an average day during the week. Is this correct?

01   YES   **PROGRAMMER: GO TO PA2.**
02   NO   **PROGRAMMER: RE-ASK PA1b. OVERWRITE WITH NEW DATA.**
98   DK   **PROGRAMMER: GO TO PA2.**
99   REFUSED **PROGRAMMER: GO TO PA2.**

PA2

Next, I am asking about moderate exercises or activities, those that cause light sweating, and slight increases in breathing and heart rate (for example, walking, yard work or physical labor at work).

In a usual week, do you walk or do moderate exercise or physical activities for at least 10 minutes at a time without stopping? This can include moderate activity at work or home, for recreation or exercise.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

PA2a

How many days per week do you walk or do moderate exercise or physical activities for at least 10 minutes without stopping?

PROGRAMMER: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 TO 7; 98=DK, 99=REFUSED.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF PA2=1, ELSE GO TO PA3.
PA2b
On an average day when you walk or do moderate exercise or physical activities for at least 10 minutes without stopping, how much total time do you spend doing these activities?

INTERVIEWER: TOTAL TIME ON AN AVERAGE DAY WHEN BREATHING AND HEART RATE ARE INCREASED. ONLY ADD UP THE TIMES WHEN RESPONDENT DID THESE ACTIVITIES FOR 10 MINUTES OR MORE.

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 10 TO 997; 998=DK, 999=REFUSED.

____ ENTER # OF MINUTES

998   DK
999   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF (PA2b>=600 AND PA2b<=997), ELSE GO TO PA3.
PA2bv
I just want to confirm that you walk or do moderate exercise or activities for [PA2b RESPONSE] minutes on an average day during the week. Is this correct?

01   YES   **PROGRAMMER: GO TO PA3.**
02   NO   **PROGRAMMER: RE-ASK PA2b. OVERWRITE WITH NEW DATA.**
98   DK   **PROGRAMMER: GO TO PA3.**
99   REFUSED **PROGRAMMER: GO TO PA3.**

ASK ALL
PA3
In a usual week, on how many days do you do activities designed to increase muscle strength or tone, such as lifting weights or doing calisthenics (exercises like squats, push-ups, sit-ups, or jumping jacks, which are designed to increase muscle strength or tone several major muscle groups)? This can include activities at work or home for recreation or exercise.

PROGRAMMER: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 7; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

____ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 2018, 15, 11, 02, MODIFIED; NHIS 2010, MODIFIED)

TRAFFIC SAFETY

TS1

If a traffic safety project was to be implemented in your community that slows traffic to reduce crashes, injuries, and deaths, how many total minutes would you be willing to add to your commute one-way (commute is defined as your main trip of the day to work, school, etc.)?

01   Less than 5 minutes
02   5 to 10 minutes
03   11 to 15 minutes
04   Greater than 15 minutes
05   You don't want your commute to be slowed down at all
06   You do not commute
98   DK
99   REFUSED

TS2

Now for some questions about traffic and pedestrian safety.

In the past 30 days, on how many days did you drive a car or motor vehicle in Los Angeles County?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, VISION ZERO)

TS2a

In the past 30 days, when you drove in Los Angeles County, how often did you read or send a text message or email while you were driving?

Please keep in mind that all of your responses will be kept strictly confidential.

01   Often
02   Sometimes
03   Rarely
04   Never
05   Don't have a cell phone
98   DK
99   REFUSED

(LACHS 18)

CLIMATE CHANGE

CLC1

The next set of questions are about potentially hazardous weather-related events that are increasing in California, including extreme heat waves, wildfires, smoke from wildfires, flooding, and the public safety power shutoffs of electricity to prevent a wildfire.

In the past two years, have you or members of your household personally experienced any of these events?

01   YES
02   NO
98   DK
99   REFUSED

(CHIS 2021)

CLC1a

Thinking about all the members of your household including yourself, was anyone's physical health harmed by any of these events in the past two years?

01   YES
02   NO
98   DK
99   REFUSED

(CHIS 2021)

CLC1b

Thinking about all the members of your household including yourself, did anyone see a doctor or other healthcare provider because of this?

01   YES
02   NO
98   DK
99   REFUSED

CLC1c

Thinking about all the members of your household including yourself, was anyone's mental health harmed by any of these events in the past two years?

01   YES
02   NO
98   DK
99   REFUSED

(CHIS 2021)

CLC1d

Thinking about all the members of your household including yourself, did anyone see a doctor or other healthcare provider because of this?

01   YES
02   NO
98   DK
99   REFUSED

CLC2

Does the issue of climate change make you feel nervous, depressed, or emotionally stressed?

01   YES
02   NO
98   DK
99   REFUSED

ASK ALL.
CLC3

Thinking about heat waves and shade, if it were up to you, would you want to have a free tree planted in front of your residence?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF SUBSAMPLE=8 AND CLC3=2, ELSE GO TO CLC4.
CLC3a

What are the reasons why you would not want to have a free tree planted in front of your residence? Is it because you are concerned about…?

PROGRAMMER: ENABLE MULTIPLE RECORD. RANDOMIZE ITEMS 1 THROUGH 11.

01   Falling leaves, branches, fruit, or other debris
02   Damage to sidewalk, foundations, or pipes
03   Too much water use
04   Too much cost for maintenance
05   Worsened allergies or asthma
06   Limited selection of trees to choose from
07   Increase in property value, which could push people out of the neighborhood
08   Trees may hide criminals
09   Too many rules and regulations imposed on private property trees
10   You do not trust the government
11   You do not like trees
12   Other reason, specify:
98   DK
99   REFUSED

ASK IF SUBSAMPLE=8, ELSE GO TO EP1.
CLC4

Thinking about how investments in public health can help neighborhoods adapt to heat waves, please tell me which of these you would support. Please select up to three choices.

PROGRAMMER: ENABLE MULTIPLE RECORD. LIMIT TO MAXIMUM OF THREE CHOICES.

01   Planting trees for shade and cooling
02   Installing shades in public places (such as over sidewalks, at bus stops, in parks)
03   Implementing a system that sends notifications about heat waves to help people prepare
04   Replacing heat-trapping surfaces like asphalt and concrete with cool or green surfaces
05   Implementing a requirement that homes and workplaces be a comfortable temperature, which might require some landlords and businesses to install air conditioning
06   Increasing the availability of "splash pads" and public pools during the hottest months
07   You would not support any of these   **PROGRAMMER: SINGLE SELECT ONLY**
98   DK
99   REFUSED

EMERGENCY PREPAREDNESS

EP1

I would like to ask you some questions about preparedness for large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as earthquakes, fires, and storms; man-made disasters such as explosions, terrorist events or blackouts; or major health emergencies such as a pandemic.

How well prepared do you feel your household is to handle a large-scale disaster or emergency?

01	Very prepared
02	Somewhat prepared
03	Only a little prepared
04	Not at all prepared
98	DK
99	REFUSED

(LACHS 18, 15)

EP2

How prepared is your community to deal with emergencies such as natural disasters or terrorism?

01	Very prepared
02	Somewhat prepared
03	Only a little prepared
04	Not at all prepared
98	DK
99	REFUSED

(LACHS 18, 15; CHIS)

EP3

How confident are you that the county's public health system can respond effectively to protect the health of the public?

01	Very confident
02	Somewhat confident
03	Only a little confident
04	Not at all confident
98	DK
99	REFUSED

HEALTH INSURANCE

Hi1
Next, I will ask about health insurance.

Are you yourself covered by health insurance or any other kind of health care plan?

IF NECESSARY: This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser (KY-ZER), government programs such as Medicare, Medi-Cal, Medicaid, Healthy Families, military programs such as CHAMPUS, CHAMPVA, or the Indian Health Service, or through Covered California.

01   YES, COVERED
02   NO, NOT COVERED
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF Hi1=1 AND (((D2>=65 AND D2<=125) OR (D2a=8 OR D2a=9) OR (D2b=2 OR D2b=98 OR D2b=99)) OR (Di1=1 OR Di2=1 OR Di3=1 OR Di4=1 OR Di5=1 OR Di6=1 OR Di7=1)), ELSE GO TO Hi2b.
Hi2a
Is your health insurance under Medicare?

IF NECESSARY: Medicare is the government's health insurance program for seniors and certain persons with disabilities.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF Hi1=1, ELSE GO TO Hi3a.
Hi2b
Is your health insurance under Medi-Cal or Medicaid?

IF NECESSARY: This is the government's health insurance program for low-income individuals including families with children, seniors, pregnant women, and people with certain diseases or disabilities.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF Hi1=1 AND (Hi2b=2 OR Hi2b=98 OR Hi2b=99), ELSE GO TO Hi3a.
Hi2c
Is your health insurance through your own or some other family member's employer, union, trade association, school or business?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF Hi1=1 AND (Hi2b=2 OR Hi2b=98 OR Hi2b=99) AND (Hi2c=2 OR Hi2c=98 OR Hi2c=99), ELSE GO TO Hi3a.
Hi2d

Is your health insurance through one of the Covered California health plans, also known as the Exchange Marketplace health plans?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF Hi1=1 AND (Hi2b=2 OR Hi2b=98 OR Hi2b=99) AND (Hi2c=2 OR Hi2c=98 OR Hi2c=99) AND (Hi2d=2 OR Hi2d=98 OR Hi2d=99), ELSE GO TO Hi3a.
Hi2e

Is your health insurance through Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF Hi1=1 AND (Hi2b=2 OR Hi2b=98 OR Hi2b=99) AND (Hi2c=2 OR Hi2c=98 OR Hi2c=99) AND (Hi2d=2 OR Hi2d=98 OR Hi2d=99) AND (Hi2e=2 OR Hi2e=98 OR Hi2e=99), ELSE GO TO Hi3a.
Hi2f

Is your health insurance under your own or some other family member's **military insurance program** (like CHAMPUS, CHAMPVA, TRICARE, or VA coverage)?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF Hi1=1 AND (Hi2a=2 OR Hi2a=98 OR Hi2a=99) AND (Hi2b=2 OR Hi2b=98 OR Hi2b=99) AND (Hi2c=2 OR Hi2c=98 OR Hi2c=99) AND (Hi2d=2 OR Hi2d=98 OR Hi2d=99) AND (Hi2e=2 OR Hi2e=98 OR Hi2e=99) AND (Hi2f=2 OR Hi2f=98 OR Hi2f=99), ELSE GO TO Hi3a.
Hi2g

Is your health insurance through a **separate policy** that you or some other family member bought **directly from an insurance provider**?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED, 99, 97)

ASK IF Hi1=1 AND ((Hi2a=2 OR Hi2a=98 OR Hi2a=99) AND (Hi2b=2 OR Hi2b=98 OR Hi2b=99) AND (Hi2c=2 OR Hi2c=98 OR Hi2c=99) AND (Hi2d=2 OR Hi2d=98 OR Hi2d=99) AND (Hi2e=2 OR Hi2e=98 OR Hi2e=99) AND (Hi2f=2 OR Hi2f=98 OR Hi2f=99) AND (Hi2g=2 OR Hi2g=98 OR Hi2g=99), ELSE GO TO Hi3a.
Hi2h
What is the type or name of your insurance?

PROGRAMMER: OPEN END TEXT BOX. LIMIT TO 100 CHARACTERS; 98=DK, 99=REFUSED.

_____ ENTER RESPONSE

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05)

ASK IF (Hi1=2 OR Hi1=98 OR Hi1=99) AND (((D2>=65 AND D2<=125) OR (D2a=8 OR D2a=9) OR (D2b=2 OR D2b=98 OR D2b=99)) OR (Di1=1 OR Di2=1 OR Di3=1 OR Di4=1 OR Di5=1 OR Di6=1 OR Di7=1)), ELSE GO TO Hi3b.
Hi3a
We are collecting insurance information to measure people's ability to access medical care in Los Angeles County. This information will be kept completely confidential. There are some types of coverage you may not have considered.

Are you yourself currently covered for health insurance under Medicare?

IF NECESSARY: Medicare is the government's health insurance program for seniors and certain persons with disabilities.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF (Hi1=2 OR Hi1=98 OR Hi1=99), ELSE GO TO AC1.
Hi3b

PROGRAMMER: IF Hi3a NOT ASKED, THEN DISPLAY "We are collecting insurance information to measure people's ability to access medical care in Los Angeles County. This information will be kept completely confidential. There are some types of coverage you may not have considered."

