



**SECTION A: GENERAL HEALTH AND ACCESS TO CARE**

I would like to start by taking your pulse and blood pressure. I will take your pulse and blood pressure once now, and once again later in the interview.

**PREPARE SUBJECT FOR BLOOD PRESSURE MEASUREMENT ACCORDING TO INSTRUCTIONS**

**A001. INDICATE WHICH ARM IS BEING USED FOR BLOOD PRESSURE MEASUREMENT**

- Right arm ..... 1
- Left arm ..... 2

**A002. MEASURE AND RECORD MID-ARM CIRCUMFERENCE**

|\_|\_|\_|.|\_|\_|\_|

**CIRCUMFERENCE TO NEAREST QUARTER INCH (.25, .50, .75 OR .00)**

**A003. RECORD CUFF SIZE USED**

- Small (7-9 inches) ..... 1
- Medium (9-13 inches) ..... 2
- Large (13-17 inches) ..... 3
- Extra large (17-20 inches) ..... 4

A004. |\_|\_|\_|\_|

**PULSE RATE PER MINUTE**

A006. |\_|\_|\_|\_|

**SYSTOLIC BP**

A008. |\_|\_|\_|\_|

**DIASTOLIC BP**

REFUSED ..... 999

Now I'm going to begin with some general questions about your health.

A009. What is your age?

|\_|\_|\_|

**AGE**

- DON'T KNOW ..... 998
- REFUSED ..... 999

A010. Would you say your health in general is:

- Excellent ..... 1
- Very good ..... 2
- Good ..... 3
- Fair or ..... 4
- Poor ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, a little or does not limit you at all in these activities.

A020. The first is moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Does your health now limit you a lot, limit you a little or not limit you at all?

**IF THE RESPONDENT DOESN'T DO THE ACTIVITY AT ALL, ASK "IS THAT BECAUSE OF YOUR HEALTH?" IF THEY ANSWER YES, CIRCLE "1"**

- Limited a lot ..... 1
- Limited a little ..... 2
- Not limited at all ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

A030. The next is climbing several flights of stairs. Does your health now limit you a lot, limit you a little or not limit you at all?

**IF THE RESPONDENT DOESN'T DO THE ACTIVITY AT ALL, ASK, "IS THAT BECAUSE OF YOUR HEALTH?" IF THEY ANSWER YES, CIRCLE "1"**

- Limited a lot ..... 1
- Limited a little ..... 2
- Not limited at all ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SHOW CARD**

		All of the time	Most of the time	Some of the time	A little of the time	None of the time	DON'T KNOW	REF
The following two questions ask you about your physical health and your daily activities.								
A040	During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health? Would you say:	1	2	3	4	5	8	9
A050	During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? Would you say:	1	2	3	4	5	8	9
The following three questions ask about your emotions and your daily activities.								
A060	During the past four weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious? Would you say:	1	2	3	4	5	8	9
A070	During the past four weeks, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems such as feeling anxious or depressed? Would you say:	1	2	3	4	5	8	9

A080. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Would you say:

- Not at all ..... 1
- A little bit ..... 2
- Moderately ..... 3
- Quite a bit, or ..... 4
- Extremely ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling; was it all of the time, most of the time, some of the time, a little of the time, or none of the time?

**SHOW CARD**

		All of the time	Most of the time	Some of the time	A little of the time	None of the time	DON'T KNOW	REF
A090	How much of the time during the past 4 weeks have you felt calm and peaceful? Would you say:	1	2	3	4	5	8	9
A100	How much of the time during the past 4 weeks did you have a lot of energy? Would you say:	1	2	3	4	5	8	9
A110	How much of the time during the past 4 weeks have you felt downhearted and depressed? Would you say:	1	2	3	4	5	8	9
A120	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting friends, relatives and so on? Would you say:	1	2	3	4	5	8	9

A130. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

A140. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Within past year (1-12 months ago) ..... 1
- Within past 2 years (1-2 years ago) ..... 2
- Within past 5 years (2-5 years ago) ..... 3
- 5 or more years ago ..... 4
- Never ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

A150. About how long has it been since you last visited a doctor for a specific health problem?

- Within past year (1-12 months ago) ..... 1
- Within past 2 years (1-2 years ago) ..... 2
- Within past 5 years (2-5 years ago) ..... 3
- 5 or more years ago ..... 4
- Never ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

A160. When you are sick or need advice about your health, to which of the following places do you usually go?  
Would you say:

- A doctor's office ..... 1
- A public health clinic or community health center ..... 2
- A hospital outpatient department ..... 3
- A hospital emergency room ..... 4
- An urgent care center ..... 5
- Some other kind of place ..... 6
- Or do you not have a usual place? ..... 7
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION B: PERCEIVED STRESS**

Now I am going to ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way. Was it never, almost never, sometimes, fairly often, or very often?

**SHOW CARD**

		Never	Almost never	Sometimes	Fairly often	Very often	DON'T KNOW	REF
B010	In the last month, how often have you felt that you were unable to control the important things in your life? Would you say:	1	2	3	4	5	8	9
B020	In the last month, how often have you felt confident about your ability to handle your personal problems? Would you say:	1	2	3	4	5	8	9
B030	In the last month, how often have you felt that things were going your way? Would you say:	1	2	3	4	5	8	9
B040	In the last month, how often have you felt difficulties were piling up so high that you could NOT overcome them? Would you say:	1	2	3	4	5	8	9

**SECTION C: PHYSICAL FUNCTIONING**

**IF RESPONDENT IS LESS THAN 50 YEARS OF AGE, SKIP TO SECTION D.**

We need to understand difficulties people may have with various activities because of a health or physical problem. Here are a few everyday activities. Please tell me if you have any difficulty with these because of a health problem. For each one tell me whether you have no difficulties, some difficulties or can't do at all by yourself. Please exclude any difficulties you expect to last less than three months.

		Yes	No	Can't do	Don't do	DK	REF
C010	Because of a health problem do you have any difficulty with dressing, including putting on shoes and socks?	1	2	3	4	8	9
C020	Because of a health problem do you have any difficulty with walking across a room?	1	2	3	4	8	9
C030	Because of a health problem do you have any difficulty with bathing or showering?	1	2	3	4	8	9
C040	Because of a health problem do you have any difficulty with eating, such as cutting up your food?	1	2	3	4	8	9
C050	Because of a health problem do you have any difficulty with getting in or out of bed?	1	2	3	4	8	9
C060	Because of a health problem do you have any difficulty with using the toilet, including getting up and down?	1	2	3	4	8	9
C070	Because of a health problem, do you have any difficulty preparing a hot meal?	1	2	3	4	8	9
C080	Because of a health problem, do you have any difficulty using a map to figure out how to get around in a strange place?	1	2	3	4	8	9
C090	Because of a health problem, do you have any difficulty with shopping for groceries?	1	2	3	4	8	9
C100	Because of a health problem, do you have any difficulty with making phone calls?	1	2	3	4	8	9
C110	Because of a health problem, do you have any difficulty with managing your money, such as paying your bills and keeping track of expenses?	1	2	3	4	8	9
C120	Because of a health problem, do you have any difficulty taking medications?	1	2	3	4	8	9

**SECTION D: MEDICAL CONDITIONS AND FAMILY MEDICAL HISTORY**

D010. Has a doctor or other health professional ever told you that you have asthma?

