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

Last edited: 10/04/23

SCREENER

CATI: THE CHILD SURVEY IS PASTED INTO THE SAME PROGRAM AS THE ADULT SURVEY, PLACED AFTER THE ADULT SURVEY. ALL RESPONDENTS ARE ADMINISTERED THE SAME SCREENER. IF APPLICABLE, CHILD-ONLY SURVEY RESPONDENTS WILL SKIP THE ADULT SURVEY AFTER THE SCREENER. THE CHILD SELECTION INSTRUCTIONS ARE INCLUDED IN THE ADULT CATI SPECS.

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

01   CONTINUE   **PROGRAMMER: GO TO LAND_CELL_C**

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

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

ASK IF CATI OUTBOUND AND SCREENER WAS COMPLETED BEFORE CALL WAS INITIATED
LEAD_IN1_C
Hello, I'm calling on behalf of The Los Angeles County Department of Public Health regarding an important study about health care issues affecting Los Angeles County residents. My name is [NAME] and I am part of the research team. You will receive [$20/$30] for participating. This call may be monitored or recorded for quality assurance.

01   CONTINUE

ASK IF CALL_IN_C=01 OR LEAD_IN1_C=01
LAND_CELL_C
Is this a landline or cell phone?

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

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

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

CELLSAFE_C
Before we continue, are you driving or doing anything that requires your full attention right now?

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

ASK IF CELLSAFE_C=01
CELL2_C
When would be a better time to call you?

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

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

ASK IF CATI INBOUND AND SCREENER AND ADULT SURVEY (IF APPLICABLE) WAS COMPLETED BEFORE CALL WAS INITIATED AND SELECT_C NE MISSING.
CCON1_C
Earlier, you or someone in your household reported having [**PROGRAMMER: IF NUM_CHILD=1, DISPLAY:** "a child", **IF NUM_CHILD>1, DISPLAY:** "children"] living in your household. I would like to ask some questions about the health and daily routines of [**PROGRAMMER: FILL WITH SELECT_C. IF THERE IS NO NAME OR INITIALS FOR SELECT_C THEN FILL WITH** "the child between [age group] years old."]

IF CHILD'S NAME/INITIALS ARE MISSING AND RESPONDENT INDICATES THAT THEY HAVE MORE THAN ONE CHILD IN THE AGE GROUP: If you have more than one child in the age group, please answer about child with the most recent birthday. If your child is a twin, please answer about the younger twin.

Do you know this child well enough to answer questions about their health, doctor visits, what kinds of foods they eat, and their general activities?

01 YES **PROGRAMMER: GO TO CCON_INTRO**
02 NO **PROGRAMMER: GO TO CCON2_C**
98 DK **PROGRAMMER: GO TO CCON2_C**
99 REFUSED **PROGRAMMER: GO TO CCON2_C**

IF CCON1_C=2 OR CCON1_C=98 OR CCON1_C=99 AND NUM_ADULTS=1 THEN GO TO KNOW_TERM_C.

ASK IF CCON1_C=2 OR CCON1_C=98 OR CCON1_C=99 AND NUM_ADULTS>1.
CCON2_C
Is there someone else in your household who knows the health and daily routines well enough to answer questions about their health, doctor visits, the kinds of foods they eat, and their general activities?

01 YES **PROGRAMMER: GO TO CCON3_C**
02 NO **PROGRAMMER: GO TO KNOW_TERM_C**
98 DK **PROGRAMMER: GO TO KNOW_TERM_C**
99 REFUSED **PROGRAMMER: GO TO KNOW_TERM_C**

ASK IF CCON2_C=02 OR CCON2_C=98 OR CCON2_C=99.
KNOW_TERM_C
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_C=1.

CCON3_C

Please hand the phone to the adult in your household who knows enough about the health and daily routines to answer questions about the child. IF ADULT WHO KNOWS ENOUGH ABOUT THE CHILD IS NOT AVAILABLE: If they are not able to complete the survey right now please let me know a good time to call back.

01   ADULT WHO KNOWS ENOUGH ABOUT [CHILD] IS AVAILABLE AND READY TO TAKE THE SURVEY
02   ADULT WHO KNOWS ENOUGH ABOUT [CHILD] IS NOT AVAILABLE – SET CALLBACK
98   DK
99   REFUSED

ASK IF CHILD ONLY SURVEY, ELSE GO TO C1.
CCON_INTRO

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

This year, about 7,000 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]. **PROGRAMMER: DISPLAY IF THE SAME RESPONDENT COMPLETED THE ADULT SURVEY:** This is in addition to the [$20/$30] for completing the previous survey.

This survey asks about the health of a child residing in your household. The data you provide are confidential. Only the combined responses from all 7,000 people will be reported, not just one person's answers.

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

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

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

01   CONTINUE

ABOUT YOUR CHILD

ASK IF SELECT_C IS MISSING OR IF FLAG_PAPI=1 AND NUM_CHILD>0.
C1
So that we can refer to your child by name during the rest of the survey, what is the first name or initials of [**PROGRAMMER: IF NUM_CHILD=1 AND FLAG_PAPI, DISPLAY:** "the child living in your household", **IF NUM_CHILD>1 AND FLAG_PAPI=1, DISPLAY:** "the child with the next birthday. If the child with the next birthday is a twin, please answer about the younger twin." **IF SELECTED CHILD NAME IS MISSING AND FLAG_PAPI=0, DISPLAY:** SELECT_C.]

IF NECESSARY: If your child with the next birthday is a twin, please answer about the younger twin.

PROGRAMMER: OPEN TEXT BOX. SET MAX 50 CHARACTERS.

_____ ENTER NAME OR INITIALS

98   DK
99   REFUSED

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

CATI: FILL "CHILD" VARIABLE WITH NAME OR INITIALS HELD FROM SCREENER. FOR CHILD, SET VALUE TO VALUE OF SELECT_C. IF SELECT_C IS MISSING, DISPLAY "the child".

ASK ALL
CD1
What is [CHILD]'s age?

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 17.

INTERVIEWER: IF CHILD IS LESS THAN A YEAR OLD ENTER 0.

___ ENTER AGE IN YEARS

98   DK
99   REFUSED

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

ASK IF CD1=98 OR CD1=99, ELSE GO TO CD1b.
CD1a
Can you just tell me generally if [CHILD]'s age is…?

01   2 years old or younger
02   3 to 5 years old
03   6 to 11 years old
04   12 to 17 years old
98   DK
99   REFUSED

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

ASK IF (CD1>=0 AND CD1<=2) OR CD1a=1, ELSE GO TO CD2.
CD1b
What is [CHILD]'s age in months?

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 35.

INTERVIEWER: IF CHILD IS LESS THAN A MONTH OLD ENTER 0.

_____ ENTER AGE IN MONTHS

98   DK
99   REFUSED

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

ASK ALL
CD2
Is [CHILD] a…?

01   Male
02   Female
03   Another gender, please specify: **PROGRAMMER: OPEN SPECIFY, SET MAX TO 50 CHARACTERS**
98   DK
99   REFUSED

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

PROGRAMMER: CREATE "GENDER1" VARIABLE BASED ON RESPONSE TO CD2:
IF CD2=01, FILL GENDER1 WITH "his".
IF CD2=02, FILL GENDER1 WITH "her".
IF CD2=03, FILL GENDER1 WITH "[Child]'s".
IF CD2=98, FILL GENDER1 WITH "[Child]'s".
IF CD2=99, FILL GENDER1 WITH "[Child]'s".

PROGRAMMER: CREATE "GENDER2" VARIABLE BASED ON RESPONSE TO CD2:
IF CD2=01, FILL GENDER2 WITH "him".
IF CD2=02, FILL GENDER2 WITH "her".
IF CD2=03, FILL GENDER2 WITH "[Child]".
IF CD2=98, FILL GENDER2 WITH "[Child]".
IF CD2=99, FILL GENDER2 WITH "[Child]".

PROGRAMMER: CREATE "GENDER3" VARIABLE BASED ON RESPONSE TO CD2:
IF CD2=01, FILL GENDER3 WITH "he".
IF CD2=02, FILL GENDER3 WITH "she".
IF CD2=03, FILL GENDER3 WITH "[Child]".
IF CD2=98, FILL GENDER3 WITH "[Child]".
IF CD2=99, FILL GENDER3 WITH "[Child]".

CD3

What is your relationship to [CHILD]? Are you [GENDER1]…?

INTERVIEWER: READ ANSWER OPTIONS AS NECESSARY.

INTERVIEWER: IF RESPONDENT JUST SAYS; "Parent" OR "Mother" OR "Father," PROBE, "Are you the biological mother/father, the step mother/father, the adoptive mother/father, or the foster mother/father?"

01	BIOLOGICAL MOTHER
02	BIOLOGICAL FATHER
03	STEP-MOTHER
04	STEP-FATHER
05	ADOPTIVE MOTHER
06	ADOPTIVE FATHER
07	FOSTER MOTHER
08	FOSTER FATHER
09	SISTER
10	BROTHER
11	AUNT
12	UNCLE
13	GRANDMOTHER
14	GRANDFATHER
15	OTHER RELATIONSHIP, please specify: **PROGRAMMER: OPEN SPECIFY. SET MAX TO 50 CHARACTERS.**
98	DK
99	REFUSED

(LACHS 18, 15, 11)

ASK IF (CD3>=1 AND CD3<=6) OR (CD3>=9 AND CD3<=15) OR CD3=98 OR CD3=99, ELSE GO TO CD3b.
CD3a

Are you the person or one of the people who makes decisions about healthcare, vaccinations, and childcare for [CHILD]?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15)

ASK IF CD3=3 OR CD3=4 OR CD3=9 OR CD3=10 OR CD3=11 OR CD3=12 OR CD3=13 OR CD3=14 OR CD3=15 OR CD3=98 OR CD3=99, ELSE GO TO RD1.
CD3b

Are you a legal guardian for [CHILD]?

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18, 15)

RD1
I want to ask you about your gender identity. Gender identity refers to how you identify yourself, which may not be the same as the sex you were at birth.

What is your current gender identity?

INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY.

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

(LACHS 18 modified; DPH-SOP)

ABOUT YOUR INFANT

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci1
Which of the following statements best describes you during the 3 months before you got pregnant with [CHILD]?

