



Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University



## HOME INTERVIEW

Date: \_\_\_ / \_\_\_ / \_\_\_  
Mo./Day/Year

Participant ID: \_\_\_\_\_

**(SUBJ) SUBJECT IDENTIFICATION**

1. Date	____/____/____ (mo/day/year)
2. Interviewer	a. Name _____ b. Identification (ID) _____
3. Participant's Name	_____ a. First name _____ b. Last name _____
4. Address	_____ a. Street _____ _____ b. City _____ c. State _____ d. Zip Code _____
5. Telephone Number	_____ - _____ - _____ _____ - _____ - _____
6. Birth Date	____/____/____ (mo/day/year)
7. We need to be able to stay in touch with you, for the next 2 years. Which two persons would know where you are if we have difficulty reaching you? Codes: 2. Spouse 3. Son/Stepson 4. Daughter/Stepdaughter 5. Brother/Brother-in-law 6. Sister/Sister-in-law 7. Grandson 8. Granddaughter 9. Other	A. NAME: _____ 1. First name _____ 2. Last name _____ B. RELATION: _____ (code) C. ADDRESS _____ 1. Street _____ _____ 2. City _____ 3. State _____ 4. Zip Code _____ D. PHONE: _____ ----- A. NAME: _____ 1. First name _____ 2. Last name _____ B. RELATION: _____ (code) C. ADDRESS _____ 1. Street _____ _____ 2. City _____ 3. State _____ 4. Zip Code _____ D. PHONE: _____
8. If a proxy was used, please indicate the proxy's contact and identifying information. Codes: 2. Spouse 3. Son/Stepson 4. Daughter/Stepdaughter 5. Brother/Brother-in-law 6. Sister/Sister-in-law 7. Grandson 8. Granddaughter 9. Other	A. NAME: _____ 1. First name _____ 2. Last name _____ B. RELATION: _____ (code) C. ADDRESS _____ 1. Street _____ _____ 2. City _____ 3. State _____ 4. Zip Code _____ D. PHONE _____

**IDENTIFYING INFORMATION**

**Instructions:** I will now ask some questions regarding your primary care physician.

<p>9A. Would you like us to send a copy of the results from your blood sample to your doctor?</p> <p>9B. <b>If YES:</b> Can you give us the name, address and telephone number of your primary care physician?</p>	<p>A.     1. Yes           0. No</p> <p>B.</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>_____</p>
<p><b>ENTER QUESTIONS 10A AND 10B WHEN PROMPTED IN 'MIGRATION HISTORY' on page 41.</b></p>	
<p>10A. <b>If Subject answered YES to #12 in 'Migration History', ENTER HERE where subject expects to move within the next two years.</b></p> <p>10B. <b>If YES:</b> Who will know how to get in touch with you?</p>	<p>A. Location: _____</p> <p style="text-align: center;">(Enter 98 if dk)</p> <p>B.</p> <p>Name _____</p> <p>Relationship _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>_____</p>
<p><b>11. Social Security Number</b></p>	<p>_____ - _____ - _____</p> <p style="text-align: right;">97. Refused</p>

**(PDQ) PERCEIVED DISCRIMINATION QUESTIONNAIRE**

**Instructions:** *I would now like to ask you a series of questions regarding discrimination.*

1. Have you ever experienced discrimination as a result of your race, ethnicity, or language?	1. Yes      0. No <i>(If NO, go to NEXT SECTION)</i>
2. <b>If YES:</b> Have you been discriminated against in a healthcare establishment?	1. Yes      0. No <i>(If NO, go to NEXT SECTION)</i>
3. <b>If YES:</b> How often has this happened?	3. Frequently 2. Sometimes 1. Few times
4. Overall, how much has discrimination interfered with your ability to access healthcare?	4. A lot/very 3. Somewhat 2. Little 1. None

**(BPA) BLOOD PRESSURE**

	1. SYSTOLIC	2. DIASTOLIC	3. PULSE	4. TIME
<b>A. MEAS. 1</b>				___ : ___ a.m./p.m.
<b>B. MEAS. 2</b>				___ : ___ a.m./p.m.

**(DS) DEPRESSION SCALE**

**Instructions:** I will now read out loud a series of comments made by different people. After I read each one of them, I would like for you to tell me if you have felt in such a way during the past week. Please use the following categories: **[READ CATEGORIES]**.

<b><i>During the past week, that would be from (date) through today:</i></b>	<b><i>Rarely or Never</i></b>	<b><i>Some or few times</i></b>	<b><i>Occasionally or a moderate amount</i></b>	<b><i>Most of the time or all of the time</i></b>
1. I was bothered by things that usually don't bother me	0	1	2	3
2. I did not feel like eating: my appetite was poor	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
4. I felt that I was just as good as other people *	3	2	1	0
5. I had trouble keeping my mind on what I was doing	0	1	2	3
6. I felt depressed	0	1	2	3
7. I felt that everything I did was an effort	0	1	2	3
8. I felt hopeful about the future *	3	2	1	0
9. I thought my life had been a failure	0	1	2	3
10. I felt fearful	0	1	2	3
11. My sleep was restless	0	1	2	3
12. I was happy *	3	2	1	0
13. I talked less than usual	0	1	2	3
14. I felt lonely	0	1	2	3
15. People were unfriendly	0	1	2	3
16. I enjoyed life *	3	2	1	0
17. I had crying spells	0	1	2	3
18. I felt sad	0	1	2	3
19. I felt that people disliked me	0	1	2	3
20. I could not get "going"	0	1	2	3

\*scored in reverse

**(PAS) PSYCHOLOGICAL ACCULTURATION SCALE**

**Instructions:** The purpose of the following ten questions is to understand your cultural preferences. We are interested in learning which group – either Puerto Ricans or Americans – you feel most comfortable with and can best identify with.

	<b>Only w/PR</b>	<b>More w/PR than Americans</b>	<b>Same among PR and Americans</b>	<b>More w/Americans than PR</b>	<b>Only w/Americans</b>
1. With which group of people do you feel you share most of your <b>beliefs</b> and <b>values</b> ?	1-----	2-----	3-----	4-----	5
2. With which group of people do you feel you <b>have the most in common</b> ?	1-----	2-----	3-----	4-----	5
3. With which group of people do you feel most <b>comfortable</b> ?	1-----	2-----	3-----	4-----	5
4. In your opinion, which group of people best <b>understands your ideas</b> (your way of thinking)?	1-----	2-----	3-----	4-----	5
5. Which culture do you feel <b>proud</b> to be a part of?	1-----	2-----	3-----	4-----	5
6. In what culture do you know <b>how things are done</b> and feel that <b>you can do them easily</b> ?	1-----	2-----	3-----	4-----	5
7. In what culture do you feel confident that you <b>know how to act</b> ?	1-----	2-----	3-----	4-----	5
8. In your opinion, which group of people do <b>you</b> understand best?	1-----	2-----	3-----	4-----	5
9. In what culture do you know <b>what is expected</b> of a person in various situations?	1-----	2-----	3-----	4-----	5
10. Which culture do you <b>know the most about</b> (for example: its history, traditions, and customs)?	1-----	2-----	3-----	4-----	5

**(ANT) ANTHROPOMETRY SECTION**

**Instructions:** Now I will take measurements of your Weight, Height, and Waist and Hip Circumferences.

1. Have you lost or gained weight in the last 6 months?	1. Yes    0. No ( <b>If NO, GO TO #5</b> )    98. Don't know (dk)
2. <b>If YES:</b> How many pounds have you lost or gained?	a)     _____ lbs. <b>(Enter 998 if dk)</b> b)     1. Lost 2. Gained
3. Was the weight loss/gain intentional?	1. Yes                                    0. No                                    98. Don't know (dk) <b>(If YES, GO TO #5)</b>
4. <b>If NO:</b> Why do you think you lost or gained weight?	_____ _____ _____
5. Weight: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a)     _____ . _____ lbs. b)     _____ . _____ lbs.
6. Standing Height: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a)     _____ . _____ cm. b)     _____ . _____ cm.
7. Posture: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	1. Straight 2. Slightly stooped - (between straight and 45° angle) 3. Very stooped - (45° angle)
8. Knee height: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a)     _____ . _____ cm. b)     _____ . _____ cm.
9. Waist: Measurement at point of bellybutton 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a)     _____ . _____ cm. b)     _____ . _____ cm.
10. Hip: Measurement at highest point 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a)     _____ . _____ cm. b)     _____ . _____ cm.