- Yes ..... 1
- No ..... 2 **TO D030**
- DON'T KNOW ..... 8 **TO D030**
- REFUSED ..... 9 **TO D030**

D020. Do you still have asthma?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

D030. During the past 3 months, have you been on treatment for anemia, sometimes called "tired blood" or "low blood"? **INCLUDE DIET, IRON PILLS, IRON SHOTS, TRANSFUSIONS AS TREATMENT**

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

Has a doctor or other health professional ever told you that you had: <b>REPEAT AS NEEDED</b>	Do you still have...	How old were you when you were first told you had...
D040. arthritis?  Yes        1 <input checked="" type="radio"/> → No         2 <b>TO D050</b> DK         8 <b>TO D050</b> REFUSED 9 <b>TO D050</b>		D042. arthritis?   _ _ _  <b>97=97 YEARS AND OLDER</b>  DK         98 REFUSED 99
D050. congestive heart failure?  Yes        1 <input checked="" type="radio"/> → No         2 <b>TO D060</b> DK         8 <b>TO D060</b> REFUSED 9 <b>TO D060</b>		D052. congestive heart failure?   _ _ _  <b>97=97 YEARS AND OLDER</b>  DK         98 REFUSED 99
D060. coronary heart disease?  Yes        1 <input checked="" type="radio"/> → No         2 <b>TO D070</b> DK         8 <b>TO D070</b> REFUSED 9 <b>TO D070</b>		D062. coronary heart disease?   _ _ _  <b>97=97 YEARS AND OLDER</b>  DK         98 REFUSED 99
D070. angina, also called angina pectoris?  Yes        1 <input checked="" type="radio"/> → No         2 <b>TO D080</b> DK         8 <b>TO D080</b> REFUSED 9 <b>TO D080</b>		D072. angina?   _ _ _  <b>97=97 YEARS AND OLDER</b>  DK         98 REFUSED 99
D080. a heart attack?  Yes        1 <input checked="" type="radio"/> → No         2 <b>TO D090</b> DK         8 <b>TO D090</b> REFUSED 9 <b>TO D090</b>		D082. a heart attack?   _ _ _  <b>97=97 YEARS AND OLDER</b>  DK         98 REFUSED 99

Has a doctor or other health professional ever told you that you had: <b>REPEAT AS NEEDED</b>	Do you still have...	How old were you when you were first told you had...
<p>D083. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."</p> <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> <p>REFUSED 9</p>		
<p>D090. a stroke?</p> <p>Yes 1 <input checked="" type="checkbox"/></p> <p>No 2 <b>TO D100</b></p> <p>DK 8 <b>TO D100</b></p> <p>REFUSED 9 <b>TO D100</b></p>		<p>D092. a stroke?</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>97=97 YEARS AND OLDER</b></p> <p>DK 98</p> <p>REFUSED 99</p>
<p>D093. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."</p> <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> <p>REFUSED 9</p>		
<p>D100. chronic obstructive pulmonary disease, also called COPD, emphysema or chronic bronchitis?</p> <p>Yes 1 <input checked="" type="checkbox"/></p> <p>No 2 <b>TO D110</b></p> <p>DK 8 <b>TO D110</b></p> <p>REFUSED 9 <b>TO D110</b></p>		<p>D100. chronic obstructive pulmonary disease, also called COPD, emphysema or chronic bronchitis?</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>97=97 YEARS AND OLDER</b></p> <p>DK 98</p> <p>REFUSED 99</p>
<p>D110. osteoporosis?</p> <p>Yes 1 <input checked="" type="checkbox"/></p> <p>No 2 <b>TO D120</b></p> <p>DK 8 <b>TO D120</b></p> <p>REFUSED 9 <b>TO D120</b></p>		<p>D112. osteoporosis?</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>97=97 YEARS AND OLDER</b></p> <p>DK 98</p> <p>REFUSED 99</p>

Has a doctor or other health professional ever told you that you had: <b>REPEAT AS NEEDED</b>	Do you still have...	How old were you when you were first told you had...
D120. a thyroid problem?  Yes 1 $\longrightarrow$ No 2 <b>TO D140</b> DK 8 <b>TO D140</b> REFUSED 9 <b>TO D140</b>	D121. a thyroid problem?  <b>CODE YES IF SUBJECT'S THYROID WAS REMOVED</b>  Yes 1 No 2 DK 8 REF 9	D122. a thyroid problem?   __ __  <b>97=97 YEARS AND OLDER</b>  DK 98 REFUSED 99
D140. any kind of liver condition?  Yes 1 $\longrightarrow$ No 2 <b>TO D150</b> DK 8 <b>TO D150</b> REFUSED 9 <b>TO D150</b>	D141. this liver condition?  Yes 1 No 2 DK 8 REF 9	D142. a liver condition?   __ __  <b>97=97 YEARS AND OLDER</b>  DK 98 REFUSED 99

D150. Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

- Yes ..... 1
- No ..... 2 **TO D200**
- DON'T KNOW ..... 8 **TO D200**
- REFUSED ..... 9 **TO D200**

<p>What kind of cancer was it?</p> <p><b>ENTER UP TO 3 KINDS USING CODE TABLE BELOW. IF RESPONDENT OFFERS MORE THAN 3 CANCERS, ENTER 66 AS THE 4<sup>TH</sup> RESPONSE IN QUESTION D190.</b></p>	<p>How old were you when this cancer was first diagnosed....</p>
<p>D160.    _ _ _ </p> <p>DON'T KNOW           98</p> <p>REFUSED               99</p>	<p>D161.    _ _ _ </p> <p><b>97=97 AND OLDER</b></p> <p>DON'T KNOW           98</p> <p>REFUSED               99</p>
<p>D170.    _ _ _ </p> <p>DON'T KNOW           98</p> <p>REFUSED               99</p>	<p>D171.    _ _ _ </p> <p><b>97=97 AND OLDER</b></p> <p>DON'T KNOW           98</p> <p>REFUSED               99</p>
<p>D180.    _ _ _ </p> <p>DON'T KNOW           98</p> <p>REFUSED               99</p>	<p>D181.    _ _ _ </p> <p><b>97=97 AND OLDER</b></p> <p>DON'T KNOW           98</p> <p>REFUSED               99</p>
<p>D190.    _ _ _ </p> <p>DON'T KNOW           98</p> <p>REFUSED               99</p>	

<b>CODES TO BE USED FOR TYPES OF CANCER IN THE TABLE ABOVE</b>					
BLADDER .....	10	LEUKEMIA .....	21	SKIN (MELANOMA) .....	25
BLOOD .....	11	LIVER .....	22	SKIN (NON-MELANOMA) .....	32
BONE .....	12	LUNG .....	23	SKIN (DON'T KNOW KIND) .....	33
BRAIN .....	13	LYMPHOMA .....	24	SOFT TISSUE (MUSCLE OR FAT) ...	34
BREAST .....	14	MELANOMA .....	25	STOMACH .....	35
CERVIX (CERVICAL) .....	15	MOUTH/TONGUE/LIP .....	26	TESTIS (TESTICULAR) .....	36
COLON .....	16	NERVOUS SYSTEM .....	27	THYROID .....	37
ESOPHAGUS .....	17	OVARY (OVARIAN) .....	28	UTERUS (UTERINE) .....	38
GALLBLADDER .....	18	PANCREAS (PANCREATIC) .....	29	OTHER .....	39
HODGKIN'S DISEASE .....	24	PROSTATE .....	30	MORE THAN 3 KINDS .....	66
KIDNEY .....	19	RECTUM (RECTAL) .....	31	DON'T KNOW .....	98
LARYNX/WINDPIPE .....	20			REFUSED .....	99

D200. Were your father, mother, sisters or brothers, ever told by a health professional that they had...**REPEAT AS NEEDED**

		YES	NO	DK	REF
D200	asthma?	1	2	8	9
D210	diabetes?	1	2	8	9
D220	a stroke?	1	2	8	9
D230	kidney failure needing dialysis?	1	2	8	9
D240	a heart attack or angina before the age of 50?	1	2	8	9

D250. Have you ever been told by a doctor or other health professional that you had weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.

