

SCREENER MODULE (SCQ)**1.1 Cover Page**

Machine ID:
Interviewer ID:
Interviewer Name:

Block_group:
Block_group_label:

Address:

2.1 Introduction

Hello, I'm [IV NAME]. I'm from the School of Medicine and Public Health at the University of Wisconsin and here is my identification (show ID card). We sent a letter to this address about two weeks ago explaining that we would be visiting your home to invite you to join an important statewide health research project called SHOW, which stands for The Survey of the Health of Wisconsin. SHOW will help researchers and policy makers learn what is needed to improve the health of citizens of this state.

Do you remember getting the letter? It was in a white envelope with the UW logo and contained a SHOW refrigerator magnet in it like this one? (Interviewer shows them the envelope and magnet. If the resident does not remember letter, interviewer hand new copy of the envelope, letter and magnet.) Here is a copy of what was sent in the mail. Here is also a copy of what was sent in the mail [OPTIONAL: Here is also a copy of a letter of endorsement from _____ (name community leader or organization)].

As you will see/remember from this letter, we pay each eligible participant up to \$100 plus related travel and child care expenses for their help with this very important health project. You are also given test results, valued at over \$300.

The invited households have been randomly selected, like a lottery, so that each household has the same chance of being chosen as their neighbor. This household was randomly selected from thousands of Wisconsin households to be a part of this statewide project. Each household will represent the households not selected and each eligible person we interview will represent other Wisconsin residents.

In order to determine if we have the correct address and if anyone living in this household is eligible to participate, I need to ask you some questions. Answering these questions is voluntary and the information you provide will be kept private. Would you have a few minutes to answer these now?

(INTERVIEWER: READ THE FOLLOWING, IF NEEDED)

1. If not, could we arrange a time to come back that would be more convenient for you?
2. Would you like some additional information to review?
3. Would you prefer to call and arrange a time for us to come back?

SCREENER MODULE (SCQ)**2.2 Language**

(INTERVIEWER: IF THE RESPONDENT DOES NOT APPEAR TO SPEAK ENGLISH, USE THE LANGUAGE CARD TO DETERMINE LANGUAGE THEY SPEAK AND ENTER THAT LANGUAGE CODE BELOW AND CALL THE TRANSLATION SERVICE FOR ASSISTANCE.)

Language: (DROP DOWN BOX)

English
Spanish
Hmong
Other

Notes:

2.3 Address

SCQ070 First, I would like to verify this address.

ADDRESS
CITY

(INTERVIEWER: IS THIS THE CORRECT ADDRESS?)

Correct Address **(Go to SCQ071)**
Wrong Address **(Skip to 2.7 Conclusion of Introduction - Wrong Address)**
Correction Needed **(Make correction below and go to SCQ071)**

Don't know **(Ask if there is someone else that can verify the address: if not, go to 2.7 Conclusion of Introduction – Wrong Address)**
Refused **(Ask if there is someone else that can verify the address: if not, go to 2.7 Conclusion of Introduction – Wrong Address)**

Please give me the complete address (#, direction, street name, street type, city, state, zip, zip+4)

Street:

Town or City:

State: WISCONSIN

Postal code or zip code:

Reason for correction:

SCQ071 Is this the only dwelling unit in this building?

SCREENER MODULE (SCQ)

(INTERVIEWER: ASK ONLY IN HOUSES OR WHERE IT IS NOT OBVIOUS THAT THERE ARE MULTIPLE UNITS.)

Yes (Skip to SCQ072)
 No (Go to SCQ07110)
 Not Applicable (Skip to SCQ072)

Don't know (Skip to SCQ072)
 Refused (Skip to SCQ072)

SCQ07110 How many units are in this building?

[ENTER NUMBER OF UNITS]

[INTERVIEWER FILL IN HOQ06520_R2 BASED ON PREVIOUS RESPONSES AND EXISTING KNOWLEDGE]

HOQ06520_R2 Which best describes this building? Include all apartments, condos, flats, etc. even if vacant.

- <1> A mobile home
- <2> A one-family house detached from any other house
- <3> A one-family house attached to one or more houses
- <4> A building with 2 apartments
- <5> A building with 3 or 4 apartments
- <6> A building with 5 to 19 apartments
- <9> A building with 19 or more apartments
- <10> A Boat, RV, Van, etc.

- <d> DON'T KNOW
- <r> REFUSED

2.7 Conclusion of Introduction

Correct address

Thank you for verifying this address.

This is one of the addresses that were randomly selected to be surveyed by SHOW. I'd like to gather some more information about the household residents. **(Skip to SCQ080)**

Wrong address

SCREENER MODULE (SCQ)

Thank you for verifying this address.

This is not the address that was randomly selected to participate in SHOW. Would you have any idea where I might find this address?

(INTERVIEWER: GIVE THE INFORMANT THE ADDRESS YOU ARE SEEKING)

I am sorry to have bothered you. Thank you for your time (INTERVIEWER: ADVANCE TO THE NEXT PAGE TO EXIT THE SCREENER) **(Go to 36.1 OUTCOME)**

SCQ080 To gather this information I need to speak with someone who is age 18 years or older and knows who lives in this home.

Are you 18 years of age or older?

Yes **(Go to SCQ08005)**
No **(Skip to SCQ08010)**

Don't Know **(Skip to SCQ08010)**
Refused **(Skip to SCQ08010)**

SCQ08005 Do you know who lives in this home?

Yes **(Skip to SCQ090)**
No

Don't Know **(Skip to SCQ08010)**
Refused

SCQ08010 Is there someone at home who is 18 years of age or older or who is an emancipated minor and knows who lives in this home?

(IF YES: Could I speak with them?)

Yes **(Go back to 2.1 Introduction)**
No **(Skip to SCQ08013)**

Don't Know
Refused

SCQ08012 Could you check and see or should I come back when one of them is sure to be home?

(INTERVIEWER: RECORD APPOINTMENT WHEN EXITING CASE)

Thank you for you time. Please give this SHOW card to that person in care (he/she) has any questions before we get back to talk to (him/her).

SCREENER MODULE (SCQ)

(INTERVIEWER: GIVE THE INFORMANT THE GENERIC SHOW BUSINESS CARD)

(INTERVIEWER: CLICK 'EXIT' AND ENTER APPOINTMENT DATA ON OUTCOME SCREEN. IF YOU ARE REOPENING A CASE, CLICK 'NEXT' TO RETURN TO THE FIRST PAGE OF THE SCREENER).

SCQ08013 When would be the best time to come back to find one of the residents who is over 18 years old at home?

(INTERVIEWER: RECORD APPOINTMENT WHEN EXITING CASE)

Thank you for your time. Please give this SHOW card to that person in care (he/she) has any questions before we get back to talk to (him/her).

(INTERVIEWER: GIVE THE INFORMANT THE GENERIC SHOW BUSINESS CARD)

(INTERVIEWER: CLICK 'EXIT' AND ENTER APPOINTMENT DATA ON OUTCOME SCREEN. IF YOU ARE REOPENING A CASE, CLICK 'NEXT' TO RETURN TO THE FIRST PAGE OF THE SCREENER). **(Go to 36.1 OUTCOME or 2.1 Introduction)**

SCQ090 To begin, how many people, including children, live in this household?

Total:

5.1 Name

SCQ505 What is the name of the/a/another person in the household?

(INTERVIEWER: VERIFY SPELLING)

Respondent Answers

Don't Know

Refused

SCQ500 (INTERVIEWER: TRY TO GET AT LEAST FIRST NAME OR INITIALS)

First:

Middle:

Last:

Suffix:

5.2 Gender

SCREENER MODULE (SCQ)

SCQ501 (INTERVIEWER: ASK GENDER IF NOT OBVIOUS)

Is [FIRST NAME] male or female?

Male

Female

Don't know

Refused

5.3 Birthdate

SCQ502 What is [FIRST NAME]'s birthdate?

Respondent Answers

Don't know (Go to SCQ50220)

Refused (Go to SCQ50220)

(INTERVIEWER: ENTER DATE AS MONTH/DAY/YEAR)

(INTERVIEWER: ENTER 00 FOR MISSING MONTH OR DAY)

Month (MM) Day (DD) Year (YYYY) (Skip to 5.6 Entity Summary)

5.5 Age

SCQ50220 How old is [FIRST NAME]?

Respondent Answers

Don't know (Go to SCQ50220)

Refused

(INTERVIEWER: ENTER AGE IN YEARS)

5.6 Entity Summary

Entity Summary:

Number:

Enumerated:

Name:

Age:

REPEAT 5.1 – 5.6 FOR REMAINING HOUSEHOLD MEMBERS

When respondent indicates that there are no remaining household members, ask the following probe before moving on to 6.1.

SCREENER MODULE (SCQ)

PROBE: I have [TOTAL # OF PERSONS ENUMERATED] persons/people living here.

Read names listed on household roster.

Have I missed anyone? If yes, then repeat 5.1 – 5.6.

SCQ550_CHECK IF SCQ072 = YES (1), CODE SCQ550 AS DORM ROOM (3) AND SKIP TO SCQ560.

STUDENTS LIVING AWAY AT SCHOOL IN A DORM ROOM ARE CONSIDERED TO HAVE A HOME SOMEWHERE ELSE BUT THEY ARE ELIGIBLE FOR THE SURVEY THROUGH THEIR DORM ROOM.

6.1 Home Elsewhere

SCQ550 Do any of the people living in this household have a home anywhere else?

(INTERVIEWER: PLACE A CHECK MARK NEXT TO THE NAME OF ANY ENTITY WITH A HOME ELSEWHERE, OR IF THE RESPONDENT DOESN'T KNOW OR REFUSES TO ANSWER FOR THAT ENTITY)

[IF CHECKED GO TO SCQ55020. OTHERWISE SKIP TO SCQ560]

7.1 Here six months or more

SCQ55020 Where does [FIRST NAME] usually live and sleep for six months or more per year, here or somewhere else?

Here

Somewhere else **[Exclude from survey]**

Don't Know

Refused

8.1 Military Service

SCQ560 Are any of the people living in this household now on full-time active duty with the Armed Forces of the United States?

(INTERVIEWER: PLACE A CHECK MARK NEXT TO THE NAME OF ANY ENTITY WITH A HOME ELSEWHERE, OR IF THE RESPONDENT DOESN'T KNOW OR REFUSES TO ANSWER FOR THAT ENTITY)

SCQ56010 Is [FIRST NAME] now on full-time active duty with the Armed Forces of the United States?

Yes **[Exclude from survey.]**

No

Don't Know

Refused

SCREENER MODULE (SCQ)**10.1 Visiting**

SCQ580 Are any of the people living in this household merely visiting or traveling in Wisconsin?

(INTERVIEWER: PLACE A CHECK MARK NEXT TO THE NAME OF ANY ENTITY WITH A HOME ELSEWHERE, OR IF THE RESPONDENT DOESN'T KNOW OR REFUSES TO ANSWER FOR THAT ENTITY)

[IF CHECKED GO TO SCQ58020. OTHERWISE SKIP TO SCQ590]

11.1 Visiting Followup

SCQ58020 Is [FIRST NAME] visiting or traveling in Wisconsin?

Yes

No **[Exclude from survey.]**

Don't Know

Refused

12.1 Corrections System

SCQ590 Are any of the residents under supervision and monitoring by the corrections system at this time?

(INTERVIEWER: PLACE A CHECK MARK NEXT TO THE NAME OF ANY ENTITY WITH A HOME ELSEWHERE, OR IF THE RESPONDENT DOESN'T KNOW OR REFUSES TO ANSWER FOR THAT ENTITY)

[IF CHECKED GO TO SCQ59010. OTHERWISE SKIP TO 14.1 Name]

13.1 Corrections System Followup

SCQ.590.20 Is [FIRST NAME] under supervision and monitoring by the corrections system at this time?

Yes **[Exclude from survey.]**

No

Don't Know

Refused

IDENTIFICATION OF BIOLOGICAL AND SOCIAL RELATIONSHIPS WITHIN HOUSEHOLD**28.1 Ownership**

SCQ80020 Who owns or rents this house?

SCREENER MODULE (SCQ)

(INTERVIEWER: Mark one person as the “Owner or Renter”. If there are co-owners, pick one as Owner or Renter giving preference to any person present at time of question.)

[LIST OF PEOPLE IN HOUSEHOLD]

Don't know
Refused

28.2 Contact Person

SCQ.800.30 (INTERVIEWER: ASK IF NOT YET DISCLOSED)

Of the people you've identified as living in the household, which are you?

[LIST OF PEOPLE IN HOUSEHOLD]

Don't know
Refused

29.1 Relationships

What is the relationship of [FIRST NAME] to [FIRST NAME] ([FIRST NAME] is [FIRST NAME]'s...)?

[MATRIX OF ALL HOUSEHOLD MEMBERS' RELATIONSHIPS TO EACH OTHER.]

INFORMATION FOR RESOLVING DATA QUERIES**30.1 Home Telephone**

In a large survey of this nature, a double check is always done to ensure accurate and high quality information. There is always the chance that I have made a mistake in entering this information, or my supervisor may want to verify something that looks like a mistake. In case that happens, we'd like to get the following information so we can quickly contact you to correct any errors or answer any questions.

SCQ900 Please give me your home telephone number in case my office wants to check my work.

Respondent Answers

Don't know
Refused

(INTERVIEWER: Repeat telephone number)

SCREENER MODULE (SCQ)

[ENTER TELEPHONE NUMBER]

Whose name is it listed under?

30.2 Alternate Telephone (1)

SCQ905 Is there another number where you can be reached?

Yes

No **(Skip to SCQ920)**

Don't Know **(Skip to SCQ920)**

Refused **(Skip to SCQ920)**

SCQ90505 What is it?

|_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|_|_|_|

(INTERVIEWER: Repeat telephone number)

SCQ.90510 Where is that telephone located?

Work

Relative's home

Neighbor's home

Mobile phone

Other

Don't Know

Refused

30.3 Alternate Telephone (2)

SCQ.910. Is there another number where you can be reached?

Yes

No **(Skip to SCQ920)**

Don't Know **(Skip to SCQ920)**

Refused **(Skip to SCQ920)**

SCQ90505 What is it?

|_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|_|_|_|

(INTERVIEWER: Repeat telephone number)

SCQ.90510 Where is that telephone located?

Work

Relative's home

Neighbor's home

Mobile phone

Other

Don't Know
Refused

30.4 Email Address

SCQ920 Is there a way to contact you by email?

Yes
No **(Skip to SCQ930)**

Don't Know **(Skip to SCQ930)**
Refused **(Skip to SCQ930)**

SCQ92020 What is that email?

(INTERVIEWER: Repeat email)

30.5 Mailing Address

SCQ930 Is the mailing address for this residence the same address you verified with me at the beginning?
ADDRESS
CITY

Yes **(Skip to SCQ93020)**
No

Don't Know **(Skip to SCQ93020)**
Refused **(Skip to SCQ93020)**

SCQ93010 What is this mailing address?

PO Box or Street:

City:

State: WISCONSIN

Zip:

30.6 Alternate Address

(INTERVIEWER: USE ACTIVE PROBING TO DETERMINE WHICH ADDRESS IS THE PRIMARY RESIDENCE AND WHICH IS THE SECONDARY RESIDENCE IF A DIFFERENT MAILING ADDRESS IS GIVEN IN THE SAME CITY. THIS IS TO DETERMINE IF THE CONTACT PERSON STILL QUALIFIES AS A PARTICIPANT AT THIS ADDRESS.)

SCQ93020 Is there an alternate address for another home or vacation residence?

SCREENER MODULE (SCQ)

Yes
No **(Skip to 31.1 Eligibility)**

Don't Know **(Skip to 31.1 Eligibility)**
Refused **(Skip to 31.1 Eligibility)**

SCQ93030 What is the alternate address?

PO Box or Street:

City:

State: WISCONSIN

Zip:

31. 1 Eligibility

Participation in SHOW involves a two hour commitment of time plus a visit to a sample collection center or home visit for blood measures. SHOW pays each participant some money to compensate the participant's time spent on each part of the survey. I'd now like to talk to each of these members of the household separately or together about the details of what SHOW is about so that each person can decide for themselves whether they want to take part in this important health survey.

The following people in this household are eligible for participation in SHOW:

[ALL ENUMERATED HOUSHOLD MEMBERS WILL OBTAIN A SPID AT THIS STAGE]

Name	Gender	Age	Relationship	Eligible	ID
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32.1 Appointment

When would be the best time to contact [FIRST NAME]?

(INTERVIEWER: IF THIS SUBJECT SHOULD BE ASSIGNED A STARTING DISPOSITION CODE, PLEASE SELECT IT FROM THE LIST BELOW. THIS IS OPTIONAL)

Disposition:

[REPEAT FOR EACH ELIGIBLE PERSON]

35.1 CASES

Setup Cases

36.1 OUTCOME

Total Individuals:

Eligible Individuals:

Screener Status:

Comments:

Callback Flag **[checkbox]**

(INTERVIEWER: Please enter the callback number)

(INTERVIEWER: Enter the name under which telephone number is listed)

(INTERVIEWER: Was the Missed Dwelling Unit procedure completed?)

Yes

No

Unable to complete

(INTERVIEWER: How many Missed Dwelling Units were identified?) [Enter zero if no Missed Dwelling Units were identified.]

(INTERVIEWER: If one or more Missed Dwelling Units were found, then enter the addresses for all of the Missed Dwelling Units on the list below and call your supervisor.)

VERIFICATION OF AGE (VAQ)
ASKED OF EVERYONE

t1papi2 Are you entering in data already collected using PAPI instruments?

<1> Yes

<2> No

<3> Partially, Please specify sections entered from PAPI

VAQ502nw1 What is your birthdate?

<d> DON'T KNOW (go to VAQ50210nw1)

<r> REFUSED (go to VAQ50210nw1)

MONTH	_ _ _
DAY	_ _ _
YEAR	_ _ _ _ _ _ _

(If answered, go to CLOCK1)

VAQ50210nw1 What year were you born?

<1900-2014> YEAR

<d> DON'T KNOW (go to VAQ50220)

<r> REFUSED (go to VAQ50220)

(If answered, go to CLOCK1)

VAQ50220 How old are you?

<0-105> YEARS OLD

<d> DON'T KNOW (go to VAQ50230)

<r> REFUSED (go to VAQ50230)

(If answered, go to CLOCK1)

Because so much health information and risks are related to age, it is not worth your while or SHOW's to continue the interview without at least an estimate of your age. I'm sorry but we will need to end your participation in SHOW at this point.

VAQ50240_R2 Interviewer impression of age:

<1>

<0-105> YEARS OLD

Consent Verification

CONS1a TERMS OF CONSENT (AS TAKEN FROM THE APPROVED CONSENT SIGNATURE PAGE)

Date Consent Signed

MONTH

DAY

YEAR

Interviewer's name

Interviewer's number

VERSION NUMBER OF CONSENT

[IF VERSION NUMBER IS LESS THAN 21, DISPLAY THE FOLLOWING WARNING:

YOU HAVE ENTERED A VESION NUMBER LOWER THAN 21]

CONS2 THE SP INITIALED THE FOLLOWING FOLLOW-UP OPTIONS – MARK YES OR NO FOR EACH ONE.

<1> YES

<2> NO

1. I have read or am aware of all the facts in the **consent brochure**.

I have **asked questions** and all of my questions have been answered to my satisfaction.

I have read the consent brochure describing how my information will be shared. I know that I can call the SHOW main office if I have any other questions.

2. I understand that I can choose to participate in the survey and I can choose to stop participating at any time. I know that I may **refuse to answer** any question.

3. I agree to do the interview and physical measurements in my home. I understand that these include tests of blood pressure, heart rate, height, weight, waist, hips and arms, and breathing capacity.

4. I agree to complete the packet of questions that will be left at my house and understand that I will mail this back to SHOW.

5. I agree to meet with SHOW staff for the blood draw and urine collection.

6a. I agree to allow you to draw my blood. I understand that some tests and results will be sent to me.

6b. I agree to allow you to take a saliva sample for future DNA testing.

6c. I agree to allow you to take a blood spot for future unspecified research.

7. I understand and agree to having my blood stored for future unspecified research.

8. I agree to provide you with a urine sample. I understand and agree to have my urine stored for future unspecified research.

Consent Verification

9. I allow you to use a portion of my blood or saliva for **DNA testing**. I understand that the sample will be used to look for genetic causes of disease. I understand that my genetic information will not be sold and will not be used for cloning or stem cell research and will not be reported to me. I agree to have this stored for future unspecified research.

10. I agree that SHOW may call, send me a letter, and/or email me about **future studies** related to SHOW.

11. I agree to have my **interview taped**. I understand that this is for quality assurance of the conduct of the study and that this tape will be destroyed and not kept as part of the database.

