Date _____

Interviewed by _____ ID# __ __ __ __   0000

Validated by _____

© 01/19/04 JCG/bai
2004-**0001**-02
previous project number: 2002-0001-02
**No codes to move forward this year

QUALITY OF LIFE ASSESSMENT
2004 PRC Community Health Survey
Broward County, Florida

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

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

Lang. Language.

English		000
(SKIP to READ BOX before SP1)	Spanish	

1. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?

One		000
Two		
Three		
Four		
Five		
Six or More		
(SKIP to TRMRESN) [Terminate Interview]		

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

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

Yes	
(Make An Appointment) No	
(THANK & TERMINATE) [Refused To Do Survey]	
(THANK & TERMINATE) [Refused To Do Survey / Remove From List]	
(SKIP to TRMRESN) [Terminate Interview]	

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

Male		000
Female		

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

Under 60		000
60/Over		
(SKIP to TRMRESN) [Terminate Interview]		

SCRIPTING NOTE: **Merge ZIP Code from the Phone File.**

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

ZIP		
33004		000
33009		
33019		
33020		
33021		
33023		
33024		
33025		
33026		
33027		
33028		
33029		
33060		
33062		
33063		
33064		
33065		
33066		
33067		
33068		
33069		
33071		
33073		
33076		
33301		
33304		
33305		
33306		
33308		
33309		
33311		
33312		
33313		
33314		
33315		
33316		
33317		
33319		
33321		
33322		
33323		
33324		
33325		

33326	
33327	
33328	
33330	
33331	
33332	
33334	
33351	
33441	
33442	

(THANK & TERMINATE)   Any Others

HEALTH STATUS

5.   Would you say that in general your physical, mental, and emotional health is:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

HEALTH CARE ACCESS

6.   In general, how would you rate the health care you currently receive?
        Would you say:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

7.   Do you have any kind of health care coverage?

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

8.   About how long has it been since you last visited a DOCTOR for a routine checkup?

Within the Past Year (1 to 12 Months Ago)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 5 Years (2 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

9.   About how long has it been since you last visited a DENTIST for a routine check-up?

Within the Past 6 Months (1 to 6 Months Ago)		000
Within the Past Year (7 Months to 12 Months Ago)		
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 5 Years (2 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

10.   Was there a time during the past 12 months when you needed to have a prescription filled, but could not because of the cost?

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

HYPERTENSION AWARENESS

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

More Than Once		000
Only Once		
Never		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

CHOLESTEROL

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

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

DIABETES

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

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

CHRONIC ILLNESS

> **Would you please tell me if you or any persons in your household have been diagnosed with any of the following medical conditions: (Insert Qs in Bold)?**

(_ROTATE_: Qs in Bold)

14.   Asthma

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

SCRIPTING NOTE: If Respondent answered "Yes" in Q13, Force "Yes" in Q15 and SKIP to 16.

15.   Diabetes

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

16.   AIDS

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

17.   HIV

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

(End of Rotation)

SCRIPTING NOTE: For Qs 18-25, recode "0" to "88" in the VAR variable. Add 88 [None] to the coding table.

<u>DISABILITY</u>

> **Would you please tell me how many persons in this household are:
> (Insert Qs in Bold)?**

(*ROTATE*: Qs in Bold)

18.   Hard of Hearing

0 to 5		000
⌈Refused⌉		

19.   Deaf

0 to 5		000
⌈Refused⌉		

20.   Speech Impaired

0 to 5		000
⌈Refused⌉		

21.   Vision Impaired

0 to 5		000
⌈Refused⌉		

22.   Blind

0 to 5		000
⌈Refused⌉		

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

0 to 5		000
[Refused]		

24. Have a Developmental Disability

0 to 5		000
[Refused]		

25. Have a Mental Disability

0 to 5		000
[Refused]		

(End of Rotation)

INJURY CONTROL

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

Always		000
Nearly Always		
Sometimes		
Seldom		
or Never		
[Never Drive/Ride in a Car]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
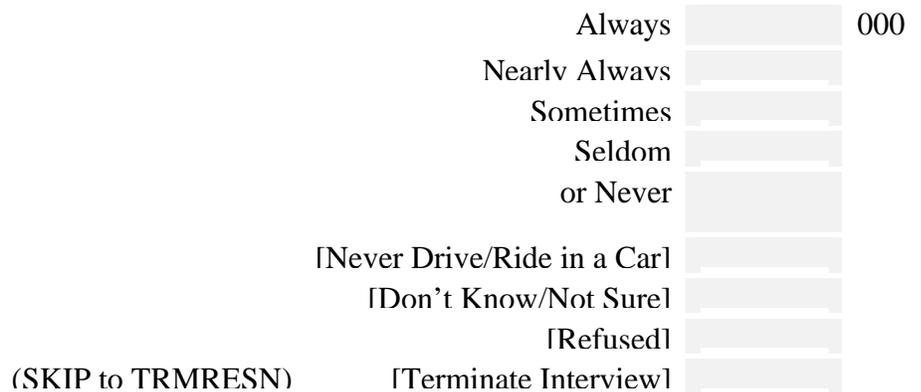
27.   Have you or has anyone in your household been the victim of a violent crime in the past 5 years?

Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
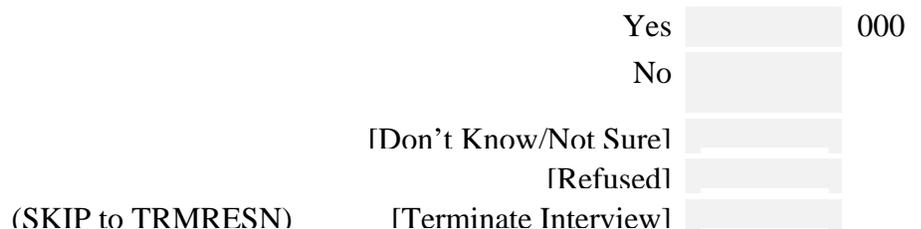
28.   Do you have a gun in your home?