01   You were trying to get pregnant
02   You were not trying to get pregnant but did not mind if you became pregnant
03   You were not trying to get pregnant
98   DK
99   REFUSED

(LACHS 18)

ASK IF CD3=1 AND (CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci2
How many weeks or months pregnant with [CHILD] were you when you had your first visit for prenatal care?

01   ANSWERED IN WEEKS (GO TO Ci2_w)
02   ANSWERED IN MONTHS (GO TO Ci2_m)
03   DID NOT GET PRENATAL CARE (GO TO Ci3)
98   DK (GO TO Ci3)
99   REFUSED (GO TO Ci3)

DISPLAY IF Ci2=01.
Ci2_w

PROGRAMMER: FOR WEEKS, SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 52.

INTERVIEWER: ENTER WHOLE NUMBERS ONLY.

_____ ENTER # OF WEEKS

DISPLAY IF Ci2=02.
Ci2_m

PROGRAMMER: FOR MONTHS, SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 12.

INTERVIEWER: ENTER WHOLE NUMBERS ONLY.

_____ ENTER # OF MONTHS

(LACHS 18)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci3
While you were pregnant with [CHILD], did you…?

PROGRAMMER: RANDOMIZE ITEMS Ci3_1 THROUGH Ci3_4.

Ci3_1
Take folic acid

01	YES
02	NO
98	DK
99	REFUSED

Ci3_2
Get a Tdap shot or vaccination. A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

01	YES
02	NO
98	DK
99	REFUSED

Ci3_3

Have a flu shot within twelve months before giving birth to [CHILD]

01	YES
02	NO
98	DK
99	REFUSED

Ci3_4
See a dentist within twelve months before giving birth to [CHILD]

01	YES
02	NO
98	DK
99	REFUSED

(LACHS 18)

Ci4
While you were pregnant with [CHILD], were you exposed to cigarette smoke, e-cigarette vapor, or both?

01   CIGARETTE SMOKE
02   E-CIGARETTE VAPOR
03   BOTH
04   NEITHER
98   DK
99   REFUSED

(LACHS 18)

Ci5_a
For two weeks or longer during your pregnancy with [CHILD], did you…?

Feel sad, empty or depressed for most of the day?

01   YES
02   NO
98   DK
99   REFUSED

Ci5_b
INTERVIEWER: REPEAT AS NECESSARY: For two weeks or longer during your pregnancy with [CHILD], did you…?

Lose interest in most things like work, hobbies, and other things you usually enjoyed?

01   YES
02   NO
98   DK
99   REFUSED

Ci5_c
INTERVIEWER: REPEAT AS NECESSARY: For two weeks or longer during your pregnancy with [CHILD], did you…?

Experience anxiety (excessive and unrealistic worry about everyday tasks or events)?

01   YES
02   NO
98   DK
99   REFUSED

(LAMB modified)

Ci6_a
Within the first 12 months after giving birth to [CHILD], did you experience the following symptoms for two weeks or longer?

Feel sad, empty or depressed for most of the day?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci6_b

INTERVIEWER: REPEAT AS NECESSARY: Within the first 12 months after giving birth to [CHILD], did you experience the following symptoms for two weeks or longer?

Lose interest in most things like work, hobbies, and other things you usually enjoyed?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci6_c

INTERVIEWER: REPEAT AS NECESSARY: Within the first 12 months after giving birth to [CHILD], did you experience the following symptoms for two weeks or longer?

Experience anxiety (excessive and unrealistic worry about everyday tasks or events)?

01   YES
02   NO
98   DK
99   REFUSED

(LAMB modified)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM HC1a.
Ci7

How tall are you without shoes?

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

01   ANSWERED IN FEET/INCHES (GO TO Ci7_f & Ci7_i)
02   ANSWERED IN METERS/CENTIMETERS (GO TO Ci7_m & Ci7_c)
98   DK (GO TO Ci8)
99   REFUSED (GO TO Ci8)

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

DISPLAY IF Ci7=01.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM HC1a_f & HC1a_i.

Ci7_f & Ci7_i

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

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

___ ENTER # OF FEET

___ ENTER # OF INCHES

DISPLAY IF Ci7=02.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM HC1a_m & HC1a_c.
Ci7_m & Ci7_c

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

INTERVIEWER: IF ANSWER IS ONLY IN METERS, ENTER 0 FOR CENTIMETERS; IF ANSWER IS ONLY IN CENTIMETERS, ENTER 0 FOR METERS.

___ ENTER # OF METERS

___ ENTER # OF CENTIMETERS

(PRAMS)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci8
How much did you weigh right before your pregnancy with [CHILD]?

(INTERVIEWER: ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS SHE SPECIFICALLY SAYS KILOGRAMS.)

01   ANSWERED IN POUNDS (GO TO Ci8_p)
02   ANSWERED IN KILOGRAMS (GO TO Ci8_k)
98   DK (GO TO Ci9)
99   REFUSED (GO TO Ci9)

(LACHS 18; WIC)

DISPLAY IF Ci8=01.
Ci8_p

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

___ ENTER # OF POUNDS

DISPLAY IF Ci8=02.
Ci8_k

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

___ ENTER # OF KILOGRAMS

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci9
How much weight did you gain during your pregnancy with [CHILD]?

(INTERVIEWER: ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS SHE SPECIFICALLY SAYS KILOGRAMS.)

01   ANSWERED IN POUNDS (GO TO Ci9_p)
02   ANSWERED IN KILOGRAMS (GO TO Ci9_k)
98   DK (GO TO Ci10)
99   REFUSED (GO TO Ci10)

(LACHS 18; WIC)

DISPLAY IF Ci9=01.
Ci9_p

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 75.0.

___ ENTER # OF POUNDS

DISPLAY IF Ci9=02.
Ci9_k

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER PLUS ONE DECIMAL PLACE. SET RANGE TO 0.0 TO 35.0.

___ ENTER # OF KILOGRAMS

(LACHS 18)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci10
Since the birth of [CHILD] did you return to work or begin a new job?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF Ci10=1, ELSE GO TO Ci11.
Ci10a
How old was [CHILD] when you first returned to work or began a new job?

IF NECESSARY: Just your best estimate.

01	ANSWERED IN YEARS (GO TO Ci10a_y)
02	ANSWERED IN MONTHS (GO TO Ci10a_m)
03	ANSWERED IN WEEKS (GO TO Ci10a_w)
04	ANSWERED IN DAYS (GO TO Ci10a_d)
98	DK (GO TO Ci11)
99	REFUSED (GO TO Ci11)

(LACHS 18, 07, 05, 02; WIC)

DISPLAY IF Ci10a=01.
Ci10a_y

PROGRAMMER: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 5.

___ ENTER # OF YEARS

DISPLAY IF Ci10a=02.
Ci10a_m

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 60.

___ ENTER # OF MONTHS

DISPLAY IF Ci10a=03.
Ci10a_w

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 52.

___ ENTER # OF WEEKS

DISPLAY IF Ci10a=04.
Ci10a_d

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 60.

___ ENTER # OF DAYS

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
Ci11
Was [CHILD] born in a hospital?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF Ci11=1, ELSE GO TO Ci13.
Ci12a
The next questions ask about things that may have happened at the hospital where [CHILD] was born.

Did you breastfeed or feed breast milk to [CHILD] in the hospital?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF Ci11=1, ELSE GO TO Ci13.
Ci12b
Was [CHILD] fed only breast milk at the hospital?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF Ci11=1, ELSE GO TO Ci13.
Ci12c
Did [CHILD] stay in the same room with you in the hospital?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF Ci11=1, ELSE GO TO Ci13.
Ci12d

Did the hospital give you a telephone number to call for help with breastfeeding?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF Ci11=1, ELSE GO TO Ci13.
Ci12e

Did [CHILD] use a pacifier in the hospital?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF Ci11=1, ELSE GO TO Ci13.
Ci12f

Did hospital staff help you learn how to breastfeed?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF Ci11=1, ELSE GO TO Ci13.
Ci12g

Did hospital staff tell you to breastfeed whenever your baby wanted?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07 MODIFIED, 05; PRAMS 2004 MODIFIED; BREASTFEEDING MODULE P29)

ASK IF CD3=1 AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CB1.
IF Ci12a=1 OR Ci12b=1, AUTOPUNCH Ci13=01 AND GO TO Ci14.
Ci13

Was [CHILD] ever breastfed or fed breast milk?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, MODIFIED, 05, 02, 99; CDC NIS 2010)

ASK IF Ci12a=1 OR Ci12b=1 OR Ci13=1, ELSE GO TO Ci17.
Ci14

Did you breastfeed or feed breast milk to [CHILD] in the first hour after birth?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 11)

ASK IF Ci12a=1 OR Ci12b=1 OR Ci13=1, ELSE GO TO Ci17.
Ci15
Are you currently breastfeeding [CHILD]?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF (CI12a=1 OR Ci12=1 OR Ci13=1) AND Ci15=2, ELSE GO TO Ci17.
Ci16
How old was [CHILD] when [GENDER3] completely stopped breastfeeding or being fed breast milk? Please round to the closest day, week, month, or year.

IF NECESSARY: Just your best estimate.

01   ANSWERED IN DAYS (GO TO Ci16_d)
02   ANSWERED IN WEEKS (GO TO Ci16_w)
03   ANSWERED IN MONTHS (GO TO Ci16_m)
04   ANSWERED IN YEARS (GO TO Ci16_y)
98   DK (GO TO Ci17)
99   REFUSED (GO TO Ci17)

DISPLAY IF Ci16=01.
Ci16_d

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 90.

___ ENTER # OF DAYS

DISPLAY IF Ci16=02.
Ci16_w

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 52.

___ ENTER # OF WEEKS

DISPLAY IF Ci16=03.
Ci16_m

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 60.

___ ENTER # OF MONTHS

DISPLAY IF Ci16=04.
Ci16_y

PROGRAMMER: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 5.

___ ENTER # OF YEARS

(LACHS 18, 15, 11, 07 MODIFIED, 05, 02, 99; CDC NIS 2010)

Ci17

How old was [CHILD] when [GENDER3] was first fed formula? Please round to the closest day, week, month, or year.

IF NECESSARY: Just your best estimate.

