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

Last edited: 08/31/2023

SCREENER

CAWI: IF SAMPLE IS FLAGGED AS PAPI SCREENER COMPLETE, SKIP TO INFO_CON. ELSE GO TO INTRO_OSD.

CAWI: DISPLAY FOR ALL. NON DATA VARIABLE.
INTRO_OSD
Congratulations, your household is invited 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 your neighborhood and how to make things better. To first figure out who in your household should complete the survey, we have a few questions about your household. These should be answered by a household member 18 years of age or older.

CAWI: GO TO SR_RESIDENCE.

ASK ALL
SR_RESIDENCE
Do you now live at the address below?

CAWI: FILL WITH ADDRESS FROM SAMPLE RECORD.

STREET1
STREET2
CITY
STATE
ZIP CODE

01   Yes
02   No

ASK IF SR_RESIDENCE=02 OR MISSING.
S_RES_TERM
Thank you for your interest, but only a resident of this household can answer these questions. You may close your browser.

CAWI: 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

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

S_AGE_TERM
Thank you for your interest, but only an adult resident of this household can answer these questions. You may close your browser.

CAWI: TERMINATE AND CODE AS INELIGIBLE – AGE.

NUM_ADULTS
To figure out who in your household should complete the survey, first, please tell us: including yourself, how many adults 18 years of age or older usually live at this address?

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

____ Adults 18 years of age or older in the household

Please enter your name or initials. Remember that this survey is completely voluntary and confidential.

Starting with yourself, please enter the names or initials of the adults who usually live at this address. Remember that this survey is completely voluntary and confidential. We will use the names or initials to identify the person selected to complete the survey.

Please enter your name or initials in the first box. Then, starting with the youngest adult, please enter the names or initials for up to 3 other adults who usually live at this address. Remember that this survey is completely voluntary and confidential. We will use the names or initials to identify the person selected to complete the survey.

CAWI: ON THE SAME SCREEN, DISPLAY THE SAME NUMBER OF TEXT BOXES AS NUM_ADULTS. DISPLAY UP TO FOUR BOXES.

CAWI: SET OPEN TEXT BOX. SET MAX TO 50 CHARACTERS.

CAWI: DISPLAY IF NUM_ADULTS=>1.
NAME_ADULT1
Your name or initials _____

CAWI: DISPLAY IF NUM_ADULTS=>2.
NAME_OADULT1
Name or initials for adult 2 _____

CAWI: DISPLAY IF NUM_ADULTS=>3.
NAME_OADULT2
Name or initials for adult 3 _____

CAWI: DISPLAY IF NUM_ADULTS=>4.
NAME_OADULT3
Name or initials for adult 4 _____

ASK IF NUM_ADULTS NE MISSING.
AGE_SELF
Next, we have a few questions about you. We are asking these questions to make sure that we capture the diversity of LA County in this survey. Your answers are confidential.

What is your age?

01   18 – 29 years old
02   30 – 64 years old
03   65 years old or older

ASK IF AGE_SELF NE MISSING.
RACE_SELF
What is your race or ethnicity? Please select 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

ASK IF RACE_SELF NE MISSING.
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
08   I don't know
09   I prefer not to state

WEB SKIP=99

ASK IF NUM_ADULTS>=1.
NUM_CHILD
We 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.

___ Children 17 years of age or younger in the household

CHILD_ROSTER
DISPLAY IF NUM_CHILD=1.
Please enter the child's name or initials and select their age group. Remember that this survey is completely voluntary and confidential.

DISPLAY IF NUM_CHILD>=2 AND NUM_CHILD<=4.
Please enter the names or initials and select the age groups for each child. Remember that this survey is completely voluntary and confidential.

DISPLAY IF NUM_CHILD>=5.
Please enter the names or initials and select 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.

CAWI: 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				

CAWI: SET CUSTOM SOFT PROMPT MESSAGE TO DISPLAY ONCE IF RESPONDENT ATTEMPTS TO SKIP WITHOUT PROVIDING AN ANSWER IN EACH APPLICABLE FIELD:

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

AFTER SOFT PROMPT IS DISPLAYED, ALLOW RESPONDENT TO PROCEED.

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. You may close your browser.

CAWI: 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.

To start, please hit CONTINUE below.

CONTINUE

CAWI: GO TO INFO_CON

CAWI: DISPLAY IF SELECT_R IS ADULT2 OR ADULT3 OR ADULT4. NON DATA VARIABLE.
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. If [SELECT_R] is not available right now, please share the website and LoginID you used to access the survey with them and ask them to complete the survey at their convenience. Once the browser is closed, the survey will pick up right here where it left off.

If SELECT_R is ready to take the survey, please hit CONTINUE below.

CAWI: CREATE A CONTINUE BUTTON BELOW THAT PROCEEDS TO INFO_CON.

CONTINUE

INFO_CON

CAWI: NON DATA VARIABLE. DISPLAY TO ALL ON SINGLE SCREEN.

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 see your responses. It is recommended you complete the entire survey in one sitting, which takes 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 by closing your browser window and you can refuse to answer any questions. If you have to stop the survey, after 15 minutes you will be logged out automatically and will need your Participant Code to resume the survey at the point where you exited.

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 clicking on the Start Survey button below, you acknowledge you have read and understood your rights as a participant and are agreeing to participate in the Los Angeles County Health Survey.

CAWI: PUT A "START SURVEY" BUTTON BELOW INFORMED CONSENT TO PROCEED TO HS1.

HEALTH STATUS

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

WEB SKIP=9

(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?

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30.

___ Days

WEB SKIP=99

(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?

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30.

___ Days

WEB SKIP=99

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

ASK ALL
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?

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 30.

___ Days

WEB SKIP=99

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

ABOUT YOU

D1a

 We 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?

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: CAWI: OTHER SPECIFY, MAX 50 CHARACTERS
09   Prefer not to state

WEB SKIP=99

(LACHS 18 modified; DPH SOP)

D1b
What was your sex that was designated at your time of birth?

01   Male
02   Female
03   Other, please specify: CAWI: OTHER SPECIFY, MAX 50 CHARACTERS
09   Prefer not to answer

WEB SKIP=99

(LACHS 18 modified; DPH SOP)

D2
What is your age?

CAWI: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 18 TO 125.

___ Years Old

WEB SKIP=999

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

D2a

We are only asking this to make sure that we have enough people in each age group. Can you just tell us 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

WEB SKIP=99

(LACHS 18, 15)

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

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

01   Yes, I am under age 65
02   No, I am 65 years old or older

WEB SKIP=09

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

CAWI: CREATE VAL_AGE, WHICH HOLDS UPPER BOUND FOR AGE BASED ON RESPONSES TO D2.. IF D2 <> 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? 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.

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 97.

Number of Servings _____

WEB SKIP=99

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

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

WEB SKIP=09

ASK ALL
People have different reasons for not eating healthier foods. Please indicate how often the following reasons, if any, were true for you or your household in the last 12 months. Select an answer for each statement.

CAWI: THREE COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

	01 Often true	02 Sometimes true	03 Never true

NUT3_a
Healthy foods are too expensive.

NUT3_b
There are not a lot of healthy food choices at the stores where I usually shop.

NUT3_c
I don't live near any stores or food pantries that have healthy foods.

NUT3_d
I don't have a car or transportation to reach stores or food pantries that have healthy foods.

NUT3_e
I don't have time to shop for groceries.

NUT3_f
I don't have time to cook.

NUT3_g
I don't have adequate cooking equipment or ways to store food.

NUT3_h
I don't know how to cook.

NUT3_i
I don't know what foods are considered healthy foods.

NUT3_j
I don't like to eat healthy foods.