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

EXERCISE

29.   The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

	Yes	000
(SKIP to 32)	No	
(SKIP to 32)	[Don't Know/Not Sure]	
(SKIP to 32)	[Refused]	
(SKIP to TRMRESN)	[Terminate Interview]	

30.   How many times per week or per month did you take part in these activities during the past month?

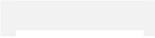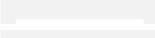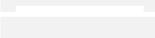| (ASK IVAR30A) | *TIMES PER WEEK*: | 000 |
(SKIP to IVAR30B)	*TIMES PER MONTH*:	
(SKIP to 31)	[Don't Know/Not Sure]	
(SKIP to 31)	[Refused]	
(SKIP to TRMRESN)	[Terminate Interview]	

30A. INTERVIEWER: Enter the times per week specified in the previous question.

| | 1 to 21 | 000 |

30B. INTERVIEWER: Enter the times per month specified in the previous question.
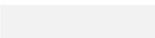
| | 1 to 31 | 000 |

31.   And when you took part in these activities, for how many minutes or hours did you usually keep at it?
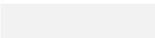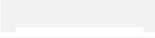
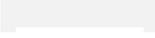|		
1 to 59		000
100 to 159		
200 to 259		
300 to 359		
400 to 459		
500 to 559		
600		
[Don't Know/Not Sure]		
[Refused]		
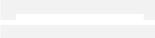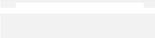
TOBACCO USE

32.   Have you smoked at least 100 cigarettes in your ENTIRE life? @@(5 Packs = 100 Cigarettes)

	Yes		000
(SKIP to 35)	No		
(SKIP to 35)	[Don't Know/Not Sure]		
(SKIP to 35)	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		
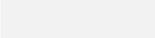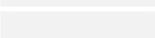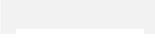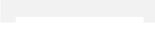
SCRIPTING NOTE: **If respondent answered "No" to Q32, Force Q33 to "Not At All".**

If respondent answered "Don't Know/Not Sure" to Q32, Force Q33 to "Don't Know/Not Sure".

If respondent "Refused" to Q32, Force Q33 to "Refused".

33.   Do you NOW smoke cigarettes everyday, some days, or not at all?
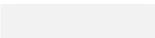
	Every Day		000
(SKIP to 35)	Some Days		
(SKIP to 35)	Not At All		
(SKIP to 35)	[Don't Know/Not Sure]		
(SKIP to 35)	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		
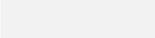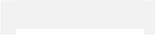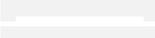
34.   During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

ALCOHOL CONSUMPTION

SCRIPTING NOTE: For Q35, recode "0" to "88" in the VAR variable. Add 88 [None] to the coding table.

35.   For this question about alcohol use, keep in mind that a drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor. @@During a typical month, on how many days did you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor?
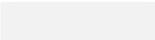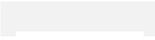
0 to 30		000
[Don't Know/Not Sure]		
[Refused]		

DEMOGRAPHICS

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

18 to 110		000
[Don't Know/Not Sure]		
[Refused]		

37.   What is your race? Would you say:

American Indian, Alaska Native		000
Asian. Pacific Islander		
Black		
White		
Multi-Racial		
or Other		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
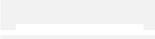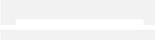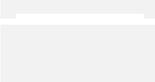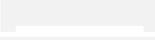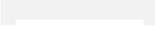
38.   Are you of Hispanic or Latino origin?
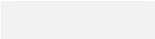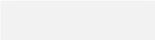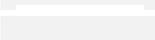
Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
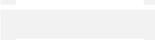
39.   Are you or is someone in your family originally from another country?
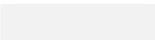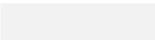
Yes		000
(SKIP to 41) No		
(SKIP to 41) [Don't Know/Not Sure]		
(SKIP to 41) [Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
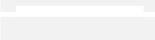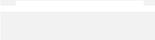
40.   Would you please tell me which country that is?

[Don't Know/Not Sure]		000
[Refused]		
Argentina		
Belize		
Bolivia		
Brazil		
Canary Islands		
Chile		
Colombia		
Costa Rica		
Cuba		
Dominican Republic		
Ecuador		
El Salvador		
Guatemala		
Guyana		
Haiti		
Honduras		
Mexico		
Nicaragua		
Panama		
Paraguay		
Peru		
Puerto Rico		
Spain		
Uruguay		
Venezuela		

Other (Specify)

41.   Would you please tell me your religion?

Protestant		000
Catholic		
Jewish		
Muslim		
[Other]		
[No Religious Preference]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

42.   And would you please tell me your marital status? Are you:

Married		000
Divorced		
Widowed		
Separated		
Never Been Married		
or A Member of an Unmarried Couple		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

43.   What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only		000
Grades 1 through 8 (Elementary)		
Grades 9 through 11 (Some High School)		
Grade 12 or GED (High School Graduate)		
College 1 Year to 3 Years (Some College or Technical School)		
College Graduate		
Post-Graduate Classes or Degree		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

44.   Are you currently:

Employed for Wages		000
Self-Employed		
Out of Work for More Than 1 Year		
Out of Work for Less Than 1 Year		
A Homemaker		
A Student		
Retired		
or Unable to Work		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

45.   Total Family Household Income.

Under $8,600		000
$8.600 to $11.599		
$11.600 to $14.599		
$14.600 to $17.399		
$17.400 to $20.499		
$20.500 to $23.499		
$23.500 to $26.699		
$26.700 to $29.499		
$29.500 to $32.799		
$32.800 to $35.499		
$35.500 to $38.799		
$38.800 to $41.599		
$41.600 to $47.399		
$47.400 to $53.399		
$53.400 to $59.499		
$59.500 to $65.499		
$65.500 to $71.499		
$71.500 to $77.599		
$77.600 to $82.999		
$83.000/Over		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

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

40 to 600		000
[Don't Know/Not Sure]		
[Refused]		

47. About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)

300 to 311		000
400 to 411		
500 to 511		
600 to 611		
700 to 711		
800 to 811		
[Don't Know/Not Sure]		
[Refused]		

NOTE: If Respondent is Male, SKIP to 51.

WOMEN'S HEALTH

48. A mammogram is an x-ray of the breast to look for cancer. How long has it been since you had your last mammogram?

Within the Past Year (1 to 12 Months Ago)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 3 Years (2 to 3 Years Ago)		
Within the Past 5 Years (3 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

49. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. How long has it been since you had your last clinical breast exam?

