Arkansas
Cardiovascular Health
Examination Survey
(ARCHES)

Individual Questionnaire
Version of January 16, 2007

Division of Health
Arkansas Department of Health and Human Services

Interview Date: |___|___|/|___|___|/|___|___|
      Month    Day     Year

Start time: |____|:|____|  am..................1
           |____|:|____|  pm..................2

Interviewer Code (last 2 digits of EMSI #):|_______|

Subject PID (ARCHES Preliminary ID #):
    |_______|
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?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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"

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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"

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Limited a lot .......................... 1
Limited a little ........................ 2
Not limited at all ........................ 3
DON'T KNOW ............................. 8
REFUSED ............................... 9
The following two questions ask you about your physical health and your daily activities.

<table>
<thead>
<tr>
<th>A040</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All of the time</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A050</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All of the time</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

The following three questions ask about your emotions and your daily activities.

<table>
<thead>
<tr>
<th>A060</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All of the time</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A070</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All of the time</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
<th>DON'T KNOW</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>A090</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>A100</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>A110</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>A120</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
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
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**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Can’t Do</th>
<th>Don’t Do</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>C010</td>
<td>Because of a health problem do you have any difficulty with dressing, including putting on shoes and socks?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C020</td>
<td>Because of a health problem do you have any difficulty with walking across a room?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C030</td>
<td>Because of a health problem do you have any difficulty with bathing or showering?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C040</td>
<td>Because of a health problem do you have any difficulty with eating, such as cutting up your food?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C050</td>
<td>Because of a health problem do you have any difficulty with getting in or out of bed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C060</td>
<td>Because of a health problem do you have any difficulty with using the toilet, including getting up and down?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C070</td>
<td>Because of a health problem, do you have any difficulty preparing a hot meal?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C080</td>
<td>Because of a health problem, do you have any difficulty using a map to figure out how to get around in a strange place?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C090</td>
<td>Because of a health problem, do you have any difficulty with shopping for groceries?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C100</td>
<td>Because of a health problem, do you have any difficulty with making phone calls?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C110</td>
<td>Because of a health problem, do you have any difficulty with managing your money, such as paying your bills and keeping track of expenses?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C120</td>
<td>Because of a health problem, do you have any difficulty taking medications?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>D040. arthritis?</th>
<th>D042. arthritis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
<td>____</td>
</tr>
<tr>
<td>No 2 TO D050</td>
<td>97=97 YEARS AND OLDER</td>
</tr>
<tr>
<td>DK 8 TO D050</td>
<td>DK 98</td>
</tr>
<tr>
<td>REFUSED 9 TO D050</td>
<td>REFUSED 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D050. congestive heart failure?</th>
<th>D052. congestive heart failure?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
<td>____</td>
</tr>
<tr>
<td>No 2 TO D060</td>
<td>97=97 YEARS AND OLDER</td>
</tr>
<tr>
<td>DK 8 TO D060</td>
<td>DK 98</td>
</tr>
<tr>
<td>REFUSED 9 TO D060</td>
<td>REFUSED 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D060. coronary heart disease?</th>
<th>D062. coronary heart disease?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
<td>____</td>
</tr>
<tr>
<td>No 2 TO D070</td>
<td>97=97 YEARS AND OLDER</td>
</tr>
<tr>
<td>DK 8 TO D070</td>
<td>DK 98</td>
</tr>
<tr>
<td>REFUSED 9 TO D070</td>
<td>REFUSED 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D070. angina, also called angina pectoris?</th>
<th>D072. angina?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
<td>____</td>
</tr>
<tr>
<td>No 2 TO D080</td>
<td>97=97 YEARS AND OLDER</td>
</tr>
<tr>
<td>DK 8 TO D080</td>
<td>DK 98</td>
</tr>
<tr>
<td>REFUSED 9 TO D080</td>
<td>REFUSED 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D080. a heart attack?</th>
<th>D082. a heart attack?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
<td>____</td>
</tr>
<tr>
<td>No 2 TO D090</td>
<td>97=97 YEARS AND OLDER</td>
</tr>
<tr>
<td>DK 8 TO D090</td>
<td>DK 98</td>
</tr>
<tr>
<td>REFUSED 9 TO D090</td>
<td>REFUSED 99</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called &quot;rehab.&quot;</td>
<td>1</td>
</tr>
<tr>
<td>After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called &quot;rehab.&quot;</td>
<td>1</td>
</tr>
<tr>
<td>chronic obstructive pulmonary disease, also called COPD, emphysema or chronic bronchitis?</td>
<td>1</td>
</tr>
<tr>
<td>osteoporosis?</td>
<td>1</td>
</tr>
</tbody>
</table>

