

2003 ACTION Telephone Questionnaire

(paper version of Computer Assisted Telephone Interview program screens)

Hello, my name is [NAME] and I'm a student at the University of California at Santa Barbara. This isn't a sales call, I promise [OR: I'm not selling anything]

I am calling on behalf of San Luis Obispo County, the United Way, the YMCA and several other local organizations. We are conducting a survey of the quality of life in San Luis Obispo County. Your opinions are crucial to help develop plans for our community during the next five years. You will not be asked to buy anything or make a donation of any kind. May I please ask the first question?

(If they ask for names of other sponsoring organizations, say: San Luis Obispo Community Health Foundation, and Economic Opportunity Commission.)

1. (Do not ask) Respondent is:

Male
Female

2. What city or town do you live in or live closest to?

(02) Arroyo Grande	(17) Los Osos
(03) Atascadero	(18) Morro Bay
(04) Avila Beach	(19) Nipomo
(05) Baywood	(20) Oceano
(06) California Valley	(21) Paso Robles
(07) Cambria	(22) Pismo Beach
(08) Camp Roberts	(23) Pozo
(09) Cayucos	(24) San Luis Obispo
(10) Cholame	(25) San Miguel
(11) Creston	(26) Santa Margarita
(13) Grover Beach	(27) San Simeon
(14) Halcyon	(28) Shandon
(15) Harmony	(29) Shell Beach
	(30) Templeton

[If response is 02, 03, 13, 18, 21, 22, 24 or 29, ask Q3 and Skip to Q5

If response is 04, 07, 09, 17, 19, 20, 26, or 30 skip to 4

If response is 05, 06, 08, 10, 11, 14, 15, 23, 25, 27, 28, skip to 5]

3. Do you live within the city limits of _____(insert previous answer)?

Yes
No
Refused
Don't Know

4 Do you live within the service district boundary of . . . (insert previous answer)?

Yes
No
Refused
Don't Know

5. How concerned are you about the following issues in your community? For each one, please answer "Very Concerned," "Somewhat Concerned" or "Not at All" concerned. [Rotate order]

Traffic congestion	Very	Somewhat	Not at all
Drug, tobacco and alcohol abuse	Very	Somewhat	Not at all
Family violence	Very	Somewhat	Not at all
Child abuse	Very	Somewhat	Not at all
Senior abuse	Very	Somewhat	Not at all
Racism	Very	Somewhat	Not at all
Crime	Very	Somewhat	Not at all
Homelessness	Very	Somewhat	Not at all
Employment opportunities	Very	Somewhat	Not at all
Gangs or teen violence	Very	Somewhat	Not at all
Housing costs	Very	Somewhat	Not at all
Building in open space	Very	Somewhat	Not at all
Loss of wildlife habitat	Very	Somewhat	Not at all
Water quality	Very	Somewhat	Not at all
Air pollution	Very	Somewhat	Not at all
Local public schools	Very	Somewhat	Not at all
Access to cultural opportunities	Very	Somewhat	Not at all

6. How safe would you say you feel in your neighborhood?

- Very safe
- Somewhat safe
- Not at all safe
- Refused (Don't Prompt)
- Don't Know (Don't Prompt)

7a. Have you felt discriminated against in San Luis Obispo County in the last twelve months?

- Yes [If YES, Ask question 7b]
- No [If NO, Skip to question 8]

7b. For what reason? (Do not read list. Enter up to two responses)

- Ethnicity / race
- Gender
- Age
- Language
- Sexual orientation
- Income
- Disability
- Other (please specify) _____

8. {no question 8}

9. Including yourself, how many people live in your household?

people _____

IF ONE, SKIP TO Q23

IF TWO OR MORE, ASK:

10. How many of these people are **not** related to you? (related includes blood relatives and relatives by marriage)

not related _____

11a. Do you have children living with you under the age of 18?

