

Pre-Diabetes SURVEY

FIRST INTERVIEW



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SECTION A: INTERVIEW SUMMARY

PINA

- A1. SUBJECT ID: **MASTER_ID**

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- A2. BACHSUBS SURVEY EVENT **EVENT_2**

P	R	E	D
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- A3. FORM COMPLETION DATE: **COMP_D_PINA_2**

		/			/				
M	M		D	D		Y	Y	Y	Y
- A4. DATA COLLECTOR ID: **INT_ID_2**

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- A5. SEX OF SUBJECT: **GENDER_2**
MALE 1
FEMALE 2
- A6. LANGUAGE: **LANG_ENSP_2**
ENGLISH 1
SPANISH 2
- A7. START TIME OF INTERVIEW: **INT_START_TM_2**

		:			24 HR CLOCK
H	H		M	M	

SECTION B: Self Assessed Health Status

This interview will ask questions about your overall health, some specific health conditions, your lifestyle, and your typical daily activities. Remember, we are interested in how you feel about your health. Many of these questions may seem familiar to you. We are interested in how your health may or may not have changed since we last spoke with you. Today I am also going to ask you some questions about things that may or may not have an affect on your day-to-day life, such as work, friends and family and how you feel about certain situations. Finally I will give you a short form to fill out yourself.

Once again, I would like to remind you that all the information you provide is completely confidential. If you feel uncomfortable answering a question, you should feel free to tell me and we can skip it. Also, there are no right or wrong answers. If you don't know the answer to something, just tell me and we'll move on.

If you need to take a break at any time, just let me know. Are you ready? Let's begin.

B1. In general, would you say your health is: SF01_2

- | | |
|-----------------|---|
| Excellent | 1 |
| Very good | 2 |
| Good..... | 3 |
| Fair | 4 |
| Poor | 5 |

SECTION C: HEALTH AND HEALTH CARE

Now I have some questions about whether a health care provider has ever told you that you have a particular health condition. As you consider your answer, please keep in mind that a health care provider can be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else you would see for health care.

C1	*Have you ever been told by a health care provider that you now have or previously had:	YES	NO	RF	DK	i: IF YES: How old were you when you were first told OR at the time of <u>the first event</u> OR when you had surgery?
*a.	Insulin-dependent or juvenile-onset diabetes Type I DIAB1_2	1	2 (C1b)	-7	-8	DIAB1AGE_2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
a1. IF YES: Are you treating your diabetes by.....						
	i. No treatment DIAB1NOTRT_2	1 (C1a2)	2	-7	-8	
	ii. Modifying your diet DIAB1DIET_2	1	2	-7	-8	
	iii. Medications taken by mouth DIAB1MED_2	1	2	-7	-8	
	iv. Insulin injection DIAB1INS_2	1	2	-7	-8	
a2. IF YES: Has the diabetes caused:						
	i. Problems with your kidneys DIAB1KDNY_2	1	2	-7	-8	DIAB1KDAGE_2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
	ii. Problems with your eyes treated by an ophthalmologist? DIAB1EYE_2	1	2	-7	-8	DIAB1EYEAGE_2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

C1		YES	NO	RF	DK	i: IF YES: How old were you when you were first told OR at the time of the <u>first event</u> OR when you had surgery?
*b.	Non-insulin dependent or adult-onset diabetes Type II DIAB2_2	1	2 (C1c)	-7	-8	DIAB2 AGE_2
b1	IF YES: Are you treating your diabetes by.....					
i.	No treatment DIAB2NOTRT_2	1 (C1b2)	2	-7	-8	
ii.	Modifying your diet DIAB2DIET_2	1	2	-7	-8	
iii.	Medications taken by mouth DIAB2MED_2	1	2	-7	-8	
iv.	Insulin injection DIAB2INS_2	1	2	-7	-8	
b2.	IF YES: Has the diabetes caused:					
i.	Problems with your kidneys DIAB2KDNY_2	1	2	-7	-8	DIAB2 KDAGE _2
ii.	Problems with your eyes treated by an ophthalmologist or optometrist? DIAB2EYE_2	1	2	-7	-8	DIAB2 EYEAG E_2
*c	Elevated blood sugar (hyperglycemia) IF FEMALE: excluding when you were pregnant (gestational diabetes) SUGAR_2	1	2	-7	-8	SUGA RAGE_ 2
d.	WOMEN ONLY: Gestational diabetes GDIAB_2	1	2	-7	-8	GDIAB AGE_2
e.	Kidney disease or poor kidney function (blood tests show high creatinine) KIDNEY_2	1	2 (C1f)	-7	-8	KIDNE YAGE_ 2
e1.	IF YES: Have you ever used hemodialysis or peritoneal dialysis? KIDNEYHEMO_2	1	2 (C1f)	-7	-8	KDNYH EMOA GE_2

e2.	IF YES: Have you ever received kidney transplantation? KDNYTRNSPT_2	1	2	-7	-8	KDNYT PAGE_ 2
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C1.	* Have you ever been told by a health care provider that you now have or previously had:	YES	NO	RF	DK	i: IF YES: How old were you when you were first told OR at the time of the first event OR when you had surgery?
*f.	A heart attack (myocardial infarction or MI) MI_2	1	2	-7	-8	MI AG E_ 2 <input type="text"/>
*g.	Congestive heart failure (CHF) (you may have been short of breath and the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well) CHF_2	1	2 (C1h)	-7	-8	CHFAGE_ 2 <input type="text"/>
g1.	IF YES: Were you treated for this? CHFTRT_2	1	2	-7	-8	
*h.	Surgery or angioplasty for arterial disease of the leg (an operation to unclog or bypass arteries in your leg) SPVD_2	1	2	-7	-8	SPVDAGE_2 <input type="text"/>
i.	A TIA or mild stroke (Transient Ischemic Attack, mini stroke) TIA_2	1	2	-7	-8	TIAAGE_2 <input type="text"/>
j.	A Stroke (CVA, cerebrovascular accident, blood clot or bleeding in the brain) STROKE_2	1	2 (C1k)	-7	-8	STROKEAGE_ 2 <input type="text"/>
j1.	IF YES: Do you have difficulty moving an arm or leg as a result of the stroke or cerebrovascular accident? STROKEDIFF_2	1	2	-7	-8	
*k.	Angina pectoris, chest pain ANGINA_2	1	2	-7	-8	ANGI NAA GE_ 2 <input type="text"/>

i.	Carotid artery surgery (on artery in neck) CAS_2	1	2	-7	-8	CAS AGE _2	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
*m.	Heart-rhythm disturbance HRD_2	1	2	-7	-8	HRDAG E_2	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