Are you yourself currently covered for health insurance under Medi-Cal or Medicaid?

IF NECESSARY: This is the government's health insurance program for low-income individuals including families with children, seniors, pregnant women, and people with certain diseases or disabilities.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF (Hi1=2 OR Hi1=98 OR Hi1=99) AND (Hi3b=2 OR Hi3b=98 OR Hi3b=99), ELSE GO TO AC1.

Hi3c

Are you yourself currently covered for health insurance through your own or some other family member's employer, union, trade association, school or business?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF (Hi1=2 OR Hi1=98 OR Hi1=99) AND (Hi3b=2 OR Hi3b=98 OR Hi3b=99) AND (Hi3c=2 OR Hi3c=98 OR Hi3c=99), ELSE GO TO AC1.

Hi3d

Are you yourself currently covered for health insurance through one of the Covered California, also known as the Exchange Marketplace, health plans?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF (Hi1=2 OR Hi1=98 OR Hi1=99) AND (Hi3b=2 OR Hi3b=98 OR Hi3b=99) AND (Hi3c=2 OR Hi3c=98 OR Hi3c=99) AND (Hi3d=2 OR Hi3d=98 OR Hi3d=99), ELSE GO TO AC1.

Hi3e

Are you yourself currently covered for health insurance through Indian Health Service, Tribal Health Program or Urban Indian Clinic?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF (Hi1=2 OR Hi1=98 OR Hi1=99) AND (Hi3b=2 OR Hi3b=98 OR Hi3b=99) AND (Hi3c=2 OR Hi3c=98 OR Hi3c=99) AND (Hi3d=2 OR Hi3d=98 OR Hi3d=99) AND (Hi3e=2 OR Hi3e=98 OR Hi3e=99), ELSE GO TO AC1.

Hi3f

Are you yourself currently covered for health insurance under your own or some other family member's military insurance program (like CHAMPUS, CHAMPVA, TRICARE, or VA coverage)?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

Hi3g

Are **you yourself** currently covered for health insurance through a **separate policy** that you or some other family member bought **directly from an insurance provider**?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ACCESS TO CARE

ASK ALL
AC1

Overall, how easy or difficult is it for you to get medical care when you need it?

01   Very difficult
02   Somewhat difficult
03   Somewhat easy
04   Very easy
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK ALL
AC2

How long has it been since you last visited a dentist or a dental clinic for any reason? Please include any type of dentist, such as an orthodontist, oral surgeon, another dental specialist, or dental hygienist.

INTERVIEWER: READ ANSWER OPTIONS AS NECESSARY.

01   LESS THAN 12 MONTHS
02   1 YEAR BUT LESS THAN 2 YEARS
03   2 YEARS BUT LESS THAN 5 YEARS
04   5 OR MORE YEARS
05   NEVER
98   DK
99   REFUSED

(LACHS 11, 07, 99)

AC3

Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

IF NECESSARY: If wisdom teeth are removed because of tooth decay or gum disease, please include them in the count for lost teeth.

INTERVIEWER: READ ANSWER OPTIONS AS NECESSARY.

01	NONE
02	1 TO 5
03	6 OR MORE, BUT NOT ALL
04	ALL
98	DK
99	REFUSED

(BRFSS 2020)

ASK ALL
AC4

When you are sick or want advice about your health, is there one place or health provider to whom you go most often?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF AC4=2 OR AC4=98 OR AC4=99, ELSE GO CS1.
AC4a

Is that because you have more than one place to go, or is it because you have no regular place to go?

01	MORE THAN 1 PLACE
02	NO REGULAR PLACE TO GO
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF AC4a=1 OR AC4a=98 OR AC4a=99, ELSE GO TO CS1.
AC4b

Is there one place that you go to more often than any other place for your routine care?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

CANCER SCREENING

ASK IF (D1b=2 AND ((D2>=50 AND D2<=74) OR (D2a>=6 AND D2a<=8) OR D2a=98 OR D2a=99)), ELSE GO TO CS2.
CS1

The next questions are about breast cancer screening.

Have you ever had a mammogram? A mammogram is an x-ray of each breast to look for breast cancer.

01	YES
02	NO
98	DK
99	REFUSED

(BRFSS 2020)

ASK IF CS1=1, ELSE GO TO CS2.
CS1a

How long has it been since your last mammogram?

INTERVIEWER: READ ANSWER OPTIONS AS NECESSARY.

01	WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
02	WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
03	WITHIN THE PAST 3 YEARS (2 YEARS BUT LESS THAN 3 YEARS AGO)
04	WITHIN THE PAST 5 YEARS (3 YEARS BUT LESS THAN 5 YEARS AGO)
05	MORE THAN 5 YEARS AGO
98	DK
99	REFUSED

(BRFSS 2020)

ASK IF D1b=2 AND ((D2>=18 AND D2<=65) OR (D2a>=1 AND D2a<=7) OR (D2b=1 OR OR D2b=98 OR D2b=99)), ELSE GO TO VA1.
CS2

Have you had a hysterectomy? That is the surgical removal of the uterus.

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07, 05, 99)

ASK IF CS2=2 OR CS2=98 OR CS2=99, ELSE GO TO VA1.
CS2a

The next questions are about cervical cancer screening.

Have you ever had a Pap test? A Pap test is a test for cancer of the cervix.

01	YES
02	NO
98	DK
99	REFUSED

(BRFSS 2020)

ASK IF CS2a=1, ELSE GO TO CS2c.
CS2b
How long has it been since you had your last Pap test?

INTERVIEWER: READ ANSWER OPTIONS AS NECESSARY.

01 WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
02 WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
03 WITHIN THE PAST 3 YEARS (2 YEARS BUT LESS THAN 3 YEARS AGO)
04 WITHIN THE PAST 5 YEARS (3 YEARS BUT LESS THAN 5 YEARS AGO)
05 MORE THAN 5 YEARS AGO
98 DK
99 REFUSED

(BRFSS 2020)

ASK IF CS2=2 OR CS2=98 OR CS2=99, ELSE GO TO VA1.
CS2c
An HPV test is sometimes given with the Pap test for cervical cancer screening. An HPV test looks for the virus (human papillomavirus) that can cause cervical cancer. Have you ever had an HPV test?

01 YES
02 NO
98 DK
99 REFUSED

(BRFSS 2020)

ASK IF CS2c=1, ELSE GO VA1.
CS2d
How long has it been since you had your last HPV test?

INTERVIEWER: READ ANSWER OPTIONS AS NECESSARY.

01 WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
02 WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
03 WITHIN THE PAST 3 YEARS (2 YEARS BUT LESS THAN 3 YEARS AGO)
04 WITHIN THE PAST 5 YEARS (3 YEARS BUT LESS THAN 5 YEARS AGO)
05 MORE THAN 5 YEARS AGO
98 DK
99 REFUSED

(BRFSS 2020)

VACCINATIONS

ASK ALL
VA1
During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

INTERVIEWER NOTE: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

01 YES
02 NO
98 DK
99 REFUSED

VA2

Have you ever had a pneumonia shot?

IF NECESSARY: This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99; BRFSS)

VA3

Have you ever had an HPV vaccine?

IF NECESSARY: HPV or the Human Papilloma Virus is a common virus known to cause cancer and genital warts.

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 11, 07)

VA3a

Have you received 2 or more HPV vaccines?

01	YES
02	NO
98	DK
99	REFUSED

E-CIGARETTES

EC1

The next questions are about using e-cigarettes and other vaping devices with nicotine. These devices heat a liquid containing nicotine into a vapor. Other names for these devices might be vape pens, e-hookahs, hookah pens, or mods. Examples of common brands are JUUL, Suorin, Blu, NJOY, and Vuse. When answering the following questions, please count any of these devices that you use.

Have you ever used an e-cigarette or any other vaping device with nicotine?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, CATS 2018, CHIS)

ASK IF EC1=1, ELSE GO TO EC3.
EC2
During the past 30 days, on how many days did you use an e-cigarette or any other vaping device with nicotine?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

ASK IF EC2>=1 AND EC2<=30, ELSE GO TO EC3.
EC2a
What are your reasons for using e-cigarettes or any other vaping device with nicotine?

PROGRAMMER: ENABLE MULTIPLE RECORD. RANDOMIZE ITEMS 1 THROUGH 12.

01   There is no lingering odor
02   E-cigarettes help you concentrate or stay alert
03   You used e-cigarettes to quit cigarettes (or other tobacco products)
04   You use e-cigarettes to cut down on cigarettes
05   E-cigarettes come in many flavors
06   E-cigarettes can be used in places where cigarettes are not allowed
07   E-cigarettes are cheaper than cigarettes
08   E-cigarettes are healthier than cigarettes
09   You were curious to just try it
10   E-cigarettes look cool
11   You use e-cigarettes to smoke marijuana
12   You use e-cigarettes in social situations
13   Another reason, please specify: **PROGRAMMER: OPEN SPECIFY. SET RANGE TO 100 CHARACTERS**
98   DK
99   REFUSED

(LACHS 18, CATS)

ASK IF EC2>=1 AND EC2<=30, ELSE GO TO EC3.
EC2b
How often do you use e-cigarettes or any other vaping device with nicotine that are flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   Usually
02   Sometimes
03   Never
98   DK
99   REFUSED

(LACHS 18)

ASK IF EC2>=1 AND EC2<=30, ELSE GO TO EC3.
EC2c
Thinking about the types of e-cigarettes, have you used the disposable kind, the rechargeable/refillable tank kind, or both?

01   ONLY DISPOSABLE
02   ONLY RECHARGEABLE
03   BOTH
98   DK
99   REFUSED

(LACHS 18, NYTS 2020)

ASK IF EC2>=1 AND EC2<=30, ELSE GO TO EC3.
EC2d
At what age did you first use any type of e-cigarettes or any other vaping device with nicotine?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 5 TO 125; 998=DK, 999=REFUSED. LOGIC CHECKING: IF D2 NE 998 AND D2 NE 999 THEN EC2d SHOULD BE <=D2.

___ ENTER AGE IN YEARS

998   DK
999   REFUSED

(LACHS 18)

ASK IF EC2>=1 AND EC2<=30, ELSE GO TO EC3.
EC2e
Approximately how long have you been using e-cigarettes or any other vaping device with nicotine?

01   One month or less
02   More than one month but less than 6 months
03   6 months or more but less than one year
04   One year or more
98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF EC2e=4, ELSE GO TO EC2j.
EC2f
Around this time 12 months ago, were you using e-cigarettes or any other vaping device with nicotine …?

01   Every day
02   Some days
03   Not at all
98   DK
99   REFUSED

(LACHS 18)

ASK IF EC2e=4, ELSE GO TO EC2j.
EC2g
During the past 12 months, have you stopped using e-cigarettes or any other vaping device with nicotine for one day or longer because you were trying to quit using them?

01   YES
02   NO
03   HAVE NOT USED AN E-CIGARETTE IN THE PAST 12 MONTHS
98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF EC2g=1, ELSE GO TO EC2j.
EC2h
How many times in the past 12 months have you stopped using an e-cigarette or any other vaping device with nicotine for one day or longer because you were trying to quit using e-cigarettes for good?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 TO 365; 998=DK, 999=REFUSED.

___ ENTER # OF TIMES

998   DK
999   REFUSED

(LACHS 18)

ASK IF EC2g=1, ELSE GO TO EC2j.
EC2i
What is the primary reason you stopped using e-cigarettes or any other vaping device with nicotine?

01   You did not feel the need to use nicotine anymore
02   You went back to smoking cigarettes
03   You were worried about becoming addicted
04   It costs too much
05   You were worried about harmful side effects
06   Something else, please specify: **PROGRAMMER: OTHER SPECIFY. SET RANGE TO 100 CHARACTERS.**
98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF EC2>=1 AND EC2<=30, ELSE GO TO EC3.
EC2j
During the past 7 days, on how many days did you use e-cigarettes or any other vaping device with nicotine in your home?

PROGRAMMER: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 7; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)

EC3

During the past 7 days, on how many days were you exposed to someone else's e-cigarette vapor in your home, including through doors, windows, and walls?