01   ANSWERED IN DAYS (GO TO Ci17_d)
02   ANSWERED IN WEEKS (GO TO Ci17_w)
03   ANSWERED IN MONTHS (GO TO Ci17_m)
04   ANSWERED IN YEARS (GO TO Ci17_y)
05   AT BIRTH (GO TO Ci18)
06   NEVER/STILL ONLY FEEDING BREAST MILK (GO TO Ci18)
98   DK (GO TO Ci18)
99   REFUSED (GO TO Ci18)

(LACHS 18, 15, 11; CDC NIS 2010)

DISPLAY IF Ci17=01.
Ci17_d

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 90.

___ ENTER # OF DAYS

DISPLAY IF Ci17=02.
Ci17_w

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 52.

___ ENTER # OF WEEKS

DISPLAY IF Ci17=03.
Ci17_m

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 35.

___ ENTER # OF MONTHS

DISPLAY IF Ci17=04.
Ci17_y

PROGRAMMER: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 2.

___ ENTER # OF YEARS

ASK IF CD3=1 AND (CD1>=0 AND CD1<=2) OR CD1a=1, ELSE GO TO Ci19.
Ci18
The next question is about the first thing that [CHILD] was given other than breastmilk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [CHILD] might have been given, even water.

How old was [CHILD] when [GENDER3] was first fed anything other than breast milk or formula?

IF NECESSARY: Just your best estimate.

01   ANSWERED IN DAYS (GO TO Ci18_d)
02   ANSWERED IN WEEKS (GO TO Ci18_w)
03   ANSWERED IN MONTHS (GO TO Ci18_m)
04   ANSWERED IN YEARS (GO TO Ci18_y)
05   I FED MY CHILD OTHER FOOD AT BIRTH (GO TO Ci19)
06   NEVER FED ANYTHING OTHER THAN BREAST MILK OR FORUMULA (GO TO Ci19)
98   DK (GO TO Ci19)
99   REFUSED (GO TO Ci19)

(LACHS 18, 15, 11; CDC NIS 2010)

DISPLAY IF Ci18=01.
Ci18_d

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 90.

___ ENTER # OF DAYS

DISPLAY IF Ci18=02.
Ci18_w

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 52.

___ ENTER # OF WEEKS

DISPLAY IF Ci18=03.
Ci18_m

PROGRAMMER: SET TO TWO DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 35.

___ ENTER # OF MONTHS

DISPLAY IF Ci18=04.
Ci18_y

PROGRAMMER: SET TO ONE DIGIT NUMERIC INTEGER. SET RANGE TO 1 TO 2.

___ ENTER # OF YEARS

ASK IF Ci10=1 AND (Ci12a=1 OR Ci12b=1 OR Ci13=1), ELSE GO TO CB1.
Ci19
When you went back to work, did your workplace have accommodations for you to breastfeed? This includes giving you a break time and a place to pump milk or breastfeed your baby.

01   YES
02   NO
98   DK
99   REFUSED

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

CHILD ACTIVITIES

CB1

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 does [CHILD] drink? Do not include diet sodas or sugar-free drinks. Please count a 12-ounce can, bottle, or glass as one drink.

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 96; 97=<1 A DAY; 98=DK, 99=REFUSED.

INTERVIEWER: IF RESPONDENT SAYS CHILD DRINKS SODA/SWEETENED DRINKS LESS THAN 1 A DAY, A FEW TIMES A WEEK, A FEW TIMES A MONTH, OR OCCASSIONALLY, CODE AS "97" (LESS THAN 1 A DAY/RARELY).

COUNT JUICE UNLESS IT'S 100% FRUIT JUICE.

_____ ENTER # OF SODAS OR SWEETENED DRINKS

97	LESS THAN ONE A DAY/RARELY
98	DK
99	REFUSED

(LACHS 18, 15, 11, 07; NYCHS 2005, MODIFIED)

ASK IF (CD1>=3 AND CD1<=17) OR (CD1a=2 OR CD1a=3 OR CD1a=4) OR (CD1b>=6 AND CD1b<=35), ELSE GO TO CB3.
CB2

How often does [CHILD] 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 NECESSARY: IF THEY GO MULTIPLE TIMES PER DAY, COUNT EACH VISIT FOR THAT DAY.

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

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

ASK IF (CD1>=6 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CB5.
CB3

On how many of the past 7 days did [CHILD] exercise or do physical activity for a total of at least 60 minutes a day?

IF NECESSARY: Like basketball, soccer, running, swimming laps, bicycling, skateboarding, fast walking, dancing, or similar aerobic activities? Do not include exercise that lasts less than 10 minutes at a time.

INTERVIEWER: FOR "NONE" ENTER 0.

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

_____ ENTER # OF DAYS

98	DK
99	REFUSED

(LACHS 18, 15; Source: 2013 California Healthy Kids Survey)

ASK IF (CD1>=6 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CB5.
CB4
On how many of the past 7 days did [CHILD] do exercises to strengthen or tone [GENDER1] muscles, such as push-ups, sit-ups, [PROGRAMMER: IF (CD1>=6 AND CD1<=11) OR (CD1a=3), DISPLAY: "gymnastics, or climbing on a jungle gym?", ELSE DISPLAY: "gymnastics or weightlifting?"]

INTERVIEWER: FOR "NONE" ENTER 0.

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

_____ ENTER # OF DAYS

98   DK
99   REFUSED

(LACHS 18, 15; Source: 2010 National Youth Physical Activity and Nutrition Survey)

ASK ALL
CB5
On most weekdays, about how much time did [CHILD] spend in front of a TV, computer, cell phone, or other electronic device watching programs, playing games, accessing the internet, or using social media? Do not include time spent doing schoolwork.

01   Less than 1 hour
02   1 hour
03   2 hours
04   3 hours
05   4 or more hours
06   NEVER
98   DK
99   REFUSED

(NSCH 2021)

ASK ALL
CB6
In the past 7 days, on how many days was [CHILD] exposed to tobacco smoke in the home where [CHILD] primarily lives (whether from inside the home, other neighboring homes/units, or from the outside)?

INTERVIEWER: FOR "NONE" ENTER 0.

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

_____ ENTER # OF DAYS

98   DK
99   REFUSED

YOUR COMMUNITY

ASK ALL
IF CCON1=1 (ADULT CONTINUATION – SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM V3.
BE1
How safe from crime do you consider your neighborhood to be…?

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

(LACHS adult 99-18; BRFSS)

ASK ALL
BE2
How would you rate your community on access to fresh fruits and vegetables? Would you say…?

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

(LACHS 18, 15, 11, 07 subsample, Modified)

ASK ALL
BE3
Is there a park, playground, or other place that is safe from crime for [CHILD] to play that you can get to easily?

01   YES
02   NO
98   DK
99   REFUSED

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

GENERAL HEALTH

ASK ALL
CH1
In general, how would you describe [CHILD]'s health?

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

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

ASK IF (CD1>=6 AND CD1<=17) OR (CD1a=3 OR CD1a =4), ELSE GO TO CSH1a.
CH2
During the past 12 months, about how many days did [CHILD] miss school because of illness, injury, or disability?

INTERVIEWER: FOR "NONE" ENTER 0.

PROGRAMMER: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 365; 998=DK, 999=REFUSED.

_____ ENTER # OF DAYS

998   DK
999   REFUSED

(LACHS 18 modified; NSCH 2016)

ASK ALL
CSH1a
Does [CHILD] currently need or use medicine prescribed by a doctor (other than vitamins)?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CSH1a=1, ELSE GO TO CSH1b.
CSH2a
Is this because of any medical, behavioral, or other health condition, including mental health?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CSH2a=1, ELSE GO TO CSH1b.
CSH3a
Is this a condition that has lasted or is expected to last for at least 12 months?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK ALL
CSH1b
Does [CHILD] need or use more medical care, mental health or educational services than is usual for most children of the same age?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CSH1b=1, ELSE GO TO CSH1c.
CSH2b

Is this because of any medical, behavioral, or other health condition, including mental health?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CSH2b=1, ELSE GO TO CSH1c.
CSH3b

Is this a condition that has lasted or is expected to last for at least 12 months?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK ALL
CSH1c

Is [CHILD] limited or prevented in any way in [GENDER1] ability to do the things most children of the same age can do?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CSH1c=1, ELSE GO TO CSH1d.
CSH2c

Is this because of any medical, behavioral, or other health condition, including mental health?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CSH2c=1, ELSE GO TO CSH1d.
CSH3c

Is this a condition that has lasted or is expected to last for at least 12 months?

01	YES
02	NO
98	DK
99	REFUSED

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

CSH1d

Does [CHILD] need or receive special therapy, such as physical, occupational, or speech therapy?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CSH1d=1, ELSE GO TO CSH1e.
CSH2d

Is this because of any medical, behavioral, or other health condition, including mental health?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CSH2d=1, ELSE GO TO CSH1e.
CSH3d

Is this a condition that has lasted or is expected to last for at least 12 months?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK ALL
CSH1e

Does [CHILD] have any kind of emotional, developmental, or behavioral problem for which [GENDER3] needs or receives treatment or counseling?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CSH1e=1, ELSE GO TO CSH4.
CSH3e

Is this a condition that has lasted or is expected to last for at least 12 months?

01   YES
02   NO
98   DK
99   REFUSED

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

CSH4

How many hours per week do you or other family members spend arranging or coordinating [CHILD]'s care? By this I mean making appointments, making sure that care providers are exchanging information, and following up on [CHILD]'s care needs.

IF NECESSARY: It is fine to provide an average number of hours per week based on several weeks. Please tell me your best estimate.

INTERVIEWER: FOR "NONE/LESS THAN ONE HOUR" ENTER 0; FOR "AROUND THE CLOCK PER WEEK" ENTER 168.

PROGRAMMER: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 168; 998=DK, 999=REFUSED.

_____ ENTER # OF HOURS PER WEEK

168   AROUND THE CLOCK
998   DK
999   REFUSED

(LACHS 18, 15; Source: 2009-2010 CSHCN)

CSH5

Have you or other family members cut down on the hours you work or stopped working because of [CHILD]'s health condition?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15; Source: 2009-2010 CSHCN)

CSH6

Has [CHILD]'s health condition caused financial problems for your family?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15; Source: 2009-2010 CSHCN)

CSH7

To what degree has [CHILD]'s condition impacted your daily life?

