

**Los Angeles Family and Neighborhood Survey
(L.A.FANS)**

PRIMARY CARE GIVER (PCG) QUESTIONNAIRE

NOTE: PRIOR TO BEGINNING ASSESSMENT AND SURVEY, PCG (IF NOT RSA) MUST COMPLETE CONSENT MODULE.

Time Stamp -- Woodcock-Johnson - Revised passage comprehension assessment

In this section we have a few more questions about you and your family. To begin, I'd like to ask you to read and answer a few questions about this passage.

ch1 INTERVIEWER: WHAT WOULD YOU LIKE TO DO NOW?

1. DO ASSESSMENTS
2. (SHOW ONLY IF APPROPRIATE) INTERVIEW PCG
3. SCHEDULE APPOINTMENT
4. RETURN TO MAIN MENU (SHIRLEY'S NOTE: we may not want FI to have the option of going back to main menu w/o setting appt. or explaining why they aren't doing the interview)

IF ch1=1, CAPI SHOWS SCREEN OF WOODCOCK-JOHNSON-REVISED ASSESSMENT.

IF ch1=2, CAPI GOES TO SECTION A - CIDI

IF ch1=3, CAPI SHOWS APPOINTMENT SCREEN

IF ch1=4, CAPI GOES BACK TO MAIN MENU

ASSESMENTS CHECKLIST: INTERVIEWER CHECK APPROPRIATE BOX Programmer:
This should be a separate screen where the FI can code whether the assessments were completed or not.

Complete Incomplete

Passage Comprehension

Timestamp -- Section A

SECTION A

There are two parts to this survey. For the first part, I will read each question aloud to you and ask you which answer best fits you. For the second part, I will show you how to use the computer to read and answer questions yourself.

Let's begin.

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A1. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

- 1. YES
- 5. NO IF A1 = 5 (GO TO A10)
- 6. R WAS ON MEDICATION / ANTI-DEPRESSANTS (GO TO A10)

For the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst.

A2. During that time, did the feelings of being sad, blue, or depressed usually last.... [READ LIST]?

- 1. All day long,
- 2. Most of the day,
- 3. About half the day, or
- 4. Less than half the day? IF A2 = 4, GO TO A10
- d. DON'T KNOW IF A2 = d, GO TO A10

A3. During these two weeks, did you feel this way... [READ LIST]?

- 1. Every day,
- 2. Almost every day,
- 3. Or less often? IF A3 = 3, GO TO A10
- d. DON'T KNOW IF A3 = d, GO TO A10

A4. During these two weeks, did you... [READ EACH CHOICE INDIVIDUALLY]

a. Lose interest in most things that usually give you pleasure?

- 1. YES
- 5. NO

b. Feel more tired or low on energy than is usual for you?

- 1. YES
- 5. NO

c. Gain or lose 10 pounds or 4.5 kilos without trying?

- 1. YES
- 5. NO

d. Have a lot more trouble concentrating than usual?

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1. YES

5. NO

e. Feel down on yourself or think you were worthless or no good?

1. YES

5. NO

f. Think a lot about death, either your own or someone else's, or about death in general?

1. YES

5. NO

A5. During these two weeks, did you have more trouble falling asleep than you usually do?

1. YES

5. NO IF A5 = 5, GO TO A7

A6. Did this happen every night, nearly every night, or less often during those two weeks?

1. EVERY NIGHT

2. NEARLY EVERY NIGHT

3. LESS OFTEN

A7. CAPI CHECK: IF ALL A4a-f = 5 AND A5 = 5, GO TO TIMESTAMP -- SECTION B. OTHERWISE, GO TO A8. (IF ANY A4a-f = 1 or A5 = 1, GO TO A8. OTHERWISE, GO TO TIMESTAMP - SECTION B.)

A8. About how many weeks altogether did you feel this way during the past 12 months?

_____ # OF WEEKS CONTINUE TO A9

NOTE TO PROGRAMMER: RANGE = 2-51.

99. VOLUNTEERS: FELT THIS WAY THE ENTIRE YEAR GO TO TIMESTAMP -- SECTION B

A9. Think about the most recent time when you had at least two weeks in a row when you felt this way.

In what month and year was this?

_____ MONTH

19____ YEAR ALL GO TO TIMESTAMP -- SECTION B

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CAPI CHECK: MO/YR MUST BE WITHIN 12 MONTH OF TODAY

A10. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things, like hobbies, work, or activities that usually give you pleasure?