DEMOGRAPHICS (DMQ)

VAQ502pre I'm going to read to you questions on a number of topics. We have to ask the questions as they have been written so that everyone answers the same questions. This way doctors and researchers can get the best picture of people's health.

There are different kinds of questions:

- Some of the questions ask you to choose between Yes or No.
- Other questions ask you to choose from a list of things.
- Still other questions ask you to rank something along a scale.

Please let me finish reading the **entire** question completely before you answer. From time to time I will refer to cards to prompt you for answers.

I cannot interpret questions for you. Please choose the answer that is closest to what the question means to you. I will be happy to answer any questions you have about the interview when we are finished. We would like you to answer all the questions, but if you are uncomfortable with a question, you may choose to not answer it. All of your answers are confidential.

Do you have any questions before we begin?

INTERVIEWER: HIT ENTER TO CONTINUE

DMQ010pre Next I will be asking about your background. This includes your education, marital status, race and ancestry, and other things that can sometimes be associated with people's health.

INTERVIEW: HIT ENTER TO CONTINUE

DMQ010 What is the **highest** grade or level of school you **completed** or the **highest degree you received?** (HAND CARD)

- <0> NEVER ATTENDED/KINDERGARTEN ONLY
- <1> 1ST GRADE
- <2> 2ND GRADE
- <3> 3RD GRADE
- <4> 4TH GRADE
- <5> 5TH GRADE
- <6> 6TH GRADE
- <7> 7TH GRADE
- <8> 8TH GRADE
- <9> 9TH GRADE
- <10> 10TH GRADE
- <11> 11TH GRADE
- <12> 12TH GRADE, NO DIPLOMA
- <13> HIGH SCHOOL GRADUATE
- <14> GED OR EQUIVALENT
- <15> SOME COLLEGE, NO DEGREE
- <16> ASSOCIATE DEGREE: OCCUPATIONAL,

DEMOGRAPHICS (DMQ)

TECHNICAL, OR VOCATIONAL PROGRAM

<17> ASSOCIATE DEGREE: ACADEMIC PROGRAM

<18> BACHELOR'S DEGREE (I.E., BA, AB, BS, BBA)

<19> MASTER'S DEGREE (I.E., MA, MS, MENG, MED, MBA)

<20> PROFESSIONAL DEGREE (I.E., MD, DDS, DVM, JD)

<21> DOCTORAL DEGREE (I.E., PHD, EDD)

<d> DON'T KNOW

<r> REFUSED

DMQ020 Are you now going to school to obtain a degree?

<1> YES

<2> No

<d> DON'T KNOW

<r> REFUSED

DMQ030r1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does NOT include training for the Reserves or National Guard, but DOES include activation, for example, for Operation Iraqi Freedom.

<1> YES, I SERVED ON ACTIVE DUTY AND/OR WAS ACTIVATED

<2> NO, I DID NOT SERVE ON ACTIVE DUTY AND/OR WAS NOT ACTIVATED

<d> DON'T KNOW

<r> REFUSED

DMQ035 Which of the following best describes your service in the United States military?

<1> CURRENTLY IN THE NATIONAL GUARD OR RESERVE UNIT

<2> CURRENTLY ON ACTIVE DUTY IN THE REGULAR MILITARY (NAVY, ARMY, AIR FORCE, MARINES, COAST GUARD)

<3> RETIRED FROM MILITARY SERVICE

<4> MEDICALLY DISCHARGED FROM MILITARY SERVICE

<5> DISCHARGED FROM MILITARY SERVICE

<6> OTHER

<d> DON'T KNOW

<r> REFUSED

DMQ040 What is your marital status?

<1> MARRIED

<2> WIDOWED

DEMOGRAPHICS (DMQ)

<3> DIVORCED
<4> SEPARATED
<5> NEVER MARRIED
<6> LIVING WITH PARTNER

<d> DON'T KNOW
<r> REFUSED

DMQ050 Are you Hispanic or Latino?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

DMQ060 Which one or more of the following would you say is your race? (ENTER ALL THAT APPLY.) **HAND CARD**

<1> WHITE
<2> BLACK OR AFRICAN AMERICAN
<3> ASIAN
<4> NATIVE HAWAIIAN OR PACIFIC ISLANDER
<5> AMERICAN INDIAN OR ALASKA NATIVE
<6> OTHER (SPECIFY)

<d> DON'T KNOW
<r> REFUSED

(ENTER 'X' TO EXIT SCREEN)

BIRTH PLACE and NATIONALITY OF ANCESTORS and ACCULTURATION

DMQ060post Many people in the U.S. come from other countries, or have ancestors who came from another country.

Sometimes our ancestry plays an important role in our health and it would be very helpful to this survey to know about this information.

Examples of a person's ancestry could be Irish, Mexican, African, Ethiopian, Swedish, German, Hmong, Vietnamese, and so on.

INTERVIEWER: HIT ENTER TO CONTINUE

DMQ065 What is your ancestry or ethnic origin? (ENTER AS MANY AS APPLY)

<d> DON'T KNOW
<r> REFUSED

DEMOGRAPHICS (DMQ)

DMQ070pre Information about citizenship and place of birth is being asked by SHOW as it may help us understand risks to health. Providing this information is voluntary and is protected by a certificate of confidentiality. It will not be shared with any other agency or with the government.

INTERVIEWER: HIT ENTER TO CONTINUE

DMQ070 Are you a citizen of the United States by either birth or naturalization?

- <1> YES, BY BIRTH
- <2> YES, BY NATURALIZATION **(Skip to DMQ072)**
- <3> NO, NOT A CITIZEN OF THE UNITED STATES **(Skip to DMQ072)**
- <d> DON'T KNOW
- <r> REFUSED

DMQ071 In what state or US territory were you born?

<76> IN A FOREIGN COUNTRY TO PARENTS WHO WERE US CITIZENS

- | | | | |
|---|------------------|---------------------|-----------------|
| <1> ALABAMA | <13> IDAHO | <26> MISSOURI | <39> |
| PENNSYLVANIA | | | |
| <2> ALASKA | <14> ILLINOIS | <27> MONTANA | <40> RHODE |
| ISLAND | | | |
| <3> ARIZONA | <15> INDIANA | <28> NEBRASKA | <41> SOUTH |
| CAROLINA | | | |
| <4> ARKANSAS | <16> IOWA | <29> NEVADA | <42> SOUTH |
| DAKOTA | | | |
| <5> CALIFORNIA | <17> KANSAS | <30> NEW HAMPSHIRE | <43> TENNESSEE |
| <6> COLORADO | <18> KENTUCKY | <31> NEW JERSEY | <44> TEXAS |
| <7> CONNECTICUT | <19> LOUISIANA | <32> NEW MEXICO | <45> UTAH |
| <8> DELAWARE | <20> MAINE | <33> NEW YORK | <46> VERMONT |
| <9> DISTRICT OF | <21> MARYLAND | <34> NORTH CAROLINA | <47> VIRGINIA |
| COLUMBIA <22> MASSACHUSETTS<35> NORTH DAKOTA | | | |
| <10> FLORIDA | <23> MICHIGAN | <36> OHIO | <48> WASHINGTON |
| <49> WEST | | | |
| VIRGINIA | | | |
| <11> GEORGIA | <24> MINNESOTA | <37> OKLAHOMA | <50> WISCONSIN |
| <12> HAWAII | <25> MISSISSIPPI | <38> OREGON | <51> WYOMING |
| <52> PUERTO RICO <53> US VIRGIN ISLANDS <54> GUAM | | | |
| <55> OTHER US TERRITORY (SPECIFY) | | | |

- <d> DON'T KNOW
- <r> REFUSED

DMQ072 In what country were **you** born?

-
- <d> DON'T KNOW
 - <r> REFUSED

DEMOGRAPHICS (DMQ)

DMQ073 In what month and year did you come to the United States to stay?

MONTH (mm) |__|__| / YEAR (yyyy) |__|__|__|__|

<d> DON'T KNOW
<r> REFUSED

DMQ080 What language(s) do you usually speak at home? **ENTER ALL THAT APPLY**

<1> ENGLISH
<8> SPANISH
<9> OTHER (SPECIFY)

<d> DON'T KNOW
<r> REFUSED (ENTER "X" TO EXIT SCREEN)

DMQ100 Do you currently own or lease a car or truck?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

INQ100pre1 The next questions are about your income in the **last 12 months**. In the United States income has been associated with health status, ability to get insurance, and ability to follow screening and treatment recommendations.

This information, like all the information you provide, will be kept confidential. When answering these questions, please remember that by income we mean income **before taxes** and from all sources.

Here is a card with typical sources of income. **(HAND SOURCES OF INCOME CARD)**

The response categories are broken down by yearly income and the monthly equivalent for that range and you give the associated letter to identify your income category.

INTERVIEWER: HIT 1 TO CONTINUE, OR 2 TO SEE A LIST OF INCOME.

<1> CONTINUE, HAVE CARD
<2> CONTINUE, BUT SEE A LIST OF INCOME CATEGORIES (go to INQ100p1)

DEMOGRAPHICS (DMQ)

INQ100 Considering all the sources of income, can you tell me which letter on this card best represents your **individual** income before taxes in the **last 12 months or in the last month?**

HAND INCOME RANGE CARD

<a-p>

<q>

<r> REFUSED

INQ100p1 **INTERVIEWER: REMEMBER THE R'S RESPONSE, HIT ENTER, AND TYPE IT IN THE NEXT ITEM**

	Income for Year	Income for Month
A.	Less than \$10,000	Less than \$832
B.	\$10,000 to \$14,999	\$833 to \$1,249
C.	\$15,000 to \$19,999	\$1,250 to \$1,666
D.	\$20,000 to \$24,999	\$1,667 to \$2,083
E.	\$25,000 to \$29,999	\$2,083 to \$2,499
F.	\$30,000 to \$34,999	\$2,500 to \$2,916
G.	\$35,000 to \$39,999	\$2,917 to \$3,333
H.	\$40,000 to \$44,999	\$3,334 to \$3,749
I.	\$45,000 to \$49,999	\$3,750 to \$4,166
J.	\$50,000 to \$59,999	\$4,167 to \$4,999
K.	\$60,000 to \$74,999	\$5,000 to \$6,249
L.	\$75,000 to \$99,999	\$6,250 to \$8,333
M.	\$100,000 to \$124,999	\$8,334 to \$10,416
N.	\$125,000 to \$149,999	\$10,417 to \$12,499
O.	\$150,000 to \$199,999	\$12,500 to \$16,666
P.	\$200,000 or more	\$16,667 or more

INTERVIEWER: HIT ENTER TO CONTINUE

INQ200 Now, considering all the sources of income, can you tell me which letter on this card best represents **the combined family income before taxes** in the last 12 months or in the last month?

HAND INCOME RANGE CARD

<a-p>

<q> DON'T KNOW

DEMOGRAPHICS (DMQ)

<r> REFUSED

INQ201 How many people were supported by this combined family income in the last 12 months?

<1-20> PEOPLE

<66> MORE THAN 20 PEOPLE

<d> DON'T KNOW

<r> REFUSED

HOQ065R2 Is this (house, apartment, or mobile home)...

INTERVIEWER: READ ALL RESPONSE OPTIONS

(HAND CARD)

<1> Owned by you or someone in this household with a mortgage or loan?
(SKIP TO HOQ06520)

<2> Owned by you or someone in this household free and clear without a mortgage or loan? **(SKIP TO HOQ06520)**

<3> Rented for cash rent

<4> Occupied without payment of cash rent

<d> DON'T KNOW

<r> REFUSED

INSURANCE, ACCESS, UTILIZATION (IUQ)

IUQ010pre The next questions are about health insurance and your use of the health care system.

INTERVIEWER: HIT ENTER TO CONTINUE

IUQ010 During the last 12 months, how many months did you have health insurance?

IF NO INSURANCE DURING 12 PRECEDING MONTHS, ENTER "0".

<0-12> MONTHS (If 0, skip to IUQ012. If 12, go to IUQ020_R2, Otherwise, go to IUQ015.)

<d> DON'T KNOW (Skip to IUQ015)

<r> REFUSED (Skip to IUQ015)

IUQ012 If you wanted to, could you be covered by health insurance through a job or through a household family member's job? That is, do you or a household family member (parent or spouse) have an employer that offers health insurance?

<1> Employer (either yours or family member's) offers health insurance (SKIP TO IUQ014)

<2> Employer (either yours or family member's) does NOT offer health insurance

<d> DON'T KNOW

<r> REFUSED

IUQ013 Did you consider purchasing individual health insurance through the new health care program, known as the "Affordable Care Act" or "Obamacare," that allows many individuals to purchase subsidized insurance through the Marketplace?

[HAND CARD]

<1> Yes, but it was too expensive because I did not qualify for a subsidy (Skip to IUQ100)

<2> Yes, but it was too expensive even with a subsidy (Skip to IUQ100)

<3> I was not eligible to purchase through the Marketplace (Skip to IUQ100)

<4> I did not consider purchasing coverage through the Marketplace (Skip to IUQ100)

<d> DON'T KNOW (Skip to IUQ100)

<r> REFUSED (Skip to IUQ100)

IUQ014 Why don't you have health insurance coverage from that employer?

<1> I am not eligible for the health insurance plan (Skip to IUQ100)

<2> It is too expensive – cannot afford the premiums (Skip to IUQ100)

<3> I do not think it is worth it (Skip to IUQ100)

<d> DON'T KNOW

INSURANCE, ACCESS, UTILIZATION (IUQ)

<r> REFUSED

IUQ015 Do you currently have health insurance?

<1> Yes

<2> No

<d> DON'T KNOW (SKIP TO IUQ100)

<r> REFUSED (SKIP TO IUQ100)

IUQ020_R2 What kind(s) of health insurance or health care coverage do you have now, or did you have during the last 12 months? In answering this question, please EXCLUDE plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.

HAND CARD. ENTER ALL THAT APPLY.

- <1> Employer or union sponsored plan
- <2> Private individually purchased health plan
- <3> Medicare, for people 65 or older or people with certain disabilities
- <5> Medicaid, Medical Assistance, MA, BadgerCare, BadgerCare Plus
- <6> HIRSP: Health Insurance Risk Sharing Plan - Wisconsin of Federal
- <8> Indian Health Service
- <9> Military Care (TriCare, VA)
- <10> Other plan (Specify)

<D> DON'T KNOW

<R> REFUSED

IF ONE OF THE REPORTED ANSWERS IN IUQ020_R2 = 1

IUQ021 Do you get the Employer or Union Sponsored Plan coverage through your own job or from a family member's insurance plan?

<1> Your own job or employer

<2> A family member's job or employer

<3> Other

<d> DON'T KNOW

<r> REFUSED

IF ONE OF THE REPORTED ANSWERS IN IUQ020_R2 = 1

INSURANCE, ACCESS, UTILIZATION (IUQ)

IUQ023 Was your job based coverage purchased through the SHOP (Small Business Health Options Program)?

<1> Yes (Skip to IUQ026)

<2> No (Skip to IUQ030)

<d> DON'T KNOW

<r> REFUSED

IF ANY ONE OF THE REPORTED ANSWERS IN IUQ020_R2 = 2, 10, .D, or .R

IUQ025 The next questions ask about the new health care program, known as the Affordable Care Act or "Obamacare." As you may know, the health care law creates health insurance exchanges or marketplaces where people can shop for insurance on Healthcare.gov. Some people can get financial help in the form of a tax credit from the federal government to buy a health insurance policy through these marketplaces.

Did you or a family member buy your private health insurance plan from this Marketplace (healthcare.gov)?

<1> Yes

<2> No (Skip to IUQ030)

<d> DON'T KNOW

<r> REFUSED

IF ANY ONE OF THE REPORTED ANSWERS IN IUQ020_R2 = 2, 10, .D, or .R AND IUQ025 NOT EQUAL TO <2> NO **OR** IF IUQ023 = "YES"

IUQ026 Do you know what kind of health plan you have?

[READ ALL OPTIONS]

<1> Bronze

<2> Silver

<3> Gold

<4> Platinum

<5> Catastrophic

<6> Not Sure

<d> DON'T KNOW

<r> REFUSED

IF ANY ONE OF THE REPORTED ANSWERS IN IUQ020_R2 = 2, 10, .D, or .R AND IUQ025 NOT EQUAL TO <2> NO

IUQ027 Did you or your family member get a federal tax credit/subsidy to help with or reduce the costs of buying your health insurance plan?

<1> Yes

<2> No

INSURANCE, ACCESS, UTILIZATION (IUQ)

<d> DON'T KNOW

<r> REFUSED

IUQ030 Does your health insurance plan, including any supplemental coverage you might have, cover all of the costs, some of the costs, or none of the costs associated with prescription medications?

<1> All

<2> Some

<3> None **(Skip to IUQ040)**

<d> Don't know

<r> Refused

IUQ035 Is this prescription drug coverage through your regular plan or through a supplemental insurance program for prescription drug coverage?

(Enter all that apply)

<1> Regular plan

<2> Supplemental, Medicare Part D

<3> Supplemental, Wisconsin Senior Care

<4> Supplemental, other (Specify)

<d> Don't know

<r> Refused

IUQ040 Does your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with preventive dental services including oral exam, cleaning, sealant, etc.?

<1> All **(Skip to IUQ050)**<2> Some **(Go to IUQ042)**<3> None **(Go to IUQ042)**

<d> Don't know

<r> Refused

IUQ042 If your health insurance plan did not cover all of the costs, was this because you...

<1> Have a separate dental plan

<2> Do not have any dental coverage

<d> Don't know

<r> Refused

INSURANCE, ACCESS, UTILIZATION (IUQ)

IUQ050 Does your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with other preventive services for adults, like checkups, immunizations, and screenings?

<1> All

<2> Some

<3> None

<d> Don't know

<r> Refused

IUQ070 Does your plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic that you must go to for all of your routine care?

<1> Yes

<2> No

<d> Don't know

<r> Refused

IUQ100 In the last 12 months, have you used the internet to seek information or advice on your health, or that of your family?

<1> Yes

<2> No

<d> Don't know

<r> Refused

IUQ105 In the last 12 months, have you telephoned a health care professional to discuss a health problem or question related to yourself or your family?

<1> Yes

<2> No

<d> Don't know

<r> Refused

IUQ110 In the last 12 months, have you emailed a health care professional to discuss a health problem or question related to yourself or your family?

<1> Yes

<2> No

<d> Don't know

<r> Refused

IUQ115 How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Would you say...?

INSURANCE, ACCESS, UTILIZATION (IUQ)

INTERVIEWER: READ CATEGORIES TO SP

- <1> Never
- <2> Rarely
- <3> Sometimes
- <4> Often
- <5> Always
- <d> Don't know
- <r> Refused

IUQ120 Do you have a usual place where you go when you feel sick or need advice about your health?

(HAND CARD)

- <1> Yes, I usually go to a hospital emergency room
- <2> Yes, I usually go to a hospital outpatient department
- <3> Yes, I usually go to a clinic or doctor's office
- <4> Yes, I usually go to a community health center
- <5> Yes, I usually go to some other place (Specify)
- <6> No, I don't have a usual place of care **(Skip to IUQ140)**
- <d> Don't know
- <r> Refused

IUQ125 What is the name of the health facility you usually go to when you feel sick or need advice about your health and in what town/city is this facility located?

NAME: _____

TOWN/CITY: _____

- <d> DON'T KNOW
- <r> REFUSED

IUQ130 When you go to this health facility and see a doctor, do you usually see the same physician?

- <1> Yes
- <2> No **(Skip to IUQ140)**
- <d> Don't Know
- <r> Refused

IUQ137 What is the specialty of the doctor you usually see?

- <1> Internal Medicine
- <2> Family Practice
- <3> Obstetrics/gynecology
- <4> Other specialist (Specify)

INSURANCE, ACCESS, UTILIZATION (IUQ)

<d> Don't Know
<r> Refused

IUQ140 Sometimes people take fewer medicines than their doctors prescribed, or they don't have their prescription filled right away.

At any time during the last 12 months, have you taken less medicine than your doctor prescribed or not had your prescription filled **because of the cost?**

<1> Yes
<2> No

<d> Don't Know
<r> Refused

IUQ170 In the last 12 months, how many different **times** have you seen a mental health professional such as a psychologist, psychiatrist, counselor, or psychiatric nurse about a personal problem or a problem with alcohol or drugs?

<0-76> TIMES DURING PREVIOUS YEAR

<d> Don't Know
<r> Refused

IUQ180 In the last 12 months, how many different **times** did you go to a hospital emergency room for medical treatment for yourself?

<0-76> TIMES DURING PREVIOUS YEAR

<d> Don't Know
<r> Refused

IUQ190 In the last 12 months, how many different **times** were you a patient in a hospital for at least one night or longer?