01   Great impact
02   Moderate impact
03   Little impact
04   No impact
98   DK
99   REFUSED

(LACHS 18, 15; DPH CMS)

ASK IF CSH3a=1 OR CSH3b=1 OR CSH3c=1 OR CSH3d=1 OR CSH3e=1, ELSE GO TO CDD1.
CSH8
Do you experience difficulty getting needed services for [CHILD]'s condition?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF CSH8=1, ELSE GO TO CSH9.
CSH8a
Did you experience difficulty getting needed services because…? Please tell me all that apply.

PROGRAMMER: ENABLE MULTIPLE RECORD

01   You did not have insurance?
02   Your insurance didn't cover needed services?
03   There was a language barrier to receiving needed services?
04   You did not have transportation to take [CHILD]?
05   Needed services were not available or were in short supply?
98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF CSH3a=1 OR CSH3b=1 OR CSH3c=1 OR CSH3d=1 OR CSH3e=1, ELSE GO TO CDD1.
CSH9
During the past 12 months, was [CHILD] admitted to a hospital overnight?

IF NECESSARY: Include mental health hospitals. Do not include overnight stays in the emergency room.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15; Source: 2009-2010 CSHCN)

ASK IF (CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a =2), ELSE GO TO CDD2.
CDD1
During the past 12 months, did [CHILD]'s doctors or other health care providers ask if you have concerns about [CHILD]'s learning, development, or behavior?

01   YES
02   NO
98   DK
99   REFUSED

(NSCH 2021)

CDD2
During the past 12 months, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about [CHILD]'s development, communication, or social behavior?

01   YES
02   NO
98   DK
99   REFUSED

(NSCH 2021)

CDD3
Has a doctor, or other health care provider, school nurse, or teacher ever told you that [CHILD] has developmental delay?

01   YES
02   NO
98   DK
99   REFUSED

(NSCH 2021)

CDD3a
Does [CHILD] currently have the condition?

01   YES
02   NO
98   DK
99   REFUSED

(NSCH 2021)

CDD3b
Is it mild, moderate, or severe?

01   MILD
02   MODERATE
03   SEVERE
98   DK
99   REFUSED

(NSCH 2021)

CDD4
Has [CHILD] **ever** had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).

01   YES
02   NO
98   DK
99   REFUSED

(NSCH 2021)

CDD4a
Is [CHILD] currently receiving services under one of these plans?

01   YES
02   NO
98   DK
99   REFUSED

(NSCH 2021)

ASK ALL
CDD5
Has [CHILD] ever received special services to meet [GENDER1] developmental needs such as speech, occupational, or behavioral therapy?

01   YES
02   NO
98   DK
99   REFUSED

(NSCH 2021)

CDD5a
Is [CHILD] currently receiving these special services?

01   YES
02   NO
98   DK
99   REFUSED

(NSCH 2021)

HEALTH CONDITIONS

ASK ALL
CH3
Have you ever been told by a doctor or other health professional that [CHILD] has asthma?

01   YES
02   NO
98   DK
99   REFUSED

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

CH3a
Does [CHILD] still have asthma?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CH3=1, ELSE GO TO CH4. DISPLAY ON SAME SCREEN AS CH3.

CH3b

During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CH3a=1 OR CH3b=1, ELSE GO TO CH4.

CH3c

During the past 12 months, how many days of daycare or school did [CHILD] miss due to asthma? Please provide your best estimate.

INTERVIEWER: FOR "NONE" ENTER 0; FOR "CHILD WAS NOT IN DAY CARE OR SCHOOL/ NOT APPLICABLE" ENTER 997.

PROGRAMMER: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 365; 997=NA, 998=DK, 999=REFUSED.

_____ ENTER # OF DAYS

997	CHILD WAS NOT IN DAY CARE OR SCHOOL/NOT APPLICABLE
998	DK
999	REFUSED

(LACHS 18, 15, 11, 07, 05; CHIS CHILD SURVEY 2003 MODIFIED)

ASK IF CH3a=1 OR CH3b=1, ELSE GO TO CH4.

CH3d

How often does [CHILD]'s asthma limit [GENDER1] physical activity?

01	Always
02	Most of the time
03	Sometimes
04	Rarely
05	Never
98	DK
99	REFUSED

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

ASK IF CH3a=1 OR CH3b=1, ELSE GO TO CH4.

CH3e

How many times during the past 12 months did [CHILD] visit an emergency room or urgent care center because of asthma?

INTERVIEWER: FOR "NONE" ENTER 0.

PROGRAMMER: SET THREE DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 365; 998=DK, 999=REFUSED.

_____ ENTER # OF TIMES

998	DK
999	REFUSED

(LACHS 18, 15, 11, 07, 05, 02; NATIONAL ASTHMA SURVEY 2003)

ASK IF (CD1>=5 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CH6.

CH4

How often does [CHILD] seem very anxious, nervous, or worried?

01   Daily
02   Weekly
03   Monthly
04   A few times a year
05   Never
98   DK
99   REFUSED

ASK IF (CD1>=5 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CH6.

CH5

How often does [CHILD] seem very sad or depressed?

01   Daily
02   Weekly
03   Monthly
04   A few times a year
05   Never
98   DK
99   REFUSED

ASK ALL

CH6

Are you concerned about [CHILD]'s weight?

01   Yes, it's too high
02   Yes, it's too low
03   No, I am not concerned
98   DK
99   REFUSED

ASK IF (CD1>=3 AND CD1<=17) OR (CD1a=2 OR CD1a=3 OR CD1a=4) OR (CD1b>=24 AND CD1b<=35), ELSE GO TO WS1.

CH7

Has a doctor or other health care provider ever told you that [CHILD] is overweight or obese?

01   YES
02   NO
98   DK
99   REFUSED

WATER SAFETY AND DROWNING PREVENTION

ASK IF (CD1>=0 AND CD1<=14) OR (CD1a=1 OR CD1a=2 OR CD1a=3), ELSE GO TO WS3.
WS1
Does [CHILD] ever play in or around swimming pools?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF WS1=1, ELSE GO TO WS2.
WS1a
How often is an adult designated as the "pool watcher" to actively watch [CHILD] when [GENDER3] is in or around a swimming pool where there are no lifeguards? By "pool watcher", I mean an adult who is solely responsible for watching children at the swimming pool until they are relieved by another adult who will take on that responsibility.

01   Every time
02   Sometimes
03   Never
98   DK
99   REFUSED

ASK IF (CD1>=0 AND CD1<=14) OR (CD1a=1 OR CD1a=2 OR CD1a=3), ELSE GO TO WS3.
WS2
Has [CHILD] ever received any formal swimming lessons? By formal lessons I mean swimming lessons taught by trained instructors through swim programs offered by the Red Cross, YMCA, a park, a public pool, a swimming school, or a private instructor.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF WS2=2, ELSE GO TO WS3.
WS2a
Which of the following are reasons why [CHILD] has not taken formal swimming lessons? Is it because swimming lessons are…?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Too expensive
02   Not offered at convenient times
03   Not available near you
04   Always full
05   Not a priority for your family
06   Not safe right now due to the COVID-19 pandemic
07   Something [CHILD] does not want to attend
08   Not needed because [CHILD] was/is taught by family/friend
09   Other reason, please specify: **PROGRAMMER: OTHER SPECIFY, SET MAX TO 100 CHARACTERS**
98   DK
99   REFUSED

ASK IF (CD1>=5 AND CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO CC1.
WS3
Can [CHILD] swim the length of a swimming pool without a floatation device?

01   YES
02   NO
98   DK
99   REFUSED

CHILD CARE

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND (CD1=5 OR CD1a=2), ELSE GO TO CC2.
CC1
Is [CHILD] currently enrolled in kindergarten?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)) AND (CC1=2 OR CC1=98 OR CC1=99 OR CC1=MISSING), ELSE GO TO CC7.
CC2
The next questions are about child care. By child care, I mean any kind of arrangement where someone other than you or [CHILD]'s other parent takes care of [CHILD] on a regular basis. Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center. Do not include occasional babysitting.

How many hours is [CHILD] currently in any kind of child care during a typical week? Please provide your best estimate. Do not include care provided by you or [CHILD]'s other parent.

INTERVIEWER: RESPONDENT SHOULD NOT INCLUDE KINDERGARTEN IF THEY ASK.

INTERVIEWER: FOR "NONE/LESS THAN ONE HOUR" ENTER 0.

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 80; 98=DK, 99=REFUSED.

_____ ENTER # OF HOURS

98   DK
99   REFUSED

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

ASK IF CC2>=1 AND CC2<=80, ELSE GO TO CC7.
CC3
We'd like to know more about the types of child care you use for [CHILD] on a regular basis.

Do you use a child care center, preschool, or nursery school for [CHILD] on a regular basis?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC3=1, ELSE GO TO CC4. DISPLAY ON SAME SCREEN AS CC3.

CC3a

Is this part of a school district?

01	YES
02	NO
98	DK
99	REFUSED

ASK IF CC2>=1 AND CC2<=80, ELSE GO TO CC7.

CC4

Does someone care for [CHILD] in their home on a regular basis?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CC4=1, ELSE GO TO CC5.

CC4a

Is this a licensed family or home day care provider?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CC4=1, ELSE GO TO CC5.

CC4b

Is this a family member, friend, neighbor, nanny, or au pair?

01	FAMILY MEMBER	
02	FRIEND	
03	NEIGHBOR	
04	NANNY	
05	AU PAIR	
06	SOMEONE ELSE, please specify:	**PROGRAMMER: OTHER SPECIFY. SET MAX TO 50 CHARACTERS**
98	DK	
99	REFUSED	

ASK IF CC2>=1 AND CC2<=80, ELSE GO TO CC7.

CC5

Does someone care for [CHILD] in your home on a regular basis?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CC5=1, ELSE GO TO CC6.
CC5a
Is this a family member, friend, neighbor, nanny, or au pair?

01   FAMILY MEMBER
02   FRIEND
03   NEIGHBOR
04   NANNY
05   AU PAIR
06   SOMEONE ELSE, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 50 CHARACTERS**
98   DK
99   REFUSED

ASK IF CC2>=1 AND CC2<=80, ELSE GO TO CC7.
CC6
What is most important to you in choosing child care?