C1	*Have you ever been told by a health care provider that you now have or previously had:	YES	NO	RF	DK	i: IF YES: How old were you when you were first told OR at the time of the <u>first event</u> OR when you had surgery?
n.	Peripheral vascular disease PVD_2	1	2	-7	-8	PVDAGE_2 <input type="text"/>
o.	High cholesterol CHOLEST_2	1	2	-7	-8	CHOLAGE_2 <input type="text"/>
p.	High blood pressure (hypertension) HBP_2	1	2	-7	-8	HBPAGE_2 <input type="text"/>
q.	Surgery of the stomach for weight loss purposes (i.e. stomach band, gastric bypass) WTLOSSSURG_2	1	2	-7	-8	WTLOSSSURG AGE_2 <input type="text"/>

C4. Compared to a year ago, has the number of days between the start of one menstrual period and the start of your next menstrual period become less predictable? **MPLPRED_2**

YES 1
NO 2

C5. Have you had a menstrual period in the past 3 months? **MP3MO_2**

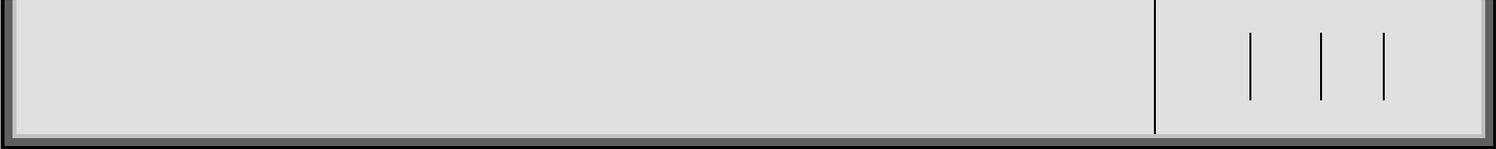
YES 1
NO 2

SECTION C3. FAMILY MEDICAL HISTORY

Next, I am going to ask you a question about the health of your primary blood relatives, including your parents, siblings and any children you might have.

[IF MORE THAN ONE SISTER/BROTHER/CHILD HAS DIABETES RECORD AGES FOR EACH SISTER/BROTHER/CHILD UNTIL ALL ARE ACCOUNTED FOR]

C6	* Please tell me if any of the following people has or had Diabetes: Do not include adopted, step or half relatives.	YES	NO	N/A	RF	DK	i: IF YES: At what age was ___ diagnosed with diabetes?
a.	Your biological mother? DIAB_MOM_2	1	2	-1	-7	-8	DIAB_MOM_AGE_2 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
b.	Your biological father? DIAB_DAD_2	1	2	-1	-7	-8	DIAB_DAD_AGE_2 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
c.	Your biological sister? DIAB_SIS_2	1	2	-1	-7	-8	DIAB_SIS_AGE_2 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
							<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
d.	Your biological brother? DIAB_BRO_2	1	2	-1	-7	-8	DIAB_BRO_AGE_2 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
							<input style="width: 20px; height: 20px;" type="text"/>
e.	Your biological child? DIAB_KID_2	1	2	-1	-7	-8	DIAB_KID_AGE_2 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>



SECTION C4: MEDICATIONS

Now I am going to ask you questions about your medications. Think about the pills or medicines you are currently taking or have taken within the last 4 weeks, which are prescribed by your health care provider. I will read off a list of medications, please let me know if you are taking any in the groups I mention.

IF YES, GO ACROSS. IF NO, GO TO NEXT ITEM

C7	i. *In the <u>last four weeks</u> have you taken:	Y E S	N O	RF	DK	ii. What is the name of that medication? Any others?	iii. What do you take it for?	iv. Amount per dose (include units)	v. Doses per day	vi. How long have you been on this medicine?			
										vi_i. MONTHS YEARS			
*a.	Insulin or pills for sugar in your blood? (NPH, regular insulin, Glucophage, Micronase, Glucotrol, Avandia) INSULIN_2	1	2	-7	-8					<input type="text"/>	<input type="text"/>	1	2
										<input type="text"/>	<input type="text"/>	1	2
*b.	Anything for your heart or heart beat including pills, paste or patches? (Digoxin, Nitrodur, Nitroglycerin, Inderal) HEARTMED_2	1	2	-7	-8					<input type="text"/>	<input type="text"/>	1	2
										<input type="text"/>	<input type="text"/>	1	2
*c.	Any medications for cholesterol or fats in your blood? (Lipitor, Zocor, Mevacor, Pravachol) CHOLMED_2	1	2	-7	-8					<input type="text"/>	<input type="text"/>	1	2
										<input type="text"/>	<input type="text"/>	1	2

C7. Continued

C7	i. *In the <u>last four weeks</u> have you taken:	Y E S	N O	RF	DK	ii. What is the name of that medication? Any others?	iii. What do you take it for?	iv. Amount per dose (include units)	v. Doses per day	vi. How long have you been on this medicine?						
										vi_i. MONTHS YEARS						
	d. Blood pressure or fluid pills (Norvasc, Vasotec, Aldomet, Nifedipine, Captopril, Atenolol, Lasix, HCTZ, Spironolactone)? BPMED_2	1	2	-7	-8					<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					1	2
										1	2					
										<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
	*e. IF FEMALE: Any female hormones including for birth control, including pills, creams, patches, implants or injectables? (Premarin, Provera, Prempro, Estrace) FEMHORM_2	1	2	-7	-8					1	2					
										1	2					

SECTION D. HEALTH CARE

Now I am going to ask you a few questions about your use of health care services.