NUT3_k
Some of the foods from my culture are hard to make healthy.
NUT3_l

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

NUT3_m
Other, please specify: CAWI: DISPLAY IF NUT3_m NE 03 . OTHER SPECIFY, SET MAX 150 CHARACTERS

WEB SKIP=09

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. If you drink sodas or sweetened drinks rarely (less than 1 drink per day), please enter 97.

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 TO 97.

Number of Sodas or Sweetened Drinks _____

WEB SKIP=99

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

ASK IF SUBSAMPLE=1, ELSE GO TO HC1A.
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.

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

WEB SKIP=09

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

ASK IF SUBSAMPLE=1, ELSE GO TO HC1A.
NUT6
Do you think fluoride in the drinking water is good for adult and children's teeth?

01	Yes
02	No
08	I don't know

WEB SKIP=09

[LACHS 18, 15]

HEALTH CONDITIONS

ASK ALL
HC1a
How tall are you without shoes?

CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.
CAWI: IF HC1a=MISSING, GO TO HC1b.

01   I would like to answer in feet and inches
02   I would like to answer in meters and centimeters

WEB SKIP=09

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

DISPLAY IF HC1a=01. SAME SCREEN.
HC1a_f & HC1a_i

CAWI: FOR FEET, SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 4 TO 6.
CAWI: FOR INCHES, TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 11.9.
CAWI: SET VALIDATION TO REQUIRE RESPONSES IN BOTH FEET AND INCHES. SOFT PROMPT DISPLAY:
"Please enter your response in both feet and inches."

___ Feet and ___ Inches

WEB SKIP=99

DISPLAY IF HC1a=02. SAME SCREEN.
HC1a_m & HC1a_c

CAWI: FOR METERS, SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1TO 2.
CAWI: FOR CENTIMETERS, SET TO TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 99.9.
CAWI: SET VALIDATION TO REQUIRE RESPONSES IN BOTH METERS AND CENTIMETERS. SOFT PROMPT DISPLAY: "Please enter your response in both meters and centimeters."

___ Meters and ___ Centimeters

WEB SKIP=99

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

ASK ALL
HC1b
How much do you weigh?

CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.
CAWI: IF HC1b=MISSING, GO TO HC2.

01   I want to answer in pounds
02   I want to answer in kilograms

WEB SKIP=09

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

HC1b_p

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

___ Pounds

WEB SKIP=999

HC1b_k

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

___ Kilograms

WEB SKIP=999

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

WEB SKIP=09

(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 OR D1B= 99 DISPLAY: "other than during pregnancy"]? This does not include pre-diabetes.

01   Yes
02   No

WEB SKIP=09

(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 OR D1B= 99, DISPLAY: "other than during pregnancy"]?

01   Yes
02   No

WEB SKIP=09

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

HC5

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

01   Yes
02   No

WEB SKIP=09

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

HC6

Have you ever been told by a doctor or other health professional that you have *depression or other depressive disorder*, such as bipolar disorder or manic depression?

01   Yes
02   No

WEB SKIP=09

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

HC6a

Is that…?

01   Depression
02   Manic Depression/Bipolar
03   Something else

WEB SKIP=09

(LACHS 18, 15, 11)

HC6b

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

01   Yes
02   No

WEB SKIP=09

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

HC6c

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

01   Yes
02   No

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

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

ASK ALL
\How often do you feel…?\
\Select an answer for each statement.\

CAWI: THREE COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

       01 Hardly ever 02 Some of the time 03 Often

MH3a
\That you lack companionship?\

MH3b
\Left out?\

MH3c
\Isolated from others?\

WEB SKIP=09

(UCLA Loneliness Scale)

MH4

How often do you get the social and emotional support you need? Please include support from any source.

01   Always
02   Usually
03   Sometimes
04   Rarely
05   Never

WEB SKIP=09

(LACHS 18, 15, 11; BRFSS 07)

HEALTH IMPAIRMENTS

ASK ALL
Di1

Are you deaf or have serious difficulty hearing?

01   Yes
02   No

WEB SKIP=09

(2021 ACS)

ASK ALL
Di2

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

01   Yes
02   No

WEB SKIP=09

(2021 ACS)

ASK ALL
Di3

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

01   Yes
02   No

WEB SKIP=09

(2021 ACS)

ASK ALL
Di4

Do you have serious difficulty walking or climbing stairs?

01   Yes
02   No

WEB SKIP=09

(2021 ACS)

Di5

Do you have difficulty dressing or bathing?

01   Yes
02   No

WEB SKIP=09

(2021 ACS)

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

WEB SKIP=09

(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

WEB SKIP=09

ASK IF (D2>=65 AND D2<=125) OR (D2A=8 OR 9) OR (D2B=2, 9), ELSE GO TO D3.
SF1

The next question is about recent falls. By a fall, we 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

WEB SKIP=09

(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

WEB SKIP=09

(LACHS 18, 15 modified)

EMPLOYMENT

D3

Next, we are asking about your current employment situation. Please select all that apply to you.

CAWI: ENABLE MULTIPLE RECORD

01   I am employed for pay. This includes being self-employed, working for a family business or for some other
        organization.
02   I am looking for work.
03   I am a homemaker or keeping house
04   I am retired from the labor force
05   I am unable to work because of a disability
06   I am a student

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

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

ASK IF CG1=1, ELSE GO TO PA1.
CG1b

What is this person's relationship to you?

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

WEB SKIP=99

ASK IF CG1=1, ELSE GO TO PA1.
CG1c
Does this person live with you?

01 Yes
02 No

WEB SKIP=09

(LACHS 07)

ASK IF CG1=1, ELSE GO TO PA1.
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 I don't need any of these support services

WEB SKIP=09

PHYSICAL ACTIVITY

ASK ALL
PA1
The next few questions are about 2 types of exercises or activities: vigorous and moderate.

First, we are 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

WEB SKIP=09

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

ASK IF PA1=1, ELSE GO TO PA2.
PA1a
How many days per week do you do such vigorous exercise or activities for at least 10 minutes without stopping?

CAWI: SET SINGLE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 7.

___ Days

WEB SKIP=09

(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?

Only count the time when your breathing and heart rate are increased.

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 10 TO 997.

___ Minutes

WEB SKIP=999

PA1bv

We 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, that number is correct. | CAWI: GO TO PA2. |
| 02 | No, that number is not correct. | CAWI: RE-ASK PA1b. OVERWRITE WITH NEW DATA. |

WEB SKIP=09

PA2

Next, we are 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 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

WEB SKIP=09

(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?

CAWI: SET SINGLE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 7.

___ Days

WEB SKIP=09

(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?

Only count the time when your breathing and heart rate are increased.

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 10 TO 997.

___ Minutes

WEB SKIP=999

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

ASK IF PA2b>=600 AND PA2b<=997, ELSE GO TO PA3.
PA2bv
We 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 that correct?

01	Yes, that number is correct.	CAWI: GO TO PA3.
02	No, that number is not correct.	CAWI: RE-ASK PA2b. OVERWRITE WITH NEW DATA.

WEB SKIP=09

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.

CAWI: SET SINGLE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

___ Days

WEB SKIP=09

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

TRAFFIC SAFETY

ASK IF SUBSAMPLE=3, ELSE GO TO CLC1.
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   I don't want my commute to be slowed down at all
06   I do not commute

WEB SKIP=09

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?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 30.

___ Days

WEB SKIP=99

(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 I don't have a cell phone

WEB SKIP=09

(LACHS 18)

CLIMATE CHANGE

ASK ALL
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

WEB SKIP=09

(CHIS 2021)

CAWI: DISPLAY CLC1a AND CLC1b ON THE SAME SCREEN. CLC1b SHOULD ONLY DISPLAY IF CLC1a=1.
ASK ALL.
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

WEB SKIP=09

(CHIS 2021)

23

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

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

(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

CLC2
Does the issue of climate change make you feel nervous, depressed, or emotionally stressed?