Yes

No [If NO, Skip to Q23]

11b. What are the ages of your children living at home? (enter all that apply)

Under 1 1 2 3 4 5 6 7 8 9 10
11 12 13 14 15 16 17 18 and over

12. Is this a single parent household?

Yes

No

(If youngest child is age 5 or under, Continue, if youngest child is ages 6-14, skip to question 15; if youngest child is 15 or older, skip to question 17)

13. In the past year, have you taken part in any parent or family education programs or classes?

Yes

No

Refused

Don't Know

14. In a typical week, how many times do you or other adults in your household read to your child or children? (Read categories)

None

1-2

3-5

6-10

More than 10

Refused

Don't Know

15. Now, thinking about your childcare needs, is there a kind of childcare you need for your children but cannot get? (read list and check all that apply)

Yes [If Yes, Prompt with list below]

No [if No, Skip to question 17]

Refused

Don't Know

0 –2 years	3 – 5 years	6-14 years
Part time (0-6hrs/day)	Part time (0-6hrs/day)	Part time (0-6hrs/day)

Full time (6-8hrs/day)	Full time (6-8hrs/day)	Full time (6-8hrs/day)
Non traditional hours (weekends, holidays, evenings)	Non traditional hours (weekends, holidays, evenings)	Non traditional hours (weekends, holidays, evenings)
Child care for a child who is sick	Child care for a child who is sick	Child care for a child who is sick

16. Where is childcare needed? (check all that apply)

- Near home
- At or near school
- Near work

17. Do you have children in local schools?

- Yes [If yes, Continue with Q18
- No [If no, Skip to Q23]

18. Are they in: (Check all that apply)

- Elementary School
- Middle School / Junior High
- High School

19. How often do you participate in activities in your **(enter previous response(s))** child's educational and extra curricular activities?

<u>Elementary (K-5)</u>	<u>Junior High/Middle School(6-8)</u>	<u>High School(9-12)</u>
Often	Often	Often
Sometimes	Sometimes	Sometimes
Never	Never	Never

20. How serious would you say the alcohol and drug abuse problem is at your **(enter previous response(s))** child's school?

<u>Elementary(K-5)</u>	<u>Junior High/Middle School (6-8)</u>	<u>High School(9-12)</u>
Very serious	Very serious	Very serious
Somewhat serious	Somewhat serious	Somewhat serious
Not at all serious	Not at all serious	Not at all serious
Don't know	Don't know	Don't know

21. Does your child or children have enough activities after school and on weekends, including recreational and cultural activities?

<u>Elementary(K-5)</u>	<u>Junior High/Middle School(6-8)</u>	<u>High School (9-12)</u>
Yes	Yes	Yes
No	No	No
Don't know	Don't know	Don't know

22. Does the fact that your child's school has visual or performing or literary arts programs make your child more interested in school?

Yes

No

School not have such programs

23. Do you, or does anyone in your household, have a permanent physical or mental impairment that substantially limits a major life activity, such as bathing, dressing, stair climbing, shopping, or managing one's money?

Yes

No [Skip to Q25a]

Refused

Don't Know

IF YES,ASK:

24. Who helps that person perform these activities? (ACCEPT MULTIPLE ANSWERS)

Relative/family member

Neighbor/friend/church member

Someone from a government agency

Someone from a private or non-profit organization

Other (write in) _____

25a. Are you, or is anyone else in your household, the care giver to a disabled child, disabled adult or older person?

Yes [If YES, ask Q25b]

No SKIP TO Q26

Refused

Don't Know

25b. Would that include a... (Read list and enter all that apply)

Disabled child

Disabled adult

Older person

26. Do you feel you are better off this year than last year economically?

Yes

No

About the same

27a. Is one third or more of your income used to pay for housing, including utilities, such as gas and electricity?

Yes [If Yes, Ask Q27b]

No [If No, Skip to Q28]

Refused

Don't Know

27b. Is half or more of your income used to pay for housing, including utilities, such as gas and electricity?