Within the Past Year (1 to 12 Months Ago)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 3 Years (2 to 3 Years Ago)		
Within the Past 5 Years (3 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		

(SKIP to TRMRESN)   [Terminate Interview]

50. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?

Within the Past Year (1 to 12 Months Ago)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 3 Years (2 to 3 Years Ago)		
Within the Past 5 Years (3 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		

(SKIP to TRMRESN)   [Terminate Interview]

IMMUNIZATION

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

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

(SKIP to TRMRESN)   [Terminate Interview]

52.   Have you ever had a pneumonia vaccination?

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

COLORECTAL CANCER SCREENING (AGES 40 AND OLDER)

> *NOTE*: If Respondent is 40 Years Old or Older in Q36, ASK 53.
>
> Otherwise, SKIP to 55.

53.   A digital rectal exam is when a doctor or other health professional inserts a finger in
the rectum to check for cancer and other health problems. When did you have your
last digital rectal exam?

Within the Past Year (1 to 12 Months Ago)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 5 Years (2 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

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

Within the Past Year (1 to 12 Months Ago)		000
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 5 Years (2 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

MENTAL HEALTH CARE ACCESS

55.   During the past 12 months, did you or any member of your family need mental health
       services, but could not get them?

	Yes	000
(SKIP to 62)	No	
(SKIP to 62)	[Don't Know/Not Sure]	
(SKIP to 62)	[Refused]	
(SKIP to TRMRESN)	[Terminate Interview]	

> **Could you not get these mental health services because of the: (Insert Qs in Bold)?**

       (*ROTATE*: Qs in Bold)

56.   Cost

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

57.   Lack of Transportation

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

58.   Quality of the Program

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

59. Lack of Information on Programs Available

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

60. Stigma

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

61. Lack of Adequate Insurance Coverage

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

(End of Rotation)

ACTIVITY LIMITATIONS

62.   The next questions are about limitations you may have in your daily life. Because of ANY impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

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

63.	Because of ANY impairment or health problem, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

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

CAREGIVER STATUS

64.	Are you a caregiver for any other person?

	Yes		000
(SKIP to 68)	No		
(SKIP to 68)	[Don't Know/Not Sure]		
(SKIP to 68)	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		

## SCRIPTING NOTE:	For Q65, Recode 0 to 555. Add 555 "Under 1 Year Old" to the Coding Table

65.	Would you please tell me the age of the person for whom you are a caregiver? (INTERVIEWER: Code "Under 1 Year Old" as 0.)

0 to 110		000
[Don't Know/Not Sure]		
[Refused]		

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

[Don't Know/Not Sure]		000
[Refused]		
Spouse		
Daughter		
Son		
Sister		
Brother		
Mother		
Father		
Grandmother		
Grandfather		
Aunt		
Uncle		
Niece		
Nephew		
Cousin		
Neighbor		
Friend		

Other (Specify)

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

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

LITERACY

68.   Are you aware of literacy classes offered in the community?

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

69.   Do you need help learning to read?

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

70.   Do you need help learning English?

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

AIDS KNOWLEDGE AND TESTING

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

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

High		000
Medium		
Low		
or None		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

72.   Do you practice safe sex?

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

73.   Except for donating or giving blood, have you ever been tested for the AIDS virus infection?

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

EMPLOYMENT LIMITATIONS

<div style="border:1px solid">

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

</div>

(*ROTATE*: Qs in Bold)

74.   Accessibility to On-The-Job Training Programs

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

75.   Lack of Training and Education

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

76. Insufficient Wages

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

77. Lack of Child Care

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

78. Lack of Elder Care
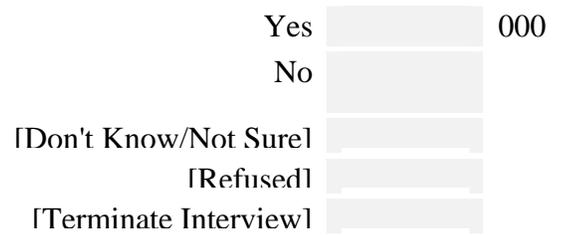
Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
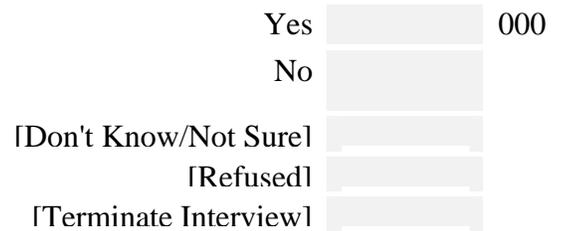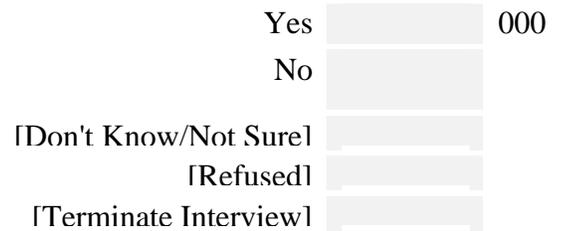
79. Lack of Adequate Transportation

Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
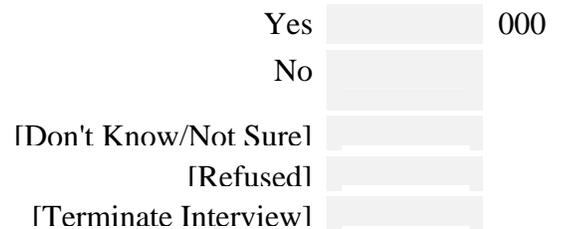
80. Lack of Reasonable Accommodations for People with Disabilities

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

81. Your Ability to Speak or Write English

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

82. Your Age

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

(End of Rotation)

83. Have you or has anyone in your household been UNABLE to find suitable employment in Broward County in the field for which you are trained?

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

THE ENVIRONMENT

84.   The next questions are about the environment. Are you concerned about the quality
        and availability of future drinking water supplies?

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

85.   Do you have devices, equipment or practices in your home that help conserve water?
        (For example, low flow toilets/shower heads, water smart landscaping, rain shut off
        valves on your sprinkler system.)