01   Yes
02   No

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

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…?

CAWI: 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	I do not trust the government
11	I do not like trees
12	Other reason, Specify: CAWI: OTHER SPECIFY, MAX 100 CHARACTERS

WEB SKIP=99

CLC4

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

CAWI: 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	I would not support any of these CAWI: SINGLE SELECT ONLY

WEB SKIP=09

EMERGENCY PREPAREDNESS

EP1

We 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

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

HEALTH INSURANCE

ASK ALL
Hi1

Next, we will ask about health insurance.

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

This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, 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, I am covered
02   No, I am not covered

WEB SKIP=09

(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=9)) 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*? Medicare is the government's health insurance program for seniors and certain persons with disabilities.

01   Yes
02   No

WEB SKIP=09

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

Hi2b

Is your health insurance under Medi-Cal or Medicaid? 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

WEB SKIP=09

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

Hi2c

Is your insurance through your own or some other family member's employer, union, trade association, school or business?

01   Yes
02   No

WEB SKIP=09

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

Hi2d

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

01   Yes
02   No

WEB SKIP=09

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

Hi2e

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

01   Yes
02   No

WEB SKIP=09

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

Hi2f

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

01   Yes
02   No

WEB SKIP=09

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

ASK IF Hi1=1 AND (Hi2a=2 OR Hi2a=9) AND (Hi2b=2 OR Hi2b=9) AND (Hi2c=2 OR Hi2c=9) AND (Hi2d=2 OR Hi2d=9) AND (Hi2e=2 OR Hi2e=9) AND (Hi2f=2 OR Hi2f=9), ELSE GO TO Hi3a.
Hi2g
Is your insurance through a separate policy that you or some other family member bought directly from an insurance provider?

01   Yes
02   No

WEB SKIP=09

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

ASK IF Hi1=1 AND ((Hi2a=2 OR Hi2a=9) AND (Hi2b=2 OR Hi2b=9) AND (Hi2c=2 OR Hi2c=9) AND (Hi2d=2 OR Hi2d=9) AND (Hi2e=2 OR Hi2e=9) AND (Hi2f=2 OR Hi2f=9) AND (Hi2g=2 OR Hi2g=9), ELSE GO TO Hi3a.
Hi2h
What is the type or name of your insurance?

CAWI: OPEN END TEXT BOX. LIMIT TO 100 CHARACTERS.

_____

WEB SKIP=09

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

ASK IF (Hi1=2 OR Hi1=9) AND (((D2>=65 AND D2<=125) OR (D2a=8 OR D2a=9) OR (D2b=2 OR D2b=9)) 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? This is the government's health insurance program for seniors and certain persons with disabilities.

01   Yes
02   No

WEB SKIP=09

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

ASK IF (Hi1=2 OR Hi1=9), ELSE GO TO AC1.
Hi3b

CAWI: 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? 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

WEB SKIP=09

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

ASK IF (Hi1=2 OR Hi1=9) AND (Hi3b=2 OR Hi3b=9), 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

WEB SKIP=09

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

ASK IF (Hi1=2 OR Hi1=9) AND (Hi3b=2 OR Hi3b=9) AND (Hi3c=2 OR Hi3c=9), 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

WEB SKIP=09

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

ASK IF (Hi1=2 OR Hi1=9) AND (Hi3b=2 OR Hi3b=9) AND (Hi3c=2 OR Hi3c=9) AND (Hi3d=2 OR Hi3d=9), 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

WEB SKIP=09

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

ASK IF (Hi1=2 OR Hi1=9) AND (Hi3b=2 OR Hi3b=9) AND (Hi3c=2 OR Hi3c=9) AND (Hi3d=2 OR Hi3d=9) AND (Hi3e=2 OR Hi3e=9), 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

WEB SKIP=09

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

ASK IF (Hi1=2 OR Hi1=9) AND (Hi3a=2 OR Hi3a=9) AND (Hi3b=2 OR Hi3b=9) AND (Hi3c=2 OR Hi3c=9) AND (Hi3d=2 OR Hi3d=9) AND (Hi3e=2 OR Hi3e=9) AND (Hi3f=2 OR Hi3f=9), ELSE GO TO AC1.
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

WEB SKIP=09

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

ACCESS TO CARE

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

WEB SKIP=09

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

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.

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

WEB SKIP=09

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

01 None
02 1 to 5
03 6 or more, but not all
04 All

WEB SKIP=09

(BRFSS 2020)

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

WEB SKIP=09

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

ASK IF AC4=2 OR AC4=9, ELSE GO TO 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   I have no regular place to go

WEB SKIP=09

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

ASK IF AC4a=1 OR AC4a=9, 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

WEB SKIP=09

(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=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

WEB SKIP=09

(BRFSS 2020)

ASK IF CS1=1, ELSE GO TO CS2.
CS1a
How long has it been since your last mammogram?

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

WEB SKIP=09

(BRFSS 2020)

ASK IF D1b=2 AND ((D2>=18 AND D2<=65) OR (D2a>=1 AND D2a<=7) OR (D2b=1 OR D2b=9)), ELSE GO TO VA1.
CS2
Have you had a hysterectomy? That is the surgical removal of the uterus.

01   Yes
02   No

WEB SKIP=09

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

ASK IF CS2=2 OR CS2=9, 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

WEB SKIP=09

(BRFSS 2020)

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

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

WEB SKIP=09

(BRFSS 2020)

ASK IF CS2=2 OR CS2=9, 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

WEB SKIP=09

(BRFSS 2020)

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

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

WEB SKIP=09

(BRFSS 2020)

VACCINATIONS

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? 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

WEB SKIP=09

ASK IF ((D2>=65 AND D2<=125) OR (D2a=8 OR D2a=9) OR (D2b=2 OR D2b=9)) OR (((D2>=18 AND D2<=64) OR (D2a>=1 AND D2a<=7) OR D2b=1) AND (HC3=1 OR HC7a=1 OR HC7b=1)), ELSE GO TO VA3.
VA2

Have you ever had a pneumonia shot? 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

WEB SKIP=09

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

ASK IF (D2>=18 AND D2<=49) OR (D2a>=1 AND D2a<=5) OR (D2b=1 OR D2b=9), ELSE GO TO EC1.
VA3

Have you ever had an HPV vaccine? HPV or the Human Papilloma Virus is a common virus known to cause cancer and genital warts.

01   Yes
02   No

WEB SKIP=09

(LACHS 18, 11, 07)

ASK IF VA3=1, ELSE GO TO EC1.
VA3a

Have you received 2 or more HPV vaccines?

01   Yes
02   No

WEB SKIP=09

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

WEB SKIP=09

(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?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 30.

_____ Days

WEB SKIP=99

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?

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

01   There is no lingering odor
02   E-cigarettes help me concentrate or stay alert
03   I used e-cigarettes to quit cigarettes (or other tobacco products)
04   I 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   I was curious to just try it
10   E-cigarettes look cool
11   I use e-cigarettes to smoke marijuana
12   I use e-cigarettes in social situations
13   Another reason, please specify: CAWI: OPEN SPECIFY. SET RANGE TO 100 CHARACTERS

WEB SKIP=99

(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

WEB SKIP=09

(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   I have only used disposable
02   I have only used rechargeable
03   I have used both types

WEB SKIP=09

(LACHS 18, NYTS 2020)

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

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125. LOGIC CHECK: RESPONSE SHOULD NOT EXCEED RESPONDENT'S CURRENT AGE (VAL_AGE).