PROGRAMMER: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 7; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98 DK
99 REFUSED

(LACHS 18)

ASK IF SUBSAMPLE=4, ELSE GO TO T1.
EC4

Please indicate whether you favor or oppose a law banning the use of an e-cigarette or other vaping device with nicotine in each of the following areas. Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine …?

PROGRAMMER: RANDOMIZE ITEMS EC4a THROUGH EC4g

ASK IF SUBSAMPLE=4, ELSE GO TO T1.
EC4a

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine…?

In outdoor dining areas (such as outdoor seating at restaurants and bars)

01 FAVOR
02 OPPOSE
98 DK
99 REFUSED

ASK IF SUBSAMPLE=4, ELSE GO TO T1.
EC4b

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine…?

In outdoor recreational areas (such as parks, beaches, playgrounds)

01 FAVOR
02 OPPOSE
98 DK
99 REFUSED

EC4c

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine...?

In public event areas (such as farmers' markets, parades, fairs, festivals)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

EC4d

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine...?

In public places (such as sidewalks, parking lots, shopping areas, sport venues)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

EC4e

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine...?

In service areas (such as bus stops, ticket lines, ATM lines, taxi stands)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

EC4f

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine...?

In individual units of multi-unit housing (such as apartments, condominiums, senior and assisted living facilities)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

EC4g

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine...?

In outdoor work areas or construction sites

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

TOBACCO USE

ASK ALL
T1
The next few questions ask about your cigarette smoking.

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

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 1999-2018; TUSCS-CPS, CATS, BRFSS, NHIS)

ASK ALL
T2
Do you now smoke cigarettes…?

01   Every day
02   Some days
03   Not at all
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07; TUSCS-CPS, CATS, BRFSS, NHIS)

ASK IF T1=1 AND T2=1, ELSE GO TO T4a.
T3
On the average, about how many cigarettes do you now smoke each day? One pack usually equals 20 cigarettes.

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 TO 97; 98=DK, 99=REFUSED.

_____ ENTER # OF CIGARETTES/DAY

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07)

ASK IF T1=1 AND T2=2, ELSE GO TO T5a.
T4a
On how many of the past 30 days did you smoke a cigarette?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 TO 30; 98=DK, 99=REFUSED.

_____ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07; TUSCS-CPS, CATS)

ASK IF T1=1 AND T2=2, ELSE GO TO T5a.
T4b
During the past 30 days, on the days that you smoked, about how many cigarettes did you smoke per day? One pack usually equals 20 cigarettes.

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 97; 98=DK, 99=REFUSED.

_____ ENTER # OF CIGARETTES/DAY

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07; TUSCS-CPS, CATS)

ASK IF T1=1 AND T2=2, ELSE GO TO T5a.
T4c
About how long has it been since you last smoked cigarettes every day?

01   ANSWERED IN DAYS (GO TO T4c_d)
02   ANSWERED IN WEEKS (GO TO T4c_w)
03   ANSWERED IN MONTHS (GO TO T4c_m)
04   ANSWERED IN YEARS (GO TO T4c_y)
05   NEVER SMOKED CIGARETTES EVERY DAY (GO TO T5a)
98   DK (GO TO T5a)
99   REFUSED (GO TO T5a)

(LACHS 18, 15, 11, 07; TUSCS-CPS, CATS)

DISPLAY IF T4c=01.
T4c_d

PROGRAMMER: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 6.

___ ENTER # OF DAYS

DISPLAY IF T4c=02.
T4c_w

PROGRAMMER: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 3.

___ ENTER # OF WEEKS

DISPLAY IF T4c=03.
T4c_m

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 11.

___ ENTER # OF MONTHS

DISPLAY IF T4c=04.
T4c_y

PROGRAMMER: SET TO THREE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 125.

___ ENTER # OF YEARS

ASK IF T1=1 AND (T2=1 OR T2=2), ELSE GO TO T6_1.
T5a
During the PAST 7 DAYS, on how many days did you smoke cigarettes in your home?

PROGRAMMER: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF T1=1 AND (T2=1 OR T2=2), ELSE GO TO T6_1.
T5b
At what age did you first smoke cigarettes?

PROGRAMMER: SET TO THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125; 998=DK, 999=REFUSED.
LOGIC CHECKING: IF D2 NE 998 AND D2 NE 999 THEN T5b SHOULD BE <=D2.

___ ENTER AGE

998   DK
999   REFUSED

(LACHS 18, 15, 11, 07, 05, 02; TUSCS-CPS, NHIS)
ASK IF T1=1 AND (T2=1 OR T2=2), ELSE GO TO T6_1.
T5c
Around this time 12 months ago, were you smoking cigarettes…?

01   Every day
02   Some days
03   Not at all
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07; TUSCS-CPS, CATS)

T5d

Did you switch from a conventional cigarette to an e-cigarette because you thought it is less harmful?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07)

T5e

Are you seriously thinking of quitting smoking cigarettes?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07; ASHES)

T5f

How soon are you seriously planning to quit smoking cigarettes? Would you say…?

01   Within the next 30 days
02   More than 30 days but within the next 6 months
03   More than 6 months but within the next 12 months
04   No specific time
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07; ASHES)

T5g

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

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07; TUSCS-CPS, CATS)

T5h

How many times during the **past 12 months** have you stopped smoking for one day or longer because you were trying to quit smoking?

PROGRAMMER: SET TO THREE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 365; 998=DK, 999=REFUSED.

___ ENTER # OF TIMES

998   DK
999   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99; TUSCS-CPS)

T5i

What is the primary reason you stopped smoking cigarettes?

01   You were worried about harmful side effects
02   Because of illness or disability
03   Because it was too expensive/Because of the cost
04   Because of smoking restrictions
05   To reduce others' exposure to secondhand smoke
06   You had a reduced need or craving
07   Because of family pressure
08   Another reason, please specify: **PROGRAMMER: OPEN SPECIFY. SET RANGE TO 100 CHARACTERS.**
98   DK
99   REFUSED

T5j

The last time you tried to quit smoking in the past 12 months, did you do any of the following?

PROGRAMMER: RANDOMIZE ITEMS T5j_a THROUGH T5j_i.

T5j_a

Did you seek help or support from friends or family?

01   YES
02   NO
98   DK
99   REFUSED

T5j_b

Did you use self-help materials on the Internet, or from books, pamphlets, videos, or other materials?

01   YES
02   NO
98   DK
99   REFUSED

T5j_c

Did you call a telephone help line or quit line?

01   YES
02   NO
98   DK
99   REFUSED

T5j_d

Did you use technology such as an app, texting or quitting website?

01   YES
02   NO
98   DK
99   REFUSED

T5j_e

Did you use counseling advice from individual, group or phone counseling?

01   YES
02   NO
98   DK
99   REFUSED

T5j_f

Did you try to quit by gradually cutting back on cigarettes?

01   YES
02   NO
98   DK
99   REFUSED

T5j_g

Did you use nicotine replacement therapy (NRT) or products such as nicotine patches, gum or lozenges?

01   YES
02   NO
98   DK
99   REFUSED

T5j_h

Did you use medication such as Zyban, Bupropion, Wellbutrin, Varenicline or Chantix?

01   YES
02   NO
98   DK
99   REFUSED

T5j_i

Did you switch to an e-cigarette?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS, TUSCS-CPS)

T5k

The last time you tried to quit smoking in the past 12 months, did you try to give up cigarettes by quitting "cold turkey" or all at once?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF T1=1 AND (T2=1 OR T2=2), ELSE GO TO T6_1.

T5l

During the past 12 months, did any doctor, dentist, nurse or other health professional advise you to quit smoking?

01   YES
02   NO
03   DID NOT SEE A DOCTOR, DENTIST, NURSE OR OTHER HEALTH PROFESSIONAL IN THE PAST 12 MONTHS
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99; TUSCS-CPS)

ASK IF T5l=1, ELSE GO TO T6_1.

T5m

Did your doctor, dentist, nurse or other health professional do any of the following?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Suggest that you set a specific date to quit smoking
02   Prescribe anything to help you quit smoking
03   Provide phone number(s) of free smokers' quitline services
04   Something else, please specify: **PROGRAMMER: OTHER SPECIFY. SET RANGE TO 100 CHARACTERS.**
98   DK
99   REFUSED

(LACHS 18)

ASK ALL

T6_1

The next few questions ask about your use of other kinds of tobacco products other than cigarettes, such as cigars, smokeless tobacco, hookahs, pipes, dissolvable tobacco, nicotine pouches, and heated tobacco products.

During the past 30 days, on how many days did you use cigars?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

____ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF T6_1>=1 AND T6_1<=30, ELSE GO TO T6_2.

T6a_1

Were the cigars flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18)

T6_2
During the past 30 days, on how many days did you use a pipe?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)
ASK IF T6_2>=1 AND T6_2<=30, ELSE GO TO T6_3.
T6a_2
Was the pipe flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18)

T6_3
During the past 30 days, on how many days did you use a hookah or water pipe?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF T6_3>=1 AND T6_3<=30, ELSE GO TO T6_4.
T6a_3
Was the hookah or water pipe flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18)

T6_4
During the past 30 days, on how many days did you use smokeless tobacco (such as chew, dip, snuff, snus)?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF T6_4>=1 AND T6_4<=30, ELSE GO TO T6_5.
T6a_4
Was the smokeless tobacco (such as chew, dip, snuff, snus) flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18)

ASK ALL
T6_5
During the past 30 days, on how many days did you use little cigars or cigarillos?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF T6_5>=1 AND T6_5<=30, ELSE GO TO T6_6.
T6a_5
Were the little cigars or cigarillos flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18)

T6_6
During the past 30 days, on how many days did you use dissolvable tobacco products (such as Orbis, Ariva)?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF T6_6>=1 AND T6_6<=30, ELSE GO TO T6_7.
T6a_6
Were the dissolvable tobacco products (such as Orbis, Ariva) flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18)

ASK ALL
T6_7
During the past 30 days, on how many days did you use nicotine pouches (such as ZYN, on!)?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF T6_7>=1 AND T6_7<=30, ELSE GO TO T6_8.
T6a_7
Were the nicotine pouches (such as ZYN, on!) flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18)

T6_8

During the past 30 days, on how many days did you use menthol cigarettes?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15)

ASK ALL
T6_9

During the past 30 days, on how many days did you use heated tobacco products (such as Eclipse, Revo, iQOS)?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED
(LACHS 18, 15)

PROGRAMMER:
IF (T6_1>=1 AND T6_1<=30) THEN INT_T6b_1=1.
IF (T6_2>=1 AND T6_2<=30) THEN INT_T6b_2=1.
IF (T6_3>=1 AND T6_3<=30) THEN INT_T6b_3=1.
IF (T6_4>=1 AND T6_4<=30) THEN INT_T6b_4=1.
IF (T6_5>=1 AND T6_5<=30) THEN INT_T6b_5=1.
IF (T6_6>=1 AND T6_6<=30) THEN INT_T6b_6=1.
IF (T6_7>=1 AND T6_7<=30) THEN INT_T6b_7=1.
IF (T6_8>=1 AND T6_8<=30) THEN INT_T6b_8=1.
IF (T6_9>=1 AND T6_9<=30) THEN INT_T6b_9=1.
IF (T2=1 OR T2=2)   THEN INT_T6b_10=1.
IF (EC2>=1 AND EC2<=30)   THEN INT_T6b_11=1.

ASK IF SUM (INT_T6b_1, INT_T6b_2, INT_T6b_3, INT_T6b_4, INT_T6b_5, INT_T6b_6, INT_T6b_7, INT_T6b_8, INT_T6b_9, INT_T6b_10, INT_T6b_11)>=2, ELSE GO TO T7.
T6b

Which of the following tobacco products did you try first?