Yes ..... 1  
 No ..... 2 **TO D270**  
 DON'T KNOW ..... 8 **TO D270**  
 REFUSED ..... 9 **TO D270**

D260. In the past 12 months, have you received dialysis either hemodialysis or peritoneal dialysis?

Yes ..... 1  
 No ..... 2  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

**D270. IF SUBJECT IS A MALE LESS THAN 40 YEARS OLD, OR IS A FEMALE, GO TO SECTION E.**

Have you ever had a blood test that your doctor told you was being used to check for prostate cancer, called PSA, or Prostate Specific Antigen?

- Yes ..... 1
- No ..... 2 **TO SECTION E**
- DON'T KNOW ..... 8 **TO SECTION E**
- REFUSED ..... 9 **TO SECTION E**

**D280. How long ago was your last PSA test?**

- Anytime less than 12 months ago ..... 1
- 1 year to less than 2 years ..... 2
- 2 years to less than 3 years ..... 3
- 3 years to less than 5 years ..... 4
- 5 or more years ago ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

**D290. How many PSA tests have you had in the last 5 years?**

\_\_\_\_|\_\_\_\_|

**NUMBER OF TESTS**

- DON'T KNOW ..... 98
- REFUSED ..... 99

**D300. Has a doctor or other health care professional ever told you that your PSA test was not normal?**

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION E: DIABETES**

E010. (Other than during pregnancy,) have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?

- Yes ..... 1 **TO E030**
- No ..... 2
- Borderline /Prediabetes ..... 3 **TO SECTION F**
- DON'T KNOW ..... 8
- REFUSED ..... 9

E020. Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that your blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes?

- Yes ..... 1 **TO SECTION F**
- No ..... 2 **TO SECTION F**
- DON'T KNOW ..... 8 **TO SECTION F**
- REFUSED ..... 9 **TO SECTION F**

E030. How old were you when you were told you had diabetes?

- \_\_\_\_|\_\_\_\_|
- 97 = 97 AND OLDER**
- DON'T KNOW ..... 98
  - REFUSED ..... 99

E040. Are you now taking insulin?

- Yes ..... 1
- No ..... 2 **TO E060**
- DON'T KNOW ..... 8 **TO E060**
- REFUSED ..... 9 **TO E060**

E050. For how long have you been taking insulin?

|\_|\_|

**NUMBER OF MONTHS OR YEARS**

E051. **ENTER UNIT**

- Months ..... 1
- Years ..... 2
- LESS THAN 1 MONTH ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

E060. Are you now taking diabetes pills?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

E070. How often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional. Do not include urine tests.

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**TIMES**

E071. **ENTER UNIT**

- Day ..... 1
- Week ..... 2
- Month ..... 3
- Year ..... 4
- Never ..... 5
- Unable to Do Activity (Blind) ..... 6
- DON'T KNOW ..... 8
- REFUSED ..... 9

E080. Glycosylated hemoglobin or the “A one C” test measures the average level of blood sugar over the past 3 months, and usually ranges between 5 and 14. During the past 12 months, how many times has a doctor or other health professional checked you for glycosylated hemoglobin or “A one C”?

|\_|\_|

**TIMES**

Never Had One .....	96	<b>TO E110</b>
never Heard of “A One C” Test .....	97	<b>TO E110</b>
DON’T KNOW .....	98	
REFUSED .....	99	

E090. What was your last “A one C” level?

|\_|\_|. |\_|

**VALUE**

DON’T KNOW .....	998
REFUSED .....	999

E100. What does your doctor or other health professional say your “A one C” level should be?

≤6 .....	1
>6 to 7 .....	2
>7 to 8 .....	3
>8 to 9 .....	4
>9 to 10 .....	5
>10 .....	6
No Goal Specified .....	7
DON’T KNOW .....	8
REFUSED .....	9

E110. During the past 12 months, about how many times has a doctor or other health professional checked your feet for any sores or irritations?

|\_|\_|\_|

**TIMES**

DON’T KNOW .....	8
REFUSED .....	9

E120. How often do you check your feet for sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.

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**TIMES**

E121. **ENTER UNIT**

- Day ..... 1
- Week ..... 2
- Month ..... 3
- Year ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

E130. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

E140. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

- <1 Month ..... 1
- 1-12 Months ..... 2
- 13-24 Months ..... 3
- >2 Years ..... 4
- Never ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

E150. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

E160. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

|\_|\_|

**TIMES**

DON'T KNOW ..... 98

REFUSED ..... 99

E170. Have you ever taken a course or class in how to manage your diabetes yourself?

Yes ..... 1

No ..... 2

DON'T KNOW ..... 8

REFUSED ..... 9

**SECTION F: HYPERTENSION**

F010. Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

- Yes ..... 1
- No ..... 2 **TO SECTION G**
- DON'T KNOW ..... 8 **TO SECTION G**
- REFUSED ..... 9 **TO SECTION G**

F020. Were you told on 2 or more different visits that you had hypertension, also called high blood pressure?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8 **TO SECTION G**
- REFUSED ..... 9 **TO SECTION G**

**ASK F030 ONLY IF FEMALE**

F030. Was this only when you were pregnant?

- Yes ..... 1 **TO SECTION G**
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

F040. How old were you when you were first told that you had high blood pressure?

|\_|\_|

**97=97 YEARS AND OLDER**

- DON'T KNOW ..... 98
- REFUSED ..... 99

F050. Are you seeing a doctor now for care of high blood pressure?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

F060. Because of your high blood pressure, have you ever been told to take prescribed medicine?

- Yes ..... 1
- No ..... 2 **TO F170**
- DON'T KNOW ..... 8 **TO F170**
- REFUSED ..... 9 **TO F170**

F070. Are you now taking a prescribed medicine?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

F080. Were there any blood pressure medicines prescribed or recommended for you in the last year that you were not able to find or buy?

- Yes ..... 1
- No ..... 2 **TO F130**
- DON'T KNOW ..... 8 **TO F130**
- REFUSED ..... 9 **TO F130**

Why weren't you able to obtain these medicines? Was it because: **REPEAT AS NEEDED**

		YES	NO	DK	REF
F090	You didn't have time to buy them?	1	2	8	9
F100	You didn't have enough money?	1	2	8	9
F110	You didn't want to buy them?	1	2	8	9
F120	You physically couldn't buy them and there was no one else to do it?	1	2	8	9

F130. People who have been prescribed medicine for high blood pressure have different opinions about their medicines. I'm going to read a list of statements and, for each one, ask how strongly you believe that statement – whether you don't believe it at all, you believe it a little bit, you somewhat believe it, or you believe it a lot. You may not believe some of the statements, believe some, and have mixed feelings about others. There are no right or wrong answers.