___ Years

WEB SKIP=999

(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

WEB SKIP=09

(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

WEB SKIP=09

(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   I have not used an e-cigarette in the past 12 months

WEB SKIP=09

(LACHS 18, 15)

ASK IF EC2g=1, ELSE GO TO EC2j.
EC2h
 How many times in 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 e-cigarettes for good?

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 365.

_____ Times

WEB SKIP=999

(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   I did not feel the need to use nicotine anymore
02   I went back to smoking cigarettes
03   I was worried about becoming addicted
04   It costs too much
05   I was worried about harmful side effects
06   Something else, please specify: CAWI: OTHER SPECIFY. SET RANGE TO 100 CHARACTERS.

WEB SKIP=09

(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?

CAWI: SET ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

_____ Days

WEB SKIP=09

(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?

CAWI: SET ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

_____ Days

WEB SKIP=09

(LACHS 18)

ASK IF SUBSAMPLE=4, ELSE GO TO T1.
Do you favor or oppose a law banning the use of an e-cigarette or any other vaping device with nicotine…?

CAWI: THREE COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX
CAWI: RANDOMIZE ITEMS A THROUGH G

	01 Favor	02 Oppose	08 I don't know/I don't have an opinion

EC4a
In outdoor dining areas (such as outdoor seating at restaurants and bars)

EC4b
In outdoor recreational areas (such as parks, beaches, playgrounds)

EC4c
In public event areas (such as farmers' markets, parades, fairs, festivals)

EC4d
In public places (such as sidewalks, parking lots, shopping areas, sport venues)

EC4e
In service areas (such as bus stops, ticket lines, ATM lines, taxi stands)

EC4f
In individual units of multi-unit housing (such as apartments, condominiums, senior and assisted living facilities)

EC4g
In outdoor work areas or construction sites

WEB SKIP=09

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

WEB SKIP=09

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

37

ASK ALL

T2

Do you now smoke cigarettes…?

01   Every day
02   Some days
03   Not at all

WEB SKIP=09

(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.

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 97.

_____ Cigarettes per day

WEB SKIP=99

(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?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 30.

_____ Days

WEB SKIP=99

(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.

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 97.

_____ Cigarettes per day

WEB SKIP=99

(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?

CAWI: PROVIDE THE UNIT OPTIONS AND ONCE SELECTED, DISPLAY THE RELEVANT FOLLOW UP QUESTION ONLY ON THE SAME SCREEN.
CAWI: IF T4c=MISSING, GO TO T5a.

01   I want to answer in days
02   I want to answer in weeks
03   I want to answer in months
04   I want to answer in years
05   I never smoked cigarettes every day

WEB SKIP=09

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

DISPLAY IF T4c=01. SAME SCREEN.
T4c_d

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

___ Days

WEB SKIP=09

DISPLAY IF T4c=02. SAME SCREEN.
T4c_w

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

___ Weeks

WEB SKIP=09

DISPLAY IF T4c=03. SAME SCREEN.
T4c_m

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

___ Months

WEB SKIP=99

DISPLAY IF T4c=04. SAME SCREEN.
T4c_y

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

___ Years

WEB SKIP=999

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?

CAWI: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

___ Days

WEB SKIP=09

(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?

CAWI: SET TO THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125. LOGIC CHECK: RESPONSE SHOULD NOT EXCEED RESPONDENT'S CURRENT AGE (VAL_AGE).

___ Years old

WEB SKIP=999

(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

WEB SKIP=09

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

ASK IF EC1=1 AND (T1=1 AND (T2=1 OR T2=2)), ELSE GO TO T5e.
T5d
Did you switch from a conventional cigarette to an e-cigarette because you thought it is less harmful?

01   Yes
02   No

WEB SKIP=09

(LACHS 18, 15, 11, 07)

ASK IF T1=1 AND (T2=1 OR T2=2), ELSE GO TO T6_1.
T5e
Are you seriously thinking of quitting smoking cigarettes?

01   Yes
02   No

WEB SKIP=09

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

ASK IF T5e=1 OR T5e=9, ELSE GO TO T5g.
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

WEB SKIP=09

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

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

WEB SKIP=09

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

ASK IF T5g=1, ELSE GO TO T5I.
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?

CAWI: SET TO THREE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 365.

___ Times

WEB SKIP=999

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

ASK IF T5g=1, ELSE GO TO T5I.
T5i
What is the primary reason you stopped smoking cigarettes?

01   I was 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   I had a reduced need or craving
07   Because of family pressure
08   Another reason, please specify: CAWI: OPEN SPECIFY. SET RANGE TO 100 CHARACTERS.

WEB SKIP=99

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

CAWI: TWO COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX
CAWI: RANDOMIZE ITEMS A THROUGH I

	01	Yes	02	No

T5j_a
Seek help or support from friends or family

T5j_b
Use self-help materials on the Internet, or from books, pamphlets, videos, or other materials

T5j_c
Call a telephone help line or quit line

T5j_d
Use technology such as an app, texting or quitting website

T5j_e
Use counseling advice from individual, group or phone counseling

T5j_f
Try to quit by gradually cutting back on cigarettes

T5j_g
Use nicotine replacement therapy (NRT) or products such as nicotine patches, gum or lozenges

T5j_h
Use medication such as Zyban, Bupropion, Wellbutrin, Varenicline or Chantix

T5j_i
Switched to an e-cigarette

WEB SKIP=09

(LACHS, TUSCS-CPS)

ASK IF T5j_f=2 AND T5j_g=2 AND T5j_h=2 AND T5j_i=2, ELSE GO TO T5I.
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

WEB SKIP=09

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

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   I have not seen a doctor, dentist, nurse or other health professional in the past 12 months

WEB SKIP=09

(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?

CAWI: ENABLE MULTIPLE RECORD

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

WEB SKIP=09

(LACHS 18)

ASK ALL

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…?

CAWI: SINGLE COLUMN RESPONSE, OPEN ENDED TEXT BOX. SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 30.
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

                                                                        Number of Days

T6_1
Cigars?

T6_2
Pipe?

T6_3
Hookah or Water Pipe?

T6_4
Smokeless tobacco (such as chew, dip, snuff, snus)?

T6_5
Little cigars or cigarillos?

T6_6
Dissolvable tobacco products (such as Orbis, Ariva)?

T6_7

Nicotine pouches (such as ZYN, on!)?

T6_8
Menthol cigarettes?

T6_9
Heated tobacco products (such as Eclipse, Revo, iQOS)?

WEB SKIP=99

(LACHS 18, 15)

ASK IF T6_1>=1 AND T6_1<=30, ELSE GO TO T6a_2.
T6a_1
Were the cigars flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   Yes
02   No

WEB SKIP=09

(LACHS 18)

ASK IF T6_2>=1 AND T6_2<=30, ELSE GO TO T6a_3.
T6a_2
Was the pipe flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   Yes
02   No

WEB SKIP=09

(LACHS 18)

ASK IF T6_3>=1 AND T6_3<=30, ELSE GO TO T6a_4.
T6a_3
Was the hookah/water pipe flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   Yes
02   No

WEB SKIP=09

(LACHS 18)

ASK IF T6_4>=1 AND T6_4<=30, ELSE GO TO T6a_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

WEB SKIP=09

(LACHS 18)

T6a_5
Were the little cigars/cigarillos flavored to taste like alcohol, candy, fruit, chocolate, or other sweets?

