

**Lane County Family Survey, 2000  
Ci3 Instrument**

C:Lane County Family Survey - Draft of 6/18/00  
C:about 60 questions for households without kids/12-15 minutes  
C:about 75 questions for households with kids/18-25 minutes

CATI ON

Q:HELLO1

T:

Hello, is this (phone number)?

1 YES

NO ---> REFER TO INTERVIEWER INSTRUCTIONS

T14:

This is \_\_\_\_\_ calling from the University of Oregon Survey Research Laboratory. I'm calling to complete a survey we started previously.

1 OK TO CONTINUE  
CTRL/END SKIPTO END

I:

Key 1

Q:HELLO2

T:

Hello, this is \_\_\_\_\_ calling from the University of Oregon Survey Research Laboratory. The Lane County Commission on Children and Families has asked us to conduct an 8-minute survey to improve children's services in your region. I want to assure you I am not selling a thing and your answers are completely anonymous. (Please don't even tell me your name.) Do you have any questions about the survey before we begin?

PROBE: You don't have to have children to take part in this survey.

1 NO QUESTIONS OR QUESTIONS ANSWERED  
HAS QUESTIONS ---> REFER TO INTERVIEWER INSTRUCTIONS

I:

Key 1

Q:COOPERAT

T:

We appreciate your cooperation. (I'd like to begin the survey now.)

1 OK

CTRL/END NO, SCHEDULE CALLBACK OR REFUSED

I:  
Key 1

Q:GENERAL

T:

First, how do you think things are going for children and families in general in your community these days - excellent, good, fair or poor?

PROBE: Even if you (don't have children/ never have had children), please give me your impressions (of how things are going for children and families in your community these days) (excellent, good, fair or poor)?

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1-4, 7-9

Q:SERV1

T:

Next, I have some questions about community services that you or members of your household or family may have used. Have you (or members of your household or family) ever used the public library services in your community?

PROBE: Members of your household are people who live with you. Your family is whatever it means to you.

NOTE: INCLUDE BOOKMOBILE

1 YES  
2 NO --> SKIPTO SERV1C  
3 IF VOLUNTEERED: NO COMMUNITY LIBRARY SERVICE

7 REFUSED  
8 DON'T KNOW --> SKIPTO SERV2  
9 NO ANSWER

I:  
Key 1-3, 7-9  
IF (ANS = 2) SKIPTO SERV1C  
IF (ANS = 3) SKIPTO SERV1C  
IF (ANS > 3) SKIPTO SERV2

Q:SERV1B

T:

Do the public library services meet (your/your household members') needs completely, partly, or not at all?

1 COMPLETELY --> SKIPTO SERV2  
2 PARTLY --> SKIPTO SERV2  
3 NOT AT ALL --> SKIPTO SERV2

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1-3, 7-9  
SKIPTO SERV2

Q:SERVIC

T:  
Why not? (Why haven't you (or members of your household or family) used library services (in your community)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

#### R'S BARRIERS

1 LACK OF KNOWLEDGE	AGENCY'S BARRIERS
2 FEE FOR SERVICE	20 BAD LOCATION
3 LITERACY ISSUES	21 LIMITED HOURS/ HOURS CHANGE
4 LACK OF CHILD/ELDER CARE	22 STAFF PEOPLE AREN'T NICE
5 FEAR OF LAW, OF BEING IDENTIFIED	23 CULTURAL INSENSITIVITY
6 TOO MUCH HASSLE/ TOO TIME-CONSUMING	24 WAITING LIST/ CAN'T WAIT
7 TOO PERSONAL	25 CONFUSING RULES, TOO MANY RULES
8 LACK OF TRANSPORTATION/COMMUNICATION	26 SERVICE NON-EXISTENT IN COMMUNITY
9 SHAME/ EMBARRASSMENT/ PRIDE	29 OTHER AGENCY BARRIER - SPECIFY
10 NOT INTERESTED/ DON'T NEED IT	
19 OTHER R BARRIER - SPECIFY	

CODES 1-10, 20-26 --> SKIPTO SERV2

97 REFUSED  
98 DON'T KNOW  
99 NO ANSWER

I:  
num 1 99 2 0 22 50  
IF (SERV1 = 3) ANS = 26  
IF (ANS > 0)  
    IF (ANS < 11) SKIPTO SERV2  
ENDIF  
IF (ANS > 10)  
    IF (ANS < 19) REASK  
ENDIF  
IF (ANS > 19)  
    IF (ANS < 27) SKIPTTO SERV2  
ENDIF  
IF (ANS > 26)  
    IF (ANS < 29) REASK  
ENDIF

IF (ANS > 29)  
IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERV2

Q:SERV1CA

T:

OTHER BARRIERS SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERV2

T:

(Next,) do you (or members of your household or family) regularly use the public bus system (LTD/Lane Transit District)?

PROBE: Members of your household are people who live with you. Your family is whatever it means to you.

- 1 YES
- 2 NO --> SKIPTO SERV2C
- 3 IF VOLUNTEERED: NO LOCAL BUS SERVICE

- 7 REFUSED
- 8 DON'T KNOW --> SKIPTO SERV3
- 9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV2C

IF (ANS = 3) SKIPTO SERV2C

IF (ANS > 3) SKIPTO SERV3

Q:SERV2B

T:

Does the public bus system meet (your/your household members') needs completely, partly, or not at all?

- 1 COMPLETELY --> SKIPTO SERV3
- 2 PARTLY --> SKIPTO SERV3
- 3 NOT AT ALL --> SKIPTO SERV3

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1-3, 7-9

SKIPTO SERV3

Q:SERV2C

T:

Why not? (Why don't you (or members of your household or family) regularly use the public bus system?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE

2 FEE FOR SERVICE

3 LITERACY ISSUES

4 LACK OF CHILD/ELDER CARE

5 FEAR OF LAW, OF BEING IDENTIFIED

6 TOO MUCH HASSLE/ TOO TIME-CONSUMING

7 TOO PERSONAL

AGENCY'S BARRIERS

20 BAD LOCATION

21 LIMITED HOURS/ HOURS CHANGE

22 STAFF PEOPLE AREN'T NICE

23 CULTURAL INSENSITIVITY

24 WAITING LIST/ CAN'T WAIT

25 CONFUSING RULES, TOO MANY RULES

26 SERVICE NON-EXISTENT IN COMMUNITY

9 SHAME/ EMBARRASSMENT/ PRIDE

29 OTHER AGENCY BARRIER - SPECIFY

10 NOT INTERESTED/ DON'T NEED IT

19 OTHER R BARRIER - SPECIFY

CODES 1-10, 20-26 --> SKIPTO SERV3

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 22 50

IF (SERV2 = 3) ANS = 26

IF (ANS > 0)

IF (ANS < 8) SKIPTO SERV3

ENDIF

IF (ANS = 8) REASK

IF (ANS = 9) SKIPTO SERV3

IF (ANS > 10)

IF (ANS < 19) REASK

ENDIF

IF (ANS > 19)

IF (ANS < 27) SKIPTO SERV3

ENDIF

IF (ANS > 26)

IF (ANS < 29) REASK

ENDIF

IF (ANS > 29)

IF (ANS < 97) REASK

ENDIF

IF (ANS > 96) SKIPTO SERV3

Q:SERV2CA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:  
opn 13 5 22 60 m n

Q:SERV3

T:

Have you (or a member of your household or family) ever needed or wanted adult education, job skills, or job training in your community?