D1. In the last year, how many times did you go to see a health care provider for yourself? (This would include visits for routine health care, emergency, mental health care, dental, vision, physical therapy, etc). **TIMEHCP_2**

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VISITS IF ZERO, GO TO D3.

D2. What was (were) the major reason(s) for your visit(s)? Was it (Were they) for:	YES	NO
a. An urgent (acute) problem HCPURG_2	1	2
b. A routine visit for an ongoing problem HCPROUT_2	1	2
c. A flare-up of an ongoing problem HCPFLARE_2	1	2
d. Pre- or post-surgery/injury care HCPSURG_2	1	2
e. Non-illness care (e.g., routine prenatal, general exam) HCPOTH_2	1	2

D3. When did you last see a health care provider for your own health? Was it... **LASTHCP_2**

- 6 months ago or less 1
- More than 6 months ago, but less than a year ago 2
- More than 1 year ago, but less than 2 years ago 3
- More than 2 years ago, but less than 5 years ago 4
- 5 years ago or more 5

Now I'd like to find out more about your usual health care. By usual we mean whatever it means to you.

D4. Is there a particular doctor's office, clinic, health center, or other place that you usually go if you are sick or need advice about your health? **PATICLR_DR_2**

Would you say...

- Yes..... 1 (D6)
- No, or 2
- More than one place..... 3 (D6)

D5. What is the **main** reason you do not have a usual source of health care?
(Pick only one) **MAIN_RES_NHC_2**

- You seldom or never get sick 1 (D14)
- You recently moved into area..... 2 (D14)
- You don't know where to go for care 3 (D14)
- Your usual source of medical care in this area is no longer available..... 4 (D14)
- You can't find a provider who speaks your language..... 5 (D14)
- You like to go to different places for different health needs 6 (D14)
- You just changed insurance plans..... 7 (D14)
- You don't use doctors/ you treat yourself..... 8 (D14)
- The cost of medical care, or 9 (D14)
- Another reason..... 99 ↓

Can you tell me more? _____

ANOTHER_REAS_2

D6. Where do you <u>usually</u> go for health care?		YES	NO
a. An outpatient clinic or doctor's office OUTPAT_2		1	2
b. A hospital emergency room HOSPER_2		1	2
c. A hospital outpatient clinic HOUTPAT_2		1	2
d. A health center HEALTHCTR_2		1	2
e. A free clinic FREEHOS_2		1	2
f. Retail clinic i.e. CVS Minute Clinic HC_RETAIL_CL_2		1	2

D7. How do you usually get to your usual provider? PROBE: Whatever a usual provider means to you.		YES	NO
a. Drive PROVD_DRIVE_2		1	2
b. Someone drives you PROVD_SDRIVE_2		1	2
c. Taxi, cab, The Ride, bus, train, other public transportation PROVD_PTRSPT_2		1	2
d. Walk PROVD_WALK_2		1	2

D8. How long does it take you to get to your usual provider? (From wherever you usually leave from whether it is home, work, or some place else.) PROVD_DIST_2

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MINUTES.....1

HOURS.....2

DAYS.....3 PROVD_UNTS_2

Now I am going to ask you a few questions about your health insurance.

D14. What is your current health insurance? You might have more than one type of insurance.		YES	NO
*Do you have...			
*a. Private insurance from your or your partner's employer PRIVINS_2		1	2
*b. Private insurance that you purchased (you pay the entire premium) SELFPAY_2		1	2
c. Medicare MEDICARE_2		1	2
d. Medicaid or Mass Health MEDICAID_2		1	2
e. TriCare Military Health (Champus or ChampVA) MILHEALT_2		1	2
f. Worker's compensation (a current injury is covered by worker's comp.) WORKCOMP_2		1	2
g. Free care at a particular clinic or hospital PREECARE_2		1	2
h. COBRA COBRA_2		1	2
i. Some other type of insurance OTHINS_2		1 ↓	2
	i1. SPECIFY: OTHNSSP_2	_____	
*j. IF NO TO ALL: Do you currently have any type of health insurance? ANYINS_2		1 ↓	2
	i1. SPECIFY: ANYINSSP_2	_____	

D15	IF NONE: How long have you been uninsured? HWLNG_UNINS_2
	MONTHS..... 1
	YEARS..... 2
	UNINS_MO_YRS_2

I am going to ask you a few more questions about health care, particularly the cost of care. When answering the next few questions, do not include dental care, vision care, and prescription medicines.

D16. In the last 12 months, did you or a doctor believe you needed any medical care, tests, or treatment? **NEED_CARE_2**

- Yes..... 1
- No 2 **(D20)**

D17. In the last 12 months, were you unable to get medical care, tests, or treatments you or a doctor believed necessary? **UNABL_CARE_2**

- Yes..... 1
- No 2 **(D20)**

D18. In the last 12 months, why were you unable to get medical care, tests, or treatments you or a doctor believed necessary?		YES	NO
Was it because....			
a.	You couldn't afford care CLDNT_AFORD_2	1	2
b.	The insurance company wouldn't approve, cover, or pay for care..... INS_WDNT_APV_2	1	2
c.	The doctor refused to accept family's insurance plan DR_REFSD_2	1	2
d.	Problems getting to doctor's office..... PRBLMS_TO_DR_2	1	2
e.	Different language..... DIFF_LANG_2	1	2
f.	You couldn't get time off work TM_OF_WK_2	1	2
g.	You didn't know where to go to get care WH_TOGT_CARE_2	1	2
h.	You were refused services REFSD_SERV_2	1	2
i.	You couldn't get child care CHILDCARE_2	1	2
j.	You didn't have time or took too long NO_TIME_2	1	2
k.	Another reason..... OTH_RS_UNABL_2	1	↓ 2
k.i. SPECIFY: RS_UNABL_SPC_2 _____			

D19. How much of a problem was it that you did not get **medical** care, tests, or treatments you or a doctor believed necessary? **PRBLM_NOCARE_2**

Would you say...