01   Yes
02   No

WEB SKIP=09

(LACHS 18)

ASK IF T6_6>=1 AND T6_6<=30, ELSE GO TO T6a_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

WEB SKIP=09

(LACHS 18)

ASK IF T6_7>=1 AND T6_7<=30, ELSE GO TO T6b.
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

WEB SKIP=09

(LACHS 18)

CAWI:
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	CAWI: DISPLAY IF (T6_1>=1 AND T6_1<=30)
02	Pipe	CAWI: DISPLAY IF (T6_2>=1 AND T6_2<=30)
03	Hookah or Water Pipe	CAWI: DISPLAY IF (T6_3>=1 AND T6_3<=30)
04	Smokeless tobacco (such as chew, dip, snuff, snus)	CAWI: DISPLAY IF (T6_4>=1 AND T6_4<=30)
05	Little cigars or cigarillos	CAWI: DISPLAY IF (T6_5>=1 AND T6_5<=30)
06	Dissolvable tobacco products (such as Orbis, Ariva)	CAWI: DISPLAY IF (T6_6>=1 AND T6_6<=30)

07	Nicotine pouches (such as ZYN, on!)	CAWI: DISPLAY IF (T6_7>=1 AND T6_7<=30)
08	Menthol cigarettes	CAWI: DISPLAY IF (T6_8>=1 AND T6_8<=30)
09	Heated tobacco products (such as Eclipse, Revo, iQOS)	CAWI: DISPLAY IF (T6_9>=1 AND T6_9<=30)
10	Cigarettes	CAWI: DISPLAY IF (T2=1 OR T2=2)
11	E-cigarettes	CAWI: DISPLAY IF (EC2>=1 AND EC2<=30)

WEB SKIP=99

(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?

CAWI: SET ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

_____ Days

WEB SKIP=09

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

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.
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…?

CAWI: TWO COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX
CAWI: RANDOMIZE ITEMS 1 THROUGH 5

	01 Yes	02 No

T8_1
California Smoker's helpline: 1-800-NO-BUTTS (1-800-662-8887)?

T8_2
Kick It California: text and talk-based support program?

T8_3
Nicotine replacement therapy, or NRT, such as the nicotine patch, gum, or lozenges?

T8_4
Prescription medications that help people quit smoking such as Zyban, Bupropion, Wellbutrin, Varenicline or Chantix?

T8_5
Smoking cessation classes, programs or counseling to help people quit smoking?

WEB SKIP=09

ASK IF T8_3=1 OR T8_4=1 OR T8_5=1, ELSE GO TO T9.
As far as you know, does your health insurance or health care plan pay for…?

CAWI: FOUR COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

01 Yes   02 No   03 I do not have health insurance   08 I do not know

CAWI: DISPLAY IF T8_3=1.
T8a_3
Nicotine replacement therapy, or NRT, such as the nicotine patch, gum, or lozenges?

CAWI: DISPLAY IF T8_4=1.
T8a_4
Prescription medications that help people quit smoking such as Zyban, Bupropion, Wellbutrin, Varenicline or Chantix?

CAWI: DISPLAY IF T8_5=1.
T8a_5
Smoking cessation classes, programs or counseling to help people quit smoking

WEB SKIP=09

ASK IF SUBSAMPLE=4, ELSE GO TO T11a.
T9
On how many of the past 14 days were you exposed to someone else's e-cigarette vapor in outdoor areas?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 14.

_____ Days

WEB SKIP=99

(LACHS 18)

ASK IF T9>=1 AND T9<=14, ELSE GO TO T10.
T9a
In which of the following outdoor areas were you exposed to e-cigarette vapor?

CAWI: 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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=99

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?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 14.

_____ Days

WEB SKIP=99

(LACHS 18)

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

CAWI: 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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.

WEB SKIP=99

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

CAWI: THREE COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX
CAWI: RANDOMIZE ITEMS A THROUGH G

	01 Favor	02 Oppose	08 I don't know / I don't have an opinion

T11a
In outdoor dining areas (such as outdoor seating at restaurants and bars)

T11b
In outdoor recreational areas (such as parks, beaches, playgrounds)

T11c
In public event areas (such as farmers' markets, parades, fairs, festivals)

T11d
In public places (such as sidewalks, parking lots, shopping areas, sport venues)

T11e
In service areas (such as bus stops, ticket lines, ATM lines, taxi stands)

T11f
In individual units of multi-unit housing (such as apartments, condominiums, senior and assisted living facilities)

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T11g
In outdoor work areas or construction sites

(LACHS 18, 15, 11, 07 modified)

ASK IF SUBSAMPLE=6, ELSE GO TO A1.
Below are some statements about tobacco related issues. For each statement, please tell us whether you agree or disagree.

CAWI: THREE COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX
CAWI: RANDOMIZE ITEMS A THROUGH J

01   Agree   02   Disagree   08 I don't know / I don't have an opinion

T12a
Store owners should be licensed to sell tobacco products in the same way they are licensed to sell liquor or beer.

T12b
Store owners should be penalized for selling tobacco products to persons under 21 years of age.

T12c
There should be more programs in Los Angeles County to help people quit smoking.

T12d
There should be a law banning the sale of flavored tobacco products.

T12e
There should be a law banning the sale of menthol cigarettes.

T12f
There should be a law banning the sale of tobacco products in pharmacies.

T12g
There should be a law banning the sale of all tobacco products.

T12h
There should be a law restricting internet sales of tobacco products.

T12i
There should be a law prohibiting store owners from selling tobacco products within 1,000 feet of schools.

T12j
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.

(LACHS 18, 15, 11, 07)

ALCOHOL USE

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

WEB SKIP=09

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

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.

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 30.

_____ Days

WEB SKIP=99

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

A1b

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

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 97.

_____ Drinks per day

WEB SKIP=99

(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 [CAWI: IF D1b=1 OR D1b=3 OR D1b=9 OR D1b=99, DISPLAY: "5" OR IF D1b=2, DISPLAY, "4") or more drinks on the same occasion?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 97.

_____ Times

WEB SKIP=99

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

ASK IF A1=1, ELSE GO TO M1.
A1d
How old were you when you first tried alcohol, even just a sip?

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125. LOGIC CHECK: RESPONSE SHOULD NOT EXCEED RESPONDENT'S CURRENT AGE (VAL_AGE).

_____ Years old

WEB SKIP=999

(CA BRFSS 2016 MODIFIED, CTADS 2017 MODIFIED)

ASK IF A1=1, ELSE GO TO M1.
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

WEB SKIP=09

MARIJUANA USE

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

01   Yes
02   No

WEB SKIP=09

(LACHS 18, 15, 11, 05)

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

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125. LOGIC CHECK: RESPONSE SHOULD NOT EXCEED RESPONDENT'S CURRENT AGE (VAL_AGE).

_____ Years old

WEB SKIP=999

(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?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 30.

_____ Days

WEB SKIP=99

(LACHS 18; CA BRFSS 2016)

M1c
During the past 30 days, how did you use marijuana?

CAWI: ENABLE MULTIPLE RECORD

01   I smoked a cigar with marijuana in it, such as a blunt
02   I smoked it (such as a joint, bong, or pipe)
03   I ate it (such as in brownies, cakes, cookies, or candy)
04   I drank it (such as in tea, cola, or alcohol)
05   I vaporized it (such as using a vape pen or e-cigarette-like vaporizer)
06   I dabbed it (such as using butane hash oil, wax, or concentrates)
07   I used it in some other way, please specify: CAWI: OPEN SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=09

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

M1d
On how many of the past 7 days did you smoke or vape marijuana in your home?

CAWI: SET ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

_____ Days

WEB SKIP=09

(LACHS 18)

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

WEB SKIP=09

(LACHS 18; CA BRFSS 2016)

M1f
How often have you used marijuana and e-cigarettes on the same occasion?

01   Usually
02   Sometimes
03   Never

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

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

ASK ALL
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?

CAWI: SET ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 7.