**SHOW CARD**

		Not at all	A little	Somewhat	A lot	DK	REF
F130	How strongly do you believe that taking blood pressure medicine exactly as prescribed is important	1	2	3	4	8	9
F140	How strongly do you believe that once your blood pressure comes down you can stop taking your medicines	1	2	3	4	8	9
F150	How strongly do you believe that taking blood pressure medicine is more trouble than it is worth	1	2	3	4	8	9
F160	How strongly do you believe that blood pressure medicines do not work as well if you take them all the time	1	2	3	4	8	9

F170. Are you now doing any of the following to help lower or control your high blood pressure: **REPEAT AS NEEDED**

		YES	NO	DK	REF
F170	Changing your eating habits?	1	2	8	9
F180	Cutting down on salt?	1	2	8	9
F190	Reducing alcohol use?	1	2	8	9
F200	Exercising?	1	2	8	9
F210	Trying to lose weight?	1	2	8	9

I just asked you if you were DOING any of these things. Now we are interested in knowing if you were TOLD to do these things by a doctor. Has a doctor or other health professional ever TOLD you to do any of the following to help lower or control your high blood pressure? **REPEAT AS NEEDED**

		YES	NO	DK	REF
F220	Change your eating habits?	1	2	8	9
F230	Cut down on salt?	1	2	8	9
F240	Reduce alcohol use?	1	2	8	9
F250	Exercise?	1	2	8	9
F260	Lose weight?	1	2	8	9

**SECTION G: KNOWLEDGE OF SIGNS AND SYMPTOMS OF HEART ATTACK AND STROKE**

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke. Which of the following do you think is a symptom of a HEART ATTACK? For each, tell me Yes, No, or you're not sure. Do you think \_\_\_\_\_ (is/are) (a) symptom(s) of HEART ATTACK?

**REPEAT AS NEEDED**

		YES	NO	DK	REF
G010	pain or discomfort in the jaw, neck, or back?	1	2	8	9
G020	feeling weak, lightheaded, or faint?	1	2	8	9
G030	chest pain or discomfort?	1	2	8	9
G040	sudden trouble seeing in one or both eyes?	1	2	8	9
G050	pain or discomfort in the arms or shoulder?	1	2	8	9
G060	shortness of breath?	1	2	8	9

Which of the following do you think is a symptom of a STROKE? For each, tell me Yes, No, or you're not sure. Do you think \_\_\_\_\_ (is/are) (a) symptom(s) of STROKE? **REPEAT AS NEEDED**

		YES	NO	DK	REF
G070	sudden confusion or trouble speaking?	1	2	8	9
G080	sudden numbness or weakness of face, arm or leg, especially on one side?	1	2	8	9
G090	sudden trouble seeing in one or both eyes?	1	2	8	9
G100	sudden chest pain or discomfort?	1	2	8	9
G110	sudden trouble walking, dizziness, or loss of balance?	1	2	8	9
G120	severe headache with no known cause?	1	2	8	9

G120. If you thought someone was having a heart attack or stroke, what is the first thing you would do? Would you:

- Take them to the hospital . . . . . 1
- Tell them to call their doctor . . . . . 2
- Call 911 . . . . . 3
- Call their spouse or a family member, or . . . . . 4
- Do something else? . . . . . 5
- DON'T KNOW / NOT SURE . . . . . 8
- REFUSED . . . . . 9

**SECTION H: CHOLESTEROL**

H010. Have you ever had your blood cholesterol checked?

- Yes ..... 1
- No ..... 2 **TO SECTION I**
- DON'T KNOW ..... 8 **TO SECTION I**
- REFUSED ..... 9 **TO SECTION I**

H020. About how long has it been since you last had your blood cholesterol checked?

- Less than 1 year ago, ..... 1
- 1 year but less than 2 years ago, ..... 2
- 2 years but less than 5 years ago, or ..... 3
- 5 years or more? ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

H030. Have you ever been told by a doctor or other health professional that your cholesterol level was high?

- Yes ..... 1
- No ..... 2 **TO SECTION I**
- DON'T KNOW ..... 8 **TO SECTION I**
- REFUSED ..... 9 **TO SECTION I**

H040. To lower your blood cholesterol, have you ever been told by a doctor or other health professional to take prescribed medicine?

- Yes ..... 1
- No ..... 2 **TO SECTION I**
- DON'T KNOW ..... 8 **TO SECTION I**
- REFUSED ..... 9 **TO SECTION I**

H050. Are you now following this advice to take prescribed medicine?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION I: ASPIRIN USE**

I030. Do you take aspirin daily or every other day?

- Yes ..... 1 **TO SECTION J**
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

I040. Do you have a health problem or condition that makes taking aspirin unsafe for you?

- Yes ..... 1
- No ..... 2 **TO SECTION J**
- DON'T KNOW ..... 8 **TO SECTION J**
- REFUSED ..... 9 **TO SECTION J**

I050. Is this a stomach condition?

**CODE UPSET STOMACHS AS STOMACH PROBLEMS.**

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION J: ORAL HEALTH**

J010. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

- 12 months ago or less . . . . . 1
- More than 1 year but less than 2 years ago . . . . . 2
- More than 2 years but less than 5 years ago . . . . . 3
- 5 or more years ago . . . . . 4
- Never . . . . . 5
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

J020. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

- 1 to 5 . . . . . 1
- 6 or more but not all . . . . . 2
- All . . . . . 3 **TO J050**
- None . . . . . 4
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

**NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.**

J030. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

- 12 months ago or less . . . . . 1
- More than 1 year but less than 2 years ago . . . . . 2
- More than 2 years but less than 5 years ago . . . . . 3
- 5 or more years ago . . . . . 4
- Never . . . . . 5
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

J040. How would you describe the condition of your teeth? Would you say:

- Excellent ..... 1
- Very good ..... 2
- Good ..... 3
- Fair, or ..... 4
- Poor ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

J050. How would you describe the condition of your gums? Would you say:

- Excellent ..... 1
- Very good ..... 2
- Good ..... 3
- Fair, or ..... 4
- Poor ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION K: PHYSICAL ACTIVITY AND PHYSICAL FITNESS**

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

K020. Now, thinking about the moderate activities you do when you are not working in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- Yes ..... 1
- No ..... 2 **TO K050**
- DON'T KNOW ..... 8 **TO K050**
- REFUSED ..... 9 **TO K050**

K030. How many days per week do you do these moderate activities for at least 10 minutes at a time?

|\_|

**NUMBER OF DAYS PER WEEK**

- None ..... 00 **TO K050**
- DON'T KNOW ..... 98
- REFUSED ..... 99

K040. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

|\_|:|\_|\_|

**HOURS AND MINUTES PER DAY**

- DON'T KNOW ..... 98
- REFUSED ..... 99

K050. Now, thinking about the vigorous activities you do when you are not working in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- Yes ..... 1
- No ..... 2 **TO SECTION L**
- DON'T KNOW ..... 8 **TO SECTION L**
- REFUSED ..... 9 **TO SECTION L**

K060. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

|\_|

**NUMBER OF DAYS PER WEEK**

- None ..... 00 **TO SECTION L**
- DON'T KNOW ..... 98
- REFUSED ..... 99

K070. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

|\_|:|\_|\_|

**HOURS AND MINUTES PER DAY**

- DON'T KNOW ..... 98
- REFUSED ..... 99

**SECTION L: SLEEP DISORDERS**

The next set of questions are about your sleeping habits.