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

86.   How often do you recycle cans, glass, or paper? Would you say:

Always		000
Most of the Time		
Sometimes		
or Never		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

<u>PEOPLE ISSUES</u>

87.   Next, I'd like you to think about people with disabilities in this community. Do you think a person with a disability in Broward County has more opportunities now than in the past, the same kinds of opportunities, or do you think things are more difficult for people with disabilities?

	More Opportunities Now		000
	Same Opportunities		
	More Difficult		
	[Don't Know/Not Sure]		
	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		

88.   The next questions are about mental illness. What would you say is the biggest barrier facing people who have a mental illness and need treatment?

	[Don't Know/Not Sure]		000
	[Refused]		
	Cost		
	Lack of Transportation		
	Quality of the Programs		
	Lack of Information on Programs Available		
	Social Stigma		
	Lack of Insurance or Ability to Pay		
	Fear of Losing Job		
	Lack of Awareness of the Symptoms of the Illness		
Other (Specify)			

89.   What do you think is the biggest consequence of untreated mental illness in our society?

	[Don't Know/Not Sure]		000
	[Refused]		
	Crime		
	Domestic Violence		
	Suicide		
	Health Related Problems		
	Increased Hospitalizations		
	Family Break-up		
	Economic (Loss of Income)		
Other (Specify)			

90. Would you employ or recommend someone for a job who had been treated for a
     mental illness?

Yes		000
No		
[Depends on Type of Mental Illness]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

**Now I would like to ask you a few questions about diversity and how you feel your
neighborhood deals with it. Would you say that: (Insert Qs in Bold) in your
neighborhood are:**

(*ROTATE*: Qs in Bold)

91. Race Relations

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

92. Cultural Relations

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

93.   Religious Relations

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	
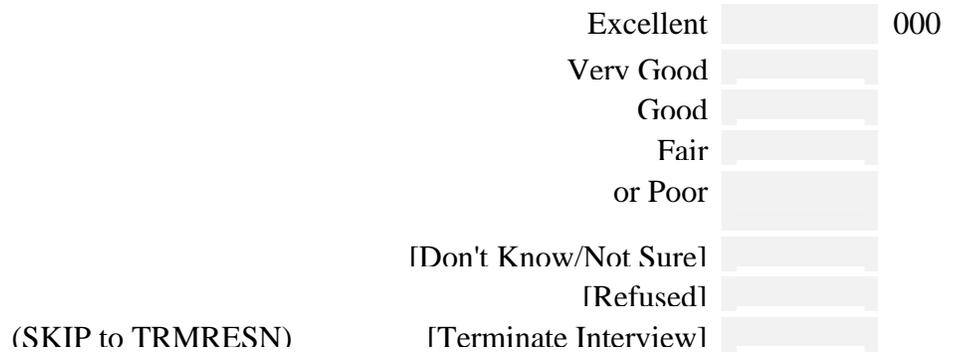
(End of Rotation)

94.   The next series of questions deals with various quality of life issues in Broward County. Overall, how would you rate Broward County as a place to live? Would you say:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	
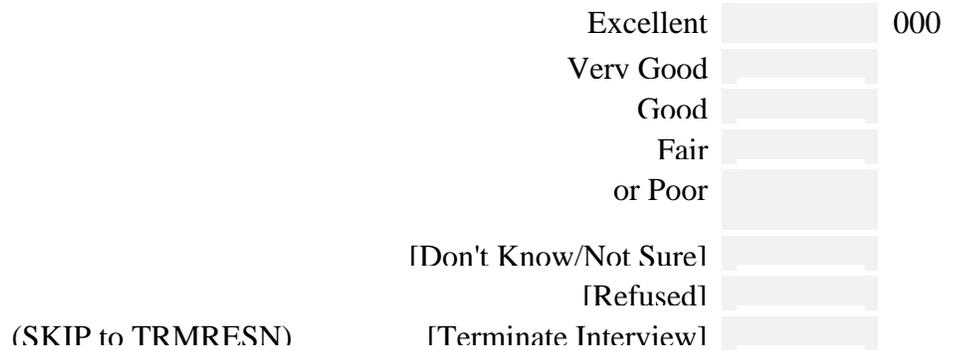
95.   And during the time that you have lived in Broward County, would you say that your quality of life has:

Improved		000
Stayed the Same		
or Grown Worse		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	
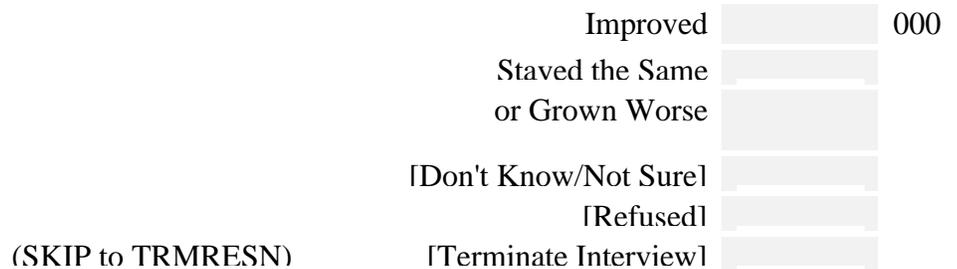
96.   Do you think the beaches of Broward County enhance your quality of life?

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

97.   Do you believe the Everglades have an effect on the quality of life in South Florida?

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

98.   How would you rate the arts and entertainment opportunities in Broward County?
        Would you say:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

**SCRIPTING NOTE: For Q99, recode "0" to "88" in the VAR variable.
                      Add 88 [None] to the coding table.**

99.   How many times did you attend a cultural event such as a movie, art festival,
        concert, historical site, museum, art gallery, or theater performance in Broward
        County in the past year?