01	Cigars	**PROGRAMMER: DISPLAY IF (T6_1>=1 AND T6_1<=30)**
02	Pipe	**PROGRAMMER: DISPLAY IF (T6_2>=1 AND T6_2<=30)**
03	Hookah/Water Pipe	**PROGRAMMER: DISPLAY IF (T6_3>=1 AND T6_3<=30)**
04	Smokeless tobacco (such as chew, dip, snuff, snus)	**PROGRAMMER: DISPLAY IF (T6_4>=1 AND T6_4<=30)**
05	Little cigars/cigarillos	**PROGRAMMER: DISPLAY IF (T6_5>=1 AND T6_5<=30)**
06	Dissolvable tobacco products (such as Orbis, Ariva)	**PROGRAMMER: DISPLAY IF (T6_6>=1 AND T6_6<=30)**
07	Nicotine pouches (such as ZYN, on!)	**PROGRAMMER: DISPLAY IF (T6_7>=1 AND T6_7<=30)**
08	Menthol cigarettes	**PROGRAMMER: DISPLAY IF (T6_8>=1 AND T6_8<=30)**
09	Heated tobacco products (such as Eclipse, Revo, iQOS)	**PROGRAMMER: DISPLAY IF (T6_9>=1 AND T6_9<=30)**

| 10 | Cigarettes | **PROGRAMMER: DISPLAY IF (T2=1 OR T2=2)** |
| 11 | E-cigarettes | **PROGRAMMER: DISPLAY IF (EC2>=1 AND EC2<=30)** |

(LACHS 18)

ASK ALL
T7

On how many of the past 7 days were you exposed to someone else's tobacco smoke such as cigarettes, little cigars, cigars, or a hookah in your home, including through doors, windows, and walls?

PROGRAMMER: SET ONE NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 7; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

_____ ENTER # OF DAYS

| 98 | DK |
| 99 | REFUSED |

(LACHS 18, 15, 11, 07, 05, 02 MODIFIED)

PROGRAMMER: RANDOMIZE ITEMS T8_1 THROUGH T8_5

ASK IF ((T1=1 AND (T2=1 OR T2=2)) OR (EC2>=1 AND EC2<=30) OR (T6_1>=1 AND T6_1<=30) OR (T6_2>=1 AND T6_2<=30) OR (T6_3>=1 AND T6_3<=30) OR (T6_4>=1 AND T6_4<=30) OR (T6_5>=1 AND T6_5<=30) OR (T6_6>=1 AND T6_6<=30) OR (T6_7>=1 AND T6_7<=30) OR (T6_8>=1 AND T6_8<=30) OR (T6_9>=1 AND T6_9<=30), ELSE GO TO T9.
T8_1

There are a number of resources that people use to help them stop smoking, vaping, or using other tobacco products. Before being contacted for this survey and regardless of whether or not you smoke, vape, or use other tobacco products, …

Have you heard of California Smoker's helpline: 1-800-NO-BUTTS (1-800-662-8887)?

01	YES
02	NO
98	DK
99	REFUSED

ASK IF ((T1=1 AND (T2=1 OR T2=2)) OR (EC2>=1 AND EC2<=30) OR (T6_1>=1 AND T6_1<=30) OR (T6_2>=1 AND T6_2<=30) OR (T6_3>=1 AND T6_3<=30) OR (T6_4>=1 AND T6_4<=30) OR (T6_5>=1 AND T6_5<=30) OR (T6_6>=1 AND T6_6<=30) OR (T6_7>=1 AND T6_7<=30) OR (T6_8>=1 AND T6_8<=30) OR (T6_9>=1 AND T6_9<=30), ELSE GO TO T9.
T8_2

Have you heard of Kick It California: text and talk-based support program?

01	YES
02	NO
98	DK
99	REFUSED

ASK IF ((T1=1 AND (T2=1 OR T2=2)) OR (EC2>=1 AND EC2<=30) OR (T6_1>=1 AND T6_1<=30) OR (T6_2>=1 AND T6_2<=30) OR (T6_3>=1 AND T6_3<=30) OR (T6_4>=1 AND T6_4<=30) OR (T6_5>=1 AND T6_5<=30) OR (T6_6>=1 AND T6_6<=30) OR (T6_7>=1 AND T6_7<=30) OR (T6_8>=1 AND T6_8<=30) OR (T6_9>=1 AND T6_9<=30), ELSE GO TO T9.

T8_3

Have you heard of nicotine replacement therapy, or NRT, such as the nicotine patch, gum, or lozenges?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF ((T1=1 AND (T2=1 OR T2=2)) OR (EC2>=1 AND EC2<=30) OR (T6_1>=1 AND T6_1<=30) OR (T6_2>=1 AND T6_2<=30) OR (T6_3>=1 AND T6_3<=30) OR (T6_4>=1 AND T6_4<=30) OR (T6_5>=1 AND T6_5<=30) OR (T6_6>=1 AND T6_6<=30) OR (T6_7>=1 AND T6_7<=30) OR (T6_8>=1 AND T6_8<=30) OR (T6_9>=1 AND T6_9<=30), ELSE GO TO T9.

T8_4

Have you heard of prescription medications that help people quit smoking such as Zyban, Bupropion, Wellbutrin, Varenicline or Chantix?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF ((T1=1 AND (T2=1 OR T2=2)) OR (EC2>=1 AND EC2<=30) OR (T6_1>=1 AND T6_1<=30) OR (T6_2>=1 AND T6_2<=30) OR (T6_3>=1 AND T6_3<=30) OR (T6_4>=1 AND T6_4<=30) OR (T6_5>=1 AND T6_5<=30) OR (T6_6>=1 AND T6_6<=30) OR (T6_7>=1 AND T6_7<=30) OR (T6_8>=1 AND T6_8<=30) OR (T6_9>=1 AND T6_9<=30), ELSE GO TO T9.

T8_5

Have you heard of smoking cessation classes, programs or counseling to help people quit smoking?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF T8_3=1, ELSE GO TO T8a_4.

T8a_3

As far as you know, does your health insurance or health care plan pay for nicotine replacement therapy, or NRT, such as the nicotine patch, gum, or lozenges?

01   YES
02   NO
03   YOU DO NOT HAVE HEALTH INSURANCE
98   DK
99   REFUSED

ASK IF T8_4=1, ELSE GO TO T8a_5.

T8a_4

As far as you know, does your health insurance or health care plan pay for prescription medications that help people quit smoking such as Zyban, Bupropion, Wellbutrin, Varenicline or Chantix?

01   YES
02   NO
03   YOU DO NOT HAVE HEALTH INSURANCE
98   DK
99   REFUSED

T8a_5

As far as you know, does your health insurance or health care plan pay for smoking cessation classes, programs, or counseling to help people quit smoking?

01   YES
02   NO
03   YOU DO NOT HAVE HEALTH INSURANCE
98   DK
99   REFUSED

T9

On how many of the past 14 days were you exposed to someone else's e-cigarette vapor in outdoor areas?

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 14; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18)

T9a

In which of the following outdoor areas were you exposed to e-cigarette vapor?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Workplace or worksite (such as an outdoor construction area)
02   Sidewalk
03   Shopping mall or store
04   Recreational space (such as a park, beach, playground)
05   Outdoor dining area (such as outdoor seating at a restaurant or bar)
06   Outdoor public event (such as a farmers' market, swap meet, fair, concert)
07   Service area (such as a bus stop, ticket line, ATM line, taxi stand)
08   Parking lot or structure
09   Bike lane, path, or walkway
10   Alley
11   Other outdoor area, please specify:
98   DK
99   REFUSED

T10
On how many of the past 14 days were you exposed to someone else's tobacco smoke such as cigarettes, little cigars, cigars, or hookah in outdoor areas?

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 14; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

_____ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18)

T10a
In which of the following outdoor areas were you exposed to tobacco smoke?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Workplace or worksite (such as an outdoor construction area)
02   Sidewalk
03   Shopping mall or store
04   Recreational space (such as a park, beach, or playground)
05   Outdoor dining area (such as outdoor seating at a restaurant or bar)
06   Outdoor public area (such as a farmers' market, swap meet, fair, concert)
07   Service area (such as a bus stop, ticket line, ATM line, taxi stand)
08   Parking lot or structure
09   Bike lane, path, or walkway
10   Alley
11   Other outdoor area, please specify:
98   DK
99   REFUSED

PROGRAMMER: RANDOMIZE ITEMS T11a THROUGH T11g

T11a
Please indicate whether you favor or oppose a law banning the smoking of any tobacco products in each of the following areas. Do you favor or oppose a law banning the smoking of any tobacco products such as cigarettes, little cigars, and cigars…?

In outdoor dining areas (such as outdoor seating at restaurants and bars)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=5, ELSE GO TO A1.
T11b
INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the smoking of any tobacco products such as cigarettes, little cigars, and cigars…?

In outdoor recreational areas (such as parks, beaches, playgrounds)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=5, ELSE GO TO A1.
T11c
INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the smoking of any tobacco products such as cigarettes, little cigars, and cigars…?

In public event areas (such as farmers' markets, parades, fairs, festivals)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=5, ELSE GO TO A1.
T11d
INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the smoking of any tobacco products such as cigarettes, little cigars, and cigars…?

In public places (such as sidewalks, parking lots, shopping areas, sport venues)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=5, ELSE GO TO A1.
T11e
INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the smoking of any tobacco products such as cigarettes, little cigars, and cigars…?

In service areas (such as bus stops, ticket lines, ATM lines, taxi stands)

01   FAVOR
02   OPPOSE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=5, ELSE GO TO A1.

T11f

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the smoking of any tobacco products such as cigarettes, little cigars, and cigars…?

In individual units of multi-unit housing (such as apartments, condominiums, senior and assisted living facilities)

01	FAVOR
02	OPPOSE
98	DK
99	REFUSED

ASK IF SUBSAMPLE=5, ELSE GO TO A1.

T11g

INTERVIEWER REPEAT AS NECESSARY: Do you favor or oppose a law banning the smoking of any tobacco products such as cigarettes, little cigars, and cigars…?

In outdoor work areas or construction sites

01	FAVOR
02	OPPOSE
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07 modified)

PROGRAMMER: RANDOMIZE ITEMS T12a THROUGH T12j

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12a

I am going to read some statements about tobacco related issues. For each statement, please tell me whether you agree or disagree.

Do you agree or disagree that store owners should be licensed to sell tobacco products in the same way they are licensed to sell liquor or beer?

01	AGREE
02	DISAGREE
98	DK
99	REFUSED

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12b

Do you agree or disagree that store owners should be penalized for selling tobacco products to persons under 21 years of age?

01	AGREE
02	DISAGREE
98	DK
99	REFUSED

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12c

Do you agree or disagree there should be more programs in Los Angeles County to help people quit smoking?

01	AGREE
02	DISAGREE
98	DK
99	REFUSED

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12d

Do you agree or disagree there should be a law banning the sale of flavored tobacco products?

01   AGREE
02   DISAGREE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12e

Do you agree or disagree there should be a law banning the sale of menthol cigarettes?

01   AGREE
02   DISAGREE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12f

Do you agree or disagree there should be a law banning the sale of tobacco products in pharmacies?

01   AGREE
02   DISAGREE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12g

Do you agree or disagree there should be a law banning the sale of all tobacco products?

01   AGREE
02   DISAGREE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12h

Do you agree or disagree there should be a law restricting internet sales of tobacco products?

01   AGREE
02   DISAGREE
98   DK
99   REFUSED

ASK IF SUBSAMPLE=6, ELSE GO TO A1.

T12i

Do you agree or disagree there should be a law prohibiting store owners from selling tobacco products within 1,000 feet of schools?

01   AGREE
02   DISAGREE
98   DK
99   REFUSED

T12j

Do you agree or disagree tobacco manufacturers should take responsibility for tobacco litter in the same way that other manufacturers must take responsibility for disposal of unused paint, batteries, and prescription drugs?

01   AGREE
02   DISAGREE
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07)

ALCOHOL USE

ASK ALL
A1

If a drink is considered one can or bottle of beer, one glass of wine or cocktail, or shot of liquor, during the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, or liquor?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97; BRFSS/NIAAA)

ASK IF A1=1, ELSE GO TO M1.
A1a

During the past 30 days, on how many days have you had at least one drink of any alcoholic beverage? Please provide your best estimate.

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 TO 30; 98=DK, 99=REFUSED.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97; BRFSS/NIAAA)

ASK IF A1=1, ELSE GO TO M1.
A1b

On the days that you drank alcohol during the past month, how many drinks did you have on average?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 TO 97; 98=DK, 99=REFUSED.