01   Cost of child care
02   Quality of the program
03   Location (close to home or work)
04   Length of operating hours and flexibility of drop-off and pick-up times
05   Qualifications of staff and teachers
06   Something else, please specify: **PROGRAMMER**: OTHER SPECIFY, SET MAX TO 100 CHARACTERS
98   DK
99   REFUSED

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND (CC1=1 OR (CD1>=6 AND CD1<=12) OR CD1a=3), ELSE GO TO CC10.
CC7
The next questions are about child care that [CHILD] may receive before or after school. By child care, I mean any kind of arrangement where someone other than you or [CHILD]'s other parent takes care of [CHILD] on a regular basis. Please include care provided by a relative or non-relative, either in your home or someone else's home, in a community or child care center, as well as a school campus. Do not include occasional babysitting.

How many hours is [CHILD] currently in any kind of child care before or after school during a typical week? Please provide your best estimate. Do not include care provided by you or [CHILD]'s other parent.

INTERVIEWER: FOR "NONE/LESS THAN ONE HOUR" ENTER 0.

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 80; 98=DK, 99=REFUSED.

_____ ENTER # OF HOURS

98   DK
99   REFUSED

ASK IF CC7>=1 AND CC7<=80, ELSE GO TO CC10.
CC8
Does [CHILD] receive child care before the start of the school day?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC8=1, ELSE GO TO CC9.
CC8a
Where does [CHILD] receive child care before the start of the school day? Is it at a location outside of your home or is it inside of your home?

01   Outside of your home only
02   Inside of your home only
03   Both outside and inside of your home
98   DK
99   REFUSED

ASK IF CC8a=1 OR CC8a=3, ELSE GO TO CC8a2.
CC8a1
At which of the following locations does [CHILD] receive child care outside of your home before the start of the school day?

PROGRAMMER: ENABLE MULTIPLE RESPONSES

01   Home of a family member
02   Home of a friend
03   Home of a neighbor
04   Home of a paid caregiver
05   Program located at [CHILD]'s school
06   Program located at a different school campus
07   Community or youth center (such as YMCA, Boys and Girls Club, child care center)
08   Somewhere else, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX 100 CHARACTERS**
98   DK
99   REFUSED

ASK IF CC8a=2 OR CC8a=3, ELSE GO TO CC9.
CC8a2
Who provides child care for [CHILD] inside of your home before the start of the school day?

PROGRAMMER: ENABLE MULTIPLE RESPONSES

01   Family member
02   Friend
03   Neighbor
04   Nanny
05   Au pair
06   Someone else, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 50 CHARACTERS**
98   DK
99   REFUSED

ASK IF (CC7>=1 AND CC7<=80), ELSE GO TO CC10.
CC9
Does [CHILD] receive child care after the end of the school day?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC9=1, ELSE GO TO CC10.
CC9a
Where does [CHILD] receive child care after the end of the school day? Is it at a location outside of your home or is it inside of your home?

01   Outside of your home only
02   Inside of your home only
03   Both outside and inside of your home
98   DK
99   REFUSED

ASK IF CC9a=1 OR CC9a=3, ELSE GO TO CC9a2.
CC9a1
At which of the following locations does [CHILD] receive child care outside of your home after the end of the school day?

PROGRAMMER: ENABLE MULTIPLE RESPONSES

01   Home of a family member
02   Home of a friend
03   Home of a neighbor
04   Home of a paid caregiver
05   Program located at [CHILD]'s school
06   Program located at a different school campus
07   Community or youth center (such as YMCA, Boys and Girls Club, child care center)
08   Somewhere else, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX 100 CHARACTERS**
98   DK
99   REFUSED

ASK IF CC9a=2 OR CC9a=3, ELSE GO TO CC10.
CC9a2
Who provides child care for [CHILD] inside of your home after the end of the school day?

PROGRAMMER: ENABLE MULTIPLE RESPONSES

01   Family member
02   Friend
03   Neighbor
04   Nanny
05   Au pair
06   Someone else, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 50 CHARACTERS**
98   DK
99   REFUSED

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=12) OR (CD1a=1 OR CD1a=2 OR CD1a=3)), ELSE GO TO CHi1.
CC10
Overall, how easy or difficult is it for you to get child care for [CHILD] on a regular basis when you need it?

01   Very easy
02   Somewhat easy
03   Somewhat difficult
04   Very difficult
05   I do not need child care
98   DK
99   REFUSED

(LACHS 18, 15, 11, 07, 05, 02, EXTENDED AGE RANGE)

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10a_a
Which of the following are reasons why it is difficult to find or keep child care for [CHILD] on a regular basis?

Please tell me whether each reason applies to you.

Child care costs too much.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10a_b
It is difficult to find a provider with a spot for [CHILD] or the waiting list is too long.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10a_c
The hours and location don't fit your needs.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10a_d
The quality of the child care is not satisfactory.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10a_e
The providers are unreliable – for example, they quit without notice or are late.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10a_f
[CHILD] has a disability or other special needs.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10a_g
It is difficult to find transportation to or from a child care provider.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10a_h
Other reason, please specify: **PROGRAMMER: OTHER SPECIFY. DISPLAY IF CC10a_h=1. SET MAX TO 100 CHARACTERS.**

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CC10=3 OR CC10=4, ELSE GO TO CHi1.
CC10b
Have you or other family members cut down on the hours you work or stopped working because of difficulty with finding or keeping child care for [CHILD] on a regular basis?

01   YES
02   NO
98   DK
99   REFUSED

HEALTH INSURANCE

ASK ALL
CHi1
Is [CHILD] 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 Medi-Cal, Medicaid, or Healthy Kids, military programs such as CHAMPUS, CHAMPVA, or the Indian Health Service.

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CHi1=1, ELSE GO TO CHi3a.
CHi2a
Is [CHILD]'s 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
98   DK
99   REFUSED

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

ASK IF CHi2a=2 OR CHi2a=98 OR CHi2a=99, ELSE GO TO CHi3a.

CHi2b

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

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF (CHi2a=2 OR CHi2a=98 OR CHi2a=99) AND (CHi2b=2 OR CHi2b=98 OR CHi2b=99), ELSE GO TO CHi3a.

Chi2c

Is [CHILD]'s health insurance through one of the Covered California health plans, also known as the Exchange Marketplace health plans?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF (CHi2a=2 OR CHi2a=98 OR CHi2a=99) AND (CHi2b=2 OR CHi2b=98 OR CHi2b=99) AND (CHi2c=2 OR CHi2c=98 OR CHi2c=99), ELSE GO TO CHi3a.

CHi2d

Is [CHILD]'s health insurance through some other insurance program in LA County for children not eligible for Medi-Cal or Covered California, such as Healthy Kids?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF (CHi2a=2 OR CHi2a=98 OR CHi2a=99) AND (CHi2b=2 OR CHi2b=98 OR CHi2b=99) AND (CHi2c=2 OR CHi2c=98 OR CHi2c=99) AND (CHi2d=2 OR CHi2d=98 OR CHi2d=99), ELSE GO TO CHi3a.

CHi2e

Is [CHILD]'s health insurance through Kaiser Permanente Child Health Program?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 02)

ASK IF (CHi2a=2 OR CHi2a=98 OR CHi2a=99) AND (CHi2b=2 OR CHi2b=98 OR CHi2b=99) AND (CHi2c=2 OR CHi2c=98 OR CHi2c=99) AND (CHi2d=2 OR CHi2d=98 OR CHi2d=99) AND (CHi2e=2 OR CHi2e=98 OR CHi2e=99), ELSE GO TO CHi3a.

CHi2f

Is [CHILD]'s health insurance through Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF (CHi2a=2 OR CHi2a=98 OR CHi2a=99) AND (CHi2b=2 OR CHi2b=98 OR CHi2b=99) AND (CHi2c=2 OR CHi2c=98 OR CHi2c=99) AND (CHi2d=2 OR CHi2d=98 OR CHi2d=99) AND (CHi2e=2 OR CHi2e=98 OR CHi2e=99) AND (CHi2f=2 OR CHi2f=98 OR CHi2f=99), ELSE GO TO CHi3a.

CHi2g

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

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF (CHi2a=2 OR CHi2a=98 OR CHi2a=99) AND (CHi2b=2 OR CHi2b=98 OR CHi2b=99) AND (CHi2c=2 OR CHi2c=98 OR CHi2c=99) AND (CHi2d=2 OR CHi2d=98 OR CHi2d=99) AND (CHi2e=2 OR CHi2e=98 OR CHi2e=99) AND (CHi2f=2 OR CHi2f=98 OR CHi2f=99) AND (CHi2g=2 OR CHi2g=98 OR CHi2g=99), ELSE GO TO CHi3a.

CHi2h

Is [CHILD]'s health insurance through a **separate policy** that you or some other family member bought directly from an insurance provider.

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF (CHi2a=2 OR CHi2a=98 OR CHi2a=99) AND (CHi2b=2 OR CHi2b=98 OR CHi2b=99) AND (CHi2c=2 OR CHi2c=98 OR CHi2c=99) AND (CHi2d=2 OR CHi2d=98 OR CHi2d=99) AND (CHi2e=2 OR CHi2e=98 OR CHi2e=99) AND (CHi2f=2 OR CHi2f=98 OR CHi2f=99) AND (CHi2g=2 OR CHi2g=98 OR CHi2g=99) AND (CHi2h=2 OR CHi2h=98 OR CHi2h=99), ELSE GO TO CHi3a.

CHi2i

What is the type or name of [CHILD]'s insurance?

PROGRAMMER: OPEN TEXT. LIMIT TO 100 CHARACTERS.

ENTER RESPONSE

98	DK
99	REFUSED

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

ASK IF CHi1=2 OR CHi1=98 OR CHi1=99, ELSE GO TO CAC1.

CHi3a

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.

Is [CHILD] currently covered for health insurance under **Medi-Cal or Medicaid**?