PROBE: Members of your household are people who live with you. Your family is whatever it means to you.

- 1 YES
- 2 NO --> SKIPTO SERV4
- 7 REFUSED
- 8 DON'T KNOW --> SKIPTO SERV3C
- 9 NO ANSWER

I:

Key 1,2, 7-9

IF (ANS = 2) SKIPTO SERV4  
IF (ANS = 7) SKIPTO SERV4  
IF (ANS = 8) SKIPTO SERV3C  
IF (ANS = 9) SKIPTO SERV4

Q:SERV3A

T:

Were (you/she/he) able to find adult education, job skills or training in your community that met (your/that person's) needs (at that time)?

- 1 YES
- 2 NO --> SKIPTO SERV3C
- 3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV3C
- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV3C  
IF (ANS = 3) SKIPTO SERV3C

Q:SERV3B

T:

Did that adult education, job skills or training meet (your/that person's) needs completely, partly, or not at all (at that time)?

- 1 COMPLETELY --> SKIPTO SERV4
- 2 PARTLY --> SKIPTO SERV4
- 3 NOT AT ALL --> SKIPTO SERV4
- 7 REFUSED
- 8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

SKIPTO SERV4

Q:SERV3C

T:

Why not? (What kept (you/that person) from finding adult education, job skills or training (at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE

AGENCY'S BARRIERS

2 FEE FOR SERVICE

20 BAD LOCATION

3 LITERACY ISSUES

21 LIMITED HOURS/ HOURS CHANGE

4 LACK OF CHILD/ELDER CARE

22 STAFF PEOPLE AREN'T NICE

5 FEAR OF LAW, OF BEING IDENTIFIED

23 CULTURAL INSENSITIVITY

6 TOO MUCH HASSLE/ TOO TIME-CONSUMING

24 WAITING LIST/ CAN'T WAIT

7 TOO PERSONAL

25 CONFUSING RULES, TOO MANY RULES

8 LACK OF TRANSPORTATION/COMMUNICATION

26 SERVICE NON-EXISTENT IN COMMUNITY

9 SHAME/ EMBARRASSMENT/ PRIDE

29 OTHER AGENCY BARRIER - SPECIFY

10 NOT INTERESTED/ DON'T NEED IT

19 OTHER R BARRIER - SPECIFY

CODES 1-10, 20-26 --> SKIPTO SERV4

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 22 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV4

ENDIF

IF (ANS > 10)

IF (ANS < 19) REASK

ENDIF

IF (ANS > 19)

IF (ANS < 27) SKIPTTO SERV4

ENDIF

IF (ANS > 26)

IF (ANS < 29) REASK

ENDIF

IF (ANS > 29)

IF (ANS < 97) REASK

ENDIF

IF (ANS > 96) SKIPTO SERV4

Q:SERV3CA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERV4

T:

Have you (or members of your household or family) ever needed or wanted emergency help for housing, food, clothing, or paying your heating bill or telephone bill?

PROBE: Members of your household are people who live with you. Your family is whatever it means to you.

1 YES

2 NO --> SKIPTO SERV5

7 REFUSED

8 DON'T KNOW --> SKIPTO SERV5

9 NO ANSWER

I:

Key 1,2, 7-9

IF (ANS > 1) SKIPTO SERV5

Q:SERV4A

T:

Were (you/she/he) able to find emergency help (for housing, food, clothing, or utilities) that met (your/her/his/your family's) needs (at that time)?

1 YES

2 NO --> SKIPTO SERV4C

3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV4C

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV4C

IF (ANS = 3) SKIPTO SERV4C

IF (ANS > 3) SKIPTO SERV5

Q:SERV4B

T:

Did that help meet (your/her/his/your family's) needs completely, partly, or not at all (at that time)?

1 COMPLETELY --> SKIPTO SERV5

2 PARTLY --> SKIPTO SERV5

3 NOT AT ALL --> SKIPTO SERV5



7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1-3, 7-9  
SKIPTO SERV5

Q:SERV4C

T:  
Why not? (What kept you from finding emergency help (at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

#### R'S BARRIERS

1 LACK OF KNOWLEDGE

#### AGENCY'S BARRIERS

2 FEE FOR SERVICE

20 BAD LOCATION

3 LITERACY ISSUES

21 LIMITED HOURS/ HOURS CHANGE

4 LACK OF CHILD/ELDER CARE

22 STAFF PEOPLE AREN'T NICE

5 FEAR OF LAW, OF BEING IDENTIFIED

23 CULTURAL INSENSITIVITY

6 TOO MUCH HASSLE/ TOO TIME-CONSUMING

24 WAITING LIST/ CAN'T WAIT

7 TOO PERSONAL

25 CONFUSING RULES, TOO MANY RULES

8 LACK OF TRANSPORTATION/COMMUNICATION  
COMMUNITY

26 SERVICE NON-EXISTENT IN

9 SHAME/ EMBARRASSMENT/ PRIDE

29 OTHER AGENCY BARRIER - SPECIFY

10 NOT INTERESTED/ DON'T NEED IT

19 OTHER R BARRIER - SPECIFY

CODES 1-10, 20-26 --> SKIPTO SERV5

97 REFUSED  
98 DON'T KNOW  
99 NO ANSWER

I:  
num 1 99 2 0 22 50  
IF (ANS > 0)  
IF (ANS < 11) SKIPTO SERV5  
ENDIF  
IF (ANS > 10)  
IF (ANS < 19) REASK  
ENDIF  
IF (ANS > 19)  
IF (ANS < 27) SKIPTTO SERV5  
ENDIF  
IF (ANS > 26)  
IF (ANS < 29) REASK  
ENDIF  
IF (ANS > 29)  
IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERV5

Q:SERV4CA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERV5

T:

Have you (or members of your household or family) ever needed or wanted health or medical care in your community, including drug or alcohol treatment, for yourself, a parent, a family member, or a child?

PROBE: This can be any adult or child you care about (not only a relative).

PROBE: Members of your household are people who live with you. Your family is whatever it means to you.

1 YES

2 NO --> SKIPTO SERV6

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

IF (ANS > 1) SKIPTO SERV6

Q:SERV5A

T:

Were (you/she/he) able to find health or medical care in your community (including drug or alcohol treatment) that met (your/her/his/your family's) needs (at that time)?

1 YES

2 NO --> SKIPTO SERV5C

3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV5C

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV5C

IF (ANS = 3) SKIPTO SERV5C

IF (ANS > 3) SKIPTO SERV6

Q:SERV5B

T:

Did that health or medical care meet (your/her/his/your family's) needs completely, partly, or not at all (at that time)?

- 1 COMPLETELY
- 2 PARTLY
- 3 NOT AT ALL

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:  
Key 1-3, 7-9

Q:SERV5C

T:

Has a lack of health insurance, not enough insurance coverage, or insurance problems ever prevented you (or your family members) from getting from getting needed health or medical care in your community (including drug or alcohol treatment)?