For ages 97 and older:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called &quot;rehab.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called &quot;rehab.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>chronic obstructive pulmonary disease, also called COPD, emphysema or chronic bronchitis?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>osteoporosis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For ages 97 and older:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called &quot;rehab.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called &quot;rehab.&quot;</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>osteoporosis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For ages 97 and older:
<table>
<thead>
<tr>
<th>Has a doctor or other health professional ever told you that you had: REPEAT AS NEEDED</th>
<th>Do you still have...</th>
<th>How old were you when you were first told you had...</th>
</tr>
</thead>
<tbody>
<tr>
<td>D120. a thyroid problem?</td>
<td>D121. a thyroid problem?</td>
<td>D122. a thyroid problem?</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>CODE YES IF SUBJECT'S THYROID WAS REMOVED</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>CODE YES IF SUBJECT'S THYROID WAS REMOVED</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
<td>97=97 YEARS AND OLDER</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D140. any kind of liver condition?</th>
<th>D141. this liver condition?</th>
<th>D142. a liver condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>97=97 YEARS AND OLDER</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>DK</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
<td>REFUSED</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

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 | TO D200 |
| No | 2 | TO D200 |
| DON'T KNOW | 8 | TO D200 |
| REFUSED | 9 | TO D200 |
What kind of cancer was it?  
ENTER UP TO 3 KINDS USING CODE TABLE BELOW. IF RESPONDENT OFFERS MORE THAN 3 CANCERS, ENTER 66 AS THE 4TH RESPONSE IN QUESTION D190.

<table>
<thead>
<tr>
<th>Code</th>
<th>Cancer Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>BLADDER</td>
</tr>
<tr>
<td>11</td>
<td>BLOOD</td>
</tr>
<tr>
<td>12</td>
<td>BONE</td>
</tr>
<tr>
<td>13</td>
<td>BRAIN</td>
</tr>
<tr>
<td>14</td>
<td>BREAST</td>
</tr>
<tr>
<td>15</td>
<td>CERVIX (CERVICAL)</td>
</tr>
<tr>
<td>16</td>
<td>COLON</td>
</tr>
<tr>
<td>17</td>
<td>ESOPHAGUS</td>
</tr>
<tr>
<td>18</td>
<td>GALLBLADDER</td>
</tr>
<tr>
<td>19</td>
<td>HODGKIN'S DISEASE</td>
</tr>
<tr>
<td>20</td>
<td>LARYNX/WINDPIPE</td>
</tr>
<tr>
<td>21</td>
<td>LEUKEMIA</td>
</tr>
<tr>
<td>22</td>
<td>LIVER</td>
</tr>
<tr>
<td>23</td>
<td>LUNG</td>
</tr>
<tr>
<td>24</td>
<td>LYMPHOMA</td>
</tr>
<tr>
<td>25</td>
<td>MELANOMA</td>
</tr>
<tr>
<td>26</td>
<td>MOUTH/TONGUE/LIP</td>
</tr>
<tr>
<td>27</td>
<td>NERVOUS SYSTEM</td>
</tr>
<tr>
<td>28</td>
<td>OVARY (OVARIAN)</td>
</tr>
<tr>
<td>29</td>
<td>PANCREAS (PANCREATIC)</td>
</tr>
<tr>
<td>30</td>
<td>PROSTATE</td>
</tr>
<tr>
<td>31</td>
<td>RECTUM (RECTAL)</td>
</tr>
<tr>
<td>32</td>
<td>SKIN (NON-MELANOMA)</td>
</tr>
<tr>
<td>33</td>
<td>SKIN (DON'T KNOW KIND)</td>
</tr>
<tr>
<td>34</td>
<td>SOFT TISSUE (MUSCLE OR FAT)</td>
</tr>
<tr>
<td>35</td>
<td>STOMACH</td>
</tr>
<tr>
<td>36</td>
<td>TESTIS (TESTICULAR)</td>
</tr>
<tr>
<td>37</td>
<td>THYROID</td>
</tr>
<tr>
<td>38</td>
<td>UTERUS (UTERINE)</td>
</tr>
<tr>
<td>39</td>
<td>OTHER</td>
</tr>
<tr>
<td>40</td>
<td>MORE THAN 3 KINDS</td>
</tr>
<tr>
<td>41</td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>42</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

How old were you when this cancer was first diagnosed? 