<0> NO TIMES **(skip to IUQ.220)**
<1-76> TIMES DURING PREVIOUS YEAR

<d> Don't Know **(skip to IUQ.220)**
<r> Refused **(skip to IUQ.220)**

IUQ200 How would you rate the quality of the care you received when you were most recently a patient in a hospital for at least one night or longer **during the last year?**

Would you say it was...?

INTERVIEWER: READ CATEGORIES TO SP

<1> Excellent

INSURANCE, ACCESS, UTILIZATION (IUQ)

<2> Very good
 <3> Good
 <4> Fair
 <5> Poor

<d> Don't know
 <r> Refused

IUQ220 How long has it been since you last saw a doctor or health care provider for a routine physical exam, check-up or screening procedure?

<0> NEVER **(SKIP TO IUQ260pre)**
 <1-76> ENTER NUMBER **(Go to IUQ230)**

<d> Don't know **(Go to IUQ225)**
 <r> Refused **(Skip to IUQ230)**

<1> DAYS **(Skip to IUQ230)**
 <2> WEEKS **(Skip to IUQ230)**
 <3> MONTHS **(Skip to IUQ230)**
 <4> YEARS **(If more than 1 year, skip to IUQ260pre. Otherwise skip to IUQ230)**

IUQ225 Has it been...?

<1> Never **(Skip to IUQ260pre)**
 <2> 6 months or less **(Go to IUQ230)**
 <3> More than 6 months but no more than 1 year ago **(Go to IUQ230)**
 <4> More than 1 year but no more than 3 years ago **(Skip to IUQ260pre)**
 <5> More than 3 years ago **(Skip to IUQ260pre)**
 <d> Don't know **(Skip to IUQ260pre)**
 <r> Refused **(Skip to IUQ260pre)**

IUQ230 How would you rate the quality of the care you received when you last saw a doctor or health care provider for a routine physical exam, check-up, or screening procedure during the last year?

Would you say it was...?

INTERVIEWER: READ CATEGORIES TO SP

<1> Excellent
 <2> Very good
 <3> Good
 <4> Fair
 <5> Poor

<d> Don't know
 <r> Refused

INSURANCE, ACCESS, UTILIZATION (IUQ)

IUQ260pre The next questions are about your **overall** level of satisfaction with quality and access to health care.

HIT ENTER TO CONTINUE

IUQ260_R2 Sometimes people have problems getting health care when they need it. During the last 12 months, was there any time that you felt that you needed medical care or surgery but did not get it?

(HAND CARD)

- <1> Yes **(Go to IUQ265)**
- <2> No **(Skip to IUQ270)**
- <d> Don't know **(Skip to IUQ270)**
- <r> Refused **(Skip to IUQ270)**

IUQ265 What was the main reason you didn't get the health care you needed?

(HAND CARD)

- <1> I couldn't afford health care
- <2> My insurance company wouldn't approve, cover or pay for care
- <3> My insurance company required a referral but I couldn't get one
- <4> The doctor (or clinic) refused to accept my insurance plan
- <5> Medical care was too far away
- <6> It was too expensive to get to health care
- <7> I couldn't get there when the doctor's office was open
- <8> It took too long to get an appointment
- <9> I couldn't get through on the telephone to make an appointment
- <10> The waiting list was too long
- <11> Other (Specify)
- <d> Don't know
- <r> Refused

IUQ270 In the past 12 months, did you experience **delay** in obtaining any type of health care?

- <1> Yes
- <2> No **(Skip to IUQ280)**
- <d> Don't know **(Skip to IUQ280)**
- <r> Refused **(Skip to IUQ280)**

IUQ275 What was the main reason for the difficulty or delay in obtaining health care?

(HAND CARD)

- <1> I couldn't afford health care

INSURANCE, ACCESS, UTILIZATION (IUQ)

- <2> My insurance company wouldn't approve, cover or pay for care
- <3> My insurance company required a referral but I couldn't get one
- <4> The doctor refused to accept my insurance plan
- <5> Medical care was too far away
- <6> It was too expensive to get to health care
- <7> I couldn't get there when the doctor's office was open
- <8> It took too long to get an appointment
- <9> I couldn't get through on the telephone to make an appointment
- <10> The waiting list was too long
- <11> Other (Specify)

- <d> Don't know
- <r> Refused

IUQ280 Overall, how would you rate the quality of the health care you received during the last 12 months?

Would you say it was...?

INTERVIEWER: READ CATEGORIES TO SP

- <1> Excellent
- <2> Very good
- <3> Good
- <4> Fair
- <5> Poor
- <6> Not applicable (did not receive any care)

- <d> Don't know
- <r> Refused

IUQ290 Overall, how satisfied were you with **the way** health care services were provided during the last 12 months?

Were you...?

INTERVIEWER: READ CATEGORIES TO SP

- <1> Very satisfied
- <2> Somewhat satisfied
- <3> Neither satisfied nor dissatisfied
- <4> Somewhat dissatisfied
- <5> Very dissatisfied
- <6> Not applicable (did not receive any care)

- <d> Don't know
- <r> Refused

IUQ300 I want to hear you read as many words as you can from this list. Begin with the first word and read aloud. When you come to a word you cannot read, do the best you can or say, 'blank' and go onto the next word.

INSURANCE, ACCESS, UTILIZATION (IUQ)

[HAND CARD AND RECORD THE NUMBER OF CORRECT PRONUNCIATIONS]

[IF THE RESPONDENT TAKES MORE THAN FIVE SECONDS ON A WORD, POINT TO THE NEXT WORD, IF NECESSARY, TO MOVE THE SUBJECT ALONG. IF THE SUBJECT BEGINS TO MISS EVERY WORD, HAVE HIM OR HER PRONOUNCE ONLY KNOWN WORDS.]

<0-7> CORRECT PRONUNCIATIONS

HEALTH HISTORY

HHQ100pre This next questionnaire is about your personal health history.

I will ask you if a health professional ever told you that you have or had certain common health problems in your lifetime and if so, how old you were when these occurred.

For some health problems I will ask you about the treatment you received. If there is any question that you don't know the answer to let me know. If there is any question that makes you uncomfortable you may ask me to skip the question.

INTERVIEWER: HIT ENTER TO CONTINUE

HHQ100 Has a doctor or other health professional ever told you that you had congestive heart failure?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ120 (Has a doctor or other health professional ever told you that you had) **angina**, also called **angina pectoris**?

<1> YES

<2> NO **(skip to HHQ130)**

<d> DON'T KNOW **(skip to HHQ130)**

<r> REFUSED **(skip to HHQ130)**

HHQ130 (Has a doctor or other health professional ever told you that you had) a **heart attack**?

<1> YES

<2> NO **(skip to HHQ140)**

<d> DON'T KNOW **(skip to HHQ140)**

<r> REFUSED **(skip to HHQ140)**

HHQ131 How many heart attacks have you had?

<1-99> YEARS

<d> DON'T KNOW

<r> REFUSED

HEALTH HISTORY PART I

HHQ132 How old were you when you were first told you had a heart attack?

<1-99> YEARS

<d> DON'T KNOW

<r> REFUSED

HHQ140 Have you ever had heart surgery?

<1> YES

<2> NO **(skip to HHQ160)**

<d> DON'T KNOW **(skip to HHQ160)**

<r> REFUSED **(skip to HHQ160)**

HHQ141 Which of the following types of heart surgery have you had?

(HAND CARD. ENTER ALL THAT APPLY.)

<1> **BYPASS SURGERY**

<2> **ANGIOPLASTY**

<3> **VALVE SURGERY**

<4> **PACEMAKER**

<5> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

HIT 'x' TO EXIT

HHQ150 Has a doctor or other health professional ever told you that you had a transient ischemic attack (TIA)?

<1> YES

<2> NO **(skip to HHQ160)**

<d> DON'T KNOW **(skip to HHQ160)**

<r> REFUSED **(skip to HHQ160)**

HHQ160 (Has a doctor or other health professional ever told you that you had) a **stroke?**

<1> YES

<2> NO **(skip to HHQ180)**

<d> DON'T KNOW **(skip to HHQ180)**

<r> REFUSED **(skip to HHQ180)**

HEALTH HISTORY PART I

HHQ162 How old were you when you were first told that you had a stroke?

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

HHQ180 (Has a doctor or other health professional ever told you that you had) **high cholesterol/hyperlipidemia?**

<1> YES

<2> NO **(skip to HHQ190)**

<d> DON'T KNOW **(skip to HHQ190)**

<r> REFUSED **(skip to HHQ190)**

HHQ183 How is your high cholesterol/hyperlipidemia currently being treated? List all that apply

(HAND CARD. ENTER ALL THAT APPLY)

<1> NO TREATMENT

<2> PRESCRIBED MEDICINE

<3> WEIGHT CONTROL/LOSS

<4> EXERCISE

<5> SPECIAL DIET

<6> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

HHQ190 (Has a doctor or other health professional ever told you that you had) **diabetes?**

<1> YES

<2> NO **(skip to HHQ200)**

<d> DON'T KNOW **(skip to HHQ200)**

<r> REFUSED **(skip to HHQ200)**

HHQ191 Which type of diabetes have you had? (Pick only one)

<1> TYPE I

<2> TYPE II

<3> ONLY WHEN PREGNANT

HEALTH HISTORY PART I

<4> BORDLINE DIABETES WHICH IS SOMETIMES CALLED PRE-DIABETES

<d> DON'T KNOW

<r> REFUSED

HHQ192 How old were you when you were first told you had diabetes?

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

HHQ193 How is your diabetes currently being treated or controlled?

(HAND CARD. ENTER ALL THAT APPLY.)

<1> NO TREATMENT

<2> INSULIN

<3> ORAL ANTI-DIABETICS (PILLS)

<4> WEIGHT CONTROL/LOSS

<5> EXERCISE

<6> SPECIAL DIET

<7> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

HHQ200 (Has a doctor or other health professional ever told you that you had) **high blood pressure/hypertension?**

<1> YES

<2> NO **(skip to HHQ210)**

<d> DON'T KNOW **(skip to HHQ210)**

<r> REFUSED **(skip to HHQ210)**

HHQ202 How old were you when you were first told that you had **high blood pressure/hypertension?**

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

HHQ203 How is your **high blood pressure/hypertension** currently treated? List all that apply.

(HAND CARD. ENTER ALL THAT APPLY.)

HEALTH HISTORY PART I

- <1> NO TREATMENT
- <2> PRESCRIBED MEDICINE
- <3> WEIGHT CONTROL/LOSS
- <4> EXERCISE
- <5> SPECIAL DIET
- <6> OTHER (SPECIFY)

- <d> DON'T KNOW
- <r> REFUSED

HIT 'X' TO EXIT

HHQ210 (Has a doctor or other health professional ever told you that you have) **asthma?**

- <1> YES
- <2> NO **(skip to HHQ230r2)**

- <d> DON'T KNOW **(skip to HHQ230r2)**
- <r> REFUSED **(skip to HHQ230r2)**

HHQ212 How old were you when you were first told you have asthma?

<1-130> YEARS

- <d> DON'T KNOW
- <r> REFUSED

HHQ214 Do you still have asthma?

- <1> YES
- <2> NO

- <d> DON'T KNOW
- <r> REFUSED

HHQ215 During the last 12 months, have you had an episode of asthma or an asthma attack?

- <1> YES
- <2> NO

- <d> DON'T KNOW
- <r> REFUSED

HHQ216 During the past 12 months, have you visited an emergency room or urgent care because of your asthma?

- <1> YES

HEALTH HISTORY PART I

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ217 How is your asthma currently being treated or controlled?

(HAND CARD. ENTER ALL THAT APPLY.)

<1> USE NOTHING/NO TREATMENT

<2> INHALED BRONCHODILATOR

<3> INHALED STERIOD

<4> ORAL MEDICATION

<5> INJECTED MEDICATIONS

<6> CONTROLLING ALLERGIES AND/OR ASTHMA TRIGGERS

<7> WEIGHT CONTROL/LOSS/EXERCISE/SPECIAL DIET

<8> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

HHQ218 During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

<1> NEVER

<2> 1-14 DAYS

<3> 15-24 DAYS

<4> 25-30 DAYS

<d> DON'T KNOW

<r> REFUSED

HHQ219 During the past 30 days, how many days did you take a prescription asthma medication DURING AN ASTHMA ATTACK to stop it?

<0> NEVER

<1> 1-4 TIMES

<2> 5-14 TIMES

<3> 15-29 TIMES

<4> 30-59 TIMES

<5> 60-99 TIMES

<6> MORE THAN 100 TIMES

<d> DON'T KNOW

HEALTH HISTORY PART I

<r> REFUSED

HHQ230r2 (Has a doctor or other health professional ever told you that you had) **chronic bronchitis** or **emphysema**?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ270 Has a doctor or other health professional ever told you that you had **allergies** or **hay fever**?

<1> YES

<2> NO **(Skip to SIQ230 or SDQ010)**

<d> DON'T KNOW **(Skip to SIQ230 or SDQ010)**

<r> REFUSED **(Skip to SIQ230 or SDQ010)**

HHQ271 Which types of allergies have you had?

(HAND CARD. ENTER ALL THAT APPLY)

<1> TREES, GRASSES, PLANTS, POLLEN

<2> MEDICINES

<3> FOODS

<4> CHEMICALS/SCENTS

<5> MOLDS

<6> ANIMALS/DANDER

<7> DUST MITES

<10> STINGING INSECTS

<11> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

HHQ276 Do you still have allergies or hay fever?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HEALTH HISTORY PART I**(SIQ230 and SIQ231 for Men Only)****Also SIQ230 and SIQ231 only for Men >= 40 Years Old IF < 40 Then Skip to CGQ_INTRO**

SIQ230 Have you ever had a prostate blood test, PSA test, and/or a rectal exam?

<1> YES

<2> NO (Skip to CGQ_intro)

<d> DON'T KNOW (Skip to CGQ_intro)

<r> REFUSED (Skip to CGQ_intro)

SIQ231 Within how many years?

IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

SDQ010 At the **present time**, would you say your eyesight, with glasses or contact lenses, if you wear them, is...?

<1> Excellent

<2> Good

<3> Fair

<4> Poor

<5> Very poor

<d> Don't know

<r> Refused

SDQ270 How would you describe the condition of your teeth?

Would you say...?

<1> Excellent

<2> Very Good

<3> Good

<4> Fair

HEALTH HISTORY PART I

<5> Poor

<d> DON'T KNOW

<r> REFUSED

SDQ340 Have you ever been diagnosed by a dentist as having gum disease?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

SDQ360 During the past 12 months, was there a time when you needed dental care but did not get it at that time?

<1> YES

<2> NO (Go to HHQ400)

<d> DON'T KNOW (Go to HHQ400)

<r> REFUSED (Go to HHQ400)

SDQ361 What were the reasons that you could not get the dental care you needed?
(ENTER ALL THAT APPLY) HAND CARD

<1> Could not afford the cost

<2> Did not want to spend the money

<3> Do not have insurance

<4> Insurance did not cover recommended procedures

<5> Insurance only covers a portion of the cost

<6> Dental office is too far away

<7> Dental office is not open at convenient times

<8> Another dentist recommended not doing it

<9> Afraid, or do not like dentists

<10> Unable to take time off from work

<11> Too busy

<12> I did not think anything serious was wrong--expected dental problems to go away

<13> The dentist would not accept my insurance

<14> Other (Specify)

<d> DON'T KNOW

<r> REFUSED

HIT 'x' TO EXIT

HEALTH HISTORY PART I

HHQ400 Has a doctor or other health professional ever told you that you were overweight?

<1> YES

<2> NO **(Skip to HHQ480)**

<d> DON'T KNOW **(Skip to HHQ480)**

<r> REFUSED **(Skip to HHQ480)**

HHQ412 How old were you when you were first told you were overweight?

<0-130> YEARS OLD

<d> DON'T KNOW

<r> REFUSED

HHQ480 Has a doctor or other health professional ever told you that you had cancer?

<1> YES

<2> NO **(Skip to HHQ500)**

<d> DON'T KNOW **(Skip to HHQ500)**

<r> REFUSED **(Skip to HHQ500)**

HHQ481 Which types of cancer on this card have you had?
(CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

<10> BLADDER

<11> BLOOD

<12> BONE

<13> BRAIN

<14> BREAST

<15> CERVIX/CERVICAL

<16> COLON

<17> ESOPHAGUS

<18> GALLBLADDER

<19> KIDNEY

<20> LARYNX/WINDPIPE

<21> LEUKEMIA

<22> LIVER

<23> LUNG

<24> LYMPHOMA/
HODGKINS DISEASE

<25> MELANOMA

<26> MOUTH/TONGUE/LIP

<27> NERVOUS SYSTEM

<28> OVARY/OVARIAN

<29> PANCREAS/PANCREATIC

<30> PROSTATE

<31> RECTUM/RECTAL

<32> SKIN (NON MELANOMA)

<33> SKIN (UNKNOWN)

<34> SOFT TISSUE (MUSCLE/FAT)

<35> STOMACH

<36> TESTES/TESTICULAR

<37> THYROID

<38> UTERUS/UTERINE

<39> OTHER

<66> **MORE THAN 3**

<d> DON'T KNOW

<r> REFUSED

HHQ500int Now we will ask you questions about certain illnesses that have occurred in your biological or blood relatives--- your parents, brothers, sisters, and children. Please

HEALTH HISTORY PART I

do not include half or step sisters or brothers. Please include both living and deceased relatives.

INTERVIEWER: HIT ENTER TO CONTINUE

HHQ510 Were any of your biological or blood relatives ever told by a doctor or other health professional that they had diabetes?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ520 Were any of your biological or blood relatives ever told by a doctor or other health professional that they had Alzheimer's disease or dementia?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ530 Were any of your biological or blood relatives ever told by a doctor or other health professional that they had asthma?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ550 Were any of your biological or blood relatives ever told by a doctor or other health professional that they had high blood pressure or hypertension?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

HHQ570_R2 Were any of your biological or blood relatives ever told by a doctor or other health professional that they had a heart attack or a stroke?

<1> YES

HEALTH HISTORY PART I

- <2> NO (Skip to HHQ580new)
- <d> DON'T KNOW (Skip to HHQ580new)
- <r> REFUSED (Skip to HHQ580new)

HHQ572_R2 What was the youngest age at which any relative was first diagnosed with heart attack or a stroke?

<0-130> YEARS OLD

- <d> DON'T KNOW
- <r> REFUSED

HHQ580new Has a doctor or other health professional ever told you that you had any of the following?

(HAND CARD. CHECK ALL THAT APPLY, ENTER 'xx' WHEN DONE)

- | | |
|---------------------------------|------------------------------|
| <a> ALCOHOL ABUSE | <t> KIDNEY STONES |
| ALZHEIMER'S DISEASE | <u> LEARNING DISABILITY |
| <c> ANEMIA | <v> LYME DISEASE |
| <d> ANXIETY | <w> MIGRAINE HEADACHE |
| <e> AUTISM SPECTRUM DISORDER | <x> MILD COGNITIVE |
| IMPAIRMENT | |
| <f> CELIAC DISEASE | <y> MULTIPLE SCLEROSIS |
| <g> CHLAMYDIA | <z> OSTEOARTHRITIS |
| <h> CROHN'S DISEASE | <aa> OSTEOPOROSIS |
| <i> CHRONIC KIDNEY DISEASE | <bb> PARKINSON'S DISEASE |
| <j> DEPRESSION | <cc> POST TRAUMATIC STRESS |
| | DISORDER (PTSD) |
| <k> DRUG ABUSE | <dd> PSORIASIS |
| <l> ECZEMA/DERMATITIS | <ee> REFLUX/GERD |
| <m> EPILEPSY | <ff> RHEUMATOID ARTHRITIS |
| <n> GONORRHEA | <gg> SHINGLES OR CHICKEN |
| POX | |
| <oa> HEPATITIS A | <hh> SICKLE CELL DISEASE |
| <ob> HEPATITIS B | <ii> STOMACH OR INTESTINAL |
| | ULCER |
| <oc> HEPATITIS C | <jj> SYPHILIS |
| <p> HERPES TYPE 1/COLD SORES | <kk> TUBERCULOSIS |
| <q> HIV INFECTION/AIDS | <ll> URINARY INCONTINENCE |
| <r> HUMAN PAPILLOMA VIRUS (HPV) | <mm> URINARY TRACT INFECTION |
| <s> IRRITABLE BOWEL SYNDROME | |
| <xd> DON'T KNOW | <xr> REFUSED |
| <xx> NO FURTHER DIAGNOSES | |

HEALTH HISTORY PART I

CGQ_intro There are situations in which people provide regular **unpaid care or assistance** to a family member **including children** or a friend who has **a long-term illness or a disability**.

INTERVIEWER: HIT ENTER TO CONTINUE

CGQ010 **In the past 12 months**, did you provide any such care or assistance to a family member or friend living with you or living elsewhere?