1. YES
5. NO IF A10 = 5, GO TO TIMESTAMP -- SECTION B
6. R WAS ON MEDICATION / ANTI-DEPRESSANTS IF A10 =6, GO TO TIMESTAMP -- SECTION B

For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things.

A11. During that time, did this loss of interest usually last... [READ LIST]?

1. All day long,
2. Most of the day,
3. About half the day, or
4. Less than half the day? IF A11 = 4, GO TO TIMESTAMP -- SECTION B
- d. DON'T KNOW IF A11 = d, GO TO TIMESTAMP -- SECTION B

A12. During these two weeks, did you feel this way... [READ LIST]?

1. Every day,
2. Almost every day, or
3. Less often? IF A12 = 3, GO TO SECTION B
- d. DON'T KNOW IF A12 = d, GO TO SECTION B

A13. During these two weeks, did you... [READ EACH CHOICE INDIVIDUALLY]

a. Feel more tired or low on energy than is usual for you?

1. YES
5. NO

b. Gain or lose 10 pounds or 4.5 kilos without trying?

1. YES
5. NO

c. Have a lot more trouble concentrating than usual?

1. YES
5. NO

d. Feel down on yourself or think you were worthless or no good?

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- 1. YES
- 5. NO

e. Think a lot about death, either your own or someone else's, or about death in general?

- 1. YES
- 5. NO

A14. During these two weeks, did you have more trouble falling asleep than you usually do?

- 1. YES
- 5. NO IF A14 = 5, GO TO A16

A15. Did this happen every night, nearly every night, or less often during those two weeks?

- 1. EVERY NIGHT
- 2. NEARLY EVERY NIGHT
- 3. LESS OFTEN

A16. CAPI CHECK: IF ALL A13a-e = 5 AND A14 = 5, GO TO TIMESTAMP -- SECTION B. OTHERWISE, GO TO A17.

IF ANY A13a-e = 1 or A14 = 1, GO TO A17. OTHERWISE, GO TO TIMESTAMP -- SECTION B.)

A17. About how many weeks altogether did you feel this way during the past 12 months?

_____ # OF WEEKS

NOTE TO PROGRAMMER: RANGE = 2-51.

99. VOLUNTEERS: FELT THIS WAY THE ENTIRE YEAR GO TO TIMESTAMP -- SECTION B

A18. Think about the most recent time when you had at least two weeks in a row when you felt this way.

In what month and year was this?

_____ MONTH 19____ YEAR

CAPI CHECK: MO/YR MUST BE WITHIN 12 MONTH OF TODAY

Time Stamp -- Section B, SAQ training

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SECTION B - SELF-ASSESSMENT

Next, we'd like for you to answer some questions using the computer. Using the computer is easy -- I'll show you how it works.

CAPI GOES TO APPROPRIATE SAQ TRAINING SECTION FOR PCG

SAQ QUESTIONS

>PCGSAQ1<

Welcome to L.A. FANS!

For the next few minutes I will show you how to answer questions on this computer.

Please ask me any questions you have while we go through them.

>PCGSAQ2<

A lot of the questions are answered with either "Yes" or "No".

Let's try one together.

Do you like ice cream?

1 Yes

5 No

>PCGSAQ3<

Good! Sometimes there will be more answer choices than "Yes" and "No".

Lets try a couple of those.

Which one of these pets do you like the best?

1 Birds

2 Cats

3 Dogs

4 Fish

5 Snakes

>PCGSAQ4<

Sometimes you will be able to give more than one answer. What types of movies do you like to watch?

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Type 1 next to all that apply, otherwise just hit enter.

__1 Action movies

__2 Romantic movies

__3 Thriller movies

__4 Horror movies

__5 Comedy movies

__6 Other type of movies

>PCGSAQ5<

Sometimes you will be asked to type in a number or an amount for your answer.

How many times have you been to the grocery store in the last 7 days?

TIMES IN THE LAST 7 DAYS

>PCGSAQ5a<

If you don't know the answer to a question, you can type a "d".

For example...

How many trees are in Yosemite National Park?

>PCGSAQ5b<

If you decide you don't want to answer, you can type an "r".

For example...

How much weight have you gained since you were 16 years old?

>PCGSAQ7<

For a few questions, you may be asked to type a word or several words.

If you make a mistake you can use the "back space" key to fix it.

What is your first name?)