- 1 YES
- 2 NO

IF SERV5A EQ 1, SKIPTO SERV6, ELSE CONTINUE

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:  
Key 1,2, 7-9  
IF (SERV5A = 1) SKIPTO SERV6

Q:SERV5D

T:

Has anything else kept you (or your family) from finding or receiving health or medical care in your community (including drug or alcohol treatment)? (What is that?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

- |  |                                      |
|--|--------------------------------------|
| 1 LACK OF KNOWLEDGE                    | AGENCY'S BARRIERS                    |
| 2 FEE FOR SERVICE                      | 20 BAD LOCATION                      |
| 3 LITERACY ISSUES                      | 21 LIMITED HOURS/ HOURS CHANGE       |
| 4 LACK OF CHILD/ELDER CARE             | 22 STAFF PEOPLE AREN'T NICE          |
| 5 FEAR OF LAW, OF BEING IDENTIFIED     | 23 CULTURAL INSENSITIVITY            |
| 6 TOO MUCH HASSLE/ TOO TIME-CONSUMING  | 24 WAITING LIST/ CAN'T WAIT          |
| 7 TOO PERSONAL                         | 25 CONFUSING RULES, TOO MANY RULES   |
| 8 LACK OF TRANSPORTATION/COMMUNICATION | 26 SERVICE NON-EXISTENT IN COMMUNITY |
| 9 SHAME/ EMBARRASSMENT/ PRIDE          | 29 OTHER AGENCY BARRIER - SPECIFY    |
| 10 NOT INTERESTED/ DON'T NEED IT       |                                      |

19 OTHER R BARRIER - SPECIFY

CODES 1-10, 20-26 --> SKIPTO SERV6

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 21 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV6

ENDIF

IF (ANS > 10)

IF (ANS < 19) REASK

ENDIF

IF (ANS > 19)

IF (ANS < 27) SKIPTO SERV6

ENDIF

IF (ANS > 26)

IF (ANS < 29) REASK

ENDIF

IF (ANS > 29)

IF (ANS < 97) REASK

ENDIF

IF (ANS > 96) SKIPTO SERV6

Q:SERV5DA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERV6

T:

Have you (or members of your household or family) needed or wanted mental health care, counseling, or crisis intervention in your community for yourself, a parent, a family member, or a child?

PROBE: This can be any adult or child you care about (not only a relative).

PROBE: Members of your household are people who live with you. Your family is whatever it means to you.

1 YES

2 NO --> SKIPTO SERV7

7 DON'T KNOW --> SKIPTO SERV7

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

IF (ANS > 1) SKIPTO SERV7

Q:SERV6A

T:

Were (you/she/he) able to find mental health care (counseling, or crisis intervention) in your community that met (your/her/his/your family's) needs (at that time)?

1 YES

2 NO --> SKIPTO SERV6C

3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV6C

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV6C

IF (ANS = 3) SKIPTO SERV6C

IF (ANS > 3) SKIPTO SERV7

Q:SERV6B

T:

Did that mental health care (counseling, or crisis intervention) meet (your/her/his/your family's) needs completely, partly, or not at all (at that time)?

1 COMPLETELY

2 PARTLY

3 NOT AT ALL

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

Q:SERV6C

T:

Has a lack of health insurance, not enough insurance coverage, or insurance problems ever prevented you (or your family members) from getting mental health care, counseling, or crisis intervention in your community?

1 YES

2 NO

IF SERV6A EQ 1, SKIPTO SERV7 ELSE CONTINUE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

IF (SERV6A = 1) SKIPTO SERV7

Q:SERV6D

T:

Has anything else kept you (or your family members) from finding mental health care, counseling, or crisis intervention? (What is that?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE

AGENCY'S BARRIERS

2 FEE FOR SERVICE

20 BAD LOCATION

3 LITERACY ISSUES

21 LIMITED HOURS/ HOURS CHANGE

4 LACK OF CHILD/ELDER CARE

22 STAFF PEOPLE AREN'T NICE

5 FEAR OF LAW, OF BEING IDENTIFIED

23 CULTURAL INSENSITIVITY

6 TOO MUCH HASSLE/ TOO TIME-CONSUMING

24 WAITING LIST/ CAN'T WAIT

7 TOO PERSONAL

25 CONFUSING RULES, TOO MANY RULES

8 LACK OF TRANSPORTATION/COMMUNICATION

26 SERVICE NON-EXISTENT IN COMMUNITY

9 SHAME/ EMBARRASSMENT/ PRIDE

29 OTHER AGENCY BARRIER - SPECIFY

10 NOT INTERESTED/ DON'T NEED IT

19 OTHER R BARRIER - SPECIFY

CODES 1-10, 20-26 --> SKIPTO SERV7

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 22 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV7

ENDIF

IF (ANS > 10)

IF (ANS < 19) REASK

ENDIF

IF (ANS > 19)

IF (ANS < 27) SKIPTTO SERV7

ENDIF

IF (ANS > 26)

IF (ANS < 29) REASK

ENDIF

IF (ANS > 29)

IF (ANS < 97) REASK

ENDIF

IF (ANS > 96) SKIPTO SERV7

Q:SERV6DA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERV7

T:

Have you (or members of your household or family) ever needed or wanted help solving community alcohol and drug-related problems?

PROBE: For example, getting rid of drug dealers hanging around, arranging drug-prevention programs for youth (such as DARE, or dealing with adults who buy teenagers alcohol).

PROBE: Your community is whatever it means to you.

PROBE: Members of your household are people who live with you. Your family is whatever it means to you.

1 YES

2 NO --> SKIPTO SERV8

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

IF (ANS > 1) SKIPTO SERV8

Q:SERV7A

T:

Were (you/she/he) able to find help (for those community alcohol and drug problems) that met (your/his/her/your community's) needs (at that time)?

1 YES

2 NO --> SKIPTO SERV7C

3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV7C

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV7C

IF (ANS = 3) SKIPTO SERV7C

IF (ANS > 3) SKIPTO SERV8

Q:SERV7B

T:

Did that help meet (your/his/her/your community's) needs completely, partly, or not at all (at that time)?

1 COMPLETELY --> SKIPTO SERV8  
2 PARTLY --> SKIPTO SERV8  
3 NOT AT ALL --> SKIPTO SERV8

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1-3, 7-9  
SKIPTO SERV 8

Q:SERV7C

T:  
Why not? (What kept you from finding help for those community alcohol and drug-related problems (at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE	AGENCY'S BARRIERS
2 FEE FOR SERVICE	20 BAD LOCATION
3 LITERACY ISSUES	21 LIMITED HOURS/ HOURS CHANGE
4 LACK OF CHILD/ELDER CARE	22 STAFF PEOPLE AREN'T NICE
5 FEAR OF LAW, OF BEING IDENTIFIED	23 CULTURAL INSENSITIVITY
6 TOO MUCH HASSLE/ TOO TIME-CONSUMING	24 WAITING LIST/ CAN'T WAIT
7 TOO PERSONAL	25 CONFUSING RULES, TOO MANY RULES
8 LACK OF TRANSPORTATION/COMMUNICATION	26 SERVICE NON-EXISTENT IN COMMUNITY
9 SHAME/ EMBARRASSMENT/ PRIDE	29 OTHER AGENCY BARRIER - SPECIFY
10 NOT INTERESTED/ DON'T NEED IT	
19 OTHER R BARRIER - SPECIFY	

CODES 1-10, 20-26 --> SKIPTO SERV8

97 REFUSED  
98 DON'T KNOW  
99 NO ANSWER

I:  
num 1 99 2 0 22 50  
IF (ANS > 0)  
    IF (ANS < 11) SKIPTO SERV8  
ENDIF  
IF (ANS > 10)  
    IF (ANS < 19) REASK  
ENDIF  
IF (ANS > 19)  
    IF (ANS < 27) SKIPTTO SERV8  
ENDIF  
IF (ANS > 26)  
    IF (ANS < 29) REASK  
ENDIF  
IF (ANS > 29)



IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERV8

Q:SERV7CA

T:  
OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:  
opn 13 5 22 60 m n

Q:SERV8

T:  
Have you (or members of your household or family) ever needed or wanted help for a child who has a learning disability, is a delayed learner, or who needs school enrichment?