<1> YES

<2> NO **(End of Questionnaire)**

<d> DON'T KNOW **(End of Questionnaire)**

<r> REFUSED **(End of Questionnaire)**

CGQ020 Are you currently giving unpaid help to a family member or friend?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

RXQ032pre Now I'd like to gather information about any medication you might be taking.

INTERVIEWER: HIT ENTER TO CONTINUE

RXQ032 In the **past 30 days**, have you used a **prescription medicine**? Include only those products prescribed by a health professional such as a doctor, a nurse practitioner or a dentist.

<1> YES

<2> NO

(Skip to RXQ296)

<d> DON'T KNOW

(Skip to RXQ296)

<r> REFUSED

(Skip to RXQ296)

RXQ042 I'd like to see the CONTAINERS for **all** the prescription medicines that you used or took in the **past 30 days**.

INTERVIEWER: ENTER THE NAME OF EACH DRUG FROM THE PRESCRIPTION BOTTLE UNTIL NO MORE PRESCRIPTION MEDICINES, THEN HIT X TO EXIT QUESTION

<d> DON'T KNOW

<r> REFUSED

RXQ042@a_____

RXQ042@b_____

RXQ042@c_____

RXQ042@d_____

RXQ042@e_____

RXQ042@f_____

RXQ042@g_____

RXQ042@h_____

RXQ042@i_____

RXQ042@qq ARE THERE MORE PRESCRIPTION MEDICINES?

<1> YES

(go to RXQ042@j)

<2>

NO

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

INTERVIEWER: ENTER THE NAME OF EACH DRUG FROM THE PRESCRIPTION BOTTLE UNTIL NO MORE PRESCRIPTION MEDICINES, THEN HIT X TO EXIT QUESTION

RXQ042p2@j _____

RXQ042p2@k _____

RXQ042p2@l _____

RXQ042p2@m _____

RXQ042p2@n _____

RXQ042p2@o _____

RXQ042p2@p _____

RXQ042p2@q _____

RXQ042p2@r _____

RXQ042p2@s _____

RXQ042p2@t _____

RXQ231

Are there any **prescription medications** that you have used in the **past 30 days for which you no longer have a prescription bottle or container?**
Again, these are products prescribed by a health professional such as a doctor, a nurse practitioner or a dentist.

<1> YES

<2> NO (Skip to RXQ294)

<d> DON'T KNOW (Skip to RXQ294)

<r> REFUSED (Skip to RXQ294)

RXQ235

What is the name of each such drug?

INTERVIEWER: ENTER THE NAME OF EACH DRUG UNTIL NO MORE DRUGS, THEN HIT X TO EXIT QUESTION

<d> DON'T KNOW <r> REFUSED

RXQ235@a _____

RXQ235@b _____

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

RXQ235@c _____

RXQ235@d _____

RXQ235@e _____

RXQ235@f _____

RXQ235@g _____

RXQ235@h _____

RXQ235@i _____

RXQ235@qq ARE THERE MORE PRESCRIPTION MEDICINES?

<1> YES (go to RXQ235@j) <2> NO

INTERVIEWER: ENTER THE NAME OF EACH DRUG UNTIL NO MORE DRUGS, THEN HIT X TO EXIT QUESTION

RXQ235p2@j _____

RXQ235p2@k _____

RXQ235p2@l _____

RXQ235p2@m _____

RXQ235p2@n _____

RXQ235p2@o _____

RXQ235p2@p _____

RXQ235p2@q _____

RXQ235p2@r _____

RXQ235p2@s _____

RXQ235p2@t _____

RXQ294 Are there any other prescription medications that you used in the past 30 days?

<1> YES

<2> NO

PRESCRIPTION MEDICATIONS AND SELECT OTC DRUGS (RXQ)

<d> DON'T KNOW
<r> RESFUSED

[Loop back to RXQ235 as many times as needed.]

RXQ295 I have listed {TOTAL NUMBER} prescription medication(s) that you have taken in the **past 30 days**.

(REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT)
(INTERVIEWER: USE PAGE UP/DOWN TO NAVIGATE THROUGH THE MEDICATIONS).

Is this correct?

<1> YES
<2> NO (GO BACK TO ADD MEDICATION) **[goto RXQ042]**

RXQ296 In the last 30 days, have you taken any of the following types of over the counter, non-prescription drugs? (Enter all that apply) **(HAND CARD)**

<1> No
<2> Low dose aspirin to protect heart
<3> Drugs for pain/analgesics (including regular dose aspirin, Motrin, Tylenol, etc.)
<4> Allergy medications
<5> Drugs to help stop smoking, including nicotine gum
<6> Drugs for intestinal problems
<8> Drugs for cold and cough
<10> Drugs to help you lose or gain weight
<11> Vitamins or minerals (including calcium supplements)
<12> Other (Specify)

<d> DON'T KNOW
<r> RESFUSED

HIT "x" TO EXIT

(End of QNR; Go to EQQ010pre)

OCCUPATION (OCQ)

OCQ1pre In this part of the survey I will ask you questions about your work experience.

INTERVIEWER: HIT ENTER TO CONTINUE

OCQ100 Which of the following were you doing **last week**?

INTERVIEWER: HAND CARD.

- <1> Working at a job or business **(Skip to OCQ125)**
- <2> With a job or business but not at work (for example, on vacation or sick) **(Skip to OCQ120)**
- <3> Not working but looking for work **(Go on to OCQ110)**
- <4> Not working at a job or business and not looking for a job **(Go on to OCQ110)**
- <d> DON'T KNOW **(Skip to OCQ200)**
- <r> REFUSED **(Skip to OCQ200)**

OCQ110 What is the main reason you are not in the paid workforce?

- <1> TAKING CARE OF HOUSE OR FAMILY
- <2> GOING TO SCHOOL
- <3> RETIRED
- <4> UNABLE TO WORK FOR HEALTH REASONS
- <5> ON LAYOFF
- <6> DISABLED
- <7> OTHER (INTERVIEWER: SPECIFY RESPONSE FOLLOWED BY //)
- <d> DON'T KNOW
- <r> REFUSED

OCQ115 How long have you been out of the paid workforce?

- <1-76> ENTER NUMBER OF WEEKS, MONTHS, OR YEARS
- <666> NEVER WORKED FOR PAY
- <d> Don't Know
- <r> Refused
- <2> WEEKS
- <3> MONTHS
- <4> YEARS

[SKIP TO OCQ200 AFTER OCQ115]

OCQ120 What is the **main** reason you did not work last week?

OCCUPATION (OCQ)

- <1> VACATION / LEAVE
- <2> SICK OR TAKING CARE OF SICK FAMILY MEMBER
- <3> CHILDCARE PROBLEMS
- <4> EMPLOYER DID NOT SCHEDULE ME
- <4> OTHER (INTERVIEWER: SPECIFY RESPONSE FOLLOWED BY //)

- <d> DON'T KNOW
- <r> REFUSED

OCQ122 Do you **usually** work 35 hours or more per week in total at all jobs or businesses?

- <1> YES
- <2> NO

- <d> DON'T KNOW
- <r> REFUSED

[SKIP TO OCQ130p AFTER OCQ122]

OCQ125 How many hours did you work **last week** at **all** jobs or businesses?

<1-168> HOURS WORKED LAST WEEK

- <d> DON'T KNOW
- <r> REFUSED

OCQ127 Do you **usually** work 35 hours or more per week in total at all jobs or businesses?

- <1> YES
- <2> NO

- <d> DON'T KNOW
- <r> REFUSED

OCQ130p I'm going to ask you some questions about your currently held job. If you have more than one job, please answer these questions thinking only of the job which is the primary source of your income.

INTERVIEWER: HIT ENTER TO CONTINUE

OCQ130 What kind of work do you do for pay?

(INTERVIEWER: DO NOT PROBE. ENTER JOB TITLE OR WHATEVER THEY TELL YOU.)

OCCUPATION (OCQ)

<1> ENTER RESPONSE FOLLOWED BY //

<d> DON'T KNOW

<r> REFUSED

OCQ140 What are your most important activities or duties on this job or business? (For example: sells cars, keeps account books, operates printing press, finished concrete.)

INTERVIEWER: USE ACTIVE PROBES AS NECESSARY TO GET A CLEAR PICTURE OF WHAT THEY DO ON THEIR JOB.)

<1> ENTER RESPONSE FOLLOWED BY //

<d> DON'T KNOW

<r> REFUSED

OCQ150 What kind of business or industry is this? (For example: TV and radio management, retail shoe store, state labor department, farm.)

(INTERVIEWER: USE ACTIVE PROBES AS NECESSARY TO GET A CLEAR PICTURE OF THE INDUSTRY IN WHICH THEY WORK. INCLUDE THE NAME OF THE BUSINESS, JOB OR INDUSTRY)

<1> ENTER RESPONSE FOLLOWED BY //

<d> DON'T KNOW

<r> REFUSED

OCQ160 Is this mainly manufacturing, wholesale trade, retail trade or something else?

<1> MANUFACTURING (MAKING A PRODUCT)

<2> WHOLESALE (SELLING TO BUSINESSES)

<3> RETAIL (SELLING TO CONSUMERS)

<4> SOMETHING ELSE (FOR EXAMPLE: EDUCATION, TRANSPORTATION, GOVERNMENT, HEALTHCARE, AGRICULTURE, MINING, INSURANCE, BANKING, ENTERTAINMENT, REAL ESTATE, SERVICES, ETC.)

<d> DON'T KNOW

<r> REFUSED

OCQ170 Looking at this card, which of these **best** describes this job or work situation?

INTERVIEWER: HAND CARD.

OCCUPATION (OCQ)

- <1> An employee of a **private** company, business, or individual for wages, salary or commission
- <2> A **federal** government employee
- <3> A **state** government employee
- <4> A **local** government employee
- <5> Self-employed in **own** business, professional practice or farm
- <6> Working **without pay** in family business or farm

- <d> DON'T KNOW
- <r> REFUSED

OCQ175 On average, how many hours per week do you work at this job?

<1-168> HOURS PER WEEK

- <d> DON'T KNOW
- <r> REFUSED

OCQ14010pre Many people shop, exercise, and run errands near where they work. To better understand the resources that might be available to you, we would now like to collect information about your job.

INTERVIEWER: HIT ENTER TO CONTINUE

OCQ14010 What is the address of your current place of employment?

STREET _____
CITY _____
ZIPCODE _____ **(GO TO OCQ14020)**

<99> WORKS FROM HOME **(SKIP TO OCQ150)**

- <d> DON'T KNOW **(GO TO OCQ14020)**
- <r> REFUSED **(GO TO OCQ14020)**

OCQ14020 How many miles is your current place of employment from your home?

<0-300> MILES

- <d> DON'T KNOW
- <r> REFUSED

Physical Activity and Physical Fitness (PAQ)

PAQ200pre Next I am going to ask you about the time you spend doing different types of physical activity in a typical week.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, household chores, and yard work.

INTERVIEWER: HIT ENTER TO CONTINUE

PAQ200 Does your work involve **vigorous**-intensity activity that causes **large increases** in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for **at least 10 minutes continuously**?

<1> YES

<2> NO (Skip to PAQ215)

<d> DON'T KNOW (Skip to PAQ215)

<r> REFUSED (Skip to PAQ215)

PAQ205 In a typical week, on how many days do you do **vigorous**-intensity activities as part of your work?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES IN THIS QUESTION.

<1-7> ENTER NUMBER OF DAYS

<d> DON'T KNOW (Skip to PAQ215)

<r> REFUSED (Skip to PAQ215)

PAQ210 How much time do you spend doing **vigorous**-intensity activities at work on a typical day?

PROBE IF NEEDED: Think about a typical day when you do vigorous-intensity activities during your work.

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: >24 HOURS.

Physical Activity and Physical Fitness (PAQ)

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

<1-500> ENTER NUMBER

<d> DON'T KNOW

<r> REFUSED

ENTER UNIT

<1> MINUTES

<2> HOURS

PAQ215

Does your work involve **moderate**-intensity activity that causes **small increases** in breathing or heart rate such as brisk walking or carrying light loads for **at least 10 minutes continuously**?

<1> YES

<2> NO (Skip to PAQ230)

<d> DON'T KNOW (Skip to PAQ230)

<r> REFUSED (Skip to PAQ230)

PAQ220

In a typical week, on how many days do you do **moderate**-intensity activities as part of your work?

PROBE IF NEEDED: Moderate-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

<1-7> ENTER NUMBER OF DAYS

<d> DON'T KNOW (Skip to PAQ230)

<r> REFUSED (Skip to PAQ230)

PAQ225

How much time do you spend doing **moderate**-intensity activities at work on a typical day?

PROBE IF NEEDED: Think about a typical day when you do moderate-intensity activities during your work.

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

SOFT EDIT: >4 HOURS.

Physical Activity and Physical Fitness (PAQ)

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: >24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

<1-500> ENTER NUMBER

<d> DON'T KNOW

<r> REFUSED

ENTER UNIT

<1> MINUTES

<2> HOURS

PAQ230pre The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to school.

INTERVIEWER: HIT ENTER TO CONTINUE

PAQ230 In a typical week do you walk or use a bicycle for **at least 10 minutes continuously** to get to and from places?

<1> YES

<2> NO (Skip to PAQ245)

<d> DON'T KNOW (Skip to PAQ245)

<r> REFUSED (Skip to PAQ245)

PAQ235 In a typical week, on how many days do you walk or bicycle for **at least 10 minutes continuously** to get to and from places?

<1-7> ENTER NUMBER OF DAYS

<d> DON'T KNOW (Skip to PAQ245)

<r> REFUSED (Skip to PAQ245)

PAQ240 How much time do you spend walking or bicycling for travel on a typical day?

PROBE IF NEEDED: Think about a typical day when you walk or bicycle for travel.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS WALKING OR BICYCLING TO GET TO AND

Physical Activity and Physical Fitness (PAQ)

FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: >24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

<1-500> ENTER NUMBER

<d> DON'T KNOW

<r> REFUSED

ENTER UNIT

<1> MINUTES

<2> HOURS

PAQ245pre The next questions exclude the work and transportation activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.

INTERVIEWER: HIT ENTER TO CONTINUE

PAQ245 In a typical week do you do any **vigorous**-intensity sports, fitness, or recreational activities that cause **large increases** in breathing or heart rate like running or basketball for **at least 10 minutes continuously**?

<1> YES

<2> NO (Skip to PAQ260)

<d> DON'T KNOW (Skip to PAQ260)

<r> REFUSED (Skip to PAQ260)

PAQ250 In a typical week, on how many days do you do **vigorous**-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

<1-7> ENTER NUMBER OF DAYS

<d> DON'T KNOW (Skip to PAQ260)

<r> REFUSED (Skip to PAQ260)

PAQ255 How much time do you spend doing **vigorous**-intensity sports, fitness or recreational activities on a typical day?

PROBE IF NEEDED: Think about a typical day when you do vigorous-intensity sports, fitness or recreational activities.

Physical Activity and Physical Fitness (PAQ)

PROBE IF NEEDED: Vigorous-intensity sports, fitness or recreational activities cause large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: >24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

<1-500> ENTER NUMBER

<d> DON'T KNOW

<r> REFUSED

ENTER UNIT

<1> MINUTES

<2> HOURS

PAQ260

In a typical week do you do any **moderate**-intensity sports, fitness, or recreational activities that cause a **small increase** in breathing or heart rate such as brisk walking, bicycling, swimming, or golf for **at least 10 minutes continuously**?

<1> YES

<2> NO (Skip to PAQ275)

<d> DON'T KNOW (Skip to PAQ275)

<r> REFUSED (Skip to PAQ275)

PAQ265

In a typical week, on how many days do you do **moderate**-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

<1-7> ENTER NUMBER OF DAYS

<d> DON'T KNOW (Skip to PAQ275)

<r> REFUSED (Skip to PAQ275)

PAQ270

How much time do you spend doing **moderate**-intensity sports, fitness or recreational activities on a typical day?

PROBE IF NEEDED: Think about a typical day when you do moderate-intensity sports, fitness or recreational activities.

Physical Activity and Physical Fitness (PAQ)

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: >24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

<1-500> ENTER NUMBER

<d> DON'T KNOW

<r> REFUSED

ENTER UNIT

<1> MINUTES

<2> HOURS

PAQ275pre The following question is about sitting at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping.

INTERVIEWER: HIT ENTER TO CONTINUE

PAQ275 How much time do you usually spend sitting on a typical day?

SOFT EDIT: 18 HOURS OR MORE AND LESS THAN 8 HOURS.

ERROR MESSAGE: PLEASE VERIFY TIMES OF 18 HOURS OR MORE OR LESS THAN 8 HOURS.

HARD EDIT: 24 HOURS OR MORE.

ERROR MESSAGE: THE TIME SHOULD BE LESS THAN 24 HOURS.

<1-500> ENTER NUMBER

<d> DON'T KNOW

<r> REFUSED

ENTER UNIT

<1> MINUTES

<2> HOURS

Physical Activity and Physical Fitness (PAQ)

PAQ100 How does the amount of activity that you reported for the **past 30 days** compare with your physical activity for the **past 12 months**?
Over the **past 30 days**, were you...?:

- <1> More active
- <2> Less active
- <3> About the same
- <d> DON'T KNOW
- <r> REFUSED

PAQ110 Compared with most men/women your age, would you say that you are...?

- <1> More active
- <2> Less active
- <3> About the same
- <d> Don't know
- <r> Refused

PAQ120 **[Asked only of those 30 or older]** Compared with yourself **10 years ago**, would you say that you are...?

- <1> More active
- <2> Less active
- <3> About the same
- <d> Don't know
- <r> Refused

PAQ130pre Now I will ask you about TV watching and computer use outside of your regular work hours.

INTERVIEWER: HIT ENTER TO CONTINUE

PAQ130 Over the **past 30 days**, on average how many hours per day did you sit and watch TV or videos outside of work?

Would you say less than 1 hour, 1 hour, 2 hours, 3 hours, 4 hours, 5 or more hours, or none because you do not watch TV or videos?

- <0> Less than 1 hour
- <1> 1 hour
- <2> 2 hours
- <3> 3 hours
- <4> 4 hours

Physical Activity and Physical Fitness (PAQ)

- <5> 5 hours or more
- <6> None--does not watch TV or videos

- <d> Don't know
- <r> Refused

PAQ140

Over the **past 30 days**, on average how many hours per day did you use a computer or play computer games outside of work?

Would you say less than 1 hour, 1 hour, 2 hours, 3 hours, 4 hours, 5 or more hours, or none because you do not use a computer outside of work?

- <0> Less than 1 hour
- <1> 1 hour
- <2> 2 hours
- <3> 3 hours
- <4> 4 hours
- <5> 5 hours or more
- <6> None—does not use computer outside of work
- <d> Don't know
- <r> Refused

REPRODUCTIVE HEALTH AND CONTRACEPTION (RHQ)

FPC010_PRE The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

FPC010 Some things people do to prevent a pregnancy include abstaining from having sex at certain times, using birth control methods (such as the pill, implants, shots, condoms, diaphragm, foam, and IUD), having their tubes tied, or having a vasectomy.

Are you or your partner doing anything now to keep you/her from getting pregnant?
If you have more than one partner, please answer these questions about your usual partner.

<1> YES
<2> NO **(Skip to FPC030)**

<d> DON'T KNOW **(Skip to RHQINT IF FEMALE ELSE WHQ030)**
<r> REFUSED **(Skip to RHQINT IF FEMALE ELSE WHQ030)**

FPC020_R2 What are you and your partner doing now to prevent a pregnancy? Please check all that apply.

(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)
(SKIP TO RHQINT IF FEMALE ELSE WHQ030 WHEN DONE)

<1>	Tubes tied
<2>	Hysterectomy or female sterilization
<3>	Vasectomy or male sterilization
<4>	Birth control pill (not including the morning-after pill)
<5>	Morning-after pill
<6>	Male or female condom
<7>	Birth control implants, such as Jadelle or others
<8>	Birth control shots, such as Depo-Provera
<9>	Birth control ring, such as Nuvaring
<10>	Birth control patch
<11>	Diaphragm, cervical ring, or cap
<12>	IUD, including Mirena
<13>	Withdrawal or pulling out
<14>	Rhythm method or not having sex at certain times
<15>	Another method such as foam, jelly, or cream

REPRODUCTIVE HEALTH (RHQ)

<d> DON'T KNOW (Skip to RHQINT IF FEMALE ELSE WHQ030)
 <r> REFUSED (Skip to RHQINT IF FEMALE ELSE WHQ030)

FPC030_R2 What is your main reason for not preventing a pregnancy?