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Type in your first name.

>PCGSAQ8<

Good job!

That is the end of the examples. Now the interviewer will get the computer ready for you.

INTERVIEWER: ENTER CODE TO CONTINUE

>PCGSAQ9<

INTERVIEWER: IS R CAPABLE OF COMPLETING THE SAQ?

1 YES

2 NO

Time Stamp - Section B, SAQ Begins

Next, you will be asked to answer questions about yourself and your family life. Please keep in mind that all of your answers will remain completely confidential.

B1. Please select the number that indicates your level of agreement with the following statements:

a. There is really no way I can solve some of the problems I have.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

b. Sometimes I feel that I'm pushed around in life.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

c. I have little control over the things that happen to me.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

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d. I can do just about anything I really set my mind to.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

e. I often feel helpless in dealing with the problems of life.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

f. What happens to me in the future mostly depends on me.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

g. There is little I can do to change many of the important things in my life.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

SECTION C

C1. Next are some questions about family routines. We want to know about how many days a week you, [IF APPLICABLE, FILL APPROPRIATE FROM ROSTER "your husband/wife/partner"], and your [FILL APPROPRIATE "child/children"] do things at a regular time - that is, at about the same time each day.

a. About how many days a week do(es) the [FILL APPROPRIATE "child/children"] have breakfast at a regular time, that is at about the same time each day?

Please choose one number, ranging from zero (0) days per week to everyday (7 days per week).

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

b. About how many days a week is the evening meal served at a regular time?

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_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

c. About how many days a week are the household chores done at a regular time?

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

d. About how many days a week, do(es) your [FILL APPROPRIATE "child/children"] go to bed at a regular time?

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

C2. About how many days each week do you, [IF APPLICABLE, FILL APPROPRIATE "your husband/wife/partner," and your [FILL APPROPRIATE "child/children"] all eat dinner together?

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

C3. Next are some things people sometimes feel about raising children. Thinking about [FILL APPROPRIATE FROM ROSTER your "child/children"/ the "child/children" who live here with you], please circle the number that shows how you feel.

a. Being a parent is harder than I thought it would be.

1. Completely false
2. False
3. Sometimes true and sometimes false
4. True
5. Completely true

b. I feel trapped by my responsibilities as a parent.

1. Completely false
2. False
3. Sometimes true and sometimes false
4. True
5. Completely true

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c. I find that taking care of my [FILL APPROPRIATE "child/children"] is much more work than pleasure.

1. Completely false
2. False
3. Sometimes true and sometimes false
4. True
5. Completely true

d. I often feel tired, worn out, or exhausted from raising a family.

1. Completely false
2. False
3. Sometimes true and sometimes false
4. True
5. Completely true

C4. About how often does your whole family get together with relatives or friends?

0. Never
1. Once a year or less
2. A few times a year
3. About once a month
4. Two or three times a month
5. About once a week or more

C5. About how many magazines does your family get regularly?

0. None
1. 1
2. 2
3. 3
4. 4 or more

C6. Does your family get a daily newspaper?

1. Yes
5. No

C7. About how many books are there in the house?

0. None
1. 1 to 10
2. 11 to 20
3. More than 20

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C8. About how often do you read for enjoyment?

1. Never
2. Several times a year
3. Several times a month
4. Several times a week
5. Everyday

C9. Is there a computer in this household that your [FILL APPROPRIATE "child/children"] use?

1. Yes
5. No

C10. In the past 30 days, have you used marijuana?

1. Yes
5. No IF C10 = 5, GO TO C12

IF C10=D, CONTINUE

IF C10=R, GO TO C12

C11. In the past 30 days, on how many days have you used marijuana?

_____ # of Days During the Past 30 Days

d. Don't Know

C12. In the past 30 days, have you used drugs other than marijuana (such as crack, cocaine, speed, methamphetamines, heroin, LSD or inhalants)?

1. Yes
5. No

IF C12=5 GO TO TIMESTAMP SECTION D; ELSE CONTINUE

IF C12=D, CONTINUE

IF C12=R, GO TO TIMESTAMP SECTION D

C13. In the last 30 days, on how many days have you used drugs other than marijuana?

_____ # of days used during the past 30 days

Don't know

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Time Stamp - Section D

SECTION D - SOCIAL SUPPORT

The following questions ask about unexpected things that sometimes occur when you have children.

D1. In the past month, have you ever suddenly needed someone to look after your [FILL APPROPRIATE "child/children"] for a few hours, when you didn't expect it?