- A big problem, 1
- A small problem, or 2
- Not a problem?..... 3

INCLINATION TO SEEK CARE

People seek medical care for many different reasons. An important reason for one person may be not at all important for another. We are interested in what would cause you to seek medical care. **For these questions we are interested in chronic experiences, that is, experiences that occur over a period of 3 months or more.**

D20.	[SHOW RESPONSE CARD 'D20'] *How important to you would it be for you to seek medical care if / to (USE EITHER WORK AS APPLICABLE)....	EXTREMELY UNIMPORTANT	UNINMORTANT	NEITHER UN-IMPORTANT NOR IMPORTANT	IMPORANT	EXTREMELY IMPORTANT
*a.	you had a suspicious mole/growth on your skin SUSP_MOLE_2	1	2	3	4	5
*b.	you were told that a sibling (brother or sister) had been diagnosed with diabetes SIBLNG_DIAB_2	1	2	3	4	5
*c.	you had chest pains CHESTPAINS_2	1	2	3	4	5
d.	get a flu shot FLUSHOT_2	1	2	3	4	5
e.	get your blood pressure or cholesterol checked BP_CHOL_2	1	2	3	4	5

TAKE BACK RESPONSE CARD.

END OF PINA

E. DIABETES RISK

PINB

Now I would like to ask you a few questions about Diabetes.

E1. Please answer this question as true or false. Diabetes is an illness in which you have more than normal sugar in your blood. DIAB_IS_2

- | | |
|------------|---|
| TRUE | 1 |
| FALSE..... | 2 |

E2. Do you consider diabetes to be: CONSD_DIAB_2

- | | |
|------------------------------------|---|
| Not a serious disease..... | 1 |
| A moderately serious disease | 2 |
| A serious disease..... | 3 |
| A very serious disease | 4 |
| No Opinion..... | 5 |

E3. Do you think your personal risk for diabetes is: PERS_RISK_2

- | | | |
|----------------------|---|-------------|
| I have diabetes..... | 1 | (F1) |
| Almost no risk..... | 2 | |
| Slight risk | 3 | |
| Moderate risk | 4 | |
| High risk..... | 5 | |

	*In the <u>past month</u> , did you ever have:	YES	NO
E4.			
*a.	Increased thirst? INC_THST_2	1	2
b.	Increased need to urinate? INC_URIN_2	1	2
*c.	Increased fatigue? INC_FATG_2	1	2
*d.	Weight loss without decreasing your food intake or increasing exercise? WT_LOSS_2	1	2

F. SLEEP (Sleep Quality Questionnaire and Berlin Sleep Questionnaire)

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

[SHOW RESPONSE CARD 'F1']

F1. *Thinking about the past month...	Almost never or never	A few times	Sometimes	Most times	Almost always or always
*a. Do you have difficulties falling asleep? SLEEP1_2	1	2	3	4	5
*b. After getting up in the morning, can you fall asleep again? SLEEP2_2	1	2	3	4	5
*c. Do you use sleeping pills? SLEEP3_2	1	2	3	4	5
d. Are you tired during wake time? SLEEP4_2	1	2	3	4	5
e. Are you tired after sleeping? SLEEP5_2	1	2	3	4	5
f. Are you restless during the night (moving your legs and arms)? SLEEP6_2	1	2	3	4	5
g. Do you get up during the night? SLEEP8_2	1	2	3	4	5
*h. Do you suffer from headaches first thing in the morning? SLEEP9_2	1	2	3	4	5
i. Do you feel exhausted for no obvious reasons? SLEEP10_2	1	2	3	4	5
*j. How often have you been told that you quit breathing during your sleep? SLEEP11_2	1	2	3	4	5
k. How often have you nodded off or fallen asleep while driving a vehicle? SLEEP12_2	1	2	3	4	5
*l. How frequently have you been told that you snore? SLEEP7_2	1	2	3	4	5

[TAKE BACK RESPONSE CARD]

F2. How many hours of actual sleep do you usually get during the night?
(This may be different than the number of hours you spend in bed) **HRSLEEP_2**

		.	
--	--	---	--

 HOURS

F3. How long does it usually take you to fall asleep at bedtime? **MINSLEEP_2**

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 MINUTES

SECTION G: PHYSICAL ACTIVITY (PASE)

Now I am going to ask you about your activities in the last seven days not including today. Your answers should reflect how you actually behaved. There are no right or wrong responses.

G1. [SHOW RESPONSE CARD 'G1']	[SHOW RESPONSE CARD 'G1i']	
*In the <u>last 7 days</u> , how often did you:	i. IF EVER: On average, <u>how many hours per day</u> did you engage in these activities?	
*a. Participate in sitting activities such as reading, watching TV or doing handcrafts. Would you say: SITTING_2	Never..... 0 Seldom (1-2 days) 1 Sometimes (3-4 days)..... 2 Often (5-7 days)..... 3	Less than 1 hour 1 1 but less than 2 hours..... 2 2-4 hours 3 More than 4 hours..... 4 SITDUR_2
*b. Take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc. Would you say: WALK_2	Never..... 0 Seldom (1-2 days) 1 Sometimes (3-4 days)..... 2 Often (5-7 days)..... 3	Less than 1 hour 1 1 but less than 2 hours..... 2 2-4 hours 3 More than 4 hours..... 4 WALKDUR_2
*c. Engage in light sport or recreational activities such as catch, darts, bocci, golf with a cart, fishing from a boat or pier or other similar activities. Would you say: LTSPORT_2	Never..... 0 Seldom (1-2 days) 1 Sometimes (3-4 days)..... 2 Often (5-7 days)..... 3	Less than 1 hour 1 1 but less than 2 hours..... 2 2-4 hours 3 More than 4 hours..... 4 LTSPDUR_2
*d. Engage in moderate sport and recreational activities such as doubles tennis, dancing, hunting, ice skating, golf w/o a cart, softball, skating or other similar activities. Would you say: MDSPORT_2	Never..... 0 Seldom (1-2 days) 1 Sometimes (3-4 days)..... 2 Often (5-7 days)..... 3	Less than 1 hour 1 1 but less than 2 hours..... 2 2-4 hours 3 More than 4 hours..... 4 MDSPDUR_2
*e. Engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, basketball, skiing or other activities. Would you say: STSPORT_2	Never..... 0 Seldom (1-2 days) 1 Sometimes (3-4 days)..... 2 Often (5-7 days)..... 3	Less than 1 hour 1 1 but less than 2 hours..... 2 2-4 hours 3 More than 4 hours..... 4 STSPDUR_2
*f. Do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups, etc.	Never..... 0 Seldom (1-2 days) 1 Sometimes (3-4 days)..... 2	Less than 1 hour 1 1 but less than 2 hours..... 2 2-4 hours 3