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

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CHi3a=2 OR CHi3a=98 OR CHi3a=99, ELSE GO TO CAC1.
CHi3b
Is [CHILD] currently covered for health insurance through your own or some other family member's employer, union, trade association, school, or business?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF (CHi3a=2 OR CHi3a=98 OR CHi3a=99) AND (CHi3b=2 OR CHi3b=98 OR CHi3b=99), ELSE GO TO CAC1.
CHi3c
Is [CHILD] currently covered for health insurance through one of the Covered California, also known as the Exchange Marketplace, health plans?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15)

ASK IF (CHi3a=2 OR CHi3a=98 OR CHi3a=99) AND (CHi3b=2 OR CHi3b=98 OR CHi3b=99) AND (CHi3c=2 OR CHi3c=98 OR CHi3c=99), ELSE GO TO CAC1.
CHi3d
Is [CHILD] currently covered for health insurance through some other insurance program in LA County for children not eligible for Medi-Cal or Covered California, such as Healthy Kids?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 02)

ASK IF (CHi3a=2 OR CHi3a=98 OR CHi3a=99) AND (CHi3b=2 OR CHi3b=98 OR CHi3b=99) AND (CHi3c=2 OR CHi3c=98 OR CHi3c=99) AND (CHi3d=2 OR CHi3d=98 OR CHi3d=99), ELSE GO TO CAC1.
CHi3e
Is [CHILD] currently covered for health insurance through Kaiser Permanente Child Health Program?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 15, 02)

ASK IF (CHi3a=2 OR CHi3a=98 OR CHi3a=99) AND (CHi3b=2 OR CHi3b=98 OR CHi3b=99) AND (CHi3c=2 OR CHi3c=98 OR CHi3c=99) AND (CHi3d=2 OR CHi3d=98 OR CHi3d=99) AND (CHi3e=2 OR CHi3e=98 OR CHi3e=99), ELSE GO TO CAC1.
CHi3f
Is [CHILD] currently covered for health insurance through Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF (CHi3a=2 OR CHi3a=98 OR CHi3a=99) AND (CHi3b=2 OR CHi3b=98 OR CHi3b=99) AND (CHi3c=2 OR CHi3c=98 OR CHi3c=99) AND (CHi3d=2 OR CHi3d=98 OR CHi3d=99) AND (CHi3e=2 OR CHi3e=98 OR CHi3e=99) AND (CHi3f=2 OR CHi3f=98 OR CHi3f=99), ELSE GO TO CAC1.

CHi3g

Is [CHILD] currently covered for health insurance under your own or some other family member's military insurance program like CHAMPUS, CHAMPVA, TRICARE, or VA coverage?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF (CHi3a=2 OR CHi3a=98 OR CHi3a=99) AND (CHi3b=2 OR CHi3b=98 OR CHi3b=99) AND (CHi3c=2 OR CHi3c=98 OR CHi3c=99) AND (CHi3d=2 OR CHi3d=98 OR CHi3d=99) AND (CHi3e=2 OR CHi3e=98 OR CHi3e=99) AND (CHi3f=2 OR CHi3f=98 OR CHi3f=99) AND (CHi3g=2 OR CHi3g=98 OR CHi3g=99), ELSE GO TO CAC1.

CHi3h

Is [CHILD] currently covered for health insurance through a separate policy that you or some other family member bought directly from an insurance provider?

01	YES
02	NO
98	DK
99	REFUSED

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

ACCESS TO CARE

ASK ALL

CAC1

When [CHILD] is sick or you want advice about [GENDER1] health, is there one place or health provider that you take [GENDER2] to most often?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CAC1=2 OR CAC1=98 OR CAC1=99, ELSE GO TO CAC2.

CAC1a

Is that because you have more than once place to take [CHILD] or it is because you have no regular place to take [GENDER2]?

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

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

CAC1b

Is there one place that you take [CHILD] more often than any other place for [GENDER1] routine care?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK ALL
CAC2

Overall, how easy or difficult is it for [CHILD] to get medical care when [GENDER3] needs it? Would you say it is…?

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

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

ASK ALL
CAC3

About how long has it been since [CHILD] last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

01   Never
02   Less than 1 year ago
03   1 year up to 2 years ago
04   2 years up to 5 years ago
05   5 or more years ago
98   DK
99   REFUSED

(LACHS 18, 11, 07)

CAC4

If there was a program at [CHILD]'s school that offered free dental screenings, would you give permission for [GENDER2] to receive this service?

INTERVIEWER: CODE RESPONSE OF "NOT SURE" AS DK.

01   YES
02   NO
98   DK
99   REFUSED

(Source: OHP)

ASK IF CAC4=2 OR CAC4=98, ELSE GO TO CAC5.
CAC4a
Would it make a difference if the free dental screening was offered by the Department of Public Health?

INTERVIEWER: CODE RESPONSE OF "NOT SURE" AS DK.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CAC4a=2 OR CAC4a=98, ELSE GO TO CAC5.
CAC4b
What is the most important reason why you would not give permission for [CHILD] to receive the free service from [GENDER1] school or the Department of Public Health?

INTERVIEWER: CODE RESPONSE OF "NOT SURE" AS DK.

01   You prefer taking [CHILD] to [GENDER1] own dentist
02   You prefer to be present during [GENDER1] exam
03   A dental exam is not important
04   You are concerned there may be a hidden cost
05   You do not understand what this exam entails
06   Other reason, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.**
98   DK
99   REFUSED

ASK IF (CD1>=5 AND CD1<=12) OR CD1a=3, ELSE GO TO CV1.
CAC5
Dental sealants are a white, plastic-like coating painted on the chewing surface of back teeth to prevent cavities. If there was a program at your child's school that offered free dental sealants, would you give permission for [CHILD] to receive this service?

01   YES
02   NO
98   DK
99   REFUSED

(Source: OHP)

ASK IF CAC5=2 OR CAC5=98, ELSE GO TO CV1.
CAC5a
Would it make a difference if the free dental sealant services were offered by the Department of Public Health?

01   YES
02   NO
98   DK
99   REFUSED

CAC5b

What is the most important reason why you would not give permission for [CHILD] to receive the free dental sealant service from [GENDER1] school or the Department of Public Health?

01   You prefer taking [CHILD] to [GENDER1] own dentist
02   You prefer to be present during [GENDER1] sealant application
03   Dental sealants are not important
04   You are concerned there may be a hidden cost
05   You do not understand what a dental sealant entails
06   You are concerned about its safety
07   Other reason, please specify: **PROGRAMMER: OPEN SPECIFY, SET MAX TO 100 CHARACTERS**
98   DK
99   REFUSED

VACCINATION

ASK ALL
CV1

There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. During the past 12 months, has [CHILD] had a flu vaccination?

01   YES
02   NO
98   DK
99   REFUSED

(NHIS 2021)

CV2

Has a doctor or other health care professional ever recommended that [CHILD] receive the HPV vaccine? HPV, or the Human papilloma virus, is a common infection known to cause cancer and genital warts.

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18; NIS TEEN 2017)

CV3

Has [CHILD] received any HPV vaccine doses?

01   YES
02   NO
98   DK
99   REFUSED

(LACHS 18, 11, 07)

CV3a

Has [CHILD] received 2 or more HPV vaccine doses?

01   YES
02   NO
98   DK
99   REFUSED

(**LACHS 18, 11**)

RESPONDENT MENTAL HEALTH

RMH1a

Thinking about yourself in the past two weeks, how often have you been bothered by little interest or pleasure in doing things?

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

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

RMH1b

In the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

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

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

RMH3

In the past 12 months, how often have you felt overwhelmed by the demands of [CHILD]?

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

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CD4.
RMH4a
For each of the following statements, answer Yes if it applies to you now or answer No if it does not:

I have steps I can take to manage stress.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CD4.
RMH4b
I feel comfortable asking for help when I need it.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CD4.
RMH4c
I am confident in my ability to raise and take care of [CHILD].

01   YES
02   NO
98   DK
99   REFUSED

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CD4.
RMH4d
I know where to go for parenting information or if I have questions or concerns about [CHILD]'s development.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF ((CD3=1 OR CD3=2 OR CD3=5 OR CD3=6 OR CD3=7 OR CD3=8) OR CD3a=1 OR CD3b=1) AND ((CD1>=0 AND CD1<=5) OR (CD1a=1 OR CD1a=2)), ELSE GO TO CD4.
RMH4e
I have a spiritual practice routine.

01   YES
02   NO
98   DK
99   REFUSED

CHILD DEMOGRAPHICS

CD4

The next few questions ask about [CHILD]'s racial and ethnic background.

What is [CHILD]'s race or ethnicity?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   White
02   Hispanic, Latino, or Spanish origin
03   Black or African American
04   Asian
05   American Indian or Alaska Native
06   Native Hawaiian or Pacific Islander
07   Some other race, please specify: PROGRAMMER: OTHER SPECIFY. SET MAX TO 500 CHARACTERS.
98   DK
99   REFUSED

CD5a

Which of the following best describes [CHILD]'s Latino or Hispanic ancestry or ethnic origin?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Mexican
02   Salvadoran
03   Guatemalan
04   Costa Rican
05   Honduran
06   Nicaraguan
07   Panamanian
08   Argentinian
09   Colombian
10   Peruvian
11   Other South American, please specify: PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.
12   Spanish
13   Cuban
14   Puerto Rican
15   Other, please specify: PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.
98   DK
99   REFUSED

CD5b

Which of the following best describes [CHILD]'s Asian ancestry or ethnic origin?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Asian Indian
02   Bangladeshi
03   Cambodian
04   Chinese
05   Filipino
06   Hmong
07   Indonesian
08   Japanese

09	Korean
10	Laotian
11	Malaysian
12	Pakistani
13	Sri Lankan
14	Taiwanese
15	Thai
16	Vietnamese
17	Other, please specify:	**PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS**
98	DK
99	REFUSED

(DPH-SOP)

ASK IF CD4=6, ELSE GO TO CD6.
CD5c
Which of the following best describes [CHILD]'s Native Hawaiian or Pacific Islander ancestry or ethnic origin?

PROGRAMMER: ENABLE MULTIPLE RECORD

01	Chamorro
02	Fijian
03	Guamanian
04	Native Hawaiian
05	Samoan
06	Tongan
07	Other, please specify:	**PROGRAMMER: OTHER SPECIFY. SET MAX TO 100**
98	DK
99	REFUSED

(DPH-SOP)

ASK ALL
CD6
Was [CHILD] born in Los Angeles County, in some other place in California, in some other state in the U.S., or outside the United States?

01	LA COUNTY
02	OTHER PLACE IN CALIFORNIA
03	OTHER U.S. STATE
04	OUTSIDE THE U.S.
98	DK
99	REFUSED

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

ASK IF CD6=4, ELSE GO TO RD2.
CD6a
How many years has [CHILD] lived in the United States?

INTERVIEWER: FOR LESS THAN ONE YEAR ENTER 0.