_____ Days

WEB SKIP=09

(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?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 14.

_____ Days

WEB SKIP=99

(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?

CAWI: 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)

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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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.

WEB SKIP=99

ASK IF SUBSAMPLE=7, ELSE GO TO Rx1.
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

WEB SKIP=09

(LACHS 18)

ASK IF SUBSAMPLE=7, ELSE GO TO Rx1.
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
08	I don't know

WEB SKIP=09

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

ASK IF SUBSAMPLE=7, ELSE GO TO Rx1.
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
08	I don't know

WEB SKIP=09

PRESCRIPTION MEDICATION USE

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

WEB SKIP=09

(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?

CAWI: ENABLE MULTIPLE RECORD

01   From home (medicine cabinet or other storage place)
02   Family member(s)/relative(s) gave them to me
03   Friend(s) gave them to me
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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.

WEB SKIP=99

Rx1b

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

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125. LOGIC CHECK: RESPONSE SHOULD NOT EXCEED RESPONDENT'S CURRENT AGE (VAL_AGE).

_____ Years

WEB SKIP=999

(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?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 30.

____ Days

WEB SKIP=99

(NSDUH 2020 MODIFIED)

METHAMPHETAMINE USE

ASK ALL
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

WEB SKIP=09

(NSDUH 2019)

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

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125. LOGIC CHECK: RESPONSE SHOULD NOT EXCEED RESPONDENT'S CURRENT AGE (VAL_AGE).

____ Years

WEB SKIP=999

(NSDUH 2019)

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

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 30.

____ Days

WEB SKIP=99

HEROIN USE

ASK ALL
He1
Have you ever, even once, used heroin?

01   Yes
02   No

WEB SKIP=09

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

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125. LOGIC CHECK: RESPONSE SHOULD NOT EXCEED RESPONDENT'S CURRENT AGE (VAL_AGE).

_____ Years

WEB SKIP=999

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

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 30.

_____ Days

WEB SKIP=99

COCAINE USE

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

01   Yes
02   No

WEB SKIP=09

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)?

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 5 TO 125. LOGIC CHECK: RESPONSE SHOULD NOT EXCEED RESPONDENT'S CURRENT AGE (VAL_AGE).

_____ Years

WEB SKIP=999

VIOLENCE AND INJURY PREVENTION

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

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 provide will be kept private. You can skip questions you don't want to answer.

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. 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

WEB SKIP=09

(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

WEB SKIP=09

(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

WEB SKIP=09

(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
08   I don't have an opinion

WEB SKIP=09

V3

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

01   Very safe
02   Somewhat safe
03   Somewhat unsafe
04   Very unsafe

WEB SKIP=09

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

ASK ALL

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

WEB SKIP=09

(LA FANS)

ASK ALL

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

WEB SKIP=09

(LA FANS)

ASK ALL

V4c

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

01   Yes
02   No

WEB SKIP=09

(LA FANS)

V5a_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. Your answers to these questions 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

WEB SKIP=09

(LACHS 18, 15)

ASK ALL
V5b
Have you *ever* experienced any unwanted sex by a current or former intimate partner?

01   Yes
02   No

WEB SKIP=09

(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 (such as family, friend)?

01   Yes
02   No

WEB SKIP=09

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

WEB SKIP=09

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

WEB SKIP=09

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. 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 also 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

WEB SKIP=09

ASK ALL
V7
Have you ever attempted suicide?

01   Yes
02   No

WEB SKIP=09

ASK IF V7=1, ELSE GO TO Dis1a.
V7a
 Did you get medical attention?

01   Yes
02   No

WEB SKIP=09

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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=09

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

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

CAWI: FIVE COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

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

Dis1a
You are treated with less courtesy or respect than other people.

Dis1b
You receive poorer service than other people in restaurants or stores.

Dis1c
People act as though they think you are not smart.

Dis1d
People act as if they are afraid of you.

Dis1e
You are threatened or harassed.

WEB SKIP=09

(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?

CAWI: ENABLE MULTIPLE RECORD

01   My ancestry or national origins
02   My gender
03   My race
04   My age
05   My religion
06   My height
07   My weight
08   Some other aspect of my physical appearance
09   My sexual orientation
10   My education or income level
11   My physical disability
12   My shade of skin color
13   My tribe
14   The way I speak English
15   Something else, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=99

SEXUAL ACTIVITY

SA1

The next few questions are about your sexual behavior. 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

WEB SKIP=09

(LACHS 18, 15, 11, 07)

ASK IF SA1=1, ELSE GO TO W1.
SA1a
In the past 12 months what was the gender of your sexual partner(s)? Check all that apply.

CAWI: 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: CAWI: OTHER SPECIFY. SET MAX 100
        CHARACTERS
09   I prefer not to state   CAWI: SINGLE SELECT

WEB SKIP=99

WOMEN'S REPRODUCTIVE HEALTH

ASK IF ((D2>=18 AND D2<=49) OR (D2a>=1 AND D2a<=5) OR (D2b=1 OR D2b=9)) AND (D1a=2 AND D1b=2), ELSE GO TO D4.
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

WEB SKIP=09

There are many outcomes for pregnancy. Below is a list of possible outcomes. Please tell us the number of times in your life you have experienced each pregnancy outcome:

CAWI: TWO COLUMN RESPONSE, OPEN ENDED TEXT BOX IN FIRST COLUMN. SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 10. SECOND COLUMN IS CLOSED RESPONSE. IF POSSIBLE, DO NOT ACCEPT RESPONSES IN BOTH COLUMNS FOR A SINGLE ROW.
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

	Number of Times	98 I don't know

W1a_a
Miscarriage:

W1a_b
Stillbirth:

W1a_c
Ectopic or tubal pregnancy:

W1a_d
Abortion:

W1a_e
Live birth by vaginal delivery or cesarean section:

WEB SKIP=99

W2
The last time you had vaginal sex, were you trying to get pregnant?

01   Yes
02   No
03   I am currently pregnant

WEB SKIP=09

(LACHS 15, 11)

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

Please select a response for each item.

CAWI: TWO COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

	01 Yes	02 No

W2a_a
My partner/I used a condom

W2a_b
My partner is/I am sterilized (tubal occlusion/ligation for females or vasectomy for males) or used a long-term contraceptive method such as an IUD or implant

W2a_c
I used birth control pills, patch, injection, or ring

W2a_d
I used a fertility awareness-based method (rhythm), diaphragm, cervical cap, sponge, withdrawal/pulling out

WEB SKIP=09

(LACHS 15, 11 modified)

DEMOGRAPHICS

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

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 of the U.S.

WEB SKIP=09

(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?   If you have lived in the United States for less than than a year, please enter 0.

CAWI: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 125.

_____ Years

WEB SKIP=999

(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, I am a U.S. Citizen
02   No, I am not a U.S. Citizen

WEB SKIP=09

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

D5

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

What is your race or ethnicity?

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, please specify: CAWI: OTHER SPECIFY. SET MAX TO 500 CHARACTERS.

WEB SKIP=09

(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?

CAWI: 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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.
12   Spanish
13   Cuban
14   Puerto Rican
15   Other, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.

WEB SKIP=99

(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?

CAWI: 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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=99

(DPH-SOP)

ASK IF D5=6, ELSE GO TO D7.
D6c
Which of the following best describes your Native Hawaiian or Pacific Islander ancestry or ethnic origin?

CAWI: ENABLE MULTIPLE RECORD

01	Chamorro
02	Fijian
03	Guamanian
04	Native Hawaiian
05	Samoan
06	Tongan
07	Other, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=09

(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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=99

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

WEB SKIP=09

(CHIS 2021)

ASK ALL
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)

WEB SKIP=09

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

ASK ALL
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

WEB SKIP=09

ASK ALL
D10
Do you consider yourself to be…?