L010. How much sleep do you usually get at night on weekdays or workdays?

|\_|:|\_|\_|

**HOURS AND MINUTES PER DAY**

DON'T KNOW ..... 98

REFUSED ..... 99

L020. In the past month, how often did you snore while you were sleeping?

Never ..... 0

1-2 Nights/week ..... 1

3-4 Nights/week ..... 2

5 or More Nights/week ..... 3

DON'T KNOW ..... 8

REFUSED ..... 9

L030. In the past month, how often did you snort, gasp, or stop breathing while you were asleep?

Never ..... 0

1-2 Nights/week ..... 1

3-4 Nights/week ..... 2

5 or More Nights/week ..... 3

DON'T KNOW ..... 8

REFUSED ..... 9

L040. Have you ever been told by a doctor or other health professional that you have a sleep disorder?

- Yes ..... 1
- No ..... 2 To L060
- DON'T KNOW ..... 8 To L060
- REFUSED ..... 9 To L060

L050. What was the sleep disorder?

**CODE ALL THAT APPLY.**

- Sleep Apnea ..... 1
- Insomnia ..... 2
- Restless Legs ..... 3
- Other ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

L060. In the past month, how often did you feel excessively or overly sleepy during the day?

- Never ..... 0
- 1-2 days/week ..... 1
- 3-4 days/week ..... 2
- 5 or more days/week ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

L070. In the past month, how often did you not get enough sleep?

- Never ..... 0
- 1 Time a Month ..... 1
- 2-4 Times a Month ..... 2
- 5-15 Times a Month ..... 3
- 16-30 Times a Month ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION M: FRUITS AND VEGETABLE CONSUMPTION**

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

		Frequency	UNIT						
			Per day	Per week	Per month	Per year	Never	DK	REF
M010	How often do you drink fruit juices such as orange, grapefruit, or tomato?	_ _ _	1	2	3	4	7	8	9
M020	Not counting juice, how often do you eat fruit?	_ _ _	1	2	3	4	7	8	9
M030	How often do you eat green salad?	_ _ _	1	2	3	4	7	8	9
M040	How often do you eat potatoes not including French fries, fried potatoes, or potato chips?	_ _ _	1	2	3	4	7	8	9
M050	How often do you eat carrots?	_ _ _	1	2	3	4	7	8	9
M060	Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat ? For example, a serving of vegetables at both lunch and dinner would be two servings.	_ _ _	1	2	3	4	7	8	9

**SECTION N: WEIGHT HISTORY**

N010. How tall are you without shoes? **ROUND FRACTIONS DOWN**

    |\_|      |\_|\_|  
**FEET      INCHES**

DON'T KNOW ..... 98  
REFUSED ..... 99

N020. How much do you weigh without clothes or shoes? (**IF RESPONDENT IS PREGNANT** How much did you weigh before your pregnancy?) **ROUND FRACTIONS UP**

    |\_|\_|\_|  
**POUNDS**

DON'T KNOW ..... 998  
REFUSED ..... 999

N030. Would you like to weigh ...

More, ..... 1 TO N080  
Less, or ..... 2 TO N040  
Stay about the same? ..... 3 TO N050  
DON'T KNOW ..... 8  
REFUSED ..... 9

N040. Are you now trying to lose weight?

Yes ..... 1 TO N060  
No ..... 2  
DON'T KNOW ..... 8  
REFUSED ..... 9

N050. Are you now trying to maintain your current weight, that is, to keep from gaining weight?

- Yes ..... 1
- No ..... 2 TO N080
- DON'T KNOW ..... 8 TO N080
- REFUSED ..... 9 TO N080

N060. Are you eating either fewer calories or less fat to (lose weight/keep from gaining weight)?

(IF YES Is that fewer calories, less fat, or both?)

- Yes, fewer calories ..... 1
- Yes, less fat ..... 2
- Yes, fewer calories and less fat ..... 3
- No ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

N070. Are you using physical activity or exercise to (lose weight/keep from gaining weight)?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

N080. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (IF YES Is that to lose weight, to gain weight, or maintain your current weight?)

- Yes, lose weight ..... 1
- Yes, gain weight ..... 2
- Yes, maintain current weight ..... 3
- No ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION P: TOBACCO USE AND EXPOSURE**

P010. Have you smoked at least 100 cigarettes in your entire life?

**(5 PACKS = 100 CIGARETTES)**

Yes ..... 1  
No ..... 2 **TO P060**  
DON'T KNOW ..... 8 **TO P060**  
REFUSED ..... 9 **TO P060**

P020. Do you now smoke cigarettes every day, some days, or not at all?

Every day ..... 1  
Some days ..... 2  
Not at all ..... 3 **TO P060**  
DON'T KNOW ..... 8 **TO P060**  
REFUSED ..... 9 **TO P060**

P030. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Yes ..... 1  
No ..... 2  
DON'T KNOW ..... 8  
REFUSED ..... 9

P050. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

Yes ..... 1  
No ..... 2  
DON'T KNOW ..... 8  
REFUSED ..... 9

P060. Which statement best describes the rules about smoking inside your home:

- Smoking is not allowed anywhere  
inside your home ..... 1
- Smoking is allowed in some places  
or at some times ..... 2
- Smoking is allowed anywhere  
inside the home ..... 3
- There are no rules about  
smoking inside the home ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

P070. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- Yes ..... 1
- No ..... 2 **TO P090**
- DON'T KNOW ..... 8 **TO P090**
- REFUSED ..... 9 **TO P090**

P080. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- Every day ..... 1
- Some days ..... 2
- Not at all ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

P090. Have you ever smoked a cigar, even one or two puffs?

- Yes ..... 1
- No ..... 2 **TO P110**
- DON'T KNOW ..... 8 **TO P110**
- REFUSED ..... 9 **TO P110**

P100. Do you now smoke cigars every day, some days, or not at all?

- Every day ..... 1
- Some days ..... 2
- Not at all ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

P110. Have you ever smoked tobacco in a pipe, even one or two puffs?

- Yes ..... 1
- No ..... 2 **TO P130**
- DON'T KNOW ..... 8 **TO P130**
- REFUSED ..... 9 **TO P130**

P120. Do you now smoke a pipe every day, some days, or not at all?

- Every day ..... 1
- Some days ..... 2
- Not at all ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

P130. A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

- Yes ..... 1
- No ..... 2 **TO SECTION Q**
- DON'T KNOW ..... 8 **TO SECTION Q**
- REFUSED ..... 9 **TO SECTION Q**

P140. Do you now smoke bidis every day, some days, or not at all?