PROGRAMMER: SET TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 TO 17; 98=DK, 99=REFUSED.

_____ ENTER # OF YEARS

| 98 | DK |
| 99 | REFUSED |

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

CD6b
Is [CHILD] currently a U.S. citizen or not?

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

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

ABOUT YOU

ASK ALL
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D2.
RD2
Now, a few questions about yourself. What is your age?

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

_____ ENTER # OF YEARS OLD

998	DK
999	REFUSED

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

ASK IF RD2=998 OR RD2=999, ELSE GO TO RD3.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D2a.
RD2a
I don't need to know exactly, but generally speaking are you between ages…?

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

IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D5.
RD3

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

What is your race or ethnicity?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   White
02   Hispanic, Latino, or Spanish origin
03   Black or African American
04   Asian
05   American Indian or Alaska Native
06   Native Hawaiian or Pacific Islander
07   Some other race, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 500 CHARACTERS.**
98   DK
99   REFUSED

(DPH-SOP)

ASK IF RD3=2, ELSE GO TO RD4b.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D6a.
RD4a

Which of the following best describes your Latino or Hispanic ancestry or ethnic origin?

PROGRAMMER: ENABLE MULTIPLE RECORD

01   Mexican
02   Salvadoran
03   Guatemalan
04   Costa Rican
05   Honduran
06   Nicaraguan
07   Panamanian
08   Argentinian
09   Colombian
10   Peruvian
11   Other South American, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.**
12   Spanish
13   Cuban
14   Puerto Rican
15   Other, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS.**
98   DK
99   REFUSED

ASK IF RD3=4, ELSE GO TO RD4c.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D6b.
RD4b
Which of the following best describes your Asian ancestry or ethnic origin?

PROGRAMMER: ENABLE MULTIPLE RECORD

01	Asian Indian
02	Bangladeshi
03	Cambodian
04	Chinese
05	Filipino
06	Hmong
07	Indonesian
08	Japanese
09	Korean
10	Laotian
11	Malaysian
12	Pakistani
13	Sri Lankan
14	Taiwanese
15	Thai
16	Vietnamese
17	Other, please specify: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS**
98	DK
99	REFUSED

(DPH-SOP)

ASK IF RD3=6, ELSE GO TO RD5.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D6c.
RD4c
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: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS**
98	DK
99	REFUSED

(DPH-SOP)

RD5

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: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS**
98	DK
99	REFUSED

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

RD5a

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

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

(CHIS 2021)

RD6

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
98	DK
99	REFUSED

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

ASK IF RD6=3, ELSE GO TO RD7.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D4a.
RD6a
How many years have you lived in the United States?

INTERVIEWER: FOR LESS THAN ONE YEAR ENTER 0.

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

_____ ENTER # OF YEARS

998   DK
999   REFUSED

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

ASK IF RD6=3, ELSE GO TO RD7.
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D4b.
RD6b
Are you currently a U.S. citizen or not?

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

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

ASK ALL
RD7
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D8.
What is the highest level of school you have completed or the highest degree you have received?

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

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

ASK ALL
RD8
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM D9.
What is your marital status?

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

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

RD9
IF CCON1=1 (ADULT CONTINUATION - SAME RESPONDENT), AUTOPUNCH WITH RESPONSE FROM 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: **PROGRAMMER: OTHER SPECIFY. SET MAX TO 100 CHARACTERS**
06   Don't understand the question
07   Prefer not to state
98   DK
99   REFUSED

(LACHS 05-18 modified; DPH-SOP)

ASK ALL
RD10
Are you currently working for pay full-time – at least 35 hours a week – part-time, or not at all?

01   FULL-TIME
02   PART-TIME
03   NOT AT ALL
98   DK
99   REFUSED

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

ASK IF RD8=1 OR RD8=2 OR RD8=3, ELSE GO TO CHHC1.
RD11
Thinking about the employment situation of your [**PROGRAMMER: IF RD8=1, DISPLAY:** "spouse", **IF (RD8=2 OR RD8=3), DISPLAY,** "partner"]. Is your [**PROGRAMMER: IF RD8=1, DISPLAY:** "spouse", **IF (RD8=2 OR RD8=3), DISPLAY**, "partner"] currently working for pay full-time – at least 35 hours a week – part-time, or not at all?

01   FULL-TIME
02   PART-TIME
03   NOT AT ALL
98   DK
99   REFUSED

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

ABOUT YOUR HOUSEHOLD

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC1.
CHHC1
Including yourself, how many people currently live in your household?

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

_____ ENTER # OF PEOPLE

98   DK
99   REFUSED

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

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC2a.
CHHC2a
Including yourself, how many are adults age 65 or older?

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

INTERVIEWER: FOR "NONE" ENTER 0.

_____ ENTER # OF PEOPLE

98   DK
99   REFUSED

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

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC2b.
CHHC2b
Including yourself, how many are adults between the ages of 18 and 64?

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

INTERVIEWER: FOR "NONE" ENTER 0.

_____ ENTER # OF PEOPLE

98   DK
99   REFUSED

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

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC3.
CHHC3
Are there any people age 17 or younger currently living in your household?

01   YES
02   NO
98   DK
99   REFUSED

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

ASK IF CHHC3=1, ELSE GO TO CHHTOTAL/CHHCVER.
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC3a.
CHHC3a
How many are children between the ages of 12 and 17?

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

INTERVIEWER: FOR "NONE" ENTER 0.

_____ ENTER # OF CHILDREN

98   DK
99   REFUSED

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

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC3b.
CHHC3b

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

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

INTERVIEWER: FOR "NONE" ENTER 0.

_____ ENTER # OF CHILDREN

98   DK
99   REFUSED

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

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM HHC3c.
CHHC3c

How many are children 5 years of age or **younger**?

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

INTERVIEWER: FOR "NONE" ENTER 0.

_____ ENTER # OF CHILDREN

98   DK
99   REFUSED

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

PROGRAMMER: CREATE NEW VARIABLE "CHHTOTAL" TO HOLD THE SUM OF CHHC2a + CHHC2b + CHHC3a + CHHC3b + CHHC3c. CHECK CHHTOTAL AGAINST CHHC1.
IF CHHC1 = CHHTOTAL, GO TO CINC2.
IF CHHC1 <> CHHTOTAL, ASK CHHCVER.
CHHCVER

There seems to be an issue with the total number of adults and children. You reported having a total of [CHHC1] people in your household, including [CHHC2a + CHHC2b] adults and [CHHC3a + CHHC3b + CHHC3c] children. Can you please verify that I recorded the correct number of people in each of the following groups? Please tell me if any numbers are incorrect.

PROGRAMMER: FILL IN THE TEXT BOXES WITH RECORDED RESPONSE FOR EACH QUESTION.

[CHHC2a] Adults age 65 and older
[CHHC2b] Adults age 18 to 64
[CHHC3a] Children age 12 to 17
[CHHC3b] Children age 6 to 11
[CHHC3c] Children age 0 to 5

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

PROGRAMMER: SET VARIABLE "POVERTY" BASED ON RESPONSE TO CHHC1:
IF CHHC1=1, THEN POVERTY=13,590.
IF CHHC1=2, THEN POVERTY=18,310.
IF CHHC1=3, THEN POVERTY=23,030.
IF CHHC1=4, THEN POVERTY=27,750.
IF CHHC1=5, THEN POVERTY=32,470.
IF CHHC1=6, THEN POVERTY=37,190.
IF CHHC1=7, THEN POVERTY=41,910.
IF CHHC1=8, THEN POVERTY=46,630.
IF CHHC1>8, THEN POVERTY=46,630+(4,720(CHHC1-8)).

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM INC2.
CINC2
The next question is about your combined household income. By household income, I mean the combined income from everyone living in the household including roommates or those on disability income.

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

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

ASK IF CINC2=2 OR CINC2=98 OR CINC2=99, ELSE GO TO CINC4.
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM INC3.
CINC3
Is your household's total annual income from all sources before taxes…?

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

ASK IF CINC2=1 OR CINC2=98 OR CINC2=99, ELSE GO TO CFi1.
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM INC4.
CINC4
Is your household's total annual income from all sources before taxes…?

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

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM Fi1.
CFi1

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

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

01	YES
02	NO
98	DK
99	REFUSED

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

ASK IF CFi1=1, ELSE GO TO CFi2.
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM Fi1a.
CFi1a

How often did this happen?

01	Almost every month
02	Some months but not every month
03	Only one or two months
98	DK
99	REFUSED

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

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM Fi2.
CFi2

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

01	YES
02	NO
98	DK
99	REFUSED

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

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM Fi3.
CFi3

In the last 12 months, were you ever hungry but didn't eat because you could not afford enough food?

01	YES
02	NO
98	DK
99	REFUSED

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

IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSES FROM Fi4a & Fi4b.

I am going to read two statements that people have made about the food situation at their household. For each, please tell me whether the statement was often, sometimes, or never true for you or other members of your household in the **last 12 months**.

PROGRAMMER: RANDOMIZE ITEMS CFi4a AND CFi4b
CFi4a

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

INTERVIEWER: REPEAT REPONSE OPTIONS AS NEEDED.

01   OFTEN TRUE,
02   SOMETIMES TRUE, OR
03   NEVER TRUE FOR YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD IN THE LAST 12 MONTHS?
98   DK
99   REFUSED

CFi4b

We couldn't afford to eat balanced meals.

INTERVIEWER: REPEAT REPONSE OPTIONS AS NEEDED.

01   OFTEN TRUE,
02   SOMETIMES TRUE, OR
03   NEVER TRUE FOR YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD IN THE LAST 12 MONTHS?
98   DK
99   REFUSED

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

TECHNOLOGY ACCESS

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSES FROM TA1a.
CTA1a

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

Desktop or laptop

01   YES
02   NO
98   DK
99   REFUSED

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSES FROM TA1b.
CTA1b

Smartphone

01   YES
02   NO
98   DK
99   REFUSED

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSES FROM TA1c.
CTA1c
Tablet or other portable wireless computer

01   YES
02   NO
98   DK
99   REFUSED

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSES FROM TA1d.
CTA1d
Some other type of computer, please specify: **PROGRAMMER: DISPLAY OTHER SPECIFY IF CTA1d=1, SET MAX TO 100 CHARACTERS**

01   YES
02   NO
98   DK
99   REFUSED

(ACS 2020 modified)

ASK ALL
IF CCON1=1 OR CCON1=2 (ADULT CONTINUATION), AUTOPUNCH WITH RESPONSE FROM TA2.
CTA2
Do you or any member of this household have access to the Internet?