**(PPT) PHYSICAL PERFORMANCE TESTS**

**1. Handgrip Measurements**

**Instructions:** To assess the strength of your hands, please stand up and grip this device, one hand at a time, with as much strength as possible. We will do this three times with each hand. If you have had any recent arm or hand surgery, we will skip this test. **[If subject refuses to do the test, please put 99.9 in the corresponding cells (Questions B thru D). If subject cannot do it, or starts to feel pain or discomfort during the test, please put 0 in the corresponding cells.]**

1A. Setting: <i>INTERVIEWER:</i> set the dynamometer to the size of the hand of the subject and record that size here.	_____ Kg	
<b>Measurements</b>	<b>1. Right Hand (Force in Kg)</b>	<b>2. Left Hand (Force in Kg)</b>
1B. Trial 1	_____ Kg	_____ Kg
1C. Trial 2	_____ Kg	_____ Kg
1D. Trial 3	_____ Kg	_____ Kg

**2. Foot Tapping**

**Instructions:** To observe your foot-eye coordination, place your right foot here on the mat between these circles. Tap the ball of your foot on one circle and then the other, back and forth ten times, as fast as you can. First, we'll do the right foot and then the left foot.

	<b>1. Right Foot</b>	<b>2. Left Foot</b>
2A. Number of Taps 96. Tried, Unable 97. Refused 98. Not performed, safety reasons 99. NA	_____ taps	_____ taps
2B. Time for taps (30 seconds maximum):	_____ sec.	_____ sec.

**3. Stand Up from Chair 5 Times**

**Instructions:** The purpose of this next exercise is to measure the strength in your legs. Beginning from a sitting position, please stand up and then sit down five times in a row, as fast as you can, without using your arms to help.

3A. Chair Height: From floor to lowest point of chair	_____ cm.
3B. Chair stands  <i>Instructions:</i> You must go from sitting to standing as fast as you can 5 times <b><u>without using your arms for help.</u></b>	_____ # completed  1. Not attempted, safety reasons 2. Not attempted, chair bound 3. Not attempted, no suitable chair 4. Not attempted, other: Specify _____ (code)  97. Refused 98. Tried, But Unable
3C. Time: If five stands done successfully	_____ sec.



**4. Semi-Tandem Stand**

**Instructions:** To assess your balance, I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about ten seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Use whichever foot is more comfortable for you. **[If subject needs a walking aid to perform this test, code 0 and skip PPT tests 4-6.]**

4A. Total time  <i>Instructions: Try to hold this position until I say "stop".</i>	_____sec. <b>(maximum 10 sec.)</b>  996. Tried but unable 997. Refused 998. Not performed for safety reasons 999. NA 0. Walking aid needed to perform test  <b>(If coded as 0, or 996-999, skip tests 4, 5, 6)</b>
4B. Compensatory Movements	a. Moves arms            0. No            1. Yes b. Trunk swaying        0. No            1. Yes

**5. Tandem Stand – Eyes Open**

**Instructions:** Again, to assess your balance with your eyes open, I would like you to try to stand with the heel of one foot in front of and touching the toes of your other foot. Use whichever foot is comfortable for you.

5A. Total time  <i>Instructions: Try to hold this position until I say "stop".</i>	_____sec. <b>(maximum 10 sec.)</b>  996. Tried but unable 997. Refused 998. Not performed for safety reasons 999. NA  <b>(If coded as 996-999, go to NEXT SECTION)</b>
5B. Compensatory Movements	a. Moves arms            0. No            1. Yes b. Trunk swaying        0. No            1. Yes

**6. Tandem Stand – Eyes Closed**

**Instructions:** Now, I would like you to try standing just like you did before (with one foot in front of the other), but with your eyes closed this time. Try to hold this position with your eyes closed until I say stop.

6A. Total time  <i>Instructions: Try to hold this position until I say "stop".</i>	_____sec. <b>(maximum 10 sec.)</b>  996. Tried but unable 997. Refused 998. Not performed for safety reasons 999. NA  <b>(If coded as 996-999, go to NEXT SECTION)</b>
6B. Compensatory Movements	a. Moves arms            0. No            1. Yes b. Trunk swaying        0. No            1. Yes

**7. Ten-Foot Walk**

**Instructions:** For this next exercise, I am going to observe how you normally walk. Please walk down past the end of the course and then turn around and walk back to the starting point.

7A. Step Continuity	<p align="center"><b>(If NO 10ft. area available, OBSERVE and record 7A-7C, then go to NEXT SECTION)</b></p> <p>0. No          1. 1A. Yes: observed during 10ft. walk          1B. Yes: observed during interview session (no 10ft. walk area)          996. Tried, Unable OR Holds onto object          997. Refused          998. Not performed for safety reasons</p> <p align="center"><b>(If coded as 996-998, go to NEXT SECTION)</b></p>
7B. Turn	<p>a. Continuous with walking/pivots      0. No      1. Yes          b. Stagger, Unsteady                      0. No      1. Yes</p>
7C. Walking aid	<p>1. Yes                      0. No                      99. NA</p>

**Instructions:** Now, I would like you to do the same thing again. Just walk at your usual pace.

7D. Time 1	<p>_____ . ____ sec.</p> <p>996. Tried, Unable OR Holds onto object          997. Refused</p> <p align="center"><b>(If coded as 996-997, go to NEXT SECTION)</b></p>
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**Instructions:** Now, I would like you to walk down and back as fast as it feels safe and comfortable to you.

7E. Time 2	<p>_____ . ____ sec.</p> <p>996. Tried, Unable OR Holds onto object          997. Refused</p> <p align="center"><b>(If coded as 996-997, go to NEXT SECTION)</b></p>
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**INTERVIEWER:** Record the setting for the 10 ft walk.

7F. Any difficulty finding 10-12 ft for the walking course?	<p>a) 1. Yes                      0. No          b) <b>If YES</b>, explain: _____ (code)</p>
7G. Type of walking surface	<p>1. Uncarpeted          2. Low carpet          3. Other: _____ (code)</p>

**(PSS) PERCEIVED STRESS SCALE**

**Instructions:** The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate. —For each question, choose from the following alternatives: **[READ CATEGORIES]**

<b>In the last month...</b>	<b>Never</b>	<b>Almost Never</b>	<b>Every now and then</b>	<b>Often</b>	<b>Very Often</b>
1. ...how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. ...how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. ...how often have you felt nervous and "stressed"?	0	1	2	3	4
4. ...how often have you dealt successfully with irritating life hassles? *	4	3	2	1	0
5. ...how often have you felt that you were effectively coping with important changes that were occurring in your life? *	4	3	2	1	0
6. ...how often have you felt confident about your ability to handle your personal problems? *	4	3	2	1	0
7. ...how often have you felt that things were going your way? *	4	3	2	1	0
8. ...how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
9. ...how often have you been able to control irritations in your life? *	4	3	2	1	0
10. ...how often have you felt that you were on top of things? *	4	3	2	1	0
11. ...how often have you been angered because of things that happened or were outside of your control?	0	1	2	3	4
12. ...how often have you found yourself thinking about things that you have to accomplish?	0	1	2	3	4
13. ...how often have you been able to control the way you spend your time? *	4	3	2	1	0
14. ...how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

\* scored in the reverse direction

**(HHC) HEALTH AND HEALTH CARE**

**Instructions:** To continue, I will ask you a series of questions regarding your health status and health care.

<b>CO-INFORMANT:</b> YES _____ NO _____			
1. Would you say your health in general is excellent, very good, good, fair, or poor?	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor		
2. Where do you most often go for health care?	1. Primary care doctor 2. Neighborhood clinic 3. Emergency room 4. Other _____	0. No 0. No 0. No 0. No	1. Yes 1. Yes 1. Yes 1. Yes
3. How long has it been since your most recent visit for health advice or care?	1. Less than 1 month 2. 1 month, less than 6 months 3. 6 months, less than 1 year 4. 1 year, less than 5 years 5. 5 or more years 98. Don't know (dk)		
4. In general, how satisfied were you with the care you received at your last visit? Would you say you were very satisfied, satisfied, somewhat satisfied, or not at all satisfied?	1. Very satisfied 2. Satisfied 3. Somewhat satisfied 4. Not at all satisfied		
5. Sometimes people have problems in getting medical care. Have you had any problems getting medical care?	1. Yes      0. No <b>(If NO, go to NEXT SECTION)</b>		
5A. If YES: Why?  <b>DO NOT READ ANSWERS.</b>  <b>USE THEM TO CODIFY SUBJECTS' RESPONSE.</b>  <b>CIRCLE UP TO 3 CHOICES THAT APPLY.</b>	0. None 1. Care was unavailable when needed 2. Monetary cost 3. Did not know where to go 4. Did not have a way to get there 5. Clinic hours were not convenient 6. Waitlist was too long 7. S would lose pay from work 8. Waiting time in the clinic was too long 9. Office/clinic staff was disrespectful 10. S had no confidence in the staff 11. Personnel did not speak Spanish 12. There were no Hispanic staff members at the office/clinic 13. Other reason: _____		

**(MED) MEDICAL DIAGNOSES**

**Instructions:** In the following section, I will ask you a series of questions regarding a variety of medical diagnoses.