(HAND CARD. CHECK ONLY ONE)

<1>	You didn't think you were going to have sex, or you don't have a regular partner
<2>	You want a pregnancy
<3>	You or your partner don't want to use birth control
<4>	You or your partner don't like birth control or fear side effects
<5>	You can't pay for birth control
<6>	There was a lapse in the use of a method
<7>	You know or think that you or your partner can't get pregnant
<8>	You or your partner are too old to get pregnant
<9>	You or your partner are currently breastfeeding
<10>	You or your partner just had a baby or are postpartum
<11>	You have some other reason for not doing anything to prevent pregnancy
<12>	You don't care if you or your partner get pregnant
<13>	You or your partner is pregnant now
<14>	You have a same-sex partner

<d> DON'T KNOW
 <r> REFUSED

IF MALE SKIP TO WHQ INTRO ELSE RHQINT

RHQint The next series of questions are about your reproductive history. I will begin by asking some questions about your period or menstrual cycle.

<1> CONTINUE

RHQ010 How old were you when you had your **first** menstrual period?

(INTERVIEWER: ENTER AGE IN YEARS. CODE AS 0 IF HAVEN'T STARTED IT YET.)

<0> HAVEN'T STARTED YET (Skip to RHQ281)
 <1-21> 1 TO 21 (Skip to RHQ031)

<d> DON'T KNOW (Go to RHQ020)
 <r> REFUSED (Skip to RHQ031)

REPRODUCTIVE HEALTH (RHQ)

RHQ031 Have you had **at least one menstrual period** in the **past 12 months**?
(Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)

- <1> YES **(Skip to RHQ131)**
- <2> NO
- <d> DON'T KNOW **(Skip to RHQ060)**
- <r> REFUSED **(Skip to RHQ060)**

RHQ042 What is the reason that you have not had a period in the past 12 months? Was it because of pregnancy, breastfeeding, menopause or a hysterectomy, medical conditions or treatments, or something else?

- <1> PREGNANCY **(Skip to RHQ143)**
- <2> BREASTFEEDING **(Skip to RHQ143)**
- <4> MEDICAL CONDITIONS/TREATMENTS
- <5> OTHER
- <6> NATURAL MENOPAUSE
- <7> SURGICAL MENOPAUSE (HYSTERECTOMY OR REMOVAL OF OVARIES)
- <d> DON'T KNOW
- <r> REFUSED

RHQ060 About how old were you when you had your **last** menstrual period?

- <21-74> YEARS OLD **(Skip to RHQ131)**
- <d> DON'T KNOW **(Skip to RHQ070)**
- <r> REFUSED **(Skip to RHQ131)**

RHQ131 The next questions are about your pregnancy history.

Have you **ever** been pregnant? Please include current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies and abortions.

- <1> YES
- <2> NO **(Skip to RHQ281)**
- <d> DON'T KNOW **(Skip to RHQ281)**
- <r> REFUSED **(Skip to RHQ281)**

REPRODUCTIVE HEALTH (RHQ)

[If SP had period in past 12 months (<1> in RHQ031) or SP has not experienced menopause/hysterectomy (not <3> in RHQ042) continue with RHQ143. Otherwise, go to RHQ160.]

RHQ143 Are you pregnant **now**?

<1> YES

<2> NO **(Skip to RHQ160)**

<d> DON'T KNOW **(Skip to RHQ160)**

<r> REFUSED **(Skip to RHQ160)**

RHQ160 How many times have you been pregnant? (Again, be sure to count all your pregnancies including current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, or abortions.)

<1-15> PREGNANCIES

<d> DON'T KNOW

<r> REFUSED

[If currently pregnant with only pregnancy (RHQ160 = 1), skip to RHQ300]

RHQ170 How many of your pregnancies resulted in a live birth?
(Count the number of total pregnancies, not the number of live-born children. For example, if you had twins or another multiple birth, count that as a single pregnancy.)

<0-15> PREGNANCIES

<d> DON'T KNOW

<r> REFUSED

RHQ172 How many live births have you had?
(Count the number of total live births. For example, if you had twins or another multiple birth, count each baby as a live birth.)

<0-15> LIVE BIRTHS

<d> DON'T KNOW

<r> REFUSED

RHQ175 Did you ever have any of the following complications during any of your pregnancies?
(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

REPRODUCTIVE HEALTH (RHQ)

- <1> DIABETES
- <2> ECLAMPSIA
- <3> HIGH BLOOD PRESSURE
- <4> PRE-ECLAMPSIA
- <5> PREMATURE BIRTH
- <6> PREMATURE LABOR
- <7> HAD A SMALL BABY (LESS THAN 5.5 POUNDS)
- <8> HAD TWINS OR OTHER MULTIPLES
- <9> HAD A LARGE BABY (MORE THAN 8 POUNDS13 OUNCES)
- <10> NONE OF THE ABOVE

- <d> DON'T KNOW
- <r> REFUSED

[If answer to RHQ170 was 0: Skip to RHQ281.

If answer to RHQ170 was 1: Skip to RHQ190.

If answer to RHQ170 was 2-15: Go to RHQ180.

If SP refused or does not know answer to RHQ170: Skip to RHQ281.]

RHQ180 How old were you at the time of your **first** live birth?

<10-76> YEARS OLD

<d> DON'T KNOW

<r> REFUSED

RHQ190. How old were you at the time of your **last** live birth?

<10-76> YEARS OLD

<d> DON'T KNOW

<r> REFUSED

RHQ210 The next series of questions are about breastfeeding.

Did you breastfeed any of your children?

<1> YES

<2> NO **(Skip to RHQ225)**

<d> DON'T KNOW **(Skip to RHQ281)**

<r> REFUSED **(Skip to RHQ281)**

RHQ221 For how long did you breastfeed each of your children starting with the **{first}** child?

(ENTER 'x' WHEN THERE ARE NO MORE CHILDREN)

REPRODUCTIVE HEALTH (RHQ)

<0-36> MONTHS

<37> CURRENTLY BREASTFEEDING (Skip to RHQ221b)

<d> DON'T KNOW

<r> REFUSED

<x> NO MORE CHILDREN

RHQ540

Now I'm going to ask you about your exposure to other types of hormones that you might have used for treating conditions or health problems, other than infertility.

Have you **ever** used female hormones such as estrogen and progesterone? Please include any form of female hormones, such as pills, creams, patches, and injectables, but **do not** include birth control methods or use for infertility.

<1> YES

<2> NO (SKIP TO SIQ170Pre)

<d> DON'T KNOW

<r> REFUSED

RHQ541

How did you take these hormones? (choose all that apply)

<1> Pills

<2> Patch, cream, spray, or gel applied to your skin (non-vaginal)

<3> IUD

<4> Vaginal ring, tablet, or cream (any vaginal application)

<d> DON'T KNOW

<r> REFUSED

RHQ542

For how long, total, did you take these hormones? Do not count any time you were not taking them. (enter number of months)

<0-120> MONTHS

<d> DON'T KNOW

<r> REFUSED

RHQ543

Did you take these hormones for menopause symptoms?

<1> YES

<2> NO (skip to SIQ170Pre)

REPRODUCTIVE HEALTH (RHQ)

<d> DON'T KNOW
<r> REFUSED

RHQ544 How old were you when you started taking these hormones for menopause symptoms?

<0-110> YEARS

<d> DON'T KNOW
<r> REFUSED

RHQ545 How old were you when you stopped taking these hormones for menopause symptoms?

<0-110> YEARS

<> CURRENTLY TAKING HORMONES FOR MENOPAUSE SX

<d> DON'T KNOW
<r> REFUSED

SIQ170Pre Please answer whether you've had any of these screenings and if so within how many years.

SIQ170 A vaginal Pap smear and pelvic exam?

<1> YES
<2> NO **(Skip to SIQ180)**

<d> DON'T KNOW **(Skip to SIQ180)**
<r> REFUSED **(Skip to SIQ180)**

SIQ171 Within how many years?

IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS

<d> DON'T KNOW
<r> REFUSED

SIQ180 A mammogram?

<1> YES
<2> NO **(Skip to SIQ190)**

<d> DON'T KNOW **(Skip to SIQ190)**

REPRODUCTIVE HEALTH (RHQ)

<r> REFUSED **(Skip to SIQ190)**

SIQ181 Within how many years?

IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

SIQ190 A breast exam by a health provider?

<1> YES

<2> NO **(End RHQ)**

<d> DON'T KNOW **(End RHQ)**

<r> REFUSED **(End RHQ)**

SIQ191 Within how many years?

IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED

WEIGHT HISTORY (WHQ)

In these next questions, we will ask your weight and how it may have changed over your lifetime.

WHQ010 How tall are you without shoes?

(IF THEY ANSWER IN METERS/CENTIMETERS, ENTER 'x')

<0-7> FEET

<x> ANSWER GIVEN IN METERS/CENTIMETERS

<d> DON'T KNOW

<r> REFUSED

<0-11.99> INCHES

OR

<0-2> METERS

<0-99.9> CENTIMETERS

WHQ025 How much do you weigh without clothes or shoes?

[FOR FEMALES UP TO AGE 59 ONLY]:

If you are currently pregnant, how much did you weigh **before** your pregnancy?

(IF THEY ANSWERS IN KILOGRAMS, ENTER 'x')

<0-999.99> POUNDS

<x> ANSWER GIVEN IN KILOGRAMS

<d> DON'T KNOW

<r> REFUSED

OR

<0-500.00> KILOGRAMS

WHQ030 Do you consider yourself now to be overweight, underweight, or about the right weight?

<1> OVERWEIGHT

WEIGHT HISTORY (WHQ)

- <2> UNDERWEIGHT
- <3> ABOUT THE RIGHT WEIGHT

- <d> DON'T KNOW
- <r> REFUSED

WHQ040 Would you like to weigh more, less or stay about the same?

- <1> MORE
- <2> LESS
- <3> STAY ABOUT THE SAME

- <d> DON'T KNOW
- <r> REFUSED

WHQ070 During the **past 12 months**, did you try to either lose or maintain weight?

- <1> YES
- <2> NO **(Skip to WHQ145)**

- <d> DON'T KNOW **(Skip to WHQ145)**
- <r> REFUSED **(Skip to WHQ145)**

WHQ088_R2 How did you try to lose or maintain weight?
(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

- <1> ATE LESS FOOD (AMOUNT)
- <2> SWITCHED TO FOODS WITH LOWER CALORIES
- <3> ATE LESS FAT
- <4> ATE FEWER CARBOHYDRATES
- <5> EXERCISED
- <6> SKIPPED MEALS
- <7> ATE "DIET" FOODS OR PRODUCTS
- <8> USED A LIQUID DIET FORMULA SUCH AS SLIMFAST OR OPTIFAST
- <9> JOINED A WEIGHT LOSS PROGRAM SUCH AS WEIGHT WATCHERS, JENNY CRAIG, TOPS, OR OVEREATERS ANONYMOUS

WEIGHT HISTORY (WHQ)

- <10> FOLLOWED A SPECIAL DIET SUCH AS DR. ATIKINS, OTHER HIGH PROTEIN OR LOW CARBOHYDRATE DIET, ZONE, GRAPEFRUIT, PRITIKIN
- <11> TOOK DIET PILLS PRESCRIBED BY A DOCTOR
- <12> TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION
- <13> STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN
- <14> TOOK LAXATIVES OR VOMITED
- <15> DRANK A LOT OF WATER
- <26> SOUGHT HELP FROM PERSONAL TRAINER, DIETITIAN, NUTRITIONIST, DOCTOR OR OTHER HEALTH PROFESSIONAL
- <16-25> OTHER (SPECIFY)
- <d> DON'T KNOW
- <r> REFUSED

WHQ145 How much do you agree with the following: My current body weight is a threat to my health?

HAND CARD

- <1> STRONGLY AGREE
- <2> AGREE
- <3> NEUTRAL
- <4> DISAGREE
- <5> STRONGLY DISAGREE
- <d> DON'T KNOW
- <r> REFUSED

WHQ147 What is the most you **ever** weighed?
[IF RHQ131 = [1] YES]: Do not include your weight during any pregnancy.

(IF THEY ANSWER IN KILOGRAMS, ENTER 'x')

- <0-999.99> POUNDS
- <x> ANSWER GIVEN IN KILOGRAMS
- <d> DON'T KNOW
- <r> REFUSED

WEIGHT HISTORY (WHQ)**OR**

<0-500.00> KILOGRAMS

WHQ150 How old were you then? If you don't know the exact age, please make your best guess.

<0-130> YEARS OLD

<d> DON'T KNOW

<r> REFUSED

WHQ160 What was your weight at birth?

(IF THEY ANSWER IN KILOGRAMS/GRAMS, ENTER 'x')<0-999.99> POUNDS **(End of Qnr)**

<x> ANSWER GIVEN IN KILOGRAMS/GRAMS

<d> DON'T KNOW **(Go to WHQ161)**<r> REFUSED **(Go to WHQ161)**

<0-15> OUNCES

OR<0-500.00> KILOGRAMS **(End of Qnr)**

<0-999> GRAMS

WHQ161 Were you a small baby, an average baby, or a large baby?

<1> A SMALL BABY

<2> AN AVERAGE BABY

<3> A LARGE BABY

<d> DON'T KNOW

<r> REFUSED

DIET AND MEAL SOURCES (DIQ)

DIQ_intro Now I'm going to ask you some diet questions that are about your consumption of Wisconsin fish, the places you choose to eat, and the snacks and beverages you tend to choose.

DIQ010 Did you ever eat fish caught by you or given to you in the last year?

<1> YES

<2> NO **(Skip to DIQ100int)**

<d> DON'T KNOW **(Skip to DIQ100int)**

<r> REFUSED **(Skip to DIQ100int)**

DIQ020 Were any of the fish that you ate in the last year from the Great Lakes?

<1> YES

<2> NO **(Skip to DIQ030)**

<d> DON'T KNOW **(Skip to DIQ030)**

<r> REFUSED **(Skip to DIQ030)**

DIQ025 How often did you eat lake trout, salmon, or carp from the Great Lakes in the last year?

<0-76> TIMES

<d> DON'T KNOW

<r> REFUSED

Enter unit:

<1> PER DAY

<2> PER WEEK

<3> PER MONTH

<4> PER YEAR

DIQ030 Were any of the fish that you ate in the last year from Wisconsin inland lakes or streams?

<1> YES

<2> NO **(Skip to DIQ100int)**

<d> DON'T KNOW **(Skip to DIQ100int)**

<r> REFUSED **(Skip to DIQ100int)**

DIQ035 How often did you eat walleye, northern pike, or carp from Wisconsin inland lakes or streams in the last year?

<0-76> TIMES

<d> DON'T KNOW

DIET AND MEAL SOURCES (DIQ)

<r> REFUSED

Enter unit:

- <1> PER DAY
- <2> PER WEEK
- <3> PER MONTH
- <4> PER YEAR

DIQ100int Now I'd like to ask you some questions about how often you eat out at different types of restaurants.

INTERVIEWER: HIT ENTER TO CONTINUE

DIQ100 During the last year, how frequently did you eat a meal at a **fast food** restaurant, for example: McDonalds, Pizza Hut, Burger King, KFC, Taco Bell, Subway, Culvers, and so on?

Would you say it was...?

(HAND CARD)

- <1> NEVER
- <2> RARELY (LESS THAN ONCE A MONTH)
- <3> SOMETIMES (BETWEEN 1-3 TIMES A MONTH)
- <4> 1-2 TIMES PER WEEK
- <5> 3-4 TIMES PER WEEK
- <6> 5 OR MORE TIMES PER WEEK
- <d> DON'T KNOW
- <r> REFUSED

DIQ110 During the last year, how frequently did you eat a meal at a **fast-casual** restaurant?

For example: Noodles and Company, Panera Bread, cafeterias, and so on; do **not** include "all-you-can-eat" meals.

Would you say it was...?

(HAND CARD)

- <1> NEVER
- <2> RARELY (LESS THAN ONCE A MONTH)
- <3> SOMETIMES (BETWEEN 1-3 TIMES A MONTH)
- <4> 1-2 TIMES PER WEEK
- <5> 3-4 TIMES PER WEEK
- <6> 5 OR MORE TIMES PER WEEK
- <d> DON'T KNOW
- <r> REFUSED

DIQ115 During the last year, how frequently did you have an "all-you-can-eat" meal?

DIET AND MEAL SOURCES (DIQ)

For example: Old Country Buffet, Ponderosa, all-you-can-eat Friday fish fries, and so on.

Would you say it was...?

(HAND CARD)

- <1> NEVER
- <2> RARELY (LESS THAN ONCE A MONTH)
- <3> SOMETIMES (BETWEEN 1-3 TIMES A MONTH)
- <4> 1-2 TIMES PER WEEK
- <5> 3-4 TIMES PER WEEK
- <6> 5 OR MORE TIMES PER WEEK

- <d> DON'T KNOW
- <r> REFUSED

DIQ120 During the last year, how frequently did you eat a meal at a sit-down restaurant?

Family-style restaurants are included in this category.

Would you say it was...?

(HAND CARD)

- <1> NEVER
- <2> RARELY (LESS THAN ONCE A MONTH)
- <3> SOMETIMES (BETWEEN 1-3 TIMES A MONTH)
- <4> 1-2 TIMES PER WEEK
- <5> 3-4 TIMES PER WEEK
- <6> 5 OR MORE TIMES PER WEEK

- <d> DON'T KNOW
- <r> REFUSED

DIQ200int The next questions deal with the snack food you eat between meals.

INTERVIEWER: HIT ENTER TO CONTINUE

DIQ200 In the last 7 days, did you ever eat a **snack** between meals?

- <1> YES
- <2> NO **(Skip to DIQ300int)**

- <d> DON'T KNOW **(Skip to DIQ300int)**
- <r> REFUSED **(Skip to DIQ300int)**

DIQ207 In the last 7 days, when you ate a snack between meals, from which of these places did you get a snack?

(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

DIET AND MEAL SOURCES (DIQ)

- <1> MADE AT HOME
- <2> CAFETERIA (AT SCHOOL OR WORK)
- <3> FAST FOOD RESTAURANT
- <4> OTHER TYPE OF RESTAURANT
- <5> BAR
- <6> CONVENIENCE STORE
- <7> GROCERY STORE
- <8> VENDING MACHINE
- <9> OTHER (specify)

- <d> DON'T KNOW
- <r> REFUSED

DIQ300int In the next few questions I will ask you about your water drinking and other dietary habits.

INTERVIEWER: HIT ENTER TO CONTINUE

DIQ300 In a typical day, how many 8 oz. servings of bottled water do you drink?
Include water from a water cooler that is supplied by a large container.

- <0> NONE
- <1-76> SERVINGS

- <d> DON'T KNOW
- <r> REFUSED

DIQ310 In a typical day, how many 8 oz. servings of **tap water do you drink at home?**

- <0> NONE
- <1-76> SERVINGS

- <d> DON'T KNOW
- <r> REFUSED

DIQ320 In a typical day, how many 8 oz. servings of **tap water do you drink outside your home,** for instance, at work, or at a restaurant?

- <0> NONE
- <1-76> SERVINGS

- <d> DON'T KNOW
- <r> REFUSED

DIET AND MEAL SOURCES (DIQ)

DIQ330 Do you eat organic food?

<1> YES

<2> NO **(Skip to DIQ340)**

<d> DON'T KNOW **(Skip to DIQ340)**

<r> REFUSED **(Skip to DIQ340)**

DIQ350 Of the following types of foods, are there any that you usually avoid eating because of health concerns other than allergies?
(HAND CARD. ENTER ALL THAT APPLY.)

<1> RED MEAT

<2> CHICKEN WITH THE SKIN

<3> FISH OR SEAFOOD

<4> DAIRY PRODUCTS

<5> EGGS

<6> PROCESSED FOODS

<7> DEEP FRIED FOODS

<8> FOODS WITH HIGH CONTENT OF ANY TYPE OF FAT

<9> FOODS WITH HIGH CONTENT OF SATURATED FAT

<10> FOODS WITH HIGH CONTENT OF TRANS FAT

<11> FOODS WITH HIGH CONTENT OF CARBOHYDRATES

<12> MILK TREATED WITH RECOMBINANT BOVINE GROWTH HORMONE (BGH)

<14> I DO NOT AVOID ANY OF THESE FOODS

<d> DON'T KNOW

<r> REFUSED

ENTER 'x' WHEN DONE

DIQ410 What is the name of the store where you **currently** purchase **most of** your household groceries?

NAME: _____

LOCATION (CITY OR TOWN): _____

ADDRESS (STREET): _____

Approximate distance from your house:

<0-76.00> MILES

<d> DON'T KNOW

<r> REFUSED

DIET AND MEAL SOURCES (DIQ)

DIQ415 What percent of your total groceries are purchased at your usual store?

<0-100> PERCENT

<d> DON'T KNOW

<r> REFUSED

DIQ416 What are the reasons you shop at this store?