Would you say:
STRENGTH_2

Often (5-7 days)..... 3

More than 4 hours..... 4
STRENDUR_2

[TAKE BACK RESPONSE CARD FOR 'G1' AND 'G1i']

	*In the <u>last 7 days</u> , have you done any:	YES	NO
G2.	Light housework, such as dusting or washing dishes? LTHSWORK_2	1	2
*G3.	Heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood? HVHSWORK_2	1	2
G4a.	Home repairs like painting, wallpapering, electrical work, etc. HOMEREP_2	1	2
*b.	Lawn work or yard care, including snow or leaf removal, wood chopping, etc. LAWNWORK_2	1	2
c.	Outdoor gardening GARDEN_2	1	2
*d.	Caretaking of another person, such as children, dependent spouse, or an other adult CARETAK_2	1	2

G5. In the last 7 days, did you work, including work as a volunteer? **WORK7DY_2**

YES 1
 NO 2 **(SECTION G6)**

a. How many hours per week did you work, including work as a volunteer, in the last 7 days? **HRS7DY_2**

			HOURS
--	--	--	-------

b. Which of the following categories best describes the amount of physical activity required on your job or in your volunteer work? **PHYSWORK_2**

- Mainly sitting with slight arm movements 1
- Sitting or standing with some walking 2
- Walking, with some handling of materials weighing less than 50 pounds 3
- Walking and heavy manual work often requiring handling of materials weighing over 50 pounds 4

G6. In the last year, did you work, including work as a volunteer? **LSTYR_WORK_2**

YES 1
 NO 2 **(SECTION H)**

ASK OF SUBJECTS WHO HAVE WORKED IN THE LAST 12 MONTHS ONLY

At this point in the interview, the style of the questions changes; up until now, the questions have been more specifically health related (your health history, health care, etc.). Now I want to find out more about different feelings and social situations that you may or may not experience, as sometimes these can affect a person’s health. Please be patient as we go through these next few sections. We ask everyone the same questions so that we can get an overall idea of the lives of our study participants.

Since we were just talking about work, I’m going to start with that. Here are some situations that might arise at work. Please tell me how often you have had these things happen to you during the past 12 months.

[IF SUBJECT IS SELF-EMPLOYED INSTRUCT THEM TO THINK ABOUT THEIR CLIENTS OR PEOPLE THEY WORK WITH ON A REGULAR BASIS]

[SHOW RESPONSE CARD G7]

G7. *During the past 12 months...	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
*a. How often do you feel that you have to work twice as hard as others to get the same treatment or evaluation? WK_HARD_2	1	2	3	4	5	6
*b. How often are you watched more closely than other workers? WATCHED_2	1	2	3	4	5	6
c. How often are you unfairly humiliated in front of others at work? HUMILIATD_2	1	2	3	4	5	6
*d. How often does your supervisor or coworkers make slurs or jokes about racial or ethnic groups? RACE_JOKES_2	1	2	3	4	5	6
e. How often does your supervisor or coworkers make slurs or jokes about women? WOM_JOKES_2	1	2	3	4	5	6
f. How often does your supervisor or co-workers make slurs or jokes about gays or	1	2	3	4	5	6

lesbians?

GAY_JOKES_2

TAKE BACK RESPONSE CARD.

SECTION H. DISCRIMINATION

Next please tell me how often, in your day-to-day life the following things have happened to you.

[SHOW RESPONSE CARD H1 / H3.]

H1. *In your day-to-day life how often ...	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
*a. are you treated with less courtesy or respect than other people RESPECT_2	1	2	3	4	5	6
*b. Do you receive poorer service than other people at restaurants or stores. POORSERVICE_2	1	2	3	4	5	6
c. Do people act as if they think you are not smart. NOTSMART_2	1	2	3	4	5	6
d. Do people act as if they are afraid of you. AFRAID_2	1	2	3	4	5	6
e. Are you threatened or harassed. HARRASSED_2	1	2	3	4	5	6

IF NEVER TO ALL GO TO H3.

H2. Thinking about the experiences we just discussed [PROBE R AS NECESSARY TO REMEMBER WHICH.], what do you think was the **main** reason why these happened to you? Please choose only one response. **REASON_WHY_2**

- Your ancestry or national origin..... 1
- Your gender 2
- Your race 3
- Your age 4
- Your height..... 5
- Your weight..... 6
- Some other aspect of your physical appearance..... 7
- Your sexual orientation..... 8
- Something else? 9↓

Can you tell me more? _____ **STHINELSE_SP_2**

Vigilance

Next please tell me how often, in your day-to-day life you do the following things.

[SHOW RESPONSE CARD H1 / H3.]

H3. *In your day-to-day life, how often do you ...	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
*a. try to prepare for possible insults from other people before leaving home INSULTS_2	1	2	3	4	5	6
*b. feel that you always have to be very careful about your appearance to get good service or avoid being harassed. APPEARANCE_2	1	2	3	4	5	6
c. watch carefully what you say and how you say it. WTCH_WHTUSAY_2	1	2	3	4	5	6
d. try to avoid certain social situations and places AVOID_PLCS_2	1	2	3	4	5	6

TAKE BACK RESPONSE CARD.