01   Yes, by paying a cell phone company or Internet service provider
02   Yes, without paying a cell phone company or Internet service provider
03   No access to the Internet
98   DK
99   REFUSED

(ACS 2020 modified)

COVID-19

ASK ALL
CCOV1
The next questions are about [CHILD]'s experience with COVID-19.

Has [CHILD] ever had a COVID-19 infection?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1=1, ELSE GO TO FOLLOWUPc.
CCOV1a2
Has [CHILD] had two or more separate COVID-19 infections?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1=1, ELSE GO FOLLOWUPc.
CCOV1a

Was [CHILD]'s COVID-19 infection confirmed by a test? By test I mean a nose or throat swab test, or a blood test for antibodies. [IF CCOV1a2=01, THEN DISPLAY: "Please consider [GENDER1] most recent infection only."]

01   Yes, [CHILD]'s test result showed that [GENDER3] had a COVID-19 infection
02   No, [CHILD]'s results did not show that [GENDER3] had a COVID-19 infection
03   [CHILD] was not tested for a COVID-19 infection
08   DK
09   REFUSED

INTERVIEWER: If respondent indicates they don't want/wish to respond, code response as "Refused."

ASK IF CCOV1=1, ELSE GO TO FOLLOWUPc.
CCOV1b

Did [CHILD] have any symptoms during [GENDER1] [IF CCOV1a2=01, THEN DISPLAY: "most recent"] COVID-19 infection? Common COVID-19 symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue or extreme tiredness, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1=1, ELSE GO TO FOLLOWUPc.
CCOV1c

Once you found out about [CHILD]'s COVID-19 infection, did you isolate [GENDER2] according to the public health guidelines that were in place at that time? By isolate, I mean keeping [CHILD] at home or in another type of lodging (such as a hotel room or vacation rental) at all times, and physically separating [CHILD] from other people, including people [CHILD] lives with, and/or having [CHILD] wear a mask when [CHILD] was around them to prevent spreading [CHILD]'s infection to them. [IF CCOV1a2=01, THEN DISPLAY: Please consider [GENDER1] most recent infection only."]

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1c=2, ELSE GO TO CCOV1d_a.
CCOV1c1

Which of the following describes why [CHILD] could not isolate according to the public health guidelines that were in place during the time of [GENDER1] COVID-19 infection? Please tell me all that apply. [IF CCOV1a2=01, THEN DISPLAY: "Please consider [GENDER1] most recent infection only."]

PROGRAMMER: ENABLE MULTIPLE RECORD

01   No one told you that [CHILD] needed to isolate.
02   You did not receive instructions on how to isolate [CHILD].
03   It was not possible for [CHILD] to stay physically separated from the other people in your household.
04   It was not possible for [CHILD] to wear a mask around the other people in your household.
05   Some other reason, please specify: **PROGRAMMER: DISPLAY OTHER SPECIFY IF COV1c1_e=1. SET MAX TO 100 CHARACTERS.**
98   DK
99   REFUSED

Some children 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 [CHILD] experience any of the following symptoms for more than 4 weeks after [GENDER1] COVID-19 infection? [IF CCOV1a2=01, THEN DISPLAY: "Please consider whether this happened after any of [GENDER1] COVID-19 infections."]

Extreme tiredness or fatigue

01	YES
02	NO
98	DK
99	REFUSED

Shortness of breath or difficulty breathing

01	YES
02	NO
98	DK
99	REFUSED

Persistent cough

01	YES
02	NO
98	DK
99	REFUSED

Joint pain

01	YES
02	NO
98	DK
99	REFUSED

Body aches

01	YES
02	NO
98	DK
99	REFUSED

ASK IF CCOV1=1 AND (CD1>=6 and CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO FOLLOWUPc.
CCOV1d_f
Loss of taste or smell

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1=1 AND (CD1>=6 and CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO FOLLOWUPc.
CCOV1d_g
Problems with memory or concentration ("brain fog")

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1=1 AND (CD1>=6 and CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO FOLLOWUPc.
CCOV1d_h
Difficulty sleeping

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1=1 AND (CD1>=6 and CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO FOLLOWUPc.
CCOV1d_i
Headaches

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1=1 AND (CD1>=6 and CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO FOLLOWUPc.
CCOV1d_j
Depression or anxiety

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1=1 AND (CD1>=6 and CD1<=17) OR (CD1a=3 OR CD1a=4), ELSE GO TO FOLLOWUPc.
CCOV1d_k
Other symptom(s), please specify: **PROGRAMMER: DISPLAY OTHER SPECIFY IF CCOV1d_k=1. SET MAX TO 100 CHARACTERS.**

01   YES
02   NO
98   DK
99   REFUSED

ASK IF CCOV1d_a through CCOV1d_k = 2 (all), ELSE GO TO CCOV1d1.
CCOV1d_l

Based on your responses to the previous question, [CHILD] completely recovered from [GENDER1] COVID-19 infection(s) in less than four weeks. Is this correct?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF (CCOV1d_a=1) OR (CCOV1d_b=1) OR (CCOV1d_c=1) OR (CCOV1d_d=1) OR (CCOV1d_e=1) OR (CCOV1d_f=1) OR (CCOV1d_g=1) OR (CCOV1d_h=1) OR (CCOV1d_i=1) OR (CCOV1d_j=1) OR (CCOV1d_k=1), ELSE GO TO FOLLOWUPc.
CCOV1d1

How long did [CHILD] experience these symptoms?

01   More than 1 month but less than 3 months
02   More than 3 months but less than 6 months
03   More than 6 months
98   DK
99   REFUSED

ASK IF (CCOV1d_a=1) OR (CCOV1d_b=1) OR (CCOV1d_c=1) OR (CCOV1d_d=1) OR (CCOV1d_e=1) OR (CCOV1d_f=1) OR (CCOV1d_g=1) OR (CCOV1d_h=1) OR (CCOV1d_i=1) OR (CCOV1d_j=1) OR (CCOV1d_k=1), ELSE GO TO FOLLOWUPc.
CCOV1d2

Is [CHILD] still experiencing these symptoms today?

01   YES
02   NO
98   DK
99   REFUSED

ASK IF (CCOV1d_a=1) OR (CCOV1d_b=1) OR (CCOV1d_c=1) OR (CCOV1d_d=1) OR (CCOV1d_e=1) OR (CCOV1d_f=1) OR (CCOV1d_g=1) OR (CCOV1d_h=1) OR (CCOV1d_i=1) OR (CCOV1d_j=1) OR (CCOV1d_k=1), ELSE GO TO FOLLOWUPc.
CCOV1d3

How much do/did these symptoms prevent [CHILD] from doing [GENDER1] usual daily activities (such as going to school or playing or socializing with friends)?

01   A lot
02   A little
03   Not at all
98   DK
99   REFUSED

ASK ALL
FOLLOWUPc

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

01   YES
02   NO
98   DK
99   REFUSED

RECONc

In order to contact you again for a future survey, please provide us your contact information.

01   PROVIDED CONTACT INFORMATION
02   REFUSED TO PROVIDE CONTACT INFORMATION

PROGRAMMER: DISPLAY IF RECONc=1, ELSE GO TO INCENT_2. SAME SCREEN.
FNAMEc
PROGRAMMER: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS.

_____

98   DK
99   REFUSED

PROGRAMMER: DISPLAY IF RECONc=1, ELSE GO TO INCENT_2. SAME SCREEN.
LNAMEc
PROGRAMMER: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS.

_____

98   DK
99   REFUSED

PROGRAMMER: DISPLAY IF RECONc=1, ELSE GO TO INCENT_2. SAME SCREEN.
EMAILc
PROGRAMMER: SET OPEN TEXT BOX. SET MAX TO 100 CHARACTERS. ENABLE EMAIL ADDRESS VALIDATION.

_____

98   DK
99   REFUSED

PROGRAMMER: DISPLAY IF RECONc=1, ELSE GO TO INCENT_2. SAME SCREEN.
PHONEc
PROGRAMMER: DISPLAY IF RECONc=1. ACCEPT NUMERIC INTEGERS ONLY. SET MAX TO 10 DIGITS.

_____

98   DK
99   REFUSED

FOLLOWUPc2

Would it be okay to text you?

01   YES
02   NO
98   DK
99   REFUSED

INCENT_2

How you would like to receive your $[INCENTIVE], by electronic gift card sent by email or a check sent by mail?

01   ELECTRONIC GIFT CARD
02   CHECK
98   DK
99   REFUSED

ASK IF INCENT_2=01, ELSE GO TO CLOSINGc.
INCENT_ec
What is your email address? This information will only be used to send your electronic gift card.

PROGRAMMER: DISPLAY DATA RECORDED FOR EMAIL AND ENABLE INTERVIEWER TO MAKE REVISIONS.

INTERVIEWER: CONFIRM EMAIL ADDRESS AND UPDATE AS NEEDED.

Email Address: _____

PROGRAMMER: AUTO CODE 01 IF EMAIL IS CHANGED.

ASK IF INCENT_2=02; ELSE GO TO CLOSINGc.
INCENT_cc
We will issue your check to the name you provided.

PROGRAMMER: DISPLAY DATA RECORDED FOR FNAMEc AND LNAMEc AND ENABLE INTERVIEWER TO MAKE REVISIONS.

INTERVIEWER: CONFIRM FIRST AND LAST NAME AND UPDATE AS NEEDED.

First Name: _____
Last Name: _____

PROGRAMMER: AUTO CODE 01 IF FNAMEc OR LNAMEc ARE CHANGED.

ASK IF INCENT_2=02 AND FNAMEc=NULL AND LNAMEc=NULL; ELSE GO TO CLOSINGc.
INCENT_c_1c
I need your full name to issue your check. What is your first and last name?

PROGRAMMER: DISPLAY DATA RECORDED FOR FNAMEc AND LNAMEc AND ENABLE INTERVIEWER TO MAKE REVISIONS.

First Name: _____
Last Name: _____

CLOSINGc
Thank you very much for participating in this important survey for the Los Angeles County Department of Public Health.