PROBE: This may be any child you care about (not just a relative).

- 1 YES
- 2 NO --> SKIPTO SERV9
- 3 IF VOLUNTEERED: NEEDED BUT DID NOT TRY TO FIND --> SKIPTO SERV8C
- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:  
Key 1-3, 7-9  
IF (ANS = 2) SKIPTO SERV9  
IF (ANS = 3) SKIPTO SERV8C  
IF (ANS > 3) SKIPTO SERV9

Q:SERV8A

T:  
Were (you/she/he) able to find help (for that child) that met (the child's/your/your family's) needs (at that time)?

- 1 YES
- 2 NO --> SKIPTO SERV8C
- 3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV8C
- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:  
Key 1-3, 7-9  
IF (ANS = 2) SKIPTO SERV8C  
IF (ANS = 3) SKIPTO SERV8C  
IF (ANS > 3) SKIPTO SERV9

Q:SERV8B

T:

Did that help meet (the child's/your/your family's) needs completely, partly, or not at all (at that time)?

1 COMPLETELY --> SKIPTO SERV9

2 PARTLY --> SKIPTO SERV9

3 NOT AT ALL --> SKIPTO SERV9

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

SKIPTO SERV9

Q:SERV8C

T:

Why not? (What kept you from finding services for that child (at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE

AGENCY'S BARRIERS

2 FEE FOR SERVICE

20 BAD LOCATION

3 LITERACY ISSUES

21 LIMITED HOURS/ HOURS CHANGE

4 LACK OF CHILD/ELDER CARE

22 STAFF PEOPLE AREN'T NICE

5 FEAR OF LAW, OF BEING IDENTIFIED

23 CULTURAL INSENSITIVITY

6 TOO MUCH HASSLE/ TOO TIME-CONSUMING

24 WAITING LIST/ CAN'T WAIT

7 TOO PERSONAL

25 CONFUSING RULES, TOO MANY RULES

8 LACK OF TRANSPORTATION/COMMUNICATION 26 SERVICE NON-EXISTENT IN COMMUNITY

9 SHAME/ EMBARRASSMENT/ PRIDE

29 OTHER AGENCY BARRIER - SPECIFY

10 NOT INTERESTED/ DON'T NEED IT

19 OTHER R BARRIER - SPECIFY

CODES 1-10, 20-26 --> SKIPTO SERV9

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 21 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV9

ENDIF

IF (ANS > 10)

IF (ANS < 19) REASK

ENDIF

IF (ANS > 19)

IF (ANS < 27) SKIPTO SERV9

ENDIF

IF (ANS > 26)  
IF (ANS < 29) REASK  
ENDIF  
IF (ANS > 29)  
IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERV9

Q:SERV8CA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERV9

T:

Have you (or members of your household or family) ever needed or wanted help for a child who has a learning disability, a physical disability, or an emotional or mental disability?

PROBE: This may be any child you care about (not just a relative).

1 YES

2 NO --> SKIPTO SERV10

3 IF VOLUNTEERED: NEEDED BUT DID NOT TRY TO FIND --> SKIPTO SERV9C

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV10

IF (ANS = 3) SKIPTO SERV9C

IF (ANS > 30) SKIPTO SERV10

Q:SERV9A

T:

Were (you/she/he) able to find help (for that child) that met (the child's/your/your family's) needs (at that time)?

1 YES

2 NO --> SKIPTO SERV9C

3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV9C

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV9C  
IF (ANS = 3) SKIPTO SERV9C  
IF (ANS > 3) SKIPTO SERV10

Q:SERV9B

T:

Did that help meet (the child's/your/your family's) needs completely, partly,  
or not at all (at that time)?

1 COMPLETELY --> SKIPTO SERV10  
2 PARTLY --> SKIPTO SERV10  
3 NOT AT ALL --> SKIPTO SERV10

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1-3, 7-9  
SKIPTO SERV10

Q:SERV9C

T:

Why not? (What kept you from finding services for the child with disabilities  
(at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE	AGENCY'S BARRIERS
2 FEE FOR SERVICE	20 BAD LOCATION
3 LITERACY ISSUES	21 LIMITED HOURS/ HOURS CHANGE
4 LACK OF CHILD/ELDER CARE	22 STAFF PEOPLE AREN'T NICE
5 FEAR OF LAW, OF BEING IDENTIFIED	23 CULTURAL INSENSITIVITY
6 TOO MUCH HASSLE/ TOO TIME-CONSUMING	24 WAITING LIST/ CAN'T WAIT
7 TOO PERSONAL	25 CONFUSING RULES, TOO MANY RULES
8 LACK OF TRANSPORTATION/COMMUNICATION	26 SERVICE NON-EXISTENT IN COMMUNITY
9 SHAME/ EMBARRASSMENT/ PRIDE	29 OTHER AGENCY BARRIER - SPECIFY
10 NOT INTERESTED/ DON'T NEED IT	
19 OTHER R BARRIER - SPECIFY	

CODES 1-10, 20-26 --> SKIPTO SERV10

97 REFUSED  
98 DON'T KNOW  
99 NO ANSWER

I:

num 1 99 2 0 22 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV10

ENDIF

IF (ANS > 10)

IF (ANS < 19) REASK  
ENDIF  
IF (ANS > 19)  
IF (ANS < 27) SKIPTTO SERV10  
ENDIF  
IF (ANS > 26)  
IF (ANS < 29) REASK  
ENDIF  
IF (ANS > 29)  
IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERV10

Q:SERV9CA

T:  
OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:  
opn 13 5 22 60 m n

Q:SERV10

T:  
Have you (or members of your household or family) ever needed or wanted  
parenting education or support?

PROBE: For example, have you ever needed or wanted a group or program that  
would help you handle a problem you were having with a child?

1 YES  
2 NO --> SKIPTO SERV11  
7 DON'T KNOW --> SKIPTO SERV11

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9  
IF (ANS > 1) SKIPTO SERV11

Q:SERV10A

T:  
Were (you/she/he) able to find parenting education or support that met  
(your/her/his/your family's) needs (at that time)?

1 YES  
2 NO --> SKIPTO SERV10C  
3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV10C

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 1) SKIPTO SERV10C

IF (ANS = 2) SKIPTO SERV10C

IF (ANS > 3) SKIPTO SERV11

Q:SERV10B

T:

Did that parenting education or support meet (your/her/his/your family's) needs completely, partly, or not at all (at that time)?