SECTION I: PSYCHOSOCIAL FACTORS

Major Life Events (Rahe 1972)

Next, I'm going to read you events that may or may not have happened to you over the past year. Think about the last year and the events that have happened in your life. Please answer Yes, it happened to me or No, it did not happen to me to each statement that I read.

I1. *In the past year have you...?	YES	NO
*a. Experienced the death of a spouse? SP_DEATH_2	1	2
*b. Gone through a divorce? DIVORCE_2	1	2
*c. Gone through a marital separation? SEPARATION_2	1	2
d. Been detained in jail or in another institution? JAIL_2	1	2
*e. Experienced the death of a close family member (other than a spouse)? FAM_DEATH_2	1	2
f. Had a major injury or illness? ILLNESS_2	1	2
g. Gotten married? MARRIED_2	1	2
*h. Been fired at work? FIRED_2	1	2
i. Had a marital reconciliation? RECONCLTN_2	1	2
j. Retired from work? RETIRED_2	1	2

SECTION J. SENSE OF CONTROL AND ALIENATION (Ross and Mirowsky 2009)

Next, I'm going to read you several statements describing how people sometimes feel. Think about yourself and the feelings you may have experienced. Please tell me how much you agree or disagree with each statement that I read, keeping in mind that the "I" in each statement refers to you.

*How much do you agree or disagree....

[SHOW RESPONSE CARD J1]

J1.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
*a. I am responsible for my own successes. RESPSUCS_2	1	2	3	4	5
*b. I can do just about anything I really set my mind to. ANYTHING_2	1	2	3	4	5
*c. My misfortunes are the result of mistakes I have made MISFORTUNES_2	1	2	3	4	5
d. I am responsible for my failures. FAILURES_2	1	2	3	4	5
e. The really good things that happen to me are mostly luck GOODTHINGS_2	1	2	3	4	5
*f. There is no sense in planning a lot—if something good is going to happen it will. PLANNING_2	1	2	3	4	5
g. Most of my problems are due to bad breaks BADBREAKS_2	1	2	3	4	5
*h. I have little control over the bad things that happen to me CONTROL_2	1	2	3	4	5
i. Most people are honest because they are afraid of being caught. HONEST_2	1	2	3	4	5
j. In order to get ahead people don't always do what's right GETAHEAD_2	1	2	3	4	5
*k. In order to get ahead you have to take everything you can get. TAKEEVERYTHIN_2	1	2	3	4	5
l. For some people to succeed others must fail MUSTFAIL_2	1	2	3	4	5

*m. I feel it is not safe to trust anyone TRUST_2	1	2	3	4	5
n. I feel suspicious SUSPICIOUS_2	1	2	3	4	5

J1. cont.

*How much do you agree or disagree....

J1.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
*o. I feel sure that everyone is against me. AGAINSTME_2	1	2	3	4	5
p. I have someone I can turn to for support and understanding when things get rough SUPPORT_2	1	2	3	4	5
q. I have someone I can really talk to TALK_2	1	2	3	4	5
r. I have someone who would help me out with things like give me a ride, watch the kids or house, or fix something HELP_2	1	2	3	4	5
s. I have someone who would take care of me if I were sick CARE_2	1	2	3	4	5

TAKE BACK RESPONSE CARD.

SECTION K: TOBACCO AND ALCOHOL CONSUMPTION (NHANES III)

Now I'd like to ask you about any past or present tobacco and alcohol use.

K1. For the purposes of this question we consider a "smoker" as someone who has smoked at least 100 cigarettes (about 5 packs) in their entire life
 Are you now or have you ever been a smoker (smoked at least 100 cigarettes in your entire life)? **SMOKER**

- YES CURRENT 1
- YES PAST 2
- NO I HAVE NOT SMOKED 100 OR MORE CIGARETTES..... 3

Now I would like to ask you a few questions about drinking alcoholic beverages.

K2. Have you ever had an alcoholic drink? **EVRETOH_2**

- YES 1
- NO 2 **(L1)**

K3. Have you had an alcoholic drink in the last 30 days? **ALCOH30DY_2**

- YES 1
- NO 2 **(K6)**

K4. Considering all the types of alcoholic beverages, how many times during the last 30 days did you have 5 or more drinks within a 24-hour period? **BNGE30DY_2**

--	--

TIMES

K5. Now, thinking about the occasions or days that you drink, how many drinks on average do you have during those occasions (at one sitting or session)? **AVGNDRNK_2**

--	--

DRINKS

- K6. In the past 10 years, has your use of alcoholic beverages..... **ALCOHUSE_2**
- Increased 1
 - Decreased 2
 - Not changed 3

SECTION L: LANGUAGE AND ACCULTURATION

Now I'd like to ask you questions about the languages that you might speak since some survey participants speak more than one language.

L1. Can you please tell me which language was the first you learned to speak? LANG_1ST_2

- English..... 1 (L5)
- Spanish.....2
- Portuguese3
- French4
- Italian.....5
- Russian.....6
- German.....7
- Or something else.....99

SPECIFY:

a.

LANG_SPC_2

Language Use Subscale

[SHOW RESPONSE CARD L2/L4]

L2	Almost never	Sometimes	Often	Almost Always
a. How often do you speak English? SPK_ENG_2	1	2	3	4
b. How often do you speak in English with your friends? SPK_ENG_FRND_2	1	2	3	4
c. How often do you think in English? THK_ENG_2	1	2	3	4
d. How often do you speak [FIRST LANGUAGE]? SPK_1STLANG_2	1	2	3	4
e. How often do you speak in [FIRST LANGUAGE] with your friends? SPK_FRND_1ST_2	1	2	3	4
f. How often do you think in [FIRST LANGUAGE]? THK_1ST_2	1	2	3	4

TAKE BACK RESPONSE CARD.