(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

<1> FRESHNESS OF FRUITS OR VEGETABLES

<2> QUALITY OF MEATS AND SEAFOOD

<3> PRICE OF THE FOODS

<4> ORGANIC FOODS AVAILABLE

<5> LOCALLY GROWN FOODS AVAILABLE

<6> CONVENIENCE (FOR EXAMPLE, IT'S CLOSE TO HOME OR ON THE WAY HOME)

<7> LARGE SELECTION

<8> CLOSE TO OTHER FREQUENTED STORES

<9> SPEED OF CHECKOUT

<10> IN-STORE DELI OR BAKERY

<11> LOCALLY OWNED BUSINESS

<12> OTHER SERVICES AVAILABLE AT THE STORE (SUCH AS MOVIE RENTAL OR PHARMACY)

<13> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

DIQ420 How often do you shop at a farmers market or local farms? Would you say regularly, often, seldom or never?

<1> REGULARLY

<2> OFTEN

<3> SELDOM

<4> NEVER

<d> DON'T KNOW

<r> REFUSED

DIQ430 Over the past year have you been a member of a Community Support Agriculture or CSA group?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

DIET AND MEAL SOURCES (DIQ)

DIQ440 Over the past year have you grown or produced any of your own food?

- <1> YES
- <2> NO (**Skip to DIQ340**)
- <d> DON'T KNOW
- <r> REFUSED

DIQ450 What food did you grow or produce?
(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

- <1> VEGETABLES
- <2> TREE FRUIT OR NUTS
- <3> OTHER FRUIT
- <4> HERBS
- <5> HONEY
- <6> MEAT
- <7> CHICKENS
- <8> EGGS
- <9> FISH
- <10> DAIRY
- <11> GRAINS
- <12> LEGUMES
- <13> OTHER
- <d> DON'T KNOW
- <r> REFUSED

DIQ460 Where do you grow or produce your food?
(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

- <1> HOME OR CONTAINER GARDEN
- <2> PUBLIC COMMUNITY GARDEN (I.E. PARKS)
- <3> PRIVATE COMMUNITY GARDEN (I.E. CHURCH)
- <4> INFORMAL COMMUNITY OR NEIGHBORHOOD GARDEN (I.E. ON A VACANT LOT OR COMMON OPEN SPACE)
- <5> YOUR OWN FARMLAND
- <d> DON'T KNOW
- <r> REFUSED

COGNITIVE (COQ)

SPID# _____

Date: _____

Interviewer: _____

[Interviewer: This instrument should be administered ONLY if the participant is of age 60 or older. IF THE PARTICIPANT IS 59 OR YOUNGER, SKIP THIS SECTION. (and start the ACASI section)]

[Interviewer: Prepare timer for animal verbal fluency test. If audio recording is allowed, do not record entries during the interview and transcribe from audio recording later. Note timestamp on the recorder if one is in use. Recorder timestamp: _____]

The next part of the SHOW exam has three exercises or quizzes for you to do. These test your memory.

First, I would like you to name as many animals as you can think of in one minute. I will tell you when to start and stop. Do you understand the directions?

[Interviewer: Wait until the participant indicates they understand the directions, repeat directions if they are unclear.

Start timer. Watch for 60 seconds and stop participant. If no audio recording is available, enter all entries during this time. Note repeated names with a Ⓟ (Perseverations) and responses that were not animals as ⓘ (Intrusions).]

COG.010. Please name all the animals you can think of until I say stop. (Do not wait for me to finish writing each before continuing.)

Refused

R

1	16	31
2	17	32
3	18	33
4	19	34
5	20	35
6	21	36
7	22	37
8	23	38
9	24	39
10	25	40
11	26	41
12	27	42
13	28	43
14	29	44
15	30	45

Total number of words: _____

Number of correct words: _____

COGNITIVE (COG)

COG.015. Were answers for COG.010 transcribed from audio recording?

Yes 1
No 2

[Interviewer: Enunciate clearly for each of the words. If the respondent has difficulty hearing the words, you may repeat the words in question up to 3 times for clarification only.]

COG.020. Please listen carefully to and remember these 3 unrelated words and then repeat the words: cat, pen, apple.

[Interviewer: Check the box beside each correctly stated word; if the word is incorrect, leave the box blank.]

- ☐ cat
- ☐ pen
- ☐ apple

Number of correctly stated words (checked boxes) _____

Refused R

COG.025 Clock draw administered?

Yes 1
Refused to do R
Could not do D

COG.030 Please take this paper with the circle on it. Inside the circle, please draw the hours of a clock as they normally appear.

[Interviewer: You may repeat the directions but no other assistance should be given]

COG.040. Place the hands of the clock to represent the time: "ten minutes after eleven o'clock."

[Interviewer: The instructions can be repeated but the time must be indicated as "ten minutes after eleven o'clock" only (e.g. do not say "eleven ten") and no additional instructions should be given.]

COG.050. Please repeat the 3 words I asked you to remember earlier.

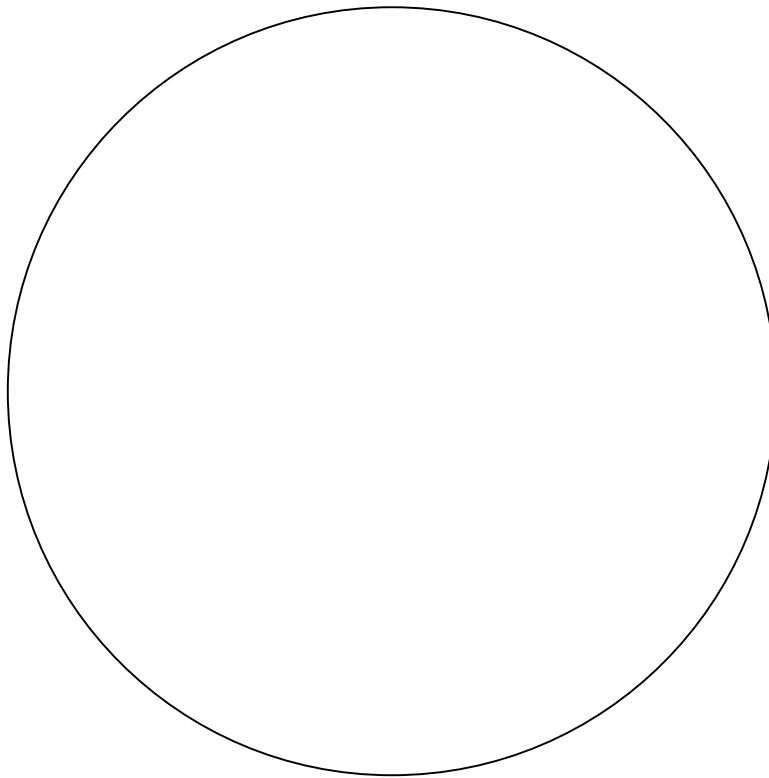
[Interviewer: Check the box beside each correctly stated word; if word is incorrect, leave the box blank.]

- ☐ cat
- ☐ pen
- ☐ apple

COGNITIVE (COG)

Number of correctly stated words (checked boxes) ____
Refused (R)

- 1) Inside the circle, please draw the hours of a clock as they normally appear.**
- 2) Place the hands of the clock to represent the time:
“ten minutes after eleven o’clock”**



SMQ002 THIS IS THE BEGINNING OF THE AUDIO SELF INTERVIEW

HELP THE RESPONDENT GET SET UP AT THE LAPTOP AND USE THE HEADPHONES

IF THERE IS A REASON WHY THE AUDIO PORTION CAN NOT BE ADMINISTERED (I.E., PHONE INTERVIEW, CONDITIONS WILL NOT ALLOW, ETC), ENTER 'x' AND SPECIFY THE REASON.

<1>PROCEED TO AUDIO SECTION AFTER RESPONDENT IS SEATED AND READY TO CONTINUE

<x> SKIP AUDIO SECTION
(SPECIFY REASON FOR SKIP FOLLOWED BY //)

SMQ003 PLEASE SIT COMFORTABLY AND ADJUST YOUR HEADPHONES

THIS NEXT SET OF QUESTIONS WILL TAKE ABOUT 5 MINUTES

PRESS **ENTER** TO CONTINUE

SMQ004 For these next questions, please listen to the questions and answers and type the number associated with your answer. Then press **Enter**.

If at any time you do not want to answer the question, please type "r" for "REFUSED" and press **Enter**.

If you do not know the answer, please give your best estimate.

If you're still not sure, type "d" for "DON'T KNOW" and press **Enter**.

When you are ready to continue, type **1** and press **Enter**.

<1> **CONTINUE**

SMQ005 For example, here is a practice question:

Today, the weather is nice.

Would you agree or disagree?

Enter **1** for AGREE or **2** for DISAGREE.

You can also enter "d" if you DON'T KNOW or "r" if you REFUSE to answer the question.

<1> **AGREE**
<2> **DISAGREE**

<d>	DON'T KNOW	<r>	REFUSED
<q>	REPLAY QUESTION	<a>	REPLAY RESPONSES
<y>	TURN QUESTION AUDIO OFF (SOUND IS NOW ON)		
<z>	TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)		

[SWITCH WORDS ON/OFF DEPENDING ON STATUS OF AUDIO]

SMQ006 Now, for another example. In the past 6 months, how often did this happen: I ate chocolate ice cream.

Would you say often, sometimes, rarely, or never?

Enter **1** for OFTEN, **2** for SOMETIMES, **3** for RARELY, of **4** for NEVER.

You can also enter "**d**" if you DON'T KNOW or "**r**" if you REFUSE to answer the question.

<1> **AGREE**
<2> **DISAGREE**

<d>	DON'T KNOW	<r>	REFUSED
<q>	REPLAY QUESTION	<a>	REPLAY RESPONSES
<y>	TURN QUESTION AUDIO OFF (SOUND IS NOW ON)		
<z>	TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)		

SMQ007 That ends our example questions.

To enter a number with more than one digit, such as **27**, type the number "**2**", followed by the number "**7**". Then press "**ENTER**".

If you have trouble typing an answer, ask your interviewer for help.

If you would like to change an answer, please ask your interviewer for assistance.

When you are ready, enter **1** to continue

<1> **CONTINUE**

SMQ008 If you would like to have the question re-played for you, enter "q".
 If you would like to have the answers re-played for you, enter "a".
 If you would like to turn off the question audio, enter "y".
 To turn the question audio back on, enter "y" again.
 If you would like to turn off the answer option audio, enter "z".
 To turn the answer audio back on, enter "z" again.

If you have any questions before we begin, please ask the interviewer now.

When you are ready, enter **1** to continue

FOOD SECURITY (FSQ)

[For parentheses:

IF SCQ090(from SCREENER) > 1 use “We”, “Our”, or “Your household”.

IF SCQ090 = 1 use “I”, “My”, or “You”

IF SCQ090 is missing use INQ201(T1) >1 or =1.]

FSQ001 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 needed.

Enter **1** to continue

<1> CONTINUE

FSQ002

Now I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months - that is, since last [name of current month]

The first statement is “(I/We) worried whether (my/our) food would run out before (I/We) got money to buy more.”

Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Please enter **1** for **OFTEN TRUE**, **2** for **SOMETIMES TRUE**, or **3** for **NEVER TRUE**.

<1> OFTEN TRUE
<2> SOMETIMES TRUE
<3> NEVER TRUE

<d> DON'T KNOW **<r> REFUSED**
<q> REPLAY QUESTION **<a> REPLAY RESPONSES**
<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**
<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON)**

FSQ003 “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.”

Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Please enter **1** for **OFTEN TRUE**, **2** for **SOMETIMES TRUE**, or **3** for **NEVER TRUE**.

<1> OFTEN TRUE
<2> SOMETIMES TRUE
<3> NEVER TRUE

FOOD SECURITY (FSQ)

<d> **DON'T KNOW** <r> **REFUSED**
 <q> REPLAY QUESTION <a> REPLAY RESPONSES
 <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
 <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FSQ004 “(I/We) could not afford to eat balanced meals.”

Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Please enter **1** for **OFTEN TRUE**, **2** for **SOMETIMES TRUE**, or **3** for **NEVER TRUE**.

<1> **OFTEN TRUE**
 <2> **SOMETIMES TRUE**
 <3> **NEVER TRUE**

<d> **DON'T KNOW** <r> **REFUSED**
 <q> REPLAY QUESTION <a> REPLAY RESPONSES
 <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
 <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

[IF FSQ002, FSQ003, and FSQ004 = 3, d, or r, skip to FSQ080.]

FSQ010 In the **last 12 months**, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there was not enough money for food?

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES (Go to FSQ011)**
 <2> **NO (SKIP to FSQ012)**

<d> **DON'T KNOW (SKIP to FSQ012)** <r> **REFUSED (SKIP to FSQ012)**
 <q> REPLAY QUESTION <a> REPLAY RESPONSES
 <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
 <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FSQ011 How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?

Please enter **1** for **ALMOST EVERY MONTH**, **2** for **SOME MONTHS BUT NOT EVERY MONTH**, or **3** for **ONLY 1 or 2 MONTHS**.

<1> **ALMOST EVERY MONTH**
 <2> **SOME MONTHS BUT NOT EVERY MONTH**
 <3> **ONLY 1 OR 2 MONTHS**

FOOD SECURITY (FSQ)

<d> **DON'T KNOW** <r> **REFUSED**
 <q> REPLAY QUESTION <a> REPLAY RESPONSES
 <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
 <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FSQ012 In the **last 12 months**, did you ever eat less than you felt you should because there wasn't enough money for food?

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**
 <2> **NO**

<d> **DON'T KNOW** <r> **REFUSED**
 <q> REPLAY QUESTION <a> REPLAY RESPONSES
 <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
 <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FSQ013 In the **last 12 months**, were you ever hungry but didn't eat because there wasn't enough money for food?

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**
 <2> **NO**

<d> **DON'T KNOW** <r> **REFUSED**
 <q> REPLAY QUESTION <a> REPLAY RESPONSES
 <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
 <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FSQ014 In the **last 12 months**, did you lose weight because there wasn't enough money for food?

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**
 <2> **NO**

<d> **DON'T KNOW** <r> **REFUSED**
 <q> REPLAY QUESTION <a> REPLAY RESPONSES
 <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
 <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FOOD SECURITY (FSQ)

[IF FSQ010, FSQ012, FSQ 013 and FSQ014 = 2, d, or r, skip to FSQ080. IF “YES” to any continue to FSQ020]

FSQ020 In the **last 12 months**, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

Please enter **1** for **YES**, or **2** for **NO**.

<1> YES (GO TO FSQ021)

<2> NO (SKIP TO FSQ080)

<d> DON'T KNOW (SKIP TO FSQ080)

<r> REFUSED (SKIP TO FSQ080)

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON)**

FSQ021 How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?

<1> ALMOST EVERY MONTH

<2> SOME MONTHS BUT NOT EVERY MONTH

<3> ONLY 1 OR 2 MONTHS

<d> DON'T KNOW

<r> REFUSED

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**

FSQ080 In the **last 12 months**, have you been concerned about having enough food for you or your family?

Please enter **1** for **YES**, or **2** for **NO**.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON)**

FOOD SECURITY (FSQ)

FSQ151r2 In the **last 12 months**, did you **ever** get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FSQ170r2 In the **last 12 months**, were you authorized to receive Food Stamps, which includes a food stamp card or voucher, or cash grants from the state for food?

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

Depression diagnostic and Severity Measure (PHQ)

PHQ001 Please indicate how much you have been bothered by these problems.

This section will take about 5 minutes.

Enter **1** to continue.

<1> CONTINUE

PHQ010 Over the **past 2** weeks, how often have you been bothered by any of the following problems:

Little interest or pleasure in doing things?

Would you say not at all, several days, more than half the days, or nearly every day?

Enter **1** for not at all, **2** for several days, **3** for more than half the days, or **4** for nearly every day.

<1> NOT AT ALL

<2> SEVERAL DAYS

<3> MORE THAN HALF THE DAYS

<4> NEARLY EVERY DAY

<d> DON'T KNOW

<r> REFUSED

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON)**

PHQ020 Over the **past 2** weeks, how often have you been bothered by any of the following problems:

Feeling down, depressed, or hopeless?

Would you say not at all, several days, more than half the days, or nearly every day?

Enter **1** for not at all, **2** for several days, **3** for more than half the days, or **4** for nearly every day.

<1> NOT AT ALL

<2> SEVERAL DAYS

<3> MORE THAN HALF THE DAYS

<4> NEARLY EVERY DAY

<d> DON'T KNOW

<r> REFUSED

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**

Depression diagnostic and Severity Measure (PHQ)

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

SEXUAL IDENTITY (SXQ)

SXQ005 The next set of questions is about your sexual identity.

Please remember that your answers are strictly confidential and **you may skip any question that makes you feel uncomfortable or where you don't know the answer by typing **d** for **Don't Know** or **r** for **Refused**.**

This next set of questions will take about 2 minutes.

Enter **1** to continue.

<1> CONTINUE

SXQ010 What is your gender?

Please enter **1** for **MALE**, or **2** for **FEMALE**.

<1> MALE

<2> FEMALE

<d> DON'T KNOW

<r> REFUSED

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON)**

SXQ011 Do you consider yourself to be heterosexual or straight, gay or lesbian, or bisexual?

Please enter **1** for **HETEROSEXUAL OR STRAIGHT**, **2** for **GAY OR LESBIAN**, or **3** for **BISEXUAL**.

<1> HETEROSEXUAL OR STRAIGHT

<2> GAY OR LESBIAN

<3> BISEXUAL

<d> DON'T KNOW

<r> REFUSED

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON)**

SXQ012 Currently or in the past, have you identified as transgender, transsexual, or intersex?

Please enter **1** for **YES**, or **2** for **NO**.

<1> YES

<2> NO (Skip to End)

<d> DON'T KNOW

<r> REFUSED (Skip to End)

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON)**

SEXUAL BEHAVIOR (SXQ)

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

SXQ013

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Which of the following describes you best?

- <1> **TRANSGENDER FEMALE-TO-MALE**
- <2> **TRANSGENDER MALE-TO-FEMALE**
- <3> **TRANSGENDER NOT EXCLUSIVELY MALE OR FEMALE, THAT IS, I WAS BORN AS FEMALE OR MALE, BUT NOW I THINK OF MYSELF AS NEITHER MALE NOR FEMALE**
- <4> **NONE OF THE ABOVE DESCRIBES ME**

- <d> **DON'T KNOW** <r> **REFUSED**
- <q> REPLAY QUESTION <a> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

SXQ014

Intersex is defined as being born with a body that is not exclusively male or female. Some people who are born as intersex end up thinking of themselves as male or female. Which of the following statements describes you best?

- <1> **I WAS BORN AS INTERSEX, AND NOW I CONSIDER MYSELF MALE**
- <2> **I WAS BORN AS INTERSEX, AND NOW I CONSIDER MYSELF FEMALE**
- <3> **I WAS BORN AS INTERSEX, AND NOW I DO NOT CONSIDER MYSELF EXCLUSIVELY MALE OR FEMALE**
- <4> **NONE OF THE ABOVE DESCRIBES ME**

- <d> **DON'T KNOW** <r> **REFUSED**
- <q> REPLAY QUESTION <a> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

PHYSICAL MEASUREMENTS IN ADULTS (ANT) (BP) (SPI)

In this section we will be completing the physical measurement portion of the study.

ANT001 Are there any restrictions to choice of arm/vein?

Arm:	<1>	Right	<2>	Left		
Mastectomy:	<1>	Yes	<2>	No	R: _____	L: _____
Sore or injured:	<1>	Yes	<2>	No	R: _____	L: _____
Dialysis shunt:	<1>	Yes	<2>	No	R: _____	L: _____

ANT010_1 Upper arm measurement from shoulder to elbow:

<10-70> centimeters
 <d> Don't know <r> Refused

Value one: _____ cm
[ANT020 calculate midpoint]

Comments?
 <1> Enter Comments
 <2> No Comments

ANT030 Right Mid-Arm Circumference:

<3-76> centimeters
 <d> Don't know <r> Refused

Value one: _____ cm

Comments?
 <1> Enter Comments
 <2> No Comments

IF ANT030 < 17 THEN SKIP TO ANT060r2
 IF ANT030 > 50 THEN SKIP TO ANT060r2

ANT031 (Calculated)
 The appropriate cuff size to use based on input measurements is:

(Small:17-22, Medium: 22-32, Large: 32-42, Extra Large: 42 to 50, No Cuff (<17 or >50))

(Small, Medium, Large, Extra Large)

ANT032 What cuff size was used for this participant?

<1> Small
 <2> Medium
 <3> Large

PHYSICAL MEASUREMENTS IN ADULTS (ANT) (BP) (SPI)

<4> Extra Large

BP040

Blood Pressure Readings:

<50-250> Systolic / <35-150> Diastolic

<d> Don't know <r> Refused

First BP: ____ / ____

Second BP: ____ / ____

Third BP: ____ / ____

Average: ____ / ____

Comments?