<table>
<thead>
<tr>
<th>Code</th>
<th>Age Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

CODES TO BE USED FOR TYPES OF CANCER IN THE TABLE ABOVE

<table>
<thead>
<tr>
<th>Bladder</th>
<th>Leukemia</th>
<th>Skin (Melanoma)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td>Blood</td>
<td>Liver</td>
<td>Skin (Non-Melanoma)</td>
</tr>
<tr>
<td>11</td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td>Bone</td>
<td>Lung</td>
<td>Skin (Don't Know Kind)</td>
</tr>
<tr>
<td>12</td>
<td>23</td>
<td>33</td>
</tr>
<tr>
<td>Brain</td>
<td>Lymphoma</td>
<td>Soft Tissue (Muscle or Fat)</td>
</tr>
<tr>
<td>13</td>
<td>24</td>
<td>34</td>
</tr>
<tr>
<td>Breast</td>
<td>Melanoma</td>
<td>Stomach</td>
</tr>
<tr>
<td>14</td>
<td>25</td>
<td>35</td>
</tr>
<tr>
<td>Cervix</td>
<td>Mouth/Tongue/Lip</td>
<td>Testis (Testicular)</td>
</tr>
<tr>
<td>15</td>
<td>26</td>
<td>36</td>
</tr>
<tr>
<td>Colon</td>
<td>Nervous System</td>
<td>Thyroid</td>
</tr>
<tr>
<td>16</td>
<td>27</td>
<td>37</td>
</tr>
<tr>
<td>Esophagus</td>
<td>Ovary (Ovarian)</td>
<td>Uterus (Uterine)</td>
</tr>
<tr>
<td>17</td>
<td>28</td>
<td>38</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>Pancreas (Pancreatic)</td>
<td>Other</td>
</tr>
<tr>
<td>18</td>
<td>29</td>
<td>39</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>Prostate</td>
<td>More than 3 Kind</td>
</tr>
<tr>
<td>19</td>
<td>30</td>
<td>66</td>
</tr>
<tr>
<td>Kidney</td>
<td>Rectum (Rectal)</td>
<td>Don't Know</td>
</tr>
<tr>
<td>20</td>
<td>31</td>
<td>98</td>
</tr>
<tr>
<td>Larynx/Windpipe</td>
<td>Refused</td>
<td>99</td>
</tr>
</tbody>
</table>
D200. Were your father, mother, sisters or brothers, ever told by a health professional that they had...REPEAT AS NEEDED

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>D200</td>
<td>asthma?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>D210</td>
<td>diabetes?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>D220</td>
<td>a stroke?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>D230</td>
<td>kidney failure needing dialysis?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>D240</td>
<td>a heart attack or angina before the age of 50?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

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
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  TO E060
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.

|___|___|___|
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”?  

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Had One</td>
</tr>
<tr>
<td>never Heard of “A One C” Test</td>
</tr>
<tr>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

TO E110

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

<table>
<thead>
<tr>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

TO E110

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 |

TO E110

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?  

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

TO E110
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.

[___]___

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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>F090 You didn't have time to buy them?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F100 You didn't have enough money?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F110 You didn't want to buy them?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F120 You physically couldn't buy them and there was no one else to do it?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
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**

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

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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>F170 Changing your eating habits?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F180 Cutting down on salt?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F190 Reducing alcohol use?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F200 Exercising?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F210 Trying to lose weight?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>F220 Change your eating habits?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F230 Cut down on salt?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F240 Reduce alcohol use?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F250 Exercise?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>F260 Lose weight?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
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**

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

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**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>G070 sudden confusion or trouble speaking?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>G080 sudden numbness or weakness of face, arm or leg, especially on one side?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>G090 sudden trouble seeing in one or both eyes?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>G100 sudden chest pain or discomfort?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>G110 sudden trouble walking, dizziness, or loss of balance?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>G120 severe headache with no known cause?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
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
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
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
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 ................................... 0 0  TO K050
- DON’T KNOW ........................... 9 8
- REFUSED .............................. 9 9

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 ........................... 9 8
- REFUSED .............................. 9 9
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
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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2 To L060</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8 To L060</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9 To L060</td>
</tr>
</tbody>
</table>

L050. What was the sleep disorder?