Language Use Subscale

[SHOW RESPONSE CARD L3]

L3	Very Poorly	Poorly	Well	Very Well
a. How well do you speak English? ENG_SPEAK_2	1	2	3	4
b. How well do you read in English? ENG_READ_2	1	2	3	4
c. How well do you understand television programs in English? ENG_TV_2	1	2	3	4
d. How well do you understand radio programs in English? ENG_RADIO_2	1	2	3	4
e. How well do you write in English? ENG_WRITE_2	1	2	3	4
f. How well do you understand music in English? ENG_MUSIC_2	1	2	3	4
g. How well do you speak [FIRST LANGUAGE]? WEL_1STLANG_2	1	2	3	4
h. How well do you read in [FIRST LANGUAGE]? WEL_1STLG_RD_2	1	2	3	4
i. How well do you understand television programs in [FIRST LANGUAGE]? TV_1STLANG_2	1	2	3	4
j. How well do you understand radio programs in [FIRST LANGUAGE]? RAD_1STLANG_2	1	2	3	4
k. How well do you write in [FIRST LANGUAGE]? WRITE_1STLANG_2	1	2	3	4
l. How well do you understand music in [FIRST LANGUAGE]? MUSC_1STLANG_2	1	2	3	4

TAKE BACK RESPONSE CARD.

Electronic Media Subscale

[SHOW RESPONSE CARD L2/L4]

L4	Almost never	Sometimes	Often	Almost Always
a. How often do you watch television programs in English? OFT_TV_ENG_2	1	2	3	4
b. How often do you listen to radio programs in English? OFT_RAD_ENG_2	1	2	3	4
c. How often do you listen to music in English? OFT_MUS_ENG_2	1	2	3	4
d. How often do you watch television programs in [FIRST LANGUAGE]? OFT_TV_FLNG_2	1	2	3	4
e. How often do you listen to radio programs in [FIRST LANGUAGE]? OFT_RD_FLNG_2	1	2	3	4
f. How often do you listen to music in [FIRST LANGUAGE]? OFT_MUS_FLNG_2	1	2	3	4

TAKE BACK RESPONSE CARD.

Let's talk a little about technology and items you may or may not have.

L5 As I read the following list of items, please tell me if you happen to have each one, or not. *Do you have...			
		YES	NO
	*a. A desktop computer? DESKTOP_2	1	2
	*b. A laptop computer? LAPTOP_2	1	2
	*c. A cell phone? CELLPHONE_2	1	2
	d. A Blackberry, iPhone or other similar device? BLKBERRY_2	1	2
	e. A PDA or other personal data device PDA_2	1	2

IF NO TO A AND B GO TO L7.

IF NO TO ALL, GO TO L8.

L6. Do you have an internet connection on your home computer? For example, dial-up, cable, or DSL? **INTERNET_2**

- YES 1
- NO 2 **(L7)**

L6a. How are you connected to the internet		YES	NO
	a. Dial-up DIALUP_2	1	2
	b. Fiber Optic FIBROPTIC_2	1	2
	c. DSL DSL_2	1	2
	d. Cable CABLE_2	1	2
	e. Satellite Wireless SATELITE_2	1	2
	f. Other OTH_INTERNET_2	1	2

L7	*Do you ever use your cell phone, Blackberry or other device to [ITEM]?	YES	NO
*a.	Send or receive email? SND_RCV_EMAL_2	1	2
b.	Send or receive text messages? SND_RCV_TXT_2	1	2
*c.	Access the internet? ACSS_INTRNET_2	1	2

L8. Do you have access to a computer somewhere other than home ?

COMPUTER_2

YES 1

NO 2

(SECTION M)

L9.	Other than home, where do you use a computer?	YES	NO
a.	Work COMPWRK_2	1	2
b.	Local Library COMPLIB_2	1	2
c.	Friends COMPFRD_2	1	2
d.	Family outside household COMPFAM_2	1	2
e.	Other COMPOTH_2	1	2

SECTION M: SOCIO-DEMOGRAPHIC INFORMATION

Now I am going to ask you some questions about your background and about where you live.

M1. What is your current marital status? **MARITAL_2**

- Married 1
- Living with a partner 2
- Divorced/separated 3
- Widowed 4
- Single, never married 5
- OTHER..... 99

[SHOW RESPONSE CARD M2]

M2. What is the highest grade/degree you have completed? **DEGRESTAT_2**

- LESS THAN 8TH GRADE 1
- 8TH GRADE 2
- 9TH THROUGH 11TH GRADE 3
- HIGH SCHOOL DIPLOMA/GED 4
- TECHNICAL TRAINING 5
- ASSOCIATES DEGREE 6
- BACHELORS DEGREE 7
- MASTERS DEGREE 8
- DOCTORATE DEGREE (E.G. MD, PHD, JD) 9

TAKE BACK RESPONSE CARD.

M3. How many years of school have you completed altogether? **EDUC_2**

		YEARS
--	--	-------

Now I would like to ask you a few questions about your current work situation.

M4. Which of the following categories best describes your current work situation? **WORKSTAT_2**

- Working for pay 1
- Unemployed and looking for work..... 2 **(M8)**
- Temporarily laid off; On sick or other leave..... 3 **(M8)**
- Disabled 4 **(M8)**
- Retired..... 5 **(M8)**
- Homemaker..... 6 **(M8)**
- Full-Time Student 7 **(M8)**
- Other (INCLUDING VOLUNTEER)..... 99

a. SPECIFY: _____ **WORKSPEC_2**

M5. How many jobs do you currently have?

NUM_JOBS_2 NUMBER: _____

M6. Are you currently working 35 hours or more each week (full time) or less than 35 hours?

FULLTIME_2

35 HRS OR MORE/WK 1

LESS THAN 35 HRS/WK..... 2

M7. How many days per week do you work? **WK_DAYS_2**

NUMBER: _____

M8. What is (was) your usual occupation? **USOCCUP_2**

SPECIFY: _____

[SHOW RESPONSE CARD M9]

M9. Income is important in analyzing the health information we collect. Including income from wages, salaries, Social Security or retirement benefits, help from relatives, veteran’s benefits, real estate, investments, and other sources, about how much was your total household income in the last 12 months? Please look at this card and tell me which category best describes the amount.