<1> Enter Comments

<2> No Comments

BP050

Average Pulse:

<30-150> beats per minute

<d> Don't know <r> Refused

____ beats per minute

Comments?

<1> Enter Comments

<2> No Comments

ANT060r2

Standing Height

<80-250> centimeters

<d> Don't know <r> Refused

Value One: ____ cm Retype: ____ cm

You entered a height of [Fill ANT060@a1] centimeters which is calculated to be [CALCULATE] inches. Hit ENTER to continue.

Value Two: ____ cm Retype: ____ cm

You entered a height of [Fill ANT060@b1] centimeters which is calculated to be [CALCULATE] inches. Hit ENTER to continue.

[If difference between value one and value two is greater than 2 inches, the instrument should prompt for a third value.]

Value Three ____ cm Retype: ____ cm

You entered a height of [Fill ANT060@c1] centimeters which is calculated to be [CALCULATE] inches. Hit ENTER to continue.

Able to stand straight?

PHYSICAL MEASUREMENTS IN ADULTS (ANT) (BP) (SPI)

<1> Yes
<2> No

Shoes kept one?

<1> Yes (why? – SPECIFY)
<2> No

Comments?

<1> Enter Comments
<2> No Comments

ANT070

Standing Weight:

<25.0-500.0> kilograms
<d> Don't know <r> Refused

Value One: _____ kg

You entered a weight of [Fill ANT070@a] kilograms which is calculated to be [CALCULATE] pounds. (F9 TO GO BACK)

Own clothes kept on?

<1> Yes (why? – SPECIFY)
<2> No

Two scales used?

<1> Yes
<2> No

Comments?

<1> Enter Comments
<2> No Comments

ANT080

Waist Circumference:

<40-300> centimeters
<d> Don't know <r> Refused

Value One: _____ cm Retype: _____ cm

You entered a waist circumference of [Fill ANT080@a1] centimeters which is calculated to be [CALCULATE] inches. (F9 TO GO BACK)

Value Two: _____ cm Retype: _____ cm

You entered a waist circumference of [Fill ANT080@b1] centimeters which is calculated to be [CALCULATE] inches. (F9 TO GO BACK)

[If difference between value one and value two is greater than 2 inches, the instrument should prompt for a third value.]

PHYSICAL MEASUREMENTS IN ADULTS (ANT) (BP) (SPI)

Value Three _____ cm Retype: _____ cm

You entered a waist circumference of [Fill ANT080@c1] centimeters which is calculated to be [CALCULATE] inches. (F9 TO GO BACK)

Comments?

<1> Enter Comments

<2> No Comments

ANT090

Hip Circumference:

<40-300> centimeters

<d> Don't know <r> Refused

Value One: _____ cm Retype: _____ cm

You entered a hip circumference of [Fill ANT090@a1] centimeters which is calculated to be [CALCULATE] inches. (F9 TO GO BACK)

Value Two: _____ cm Retype: _____ cm

You entered a hip circumference of [Fill ANT090@b1] centimeters which is calculated to be [CALCULATE] inches. (F9 TO GO BACK)**[If difference between value one and value two is greater than 2 inches, the instrument should prompt for a third value.]**

Value Three _____ cm Retype: _____ cm

You entered a hip circumference of [Fill ANT090@c1] centimeters which is calculated to be [CALCULATE] inches. (F9 TO GO BACK)

Own clothes kept on?

<1> Yes

<2> No

Comments?

<1> Enter Comments

<2> No Comments

ANT_POST For ease of completing the Today's Value screen:

Today's Height Measurement: in _____ cm

Today's Weight Measurement: lbs _____ kg

Today's Waist Measurement: _____ in _____ cm

Today's Hip Measurement: in _____ cm

INTERVIEWER: HIT ENTER TO CONTINUE

PHYSICAL MEASUREMENTS IN ADULTS (ANT) (BP) (SPI)

SPI002_PRE We'd like to measure the amount (volume) and speed at which air flows to and from your lungs when you breathes. Before doing this test I need to determine if this test is appropriate based on the following questions.

SPI002 Did you have any surgery over the past 3 months?

- <1> YES
- <2> NO (SKIP TO SPI006)
- <d> DON'T KNOW
- <r> REFUSED

SPI004 Which if any of the following types of surgery have you had over the past 3 months.

HAND CARD: Enter all that apply

- <1> Eye Surgery
- <2> Open Chest or Abdominal Surgery
- <3> Other Surgery
- <d> DON'T KNOW
- <r> REFUSED

SPI006 Did you or anyone in the household have tuberculosis in the past year?

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

SPI008 Has a doctor or other health professional ever told you that you had a collapsed lung?

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

SPI012 Has a doctor or other health professional ever told you that you had an aneurysm?

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

SPI014 In the past month, have you ever coughed up blood?

PHYSICAL MEASUREMENTS IN ADULTS (ANT) (BP) (SPI)

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

SPI016 Have you had a stroke in the last 3 months?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

SPI018 Have you had a heart attack in the last 3 months?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

**IF SPI004=1 or 2; IF SPI006 = 1; IF SPI008 = 1; IF SPI010 = 1; IF SPI012 = 1; IF SPI014=1 ;
OR IF SPI016 = 1 THEN SPI300**

SPI140 Are you willing to do the spirometry test?

<1> YES

<2> NO (SKIP TO SPI300)

SPI150 The following questions are about things researchers needs to know about you
when analyzing the data and comparing it to other groups of subjects.

Have you smoked in the last hour?

(PARAMETERS THAT MAY AFFECT ACCURACY OR COMPARABILITY. WILL
NOT EXCLUDE, BUT NEED TO BE NOTED)

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

SPI160 Have you consumed alcohol in the last 4 hours?

<1> YES

<2> NO

PHYSICAL MEASUREMENTS IN ADULTS (ANT) (BP) (SPI)

<d> DON'T KNOW
<r> REFUSED

SPI170 Have you performed any vigorous activity in the last 30 minutes?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

SPI180 Have you eaten a large meal in the last 2 hours?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

SPI190 Are you wearing any clothes that will prevent your chest or abdomen from expanding fully?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

SPI200 Do you have a cough at the current time?

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

SPI210 For this next test I will ask you to take a deep breath, then blow out as hard and as fast as you can using a mouthpiece connected to the machine with tubing. The spirometer then measures the total amount exhaled, called the forced vital capacity for FVC, and how much you exhaled the first second, called the forced expiratory volume in 1 second, or FEV1.

SPI250 FEV1/FVC READINGS

<0-20> <d> Don't know <r> Refused

#	FEV1	FVC
1	_____	_____
2	_____	_____

PHYSICAL MEASUREMENTS IN ADULTS (ANT) (BP) (SPI)

3 _____

If necessary:

(2 FEV1 values must be within 10% of the highest value)

#	FEV1
4	_____
5	_____
6	_____
7	_____
8	_____

SPI300 **[IF EXCLUDED]** Explain to the subject that the test is not recommended because of the answers they gave and go on to the next test

Additional Comments about test, conditions or reason refused if they volunteered this.

(e.g Not why refused if it is volunteered)

<1> Enter Comments

<2> No Comments

ACCELEROMETRY (ACC)

ACC010 We would now like to instruct you of the use of activity monitors. These monitors are worn and used similar to a pedometer.

[Handover Instructions – and work through the main points and answer any questions the participant might have]

[Hit Enter to Continue]

ACC020 [Complete the dispensing procedures for these accelerometers before moving forward to make sure that the devices have been correctly initialized. Is the Dispensing procedures form completed and filled in?]

<1> YES <SKIP TO ACC050>

<2> NO

ACC030 [Please enter in comments for why the Dispensing procedures were not completed. Do not provide accelerometers to this participant.]

[SKIP TO ANC100]

ACC050 [Subject's waist accelerometer number **{WAIST_ID : Monocle}**]

XXXX (1000-9999)

ACC060 [Subject's wrist accelerometer number **{WRIST_ID: Monocle}**]

XXXX (1000-9999)

TRACKING AND TRACING (TTQ)

TTQintro The Survey of the Health of Wisconsin may invite you to participate in future research or new ancillary studies. We may also wish to contact you for quality control purposes. We would now like to ask a few questions to make it easier to reach you. All of this information will be kept strictly confidential with the rest of your survey information and will be covered by the Certificate of Confidentiality.

Because this information is confidential, it will be kept in a secure location and not be shared with others unless it is a necessary part of this research program.

INTERVIEWER: TURN OFF TAPE RECORDED

INTERVIEWER: HIT ENTER TO CONTINUE

TTQ110 Is there a telephone number where you can be reached?

<1> YES

<2> NO **(Skip to TTQ120)**

<d> DON'T KNOW **(Skip to TTQ120)**

<r> REFUSED **(Skip to TTQ120)**

TTQ110005 What is it?
(HIT ENTER TO BYPASS NON-APPLICABLE ENTRIES)

WORK: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|

CELL PHONE: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|

HOME: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|

TTQ120 Is there a way to contact you by email?

<1> YES

<2> NO **(Skip to TTQ130)**

<d> DON'T KNOW **(Skip to TTQ130)**

<r> REFUSED **(Skip to TTQ130)**

TTQ12020 What is that email? **REPEAT EMAIL ADDRESS**

<d> DON'T KNOW

<r> REFUSED

TRACKING AND TRACING (TTQ)

TTQ130 Is your mailing address the same address we have for the household?

<1> YES **(SKIP TO TCQ090)**
<2> NO **(If no, ask TTQ 13010)**

<d> DON'T KNOW **(SKIP TO TCQ090)**
<r> REFUSED **(SKIP TO TCQ090)**

TTQ13010 What is your mailing address? **GIVE THE ADDRESS IN THE SCREENER**

<d> DON'T KNOW
<r> REFUSED

PO BOX OR STREET _____

ADDRESS _____

APARTMENT NUMBER _____

CITY _____

STATE _____

ZIP CODE _____

TTQ090 What is your social security number?

INTERVIEWER INSTRUCTION: IF RESPONDENT CANNOT RECALL FROM MEMORY
ASK {HIM/HER} TO GET CARD AT THIS TIME.

IF RESPONDENT IS RELUCTANT OR NEEDS MORE INFORMATION, ACCESS THE
HELP SCREEN AND FOLLOW THE SCRIPT.

CAPI INSTRUCTION: IF SP REFUSES, DISPLAY THE FOLLOWING SOFT ERROR
MESSAGE:

I understand your concern. I do not have access to this information after I type it. Once I
complete the interview all the information is sent to a secure facility and stored in an
encrypted file on a protected network, separate from all other survey information. The only
type of research we are allowed to conduct using this information is health-related, such as
the examples I gave you.

IF R IS RELUCTANT TO GIVE NUMBER OR IF R ASKS IF THEY MUST GIVE NUMBER

—

It is extremely useful to have this information to be able to link to health records such as
death certificates and Medicare records in the future. Many years in the future the
information you give me can be used to see how health habits and diet at one point in your
life influence how healthy you are in the future.

TRACKING AND TRACING (TTQ)

(ENTER BELOW)

<6> DOESN'T HAVE A NUMBER **(Skip to TTQ100)**<d> DON'T KNOW **(Skip to TTQ095)**<r> REFUSED **(Skip to TTQ095)**|_|_|_|_|-|_|_|_|_|-|_|_|_|_|_| **(Skip to TTQ100)**

TTQ095 If you don't wish to share your social security number, would you be willing to provide just the last 4 numbers of it?

<d> DON'T KNOW

<r> REFUSED

 000 - 00 - |_|_|_|_|_|

Section A: Your Health

The questions in this first section ask for your views about your health, and how your health affects how well you are able to do your usual activities.

For each question, please fill in the one circle that comes closest to the way you have been feeling.

1. In general, would you say your health is:

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

- | | Yes,
limited
a lot | Yes,
limited
a little | No, not
limited
at all |
|--|--------------------------|-----------------------------|------------------------------|
| 2a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2b. Climbing <u>several</u> flights of stairs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
|--|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| 3a. <u>Accomplished less</u> than you would like..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3b. Were limited in the <u>kind</u> of work or other activities..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Self-Administered Questionnaire (SAQ)

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

All of the time Most of the time Some of the time A little of the time None of the time

4a. Accomplished less than you would like..... ☐ ☐ ☐ ☐ ☐

4b. Did work or activities less carefully than usual..... ☐ ☐ ☐ ☐ ☐

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

6. These 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. How much of the time during the past 4 weeks...

All of the time Most of the time Some of the time A little of the time None of the time

6a. Have you felt calm and peaceful..... ☐ ☐ ☐ ☐ ☐

6b. Did you have a lot of energy..... ☐ ☐ ☐ ☐ ☐

6c. Have you felt downhearted and depressed..... ☐ ☐ ☐ ☐ ☐

7. Has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?..... ☐ ☐ ☐ ☐ ☐

Source: SF-12 Health Survey from Quality Metric Health Outcomes™

Section B: Sleep Habits and Problems

This next section asks questions about your sleep habits and sleep-related problems.

1. On a typical weekday, over the past month, how many hours and minutes do you think you actually slept? *This may be different than the time spent in bed. (Do not include time spent napping.)*

For example:

0	7
---	---

hours and

4	5
---	---

minutes

Fill in your answer below.

--	--

hours and

--	--

minutes

☐ Don't know

2. On a typical weekend day, over the past month, how many hours and minutes do you think you actually slept? *This may be different than the time spent in bed. (Do not include time spent napping.)*

--	--

hours and

--	--

minutes

☐ Don't know

3. In a typical week over the past month, how many days out of 7 did you usually have a daytime or evening nap?

- ☐ Less than 1 day per week in the last month
- ☐ 1 day per week
- ☐ 2 days per week
- ☐ 3 days per week
- ☐ 4 days per week
- ☐ 5 days per week
- ☐ 6 days per week
- ☐ 7 days per week
- ☐ Don't know

4. **Over the past month**, how would you rate your sleep quality overall?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

5. **In the past 12 months**, how often did you snore while you were sleeping?

- ☐ Never
- ☐ Rarely (1-2 nights per week)
- ☐ Occasionally (3-4 nights per week)
- ☐ Frequently (5 or more nights per week)
- ☐ Don't know (no one told you that you snore)

6. **In the past 12 months**, how often did you snort, gasp, or stop breathing while you were asleep?

- ☐ Never
- ☐ Rarely (1-2 nights per week)
- ☐ Occasionally (3-4 nights per week)
- ☐ Frequently (5 or more nights per week)
- ☐ Don't know (no one told you that you snort, gasp, or stop breathing while sleeping)

7a. Have you **ever been told** by a doctor or other health professional that you have **sleep apnea**?



- ☐ Yes
- ☐ No → Go to question 8, page 5
- ☐ Don't know → Go to question 8, page 5

7b. If yes, which treatments for sleep apnea have you had? *Please fill in all that apply.*

- ☐ None
- ☐ Weight loss
- ☐ CPAP/BiPAP
- ☐ Surgery
- ☐ Dental device
- ☐ Other
- ☐ Don't know

8. Have you ever been told by a doctor or other health professional that you have a sleep disorder other than sleep apnea? *Please fill in all that apply.*

- ☐ Yes, insomnia
☐ Yes, restless legs
☐ Yes, narcolepsy
☐ Yes, other sleep disorder
☐ No
☐ Don't know

In the past month...

	Never	Rarely (1 time)	Sometimes (2-4 times)	Often (5-15 times)	Almost always (16-30 times)	Don't know
9. How often did you have trouble falling asleep.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How often did you wake up during the night and have trouble getting back to sleep.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How often did you wake up too early in the morning and have trouble getting back to sleep.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often did you feel excessively sleepy during the day.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Administered Questionnaire (SAQ)

13. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? *This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.*

	<u>Chance of Dozing or Falling Asleep</u>			
	No chance	Slight chance	Some chance	High chance
13a. Sitting and reading.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13b. Watching TV.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13c. Sitting inactive in a public place (such as a theater or a meeting).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13d. As a passenger in a car for an hour without a break.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13e. Lying down to rest in the afternoon when circumstances permit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13f. Sitting and talking to someone.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13g. Sitting quietly after a lunch without alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13h. In a car, while stopped for a few minutes in traffic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: The Epworth Sleepiness Scale

Section C: Diet

These questions are about food you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks at home, at work or school, in restaurants, and anyplace else.

For each question, please fill in ONE circle to indicate your answer.

During the past month, how often did you...

1. Eat hot or cold cereals?

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

2. During the past month, what kind of cereal did you usually eat? *Print cereal.*



3. If there was another kind of cereal that you usually ate during the past month, what kind was it? *Print cereal. If none, leave blank.* ↴

4. During the past month, how often did you have any milk (either to drink or on cereal)? *Include regular milks, chocolate or other flavored milks, lactose-free milk, or buttermilk. Please do not include soy milk or small amounts of milk in coffee or tea.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

5. During the past month, what kind of milk did you usually drink? *Mark one.*

- ☐ Whole or regular
- ☐ 2% fat or reduced-fat
- ☐ 1%, 0.5%, or low-fat
- ☐ Fat-free, skim, or non-fat
- ☐ Soy
- ☐ Other: *Print milk.* ↴

Self-Administered Questionnaire (SAQ)

For each question, please fill in one circle to indicate your answer.

During the past month, how often did you...

6. **Drink regular soda or pop that contains sugar? *Do not include diet soda.***

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

7. **Drink 100% pure fruit juices such as orange, mango, apple, grape, and pineapple juices? *Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.***

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

8. **Drink coffee or tea that had sugar or honey added to it? *Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea.***

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

9. **Drink sweetened fruit drinks, sports, or energy drinks, such as Kool-Aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull, or vitamin water? *Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks.***

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

For each question, please fill in one circle to indicate your answer.

During the past month, how often did you...

10. Eat fruit? *Include fresh, frozen, or canned fruit. Do not include juices.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

11. Eat a green leafy or lettuce salad, with or without other vegetables?

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

12. Eat any kind of fried potatoes, including French fries, home fries, or hash brown potatoes?

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

13. Eat any other kind of potatoes, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

14. Eat refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans? *Do not include green beans.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

For each question, please fill in one circle to indicate your answer.

During the past month, how often did you...

15. Eat brown rice or other cooked whole grains, such as bulgur, cracked wheat, or millet? *Do not include white rice.*

☐ Never
☐ 1 time per month
☐ 2-3 times per month
☐ 1 time per week
☐ 2-3 times per week
☐ 3-4 times per week
☐ 5-6 times per week
☐ 1 time per day
☐ 2 or more times per day

16. Not including what you just told me about (green salads, potatoes, cooked dried beans), how often did you eat other vegetables?

☐ Never
☐ 1 time per month
☐ 2-3 times per month
☐ 1 time per week
☐ 2-3 times per week
☐ 3-4 times per week
☐ 5-6 times per week
☐ 1 time per day
☐ 2 or more times per day

17. Have Mexican-type salsa made with tomato?

☐ Never
☐ 1 time per month
☐ 2-3 times per month
☐ 1 time per week
☐ 2-3 times per week
☐ 3-4 times per week
☐ 5-6 times per week
☐ 1 time per day
☐ 2 or more times per day

18. Eat pizza? *Include frozen pizza, fast food pizza, and homemade pizza.*

☐ Never
☐ 1 time per month
☐ 2-3 times per month
☐ 1 time per week
☐ 2-3 times per week
☐ 3-4 times per week
☐ 5-6 times per week
☐ 1 time per day
☐ 2 or more times per day

19. Have tomato sauces such as with spaghetti or noodles or mixed into food such as lasagna?

☐ Never
☐ 1 time per month
☐ 2-3 times per month
☐ 1 time per week
☐ 2-3 times per week
☐ 3-4 times per week
☐ 5-6 times per week
☐ 1 time per day
☐ 2 or more times per day

For each question, please fill in one circle to indicate your answer.

During the past month, how often did you...

20. Eat any kind of cheese? *Include cheese as a snack cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do not include cheese on pizza.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

21. Eat red meat, such as beef, pork, ham, or sausage? *Do not include chicken, turkey, or seafood. Include red meat you had in sandwiches, lasagna, stew, and other mixtures. Red meats may also include veal, lamb, and any lunch meats made with these meats.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

22. Eat any processed meat, such as bacon, lunch meats, or hot dogs? *Include processed meats you had in sandwiches, soups, pizza, casseroles, or other mixtures. Processed meats are those preserved by smoking, curing, or salting, or by the addition of preservatives. Examples are: ham, bacon, pastrami, salami, sausages, bratwursts, frankfurters, hot dogs, and spam.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

23. Eat whole grain bread including toast, rolls, and in sandwiches? *Whole grain breads include whole wheat, rye, oatmeal, and pumpernickel. Do not include white bread.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

For each question, please fill in one circle to indicate your answer.