1 COMPLETELY --> SKIPTO SERV11

2 PARTLY --> SKIPTO SERV11

3 NOT AT ALL --> SKIPTO SERV11

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

SKIPTO SERV11

Q:SERV10C

T:

Why not? (What kept you from finding parenting education or support (at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE

2 FEE FOR SERVICE

3 LITERACY ISSUES

4 LACK OF CHILD/ELDER CARE

5 FEAR OF LAW, OF BEING IDENTIFIED

6 TOO MUCH HASSLE/ TOO TIME-CONSUMING

7 TOO PERSONAL

8 LACK OF TRANSPORTATION/COMMUNICATION

COMMUNITY

9 SHAME/ EMBARRASSMENT/ PRIDE

10 NOT INTERESTED/ DON'T NEED IT

19 OTHER R BARRIER - SPECIFY

AGENCY'S BARRIERS

20 BAD LOCATION

21 LIMITED HOURS/ HOURS CHANGE

22 STAFF PEOPLE AREN'T NICE

23 CULTURAL INSENSITIVITY

24 WAITING LIST/ CAN'T WAIT

25 CONFUSING RULES, TOO MANY RULES

26 SERVICE NON-EXISTENT IN

29 OTHER AGENCY BARRIER - SPECIFY

CODES 1-10, 20-26 --> SKIPTO SERV11

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 22 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV11  
ENDIF  
IF (ANS > 10)  
IF (ANS < 19) REASK  
ENDIF  
IF (ANS > 19)  
IF (ANS < 27) SKIPTO SERV11  
ENDIF  
IF (ANS > 26)  
IF (ANS < 29) REASK  
ENDIF  
IF (ANS > 29)  
IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERV11

Q:SERV10CA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERV11

T:

Have you (or members of your household or family) ever needed or wanted  
childcare services in your community?

PROBE FOR "NEVER HAD CHILDREN": Have you ever needed to arrange childcare for  
a visitor, neighbor, or someone else?

PROBE FOR "CHILDREN GROWN UP AND GONE": Have you \*ever\* needed childcare  
services.

1 YES  
2 NO --> SKIPTO SERV12  
7 DON'T KNOW --> SKIPTO SERV12

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1,2, 7-9

IF (ANS > 1) SKIPTO SERV12

Q:SERV11A

T:

Were (you/she/he) able to find childcare services that met (your/his/her/your  
family's) needs (at that time)?

1 YES

2 NO --> SKIPTO SERV11C  
3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV11C

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV11C

IF (ANS = 3) SKIPTO SERV11C

IF (ANS > 3) SKIPTO SERV12

Q:SERV11B

T:

Did those childcare services meet (your/his/her/your family's) needs completely, partly, or not at all (at that time)?

1 COMPLETELY --> SKIPTO SERV12  
2 PARTLY --> SKIPTO SERV12  
3 NOT AT ALL --> SKIPTO SERV12

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1-3, 7-9

SIPTO SERV12

Q:SERV11C

T:

Why not? (What kept (you/her/him) from finding childcare services (at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE	AGENCY'S BARRIERS
2 FEE FOR SERVICE	20 BAD LOCATION
3 LITERACY ISSUES	21 LIMITED HOURS/ HOURS CHANGE
4 LACK OF CHILD/ELDER CARE	22 STAFF PEOPLE AREN'T NICE
5 FEAR OF LAW, OF BEING IDENTIFIED	23 CULTURAL INSENSITIVITY
6 TOO MUCH HASSLE/ TOO TIME-CONSUMING	24 WAITING LIST/ CAN'T WAIT
7 TOO PERSONAL	25 CONFUSING RULES, TOO MANY RULES
8 LACK OF TRANSPORTATION/COMMUNICATION	26 SERVICE NON-EXISTENT IN COMMUNITY
9 SHAME/ EMBARRASSMENT/ PRIDE	29 OTHER AGENCY BARRIER - SPECIFY
10 NOT INTERESTED/ DON'T NEED IT	
19 OTHER R BARRIER - SPECIFY	

CODES 1-10, 20-26 --> SKIPTO SERV12

97 REFUSED



98 DON'T KNOW  
99 NO ANSWER

I:

num 1 99 2 0 22 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV12

ENDIF

IF (ANS > 10)

IF (ANS < 19) REASK

ENDIF

IF (ANS > 19)

IF (ANS < 27) SKIPTTO SERV12

ENDIF

IF (ANS > 26)

IF (ANS < 29) REASK

ENDIF

IF (ANS > 29)

IF (ANS < 97) REASK

ENDIF

IF (ANS > 96) SKIPTO SERV12

Q:SERV11CA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERV12

T:

Have you (or members of your household or family) ever taken part in community recreation, culture, or art programs for children and families?

PROBE: For example, sports programs (like Kidsports), plays, or choirs (either after school or part of school).

1 YES

2 NO --> SKIPTO SERV12C

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

IF (ANS = 2) SKIPTO SERV12C

IF (ANS > 2) SKIPTO SERV13

Q:SERV12B

T:

Did those (recreation, culture, or art) programs meet (your/his/her/your

family's) needs completely, partly, or not at all (at that time)?

- 1 COMPLETELY --> SKIPTO SERV13
- 2 PARTLY --> SKIPTO SERV13
- 3 NOT AT ALL --> SKIPTO SERV13

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1-3, 7-9  
SKIPTO SERV13

Q:SERV12C

T:

Why not? (Why haven't you (or members of your household or family) taken part in community recreation, culture, or art programs?)

PROBE: Which one has been the biggest reason?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

- |  |                                      |
|--|--------------------------------------|
| 1 LACK OF KNOWLEDGE                    | AGENCY'S BARRIERS                    |
| 2 FEE FOR SERVICE                      | 20 BAD LOCATION                      |
| 3 LITERACY ISSUES                      | 21 LIMITED HOURS/ HOURS CHANGE       |
| 4 LACK OF CHILD/ELDER CARE             | 22 STAFF PEOPLE AREN'T NICE          |
| 5 FEAR OF LAW, OF BEING IDENTIFIED     | 23 CULTURAL INSENSITIVITY            |
| 6 TOO MUCH HASSLE/ TOO TIME-CONSUMING  | 24 WAITING LIST/ CAN'T WAIT          |
| 7 TOO PERSONAL                         | 25 CONFUSING RULES, TOO MANY RULES   |
| 8 LACK OF TRANSPORTATION/COMMUNICATION | 26 SERVICE NON-EXISTENT IN COMMUNITY |
| 9 SHAME/ EMBARRASSMENT/ PRIDE          | 29 OTHER AGENCY BARRIER - SPECIFY    |
| 10 NOT INTERESTED/ DON'T NEED IT       |                                      |
| 19 OTHER R BARRIER - SPECIFY           |                                      |

CODES 1-10, 20-26 --> SKIPTO SERV13

- 97 REFUSED
- 98 DON'T KNOW
- 99 NO ANSWER

I:

num 1 99 2 0 22 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV13

ENDIF

IF (ANS > 10)

IF (ANS < 19) REASK

ENDIF

IF (ANS > 19)

IF (ANS < 27) SKIPTO SERV13

ENDIF

IF (ANS > 26)

IF (ANS < 29) REASK

ENDIF  
IF (ANS > 29)  
    IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERV13

Q:SERV12CA

T:  
    OTHER BARRIERS - SPECIFY

        OPEN-ENDED

        TYPE EXACT RESPONSE BELOW

I:  
    opn 13 5 22 60 m n

Q:SERV13

T:  
    Have you (or members of your household or family) ever needed or wanted a special adult who would volunteer to mentor a child or teenager, to be a positive role model, to help with homework, to tutor, and do things like that?

    PROBE: This may be any child you care about (not just your own child or relative).

    PROBE: such as a Big Brother/Big Sister program, Committed Partners for Youth, or an after-school homework club.