INCOME_2

LESS THAN \$5,000.....	1
\$5,000 - \$9,999	2
\$10,000 - \$19,999	3
\$20,000 - \$29,999	4
\$30,000 - \$39,999	5
\$40,000 - \$49,999	6
\$50,000 - \$59,999	7
\$60,000 - \$69,999	8
\$70,000 - \$79,999	9
\$80,000 - \$89,999	10
\$90,000 - \$99,999	11
\$100,000 - \$109,999	12
\$110,000 - \$119,999	13
\$120,000 - \$149,999	14
\$150,000 - \$199,999	15
\$200,000 - \$299,999	16
\$300,000 - \$499,999	17
\$500,000 - \$999,999	18
\$1,000,000 OR MORE	19
RF	-7
DK.....	-8

TAKE BACK RESPONSE CARD.

SECTION N: NEIGHBORHOOD

Now I am going to ask about your neighborhood. Please think about the area that you currently live in and answer how much you agree or disagree. The word neighborhood in these questions is whatever it means to you.

[SHOW RESPONSE CARD N1.]

N1.	*How much do you agree or disagree...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
*a.	There is a lot of graffiti in my neighborhood GRAFFITI_2	1	2	3	4	5
*b.	My neighborhood is noisy NOISY_2	1	2	3	4	5
*c.	Vandalism is common in my neighborhood VANDALSM_2	1	2	3	4	5
d.	There are a lot of abandoned buildings in my neighborhood ABANDONED_2	1	2	3	4	5
e.	My neighborhood is clean CLEAN_2	1	2	3	4	5
*f.	People in my neighborhood take good care of their houses and apartments. GOODCARE_2	1	2	3	4	5
g.	There are too many people hanging around on the streets near my home. HANGING_2	1	2	3	4	5
*h.	There is a lot of crime in my neighborhood. CRIME_2	1	2	3	4	5
i.	There is too much drug use in my neighborhood. DRUGS_2	1	2	3	4	5
j.	There is too much alcohol use in my neighborhood. ALCOHOL_2	1	2	3	4	5
*k.	I'm always having trouble with my neighbors. TROUBLE_2	1	2	3	4	5
l.	My neighborhood is safe. SAFE_2	1	2	3	4	5

[TAKE BACK RESPONSE CARD]

SECTION O: CONTACT INFORMATION

I am going to ask you several questions about where you live. Please tell me about where you currently live.

O1. Do you own or rent your home? HOME_2

- Own..... 1
 - Rent 2
 - Other 99↓
- SPECIFY _____ HOME_SPC_2

O2. Which of the following best describes your home. Please choose only one. HM_DESCRIBE_2

- Single Family House..... 1
 - Multi-Family House or unit in a Multi-Family House 2
 - Unit in an Apartment Building 3
 - Townhouse/Brownstone 4
 - Other 99↓
- SPECIFY _____ HMDES_SPC_2

O3. How long have you lived at your current address? CUR_ADDRESS_2

		DAYS.....1
		MONTHS.....2
		YEARS.....3

CUR_ADD_DURR_2

BEGIN TEAR OFF SHEET – PRIVATE PROTECTED INFORMATION

O4. What is your current primary address? # AND STREET
NUM_STRT
APT # ADD_LINE2
CITY, STATE
PRIM_CITY,
PRIM_STATE
ZIPCODE PRIM_ZIP

O5. What are the two nearest cross streets to your home? STREET 1 STREET1
STREET 2 STREET2

O6. In how many different places have you lived in the past 5 years? Past_5YRS_2

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THE FOLLOWING SECTION WILL BE PULLED FROM BACH II

PROMPT THE PARTICIPANT TO CONFIRM THE FOLLOWING INFORMATION

P1. What is your home telephone number?
HOMEFON _____

P2. What is your work telephone number?
WORKFON _____

P3. What is your cell phone number? **CELLFON** _____

P4. Do you have an email address where we could contact you? **EMAIL** _____

P5. **IF MARRIED/PARTNERED:** What is your spouse/partner's first and last name?

FIRST NAME:
 a. **PTNERS_1STNM** _____

LAST NAME:
 b. **PTNERS_LSTNM** _____

Before I give you the last form to complete it would also be helpful to have the name and phone number of a contact person for you. This would be someone who does not live in your household but who would know how to contact you. We will only contact this person if we cannot contact you. This information, as with all of the other information that you have provided, will remain strictly confidential.

P6. What is the name of a reliable contact person for you? Can you spell the first and last name?

a. FIRST NAME:
CNT_1STNM _____

b. LAST NAME:
CNT_LSTNM _____

c. What is (his/her) address?

c1. ADDRESS
ADDRESS _____

c2. CITY **CITY** _____

c3. STATE **STATE** _____

c4. ZIP **ZIP** _____

SECTION Q. HEALTH LITERACY

Here are some medical instructions that people sometimes see around a hospital. Each instruction has some of the words missing. There are four possible choices that might work with each sentence. **TURN PAGES TO SHOW EXAMPLES.** For each instruction, please look at each of the four choices and decide which makes the most sense to fill in the blank. Then circle the letter and go on to the next until you have finished all the questions.

GIVE THE PARTICIPANT THE HEALTH LITERACY PACKET. ALLOW THE PARTICIPANT 7 MINUTES TO COMPLETE THE SURVEY. **DO NOT TELL THEM IT IS TIMED.** WHEN SEVEN MINUTES HAVE ELAPSED TELL THE PARTICIPANT THAT “THAT SHOULD GIVE US WHAT WE ARE LOOKING FOR. THANK YOU FOR YOUR COOPERATION” AND REMOVE THE TEST MATERIAL.

Q1. WHAT IS THE SUBJECT’S HEALTH LITERACY SCORE? **HLTH_LITRCY**

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