CO-INFORMANT: YES _____ NO _____				
Has a DOCTOR ever told you that you had any of the following illnesses or conditions?	NO	YES	Taking medication for this?	Is this condition bothering you currently?
1. Diabetes?	0	1	0. No 1. Yes	0. No 1. Yes
2. High blood pressure/Hypertension?	0	1	0. No 1. Yes	0. No 1. Yes
3. Overweight/obesity?	0	1	0. No 1. Yes	0. No 1. Yes
4. Arthritis?	0	1	0. No 1. Yes	0. No 1. Yes
5. Osteoporosis (hip fracture)?	0	1	0. No 1. Yes	0. No 1. Yes
6. Heart Attack?	0	1	0. No 1. Yes	0. No 1. Yes
7. Heart Disease (other than heart attack)?	0	1	0. No 1. Yes	0. No 1. Yes
8. Stroke?	0	1	0. No 1. Yes	0. No 1. Yes
9. Respiratory disease (such as emphysema, chronic bronchitis, asthma)?	0	1	0. No 1. Yes	0. No 1. Yes
10. Liver or gallbladder disease?	0	1	0. No 1. Yes	0. No 1. Yes
11. Kidney disease?	0	1	0. No 1. Yes	0. No 1. Yes
12. Stomach/ Intestinal Disorder, Stomach Ulcer (bowel elimination problems)?	0	1	0. No 1. Yes	0. No 1. Yes
13. Parkinson's Disease?	0	1	0. No 1. Yes	0. No 1. Yes
14. Skin Cancer?	0	1	0. No 1. Yes	0. No 1. Yes
15. Other type of Cancer? _____	0	1	0. No 1. Yes	0. No 1. Yes
16. Eye Disease: Cataract or Glaucoma?	0	1	0. No 1. Yes	0. No 1. Yes
17. Anxiety?	0	1	0. No 1. Yes	0. No 1. Yes
18. Depression?	0	1	0. No 1. Yes	0. No 1. Yes
19. Seizures, Convulsions?	0	1	0. No 1. Yes	0. No 1. Yes
20. Tuberculosis?	0	1	0. No 1. Yes	0. No 1, Yes
21. Hepatitis (Type A, B, or C)?	0	1	0. No 1. Yes	0. No 1. Yes
22. AIDS/HIV positive?	0	1	0. No 1. Yes	0. No 1. Yes
23. Other _____	0	1	0. No 1. Yes	0. No 1. Yes
24. Other _____	0	1	0. No 1. Yes	0. No 1. Yes

**MENOPAUSE (FEMALES ONLY)**

1. Have you already gone through or are you currently going through menopause?	1. Yes 0. No <i>(If NO, go to NEXT SECTION)</i>
2. If Subject had a hysterectomy, record the year when- or age at which the Subject underwent the procedure:	Age _____ Year _____ <i>(Go to NEXT SECTION)</i>
3. How old were you when you had your last menstrual period?	Age _____ Year _____

**(PMED) PRESCRIPTION MEDICATIONS**

**INTERVIEWER:** List all prescription medications the Subject is currently taking or has taken within the past year, including insulin.

CO-INFORMANT: YES _____ NO _____			
Medication Name	How long using?		
	Codes: 1. Less than 1 year (<1yr) 2. Between 1 and 5 years (1-5yrs) 3. More than 5 years (>5yrs)		
1.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
2.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
3.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
4.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
5.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
6.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
7.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
8.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
9.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
10.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
11.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
12.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
13.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
14.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
15.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
16.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
17.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
18.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
19.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
20.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
21.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
22.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
23.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
24.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
25.	1. <1 yr	2. 1-5 yrs	3. >5 yrs

**(OCMED) OVER-THE-COUNTER MEDICATIONS**

**INTERVIEWER:** List all over-the-counter medications the Subject takes on a weekly basis.

Medication Name
1.
2.
3.
4.
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17.
18.
19.
20.
21.
22.
23.
24.
25.

**(BPB) BLOOD PRESSURE**

	1. SYSTOLIC	2. DIASTOLIC	3. PULSE	4. TIME
<b>A. MEAS. 1</b>				___ : ___ a.m./p.m.
<b>B. MEAS. 2</b>				___ : ___ a.m./p.m.

**(INS) HEALTH INSURANCE**

**Instructions:** In this following section, I will ask you a series of questions regarding your health insurance.

<b>CO-INFORMANT:</b> YES _____ NO _____		
1. Do you currently have health insurance coverage?	0. No <b>(If NO, GO TO #3A)</b>	1. Yes
2. <b>If YES:</b> What type of insurance do you have?  <b>(CIRCLE ALL THAT APPLY)</b>	1. Medicare 2. MASS Health 3. Boston Health Net 4. NHP 5. Fallon 6. Tufts 7. HPHC 8. HMO Blue 9. Travelers 10. Other _____ 11. Other _____	0. No 1. Yes 0. No 1. Yes 0. No 1. Yes 0. No 1. Yes 0. No 1. Yes 0. No 1. Yes 0. No 1. Yes 0. No 1. Yes 0. No 1. Yes 0. No 1. Yes 0. No 1. Yes
3A. <b>If NO</b> , for how long have you been without coverage?	A. _____ # of:	1. Years 2. Months 3. Weeks
3B. Do you use a free care program?	B. 0. No (If NO, go to #10)	1. Yes
Does your insurance (or free care) cover:		
4. Medical visits	0. No	1. Yes
5. Hospital visits	0. No	1. Yes
6. Specialists' services	0. No	1. Yes
7. Mental health services	0. No	1. Yes
8. Prescribed medications	0. No	1. Yes
9. Dental care	0. No	1. Yes
10. Is the cost of healthcare a barrier to your seeking treatment?	0. No	1. Yes
11. Does the cost of healthcare ever delay or prevent you from adhering to treatment recommendations?	0. No	1. Yes
12. During the past 10 years, was there a period when you were without health insurance for a period of six months or more?	0. No	1. Yes



**(TOB) HEALTH BEHAVIORS: TOBACCO USE**

**Instructions:** Now, I would like to ask you about the use of tobacco.

<b>CO-INFORMANT:</b> YES _____ NO _____	
1. Have you smoked at least a hundred or more cigarettes in your lifetime?	0. No <b>(If NO, go to NEXT SECTION)</b> 1. Yes
2. How old were you when you first started smoking?	Age _____ Year _____
3. Do you currently smoke?	0. No <b>(If NO, GO TO #5)</b> 1. Yes
4. How many cigarettes, cigars, or pipes do you smoke regularly during one day? <b>(pack=20 cigarettes)</b>	1. Cigarettes _____ 2. Cigars _____ 3. Pipes _____ <b>(Answer and go to NEXT SECTION)</b>
5. On average how many cigarettes, cigars, or pipes did you regularly smoke a day? <b>(pack=20 cigarettes)</b>	1. Cigarettes _____ 2. Cigars _____ 3. Pipes _____
6. How old were you when you last smoked or in what year did you stop smoking? <b>(If S stopped smoking in the last year, record current age of S)</b>	Age _____ Year _____

**(ALC) HEALTH BEHAVIORS: ALCOHOL USE**

**Instructions:** The following questions refer to alcohol consumption, including wine, spirits, liquors like whiskey, gin, rum or vodka, cocktails, and mixed alcoholic beverages.

<b>CO-INFORMANT:</b> YES _____ NO _____	
1. Have you had at least 12 drinks of any kind of alcohol during your life? <i>(Do not count small tastes.)</i>	0. No <b>(If NO, go to NEXT SECTION)</b> 1. Yes
2. At what age did you begin drinking?	_____ years
3. Presently, do you drink alcohol?	0. No <b>(If NO, GO TO #7)</b> 1. Yes
<b>IF CURRENTLY DRINKING:</b>	
4. On average, how often do you drink <u>any</u> type of alcohol?	A. _____ B. 1. Week # days per: 2. Month 3. Year
5. What do you usually drink? <b>(CIRCLE ALL THAT APPLY)</b>	1. Beer 2. Rum 3. Wine 4. Gin 5. Whiskey 6. Other _____ _____ (code)
6. On average, on the days that you drink alcohol, how many drinks do you have a day? By a drink, I mean a 12 oz beer, 4 oz glass of wine, or an ounce of liquor.	_____ drinks <b>(Answer and go to NEXT SECTION)</b>
<b>IF CURRENTLY NOT DRINKING</b>	
7. For how many years did you drink alcohol?	_____ years
8. What did you usually drink? <b>(CIRCLE ALL THAT APPLY)</b>	1. Beer 2. Rum 3. Wine 4. Gin 5. Whiskey 6. Other _____ _____ (code)
9. On average, on the days that you drank alcohol, how many drinks did you have a day? By a drink, I mean a 12 oz beer, a 4 oz glass of wine, or an ounce of liquor.	_____ drinks <b>(Enter 998 if dk)</b>

**(ACT) PHYSICAL ACTIVITY**

**Instructions:** Now, I would like to ask you about the different activities you do every day. I will read out loud a list of daily activities, and I would like for you to tell me how many hours, approximately, you spend every day on each given activity. Let's think about this past week as an example.