        1 YES  
        2 NO --> SKIPTO SERV14

        7 REFUSED  
        8 DON'T KNOW  
        9 NO ANSWER

I:  
    Key 1,2, 7-9  
    IF (ANS > 1) SKIPTO SERV14

Q:SERV13A

T:  
    Were (you/she/he) able to find a special adult or mentor that met (the child's/your/your family's) needs (at that time)?

        1 YES  
        2 NO --> SKIPTO SERV13C  
        3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV13C

        7 REFUSED  
        8 DON'T KNOW  
        9 NO ANSWER

I:  
    Key 1-3, 7-9  
    IF (ANS = 2) SKIPTO SERV13C

IF (ANS = 3) SKIPTO SERV13C  
IF (ANS > 3) SKIPTO SERV14

Q:SERV13B

T:

Did that a special adult meet (the child's/your/your family's) needs completely, partly, or not at all (at that time)?

1 COMPLETELY --> SKIPTO SERV14  
2 PARTLY --> SKIPTO SERV14  
3 NOT AT ALL --> SKIPTO SERV14

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1-3, 7-9  
SKIPTO SERV14

Q:SERV13C

T:

Why not? (What kept you from finding a special adult or mentor (at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE	AGENCY'S BARRIERS
2 FEE FOR SERVICE	20 BAD LOCATION
3 LITERACY ISSUES	21 LIMITED HOURS/ HOURS CHANGE
4 LACK OF CHILD/ELDER CARE	22 STAFF PEOPLE AREN'T NICE
5 FEAR OF LAW, OF BEING IDENTIFIED	23 CULTURAL INSENSITIVITY
6 TOO MUCH HASSLE/ TOO TIME-CONSUMING	24 WAITING LIST/ CAN'T WAIT
7 TOO PERSONAL	25 CONFUSING RULES, TOO MANY RULES
8 LACK OF TRANSPORTATION/COMMUNICATION	26 SERVICE NON-EXISTENT IN COMMUNITY
9 SHAME/ EMBARRASSMENT/ PRIDE	29 OTHER AGENCY BARRIER - SPECIFY
10 NOT INTERESTED/ DON'T NEED IT	
19 OTHER R BARRIER - SPECIFY	

CODES 1-10, 20-26 --> SKIPTO SERV14

97 REFUSED  
98 DON'T KNOW  
99 NO ANSWER

I:

num 1 99 2 0 22 50

IF (ANS > 0)

IF (ANS < 11) SKIPTO SERV14

ENDIF

IF (ANS > 10)

IF (ANS < 19) REASK

ENDIF  
IF (ANS > 19)  
    IF (ANS < 27) SKIPTTO SERV14  
ENDIF  
IF (ANS > 26)  
    IF (ANS < 29) REASK  
ENDIF  
IF (ANS > 29)  
    IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERV14

Q:SERV13CA

T:  
    OTHER BARRIERS - SPECIFY

        OPEN-ENDED

        TYPE EXACT RESPONSE BELOW

I:  
opn 13 5 22 60 m n

Q:SERV14

T:  
    Have you (or members of your household or family) ever needed or wanted an alternative to the public school system for a child?

    PROBE: This may be any child you care about (not just your own child or relative).

- 1 YES
- 2 NO --> SKIPTO SERVGEN
- 3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV14C
  
- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:  
Key 1-3, 7-9  
IF (ANS = 2) SKIPTO SERVGEN  
IF (ANS = 3) SKIPTO SERV14C  
IF (ANS > 3) SKIPTO SERVGEN

Q:SERV14A

T:  
    Were (you/she/he) able to find an alternative school or educational program that met (the child's/your/your family's) needs (at that time)?

- 1 YES
- 2 NO --> SKIPTO SERV14C
- 3 IF VOLUNTEERED: DID NOT LOOK --> SKIPTO SERV14C
  
- 7 REFUSED
- 8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

IF (ANS = 2) SKIPTO SERV14C

IF (ANS = 3) SKIPTO SERVGEN

IF (ANS > 3) SKIPTO SERVGEN

Q:SERV14B

T:

Did that alternative school or educational program meet (the child's/your/your family's) needs completely, partly, or not at all (at that time)?

1 COMPLETELY --> SKIPTO SERVGEN

2 PARTLY --> SKIPTO SERVGEN

3 NOT AT ALL --> SKIPTO SERVGEN

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

SKIPTO SERVGEN

Q:SERV14C

T:

Why not? (What kept you from finding an alternative school or educational program (at that time)?)

PROBE: Which one has been the biggest barrier?

PROBE FROM LIST, CHOOSE ONE

R'S BARRIERS

1 LACK OF KNOWLEDGE

2 FEE FOR SERVICE

3 LITERACY ISSUES

4 LACK OF CHILD/ELDER CARE

5 FEAR OF LAW, OF BEING IDENTIFIED

6 TOO MUCH HASSLE/ TOO TIME-CONSUMING

7 TOO PERSONAL

8 LACK OF TRANSPORTATION/COMMUNICATION

COMMUNITY

9 SHAME/ EMBARRASSMENT/ PRIDE

10 NOT INTERESTED/ DON'T NEED IT

19 OTHER R BARRIER - SPECIFY

AGENCY'S BARRIERS

20 BAD LOCATION

21 LIMITED HOURS/ HOURS CHANGE

22 STAFF PEOPLE AREN'T NICE

23 CULTURAL INSENSITIVITY

24 WAITING LIST/ CAN'T WAIT

25 CONFUSING RULES, TOO MANY RULES

26 SERVICE NON-EXISTENT IN

29 OTHER AGENCY BARRIER - SPECIFY

CODES 1-10, 20-26 --> SKIPTO SERVGEN

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 22 50  
IF (ANS > 0)  
    IF (ANS < 11) SKIPTO SERVGEN  
ENDIF  
IF (ANS > 10)  
    IF (ANS < 19) REASK  
ENDIF  
IF (ANS > 19)  
    IF (ANS < 27) SKIPTTO SERVGEN  
ENDIF  
IF (ANS > 26)  
    IF (ANS < 29) REASK  
ENDIF  
IF (ANS > 29)  
    IF (ANS < 97) REASK  
ENDIF  
IF (ANS > 96) SKIPTO SERVGEN

Q:SERV14CA

T:

OTHER BARRIERS - SPECIFY

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:SERVGEN

T:

We are over halfway done with the survey now, and I would like to thank you sincerely for your time and attention to these questions. Overall, do you think that the services available to children and families in your community are excellent, good, fair or poor?

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1-4, 7-9

Q:STRONG

T:

What do you think is your community's one greatest strength for children and families?

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:  
opn 13 5 22 60 m n

Q:IMPROVE

T:  
If there were one thing you could change or improve for children and families in your community, what would it be?

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:  
opn 13 5 22 60 m n

Q:COMM1

T:  
Have you taken part in any form of organized sports activities in your community in the past year?

1 YES  
2 NO

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9

Q:COMM2

T:  
Do you belong to any other clubs or organizations in your community?

1 YES  
2 NO

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9

Q:COMM3

T:  
Do you regularly take part in any church, synagogue, or religious organization?

1 YES  
2 NO

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER



I:

Key 1,2, 7-9

Q:COMM4

T:

Have you ever worked with others in your community to try to solve a community problem?

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:SAFE1

T:

Think about children walking around your community at night. Overall, do you think they are very safe, somewhat safe, or not safe (walking around your community at night)?

PROBE: Even if you never let them walk round at night, how safe do you think they would be if they were to?