___ ENTER # OF DRINKS

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97; BRFSS/NIAAA)

A1c
Considering all types of alcohol, how many times during the past month did you have [**PROGRAMMER: IF D1b=1 OR D1b=3 OR D1b=98 OR D1b=99 DISPLAY**: "5" **OR IF D1b=2, DISPLAY,** "4"] or more drinks on the same occasion?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 97; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF TIMES

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99; BRFSS/NIAAA)

A1d
How old were you when you first tried alcohol, even just a sip?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 5 TO 125; 998=DK, 999=REFUSED. LOGIC CHECKING: IF D2 NE 998 AND D2 NE 999 THEN A1d SHOULD BE <=D2.

___ ENTER AGE IN YEARS

998   DK
999   REFUSED

(CA BRFSS 2016 MODIFIED, CTADS 2017 MODIFIED)

A1e
Have you ever, even once, used a home delivery service like Uber Eats, Drizzly, Grub Hub, or Doordash to buy alcohol?

01   YES
02   NO
98   DK
99   REFUSED

MARIJUANA USE

ASK ALL
M1
In the past year, have you used any form of marijuana, even just one time?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 05)

ASK IF M1=1, ELSE GO TO M3.
M1a
How old were you when you first used marijuana?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 5 TO 125; 998=DK, 999=REFUSED. LOGIC CHECKING: IF D2 NE 998 AND D2 NE 999 THEN M1a SHOULD BE <=D2.

___ ENTER AGE IN YEARS

998   DK
999   REFUSED

(LACHS 18; CA BRFSS 2016; CTADS 2017)

ASK IF M1=1, ELSE GO TO M3.
M1b
During the past 30 days, on how many days did you use marijuana?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

____ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18; CA BRFSS 2016)

ASK IF M1b>=1 AND M1b<=30, ELSE GO TO M2.
M1c
During the past 30 days, how did you use marijuana?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   You smoked a cigar with marijuana in it, such as a blunt
02   You smoked it (such as a joint, bong, or pipe)
03   You ate it (such as in brownies, cakes, cookies, or candy)
04   You drank it (such as in tea, cola, or alcohol)
05   You vaporized it (such as using a vape pen or e-cigarette-like vaporizer)
06   You dabbed it (such as using butane hash oil, wax, or concentrates)
07   You used it in some other way, please specify:
98   DK
99   REFUSED

(LACHS 18; CA BRFSS 2016; CATS-CTCP 2016; NSDUH 2016)

ASK IF M1c=1 OR M1c=2 OR M1c=5 OR M1c=6, ELSE GO TO M1e.
M1d
On how many of the past 7 days did you smoke or vape marijuana in your home?

PROGRAMMER: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 7; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18)

ASK IF M1b>=1 AND M1b <=30, ELSE GO TO M1f.
M1e
During the past 30 days, did you use marijuana as recommended by a doctor or other health care provider for treatment of a medical condition?

01 YES
02 NO
98 DK
99 REFUSED

(LACHS 18; CA BRFSS 2016)

ASK IF (M1b>=1 AND M1b <=30) AND (EC2>=1 AND EC2<=30), ELSE GO TO M1g.
M1f
How often have you used marijuana and e-cigarettes on the same occasion?

01 Usually
02 Sometimes
03 Never
98 DK
99 REFUSED

(LACHS 18)

ASK IF (M1b>=1 AND M1b <=30) AND (T1=1 AND (T2=1 OR T2=2)), ELSE GO TO M2.
M1g
How often have you used marijuana and cigarettes on the same occasion?

01 Usually
02 Sometimes
03 Never
98 DK
99 REFUSED

(LACHS 18; CATS 2016; NSDUH 2016)

ASK IF M1=1, ELSE GO TO M3.
M2
Thinking about the last 12 months, did you ever drive within approximately 3 hours after using marijuana?
Please keep in mind that all of your responses will be kept strictly confidential.

01 YES
02 NO
98 DK
99 REFUSED

(LACHS 18; CA BRFSS 2016; CATS-CTCP 2016; NSDUH 2016)

M3

On how many of the past 7 days were you around someone else's marijuana smoke in your home, including through doors, windows, and walls?

PROGRAMMER: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 7; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18)

ASK IF SUBSAMPLE=7, ELSE GO TO Rx1.
M4

On how many of the past 14 days were you exposed to someone else's marijuana smoke in outdoor areas?

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 14; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18)

ASK IF M4>=1 AND M4<=14, ELSE GO TO M5.
M4a

In which of the following outdoor areas were you exposed to marijuana smoke?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Workplace or worksite (such as an outdoor construction area)
02   Sidewalk
03   Shopping mall or store
04   Recreational space (such as a park, beach, or playground)
05   Outdoor dining area (such as outdoor seating at a restaurant or bar)
06   Outdoor public area (such as a farmers' market, swap meet, fair, concert)
07   Service area (such as a bus stop, ticket line, ATM line, taxi stand)
08   Parking lot or structure
09   Bike lane, path, or walkway
10   Alley
11   Other outdoor area, please specify:
98   DK
99   REFUSED

M5

How concerned are you about exposure to someone else's marijuana smoke?

01   Very concerned
02   Somewhat concerned
03   Not too concerned
04   Not at all concerned
98   DK
99   REFUSED

(LACHS 18)

M6

How much do you think the daily or near daily use of marijuana risks harming the average adult's health?

01   No risk
02   Slight risk
03   Moderate risk
04   Great risk
98   DK
99   REFUSED

(LACHS 18; 2016 CATS; 2016 CA BRFSS; 2016 NSDUH)

M7

Do you agree or disagree that marijuana is more harmful than smoking regular cigarettes?

01   Strongly agree
02   Agree
03   Disagree
04   Strongly disagree
98   DK
99   REFUSED

PRESCRIPTION MEDICATION USE

ASK ALL
Rx1

The next question asks about using prescription pain relievers in any way a doctor did not direct you to use them. When you answer these questions, please think only about your use of pain relievers in any way a doctor did not direct you to use it, including:

1) using it without a prescription of your own;
2) using it in greater amounts, more often, or longer than you were told to take it; or
3) using it in any other way a doctor did not direct you to use it.

Have you ever, even once, used any prescription pain relievers in any way a doctor did not direct you to use them?

01   YES
02   NO
98   DK
99   REFUSED

(NSDUH 2020 MODIFIED)

Rx1a

Where did/do you obtain the prescription pain relievers that you have used in any way a doctor did not direct you to use them?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   From home (medicine cabinet or other storage place)
02   Family member(s)/relative(s) gave them to you
03   Friend(s) gave them to you
04   Stole them from family member(s) or friend(s)
05   Coworkers
06   Internet
07   From personal leftover medicines that were prescribed
08   Doctor(s)
09   Pharmacist(s)/pharmacist assistant(s)
10   Illegally (from a dealer)
11   Another way, please specify:
98   DK
99   REFUSED

Rx1b

How old were you when you first used prescription pain relievers in any way a doctor did not direct you to use them?

PROGRAMMER: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125; 998=DK, 999=REFUSED. LOGIC CHECKING: IF D2 NE 998 AND D2 NE 999 THEN Rx1b SHOULD BE <=D2.

___ ENTER AGE IN YEARS

998   DK
999   REFUSED

(NSDUH 2020 MODIFIED)

Rx1c

During the past 30 days, on how many days did you use any prescription pain relievers in any way a doctor did not direct you to use them?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF DAYS

98   DK
99   REFUSED

(NSDUH 2020 MODIFIED)

METHAMPHETAMINE USE

Meth1
The following questions are about methamphetamine. Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, "snorted," swallowed or injected.

Have you ever, even once, used methamphetamine?

01   YES
02   NO
98   DK
99   REFUSED

(NSDUH 2019)

Meth1a
How old were you the first time you used methamphetamine?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 5 TO 125; 998=DK, 999=REFUSED. LOGIC CHECKING: IF D2 NE 998 AND D2 NE 999 THEN Meth1a SHOULD BE <=D2.

___ ENTER AGE IN YEARS

998   DK
999   REFUSED

(NSDUH 2019)

Meth1b
During the past 30 days, on how many days did you use methamphetamine?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

____ ENTER # OF DAYS

98   DK
99   REFUSED

HEROIN USE

He1
Have you ever, even once, used heroin?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF He1=1, ELSE GO TO Co1.
He1a
How old were you the first time you used heroin?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 5 TO 125; 998=DK, 999=REFUSED. LOGIC CHECKING: IF D2 NE 998 AND D2 NE 999 THEN He1a SHOULD BE <=D2.

___ ENTER AGE IN YEARS

998   DK
999   REFUSED

ASK IF He1=1, ELSE GO TO Co1.
He1b
During the past 30 days, on how many days did you use heroin?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

____ ENTER # OF DAYS

98   DK
99   REFUSED

COCAINE USE

ASK ALL
Co1
Have you ever, even once, used cocaine, ecstasy/MDMA or other stimulants (not including methamphetamine)?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF Co1=1, ELSE GO TO V_info.
Co1a
How old were you the first time you used cocaine, ecstasy/MDMA or other stimulants (not including methamphetamine)?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 5 TO 125; 998=DK, 999=REFUSED. LOGIC CHECKING: IF D2 NE 998 AND D2 NE 999 THEN Co1a SHOULD BE <=D2.

___ ENTER AGE IN YEARS

998   DK
999   REFUSED

VIOLENCE AND INJURY PREVENTION

PROGRAMMER: NON DATA VARIABLE. DISPLAY ON SEPARATE SCREEN FOR ALL. THEN GO TO V1.
V_info

The next set of questions asks about guns, crime, and assault. The questions we ask are detailed and some people may find them upsetting. The information you are providing will be kept private. You can skip questions you don't want to answer. You can also stop at any time.

ASK ALL
V1

The next questions are about firearms. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

IF NECESSARY: We are asking these questions in a health survey because of our interest in firearm-related injuries.

Are any firearms kept in or around your home?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 02, 99; BRFSS 2004)

ASK IF V1=1, ELSE GO TO V2.
V1a

Are these firearms now loaded?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 02, 99; BRFSS 2004)

ASK IF V1=1, ELSE GO TO V2.
V1b

Are these firearms locked in a cabinet, box, or some other firearm container? A safety does not count as a lock.

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 02, 99; BRFSS 2004)

ASK IF SUBSAMPLE=1, ELSE GO TO V3.
V2

How strongly do you agree or disagree that protecting gun rights is important?

01	Strongly agree
02	Agree
03	Disagree
04	Strongly disagree
98	DK
99	REFUSED

V3

How safe from crime do you consider your neighborhood to be?

01   Very safe
02   Somewhat safe
03   Somewhat unsafe
04   Very unsafe
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99; BRFSS)

V4a

In the past 12 months, have you or anyone in your household had anything stolen or damaged inside or outside your home, including your cars or vehicles parked on the street?

01   YES
02   NO
98   DK
99   REFUSED

(LA FANS)

V4b

In the past 12 months, have you or anyone in your household been mugged, punched or hit, or shot anywhere in your neighborhood?

01   YES
02   NO
98   DK
99   REFUSED

(LA FANS)

V4c

In the past 12 months, have you or anyone in your household been sexually assaulted anywhere in your neighborhood?

01   YES
02   NO
98   DK
99   REFUSED

(LA FANS)

PROGRAMMER: NON DATA VARIABLE. DISPLAY ON SEPARATE SCREEN FOR ALL. THEN GO TO V5a.
V5_info

The next several questions are about different types of violence in relationships with an intimate partner, and some people may find them upsetting. By an intimate partner we mean someone you were dating, or romantically or sexually intimate with at any time in your life. The information you provide will be kept private. Please keep in mind that you can skip any question you do not want to answer.

IF NECESSARY: This information will help us better understand the problem of violence in relationships.

ASK ALL

V5a

Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15)

ASK ALL

V5b

Have you ever experienced any unwanted sex by a current or former intimate partner?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15)

ASK ALL

V5c

Has an intimate partner ever stalked you, for example, by repeatedly harassing you, contacting you, following you, or showing you unwanted attention, to the point that you were fearful for your own safety or the safety of someone else (e.g. family, friend)?

01   YES
02   NO
98   DK
99   REFUSED

ASK ALL

V5d

Has an intimate partner ever called you names, insulted you, humiliated you, tried to intimidate you (such as by destroying things), or threatened to harm you?

01   YES
02   NO
98   DK
99   REFUSED

ASK ALL

V5e

Has an intimate partner ever tried to control you, including monitoring your whereabouts, restricting your ability to see your family or friends, or limiting your access to money or employment?