01   Gay or lesbian
02   Bisexual
03   Straight or heterosexual
04   Not sure
05   Something else, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS
06   Don't understand the question
07   Prefer not to state

WEB SKIP=09

(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

WEB SKIP=09

(LACHS 18)

ASK IF STi1=1, ELSE GO TO STi2.
STi1a
In the past 12 months, have you taken PrEP daily for a period of at least 1-month?

01   Yes
02   No
03   This does not apply to me

WEB SKIP=09

(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? Check all that apply.

CAWI: ENABLE MULTIPLE RECORD FOR 01 – 06 OR ONLY ALLOW SINGLE REPSONSE IF 07 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   I would not get tested

WEB SKIP=09

ASK ALL
STi3
If you needed to get treated for a sexually transmitted infection, where would you feel comfortable going? Check all that apply.

CAWI: ENABLE MULTIPLE RECORD FOR 01 – 06 OR ONLY ALLOW SINGLE REPSONSE IF 07 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	I would not get treated

WEB SKIP=09

ASK IF STi2 = 7 OR STi3=7, ELSE GO TO STi5.
STi4
Which of the following reasons would keep you from getting tested or treated for a sexually transmitted infection? Check all that apply.

CAWI: ENABLE MULTIPLE RECORD

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

WEB SKIP=09

ASK IF D1b=2, ELSE GO TO HHC1.
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 |

WEB SKIP=09

ASK IF STi5=1, ELSE GO TO STi6.
STi5a
How did you hear about this rise in syphilis infections among women? Check all that apply.

CAWI: 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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=09

ASK IF D1b=2, ELSE GO TO HHC1.
STi6
Have you ever been tested for a syphilis infection?

| 01 | Yes |
| 02 | No |

ASK IF STi6=1, ELSE GO TO HHC1.
STi6a
Who tested you?

CAWI: 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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

ABOUT YOUR HOUSEHOLD

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

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

_____ People

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

CAWI: 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 we recorded [NUM_ADULTS] adult(s) and [NUM_CHILD] child(ren). Can you please verify that we recorded the correct number of people in each of the following groups? Please correct any number that is wrong.

CAWI: 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.

[NUM_ADULTS] Adults age 18 or older   Record new data in HHC1VER_ADLT.
[NUM_CHILDREN] Children age 17 or younger   Record new data in HHC1VER_CHLD.
[HHC1] Total number of people in household

CAWI: IF HHC1 <> [NUM_ADULTS + NUM_CHILDREN], THEN DISPLAY ERROR MESSAGE: "THE NUMBER OF ADULTS AND CHILDREN DOES NOT MATCH THE TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD. PLEASE CORRECT THIS ERROR."

ASK ALL
HHC2a
Including yourself, how many are adults age 65 or older?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20.

_____ People

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

ASK ALL
HHC2b
Including yourself, how many are adults between the ages of 18 and 64?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20.

_____ People

WEB SKIP=99

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

CAWI: 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 we recorded a total of [NUM_ADULTS] adults in your household, but you reported [HHC2a] adult(s) age 65 or older and [HHC2b] adult(s) between the ages of 18 and 64. Can you please verify that we recorded the correct number of adults in each of the following groups? Please correct any number that is wrong.

CAWI: 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   Record new data in HHC2VER_65PL.
[HHC2b] Adults age 18 to 64   Record new data in HHC2VER_1864.
[NUM_ADULTS] Total number of adults

CAWI: IF NUM_ADULTS <> [HHC2a + HHC2b], THEN DISPLAY ERROR MESSAGE: "THE NUMBER OF ADULTS AGE 65 OR OLDER AND THE NUMBER OF ADULTS AGE 18 TO 64 DOES NOT MATCH THE TOTAL NUMBER OF ADULTS IN YOUR HOUSEHOLD. PLEASE CORRECT THIS ERROR."

ASK ALL
HHC3
Are there any people age 17 or younger currently living in your household?

01   Yes
02   No

WEB SKIP=09

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

IF HHC3=1, DISPLAY HHC3a, HHC3b, HHC3c ON SAME SCREEN. ELSE GO TO H1.
HHC3a
How many are children between the ages of 12 and 17?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20.

_____ Children

WEB SKIP=99

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

HHC3b

How many are children between the ages of 6 and 11?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20.

_____ Children

WEB SKIP=99

HHC3c

How many are children 5 years of age or younger?

CAWI: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 20.

_____ Children

WEB SKIP=99

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

CAWI: 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 we recorded a total of [NUM_CHILD] child(ren) in your household, but you reported [HHC3a] child(ren) age 12 to 17, [HHC3b] child(ren) age 6 to 11 and [HHC3c] child(ren) age 0 to 5. Can you please verify that we recorded the correct number of children in each of the following groups? Please correct any number that is wrong.

CAWI: 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   Record new data in HHC3VER_1217.
[HHC3b] Children age 6 to 11   Record new data in HHC3VER_0611.
[HHC3c] Children age 0 to 5   Record new data in HHC3VER_0005.
[NUM_CHILD] Total number of children

CAWI: IF NUM_CHILD <> [HHC3a + HHC3b + HHC3c], THEN DISPLAY ERROR MESSAGE: "THE NUMBER OF CHILDREN AGE 12 TO 17, AGE 6 TO 11 AND AGE 0 TO 5 DOES NOT MATCH THE TOTAL NUMBER OF CHILDREN IN YOUR HOUSEHOLD. PLEASE CORRECT THIS ERROR."

CAWI: 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 we recorded the correct number of people in each of the following groups? Please correct any number that is wrong.

CAWI: 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

ASK ALL
H1
Do you rent or own your home?

01   Rent
02   Own
03   Some other arrangement, please specify: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS
04   I am homeless

WEB SKIP=09

(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: CAWI: OTHER SPECIFY. SET MAX TO 100 CHARACTERS

WEB SKIP=09

(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

WEB SKIP=09

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 is paid off
08   Something else, please specify: CAWI: OTHER SPECIFY, SET MAX TO 100 CHARACTERS
98   I don't know

WEB SKIP=99

(LACHS 18, MacArthur How Housing Matters Survey 2014)

ASK IF H3=98 OR H3=99, ELSE GO TO H4.
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%

WEB SKIP=09

(LACHS 18)

ASK IF H3a=1, ELSE GO TO H4.
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%

WEB SKIP=09

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

WEB SKIP=09

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

HOUSEHOLD INCOME

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

CAWI: 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, we 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]

WEB SKIP=09

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

ASK IF INC1=1 OR INC1=9, 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]

WEB SKIP=09

INC3
Is your household's total annual income from all sources before taxes…?

01   Above $[POVERTY x 1] or
02   Below $[POVERTY x 1]

WEB SKIP=09

INC4
Is your household's total annual income from all sources before taxes…?

01   Above $[POVERTY x 3] or
02   Below $[POVERTY x 3]

WEB SKIP=09

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

WEB SKIP=09

(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

WEB SKIP=09

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

Fi1a
How often did this happen?

01   Almost every month
02   Some months but not every month
03   Only one or two months

WEB SKIP=09

(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

WEB SKIP=09

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

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

WEB SKIP=09

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

Below are two statements people have made about the food situation at their household. For each, please select whether the statement was often, sometimes, or never true for you or other members of your household in the *last 12 months*.

CAWI: THREE COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX
CAWI: RANDOMIZE ITEMS A AND B

                         01 Often true   02 Sometimes true   03 Never true

Fi4a
The food that was bought just didn't last, and we didn't have money to get more.

Fi4b
We couldn't afford to eat balanced meals.