1 VERY SAFE

2 SOMEWHAT SAFE

3 NOT VERY SAFE

4 NOT AT ALL SAFE

5 IF VOLUNTEERED: IT DEPENDS

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-5, 7-9

Q:SAFE2

T:

How safe are children walking around your community during the day?

PROBE: (Would you say) very safe, somewhat safe, not very safe, or not at all safe?

1 VERY SAFE

2 SOMEWHAT SAFE

3 NOT VERY SAFE

4 NOT AT ALL SAFE

5 IF VOLUNTEERED: IT DEPENDS

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-5, 7-9

Q:SAFE3

T:

In your personal experience in the past 12 months, would you say that safety in your community is getting better, staying about the same, or getting worse?

PROBE: Since June 1999.

PROBE IF R HAS BEEN THERE LESS THAN 12 MONTHS: Since you lived there.

1 BETTER

2 ABOUT THE SAME

3 WORSE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

Q:SCHDIST

T:

I need to end the survey with a few questions about you. First, what school district do you live in?

01 BETHEL #52

02 BLACHLY TRIANGLE LAKE #90 (HORTON)

03 COTTAGE GROVE/SOUTH LANE/LORANE/DORENA

04 CRESWELL

05 CROW APPLGATE #66

06 DRAIN/NORTH DOUGLAS

07 EUGENE #4J

08 FERN RIDGE #28J (NOTI, VENETA, ELMIRA)

09 FLORENCE/SIUSLAW # 97J

10 HARRISBURG #46, HARRISBURG HIGH #U5J

11 JUNCTION CITY #69J

12 LANE EDUC SERVICE DISTRICT

14 LOWELL #71

15 MAPLETON #32

16 MARCOLA #79J

17 MCKENZIE #68 (BLUE RIVER, FINN ROCK, LEABURG)

18 MONROE

20 OAKRIDGE-WESTFIR

21 PLEASANT HILL #1

22 REEDSPORT GARDINER #105

23 SPRINGFIELD #19

24 OTHER

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:  
num 1 99 2 0 20 10  
IF (ANS > 24)  
    IF (ANS < 97) REASK  
ENDIF

Q:LANE

T:  
Have you lived in Lane County for more than one year?

1 YES  
2 NO

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9

Q:AGE

T:  
In what year were you born?

RECORD YEAR\_\_\_\_\_

9997 REFUSED  
9998 DON'T KNOW  
9999 NO ANSWER

I:  
num 1 9999 4 0 24 10  
IF (ANS < 1885) reask  
if (ans > 1982)  
    IF (ANS < 9997) reask  
ENDIF

Q:SEX

T:  
(This may sound silly, but) Are you male or female?

1 MALE  
2 FEMALE

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9

Q:RACE

T:  
What is your race?

PROBE FROM LIST: Are you...

- 1 WHITE/CAUCASIAN
- 2 BLACK/AFRICAN AMERICAN
- 3 ASIAN/PACIFIC ISLANDER
- 4 AMERICAN INDIAN
- 5 ALASKA NATIVE (ESKIMO, ALEUT, INUIT)
- 6 HISPANIC, LATINO, CHICANO, LATIN AMERICAN, MEXICAN
- 7 (IF VOLUNTEERED) MIXED RACE

- 97 REFUSED
- 98 DON'T KNOW
- 99 NO ANSWER

I:

num 1 99 2 0 20 10

If (ANS > 7)

If (ANS < 97) reask

EndIf

Q:EDUC

T:

What is the highest level of education you have completed?

PROBE FROM LIST

- 1 0-8 YEARS, NO GED
- 1 8-12 YEARS, NO HIGH SCHOOL DIPLOMA OR GED
- 2 HIGH SCHOOL DIPLOMA OR GED
- 3 SOME COLLEGE, NO DEGREE
- 4 ASSOCIATE'S DEGREE
- 5 BACHELORS DEGREE
- 6 MASTERS DEGREE
- 7 DOCTORATE OR PROFESSIONAL DEGREE

- 97 REFUSED
- 98 DON'T KNOW
- 99 NO ANSWER

I:

num 1 99 2 0 20 10

If (ANS > 7)

If (ANS < 97) reask

EndIf

Q:EMPLOY1

T:

Are you currently working for pay, either full time or part time?

IF NO, PROBE: Are you retired, looking for work, keeping house, taking classes, disabled, or something else?

- 1 EMPLOYED, OR SICK/ON VACATION FROM REGULAR JOB
- 2 RETIRED
- 3 LOOKING FOR WORK / UNEMPLOYED
- 4 KEEPING HOUSE
- 5 STUDENT TAKING CLASSES, GOING TO SCHOOL, ON BREAK FROM SCHOOL

6 DISABLED /UNABLE TO WORK  
7 VOLUNTEER WORK ONLY  
8 OTHER, DOING NOTHING, HANGING OUT AND NOT LOOKING FOR WORK

97 REFUSED  
98 DON'T KNOW  
99 NO ANSWER

I:  
num 1 99 2 0 20 10  
If (ANS > 8)  
    If (ANS < 97) reask  
EndIf

Q:MARSTAT

T:  
What is your marital status?

PROBE: Are you currently married, never married, divorced, separated,  
widowed, or cohabiting unmarried?

PROBE IF R SAYS "SINGLE": Are you never married, divorced, separated, or  
widowed?

1 MARRIED  
2 NEVER MARRIED  
3 DIVORCED  
4 SEPARATED  
5 WIDOWED  
6 COHABITING

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1-9

Q:PARENT

T:  
Are you a parent or stepparent?

1 YES  
2 NO

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9

Q:HHKIDS

T:  
Are there any children ages 18 or younger living in your home (now)?

NOTE: INCLUDE ANY CHILD LIVING THERE (STEPCHILD, FOSTER CHILD, GRANDCHILD, FRIEND'S CHILD), AND CHILDREN OF NON-CUSTODIAL PARENTS IF THEY VISIT FREQUENTLY.

- 1 YES
- 2 NO --> SKIPTO INCOME1

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1,2, 7-9

IF (ANS > 1) SKIPTO INCOME1

Q:HHKIDS1

T:

Do you have any children ages 0-2 living in your home (now)?

NOTE: INCLUDE ANY CHILD LIVING THERE (STEPCHILD, FOSTER CHILD, GRANDCHILD, FRIEND'S CHILD), AND CHILDREN OF NON-CUSTODIAL PARENTS IF THEY VISIT FREQUENTLY.

- 1 YES
- 2 NO

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1,2, 7-9

Q:HHKIDS2

T:

(What about/Do you have any) children ages 3-5 (living in your home) (now)?

NOTE: INCLUDE ANY CHILD LIVING THERE (STEPCHILD, FOSTER CHILD, GRANDCHILD, FRIEND'S CHILD), AND CHILDREN OF NON-CUSTODIAL PARENTS IF THEY VISIT FREQUENTLY.

- 1 YES
- 2 NO

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

Key 1,2, 7-9

Q:HHKIDS3

T:

(What about/Do you have any) children ages 6-8 (living in your home) (now)?

NOTE: INCLUDE ANY CHILD LIVING THERE (STEPCHILD, FOSTER CHILD, GRANDCHILD, FRIEND'S CHILD), AND CHILDREN OF NON-CUSTODIAL PARENTS IF THEY VISIT

FREQUENTLY.

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:HHKIDS4

T:

(What about/Do you have any) children ages 9-12 (living in your home) (now)?