01   YES
02   NO
98   DK
99   REFUSED

We realize that these questions may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential LA County domestic violence telephone hotline you can call. The number is 1-800-978-3600.

IF NECESSARY: The hotline operates 24 hours a day, seven days a week. Callers may receive help in 13 languages: English, Spanish, Korean, Vietnamese, Mandarin, Cantonese, Tagalog, Khmer, Japanese, Thai, Armenian, Arabic and Farsi.

V6_info

The next two questions are on a sensitive topic, and they may make some people feel uncomfortable. Please keep in mind that you can skip any question you do not want to answer.

ASK ALL
V6

Have you ever seriously thought about suicide (killing yourself)?

01   YES
02   NO
98   DK
99   REFUSED

ASK ALL
V7

Have you ever attempted suicide?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF V7=1, ELSE GO TO Dis1a.
V7a

Did you get medical attention?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF V7a=1, ELSE GO TO Dis1a.
V7b

Where did you get medical attention?

01   EMERGENCY DEPARTMENT OR HOSPITAL
02   URGENT CARE
03   PERSONAL DOCTOR
04   SOMEWHERE ELSE, PLEASE SPECIFY:
98   DK
99   REFUSED

If you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255). You may also call suicide hotline 988. Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

DISCRIMINATION

ASK ALL
Dis1a

In your daily life, how often have any of the following things happened?

You are treated with less courtesy or respect than other people.

01   AT LEAST ONCE A WEEK
02   A FEW TIMES A MONTH
03   A FEW TIMES A YEAR
04   LESS THAN ONCE A YEAR
05   NEVER
98   DK
99   REFUSED

SK ALL
Dis1b

You receive poorer service than other people in restaurants or stores.

INTERVIEWER REPEAT RESPONSE OPTIONS IF NECESSARY

01   AT LEAST ONCE A WEEK
02   A FEW TIMES A MONTH
03   A FEW TIMES A YEAR
04   LESS THAN ONCE A YEAR
05   NEVER
98   DK
99   REFUSED

ASK ALL
Dis1c

People act as though they think you are not smart.

INTERVIEWER REPEAT RESPONSE OPTIONS IF NECESSARY

01   AT LEAST ONCE A WEEK
02   A FEW TIMES A MONTH
03   A FEW TIMES A YEAR
04   LESS THAN ONCE A YEAR
05   NEVER
98   DK
99   REFUSED

ASK ALL
Dis1d

People act as if they are afraid of you.

INTERVIEWER REPEAT RESPONSE OPTIONS IF NECESSARY

01   AT LEAST ONCE A WEEK
02   A FEW TIMES A MONTH
03   A FEW TIMES A YEAR
04   LESS THAN ONCE A YEAR
05   NEVER
98   DK
99   REFUSED

Dis1e

You are threatened or harassed.

INTERVIEWER REPEAT RESPONSE OPTIONS IF NECESSARY

01   AT LEAST ONCE A WEEK
02   A FEW TIMES A MONTH
03   A FEW TIMES A YEAR
04   LESS THAN ONCE A YEAR
05   NEVER
98   DK
99   REFUSED

(Everyday Discrimination Scale)
ASK IF (Dis1a>=1 AND Dis1a<=3) OR (Dis1b>=1 AND Dis1b <=3) OR (Dis1c>=1 AND Dis1c<=3) OR (Dis1d>=1 AND Dis1d<=3) OR (Dis1e>=1 AND Dis1e<=3), ELSE GO TO SA1.
Dis2

What do you think are the main reasons for these experiences?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Your ancestry or national origins
02   Your gender
03   Your race
04   Your age
05   Your religion
06   Your height
07   Your weight
08   Some other aspect of your physical appearance
09   Your sexual orientation
10   Your education or income level
11   Your physical disability
12   Your shade of skin color
13   Your tribe
14   The way you speak English
15   Something else, please specify:
98   DK
99   REFUSED

SEXUAL ACTIVITY

ASK ALL
SA1

The next few questions are about your sexual behavior.

IF NECESSARY: Your answers are strictly confidential and you don't have to answer any question you don't want to.

During the past 12 months, have you had any sexual partners?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07)

SA1a

In the past 12 months what was the gender of your sexual partner(s)? Please tell me all that apply.

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Male
02   Female
03   Transgender male or man
04   Transgender female or woman
05   Gender non-binary, gender non-conforming
06   Another gender category or another identity, please specify:
98   DK
99   REFUSED   **PROGRAMMER: SINGLE SELECT**

WOMEN'S REPRODUCTIVE HEALTH

W1

Next, we are going to ask you about your history of pregnancy and family planning. This section includes sensitive questions about private issues concerning pregnancy and pregnancy prevention. As with all survey answers, this data are kept completely confidential and anonymous.

Have you ever been pregnant?

01   YES
02   NO
98   DK
99   REFUSED

W1a_a

There are many outcomes for pregnancy, including miscarriage, stillbirth, tubal pregnancy, abortion, or live birth. Please tell me the number of times in your life you have experienced each pregnancy outcome:

Miscarriage:

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 10; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF TIMES

98   DK
99   REFUSED

W1a_b
Stillbirth:

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 10; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF TIMES

98   DK
99   REFUSED

W1a_c
Ectopic or tubal pregnancy:

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 10; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF TIMES

98   DK
99   REFUSED

W1a_d
Abortion:

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 10; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF TIMES

98   DK
99   REFUSED

W1a_e
Live birth by vaginal delivery or cesarean section:

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 10; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF TIMES

98   DK
99   REFUSED

ASK IF SA1a=1 AND ((D2>=18 AND D2<=49) OR (D2a>=1 AND D2a<=5) OR (D2b=1 OR D2b=98 OR D2b=99)) AND (D1a=2 AND D1b=2) AND (CS2=2 OR CS2=98 OR CS2=99), ELSE GO TO D4.

W2

The last time you had vaginal sex, were you trying to get pregnant? Would you say yes, no, or you are currently pregnant?

01   YES
02   NO
03   CURRENTLY PREGNANT
98   DK
99   REFUSED

(LACHS 15, 11)

ASK IF W2=2, ELSE GO TO D4.

W2a_a

The following are methods of pregnancy prevention. Please indicate whether any of these methods applied to you the last time you had vaginal sex.

You or your partner used a condom

01   YES
02   NO
98   DK
99   REFUSED

ASK IF W2=2, ELSE GO TO D4.

W2a_b

You or your partner are sterilized (tubal occlusion/ligation for females or vasectomy for males) OR used a long-term contraceptive method such as an IUD or implant

01   YES
02   NO
98   DK
99   REFUSED

ASK IF W2=2 AND (W2a_b=2 OR W2a_b=98 OR W2a_b=99), ELSE GO TO D4.

W2a_c

You used birth control pills, patch, injection, or ring

01   YES
02   NO
98   DK
99   REFUSED

ASK IF W2=2 AND (W2a_b=2 OR W2a_b=98 OR W2a_b=99) AND (W2a_c=2 OR W2a_c=98 OR W2a_c=99), ELSE GO TO D4.

W2a_d

You used a fertility awareness-based method (rhythm), diaphragm, cervical cap, sponge, withdrawal/ pulling out

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 15, 11 modified)

DEMOGRAPHICS

ASK ALL
D4
Now some questions about yourself for classification purpose.

Were you born in California, in some other state in the U.S., or outside the United States?

01   CALIFORNIA
02   ANOTHER U.S. STATE
03   OUTSIDE THE U.S.
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF D4=3, ELSE GO TO D5.
D4a
How many years have you lived in the United States?

PROGRAMMER: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 125; 998=DK, 999=REFUSED.

INTERVIEWER: FOR LESS THAN ONE YEAR ENTER 0.

___ ENTER # OF YEARS

998   DK
999   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF D4=3, ELSE GO TO D5.
D4b
Are you currently a U.S. citizen or not?

01   YES, U.S. CITIZEN
02   NO, NOT A U.S. CITIZEN
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK ALL
D5
The next few questions ask about your racial and ethnic background.

What is your race or ethnicity?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   White
02   Hispanic, Latino, or Spanish origin
03   Black or African American
04   Asian
05   American Indian or Alaska Native
06   Native Hawaiian or Pacific Islander
07   Some other race, please specify:
98   DK
99   REFUSED

(DPH-SOP)

ASK IF D5=2, ELSE GO TO D6b.
D6a
Which of the following best describes your Latino or Hispanic ancestry or ethnic origin?
PROGRAMMER: ENABLE MULTIPLE RECORD

01   Mexican
02   Salvadoran
03   Guatemalan
04   Costa Rican
05   Honduran
06   Nicaraguan
07   Panamanian
08   Argentinian
09   Colombian
10   Peruvian
11   Other South American, please specify:
12   Spanish
13   Cuban
14   Puerto Rican
15   Other, please specify:
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

ASK IF D5=4, ELSE GO TO D6c.
D6b
Which of the following best describes your Asian ancestry or ethnic origin?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Asian Indian
02   Bangladeshi
03   Cambodian
04   Chinese
05   Filipino
06   Hmong
07   Indonesian
08   Japanese
09   Korean
10   Laotian
11   Malaysian
12   Pakistani
13   Sri Lankan
14   Taiwanese
15   Thai
16   Vietnamese
17   Other, please specify:
98   DK
99   REFUSED

(DPH-SOP)

D6c
Which of the following best describes your Native Hawaiian or Pacific Islander ancestry or ethnic origin?

PROGRAMMER: ENABLE MULTIPLE RECORD

01	Chamorro
02	Fijian
03	Guamanian
04	Native Hawaiian
05	Samoan
06	Tongan
07	Other, please specify:
98	DK
99	REFUSED

(DPH-SOP)

ASK ALL
D7
What language is spoken most often in your home?

01	English
02	Spanish
03	Mandarin
04	Cantonese
05	Another Chinese dialect
06	Korean
07	Vietnamese
08	Tagalog
09	Armenian
10	Russian
11	Japanese
12	Hmong
13	Something else, please specify:
98	DK
99	REFUSED

ASK ALL
D7a
Would you say you speak English very well, well, not well, or not at all?

01	VERY WELL
02	WELL
03	NOT WELL
04	NOT AT ALL
98	DK
99	REFUSED

(CHIS 2021)

D8

What is the highest level of school you have completed or the highest degree you have received?

01   8th grade or less
02   Grades 9 – 12
03   High school graduate/GED
04   Some college/trade school/Associate's degree
05   College graduate (4-year includes Bachelor's, BA, BS)
06   Post-graduate degree (includes Master's, PhD, JD, MD)
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

D9

What is your marital status?

01   Married
02   In a domestic partnership
03   Not married but living together
04   Widowed
05   Divorced
06   Separated
07   Never married
98   DK
99   REFUSED

D10

Do you consider yourself to be…?

INTERVIEWER: SELECT 'PREFER NOT TO STATE' FOR REFUSAL.

01   Gay or lesbian
02   Bisexual
03   Straight or heterosexual
04   Not sure
05   Something else, please specify:
06   Don't understand the question
07   Prefer not to state

(LACHS 05-18 modified, DPH-SOP)

SEXUAL HEALTH

ASK IF D1a=4 OR ((D1a=1 OR D1a=3) AND ((D10=1 OR D10=2) OR (SA1a=1 OR SA1a=3 OR SA1a=4))), ELSE GO TO STi2.

STi1

These next questions are about PrEP. PrEP, or pre-exposure prophylaxis, is a medication for people who do not have HIV. When taken every day, PrEP greatly reduces the chance of getting HIV.

Before today, have you ever heard of PrEP?

01   YES
02   NO
98   DK
99   REFUSED

STi1a

In the past 12 months, have you taken PrEP daily for a period of at least 1-month?

01	YES
02	NO
03	DOES NOT APPLY TO YOU
98	DK
99	REFUSED

(LACHS 18)

ASK ALL
STi2

These next questions are about sexually transmitted infections like chlamydia, gonorrhea, syphilis or HIV and sexual health services?

If you needed to get tested for a sexually transmitted infection, where would you feel comfortable going? Please tell me all that apply.

PROGRAMMER: ENABLE MULTIPLE RECORD FOR 01 – 06 OR ONLY ALLOW SINGLE REPSONSE IF 07, 98, OR 99 IS SELECTED.