**CODE ALL THAT APPLY.**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Apnea</td>
<td>1</td>
</tr>
<tr>
<td>Insomnia</td>
<td>2</td>
</tr>
<tr>
<td>Restless Legs</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>1-2 days/week</td>
<td>1</td>
</tr>
<tr>
<td>3-4 days/week</td>
<td>2</td>
</tr>
<tr>
<td>5 or more days/week</td>
<td>3</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>1 Time a Month</td>
<td>1</td>
</tr>
<tr>
<td>2-4 Times a Month</td>
<td>2</td>
</tr>
<tr>
<td>5-15 Times a Month</td>
<td>3</td>
</tr>
<tr>
<td>16-30 Times a Month</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Per day</strong></td>
<td>Per week</td>
<td>Per month</td>
</tr>
<tr>
<td>M010 How often do you drink fruit juices such as orange, grapefruit, or tomato?</td>
<td></td>
<td>1 2 3 4 7 8 9</td>
</tr>
<tr>
<td>M020 Not counting juice, how often do you eat fruit?</td>
<td></td>
<td>1 2 3 4 7 8 9</td>
</tr>
<tr>
<td>M030 How often do you eat green salad?</td>
<td></td>
<td>1 2 3 4 7 8 9</td>
</tr>
<tr>
<td>M040 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?</td>
<td></td>
<td>1 2 3 4 7 8 9</td>
</tr>
<tr>
<td>M050 How often do you eat carrots?</td>
<td></td>
<td>1 2 3 4 7 8 9</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>1 2 3 4 7 8 9</td>
</tr>
</tbody>
</table>
### SECTION N: WEIGHT HISTORY

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FEET</td>
<td>INCHES</td>
</tr>
</tbody>
</table>

- 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**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>POUNDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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
R010. Are you currently:

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

R020. When you are at work, which of the following best describes what you do? Would you say:
\[\text{IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.}\]

- 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
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**

<table>
<thead>
<tr>
<th>S090</th>
<th>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?</th>
<th>Less than 1 day</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>DON’T KNOW</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S100</th>
<th>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?</th>
<th>Less than 1 day</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>DON’T KNOW</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S110</th>
<th>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?</th>
<th>Less than 1 day</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>DON’T KNOW</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S120</th>
<th>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?</th>
<th>Less than 1 day</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>DON’T KNOW</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
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
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
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
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?

<table>
<thead>
<tr>
<th>Often true</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes true</td>
<td>2</td>
</tr>
<tr>
<td>Never true</td>
<td>3</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Often true</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes true</td>
<td>2</td>
</tr>
<tr>
<td>Never true</td>
<td>3</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>W010</th>
<th>Vitamins or natural herbal supplements, such as garlic, vitamin E, ginseng or fish oil</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>W020</td>
<td>Chiropractic care, massage, or acupressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W030</td>
<td>Yoga, Tai Chi, QI Gong, or gentle movement exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W040</td>
<td>Prayer, meditation, chanting, or deep breathing exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W050</td>
<td>Traditional home remedies, passed down through family or culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?

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

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

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

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

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."

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

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

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.”
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
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.**

<table>
<thead>
<tr>
<th>Name of medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z010</td>
</tr>
<tr>
<td>Z020</td>
</tr>
<tr>
<td>Z030</td>
</tr>
<tr>
<td>Z040</td>
</tr>
<tr>
<td>Z050</td>
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<td>Z060</td>
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<td>Z070</td>
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<td>Z080</td>
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<td>Z190</td>
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<tr>
<td>Z200</td>
</tr>
<tr>
<td>Name of medication</td>
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<td>Z380</td>
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<tr>
<td>Z390</td>
</tr>
<tr>
<td>Z400</td>
</tr>
</tbody>
</table>
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