CO-INFORMANT: YES _____ NO _____		
<b>Last week, on a USUAL WEEKDAY (we will do the same for a WEEKEND DAY afterwards), how much time did you spend...:</b>	<b>Hours per day for a usual WEEKDAY: A</b>	<b>Hours per day for a usual WEEKEND day: B</b>
1. <b>SLEEPING AND LYING DOWN</b> (even if not sleeping: night-time sleep, naps and reclining) <b>ASK EACH SEPARATELY, THEN SUM.</b>		
2. <b>VIGOROUS ACTIVITY:</b> (brisk walking, digging in the garden, strenuous sports, jogging, sustained swimming, chopping wood, heavy carpentry, bicycling on hills, etc.)		
3. <b>MODERATE ACTIVITY:</b> (heavy housework, light sports, regular walking, dancing, yard work, painting, repairing, light carpentry, bicycling on level ground, etc.)		
4. <b>LIGHT ACTIVITY:</b> (office work, light housework, driving a car, strolling, personal care, standing with little motion etc.)		
5. <b>SITTING ACTIVITY:</b> (eating, reading, watching TV, listening to the radio etc.)		
<b>REPEAT QUESTIONS ABOVE FOR COLUMN B ANSWERS</b>		
6. <b>TOTAL:</b> (NOTE: Total for each day should add up to 24 hours).		
7. Would you say that during the past week you were less active than usual, more active, or about as active as usual?	1. Less active than usual 2. More active than usual 3. As active as usual	
8. How many <u>flights</u> of stairs do you climb up each day?	_____ flights	
9. How many city blocks or their equivalent do you walk each day?	_____ blocks OR _____ minutes	
10. How much time do you spend watching TV each day?	_____ hours	



**(IADL) INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

**Instructions:** Next I will ask about some other activities. This card specifies answers about how difficult certain activities can be for people. I'm going to ask you about certain activities and ask you to tell me how difficult they are for you to do by yourself, without special equipment. The answers I'll ask you to use are [READ CATEGORIES].

<b>CO-INFORMANT:</b> YES _____ NO _____				
<b>Activity:</b>	<i>With no difficulty</i>	<i>With some difficulty</i>	<i>With a lot of difficulty</i>	<i>Impossible to do</i>
1. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?	0	1	2	3
2. Preparing your own meals?	0	1	2	3
3. Managing your money (such as keeping track of your expenses or paying bills)?	0	1	2	3
4. Shopping for personal items (such as toiletry items or medications)?	0	1	2	3
5. Food shopping?	0	1	2	3
6. Using the telephone?	0	1	2	3
<b>If NO DIFFICULTY with IADL 1-6 above, go to NEXT SECTION</b>				
7. Do you usually need help from another person in doing any of these activities that are difficult for you to do or that you are unable to do by yourself?	1. No ( <i>If NO, skip to NEXT SECTION</i> )    2. Yes			
8A. <b>If YES:</b> Is there someone to help you?  8B. <b>If YES:</b> Is this person living in the household?	A. 1. Yes    0. No (If NO, skip to NEXT SECTION)  B. 1. HH member 2. Non-HH member 3. Both HH and non-HH members			
9. Is this help paid for?	1. No 2. Yes: paid by S 3. Yes: paid by other than S Specify: _____			

**(HC) HOUSEHOLD COMPOSITION**

*Instructions: In this section, I will ask you some questions regarding the composition of your household.*

<b>CO-INFORMANT:</b> YES _____ NO _____				
1. How many persons live here, including yourself?		_____(Total)	_____(0-5y)	_____(6-12y)
2. Who are the members of your household?  Codes: 1. <i>Subject</i> 2. <i>Spouse</i> 3. <i>Son/Stepson</i> 4. <i>Daughter/Stepdaughter</i> 5. <i>Brother/Brother-in-law</i> 6. <i>Sister/Sister-in-law</i> 7. <i>Grandson</i> 8. <i>Granddaughter</i> 9. <i>Other</i>  <b>Indicate sex; use 1= Female; 2= Male</b>	A. Relationship	B. Code	C. Age	D. Sex
	1. <u>Self</u> _____	<u>1</u> _____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	4. _____	_____	_____	_____
	5. _____	_____	_____	_____
	6. _____	_____	_____	_____
	7. _____	_____	_____	_____
	8. _____	_____	_____	_____
	9. _____	_____	_____	_____
	10. _____	_____	_____	_____
	11. _____	_____	_____	_____
	12. _____	_____	_____	_____
3. Who is the person who rents or owns this house or apartment?	Relationship_____			
	<b>(Enter corresponding # from column B above; if S is HH head, enter 1)</b>			
4. Do you or your family own or rent this home?	1. Owned		2. Rented	
5. How many years have you been living here in this (house/ apartment)?		_____years		_____months

<p>6. What is the highest grade you completed in school?</p>	<ol style="list-style-type: none"> <li>1. No schooling</li> <li>2. Kindergarten to 4th. grade</li> <li>3. 5th. to 6th. grade</li> <li>4. 7th. to 8th. grade</li> <li>5. 9th. grade</li> <li>6. 10th. grade</li> <li>7. 11th. grade</li> <li>8. 12th. Grade</li> <li>9. High school graduate; HS diploma or equivalent/GED</li> <li>10. Some college credit, but less than 1 year</li> <li>11. 1 or more years of college; no degree</li> <li>12. Associate degree; i.e. AA, AS</li> <li>13. Bachelor's degree, i.e. BA, BS, AB</li> <li>14. Masters (i.e. MS, MA, MEng, MBA)</li> <li>15. Professional degree, (i.e. MD, JD, DDS)</li> <li>16. Doctorate degree, (i.e. PhD, EdD)</li> <li>96. Refused</li> <li>97. Don't remember (dr)</li> <li>98. Don't know (dk)</li> </ol>
<p><b>7. If S is NOT the HOUSEHOLD HEAD:</b> What was the highest grade completed by _____ (HH head)?</p>	<ol style="list-style-type: none"> <li>1. No schooling</li> <li>2. Kindergarten to 4th. grade</li> <li>3. 5th. to 6th. grade</li> <li>4. 7th. to 8th. grade</li> <li>5. 9th. grade</li> <li>6. 10th. grade</li> <li>7. 11th. grade</li> <li>8. 12th. Grade</li> <li>9. High school graduate; HS diploma or equivalent/GED</li> <li>10. Some college credit, but less than 1 year</li> <li>11. 1 or more years of college; no degree</li> <li>12. Associate degree; i.e. AA, AS</li> <li>13. Bachelor's degree, i.e. BA, BS, AB</li> <li>14. Masters (i.e. MS, MA, MEng, MBA)</li> <li>15. Professional degree, (i.e. MD, JD, DDS)</li> <li>16. Doctorate degree, (i.e. PhD, EdD)</li> <li>96. Refused</li> <li>97. Don't remember (dr)</li> <li>98. Don't know (dk)</li> </ol>
<p><b>8. CURRENT MARITAL STATUS:</b> Which of the following categories best describes your current marital status?</p> <p><b>READ ALL CATEGORIES:</b></p> <ol style="list-style-type: none"> <li>1. Married/living as married/spouse in HH</li> <li>2. Spouse not in HH</li> <li>3. Divorced/separated</li> <li>4. Widowed</li> <li>5. Never married</li> </ol>	<ol style="list-style-type: none"> <li>1. Married/ living as married, spouse in HH</li> <li>2. Married, spouse not in HH</li> <li>3. Divorced/ separated</li> <li>4. Widowed</li> <li>5. Never married</li> </ol>

**(WH) WORK HISTORY AND INCOME**

**Instructions:** The following questions will refer to your work history and income.

<b>CO-INFORMANT:</b> YES _____ NO _____			
1. Have you ever held a paid job for more than three months?	1. Yes                      0. No <b>(If NO, GO TO #12)</b>		
2. <b>If YES:</b> How old were you when you started your first job?	_____ years old <b>(Enter 998 if dk)</b>		
<p><b>For the following questions where a CODE for TYPE of JOB is required, use these job categories:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>1. Executive administrative and managerial</li> <li>2. Civil Service</li> <li>3. Healthcare</li> <li>4. Teaching/Education</li> <li>5. Technicians and support</li> <li>6. Sales; Administrative support, including clerical</li> <li>7. Private household business</li> <li>8. Armed services</li> </ul> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>9. Farming, forestry, and fishing occupations</li> <li>10. Production, craft, and repair</li> <li>11. Machine operators, assemblers, and inspectors</li> <li>12. Transportation and material moving occupations</li> <li>13. Handlers, equipment cleaners, helpers, and labor</li> <li>14. Other</li> <li>96. Refused</li> <li>98. Don't know</li> <li>99. Not applicable</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li>1. Executive administrative and managerial</li> <li>2. Civil Service</li> <li>3. Healthcare</li> <li>4. Teaching/Education</li> <li>5. Technicians and support</li> <li>6. Sales; Administrative support, including clerical</li> <li>7. Private household business</li> <li>8. Armed services</li> </ul>	<ul style="list-style-type: none"> <li>9. Farming, forestry, and fishing occupations</li> <li>10. Production, craft, and repair</li> <li>11. Machine operators, assemblers, and inspectors</li> <li>12. Transportation and material moving occupations</li> <li>13. Handlers, equipment cleaners, helpers, and labor</li> <li>14. Other</li> <li>96. Refused</li> <li>98. Don't know</li> <li>99. Not applicable</li> </ul>
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3. What type of job did you do?	_____ (code) Type of job		
4. What type of job have you had during most of your working life?	_____ (code) Type of job		
5. Are you currently working?	1. Yes                      0. No <b>(If NO, GO TO #9)</b>		
6. What is your current job?	_____ (code) Type of job		
7. How many hours per week do you work?	_____ hours per week		
8. When do you plan to stop working?	Year: _____ <b>(Enter 9998 if dk)</b> <b>(Answer and skip to #12)</b>		
9. In what year did you stop working?	Year: _____ <b>(Enter 9998 if dk)</b>		
10. What was your last job?	_____ (code) Type of job		
11. Why did you stop working? ( <b>PROBE:</b> For health reasons?)	Reason: _____ _____		
12. Who manages the household money?	<ul style="list-style-type: none"> <li>1. Yourself (Study subject)</li> <li>2. Spouse</li> <li>3. Son/Stepson</li> <li>4. Daughter/Stepdaughter</li> <li>5. Brother/Brother-in-law</li> <li>6. Sister/Sister-in-law</li> <li>7. Grandson</li> <li>8. Granddaughter</li> <li>9. Other</li> <li>10. Both Subject and Spouse</li> </ul>		