01	Doctor's office
02	Sexual health community clinic
03	Public or county sexually transmitted infection clinic
04	Emergency room
05	Family planning clinic, like Planned Parenthood
06	Pharmacy
07	You would not get tested
98	DK
99	REFUSED

ASK ALL
STi3

If you needed to get treated for a sexually transmitted infection, where would you feel comfortable going? Please tell me all that apply.

PROGRAMMER: ENABLE MULTIPLE RECORD FOR 01 – 06 OR ONLY ALLOW SINGLE REPSONSE IF 07, 98, OR 99 IS SELECTED.

01	Doctor's office
02	Sexual health community clinic
03	Public or county sexually transmitted infection clinic
04	Emergency room
05	Family planning clinic, like Planned Parenthood
06	Pharmacy
07	You would not get treated
98	DK
99	REFUSED

STi4

Which of the following reasons would keep you from getting tested or treated for a sexually transmitted infection? Please tell me all that apply.

PROGRAMMER: ENABLE MULTIPLE RECORD

01   You don't know how to pay for it
02   You can't take time-off of work
03   You don't have childcare
04   You don't have health insurance
05   You are worried you will be judged by the doctor, nurse or front office staff
06   You are worried that other people will find out
07   You don't know where to go
98   DK
99   REFUSED

STi5

Syphilis is a sexually transmitted bacterial infection that can lead to serious health conditions. An untreated syphilis infection can affect the skin, heart, and even the brain. In pregnant women, an untreated syphilis infection can cause serious problems with the baby, including death or major developmental abnormalities.

Are you aware syphilis infections in women have been dramatically increasing in LA County over the last five years?

01   YES
02   NO
98   DK
99   REFUSED

STi5a

How did you hear about this rise in syphilis infections among women? Please tell me all that apply.

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Billboards
02   Bus advertisements
03   News article or report
04   Internet
05   Friend or family member
06   Something else, please specify:
98   DK
99   REFUSED

STi6

Have you ever been tested for a syphilis infection?

01   YES
02   NO
98   DK
99   REFUSED

STi6a
Who tested you?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   OB/GYN or other women's health provider
02   Primary care provider
03   STD clinic provider
04   Someone else, please specify:
98   DK
99   REFUSED

ABOUT YOUR HOUSEHOLD

ASK ALL
HHC1
Including yourself, how many people currently live in your household?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 TO 20; 98=DK, 99=REFUSED.

___ ENTER # OF PEOPLE

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99, 97)

PROGRAMMER: CREATE NEW VARIABLE "HHTOTAL1" TO HOLD THE SUM OF NUM_ADULTS + NUM_CHILD. CHECK HHTOTAL1 AGAINST HHC1.
IF HHC1 = HHTOTAL1, GO TO HHC2a.
IF HHC1 <> HHTOTAL1, ASK HHC1VER.
HHC1VER
There seems to be an issue with the total number of people in your household. You reported having a total of [HHC1] people in your household, but in earlier questions I recorded [NUM_ADULTS] adults and [NUM_CHILD] children. Can you please verify that I recorded the correct number of people in each of the following groups?

INTERVIEWER: CORRECT ANY NUMBER THAT IS WRONG.

PROGRAMMER: FILL IN THE TEXT BOXES WITH RECORDED RESPONSE FOR EACH QUESTION. ALLOW UPDATED VALUES FOR NUM_ADULTS, NUM_CHILDREN AND HHC1 WHICH OVERWRITE PREVIOUS VALUES.

[HHC2a] Adults age 65 or older
[NUM_ADULTS] Adults age 18 or older
[NUM_CHILDREN] Children age 17 or younger
[HHC1] Total number of people in household

HHC2a

Including yourself, how many are adults age 65 or older?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 20; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF PEOPLE

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05)

ASK ALL
HHC2b

Including yourself, how many are adults between the ages of 18 and 64?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 20; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

___ ENTER # OF PEOPLE

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05)

PROGRAMMER: CREATE NEW VARIABLE "ADTOTAL" TO HOLD THE SUM OF HHC2a + HHC2b. CHECK NUM_ADULTS AGAINST ADTOTAL.
IF NUM_ADULTS = ADTOTAL, GO TO HHC3.
IF NUM_ADULTS <> ADTOTAL, ASK HHC2VER.

HHC2VER

There seems to be an issue with the total number of adults in your household. Earlier I recorded a total of [NUM_ADULTS] adults in your household, but you reported [HHC2a] adults age 65 or older and [HHC2b] adults between the ages of 18 and 64. Can you please verify that I recorded the correct number of adults in each of the following groups?

INTERVIEWER: CORRECT ANY NUMBER THAT IS WRONG.

PROGRAMMER: FILL IN THE TEXT BOXES WITH RECORDED RESPONSE FOR EACH QUESTION. ALLOW UPDATED VALUES FOR HHC2a, HHC2b AND NUM_ADULTS WHICH OVERWRITE PREVIOUS VALUES.

[HHC2a] Adults age 65 or older
[HHC2b] Adults age 18 to 64
[NUM_ADULTS] Total number of adults

ASK ALL
HHC3

Are there any people age 17 or younger currently living in your household?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05)

ASK IF HHC3=1, ELSE GO TO H1.
HHC3a
How many are children between the ages of 12 and 17?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 20; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

____ ENTER # OF CHILDREN

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02)

ASK IF HHC3=1, ELSE GO TO H1.
HHC3b
How many are children between the ages of 6 and 11?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 20; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

____ ENTER # OF CHILDREN

98   DK
99   REFUSED

ASK IF HHC3=1, ELSE GO TO H1.
HHC3c
How many are children 5 years of age or younger?

PROGRAMMER: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 20; 98=DK, 99=REFUSED.

INTERVIEWER: FOR "NONE" ENTER 0.

____ ENTER # OF CHILDREN

98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99)

PROGRAMMER: CREATE NEW VARIABLE "CHTOTAL" TO HOLD THE SUM OF HHC3a + HHC3b + HHC3c.
CHECK NUM_CHILD AGAINST CHTOTAL.
IF NUM_CHILD = CHTOTAL, GO TO HHCVER.
IF NUM_CHILD <> CHTOTAL, ASK HHC3VER.
HHC3VER
There seems to be an issue with the total number of children in your household. Earlier I recorded a total of [NUM_CHILD] children in your household, but you reported [HHC3a] children age 12 to 17, [HHC3b] children age 6 to 11 and [HHC3c] children age 0 to 5. Can you please verify that I recorded the correct number of children in each of the following groups?

INTERVIEWER: CORRECT ANY NUMBER THAT IS WRONG.

PROGRAMMER: FILL IN THE TEXT BOXES WITH RECORDED RESPONSE FOR EACH QUESTION. ALLOW UPDATED VALUES FOR HHC3a, HHC3b, HHC3c, and NUM_CHILD WHICH OVERWRITE PREVIOUS VALUES.

[HHC3a] Children age 12 to 17
[HHC3b] Children age 6 to 11
[HHC3c] Children age 0 to 5
[NUM_CHILD] Total number of children

PROGRAMMER: CREATE NEW VARIABLE "HHTOTAL" TO HOLD THE SUM OF HHC2a + HHC2b + HHC3a + HHC3b + HHC3c. CHECK HHTOTAL AGAINST HHC1.
IF HHC1 = HHTOTAL, GO TO H1.
IF HHC1 <> HHTOTAL, ASK HHCVER.

HHCVER
There seems to be an issue with the total number of adults and children. You reported having a total of [HHC1] people in your household, including [HHC2a + HHC2b] adults and [HHC3a + HHC3b + HHC3c] children. Can you please verify that I recorded the correct number of people in each of the following groups?

INTERVIEWER: CORRECT ANY NUMBER THAT IS WRONG.

PROGRAMMER: FILL IN THE TEXT BOXES WITH RECORDED RESPONSE FOR EACH QUESTION. ALLOW UPDATED VALUES FOR HHC2a, HHC2b, HHC3a, HHC3b, HHC3c, and HHTOTAL WHICH OVERWRITE PREVIOUS VALUES.

[HHC2a] Adults age 65 or older
[HHC2b] Adults age 18 to 64
[HHC3a] Children age 12 to 17
[HHC3b] Children age 6 to 11
[HHC3c] Children age 0 to 5
[HHTOTAL] Total number of people in household

HOUSING

H1

Do you rent or own your home?

INTERVIEWER: Other arrangement may include group home or staying with friends or family without paying rent. A response of "Lease" should be coded as "rent".

01	RENT
02	OWN
03	SOME OTHER ARRANGEMENT, please specify:
04	HOMELESS
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07; BRFSS, CHIS)

ASK IF H1=1 OR H1=2 OR H1=3, ELSE GO TO H2.
H1a

In which type of housing do you currently live?

01	A single-family detached home
02	A condominium or townhouse
03	An apartment building with 15 units or less
04	An apartment building with more than 15 units
05	Something else, please specify:
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07)

ASK ALL
H2

During the past 2 years, was there any month where you or your family delayed or were not able to pay your mortgage or rent?

01	YES
02	NO
98	DK
99	REFUSED

ASK ALL
H3

Approximately what percentage of your or your household's total monthly income from all sources would you say is spent on rent or mortgage payment?

01	20% or less
02	21% to 30%
03	31% to 40%
04	41% to 50%
05	More than 50%
06	NONE
07	MORTGAGE PAID OFF
08	SOMETHING ELSE, PLEASE SPECIFY:
98	DK
99	REFUSED

(LACHS 18, MacArthur How Housing Matters Survey 2014)

H3a

Well can you tell me whether you think you or your household spend more than 30% of your total household monthly income or less than 30% of your total household monthly income on your rent or mortgage?

01	More than 30%
02	Less than 30%
98	DK
99	REFUSED

(LACHS 18)

H3b

Can you just tell us whether you think you or your household spend more than 50% of your total household monthly income or less than 50% of your total household monthly income on your rent or mortgage?

01	More than 50%
02	Less than 50%
98	DK
99	REFUSED

ASK ALL
H4

Thinking back over the past 5 years, was there ever a time when you were homeless or did not have your own place to live or sleep?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07, 02)

HOUSEHOLD INCOME

PROGRAMMER:
2022 poverty definitions as per Federal Register

Persons in family/HH	Poverty guideline
1	$13,590
2	$18,310
3	$23,030
4	$27,750
5	$32,470
6	$37,190
7	$41,910
8	$46,630
+8	$4,720 per person above 8

PROGRAMMER: SET VARIABLE "POVERTY" BASED ON RESPONSE TO HHC1:
IF HHC1=1, THEN POVERTY=13,590.
IF HHC1=2, THEN POVERTY=18,310.
IF HHC1=3, THEN POVERTY=23,030.
IF HHC1=4, THEN POVERTY=27,750.
IF HHC1=5, THEN POVERTY=32,470.
IF HHC1=6, THEN POVERTY=37,190.
IF HHC1=7, THEN POVERTY=41,910.
IF HHC1=8, THEN POVERTY=46,630.
IF HHC1>8, THEN POVERTY=46,630+(4,720(HHC1-8)).

ASK ALL
INC1
The next question is about your combined household income. By household income, I mean the combined income from everyone living in the household including roommates or those on disability income.

Is your household's total annual income from all sources before taxes…?

01	Above $[POVERTY x 1.85] or
02	Below $[POVERTY x 1.85]
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07, 05, 02, 99)

ASK IF INC1=1 OR INC1=98 OR INC1=99, ELSE GO TO INC3.
INC2
Is your household's total annual income from all sources before taxes…?

01	Above $[POVERTY x 2] or
02	Below $[POVERTY x 2]
98	DK
99	REFUSED

ASK IF INC1=2 OR ((INC1=98 OR INC1=99) AND (INC2=2 OR INC2=98 OR INC2=99)), ELSE GO TO INC4.
INC3
Is your household's total annual income from all sources before taxes…?

01   Above $[POVERTY x 1] or
02   Below $[POVERTY x 1]
98   DK
99   REFUSED

ASK IF INC2=1 OR ((INC1=98 OR INC1=99) AND (INC2=98 OR INC2=99) AND (INC3=98 OR INC3=99)) OR (INC1=1 AND (INC2=98 OR INC2=99)), ELSE GO TO INC5.
INC4
Is your household's total annual income from all sources before taxes…?