- Every day ..... 1
- Some days ..... 2
- Not at all ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION Q: ALCOHOL CONSUMPTION**

Q010. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- Yes ..... 1
- No ..... 2 **TO SECTION R**
- DON'T KNOW ..... 8 **TO SECTION R**
- REFUSED ..... 9 **TO SECTION R**

Q020. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

\_\_\_\_\_  
**DAYS**

Q021. **ENTER UNITS**

- Per week ..... 1
- Per month ..... 2
- None ..... 0 **TO SECTION R**
- DON'T KNOW ..... 8
- REFUSED ..... 9

Q030. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

\_\_\_\_\_  
**DRINKS**

- DON'T KNOW ..... 98
- REFUSED ..... 99

Q040. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

\_\_\_\_\_  
**TIMES**

- NONE ..... 00
- DON'T KNOW ..... 98
- REFUSED ..... 99

Q050. During the past 30 days, what is the largest number of drinks you had on any occasion?

|\_|\_|

**TIMES**

DON'T KNOW ..... 98

REFUSED ..... 99

**SECTION R: OCCUPATION**

R010. Are you currently:

- Employed for wages ..... 01
- Self-employed ..... 02
- Out of work for more than 1 year ..... 03 **TO R080**
- Out of work for less than 1 year ..... 04 **TO R080**
- A Homemaker ..... 05 **TO SECTION S**
- A Student ..... 06 **TO SECTION S**
- Retired, or ..... 07 **TO SECTION S**
- Unable to work? ..... 08 **TO SECTION S**
- DON'T KNOW ..... 98
- REFUSED ..... 99

R020. When you are at work, which of the following best describes what you do? Would you say:  
**IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.**

- Mostly sitting or standing ..... 1
- Mostly walking ..... 2
- Mostly heavy labor or physically  
demanding work? ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

R030. Would you rate your job or work as:

- Stressful ..... 1
- Moderately stressful ..... 2
- Mildly stressful or ..... 3
- Not stressful? ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

R040. How often is your job or work (**RESPONSE TO R030**)? Would you say:

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time or ..... 3
- None of the time? ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

R050. While working at your job, are you indoors most of the time?

- Yes ..... 1
- No ..... 2 **TO SECTION S**
- DON'T KNOW ..... 8 **TO SECTION S**
- REFUSED ..... 9 **TO SECTION S**

R060. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms:

**FOR WORKERS WHO VISIT CLIENTS, "PLACE OF WORK" MEANS THEIR BASE LOCATION.**

- Smoking is not allowed in any public areas ..... 1
- Smoking is allowed in some public areas ..... 2
- Smoking is allowed in all public areas, or ..... 3
- No official policy ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

R070. Which of the following best describes your place of work's official smoking policy for work areas:

**FOR WORKERS WHO VISIT CLIENTS, "PLACE OF WORK" MEANS THEIR BASE LOCATION.**

- Smoking is not allowed in any work areas . . . . . 1 **TO SECTION S**
- Smoking is allowed in some work areas . . . . . 2 **TO SECTION S**
- Smoking is allowed in all work areas, or . . . . . 3 **TO SECTION S**
- No official policy . . . . . 4 **TO SECTION S**
- DON'T KNOW . . . . . 8 **TO SECTION S**
- REFUSED . . . . . 9 **TO SECTION S**

R080. Have you been looking for work during the past four weeks?

- Yes . . . . . 1
- No . . . . . 2
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

**SECTION S: SOCIAL SUPPORT AND DEPRESSION**

Now I would like to ask a few questions about your friends and family.

S010. Can you count on anyone to provide you with emotional support such as talking over problems or helping you make a difficult decision?

- Yes ..... 1
- No ..... 2 **TO S030**
- Doesn't Need Help ..... 3 **TO S050**
- DON'T KNOW ..... 8 **TO S030**
- REFUSED ..... 9 **TO S050**

S020. In the last 12 months, who was most helpful in providing you with emotional support?  
**CODE ALL THAT APPLY**

- Spouse ..... 01
- Daughter ..... 02
- Son ..... 03
- Sister/brother ..... 04
- Parent ..... 05
- Other Relative ..... 06
- Neighbors ..... 07
- Co-workers ..... 08
- Church Members ..... 09
- Club Members ..... 10
- Professionals ..... 11
- Friends ..... 12
- Other ..... 13
- No One ..... 14
- DON'T KNOW ..... 98
- REFUSED ..... 99

S030. In the last 12 months, could you have used more emotional support than you received?

- Yes ..... 1
- No ..... 2 **TO S050**
- DON'T KNOW ..... 8 **TO S050**
- REFUSED ..... 9 **TO S050**

S040. Would you say that you could have used:

- A lot more, ..... 1
- Some, or ..... 2
- A little more emotional support? ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

S050. How often do you attend church or religious services?

□□□□

**TIMES**

S051. **ENTER UNIT**

- Per day ..... 1
- Per week ..... 2
- Per month ..... 3
- Per year ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

S060. If you need some extra help financially, could you count on anyone to help you; for example, by paying any bills, housing costs, hospital visits, or providing you with food or clothes?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

S070. In general, how many close friends do you have? By "close friends" I mean relatives or non-relatives that you feel at ease with, can talk to about private matters, and can call on for help.

\_\_\_\_

**NUMBER**

DON'T KNOW ..... 98

REFUSED ..... 99

S080. In general, how satisfied are you with your life? Would you say:

Very satisfied ..... 1

Satisfied ..... 2

Dissatisfied, or ..... 3

Very dissatisfied? ..... 4

DON'T KNOW ..... 8

REFUSED ..... 9

These next questions are about how you might have felt or behaved recently. Please tell me how often you felt this way during the past week.

**SHOW CARD**

		Less than 1 day	1-2 days	3-4 days	5-7 days	DON'T KNOW	REF
S090	During the past week, would you say you felt depressed less than one day, one to two days, three to four days or five to seven days?	1	2	3	4	8	9
S100	During the past week, would you say that you felt lonely less than one day, one to two days, three to four days, or five to seven days?	1	2	3	4	8	9
S110	During the past week would you say that you had crying spells less than one day, one to two days, three to four days, or five to seven days?	1	2	3	4	8	9
S120	During the past week, would you say that you felt sad less than one day, one to two days, three to four days, or five to seven days?	1	2	3	4	8	9

**SECTION T: DEMOGRAPHIC INFORMATION AND HOUSING**

T020. Are you Hispanic or Latino?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

T030. Which one or more of the following would you say is your race? Would you say:  
**CODE ALL THAT APPLY**

- White ..... 1
- Black or African American ..... 2
- Asian ..... 3
- Native Hawaiian or  
Other Pacific Islander ..... 4
- American Indian or Alaska Native ..... 5
- Or some other race ..... 6 **[SPECIFY]** \_\_\_\_\_
- DON'T KNOW ..... 8
- REFUSED ..... 9

**IF ONLY ONE RACE MENTIONED IN T030, SKIP TO T050**

T040. Which ONE of these groups would you say best represents your race? Would you say:

- White ..... 1
- Black or African American ..... 2
- Asian ..... 3
- Native Hawaiian or  
Other Pacific Islander ..... 4
- American Indian or Alaska Native ..... 5
- Or some other race ..... 6 [SPECIFY] \_\_\_\_\_
- DON'T KNOW ..... 8
- REFUSED ..... 9

T050. Are you now married, widowed, divorced, separated, never married or living with a partner?

- Married ..... 1
- Widowed ..... 2
- Divorced ..... 3
- Separated ..... 4
- Never Married ..... 5
- Living with Partner ..... 6
- DON'T KNOW ..... 8
- REFUSED ..... 9

T060. How many children less than 18 years of age live in your household?

- \_\_\_\_|
- NUMBER**
- NO CHILDREN ..... 00
  - DON'T KNOW ..... 98
  - REFUSED ..... 99

T070. What is the highest grade or year of school you completed?

- Never attended school or  
only attended kindergarten ..... 1
- Grades 1 through 8 (Elementary) ..... 2
- Some high school (9 through 11) ..... 3
- Grade 12 or GED ..... 4
- College 1 year to 3 years ..... 5
- College 4 years or more ..... 6
- DON'T KNOW ..... 8
- REFUSED ..... 9

T080. Is your annual household income from all sources:

- Less than \$10,000 ..... 01
- \$10,000 to less than \$15,000 ..... 02
- \$15,000 to less than \$20,000 ..... 03
- \$20,000 to less than \$25,000 ..... 04
- \$25,000 to less than \$35,000 ..... 05
- \$35,000 to less than \$50,000 ..... 06
- \$50,000 to less than \$75,000) ..... 07
- \$75,000 or more? ..... 08
- DON'T KNOW ..... 98
- REFUSED ..... 99

T090. **INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.**

- Male ..... 1
- Female ..... 2

These next few questions are about the place where you live.