WEB SKIP=09

(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

WEB SKIP=09

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

TECHNOLOGY ACCESS

Do you or any member of your household own or use any of the following types of computers?

CAWI: TWO COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

	01	Yes	02	No

TA1a
Desktop or laptop

TA1b
Smartphone

TA1c
Tablet or other portable wireless computer

TA1d
Some other type of computer, please specify: CAWI: DISPLAY OTHER SPECIFY IF TA1d=1, SET MAX TO 100 CHARACTERS

WEB SKIP=09

(ACS 2020 modified)

ASK ALL
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

WEB SKIP=09

(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
08   I don't know
09   I prefer not to state

WEB SKIP=99

COV1a2

Have you had two or more separate COVID-19 infections?

01 Yes
02 No
08 I don't know
09 I prefer not to state

WEB SKIP=99

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, my test result showed that I had a COVID-19 infection
02 No, my test results did not show that I had a COVID-19 infection
03 I was not tested for a COVID-19 infection
08 I don't know
09 I prefer not to state

WEB SKIP=99

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

WEB SKIP=09

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
08 I don't know
09 I prefer not to state

WEB SKIP=99

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? Check all that apply. [IF COV1a2=01, THEN DISPLAY: "Please consider your most recent infection only."]

CAWI: ENABLE MULTIPLE RECORD

01   No one told me that I needed to isolate
02   I did not receive instructions on how to isolate
03   I still had to go in to work because my employer did not give me time off
04   I still had to leave my home for essential errands, like buying food or groceries or picking up prescriptions
05   It was not possible for me to physically separate myself from and/or wear a mask around the other people I live with
06   I had responsibilities to care for children or other family members
07   Some other reason, please specify: CAWI: DISPLAY OTHER SPECIFY . SET MAX TO 100 CHARACTERS.

WEB SKIP=9

COV1d

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=1, THEN DISPLAY: "Please consider whether this happened after any of your COVID-19 infections."]

CAWI: TWO COLUMN RESPONSES
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN IN A SINGLE MATRIX

	01 Yes	02 No

COV1d_a
Extreme tiredness or fatigue

COV1d_b
Shortness of breath or difficulty breathing

COV1d_c
Persistent cough

COV1d_d
Joint pain

COV1d_e
Body aches

COV1d_f
Loss of taste or smell

COV1d_g
Problems with memory or concentration ("brain fog")

COV1d_h
Difficulty sleeping

COV1d_i
Headaches

COV1d_j
Depression or anxiety

COV1d_k
Other symptom(s), please specify: CAWI: DISPLAY OTHER SPECIFY IF COV1d_k=1. SET MAX TO 100 CHARACTERS.

WEB SKIP=9

ASK IF COV1d_a through COV1d_k = 2 (all), ELSE GO TO COV1D1.
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

WEB SKIP=9

ASK IF (COV1d_a=1) OR (COV1d_b=1) OR (COV1d_c=1) OR (COV1d_d=1) OR (COV1d_e=1) OR (COV1d_f=1) OR (COV1d_g=1) OR (COV1d_h=1) OR (COV1d_i=1) OR (COV1d_j=1) OR (COV1d_k=1), ELSE GO TO FOLLOWUP.
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
08   I don't know
09   I prefer not to state

WEB SKIP=99

ASK IF (COV1d_a=1) OR (COV1d_b=1) OR (COV1d_c=1) OR (COV1d_d=1) OR (COV1d_e=1) OR (COV1d_f=1) OR (COV1d_g=1) OR (COV1d_h=1) OR (COV1d_i=1) OR (COV1d_j=1) OR (COV1d_k=1), ELSE GO TO FOLLOWUP.
COV1d2
Are you currently still experiencing these symptoms?

01   Yes
02   No
08   I don't know
09   I prefer not to state

WEB SKIP=99

ASK IF (COV1d_a=1) OR (COV1d_b=1) OR (COV1d_c=1) OR (COV1d_d=1) OR (COV1d_e=1) OR (COV1d_f=1) OR (COV1d_g=1) OR (COV1d_h=1) OR (COV1d_i=1) OR (COV1d_j=1) OR (COV1d_k=1), ELSE GO TO FOLLOWUP.
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

08   I don't know
09   I prefer not to state

WEB SKIP=99

ASK ALL
FOLLOWUP
If we have any future surveys would you be willing to be contacted again to participate?

01   Yes
02   No

ASK IF FOLLOWUP=1, ELSE GO TO INCENT.
RECON
In order to contact you again for a future survey, please provide us the information below.

01   I am willing to provide my contact information
02   I do not want to provide my contact information

DISPLAY IF RECON=1, ELSE GO TO INCENT. SAME SCREEN.
FNAME
CAWI: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS.
_____

DISPLAY IF RECON=1, ELSE GO TO INCENT. SAME SCREEN.
LNAME
CAWI: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS.
_____

DISPLAY IF RECON=1, ELSE GO TO INCENT. SAME SCREEN.
EMAIL
CAWI: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS. ENABLE EMAIL ADDRESS VALIDATION.
_____

DISPLAY IF RECON=1, ELSE GO TO INCENT. SAME SCREEN.
PHONE
CAWI: SET OPEN TEXT BOX. ACCEPT NUMERIC INTEGERS ONLY. SET MAX TO 10 DIGITS.
_____

ASK IF PHONE NE MISSING, ELSE GO TO INCENT.
FOLLOWUP2
Would it be okay to text you?

01   Yes
02   No

ASK ALL
INCENT
Please select how you would like to receive your [INCENTIVE].

CAWI: DISABLE ABILITY TO BACK UP TO PREVIOUS QUESTION.

01   Electronic gift card sent by email
02   Check sent by mail

ASK IF INCENT=1, ELSE GO TO CLOSING.
INCENT_e
Please enter your email address for us to send your electronic gift card.

Email Address: _____

ASK IF INCENT=2, ELSE GO TO CLOSING.
INCENT_c
 We need your full name to issue your check. What is your first and last name?

First Name: _____
Last Name: _____

DISPLAY IF NUM_CHILD=0, ELSE GO TO CCON_SUM.
CLOSING
Thank you very much for participating in this important survey for the Los Angeles County Department of Public Health. You may close your browser window.

CAWI: DISABLE ABILITY TO BACK UP TO PREVIOUS QUESTION.

CHILD SURVEY - TRANSITION

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.

Click the NEXT button below to continue.

CCON1
Earlier, you reported having [CAWI: IF NUM_CHILD=1, DISPLAY: "a child", IF NUM_CHILD>1, DISPLAY: "children"] living in your household. We would like to ask some questions about the health and daily routines of [CAWI: FILL WITH SELECT_C. IF AGE_GROUP IS MISSING AND NUM_CHILD=1, DISPLAY "this child." IF THERE IS NO AGE_GROUP AND NUM_CHILD>1, THEN DISPLAY "the child with the next birthday"].

CAWI: IF RESPONDENT DOES NOT PROVIDE NAME OR SELECT AGE_GROUP AT CHILD_ROSTER AND NUM_CHILD>1, THEN DISPLAY: "If this 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   CAWI: GO TO C1
02   No

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
02   No

ASK IF (CCON1=2 AND NUM_ADULTS=1) OR (CCON2=02) 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 have the adult in your household who knows enough about the health and daily routines to answer questions about [CHILD]. If they are not able to complete the survey right now, you may close your browser and return to the survey when the other adult is ready. You may use the same code you used to access your survey.

01   I am the adult who knows enough about [CHILD] and I am ready to take the survey.

ASK IF CHILD_ONLY SURVEY.
CCON_INTRO
CAWI: NON DATA VARIABLE. DISPLAY TO ALL ON SINGLE SCREEN.