01   Above $[POVERTY x 3] or
02   Below $[POVERTY x 3]
98   DK
99   REFUSED

ASK ALL
INC5
How would you describe your household's financial situation? Would you say you…?

01   live comfortably
02   meet your basic expenses with a little left for extras
03   just meet your basic expenses
04   don't even have enough to meet basic expenses
98   DK
99   REFUSED

(Public Policy Institute of California Survey)

ASK ALL
Fi1
The next questions are about the food eaten in your household.

In the last 12 months, did you or any other adults in your household ever have to cut the size of your meals or skip meals entirely because there wasn't enough money for food?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 05, 02, 99 supplemental)

ASK IF Fi1=1, ELSE GO TO Fi2.
Fi1a
How often did this happen?

01   Almost every month
02   Some months but not every month
03   Only one or two months
98   DK
99   REFUSED

(LACHS 18, 15, 11, 05, 02, 99 supplemental)

Fi2

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 05, 02, 99 supplemental)

ASK ALL
Fi3

In the last 12 months, were you ever hungry but didn't eat because you could not afford enough food?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 05, 02, 99 supplemental)

ASK ALL
Fi4

I am going to read two statements that people have made about the food situation at their household. For each, please tell me whether the statement was often, sometimes, or never true for you or other members of your household in the last 12 months.

PROGRAMMER: RANDOMIZE ITEMS Fi4a AND Fi4b

ASK ALL
Fi4a

The food that was bought just didn't last, and we didn't have money to get more.

INTERVIEWER: REPEAT REPONSE OPTIONS AS NEEDED.

01   OFTEN,
02   SOMETIMES, OR
03   NEVER TRUE FOR YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD IN THE LAST 12 MONTHS?
98   DK
99   REFUSED

ASK ALL
Fi4b

We couldn't afford to eat balanced meals.

INTERVIEWER: REPEAT REPONSE OPTIONS AS NEEDED.

01   OFTEN,
02   SOMETIMES, OR
03   NEVER TRUE FOR YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD IN THE LAST 12 MONTHS?
98   DK
99   REFUSED

(LACHS 18, 15, 11, 05, 02, 99 supplemental)

Fi5

Are you currently receiving food stamps, also known as Calfresh, EBT or SNAP?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15, 11, 05, 02)

TECHNOLOGY ACCESS

ASK ALL
TA1a

Do you or any member of your household own or use any of the following types of computers?

Desktop or laptop

01	YES
02	NO
98	DK
99	REFUSED

ASK ALL
TA1b

Smartphone

01	YES
02	NO
98	DK
99	REFUSED

ASK ALL
TA1c

Tablet or other portable wireless computer

01	YES
02	NO
98	DK
99	REFUSED

ASK ALL
TA1d

Some other type of computer, please specify: **PROGRAMMER: DISPLAY OTHER SPECIFY IF TA1d=1**

01	YES
02	NO
98	DK
99	REFUSED

(ACS 2020 modified)

TA2

Do you or any member of this household have access to the Internet?

01   Yes, by paying a cell phone company or Internet service provider
02   Yes, without paying a cell phone company or Internet service provider
03   No access to the Internet
98   DK
99   REFUSED

(ACS 2020 modified)

COVID-19

ASK ALL
COV1

The next questions are about your experience with COVID-19.

Have you ever had a COVID-19 infection?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP.
COV1a2

Have you had two or more separate COVID-19 infections?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1a

Was your COVID-19 infection confirmed by a test? By test we mean a nose or throat swab test or a blood test for antibodies. [IF COV1a2=1, THEN DISPLAY: "Please consider your most recent infection only. "]

01   Yes, your test result showed that you had a COVID-19 infection
02   No, your test results did <u>not</u> show that you had a COVID-19 infection
03   You were not tested for a COVID-19 infection
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1b

Did you have any symptoms during your [IF COV1a2=01, THEN DISPLAY: "most recent"] COVID-19 infection? Common COVID-19 symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue or extreme tiredness, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

01   YES
02   NO
98   DK
99   REFUSED

COV1c

Once you found out about your COVID-19 infection, did you isolate yourself according to the public health guidelines that were in place at that time? By isolate, we mean staying in your home or in another type of lodging (such as a hotel room or vacation rental) at all times, and physically separating yourself from other people, including people you live with, and/or wearing a mask when you were around them to prevent spreading your infection to them. [IF COV1a2=01, THEN DISPLAY: "Please consider your most recent infection only."]

01   YES
02   NO
98   DK
99   REFUSED

COV1c1

Which of the following describes why you could not isolate according to the public health guidelines that were in place during the time of your coronavirus or COVID-19 infection? Please tell me all that apply. [IF COV1a2=01, THEN DISPLAY: "Please consider your most recent infection only."]

PROGRAMMER: ENABLE MULTIPLE RECORD

01   No one told you that you needed to isolate
02   You did not receive instructions on how to isolate
03   You still had to go in to work because your employer did not give you time off
04   You still had to leave your home for essential errands, like buying food or groceries or picking up prescriptions
05   It was not possible for you to physically separate yourself from and/or wear a mask around the other people you live with
06   You had responsibilities to care for children or other family members
07   Some other reason, please specify:
98   DK
99   REFUSED

COV1d_a

Some people experience a broad range of mental or physical symptoms that may last for a long while after a COVID-19 infection. This is commonly referred to as "long COVID," "long-haul COVID," or "post-COVID conditions."

Did you experience any of the following symptoms for more than 4 weeks after your COVID-19 infection? [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

Extreme tiredness or fatigue

01   YES
02   NO
98   DK
99   REFUSED

COV1d_b

Shortness of breath or difficulty breathing

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1d_c
Persistent cough

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1d_d
Joint pain

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1d_e
Body aches

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1d_f
Loss of taste or smell

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1d_g
Problems with memory or concentration ("brain fog")

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

SK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1d_h
Difficulty sleeping

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1d_i
Headaches

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP .
COV1d_j
Depression or anxiety

IF NECESSARY: Did you experience this symptom for more than 4 weeks after your COVID-19 infection. [IF COV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF COV1=1, ELSE GO TO FOLLOWUP
COV1d_k
Other symptom(s), please specify: **PROGRAMMER: DISPLAY OTHER SPECIFY IF COV1d_k=1.**

01   YES
02   NO
98   DK
99   REFUSED

COV1d_l

Based on your responses to the previous question, you completely recovered from your COVID-19 infection(s) in less than four weeks. Is this correct?

01   YES
02   NO
98   DK
99   REFUSED

COV1d1

How long did you experience these symptoms?

01   More than 1 month but less than 3 months
02   More than 3 months but less than 6 months
03   More than 6 months
98   DK
99   REFUSED

COV1d2

Are you currently still experiencing these symptoms?

01   YES
02   NO
98   DK
99   REFUSED

COV1d3

How much do/did these symptoms prevent you from going about your usual daily activities (such as going to work or school, socializing with loved ones, or taking care of your personal needs)?

01   A lot
02   A little
03   Not at all
98   DK
99   REFUSED

FOLLOWUP

If there are any future surveys would you be willing to be contacted again to participate?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF FOLLOWUP=1, ELSE GO TO INCENT.
RECON
In order to contact you again for a future survey, please provide your contact information.

01   PROVIDED CONTACT INFORMATION
02   REFUSED TO PROVIDE CONTACT INFORMATION

PROGRAMMER: DISPLAY IF RECON=1, ELSE GO TO INCENT. SAME SCREEN.

INTERVIEWER NOTE: IF R does not want to provide this information, back up and change answer at RECON to 02 REFUSED TO PROVIDE CONTACT INFORMATION.
FNAME
PROGRAMMER: SET OPEN TEXT BOX.

_____

PROGRAMMER: DISPLAY IF RECON=1, ELSE GO TO INCENT. SAME SCREEN.
LNAME
PROGRAMMER: SET OPEN TEXT BOX.

_____

PROGRAMMER: DISPLAY IF RECON=1, ELSE GO TO INCENT. SAME SCREEN.
EMAIL
PROGRAMMER: SET OPEN TEXT BOX. ENABLE EMAIL ADDRESS VALIDATION.

_____

PROGRAMMER: DISPLAY IF RECON=1, ELSE GO TO INCENT. SAME SCREEN.
C_PHONE
PROGRAMMER: DISPLAY IF RECON=1. ACCEPT NUMERIC INTEGERS ONLY. SET MAX TO 10 DIGITS.

_____

ASK IF C_PHONE NE MISSING, ELSE GO TO INCENT.
FOLLOWUP2
Would it be okay to text you?

01   YES
02   NO
98   DK
99   REFUSED

ASK ALL
INCENT
How you would like to receive your [INCENTIVE], by electronic gift card sent by email or a check sent by mail?

01   ELECTRONIC GIFT CARD
02   CHECK
98   DK
99   REFUSED

ASK IF INCENT=01; ELSE GO TO CLOSING.
INCENT_e_1
Please tell me your email address to send your electronic gift card.

PROGRAMMER: DISPLAY DATA RECORDED FOR EMAIL AND ENABLE INTERVIEWER TO MAKE REVISIONS.

INTERVIEWER: CONFIRM EMAIL ADDRESS AFTER ENTERING.

Email Address: _____

INCENT_c_1

I need your full name to issue your check. What is your first and last name?

PROGRAMMER: DISPLAY DATA RECORDED FOR FNAME AND LNAME AND ENABLE INTERVIEWER TO MAKE REVISIONS.

First Name: _____
Last Name: _____

CLOSING

Thank you very much for participating in this important survey for the Los Angeles County Department of Public Health.

ASK IF NUM_CHILD>0.
CCON_SUM

Thank you for completing the Los Angeles County Health Survey! You have been selected to take a second, shorter survey about the health of a child living in your household. This survey is about half as long, and you will get **another [$20/$30]** for completing it – this is in addition to the [$20/$30] you will receive for the survey you just finished.

01   CONTINUE **PROGRAMMER: GO TO CCON1.**

CCON1

Earlier, you reported having [**PROGRAMMER: IF NUM_CHILD=1 OR (NUM_CHLD=1 AND FLAG_PAPI=1), DISPLAY:** "a child", **IF NUM_CHILD>1 OR (NUM_CHILD>1 AND FLAG_PAPI=1), DISPLAY:** "children"] living in your household. I would like to ask some questions about the health and daily routines of [**PROGRAMMER: FILL WITH SELECT_C. IF AGE_GROUP IS MISSING AND NUM_CHILD=1, DISPLAY:** "this child". **IF AGE_GROUP IS MISSING AND NUM_CHILD>1, THEN DISPLAY:** "the child with the next birthday"].

IF NECESSARY: If your child is a twin, please answer about the younger twin.

Do you know this child well enough to answer questions about their health, doctor visits, what kinds of foods they eat, and their general activities?

01   YES   **PROGRAMMER: GO TO C1**
02   NO
98   DK
99   REFUSED

ASK IF CCON1=2 AND NUM_ADULTS>1.
CCON2

Is there someone else in your household who knows the health and daily routines well enough to answer questions about their health, doctor visits, the kinds of foods they eat, and their general activities?

01   YES   **PROGRAMMER: GO TO CCON3**
02   NO
98   DK
99   REFUSED

ASK IF (CCON1=2 AND NUM_ADULTS=1) OR (CCON2=02) OR (CCON2=98) OR (CCON2=99).
KNOW_TERM

Thank you for your interest, but we need an adult who knows the health and daily routines of the child to answer these questions.

PROGRAMMER: TERMINATE AND CODE AS INELIGIBLE – NO CHILD KNOWLEDGE.

ASK IF CCON2=1.
CCON3

Please hand the phone to the adult in your household who knows enough about the health and daily routines to answer questions about the child. IF ADULT WHO KNOWS ENOUGH ABOUT THE CHILD IS NOT AVAILABLE: If they are not able to complete the survey right now please let me know a good time to call back.

01   ADULT WHO KNOWS ENOUGH ABOUT [CHILD] IS AVAILABLE AND READY TO TAKE THE SURVEY
02   ADULT WHO KNOWS ENOUGH ABOUT [CHILD] IS NOT AVAILABLE – SET CALLBACK
98   DK
99   REFUSED

ASK IF CCON1=1 OR CCON3=1.
CCON_INTRO