T100. Does the head of this household own or rent this home?

- Own ..... 1
- Rent ..... 2
- Family property ..... 3
- OTHER ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

T110. Which of the following best describes the place that you live:

- Single family home, duplex, or townhouse ..... 1
- Apartment or condominium at basement level  
or on 1st or 2nd floor ..... 2
- Apartment or condominium above 2nd floor ..... 3
- Trailer or mobile home ..... 4
- OTHER ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

T120. How many bedrooms are in this home? By bedrooms I mean rooms used primarily for sleeping.

|\_|\_|

**NUMBER**

- DON'T KNOW ..... 98
- REFUSED ..... 99

**SECTION U: HEALTH INSURANCE**

The next questions are about health insurance.

U010. Are you covered by health insurance or some other kind of health care plan? Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

- Yes ..... 1
- No ..... 2 **TO SECTION V**
- DON'T KNOW ..... 8 **TO SECTION V**
- REFUSED ..... 9 **TO SECTION V**

U020. What kind of health insurance or health care coverage do you have? Include those that pay for only one type of service, such as nursing home care, accidents, or dental care. If you have more than one kind of health insurance, tell me all plans that you have. Do you have:

**CODE ALL THAT APPLY**

- Private Health Insurance that you buy on your own or through an employer ..... 01
- Medicare ..... 02
- Medi-gap ..... 03
- Medicaid ..... 04
- Medipak ..... 05
- ARKids ..... 06
- Military Health Care, such as VA ..... 07
- Other Government Program ..... 08
- Single Service Plan such as Dental, Vision or Prescriptions ..... 09
- NO COVERAGE OF ANY TYPE ..... 00
- DON'T KNOW ..... 98
- REFUSED ..... 99

U030. (Does this plan/Do any of these plans) cover any part of the cost of prescriptions?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

U040. In the past 12 months, was there any time when you did not have any health insurance coverage?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION V: FOOD SECURITY**

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for (you/you or the other members of your household) in the last 12 months.

V010. The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true ..... 1
- Sometimes true ..... 2
- Never true ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

V020. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true ..... 1
- Sometimes true ..... 2
- Never true ..... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

V030. In the last 12 months, since (**DATE 12 MONTHS AGO**) did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes ..... 1
- No ..... 2 **TO V050**
- DON'T KNOW ..... 8 **TO V050**
- REFUSED ..... 9 **TO V050**

V040. How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month . . . . . 1
- Some months but not every month . . . . . 2
- Only 1 or 2 months . . . . . 3
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

V050. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes . . . . . 1
- No . . . . . 2
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

V060. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- Yes . . . . . 1
- No . . . . . 2
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

**SECTION W: COMPLEMENTARY AND ALTERNATIVE MEDICINE**

Have you tried any of the following self-care practices to maintain or improve your health?

		Yes	No	DK	REF
W010	Vitamins or natural herbal supplements, such as garlic, vitamin E, ginseng or fish oil	1	2	8	9
W020	Chiropractic care, massage, or acupuncture	1	2	8	9
W030	Yoga, Tai Chi, Qi Gong, or gentle movement exercises	1	2	8	9
W040	Prayer, meditation, chanting, or deep breathing exercises	1	2	8	9
W050	Traditional home remedies, passed down through family or culture	1	2	8	9

**IF NO TO ALL OF THE ABOVE, GO TO SENTENCE BEFORE W110**

W060. Which one or two of the following MOST influenced your choice to try these self-care practices? Was it a:

**CODE NO MORE THAN TWO**

- Physician, nurse or pharmacist . . . . . 01
- Dietician, nutritionist, herbalist or yerberos . . . . . 02
- Chiropractor or massage therapist . . . . . 03
- Social worker or therapist . . . . . 04
- Spiritual healer, holistic healer,  
curanderos or sobaderos . . . . . 05
- TV, radio, internet, reading or word of mouth . . . 06
- Family or cultural traditions . . . . . 07
- Other . . . . . 08
- DON'T KNOW . . . . . 98
- REFUSED . . . . . 99

Do any of the following describe why you used these self-care health practices to maintain or improve your health?

		Yes	No	DK	REF
W070	To aid or improve the results of your medicine and/or medical treatment.	1	2	8	9
W080	As an alternative because medicine or doctor/hospital visits are too expensive.	1	2	8	9
W090	As an alternative because medicine cannot help you, or you prefer not to take drugs.	1	2	8	9
W100	For overall good health and prevention of illness.	1	2	8	9

Do any of the following statements describe your attitudes about spiritual or religious practices that can help you maintain or improve your health?

		Yes	No	DK	REF
W110	God will take care of me if I just pray	1	2	8	9
W120	One of the things I do to take care of my health is pray for God's care.	1	2	8	9
W130	It is more helpful if a group prays for my health than if I pray alone	1	2	8	9
W140	I have learned helpful healthcare practices at my church, temple or mosque	1	2	8	9
W150	Meditative, spiritual, or healing rituals will help me maintain or improve my health	1	2	8	9

Before continuing with a few more questions, I would like to take your pulse and blood pressure two more times please.

**PREPARE SUBJECT FOR BLOOD PRESSURE MEASUREMENT ACCORDING TO INSTRUCTIONS. TAKE TWO BLOOD PRESSURE MEASUREMENTS.**

X002. **IS THE SUBJECT'S PULSE REGULAR?**

Yes ..... 1  
No ..... 2  
REFUSED ..... 9

X004.

|\_|\_|\_|\_|

**PULSE RATE PER MINUTE**

X005.

|\_|\_|\_|\_|

**SYSTOLIC BP MEASUREMENT 1**

X006.

|\_|\_|\_|\_|

**DIASTOLIC BP MEASUREMENT 1**

REFUSED ..... 999

X007.

|\_|\_|\_|\_|

**SYSTOLIC BP MEASUREMENT 2**

X008.

|\_|\_|\_|\_|

**DIASTOLIC BP MEASUREMENT 2**

REFUSED ..... 999

**SECTION X: REACTIONS TO RACE**

Earlier, I asked you to self-identify your race. Now I will ask how other people identify you and treat you.