NOTE: INCLUDE ANY CHILD LIVING THERE (STEPCHILD, FOSTER CHILD, GRANDCHILD, FRIEND'S CHILD), AND CHILDREN OF NON-CUSTODIAL PARENTS IF THEY VISIT FREQUENTLY.

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:HHKIDS5

T:

(What about/Do you have any) children ages 13-15 (living in your home) (now)?

NOTE: INCLUDE ANY CHILD LIVING THERE (STEPCHILD, FOSTER CHILD, GRANDCHILD, FRIEND'S CHILD), AND CHILDREN OF NON-CUSTODIAL PARENTS IF THEY VISIT FREQUENTLY.

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:HHKIDS6

T:

(What about/Do you have any) children ages 16-18 (living in your home) (now)?

NOTE: INCLUDE ANY CHILD LIVING THERE (STEPCHILD, FOSTER CHILD, GRANDCHILD, FRIEND'S CHILD), AND CHILDREN OF NON-CUSTODIAL PARENTS IF THEY VISIT FREQUENTLY.

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:CHHELP1

T:

Most everyone has problems with their children at one time or another. The next few questions are about how you deal with those problems. How often do you work through the problems yourself --- never, sometimes, or often?

1 NEVER

2 SOMETIMES

3 OFTEN

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-3, 7-9

Q:CHHELP2

T:

How often do you turn to other adults in your household, such as your spouse or partner (when you are having problems with your child)?

PROBE: Never, sometimes, or often?

1 NEVER

2 SOMETIMES

3 OFTEN

4 IF VOLUNTEERED: NO OTHER ADULTS IN HOUSEHOLD

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1-4, 7-9

Q:CHHELP3

T:

(How often do you turn to/What about) neighbors, friends and family members outside your household?

PROBE: Never, sometimes, or often?

1 NEVER

2 SOMETIMES

3 OFTEN



7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1-3, 7-9

Q:CHHELP4

T:  
Have you ever turned to people in a religious organization (for help with your child)?

1 YES  
2 NO

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9

Q:CHHELP7

T:  
(Have you ever turned to/What about) school teachers or school counselors?

1 YES  
2 NO

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9

Q:CHHELP8

T:  
(Have you ever turned to/What about) private professionals?

PROBE: Like a pediatrician, psychologist or counselor.

1 YES  
2 NO

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:  
Key 1,2, 7-9

Q:CHHELP9

T:  
(Have you ever turned to/What about) social service agencies?

PROBE: State or local government or nonprofit social service agencies.

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

Q:INCOME1

T:

Is your total annual household income, from all sources, before taxes, over or under \$35,000?

PROBE: Include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family. Do not include lump-sum payments, such as money from an inheritance or sale of a home.

1 OVER \$35,000 ---> SKIPTO INCOME4

2 UNDER \$35,000

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

C: 1 "UNDER \$15,000"

C: 2 "\$15,000 - \$25,000"

C: 3 "\$25,000 - \$35,000"

C: 4 "\$35,000 - \$50,000"

C: 5 "\$50,000 - \$75,000"

C: 6 "OVER \$75,000"

IF (ANS = 7) INCOME = 7

IF (ANS = 8) INCOME = 8

IF (ANS = 8) INCOME = 9

IF (ANS = 1) SKIPTO INCOME4

IF (ANS > 2) SKIPTO ENDING1

Q:INCOME2

T:

Is it over or under \$25,000?

PROBE: Is your total annual household income, from all sources, before taxes, over or under \$25,000?

1 OVER \$25,000 -->SKIPTO ENDING1

2 UNDER \$25,000

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1,2, 7-9

C: 1 "UNDER \$15,000"

C: 2 "\$15,000 - \$25,000"

C: 3 "\$25,000 - \$35,000"

C: 4 "\$35,000 - \$50,000"

C: 5 "\$50,000 - \$75,000"

C: 6 "OVER \$75,000"

IF (ANS = 1) INCOME = 3

IF (ANS = 7) INCOME = 7

IF (ANS = 8) INCOME = 8

IF (ANS = 8) INCOME = 9

IF (ANS <> 2) SKIPTO ENDING1

Q:INCOME3

T:

Is it over or under \$15,000?

1 OVER \$15,000 ---> SKIPTO ENDING1

2 UNDER \$15,000 ---> SKIPTO ENDING1

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1,2, 7-9

C: 1 "UNDER \$15,000"

C: 2 "\$15,000 - \$25,000"

C: 3 "\$25,000 - \$35,000"

C: 4 "\$35,000 - \$50,000"

C: 5 "\$50,000 - \$75,000"

C: 6 "OVER \$75,000"

IF (ANS = 1) INCOME = 1

IF (ANS = 2) INCOME = 2

IF (ANS = 7) INCOME = 7

IF (ANS = 8) INCOME = 8

IF (ANS = 8) INCOME = 9

SKIPTO ENDING1

Q:INCOME4

T:

Is it over or under \$50,000?

1 OVER \$50,000

2 UNDER \$50,000---> SKIPTO ENDING1

7 REFUSED  
8 DON'T KNOW  
9 NO ANSWER

I:

Key 1,2, 7-9

C: 1 "UNDER \$15,000"

C: 2 "\$15,000 - \$25,000"

C: 3 "\$25,000 - \$35,000"

C: 4 "\$35,000 - \$50,000"

C: 5 "\$50,000 - \$75,000"

C: 6 "OVER \$75,000"

IF (ANS = 2) INCOME = 4

IF (ANS = 7) INCOME = 7

IF (ANS = 8) INCOME = 8

IF (ANS = 8) INCOME = 9

IF (ANS <> 1) SKIPTO ENDING1

Q:INCOME5

T:

Is it over or under \$75,000

1 OVER \$75,000

2 UNDER \$75,000

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

Key 1,2, 7-9

C: 1 "UNDER \$15,000"

C: 2 "\$15,000 - \$25,000"

C: 3 "\$25,000 - \$35,000"

C: 4 "\$35,000 - \$50,000"

C: 5 "\$50,000 - \$75,000"

C: 6 "OVER \$75,000"

IF (ANS = 1) INCOME = 6

IF (ANS = 2) INCOME = 5

IF (ANS = 7) INCOME = 7

IF (ANS = 8) INCOME = 8

IF (ANS = 9) INCOME = 9

Q:ENDING1

T:

Is there anything you would like to add, in your own words, about child and family services in your community?

OPEN-ENDED

TYPE EXACT RESPONSE BELOW

I:

opn 13 5 22 60 m n

Q:INTCOMM

T:

On behalf of the Lane Commission on Children and Families, I thank you sincerely for your time and opinions on these questions. Have a nice (day/evening). Good-bye.

INTERVIEWERS: PLEASE ADD ANY COMMENTS PERTINENT TO THE STUDY GOALS.

PRESS "ENTER" WHEN DONE \*\*\* DO \_NOT\_ HIT CTRL/END \*\*\*

I:  
opn 13 5 22 60 m n

Q:INTID

T:  
INTERVIEWER: NICE JOB! PLEASE ENTER YOUR ID NUMBER BELOW.

I:  
num 1 999 3 0 20 10  
CPL  
DISPOS = 26  
ENDQUEST

Q:NOQAL

T:  
I'm sorry to have bothered you. I can only interview adults age 18 and over.  
Good-bye.

PRESS 1 TO DISQUALIFY

I:  
KEY 1  
DISPOS = 22