During the past month, how often did you...

24. Eat chocolate or any other types of candy?
Do not include sugar-free candy.

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

25. Eat donuts, sweet rolls, Danish pastries, muffins, pan dulce, or Pop-Tarts? *Do not include sugar-free items.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

26. Eat cookies, cake, pie, or brownies? *Do not include sugar-free kinds.*

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

27. Eat ice cream or other frozen desserts?
Do not include sugar-free kinds.

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

28. Eat popcorn?

- ☐ Never
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2-3 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

Section D: Smoking and Other Tobacco Products

The next questions are about your history of using tobacco products.

1. Have you smoked 100 or more cigarettes in your entire life?

☐ Yes ☐ No → Go to question 11, page 14

2. How old were you when you started smoking cigarettes regularly?

Enter age when you started smoking:

--	--

3. Do you smoke cigarettes now?

☐ Yes ☐ No → Go to question 9, page 14

4. Is your usual cigarette brand menthol or non-menthol?

☐ Menthol ☐ Non-menthol

5. On average, when you smoked during the past 30 days, about how many cigarettes did you smoke per day? *If you smoked less than 1 cigarette per day, enter 1 (1 pack = 20 cigarettes).*

Enter number of cigarettes per day:

--	--

6. For about how many years have you smoked this amount?

Enter number of years:

--	--

7. Would you like to completely quit smoking cigarettes?

☐ Yes ☐ No

8. During the past 12 months, has a doctor or other health professional talked to you about your smoking?

☐ Yes ☐ No

Go to question 11, page 14 →

Self-Administered Questionnaire (SAQ)

Please answer questions 9 and 10 *only* if you answered NO to question 3. Otherwise, begin with question 11.

9. How old were you when you stopped smoking?

Enter the age you stopped smoking:

--	--

10. On average, over the entire time you smoked, about how many cigarettes did you smoke per day? *If you smoked less than 1 cigarette per day, enter 1 (1 pack = 20 cigarettes).*

Enter number of cigarettes daily:

--	--

Everyone should answer the following questions.

Now think about a typical week.

11. How many hours per week are you currently exposed to cigarette smoke in social settings outside your own home? *(This would include time spent with friends or relatives who smoke, time spent in restaurants or taverns, or other social affairs where people are smoking.)*

Enter hours per week:

--	--

12. Do any people currently smoke cigarettes inside your home?

☐ Yes

☐ No

The next questions are about your use of tobacco products other than cigarettes (such as cigars, pipes, water pipes, hookahs, very small cigars that look like cigarettes, bidis, or cigarillos).

13. Have you ever smoked tobacco products other than cigarettes? *(Do not include electronic cigarettes or e-cigarettes.)*

☐ Yes

☐ No

14. Do you now smoke tobacco products other than cigarettes every day, some days, or not at all?

☐ Every day

☐ Some days

☐ Not at all

15. Have you ever used any smokeless tobacco products, such as chewing tobacco, snuff, snus, dip, orbs, sticks, or strips?

- ☐ Yes ☐ No

16. Do you now use any smokeless tobacco products, such as chewing tobacco, snuff, snus, dip, orbs, sticks, or strips?

- ☐ Every day
☐ Some days
☐ Not at all

17. In the past 12 months, how often has tobacco smoke entered your living space from somewhere else in or around your home (for example, from a neighbor)?

- ☐ Most of the time
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

18. During the past 7 days, on how many days did you ride in a vehicle where someone other than you was smoking tobacco? *If none, then enter 0.*

Enter the number of days:

- ☐ Don't know

19. Not counting motorcycles, in the vehicles that you or your family members who live with you own or lease, is smoking...

- ☐ Always allowed in all vehicles
☐ Sometimes allowed in at least one vehicle
☐ Never allowed in any vehicle
☐ I/we don't own or lease a vehicle

Self-Administered Questionnaire (SAQ)

20. Have you ever used electronic cigarettes, or e-cigarettes?

An electronic cigarette, or e-cigarette, is a new product that looks like a regular cigarette, but is not lighted like a cigarette. It runs on a battery and has a smoke-like vapor that is produced electronically. The vapor contains nicotine, but the e-cigarette does not contain or burn any tobacco.

- ☐ Yes ☐ No

21. Do you now use electronic cigarettes (e-cigarettes) every day, some days, or not at all?

- ☐ Every day
☐ Some days
☐ Not at all

22. Do you think secondhand smoke is...

- ☐ Very harmful to one's health
☐ Somewhat harmful to one's health
☐ Not very harmful to one's health
☐ Not harmful to one's health

Section E: Alcohol Consumption

The next set of questions are about drinking alcoholic beverages. Alcoholic beverages include liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of drink with alcohol in it.

1. How many glasses of wine or wine coolers do you usually have per week?

This means 5 ounce glasses of wine or 12 ounce bottles of wine cooler (size of a regular can of soda).

Enter number of glasses:

--	--

2. How many glasses, bottles, or cans of beer do you usually have per week?

This means 12 ounce glasses, bottles, or cans of beer (size of a regular can of soda).

Enter number of cans, glasses, or bottles:

--	--

3. How many drinks of hard liquor do you usually have per week?

This means one-and-a-half ounce shots.

Enter number of hard liquor drinks
(e.g. 1.5 ounce shots):

--	--

4. In the past 12 months, on how many days did you have 5 or more drinks of any alcoholic beverage?

If you had 5 or more alcoholic beverages about 1 day per week on average, enter 52. If you usually did this about 2 times per month, enter 24.

If there was no day in the past 12 months where you had 5 or more drinks, enter 0.

Enter number of days:

--	--	--

5. Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

- ☐ Yes
☐ No

Section F: Screening, Prevention, and Safety Habits

The next section asks about tests or exams you may have had when visiting the doctor or health professional and when you had those tests.

1. Have you ever had any of the following tests or exams? For each question, please fill in the one circle that most closely corresponds to the last time you had this test or exam.

	Never	Less than 1	1-3 years	3-5 years	5-10 years	>10 years
1a. A blood pressure check.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. A blood cholesterol test.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. A colonoscopy or sigmoidoscopy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. A test to detect occult or hidden blood in your stool...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. A general health checkup.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. A blood sugar or glucose test.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1g. An eye exam.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. A dental checkup.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1i. A dental cleaning.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1j. A flu shot.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions asks whether, or how often, you do certain things.

2. How often do you do the following? For each question, please fill in the one circle that most closely describes your habits. If you do not have teeth, check the circle "Does not apply".

	Every day	Most days	Some days	Rarely	Never	Does not apply
2a. Brush your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2b. Floss your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2c. Take a vitamin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2d. Take an aspirin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 2e. On days when you brush your teeth, how many times do you usually brush?

- ☐ 1 time
☐ 2 times
☐ 3 or more times
☐ Does not apply

3. How often do you do the following? For each question, please fill in the one circle that most closely describes your habits. Fill in the circle "Does not apply" if you do not do this activity, like if you do not travel in a car, or do not ride a bicycle.

	Always	Mostly	Sometimes	Rarely	Never	Does not apply
3a. Buckle your seatbelt when you travel in a car.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3b. Wear a helmet when you ride a bicycle.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3c. Wear a helmet when you ride a scooter or motorcycle.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3d. Have a designated non-drinking driver to drive you home after drinking alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Administered Questionnaire (SAQ)

(Continued)

- 3. How often do you do the following? For each question, please fill in the one circle that most closely describes your habits. Fill in the circle "Does not apply" if you do not do this activity, like if you do not travel in a car, or do not ride a bicycle.**

	Always	Mostly	Sometimes	Rarely	Never	Does not apply
3e. Use a cell phone while driving.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3f. Read or send text messages while driving.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 4a. Are there one or more guns or firearms in your residence?**

↙ ☐ Yes
☐ No → Go to question 1, page 21
☐ Don't know → Go to question 1, page 21

- 4b. Are the guns or firearms stored in a locked cabinet or secured with a trigger lock?**

☐ Yes
☐ No
☐ Don't know
☐ Does not apply

Section G: Stress

This section of the questionnaire seeks to measure how often people experience certain feelings and behaviors.

Please read each statement and fill in the circle that indicates how much stress you experienced over the past 12 months. There are no right or wrong answers. Do not spend too much time on any one statement. Fill in the circle for "Does not apply" if you have not been in this situation in the past 12 months.

1. Over the past 12 months, how much stress did you experience...

Not Mildly Moderately Very Does
stressful stressful stressful Stressful not apply

1a. In your job?

(This would include feeling overworked, hassled at work, or job insecurity).....

○ ○ ○ ○ ○

1b. In your relationships with others?

(This would include your marriage, in friendships, or in dealing with relatives).....

○ ○ ○ ○ ○

1c. Related to living in your neighborhood?

(This would include crime, traffic, or events affecting your personal safety).....

○ ○ ○ ○ ○

1d. Related to caring for others?

(This would include caring for an elderly parent or relative, or caring for children).....

○ ○ ○ ○ ○

1e. Related to legal problems?

(This would include dealing with lawyers, judges, or other court officials, or being accused or convicted of crime).....

○ ○ ○ ○ ○

Self-Administered Questionnaire (SAQ)

(Continued)

1. Over the past 12 months, how much stress did you experience...

Not **Mildly** **Moderately** **Very** **Does**
stressful **stressful** **stressful** **Stressful** **not apply**

1f. Related to medical problems?

(This would include personal health problems or illness in the family, or availability of healthcare.....

☐ ☐ ☐ ☐ ☐

1g. Related to racism and discrimination?

(This would include feeling mistreated or discriminated against at work, in a restaurant, or at the grocery store).....

☐ ☐ ☐ ☐ ☐

1h. Related to meeting basic needs?

(This would include housing, buying food, or paying bills.....

☐ ☐ ☐ ☐ ☐

Source: Jackson Heart Study, STS Version A 5/3/00

Please read each statement and fill in the circle that indicates how much the statement applied to you over the past week. Fill in the circle for “Did not apply” if the statement did not apply to you over the past week.

Over the past week...

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
2. I found it hard to wind down.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was aware of dryness of my mouth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I couldn't seem to experience any positive feeling at all.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I experienced breathing difficulty (for example, excessively rapid breathing, breathlessness in the absence of physical exertion).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I found it difficult to work up the initiative to do things.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I tended to overreact to situations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I experienced trembling (for example, in the hands).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I felt that I was using a lot of nervous energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt scared without any good reason.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I was worried about situations in which I might panic and make a fool of myself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt that I had nothing to look forward to.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Administered Questionnaire (SAQ)

(Continued)

Over the past week...

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
13. I felt myself getting agitated.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I found it difficult to relax.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I felt downhearted and blue.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I was intolerant of anything that kept me from getting on with what I was doing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I felt I was close to panic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I was unable to become enthusiastic about anything.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I felt I wasn't worth much as a person.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I felt that I was rather touchy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I was aware of the action of my heart in the absence of physical exertion (for example, sense of heart rate increase, heart missing a beat).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I felt that life was meaningless.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: DASS 21

Section H: PTSD Checklist

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences.

Please read each one below, and fill in the circle to indicate how much you have been bothered by the problem in the last month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated disturbing memories, thoughts, or images of a stressful experience from the past.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling very upset when something reminded you of a stressful experience from the past.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Avoided activities or situations because they reminded you of a stressful experience from the past.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling distant or cut off from other people.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Having trouble falling or staying asleep.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling irritable or having angry outbursts.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Difficulty concentrating.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section I: Discrimination

These questions are about the way you have been treated during your life because of issues such as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics. The answers to these questions will help us understand different experiences people in the SHOW study have had. There are no right or wrong answers, only your experiences.

Over your lifetime...

	Yes	No	Don't know
1. Have you ever felt unfairly treated at school or during training? (For example, you were discouraged by a teacher or advisor from seeking higher education, or were denied a scholarship).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ever felt unfairly treated in getting a job? (For example, you were not hired or you were told you could not apply).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you ever felt unfairly treated at work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have you ever felt unfairly treated in getting housing or finding a place to live? (For example, you were prevented from renting or buying a home in the neighborhood you wanted, or were prevented from remaining in a neighborhood because neighbors made life uncomfortable).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you ever felt unfairly treated in getting resources or money? (For example, you were denied a bank loan, a credit card or some other form of credit).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have you ever felt unfairly treated in getting medical care? (For example, you were denied or provided inferior medical care, you were made to wait long periods of time before getting care or you could not get care from a medical specialist such as a heart doctor).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continued)

Over your lifetime...

- | | Yes | No | Don't
know |
|--|-----------------------|-----------------------|-----------------------|
| 7. Have you ever felt unfairly treated on the street or in a public place? (For example, you were hassled by the police, were the target of public ridicule, etc.)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Have you ever felt unfairly treated in getting services? (For example, you were denied or provided inferior service by a plumber, in a restaurant, the grocery store, or by some other service provider)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you filled in only “No” or “Don’t know” in response to questions 1 through 8, you are done with the Discrimination questionnaire. Please go to question 1, page 29. →

9. Thinking about the most recent of these experiences over your lifetime, what was the main reason for the discrimination you experienced?

- ☐ Your age
- ☐ Your gender
- ☐ Your race
- ☐ Your culture or ethnic background
- ☐ Your height, weight, or physical appearance
- ☐ Your religion
- ☐ Your sexual orientation
- ☐ Some other reason for discrimination
- ☐ Don't know

10. Thinking back over these types of experiences, compared with when you were younger, are the experiences more frequent, less frequent, or about the same?

- ☐ More frequent
- ☐ Less frequent
- ☐ About the same
- ☐ Don't know

Self-Administered Questionnaire (SAQ)

11. When you have had experiences like those discussed in this section over your lifetime, would you say they have been stressful, moderately stressful, or not stressful?

- ☐ Very stressful
- ☐ Moderately stressful
- ☐ Not stressful
- ☐ Don't know

12. Overall, how much harder has your life been because of discrimination? Would you say a lot, some, a little, or not at all?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all
- ☐ Don't know

Section J: Housing Characteristics

The next section asks questions about your home and your exposure to certain hazards in the home.

1. When was this home or building originally built?

- ☐ Before 1900
- ☐ 1901 to 1950
- ☐ 1951 to 1978
- ☐ 1979 to 1990
- ☐ 1991 and after
- ☐ Don't know

2. How long have you lived at this address?

- ☐ 0-1 years
- ☐ 1-3 years
- ☐ 3-10 years
- ☐ >10 years

3. What kind of pets do you keep inside your home now? *Fill in all that apply.*

- ☐ None
- ☐ Cat
- ☐ Dog
- ☐ Bird
- ☐ Hamster, mice, guinea pig, gerbils
- ☐ Other

4. Do you have a basement in this home?

- ☐ Yes
- ☐ No

Self-Administered Questionnaire (SAQ)

5. What is the main type of heating system in this home?

- ☐ Steam radiators
- ☐ Hot water radiators / heaters
- ☐ Forced air system using gas or fuel oil
- ☐ Active solar
- ☐ Wood burning stoves
- ☐ Portable electric space heaters
- ☐ Other types of space heaters

☐ Other: *Print below.*

☐ Don't know

6. Is your home connected to a private well or to a community water supply?

- ↓ ☐ Private well
- ↓ ☐ Community water supply → **Go to question 8**
- ☐ Don't know → **Go to question 8**

7. Approximately how deep is your well?

- ☐ < 50 feet
- ☐ 50-99 feet
- ☐ 100-149 feet
- ☐ > 150 feet
- ☐ Don't know

8. Do you use a home water filter/treatment system in the home for drinking water?

- ↓ ☐ Yes
- ↓ ☐ No → **Go to question 10, page 31**
- ☐ Don't know → **Go to question 10, page 31**

9. Are any of these water filter/treatment systems in your home? *Fill in all that apply.*

- ☐ None of these are in our home
- ☐ Brita or other pitcher with water filter
- ☐ Ceramic or charcoal filter
- ☐ Water softener
- ☐ Aerator
- ☐ Reverse osmosis

☐ Other: *Print below.*

☐ Don't know

This next section is about chemicals, such as insecticides and weed killers, that may have been used outside or inside your home. These products could have been used by you, another household member, a landlord, or a company.

10. During the last 12 months, how often were weed killers or insecticides used on the foundation, yard/lawn, flowers, vegetables, or fruit trees *outside* your house?

- ☐ 0 times
- ☐ 1 time
- ☐ 2-3 times
- ☐ 4-10 times
- ☐ > 10 times
- ☐ Don't know

11. During the last 12 months, how often were chemicals such as pesticides used inside your home to kill or control insects or other pests?

- ☐ 0 times
- ☐ 1 time
- ☐ 2-3 times
- ☐ 4-10 times
- ☐ > 10 times
- ☐ Don't know

12. Which rooms in your home were treated with this product? *Fill in all that apply.*

- ☐ Kitchen
- ☐ Bathroom
- ☐ Living room or family room
- ☐ Bedroom
- ☐ Laundry room
- ☐ Basement

☐ Other: *Print below.*

☐ Don't know

Section K: Characteristics of Your Neighborhood

The next questions are about the neighborhood you currently live in. Your answers to these questions will help us to understand if it is easy to get around your neighborhood on foot or on a bike, and what kinds of places are nearby.

1. About how many minutes would it take to walk from your home to the nearest of these facilities?

	0-5 minutes	6-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes	None within walking distance
1a. Park, playground, or playing field.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. Public recreation center.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. Trail for walking or biking.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. Public swimming pool.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. Convenience or small grocery store.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. Supermarket.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1g. Post office.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. Library.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1i. Elementary school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1j. Other school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1k. Fast food restaurant.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1l. Other restaurant.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1m. Pharmacy or drug store.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continued)

1. About how many minutes would it take to walk from your home to the nearest of these facilities?

	0-5 minutes	6-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes	None within walking distance
1n. Salon or barber.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1o. Other type of store.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1p. Place of worship.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1q. Indoor fitness facility.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1r. Golf course.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How would you rate your community as a place to be physically active?

- ☐ Not at all pleasant
- ☐ Not very pleasant
- ☐ Somewhat pleasant
- ☐ Very pleasant

3. How safe from crime is your community for walking or riding a bike?

- ☐ Not at all safe
- ☐ Not very safe
- ☐ Somewhat safe
- ☐ Very safe

4. How safe from traffic is your community for walking or riding a bike?

- ☐ Not at all safe
- ☐ Not very safe
- ☐ Somewhat safe
- ☐ Very safe

Self-Administered Questionnaire (SAQ)

5. How much do you agree or disagree with each of the following sentences?

	Strongly disagree	Disagree	Agree	Strongly Agree
5a. There are many destinations to go to within easy walking distance from my home.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5b. There are many interesting things to look at while walking in my community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5c. My community is well-maintained.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5d. I have easy access to fresh fruits and vegetables in my community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Thinking back to when you moved to your current residence, at that time, how important were each of the following factors in your decision to move to your current residence?

	Not at all important	Slightly important	Neutral	Moderately important	Very important
6a. Close to work/job.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6b. Lots of trees and other greenery.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6c. Close to friends/family.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6d. High quality schools.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6e. Affordable housing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6f. Friendly neighbors.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6g. Safe, low-crime area.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6h. Attractive, well-kept homes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6i. Amenities such as community center or church.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6j. Privacy and quiet.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continued)

6. Thinking back to when you moved to your current residence, at that time, how important were each of the following factors in your decision to move to your current residence?

	Not at all important	Slightly important	Neutral	Moderately important	Very important
6k. High racial or ethnic diversity.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6l. Parks and open spaces nearby.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6m. Lots of things to do (restaurants, movies, shopping, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6n. Outdoor recreational opportunities (bike paths, sports fields).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6o. Easy access to public transit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6p. Easy access to health care or other services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section L: Sense of Community and Empowerment

This set of questions requests information about your community and your social and emotional connection to your community.

Please rate your agreement with the following statements.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. I am often a leader in groups.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I would prefer to be a leader rather than a follower.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would rather have a leadership role when I'm involved in a group project.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can usually organize people to get things done.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy political participation because I want to have as much say in running government as possible.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. There are plenty of ways for people like me to have a say in what our government does.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. It is important that I actively participate in my community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Local elections are important to vote in.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I can get what I need in this neighborhood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continued)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
10. This neighborhood helps me fulfill my needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel I belong in this neighborhood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have a say about what goes on in this neighborhood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. People in this neighborhood are good at influencing one another.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel connected to this neighborhood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I have a bond with others in this neighborhood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I feel like a member of this neighborhood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past year, how often have you done the following?

	Very frequently	Frequently	Sometimes	Rarely	Never
17. Written a letter or made a telephone call to influence a policy issue.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Attended an event that provided information about community services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Attended a meeting to pressure for city or county policy change.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Attended a meeting to gather information about a neighborhood issue.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>