0 to 100		000
[Don't Know/Not Sure]		
[Refused]		

> **Concerning travel in and through Broward County, would you say that the money invested in: (Insert Qs in Bold) is:**

(*ROTATE*: Qs in Bold)

100. Adding More Lanes to Existing Roads

Too Much		000
Enough		
or Not Enough		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

101. Road Safety

Too Much		000
Enough		
or Not Enough		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

102. Public Transit

Too Much		000
Enough		
or Not Enough		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

103. Sidewalks and Bike Paths

Too Much		000
Enough		
or Not Enough		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

104.   Lanes for Vehicles Carrying More Than One Person

Too Much		000
Enough		
or Not Enough		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

(End of Rotation)

NEIGHBORHOOD QUALITY

105.   The next few questions are about the quality of life in your neighborhood. Overall, how would you rate your neighborhood as a place to live? Would you say:

|		
Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

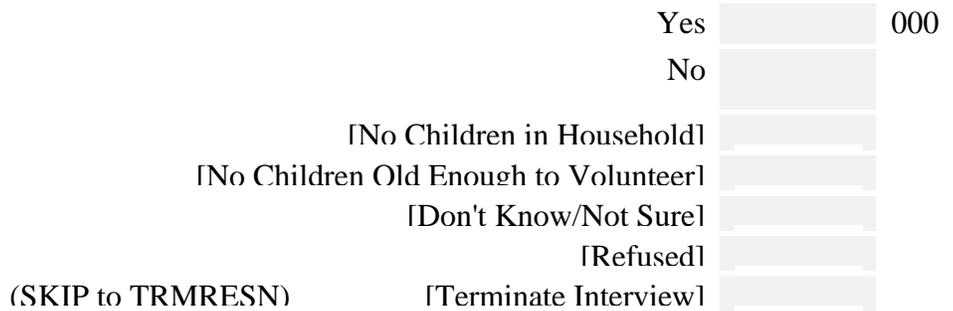106.   And during the time that you have lived in this neighborhood, would you say that your quality of life has:

Improved		000
Stayed the Same		
or Grown Worse		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

107. In the past year, have you done any volunteer work in your neighborhood or community?

Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
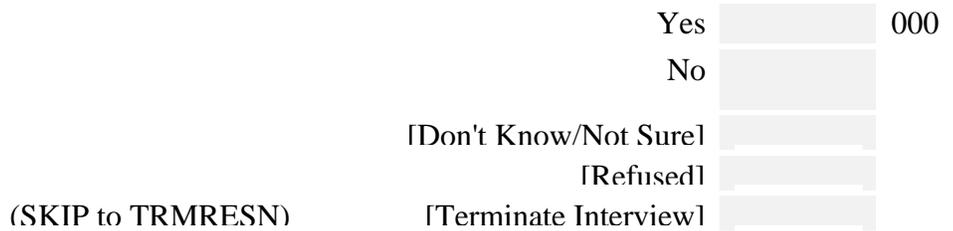
108. And in the past year, have any of the children in your household done any volunteer work in your neighborhood or community?

Yes		000
No		
[No Children in Household]		
[No Children Old Enough to Volunteer]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

109. Thinking about housing and where people live, how would you rate the condition of housing in your neighborhood? Would you say:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
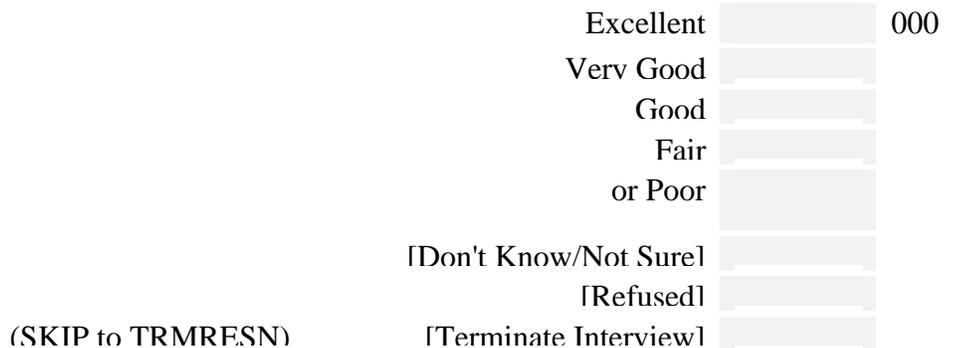
110. In the past year, has the rising cost of housing caused you or anyone in your household to work an extra job or extra hours in order to make housing or rental payments?

Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
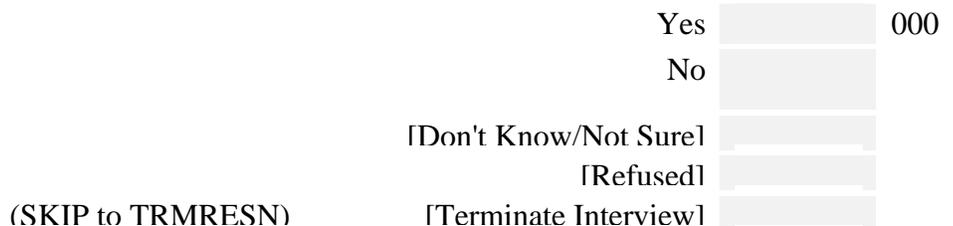
111.　Have you looked for new housing in the past year?

	Yes		000
(SKIP to 113)	No		
(SKIP to 113)	[Don't Know/Not Sure]		
(SKIP to 113)	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		
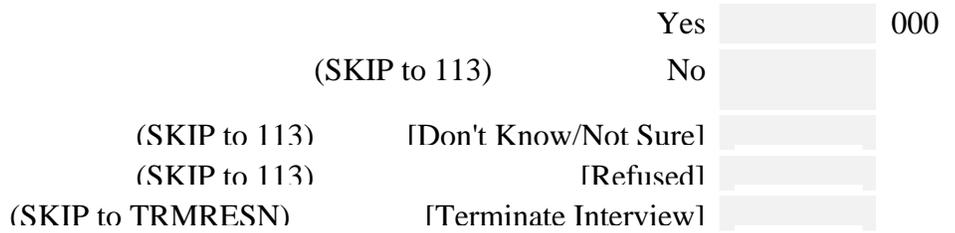
112.　Did you have difficulty finding something affordable?

