

## Los Angeles Family and Neighborhood Survey, Wave 2 (L.A.FANS-2)

### PRIMARY CARE GIVER (PCG) QUESTIONNAIRE

#### QUESTIONNAIRE FOR THE PCG OF ALL SAMPLED RSCs AND SIBs ≤ 17 YEARS OLD

##### PRELOAD FROM HOUSEHOLD ROSTER:

- Whether PCG has a spouse or partner
- Sex of PCG's spouse or partner
- Whether PCG has children in household
- Whether PCG has only one child in household
- Whether PCG's spouse or partner (if any) has children in the household
- Whether PCG's spouse or partner (if any) has only one child in household
- Roster list 1 (all household members listed)

##### Questionnaire formatting key

- **Black bold:** Question numbers
- Black normal: Interviewer to read question text
- BLACK UPPER CASE: Interviewer and programming instructions
- ***BLACK BOLD ITALIC UPPER CASE:*** Comments

## SECTION A. INTRODUCTION TO SELF-ADMINISTERED QUESTIONNAIRE

**PCGSAQINTRO.** 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.

Press 1 (one) to continue.

**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". Let's try a couple of those.

Which one of these animals 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?

Type '1' then 'Enter' for yes or '5' then 'Enter' for no for each question.

- \_\_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 the 'F3 key' above the letters on the keyboard. For example...How many trees are in Yosemite National Park?

**PCGSAQ5b.** If you decide you don't want to answer, you can type the 'F4 key' above the letters on the keyboard. For example...Do you like to drink hot tea with sugar?

**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 'Backspace' key to fix it.

What is your first name?

Type in your name. Then press 'Enter'."

**PCGSAQ8.** Good job! That is the end of the examples. Now I will get the computer ready for you.

INTERVIEWER: ENTER '1' TO CONTINUE

**PCGSAQ9.** INTERVIEWER: IS R CAPABLE OF COMPLETING THE SAQ?

1. YES
5. NO

## **SECTION B. SELF-ASSESSMENT**

In this part of the interview, 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.

TYPE '1' THEN 'ENTER' TO CONTINUE

**GB1.** Please select the number that indicates how much you agree with the following statements:

**GB1.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

**GB1.b.** Sometimes I feel that I'm pushed around in life.

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

**GB1.c.** I have little control over the things that happen to me.

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

**GB1.d.** I can do just about anything I really set my mind to.

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

**GB1.e.** I often feel helpless in dealing with the problems of life.

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

**GB1.f.** What happens to me in the future mostly depends on me.

1. Strongly Agree
2. Agree

3. Disagree
4. Strongly Disagree

**GB1.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: FAMILY ROUTINES**

**GC1.** Next are some questions about family routines. We want to know about how many days a week you, [your husband / wife / partner], and your [child / children] do things at a regular time—that is, at about the same time each day.

TYPE '1' THEN 'ENTER' TO CONTINUE

**GC1.a.** About how many days a week [do your children / does your child] have breakfast at a regular time, that is at about the same time each day?

Please choose one number, ranging from 0 days per week (never) to 7 days per week (every day).

\_\_\_\_\_ # of Days per Week (RANGE=0–7)

**GC1.b.** About how many days a week is the evening meal served at a regular time?

\_\_\_\_\_ # of Days per Week (RANGE=0–7)

**GC1.c.** About how many days a week are the household chores done at a regular time?

\_\_\_\_\_ # of Days per Week (RANGE=0–7)

**GC1.d.** About how many days a week, [do your children / does your child] go to bed at a regular time?

\_\_\_\_\_ # of Days per Week (RANGE=0–7)

**GC2.** About how many days each week do you, your [husband / wife / partner] and your [children / child] all eat dinner together?

\_\_\_\_\_ # of Days per Week (RANGE=0–7)

**GC3.** Next are some things people sometimes feel about raising children. Thinking about [your child / your children / the child living here with you / the children living here with you], please enter the number that shows how you feel.

**GC3.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

**GC3.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

**GC3.c.** I find that taking care of children is much more work than pleasure

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

**GC3.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

**GC4.** 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

**GC5.** About how many magazines does your family get regularly?

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

**GC6.** Does your family get a daily newspaper?

1. Yes
5. No

**GC7.** About how many books are there in the house?

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

**GC8.** 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. Every day

**GC9.** Is there a computer in this household that your [child / children] use?

1. Yes
5. No

## **SECTION D. SOCIAL SUPPORT**

**GD1INTRO.** The following questions ask about unexpected things that sometimes occur when you have children.

TYPE '1' THEN 'ENTER' TO CONTINUE"

**GD1.** In the past month, have you ever suddenly needed someone to look after your [child / children] for a few hours, when you didn't expect it?