- Yes
- No
- Refused
- Don't Know

28. In any given month, do you have to go without basic needs such as food, clothing, childcare, housing or health care?

- Yes If Yes, Continue with Q29
- No [If No, skip to Q31?]

29. If yes, what do you go without? (check all that apply)

- Food _____
- Childcare _____
- Health Care _____
- Clothing _____
- Housing _____

FOR EACH ONE GO WITHOUT (Q29), ASK:

30. Why do you go without . . . (INSERT ITEM WENT WITHOUT)? (Accept multiple answers. Code answers into list or write in)

- No money to pay for it
- Don't know where to get it
- No transportation available to get to it/no way to get there
- Unable to travel to get it/home bound
- Usual source/place I get it not available
- Other (write in) _____

31. Have you or a member of your household needed health care in the past year and been unable to receive it because you could not afford it?

- Yes
- No
- Refused
- Don't Know

32. Have you ever felt the need to talk to a mental health professional but have not had the money or insurance to do so?

- Yes
- No
- Refused
- Don't Know

33a. Do you have health insurance?

Yes [Skip to Q34]
No [ASK Q33b THEN SKIP TO Q36]

[IF NO, ASK:]

33b. Why not? (Accept multiple answers. Code answers into list or write in)

Too expensive/can't afford it
Employer does not offer health insurance
Covered by MediCal/Medicare/VA
Other (write in) _____

34. Does that include insurance through: (Read list, and enter all that apply)

Your employer or spouse's employer
State or Federal program (such as MediCal or MediCare)
Private insurance you purchased on your own
(DNR) Refused
(DNR) Don't Know

35 Does it cover: (Read each one and enter all that apply)

Outpatient surgery	Yes	No	Don't know
Dental care	Yes	No	Don't know
Mental health benefits	Yes	No	Don't know
Regular physical exams	Yes	No	Don't know
Substance abuse treatment	Yes	No	Don't know
Prescriptions	Yes	No	Don't know
Hospitalization	Yes	No	Don't know
Dependent spouse/children	Yes	No	Don't know

36. Do you have a regular source of primary health care?

Yes
No
Refused
Don't Know

37. How satisfied are you with your medical care? (Read list)

Very satisfied
Somewhat satisfied
Not at all satisfied

38. How long has it been since you last visited a doctor for a routine check up? (read list)

Within the past year
1-2 years
3-5 years
More than 5 years ago
Never

[If youngest child is age 14 or younger, ask Q39 and Q40; otherwise, skip to Q41]

39. How long has it been since any of your children visited a doctor for a routine check up? (read list)

Within past 6 months (since October 2002)

From 6 months to 1 year ago

More than 1 year ago

40. Have you ever heard of the Healthy Families Program? (If asked, say "The Healthy Families Program provides low-cost health insurance for children who do not already have insurance, and whose parents have limited income.")

Yes

No

Don't Know

41. Do you have a regular source of dental care?

Yes

No

Refused

Don't Know

42. How long has it been since you last visited a dentist for a routine check up? (read list)

Within the past year

1-2 years

3-5 years

More than 5 years ago

Never

Don't Know

[If youngest child is age 14 or younger, ask Q43-45; otherwise, skip to Q46]

43. How long has it been since any of your children visited a dentist for a routine check up? (read list)

Within the past year

1-2 years

3-5 years

More than 5 years ago

Never

Don't Know

44. (Has your child / Have any of your children) ever had their teeth sealed by a dentist?
(If necessary, say: "That is when a dentist applies sealant material to permanent teeth of children between the ages of 7 and 12 to help protect against cavities")

Yes

No

Refused

Don't Know

45. In the past year, have you received any information, education, or training on how to take care of your child(ren)'s teeth and gums, from a dentist, health class, or school?

Yes

No
Refused
Don't Know

46. How many days a week do you spend 30 minutes or more doing some kind of physical activity such as brisk walking, going to the gym, cleaning house or gardening?