13. Next, I would like for you to tell me about your household income: who contributes to the necessary expenses, and in what way, and how often does each contributor help out? You have no obligation to share this information with me, but remember that all of the information you share with me will be kept completely confidential.

CO-INFORMANT: YES _____ NO _____					
Relationship to Subject	Source of Income <i>CIRCLE ALL THAT APPLY</i>	NO	YES	Amount <i>CODES: -997 Refused -998 dk</i>	Frequency <i>CODES: 1. Weekly 2. Bi-weekly 3. Monthly 4. Yearly</i>
1. Subject/Self	0. Employment 1. TANF 2. SSI 3. SSDI 4. Child Support 5. Pension 6. Retirement 7. Food Stamps (ATDP) 8. Other _____ 9. Other _____	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00	_____ _____ _____ _____ _____ _____ _____ _____ _____
2. _____	0. Employment 1. TANF 2. SSI 3. SSDI 4. Child Support 5. Pension 6. Retirement 7. Food Stamps (ATDP) 8. Other _____ 9. Other _____	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00	_____ _____ _____ _____ _____ _____ _____ _____ _____
3. _____	0. Employment 1. TANF 2. SSI 3. SSDI 4. Child Support 5. Pension 6. Retirement 7. Food Stamps (ATDP) 8. Other _____ 9. Other _____	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00	_____ _____ _____ _____ _____ _____ _____ _____ _____
4. _____	0. Employment 1. TANF 2. SSI 3. SSDI 4. Child Support 5. Pension 6. Retirement 7. Food Stamps (ATDP) 8. Other _____ 9. Other _____	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00	_____ _____ _____ _____ _____ _____ _____ _____ _____



## LIFE EVENTS QUESTIONNAIRE

**Instructions:** The following list includes events that can change the life of those who experience them. Please tell me which of the following events occurred in your life during the past year only. If you have not experienced an event, we will skip that number. For each event which you have experienced, please tell me if such an event was Good or Bad, and if the effect had: **[READ CATEGORIES]**.

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Big effect
<b>A. Health</b>						
1. Major personal illness or injury	Good	Bad	0	1	2	3
2. Major change in eating habits	Good	Bad	0	1	2	3
3. Major change in sleeping habits	Good	Bad	0	1	2	3
4. Major change in usual type and/or amount of recreation	Good	Bad	0	1	2	3
5. Major dental work	Good	Bad	0	1	2	3
6. FEMALE: Started menopause	Good	Bad	0	1	2	3
<b>B. Work</b>						
7. Difficulty finding a job	Good	Bad	0	1	2	3
8. Beginning work outside the home	Good	Bad	0	1	2	3
9. Changing to a new type of work	Good	Bad	0	1	2	3
10. Changing your work hours or conditions	Good	Bad	0	1	2	3
11. Change in your responsibilities at work	Good	Bad	0	1	2	3
12. Troubles at work with your employer or co-workers	Good	Bad	0	1	2	3
13. Major business readjustment	Good	Bad	0	1	2	3
14. Being fired or laid off from work	Good	Bad	0	1	2	3
15. Retirement from work	Good	Bad	0	1	2	3
16. Taking courses by mail or studying at home to help you in your work	Good	Bad	0	1	2	3
<b>C. School</b>						
17. Beginning or ceasing school, college or training program	Good	Bad	0	1	2	3
18. Change of school, college or training program	Good	Bad	0	1	2	3
19. Change in career goal or academic major	Good	Bad	0	1	2	3
20. Problem in school, college, or training program	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Big effect
<b>D. Residence</b>						
21. Difficulty finding housing	Good	Bad	0	1	2	3
22. Changing residence within the same town or city	Good	Bad	0	1	2	3
23. Moving to a different town, city, state, or country	Good	Bad	0	1	2	3
24. Major change in your life conditions (home improvements or a decline in your home or neighborhood)	Good	Bad	0	1	2	3
<b>E. Love and Marriage</b>						
25. Began a new, close, personal relationship	Good	Bad	0	1	2	3
26. Became engaged	Good	Bad	0	1	2	3
27. Girlfriend or boyfriend problems	Good	Bad	0	1	2	3
28. Breaking up with a girlfriend or boyfriend or breaking an engagement	Good	Bad	0	1	2	3
29. MALE: Wife or girlfriend's pregnancy	Good	Bad	0	1	2	3
30. MALE: Wife or girlfriend's having a miscarriage or abortion	Good	Bad	0	1	2	3
31. Getting married (or beginning to live with someone)	Good	Bad	0	1	2	3
32. A change in closeness with your partner	Good	Bad	0	1	2	3
33. Infidelity	Good	Bad	0	1	2	3
34. Trouble with in-laws	Good	Bad	0	1	2	3
35. Separation from spouse or partner due to conflict	Good	Bad	0	1	2	3
36. Separation from spouse or partner due to work, travel, etc.	Good	Bad	0	1	2	3
37. Reconciliation with spouse or partner	Good	Bad	0	1	2	3
38. Divorce	Good	Bad	0	1	2	3
39. Change in your spouse or partner's work outside the home (beginning to work, ceasing work, changing jobs, retirement, etc).	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Big effect
<b>F. Family and Close Friends</b>						
40. Gain of a new family member (through birth, adoption, relative moving in, etc.)	Good	Bad	0	1	2	3
41. Child or family member leaving home (due to marriage, to attend college, or for some other reason)	Good	Bad	0	1	2	3
42. Major change in the health or behavior of a family member or close friend (illness, accidents, drug or disciplinary problems, etc.)	Good	Bad	0	1	2	3
43. Death of spouse or partner	Good	Bad	0	1	2	3
44. Death of a child	Good	Bad	0	1	2	3
45. Death of family member or close friend	Good	Bad	0	1	2	3
46. Birth of a grandchild	Good	Bad	0	1	2	3
47. Change in marital status of your parents	Good	Bad	0	1	2	3
<b>G. Parenting</b>						
48. Change in child care arrangements	Good	Bad	0	1	2	3
49. Caring for a grandchild	Good	Bad	0	1	2	3
50. Conflicts with spouse or partner about parenting	Good	Bad	0	1	2	3
51. Conflicts with child's grandparents (or other important person) about parenting	Good	Bad	0	1	2	3
52. Taking on full responsibility for parenting as a single parent	Good	Bad	0	1	2	3
53. Custody battles with former spouse or partner	Good	Bad	0	1	2	3
<b>H. Personal or Social</b>						
54. Major personal achievement	Good	Bad	0	1	2	3
55. Major decision regarding your immediate future	Good	Bad	0	1	2	3
56. Change in your personal habits (your dress, lifestyle, hobbies, etc.)	Good	Bad	0	1	2	3
57. Change in your religious beliefs	Good	Bad	0	1	2	3
58. Change in your political beliefs	Good	Bad	0	1	2	3
59. Loss or damage of personal property	Good	Bad	0	1	2	3
60. Took a vacation	Good	Bad	0	1	2	3
61. Took a trip other than a vacation	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Big effect
<b>H. Personal or Social (Cont.)</b>						
62. Change in family get-togethers	Good	Bad	0	1	2	3
63. Change in your social activities (clubs, movies, visiting, etc)	Good	Bad	0	1	2	3
64. Made new friends	Good	Bad	0	1	2	3
65. Broke up with a friend	Good	Bad	0	1	2	3
66. Acquired or lost a pet	Good	Bad	0	1	2	3
67. Major change in finances (increased or decreased income)	Good	Bad	0	1	2	3
68. Took on a moderate purchase, such as TV, car, freezer, etc.	Good	Bad	0	1	2	3
69. Took on a major purchase or a mortgage loan, such as a home, business, property, etc.	Good	Bad	0	1	2	3
70. Experienced a foreclosure on a mortgage or loan	Good	Bad	0	1	2	3
71. Credit rating difficulties	Good	Bad	0	1	2	3
<b>I. Crime and Legal Matters</b>						
72. Being robbed or a victim of identity theft	Good	Bad	0	1	2	3
73. Being a victim of a violent act (rape, assault, etc.)	Good	Bad	0	1	2	3
74. Involved in an accident	Good	Bad	0	1	2	3
75. Involved in a law suit	Good	Bad	0	1	2	3
76. Involved in a minor violation of the law (traffic ticket, disturbing the peace, etc.)	Good	Bad	0	1	2	3
77. Legal troubles resulting in your being arrested or held in jail	Good	Bad	0	1	2	3
<b>J. Other:</b> Other recent experiences that had an impact on your life. List and rate.						
78. _____	Good	Bad	0	1	2	3
79. _____	Good	Bad	0	1	2	3
80. _____	Good	Bad	0	1	2	3