1. Yes
5. No IF D1 = 5, GO TO D3

D2. When this happened, whom did you ask for help?

(CHOSE ALL THAT APPLY)

1. No one
2. Someone living here with you (husband, wife, partner, another child, other household member)
3. Former spouse or partner
4. Own mother, father
5. Mother-in-law, father-in-law
6. Own grandmother, grandfather
7. Spouse's grandmother, grandfather
8. Sister, brother
9. Aunt, uncle, cousin
10. Child's other parent (not living in this household)
11. Other relative
12. Friend
13. Neighbor
14. Counselor, minister, other clergy
15. Members of church or other organization
16. Co-workers
17. Own child
18. Other (Specify): _____

D3. Suppose that you had an emergency in the middle of the night. You [FILL APPROPRIATE: and your "husband/wife/partner"] had to go somewhere and needed someone to look after your [FILL APPROPRIATE "child/children"] for a few hours. Who would you ask?

(CHOSE ONLY ONE NUMBER)

1. No one
2. Someone living here with you (husband, wife, partner, another child, other household member)

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3. Former spouse or partner
4. Own mother, father
5. Mother-in-law, father-in-law
6. Own grandmother, grandfather
7. Spouse's grandmother, grandfather
8. Sister, brother
9. Aunt, uncle, cousin
10. Child's other parent (not living in this household)
11. Other relative
12. Friend
13. Neighbor
14. Counselor, minister, other clergy
15. Members of church or other organization
16. Co-workers
17. Own child
18. Other (Specify): _____

D4. What if you [FILL APPROPRIATE: and your "husband/wife/partner"] had to borrow enough money to cover your rent or mortgage payment for a month. You needed the money for a few weeks because of an emergency.

Who is the first person you would ask?

(CHOOSE ONLY ONE NUMBER)

1. No one
2. Someone living here with you (husband, wife, partner, another child, other household member)
3. Former spouse or partner
4. Own mother, father
5. Mother-in-law, father-in-law
6. Own grandmother, grandfather
7. Spouse's grandmother, grandfather
8. Sister, brother
9. Aunt, uncle, cousin
10. Child's other parent (not living in this household)
11. Other relative
12. Friend
13. Neighbor
14. Counselor, minister, other clergy
15. Members of church or other organization
16. Co-workers
17. Own child
18. Other (Specify): _____

Time Stamp - Section E

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SECTION E. RELATIONSHIP WITH SPOUSE OR PARTNER

E1. CATI CHECK: IF RESPONDENT IS LIVING WITH HUSBAND/WIFE/OR PARTNER, GO TO E2. IF NOT, GO TO END.

Here are a few questions about your relationship with your [FILL APPROPRIATE "husband/wife/partner"]. Please remember that your answers are completely confidential.

E2. Thinking about your relationship with your [FILL APPROPRIATE husband/wife/partner"], how often would you say that:

a. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] is fair and willing to compromise when you have a disagreement?

1. Often
2. Sometimes
3. Never

b. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] expresses affection or love for you?

1. Often
2. Sometimes
3. Never

c. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] insults or criticizes you or your ideas?

1. Often
2. Sometimes
3. Never

d. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] encourages or helps you do things that are important to you?

1. Often
2. Sometimes
3. Never

e. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] tries to keep you from seeing or talking with your friends or family?

1. Often
2. Sometimes
3. Never

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f. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] tries to prevent you from going to work or school?

1. Often
2. Sometimes
3. Never

g. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] withholds money, makes you ask for money, or takes your money?

1. Often
2. Sometimes
3. Never

h. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] slaps or kicks you?

1. Often
2. Sometimes
3. Never

i. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] hits you with his fist or an object that could hurt you?

1. Often
2. Sometimes
3. Never

j. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] tries to make you have sex or do sexual things you don't want to do?

1. Often
2. Sometimes
3. Never

E3. Were you ever cut, bruised or seriously hurt in a fight with your spouse or partner?

1. Yes
5. No

Thank you for your time. You have reached the end of this portion of the interview. Please turn the computer back to the interviewer, and he or she will tell you what you'll do next.

SAQ10: INTERVIEWER: DID R COMPLETE THE SELF-ADMINISTERED QUESTIONS ON HIS/HER OWN

1. Yes, completed on his/her own

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2. Yes, with some assistance
3. No, I asked the questions

END

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