X010. How do other people usually classify you in this country? Would you say:

- White ..... 1
- Black or African American ..... 2
- Hispanic or Latino ..... 3
- Asian ..... 4
- Native Hawaiian or  
Other Pacific Islander ..... 5
- American Indian or Alaska Native ..... 6
- Some other group? ..... 7
- DON'T KNOW ..... 8
- REFUSED ..... 9

**IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY: "WE WANT TO KNOW HOW OTHER PEOPLE USUALLY CLASSIFY YOU IN THIS COUNTRY, WHICH MIGHT BE DIFFERENT FROM HOW YOU CLASSIFY YOURSELF."**

**SPECIFY** \_\_\_\_\_

X020. How often do you think about your race? Would you say:

- Never ..... 1
- Once a year ..... 2
- Once a month ..... 3
- Once a week ..... 4
- Once a day ..... 5
- Once an hour, or ..... 6
- Constantly? ..... 7
- DON'T KNOW ..... 8
- REFUSED ..... 9

**THE RESPONSES CAN BE INTERPRETED AS MEANING "AT LEAST" THE INDICATED TIME FREQUENCY. FOR EXAMPLE, IF THE RESPONDENT SAYS THAT THEY THINK ABOUT THEIR RACE BETWEEN ONCE A WEEK AND ONCE A MONTH, CHECK "ONCE A MONTH" AS THE RESPONSE.**

X030. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- Worse than other races . . . . . 1
- The same as other races . . . . . 2
- Better than other races . . . . . 3
- Worse than some races,  
better than others . . . . . 4
- Only encountered people of  
the same race . . . . . 5
- DOESN'T WORK . . . . . 6
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

X040. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

- Worse than other races . . . . . 1
- The same as other races . . . . . 2
- Better than other races . . . . . 3
- Worse than some races,  
better than others . . . . . 4
- Only encountered people of  
the same race . . . . . 5
- NO HEALTH CARE PAST 12 MONTHS . . . . . 6
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

**IF THE RESPONDENT INDICATES THAT THEY DO NOT KNOW ABOUT OTHER PEOPLE'S EXPERIENCES WHEN SEEKING HEALTH CARE, SAY: "THIS QUESTION IS ASKING ABOUT YOUR PERCEPTIONS WHEN SEEKING HEALTH CARE. IT DOES NOT REQUIRE SPECIFIC KNOWLEDGE ABOUT OTHER PEOPLE'S EXPERIENCES."**

X050. Within the past 30 days have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

- Yes . . . . . 1
- No . . . . . 2
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

X060. Within the past 30 days have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION Y: HEPATITIS C RISK FACTORS**

Y010. Did you receive a blood transfusion before 1992?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

Y020. Have you ever used needles to inject illegal drugs?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

Y030. Have you ever had a sexual partner who used needles to inject illegal drugs or was infected with hepatitis C virus?

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

**SECTION Z: VITAMINS AND MEDICATIONS**

May I please see the containers for all the prescription and over-the-counter medicines, vitamins, minerals, and other dietary supplements, and nonprescription antacids, that you used or took in the past 30 days?

**RECORD THE NAMES ONLY OF ALL MEDICATIONS (GENERIC AND/OR BRAND) AS THEY APPEAR ON THE BOTTLE.**

**WHILE RECORDING MEDICATIONS, ASK SUBJECT TO PROVIDE URINE SAMPLE.**

	Name of medication.
Z010	
Z020	
Z030	
Z040	
Z050	
Z060	
Z070	
Z080	
Z090	
Z100	
Z110	
Z120	
Z130	
Z140	
Z150	
Z160	
Z170	
Z180	
Z190	
Z200	

	Name of medication.
Z210	
Z220	
Z230	
Z240	
Z250	
Z260	
Z270	
Z280	
Z290	
Z300	
Z310	
Z320	
Z330	
Z340	
Z350	
Z360	
Z370	
Z380	
Z390	
Z400	

**SECTION ZZ: CONTACT INFORMATION AND ANTHROPOMETRY**

ZZ010. Please tell me your HOME address, to make sure we have your correct address.

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

ZZ015. If your MAILING address is different from your home address, please tell me that as well.

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

ZZ020. Please tell me your current phone number.

|\_|\_|\_|\_| - |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|

**PHONE NUMBER INCLUDING AREA CODE**

ZZ030. Is there another number where you can be reached?

|\_|\_|\_|\_| - |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|

**PHONE NUMBER INCLUDING AREA CODE**

No . . . . . 2 **TO ZZ050**

DON'T KNOW . . . . . 7 **TO ZZ050**

REFUSED . . . . . 9 **TO ZZ050**

ZZ040. Where is that phone located?

- Work ..... 1
- Relative's Home ..... 2
- Neighbor's Home ..... 3
- Mobile Phone ..... 4
- Other ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

ZZ050. To make sure that we can get in touch with you in the future to inform you of your results, or clarify any of your answers, please give me the name of a person who does not live with you but would always know how to get in touch with you?

- First Name: \_\_\_\_\_
- Last Name: \_\_\_\_\_
- DON'T KNOW ..... 8
  - REFUSED ..... 9

ZZ070. Please tell me the current address of this person.

- Address: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_ Zip code: \_\_\_\_\_

- DON'T KNOW ..... 8
- REFUSED ..... 9

ZZ080. Please tell me the current phone number of this person.

|\_|\_|\_|\_| - |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|

**PHONE NUMBER INCLUDING AREA CODE**

DON'T KNOW ..... 8 **TO ZZ100**

REFUSED ..... 9 **TO ZZ100**

ZZ090. Is there another number where this person can be reached?

|\_|\_|\_|\_| - |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|

**PHONE NUMBER INCLUDING AREA CODE**

No ..... 2

DON'T KNOW ..... 7

REFUSED ..... 9

ZZ100. This is the end of the interview part of the survey. Thank you very much for your cooperation so far. Now I would like to measure your weight, height and waist.

**PREPARE SUBJECT FOR, AND TAKE ANTHROPOMETRIC MEASUREMENTS  
ACCORDING TO INSTRUCTIONS.**

**FIRST NOTE IF SUBJECT HAS ANY AMPUTATIONS.**

ZZ110. (Do you have an amputation of part or all of either of your LEGS?)

Yes, toes only ..... 1

Yes, part or all of one leg only ..... 2 **TO ZZ150**

Yes, part or all of both legs ..... 3 **TO ZZ150**

No ..... 4

DON'T KNOW ..... 8

REFUSED ..... 9

ZZ120. (Do you have an amputation of part or all of either of your ARMS?)

- Yes, fingers only . . . . . 1
- Yes, part or all of one arm only . . . . . 2 **TO ZZ140**
- Yes, part or all of both arms . . . . . 3 **TO ZZ140**
- No . . . . . 4
- DON'T KNOW . . . . . 8
- REFUSED . . . . . 9

**ZZ130. MEASURE AND RECORD WEIGHT**

|\_|\_|\_|\_|.|\_|\_|

**WEIGHT IN POUNDS TO ONE DECIMAL PLACE**

- "OL", OVER 440 POUNDS . . . . . 9997
- REFUSED . . . . . 9999

**ZZ140. MEASURE AND RECORD HEIGHT**

|\_|            |\_|\_|\_|\_|\_|.

**FEET            INCHES TO THE NEAREST HALF INCH [.0 OR .5]**

- REFUSED . . . . . 999

**ZZ150. MEASURE AND RECORD WAIST CIRCUMFERENCE**

|\_|\_|\_|\_|.|\_|\_|

**INCHES TO THE NEAREST HALF INCH [.0 OR .5]**

- OVER 60 INCHES . . . . . 997
- REFUSED . . . . . 999

**CONTINUE WITH BLOOD DRAW AND EXPLAIN FOOD FREQUENCY QUESTIONNAIRE TO BE LEFT WITH SUBJECT. BE SURE TO ENTER THE BAR CODE NUMBER ON THE FRONT PAGE OF THE FOOD FREQUENCY QUESTIONNAIRE IN SPACE MARKED "IDENTIFICATION NUMBER", AND FILL IN THE CORRESPONDING BUBBLES UNDERNEATH THE NUMBER. BE SURE TO MARK USING A NUMBER 2 PENCIL, AND LEAVE THE NUMBER 2 PENCIL WITH THE RESPONDENT.**

**PLACE CRL  
BARCODE LABEL  
HERE**