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

113.　How would you rate the recreation areas in your local neighborhood, such as public parks and other open spaces? Would you say:

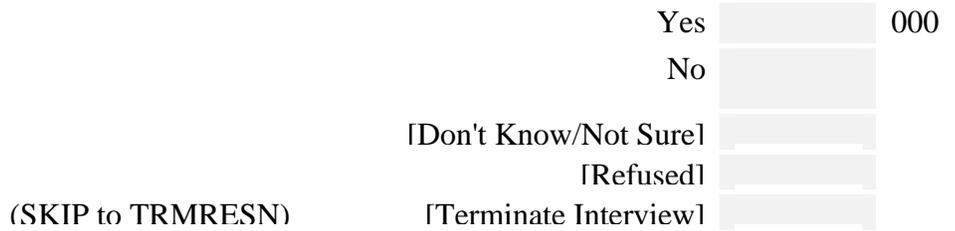|			
	Excellent		000
	Very Good		
	Good		
	Fair		
	or Poor		
	[Don't Know/Not Sure]		
	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		
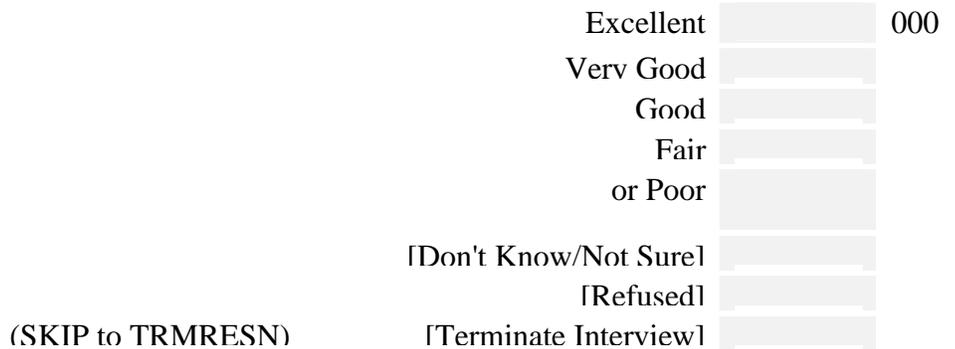
114.　Now I would like to ask you some questions regarding neighborhood and personal safety.

Within the past year or two, do you think that the problem of crime in your neighborhood has been:

	Getting Better		000
	Getting Worse		
	or Has It Stayed About the Same		
	[Don't Know/Not Sure]		
	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		
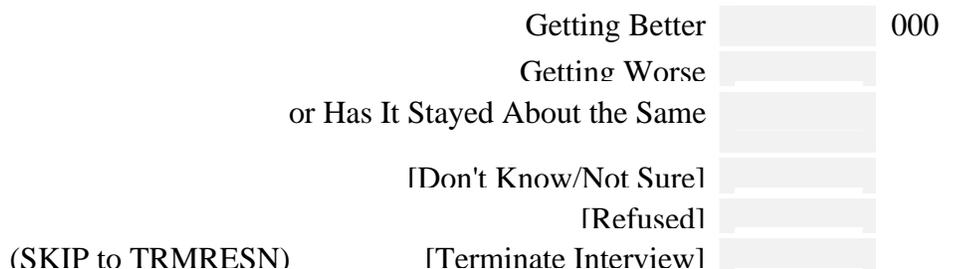
115. Overall, do you feel safe and secure?

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

116. Now I would like you to think about the educational system in Broward County. Would you rate the job the local public schools are doing as:

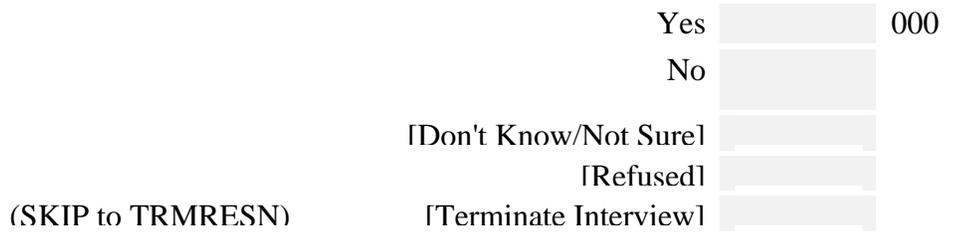|		
Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	
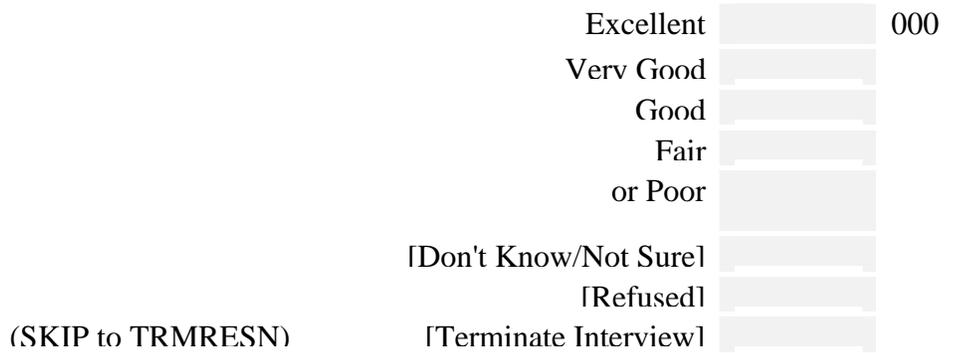
117. Do you think that all public schools should have regular classes in art, music, and theater?

Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	
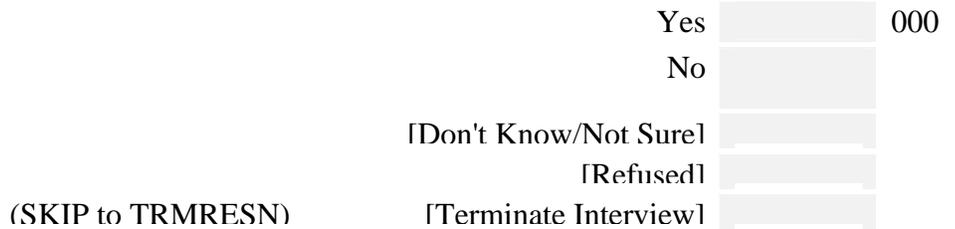
118. Do you think that all public schools should have regular classes in physical education?

Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	
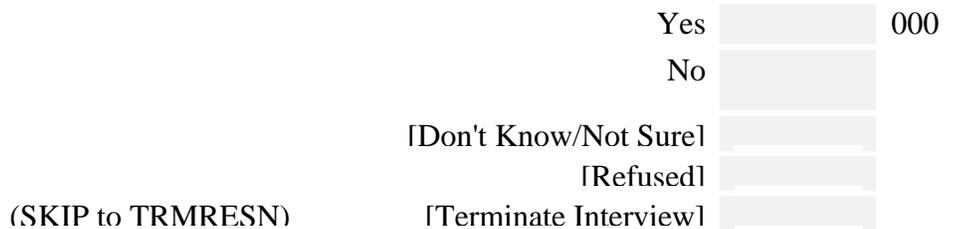
119. Now thinking about the HIGHER education system in Broward County, would you rate the job the community colleges and universities are doing to prepare students for future employment in their fields of training as:
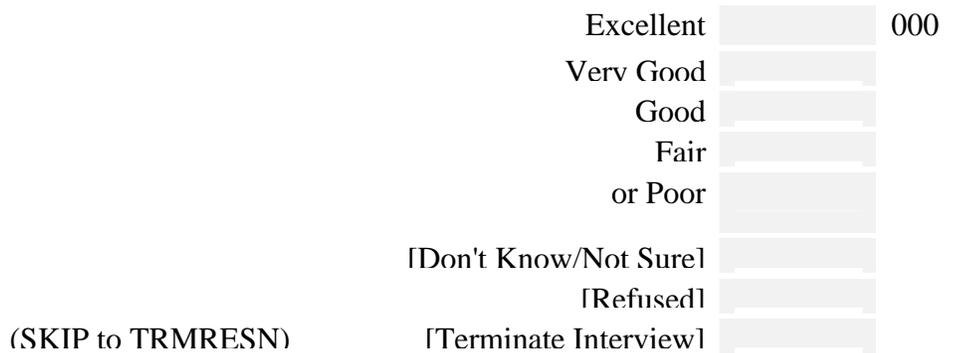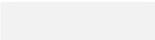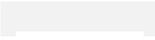
Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
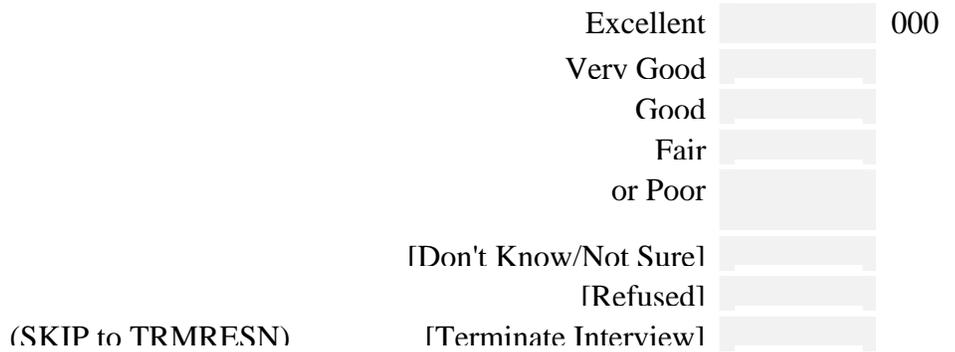
120. And would you rate the job Florida's educational system is doing to develop the kind of work force businesses will need in the future as:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
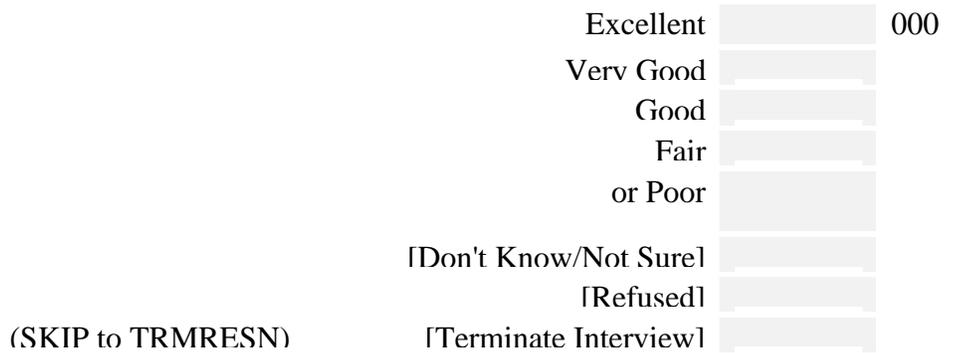
121. How would you rate your own access to higher education opportunities? Would you say:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

122. And would you rate your own access to job training or vocational opportunities as:
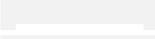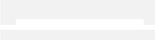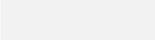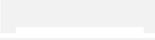
Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

123. We are also interested in how people are getting along financially these days. Would you say that you (and your family living in this household) are BETTER off or WORSE off financially than you were a year ago?
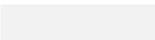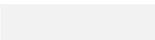
Better		000
Worse		
[Same]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
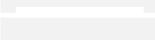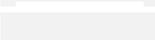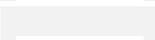
124. Do you feel that your economic future in Broward County will be:
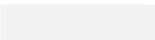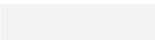
Better		000
or Worse		
[Same]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		
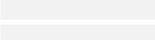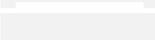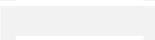
125.   Now, I would like to ask a few questions about how you feel about the government.

How would you rate the job your state government is doing? Would you say:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

126.   How would you rate the job the Broward County government is doing? Would you say:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

127.   Would you rate the job your local government is doing as:

Excellent		000
Very Good		
Good		
Fair		
or Poor		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

CHILDREN'S HEALTH

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

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

SQ2.   Are you responsible for or do you participate in healthcare decisions for the child/children, such as which hospital or doctor to go to?

(SKIP to NOTE before 129)	Yes	
	No	
(SKIP to TRMRESN)	[Terminate Interview]	

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

	Yes	
(Make An Appointment to Call Back)	No	
(SKIP to TRMRESN)	[Terminate Interview]	

> *NOTE*:   If Respondent Answered "One" to 128,
>
> SKIP to 129.

> **I would like to ask some questions about the healthcare of one of your children. In order to randomly select one, please answer the following questions about the child who had the most recent birthday.**

SCRIPTING NOTE: For Q129, Recode 0 to 555. Add 555 [Under 1 Year Old] to the Coding Table.