**(SOC) SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE**

*Instructions: Let's now talk about your family life and social activities within your community.*

<b>CO-INFORMANT:</b> YES _____ NO _____	
1. How many LIVING children do you have including step and adopted children?	_____ children <b>(If NONE, enter 00 and GO TO #6)</b>
2. How quickly can (any one of your children/ your son/ your daughter who does not live with you) get here?	A. _____ # of B. 1. Minutes 2. Hours 3. Days <b>(If all children live with Subject, enter 00 and GO TO #6)</b>
3. How often do you see (any of your children/ your son/ your daughter who does not live with you)?	A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never
4. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)?	A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never
5. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)?	A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never
6. How many LIVING brothers and sisters do you have, including step and adopted brothers and sisters?	_____ siblings
<b>Now, I am going to ask you about services you might be using. In the past 12 months, how many times did you...:</b>	
7. Go to a senior center?	A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)
8. Use special transportation for older persons? (Do not include special subway or bus passes.)	A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)

<p>9. Eat meals delivered to your home by an agency like Meals On Wheels?</p>	<p>A. _____ # of times</p> <p>B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)</p>
<p>10. Get food from a Commodity Food Program (Department of Agriculture's Food Distribution Program)?</p>	<p>A. _____ # of times</p> <p>B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)</p>
<p>11. Use a homemaker service for older persons that provides cleaning and cooking at home?</p>	<p>A. _____ # of times</p> <p>B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)</p>
<p>12. Use a service which makes telephone calls to check on the health of older people?</p>	<p>A. _____ # of times</p> <p>B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)</p>
<p>13. Have a visiting nurse come to your home?</p>	<p>A. _____ # of times</p> <p>B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)</p>
<p>14. Have a health aide come to your home?</p>	<p>A. _____ # of times</p> <p>B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)</p>
<p>15. Go to a day care program for older people?</p>	<p>A. _____ # of times</p> <p>B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)</p>

<b>Now, I will ask you about other activities that you may have engaged in. During the past two weeks how many times did you...:</b>		
16. Get together with friends or neighbors?	# times _____	97. dr 98. dk
17. Do any volunteer work?	# times _____	97. dr 98. dk
18. Talk with friends or neighbors on the telephone?	# times _____	97. dr 98. dk
19. Get together with ANY relative who doesn't live with you?	# times _____	97. dr 98. dk
20. Talk with ANY relative on the telephone?	# times _____	97. dr 98. dk
21. Go to church or temple for services or other activities?	# times _____	97. dr 98. dk
22. Go to a show or movie, sports event, club meeting, classes or other group event?	# times _____	97. dr 98. dk
23. Participate in any sports or exercise (such as golf, tennis, swimming, running, jogging, any others)?	# times _____	97. dr 98. dk
24. Read books, magazines, or newspapers?	# times _____	97. dr 98. dk
25. Work at hobbies (such as collections, woodworking, playing a musical instrument, or gardening)?	# times _____	97. dr 98. dk
26. Work on home maintenance or small repairs around the home?	# times _____	97. dr 98. dk
27. Take care of family members who do not live with you (such as doing child care, looking in on a relative)?	# times _____	97. dr 98. dk
28. Help friends or neighbors with something without being paid?	# times _____	97. dr 98. dk
29. Thinking about your present social activities, do you feel that you are doing enough, too much, or would like to be doing more?	1. About enough 2. Too much 3. Would like to do more	

**(BPC) BLOOD PRESSURE**

	<b>1. SYSTOLIC</b>	<b>2. DIASTOLIC</b>	<b>3. PULSE</b>	<b>4. TIME</b>
<b>A. MEAS. 1</b>				___ : ___ a.m./p.m.
<b>B. MEAS. 2</b>				___ : ___ a.m./p.m.

**(NSSQ) NORBECK SOCIAL SUPPORT QUESTIONNAIRE**

**INTERVIEWER:** Please read all of the instructions on this page prior to starting with this section.

**Instructions:** Please list each significant person in your life on the right. Consider all the persons who provide personal support for you or who are important to you.

When making your list, use only the first name or the initials of the person, and then indicate the relationship that you have with each one of them.

**Example:**

First Name or Initials	Relationship
1. <u>Mary T</u>	<u>friend</u>
2. <u>Bob</u>	<u>brother</u>
3. <u>MT</u>	<u>mother</u>
4. <u>Sam</u>	<u>friend</u>
5. <u>Mrs. R</u>	<u>neighbor</u>
etc.	

Use the following list as a guide. Think about the people that are important to you and give the names of as many people as apply in your case.

- spouse or partner
- family members or relatives
- friends
- work or school associates
- neighbors
- health care providers
- counselor or therapist
- minister/priest/rabbi
- other

You do not have to name 16 people. Only name the important people in your life.

**WHEN YOU HAVE FINISHED YOUR LIST, PLEASE TURN TO PAGE 32.**

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 University of California, San Francisco  
 Revised 1982, 1995

**Note: Before use, pages 31-34 should be cut along the dashed center line to allow the response lines for questions 1-16 to align with the Personal Network list on page 35.**



For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

0 = not at all                      3 = quite a bit  
 1 = a little                        4 = a great deal  
 2 = moderately

**[EMO1]**

Question 1:  
 How much does this person make you feel liked or loved?

**[EMO2]**

Question 2:  
 How much does this person make you feel respected or admired?

1	1
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.

***Note: Before use, pages 31-34 should be cut along the dashed center line to allow the response lines for questions 1-16 to align with the Personal Network list on page 35.***

For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

- |                |                  |
|----------------|------------------|
| 0 = not at all | 3 = quite a bit  |
| 1 = a little   | 4 = a great deal |
| 2 = moderately |                  |

**[EMO3]**

Question 3:  
How much can you confide in this person?

**[EMO4]**

Question 4:  
How much does this person agree with or support your actions or thoughts?

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.

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For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

0 = not at all                      3 = quite a bit  
 1 = a little                        4 = a great deal  
 2 = moderately

**[AID5]**

Question 5:  
 If you need to borrow \$10, a ride to the doctor, or some other immediate help, how much could this person usually help?

**[AID6]**

Question 6:  
 If you were confined to bed for several weeks, how much could this person help you?

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.

***Note: Before use, pages 31-34 should be cut along the dashed center line to allow the response lines for questions 1-16 to align with the Personal Network list on page 35.***

[DURATION]	[FREQCON]	PERSONAL NETWORK	
		First Name or Initials	Relationship
Question 7: How long have you known this person?  1 = less than 6 months 2 = 6 to 12 months 3 = 1 to 2 years 4 = 2 to 5 years 5 = more than 5 years	Question 8: How frequently do you usually have contact with this person? (Phone calls, visits, or letters) 5 = daily 4 = weekly 3 = monthly 2 = a few times a year 1 = once a year or less		
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	
4.	4.	4.	
5.	5.	5.	
6.	6.	6.	
7.	7.	7.	
8.	8.	8.	
9.	9.	9.	
10.	10.	10.	
11.	11.	11.	
12.	12.	12.	
13.	13.	13.	
14.	14.	14.	
15.	15.	15.	
16.	16.	16.	

\*Please be sure you have rated each person on every question. Go to the last page.

9. During the past year, have you lost any important relationships due to moving, a job change, divorce or separation, death or some other reason?

\_\_\_\_\_ 0. No (*If NO, go to NEXT SECTION*)

\_\_\_\_\_ 1. Yes (*If YES, GO TO #9A*)

If you have lost an important relationship during the past year:

9A. Please indicate the number of persons from each category who are *no longer available* to you.

\_\_\_\_\_ Spouse or partner  
[LOSS1]

\_\_\_\_\_ Family members or relatives  
[LOSS2]

\_\_\_\_\_ Friends  
[LOSS3]

\_\_\_\_\_ Work or school associates  
[LOSS4]

\_\_\_\_\_ Neighbors  
[LOSS5]

\_\_\_\_\_ Health care providers  
[LOSS6]

\_\_\_\_\_ Counselor or therapist  
[LOSS7]

\_\_\_\_\_ Minister/Priest/Rabbi  
[LOSS8]

\_\_\_\_\_ Other (specify) \_\_\_\_\_  
[LOSS9]

9B. Overall, how much of your support was provided by these people who are no longer available to you?