None
1-2 days
3-4 days
5 or more days

47. Do you smoke cigarettes everyday, some days, or not at all?

Everyday
Some days
Not at all [if Not at all, Skip to 49]
Refused [if Refused, Skip to 49]

48. In the past 12 months, have you:

Yes No Refused

- a. Quit smoking for 1 day or longer?
- b. Attended any class or participated in any program to help you stop smoking?

49. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

Yes
No [if No, Skip to 51]
Refused [if Refused, Skip to 51]
Don't Know [if Don't Know, Skip to 51]

50. Have there been any non-smokers present in your home while someone was smoking?

Yes
No
Refused
Don't Know

51. Do you currently use any smokeless tobacco products, such as chewing tobacco or snuff?

Yes
No
Refused
Don't Know

52. Do you currently smoke cigars or a pipe?

Yes
No
Refused
Don't Know

53. How many servings of alcohol do you generally drink in a week?

- None
- 1-2
- 3-5
- 6 or more

54. In general, would you say your physical health is . . . (REAL LIST):

- Excellent
- Very good
- Good
- Fair, or
- Poor

55. Would you say, in general, your mental health, which includes stress, depression and problems with emotions, is . . . (READ LIST):

- Excellent
- Very good
- Good
- Fair, or
- Poor

56. In the past year, has anyone you feel very close to either been diagnosed with a life-threatening illness, or died?

- Yes
- No [Skip to Q58]

IF YES, ASK:

57. Was that person diagnosed with a life-threatening illness or did he or she die?

- Died
- Diagnosed
- Both

58. Are you aware of any organization or program in SLO County that provides support for the terminally ill, or for the caregivers and loved ones of the terminally ill?

- Yes
- No

59. Have you, yourself, completed an Advance Directive, which might be called a Living Will, a Health Care Proxy, or a Durable Power of Attorney?

- Yes
- No

60. Now I want to ask about charitable giving. I'm going to read you examples of the many different areas in which households contribute money or other property for charitable purposes. By contributing, I mean making a voluntary contribution with no intention of making a profit. The types of organizations households contribute to include those involved in: religion, youth development, education, health, human services, the environment, animal welfare, adult

recreation, arts and cultural activities, politics, and community improvement. Did you or any other member of your household contribute any money or other property to any such organizations in 2002? (IF ASKED: Please include payroll deductions.)

- Yes
- No SKIP TO Q62

IF YES, ASK:

61. Approximately how much money, or the cash equivalent of property, did you and the members of your household contribute to such organizations, in 2002? (IF UNSURE, PROBE FOR BEST ESTIMATE. VERIFY THE AMOUNT.)

\$ _____

62. I'd like to ask about your volunteer activity. By volunteer activity, I mean not just belonging to a service organization, but actually working in some way to help others. Have you done volunteer work for any organization in the past month? (Excludes other household members)

- YES
- NO (SKIP TO Q64)
- REFUSED (SKIP TO Q64)
- DON'T KNOW (SKIP TO Q64)

IF YES, ASK:

63. How many hours did you spend in the past month working for this or these organizations?

hours _____

64. Do you regularly donate blood?

- Yes
- No
- Refused
- Don't Know

65. In planning for a disaster, has your household . . . (READ STATEMENTS)?

	Yes	No
Stored three-days worth of emergency supplies		
Talked about where you meet and how you would communicate with each other?		

66. These next questions are about safety and firearms. All of your answers will be kept confidential. Do you have any firearms kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicles.

- Yes
- No [if No, Skip to question 69]
- Refused [if Refused, Skip to question 69]
- Don't Know [if Don't Know, Skip to question 69]

67. Are any of the firearms in or around your home handguns, such as pistols or revolvers?

Yes
No [if No, Skip to question 69]
Refused [if Refused, Skip to question 69]
Don't Know [if Don't Know, Skip to question 69]

68. How many of the firearms are currently stored under lock and key? (Read List)

All of them
Some of them
None of them

69. How many times have you visited any public library in the past three months? (Read list)

None
1-2
3-5
6-10
11-25
26-50
50 or more

70. Do you go to local performing, visual, or literary art events or shows?

Yes => SKIP TO Q72
No

IF NO, ASK:

71. Why not? (CODE ANSWERS IN FOLLOWING LIST, OR WRITE IN)

No way to get to them
Not offered when I can go/at wrong times
Too far away/too far to travel
Don't hear/know about them
Don't know how to get tickets/make reservations
Too expensive/prices too high
Too busy/no time available
No interest/don't like what available
Other (specify) _____

72. Do you donate your time or money to local performing, visual or literary arts organizations or events?

Yes [SKIP TO Q74]
No

IF NO, ASK:

73. Why not? (CODE ANSWERS IN FOLLOWING LIST, OR WRITE IN)

No way to get to them
Don't hear about them/don't know who they are
Too far away/too far to travel
They never asked
No money available to donate
Too busy/no time available

- less than 1 year
- 1 to 4 years
- 5 to 10 years
- 11 to 20 years
- 21 years or more
- 60 to 64 years
- 65 to 69 years
- Refused
- Don't Know

80. Which of the following age groups are you in? (Read list and check one response)

- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 59 years
- 60 to 64 years
- 65 to 69 years
- 70 to 79 years
- 80 years and over
- Refused

[IF 55 or older, ASK]

81. Please tell me if each of the following items is a "Major Problem," a "Minor Problem," or "Not a Problem" for you personally:

Housing	Major	Minor	Not a Problem
Transportation	Major	Minor	Not a Problem
Loneliness	Major	Minor	Not a Problem
Not Having Enough Money	Major	Minor	Not a Problem
Taking Care of Yourself Physically	Major	Minor	Not a Problem
Getting Prescription Drugs	Major	Minor	Not a Problem
Dental Care	Major	Minor	Not a Problem
Eating Nutritious Food	Major	Minor	Not a Problem
In-home Care	Major	Minor	Not a Problem

82. Which of the following best describes your ethnic group?

- | | |
|------------------|-----------------------|
| Caucasian | Asian |
| Latino | Multi-racial |
| Native American | Other (specify) _____ |
| African American | Refused |

83. How many wage earners, age 18 and over, live in your household?

- None
- one
- two
- three
- four
- five
- over 5

Refused

84. Which income range best describes your household income? (Read list)

- Less than \$15,000 per year
- \$15,000 - \$25,000 per year
- \$25,000 - \$35,000 per year
- \$35,000 - \$45,000 per year
- \$45,000 - \$65,000 per year
- \$65,000 - \$80,000 per year
- \$80,000 - \$100,00 per year
- \$100,00- \$125,000 per year
- \$125,000- \$150,000 per year
- Over \$150,000 per year
- Refused

85a. Excluding Social Security retirement checks, are you, or is anyone in your household, now receiving regular payments or benefits from any government program? This would include programs such as Medicare, food stamps, and rent subsidies as well as others.

- Yes [If Yes, Continue with Q85b]
- No [Skip to Q86]
- Refused
- Don't Know

85b. What program or programs would that be? (Select all that apply)

- Medicare
- Medical
- CalWORKS, Temporary Assistance for Needy Families (TANF)
- Food stamps
- Social Security retirement payments
- Social Security survivors payments (payments to family members when a worker dies)
- Social Security disability payments (for adult or child with a disability)
- General Assistance
- Section 8 Housing, rent assistance
- Women Infants and Children (WIC)
- Other (write in) _____

86. What is your highest level of education? (Read list and check one response)

- No formal education
- Elementary School
- Junior High School
- High School
- Vocational/Trade School
- Community College / Junior College
- Four-year College
- Graduate School

87. Do you own or rent your primary residence?

Own
Rent

88. What is your employment status? (Read list and check up to two responses)

Employed full-time
Employed part -time
Unemployed
Self-employed
Retired
Student
Homemaker
Disabled

89. What is the zip code where you live? _____

Closing script: Thank you for taking the time to talk with me today.

90. Interview conducted in:

English
Spanish