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

1 to 17		000
55		
(SKIP to GOODBYE)	[Refused]	

130. Do you have any kind of health care coverage for this child?

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

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

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

> *NOTE*: If Child is Under 1 Year Old in Q129,
> SKIP to 135.

132. About how long has it been since THIS CHILD last visited a dentist for a routine check-up?

Within the Past 6 Months (1 to 6 Months Ago)		000
Within the Past Year (7 Months to 12 Months Ago)		
Within the Past 2 Years (1 to 2 Years Ago)		
Within the Past 5 Years (2 to 5 Years Ago)		
5 or More Years Ago		
[Never]		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN) [Terminate Interview]		

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

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

NOTE: If Child is 1 to 5 Years Old in Q129, ASK 134.

Otherwise, SKIP to 142.

---

134. Has this child started learning to read?

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

135. During the past 12 months, did you need child care for this child on a regular basis, other than a babysitter, but could not get it?

	Yes		000
(SKIP to 142)	No		
(SKIP to 142)	[Don't Know/Not Sure]		
(SKIP to 142)	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		

Were you NOT able to get child care for this child during the past 12 months because of the: (Insert Qs in Bold)?

(*ROTATE*: Qs in Bold)

136. Cost

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

137. Lack of Transportation

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

138. Quality of Care Available

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

139.   Lack of Information About Where the Service Was Provided

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

140.   Lack of Late Evening Care

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

141.   Lack of Weekend Care

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

(End of Rotation)

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

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

NOTE: If Child is 6 Years Old or Older in Q129, ASK 143.

Otherwise, SKIP to 148.

---

143. During the past 12 months, did you need an after-school care program for this child, but could not get it?

	Yes		000
(SKIP to 148)	No		
(SKIP to 148)	[Don't Know/Not Sure]		
(SKIP to 148)	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		

Could you not use an after school care program for this child because of the: (Insert Qs in Bold)?

(*ROTATE*: Qs in Bold)

144. Cost

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

145. Lack of Transportation

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

146. Quality of Program Available

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

147. Lack of Information About Where the Program Was Provided

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

(End of Rotation)

148. During the past 12 months, did this child need but could not get mental health care?

	Yes		000
(SKIP to 153)	No		
(SKIP to 153)	[Don't Know/Not Sure]		
(SKIP to 153)	[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]		

Could you not get mental health care for this child because of the: (Insert Qs in Bold)?

(*ROTATE*: Qs in Bold)

149. Cost

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

150. Lack of Transportation

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

151. Quality of Program Available

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

152. Lack of Information About Where the Program Was Provided

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

(End of Rotation)

153. During the past 12 months, did this child need but could not get alcohol or drug treatment?

	Yes	000
(SKIP to GOODBYE)	No	
(SKIP to GOODBYE)	[Don't Know/Not Sure]	
(SKIP to GOODBYE)	[Refused]	
(SKIP to TRMRESN)	[Terminate Interview]	

> **Could you not get alcohol or drug treatment for this child because of the: (Insert Qs in Bold)?**

(*ROTATE*: Qs in Bold)

154. Cost

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

155. Lack of Transportation

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

156. Quality of Program Available

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

157. Lack of Information About Where the Program Was Provided

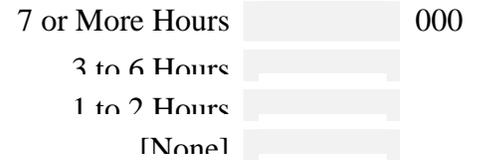|		
Yes		000
No		
[Don't Know/Not Sure]		
[Refused]		
(SKIP to TRMRESN)	[Terminate Interview]	

(End of Rotation)

> **That's my last question. Everyone's answers will be combined to give us information from the residents in Broward County. Thank you very much for your time and cooperation.**

Demographics from previous study.

158.   Total Number of Times Exercised Per Week.

7 or More		000
3 to 6		
1 to 2		
[None]		

159.   Total Amount of Time Exercised During the Past Month (Hours).

7 or More Hours		000
3 to 6 Hours		
1 to 2 Hours		
[None]		

160.   Total Number of Drinks Per Week.

7 or More		000
4 to 6		
2 to 3		
1		
[None]		

161.   BMI.

0.0 to 99.9		000
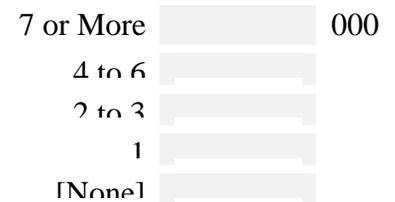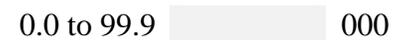
162.   Obese.

Not Obese		000
Obese		

163.   Cardiovascular Risk Factor.

At Least One Risk Factor		000
No Risk Factors		

164.   Poverty.

Below Poverty		000
100 to 150%		
150 to 200%		
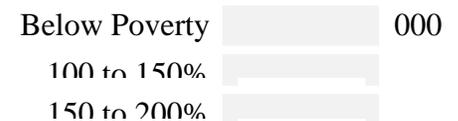
165. Women 18 to 44.

Yes		000

166. Women 50/Over.

Yes		000

167. Women 50/Over Who Had Clinical Breast Examination and Mammogram in Previous Two Years.

Yes		000

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

Yes		000

169. Age Categories.

18 to 39		000
40 to 49		
50 to 59		
60 to 64		
65 to 69		
70 to 79		
80/Over		

SCRIPTING NOTE: If Response to Q40 is <u>any</u> of the following:

Argentina	Bolivia	Canary Islands	Chile
Colombia	Costa Rica	Cuba	Dominican Republic
Ecuador	El Salvador	Guatemala	Guyana
Honduras	Mexico	Nicaragua	Panama
Paraguay	Peru	Puerto Rico	Spain
Uruguay	Venezuela		

    Set Q170 to "Yes."

170. Someone from Spanish-Speaking Country.

Yes		000

171. Smoking.

Current		000
Former		
Never		

---

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

                                                          Yes   000
                                                          No

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

                                                          Yes   000
                                                          No

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

                                                          Yes   000
                                                          No

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

                                                          Yes   000
                                                          No

176. Census Tract.

                                                          Merged   000

177. 9-Digit ZIP Code.

                                                          Merged   000