[LOSSAMT]

\_\_\_\_\_ 0. None

\_\_\_\_\_ 1. A little

\_\_\_\_\_ 2. A moderate amount

\_\_\_\_\_ 3. A considerable amount

\_\_\_\_\_ 4. A lot

**(ACC) ACCULTURATION**

*Instrucciones: The following questions have the purpose of exploring acculturation and assimilation to this country.*

<b>CO-INFORMANT:</b> YES _____ NO _____																																																									
1. Which is your native language?	1. English 2. Spanish 3. Other Specify: _____																																																								
2. What languages do you speak?	a. English                    1. Yes    2. No    3. A little b. Spanish                    1. Yes    2. No    3. A little c. Other                        1. Yes    2. No    3. A little Specify: _____																																																								
3. Would you say that you use mostly English or mostly Spanish or both about the same?	1. Only English 2. Only Spanish 3. Mostly English 4. Mostly Spanish 5. Both the same																																																								
4. Do you know how to read English?	1. Yes 2. No 3. Partially (reason) _____																																																								
5. Do you know how to read Spanish?	1. Yes 2. No 3. Partially (reason) _____																																																								
6. <b>If YES or PARTIALLY to both previous questions:</b> Which do you read better?	1. English 2. Spanish 3. Both equally																																																								
7. Do you know how to write English?	1. Yes 2. No 3. Partially (reason) _____																																																								
8. Do you know how to write Spanish/other?	1. Yes 2. No 3. Partially (reason) _____																																																								
9. <b>If YES or PARTIALLY to both previous questions:</b> Which do you write better?	1. English 2. Spanish 3. Both equally																																																								
10. What language do you use:	<table border="1"> <thead> <tr> <th></th> <th>Only Spanish</th> <th>More Spanish than English</th> <th>Both equally</th> <th>More English than Spanish</th> <th>Only English</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>10A...for watching TV?</td> <td>A. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>10B...for reading newspapers/books?</td> <td>B. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>10C...for speaking with neighbors?</td> <td>C. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>10D...at work?</td> <td>D. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>10E...for listening to the radio?</td> <td>E. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>10F...with friends?</td> <td>F. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>10G...with family?</td> <td>G. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </tbody> </table>		Only Spanish	More Spanish than English	Both equally	More English than Spanish	Only English	NA	10A...for watching TV?	A. 1	2	3	4	5	6	10B...for reading newspapers/books?	B. 1	2	3	4	5	6	10C...for speaking with neighbors?	C. 1	2	3	4	5	6	10D...at work?	D. 1	2	3	4	5	6	10E...for listening to the radio?	E. 1	2	3	4	5	6	10F...with friends?	F. 1	2	3	4	5	6	10G...with family?	G. 1	2	3	4	5	6
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**(FSS) USDA FOOD-SECURITY/HUNGER SCALE**

**Instructions:** The following questions concern food consumption in your household within the last twelve months and having the monetary means to purchase the necessary foodstuffs. Please think of the time between [current month] last year and today when answering the following questions.

<b>CO-INFORMANT:</b> YES _____ NO _____																														
<b>A. SCREENER</b>																														
<p>1. Which of these statements best describes the food eaten in your household in the last 12 months?</p> <p><i>(If one person in household, use "I" in parentheses, otherwise, use "We.")</i></p>	<p>1. Enough of the kinds of food we want to eat <b>(SKIP 1a and 1b; STOP HERE and GO TO SECTION B.)</b></p> <p>2. Enough but not always the <u>kinds</u> of food we want <b>(SKIP 1a; ASK 1b)</b></p> <p>3. Sometimes <u>not enough</u> to eat <b>(ASK 1a; SKIP 1b)</b></p> <p>4. <u>Often</u> not enough <b>(ASK 1a; SKIP 1b)</b></p> <p>98. Don't know (dk) <b>(SKIP 1a and 1b)</b></p> <p>96. Refused <b>(SKIP 1a and 1b)</b></p>																													
	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know (dk)</th> </tr> </thead> <tbody> <tr> <td>1. Not enough money for food</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>2. Not enough time for shopping or cooking</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>3. Too hard to get to the store</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>4. On a diet</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>5. No working stove available</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>6. Not able to cook or eat because of health problems</td> <td>1</td> <td>0</td> <td>98</td> </tr> </tbody> </table>				Yes	No	Don't know (dk)	1. Not enough money for food	1	0	98	2. Not enough time for shopping or cooking	1	0	98	3. Too hard to get to the store	1	0	98	4. On a diet	1	0	98	5. No working stove available	1	0	98	6. Not able to cook or eat because of health problems	1	0
	Yes	No	Don't know (dk)																											
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2. Not enough time for shopping or cooking	1	0	98																											
3. Too hard to get to the store	1	0	98																											
4. On a diet	1	0	98																											
5. No working stove available	1	0	98																											
6. Not able to cook or eat because of health problems	1	0	98																											
<p>1A. Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why YOU don't always have enough to eat.</p> <p><b>(READ LIST. CIRCLE ALL THAT APPLY.)</b></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know (dk)</th> </tr> </thead> <tbody> <tr> <td>1. Not enough money for food</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>2. Kinds of food (I/we) want not available</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>3. Not enough time for shopping or cooking</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>4. Too hard to get to the store</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>5. On a special diet</td> <td>1</td> <td>0</td> <td>98</td> </tr> </tbody> </table>				Yes	No	Don't know (dk)	1. Not enough money for food	1	0	98	2. Kinds of food (I/we) want not available	1	0	98	3. Not enough time for shopping or cooking	1	0	98	4. Too hard to get to the store	1	0	98	5. On a special diet	1	0	98			
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5. On a special diet	1	0	98																											
<p>1B. Here are some reasons why people don't always have the quality or variety of food they want. For each one, please tell me if that is a reason why YOU don't always have the kinds of food you want to eat.</p> <p><b>(READ LIST. CIRCLE ALL THAT APPLY.)</b></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know (dk)</th> </tr> </thead> <tbody> <tr> <td>1. Not enough money for food</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>2. Kinds of food (I/we) want not available</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>3. Not enough time for shopping or cooking</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>4. Too hard to get to the store</td> <td>1</td> <td>0</td> <td>98</td> </tr> <tr> <td>5. On a special diet</td> <td>1</td> <td>0</td> <td>98</td> </tr> </tbody> </table>				Yes	No	Don't know (dk)	1. Not enough money for food	1	0	98	2. Kinds of food (I/we) want not available	1	0	98	3. Not enough time for shopping or cooking	1	0	98	4. Too hard to get to the store	1	0	98	5. On a special diet	1	0	98			
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**B. FOOD SECURITY SCALE**

**Instructions:** Now, I will read to you a series of food security scenarios. Please indicate if any of these situations has frequently, sometimes, or never been the case in your home during the last year. [If single adult in household, use "I," "my," and "you" in parentheses; otherwise, use "we," "our," and "your household."]

2. (I / We) worried whether (my/our) food would run out before (I / we) got money to buy more.	1. Frequently 2. Sometimes 3. Never 96. Refused 98. Don't know (dk)
3. The food that (I / we) bought just didn't last, and (I / we) didn't have money to get more.	1. Frequently 2. Sometimes 3. Never 96. Refused 98. Don't know (dk)
4. (I / we) couldn't afford to eat balanced meals.	1. Frequently 2. Sometimes 3. Never 96. Refused 98. Don't know (dk)
<p><b>1<sup>st</sup>-level screen:</b> proceed with Stage 2 below if Subject answers EITHER...                  (1. Frequently or 2. Sometimes) to (question #2, 3 or 4) above OR...                  (3. or 4.) to (question #1) in previous page                  ...Otherwise <b>STOP HERE and GO TO NEXT SECTION</b></p>	
5. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?	1. Yes 0. No ( <b>If NO, GO TO #6</b> )
5A. <b>If YES (above):</b> How often did this happen? (READ ANSWER OPTIONS)	1. Almost every month 2. Some months 3. 1-2 months
6. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	1. Yes 0. No
7. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	1. Yes 0. No
8. In the last 12 months, did you lose weight because you didn't have enough money for food?	1. Yes 0. No
<p><b>2<sup>nd</sup> - level screen:</b> proceed with Stage 3 below if Subject answers...                  (1. Yes) to (question #6, 7 or 8) above                  ...Otherwise <b>STOP HERE and GO TO NEXT SECTION</b></p>	
9. 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?	1. Yes 0. No( <b>Go to next section</b> )
9A. <b>If YES (above):</b> How often did this happen? (READ ANSWER OPTIONS)	1. Almost every month 2. Some months 3. 1-2 months



**(MHA) MIGRATION HISTORY**

**Instructions:** Now I would like to ask you a series of questions regarding your country of origin and other regions you have previously lived in.