1. Yes
5. No (GO TO GD3\_A)

**GD2.** When this happened, whom did you ask for help?

CHOOSE 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): \_\_\_\_\_
21. Babysitter

**GD3\_A.** Suppose that you had an emergency in the middle of the night. You and your [husband / wife / partner] had to go somewhere and needed someone to look after your [child / children] for a few hours. Who would you 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): \_\_\_\_\_
21. Babysitter
22. Nanny / regular day care person
25. Take child with me

**GD4\_A.** What if you 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): \_\_\_\_\_
26. Bank / Credit Union loan
28. Cash advance / credit card / withdrawal
29. Employer

## **SECTION E. RELATIONSHIP WITH SPOUSE OR PARTNER**

**GE1.** CATI CHECK: IF RESPONDENT IS LIVING WITH HUSBAND / WIFE / PARTNER, CONTINUE. IF NOT, GO TO END OF SECTION E.

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

TYPE '1' THEN 'ENTER' TO CONTINUE"

**GE2.** Thinking about your relationship with your [husband / wife / partner], how often would you say that:

**GE2.a.** [She / He] is fair and willing to compromise when you have a disagreement?

1. Often
2. Sometimes
3. Never

**GE2.b.** [She / He] expresses affection or love for you?

1. Often
2. Sometimes
3. Never

**GE2.c.** [She / He] insults or criticizes you or your ideas?

1. Often
2. Sometimes
3. Never

**GE2.d.** [She / He] encourages or helps you do things that are important to you?

1. Often
2. Sometimes
3. Never

**GE2.e.** [She / He] tries to keep you from seeing or talking with your friends or family?

1. Often
2. Sometimes
3. Never

**GE2.f.** [She/ He] tries to prevent you from going to work or school?

1. Often
2. Sometimes
3. Never

**GE2.g.** [She / He] withholds money, makes you ask for money, or takes your money?

1. Often
2. Sometimes
3. Never

**GE2.h.** [She / He] slaps or kicks you?

1. Often
2. Sometimes
3. Never

**GE2.i.** [She / He] hits you with a fist or an object that could hurt you?

1. Often
2. Sometimes
3. Never

**GE2.j.** [She / He] tries to make you have sex or do sexual things you don't want to do?

1. Often
2. Sometimes
3. Never

**GE3.** Were you ever cut, bruised or seriously hurt in a fight with your spouse or partner?

1. Yes
5. No



**GE4.** Just a reminder: If you or anyone you know ever needs help, there is a flyer in the packet that the interviewer gave you explaining how to get help for domestic violence.

TYPE '1' THEN 'ENTER' TO CONTINUE

## **SECTION F. CHARACTERISTICS OF THE HOME**

**GF1.** Does anyone living here with you smoke cigarettes, cigars or a pipe?

1. Yes
5. No (GO TO GF3)

**GF2.** How many people who live here smoke everyday inside this [house / apartment]?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more people

**GF3.** Is there a cooking stove, range or oven in this [house / apartment] that uses gas?

1. Yes
5. No (GO TO GR7)

**GF4.** How is the stove, range, or oven lit?

MARK ALL THAT APPLY

1. By electronic ignition which goes click, click, click before igniting
2. By continuous pilot light which goes on without a match
3. No pilot light – you have to light it with a match
4. Sometimes uses a match
5. Don't know

**GF5.** Think about this last week. How often did you or someone else use the gas stove, range, or oven while your [child was / children were] home? Just give your best guess. If you did not use the gas, stove, range or oven in the past week, ENTER 0.

\_\_\_\_\_ Times

**GF6.** Now think about an average day. How long is the gas stove, range, or oven on when your [child is / children are] at home?

- a. Less than 15 minutes per day when child / children at home
- b. 15 to 30 minutes per day when child / children at home
- c. 30 minutes to an hour per day when child / children at home
- d. One hour or more per day when child / children at home

**GF7.** In the last 12 months have you had any of the following pests in your home?

MARK ALL THAT APPLY

1. RATS
2. MICE
3. COCKROACHES

4. ANTS
5. SPIDERS
6. TERMITES
8. NO PROBLEMS WITH PESTS

**GF8.** In the last 12 months has there been mold or mildew on the walls, ceilings or floors of your home?

1. Yes
5. No

**GF9.** In the last 12 months has there been a moldy or musty smell in your home?

1. YES
5. NO

**GF10.** Do you have any pets that come inside the house or apartment at least part of the time?

1. Yes
5. No (GO TO GF12)

**GF11.** What kind of pets do you have?

MARK ALL THAT APPLY

1. Dog(s)
2. Cat(s)
3. Bird(s)
4. Rabbit(s)
5. Guinea pig(s), gerbil(s), hamster(s)
6. Other, specify \_\_\_\_\_

**GF12.** Do you have air conditioning in your [house / apartment]?

1. YES
5. NO

**GF13.** Last summer, that is June, July, and August of [CURRENT / LAST YEAR], about how often did you use your air conditioner when your [child was / children were] at home? If you never used your air conditioning last summer when your child / children were at home, ENTER 0.

\_\_\_\_\_ Percent of time (RANGE 0 to 100 percent)

**GFTHANKS.** 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.

INTERVIEWER: ENTER '1' TO CONTINUE

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

1. Yes, completed on his / her own
2. Yes, with some assistance
3. No, I asked the questions