<b>CO-INFORMANT:</b> YES _____ NO _____																		
1. Where were your parents born?	<table border="0"> <tr> <td><b>A. Father</b></td> <td><b>B. Mother</b></td> </tr> <tr> <td>1. Puerto Rico</td> <td>1. Puerto Rico</td> </tr> <tr> <td>2. Estados Unidos</td> <td>2. Estados Unidos</td> </tr> <tr> <td>3. Other: _____</td> <td>3. Other: _____</td> </tr> <tr> <td>97. Don't remember (dr)</td> <td>97. Don't remember (dr)</td> </tr> <tr> <td>98. Don't know (dk)</td> <td>98. Don't know (dk)</td> </tr> </table>	<b>A. Father</b>	<b>B. Mother</b>	1. Puerto Rico	1. Puerto Rico	2. Estados Unidos	2. Estados Unidos	3. Other: _____	3. Other: _____	97. Don't remember (dr)	97. Don't remember (dr)	98. Don't know (dk)	98. Don't know (dk)					
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1. Puerto Rico	1. Puerto Rico																	
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3. Other: _____	3. Other: _____																	
97. Don't remember (dr)	97. Don't remember (dr)																	
98. Don't know (dk)	98. Don't know (dk)																	
2A. Where were you born?	<table border="0"> <tr> <td>1. Puerto Rico <b>(Skip to #3)</b></td> </tr> <tr> <td>2. Massachusetts</td> </tr> <tr> <td>3. New York</td> </tr> <tr> <td>4. New Jersey</td> </tr> <tr> <td>5. Illinois</td> </tr> <tr> <td>6. Other: _____</td> </tr> </table>	1. Puerto Rico <b>(Skip to #3)</b>	2. Massachusetts	3. New York	4. New Jersey	5. Illinois	6. Other: _____											
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4. New Jersey																		
5. Illinois																		
6. Other: _____																		
2B. Have you ever lived in Puerto Rico for more than three months at a time?	1. Yes                      0. No <b>(If NO, GO TO #6)</b>																	
2C. <b>If YES:</b> How many times have you lived in Puerto Rico for more than three months at a time?	_____ # of times <b>(Skip to #6)</b> <b>(If S was born outside US, go to #5)</b>																	
3. In what type of surroundings did you spend most of your time growing up? <b>READ ALL CATEGORIES:</b> 1. Town or city 2. Urban area 3. Rural area 4. Countryside	<table border="0"> <tr> <td>1. Town or city</td> </tr> <tr> <td>2. Urban area, outside the town or city</td> </tr> <tr> <td>3. Rural area, outside the city</td> </tr> <tr> <td>4. Countryside</td> </tr> </table>	1. Town or city	2. Urban area, outside the town or city	3. Rural area, outside the city	4. Countryside													
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<p>4. If S was NOT born in PR, skip to #6 If S was born OUTSIDE the US, Skip to #5 If S was born in MA, skip to #12 If S was born in PR:</p> <p>A. In what year did you leave Puerto Rico for the first time? <b>OR PROMPT FOR AGE</b></p> <p>B. How old were you when you left Puerto Rico for the first time?</p> <p>C. In your opinion, why did you leave Puerto Rico?</p> <p>D. Where did you move to at that time?</p>	<table border="0"> <tr> <td>A. Year: _____</td> <td><b>(Enter 9998 if dk)</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>OR PROMPT FOR AGE</b></td> </tr> <tr> <td>B. Age: _____ years</td> <td><b>(Enter 998 if dk)</b></td> </tr> <tr> <td>C. _____</td> <td></td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td>D.</td> <td> <table border="0"> <tr> <td>1. Massachusetts <b>(GO TO #8)</b></td> </tr> <tr> <td>2. Other state (if in U.S.) _____ <b>(GO TO #6)</b></td> </tr> <tr> <td>3. Other country _____ <b>(GO TO #5)</b></td> </tr> <tr> <td>97. Don't remember (dr)</td> </tr> <tr> <td>98. Don't know (dk)</td> </tr> </table> </td> </tr> </table>	A. Year: _____	<b>(Enter 9998 if dk)</b>	<b>OR PROMPT FOR AGE</b>		B. Age: _____ years	<b>(Enter 998 if dk)</b>	C. _____		_____		D.	<table border="0"> <tr> <td>1. Massachusetts <b>(GO TO #8)</b></td> </tr> <tr> <td>2. Other state (if in U.S.) _____ <b>(GO TO #6)</b></td> </tr> <tr> <td>3. Other country _____ <b>(GO TO #5)</b></td> </tr> <tr> <td>97. Don't remember (dr)</td> </tr> <tr> <td>98. Don't know (dk)</td> </tr> </table>	1. Massachusetts <b>(GO TO #8)</b>	2. Other state (if in U.S.) _____ <b>(GO TO #6)</b>	3. Other country _____ <b>(GO TO #5)</b>	97. Don't remember (dr)	98. Don't know (dk)
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98. Don't know (dk)																		

<p>5. <b>FROM 4D: If S did NOT move to the US:</b> In what year did you first move to the United States?</p>	<p>A. Year: _____ (Enter 9998 if dk) <b>OR PROMPT FOR AGE</b> B. Age: _____ years (Enter 998 if dk)</p>
<p>6. In what year did you first move to Massachusetts?</p>	<p>A. Year: _____ (Enter 9998 if dk) <b>OR PROMPT FOR AGE</b> B. Age: _____ years (Enter 998 if dk)</p>
<p>7. Where were you living just prior to moving to Massachusetts?</p>	<p>1. Puerto Rico 2. Dominican Republic 3. Other state (if in U.S.) _____ 4. Other country _____ 97. Don't remember (dr) 98. Don't know (dk)</p>
<p>8. Since leaving _____ (country/state of birth) have you ever gone back to live there for more than three months at a time?</p>	<p>1. Yes                      0. No (If NO, GO TO #10)</p>
<p>9. How many times have you gone back to live in _____ (country/state of birth) for more than three months?</p>	<p>_____ times              (Enter 998 if dk)</p>
<p>10. Do you expect to move back to _____ (country/state of birth) in the future?</p>	<p>1. Yes                      0. No (If NO, GO TO #12)</p>
<p>11. <b>If YES:</b> When/in what year?</p>	<p>_____ year              (Enter 9998 if dk)</p>
<p>12. Do you expect to move somewhere else in the next two years?</p>	<p>1. Yes                      0. No (If NO, go to NEXT SECTION)</p>
<p>13. <b>If YES:</b> Who should we contact to get in touch with you in that case?</p>	<p><b>STOP: Enter contact person information on page 2 in the section labeled 'IDENTIFYING INFORMATION.'</b></p>

**(OBS) INTERVIEWER'S OBSERVATIONS AND COMMENTS****INTERVIEWER:** Please complete this section after concluding the interview.

1. Language of Interview	1. English 2. Spanish 3. Both, English and Spanish
2. Sample Person Status	1. Normally mobile 2. Only seen in bed 3. Only seen in a wheelchair
3. Mental Condition	1. Confused at times 2. Cognitive deficit (retarded or demented) 3. Not noted 4. Normal
4. Sight  <b><i>With or without glasses? Ask if S is wearing contact lenses.</i></b>	A. 1. Blind 2. Visually impaired 3. Not noted 4. Normal  B. 1. With glasses/contacts 2. Without glasses/contacts
5. Hearing	A. 1. Deaf 2. Severely hearing impaired 3. Slightly hearing impaired 4. Not noted 5. Normal  B. Using hearing aid? 1. Yes 0. No
6. Gait	1. Normal 2. Shuffling 3. Difficulty keeping their balance Other: _____ Codes: _____
7. Other problems?	Describe; part of body:
7a. Amputations	1. Upper body 2. Lower body 3. Normal
7b. Tremor	1. Upper body 2. Lower body 3. Normal
7c. Deformity	1. Upper body 2. Lower body 3. Normal
7d. Loss of Function; can't use	1. Upper body 2. Lower body 3. Normal
7e. Other:	1. Upper body 2. Lower body 3. Normal

(Observations Continued...)

<p>8. Skin tone:</p>	<ol style="list-style-type: none"> <li>1. Dark</li> <li>2. Medium</li> <li>3. Light</li> <li>4. White</li> </ol>
<p>9. How would you rate Subject's ability to understand English?</p>	<ol style="list-style-type: none"> <li>1. Excellent</li> <li>2. Very Good</li> <li>3. Good</li> <li>4. Fair</li> <li>5. Poor</li> <li>6. NA: English was not spoken during the interview</li> </ol>
<p>10. How would you rate the Subject's ability to speak clearly in Spanish?</p>	<ol style="list-style-type: none"> <li>1. Excellent</li> <li>2. Very Good</li> <li>3. Good</li> <li>4. Fair</li> <li>5. Poor</li> <li>6. NA: Spanish was not spoken during the interview</li> </ol>
<p>11. Type of structure in which Subject lives:</p>	<ol style="list-style-type: none"> <li>1. Trailer</li> <li>2. Detached, single family house</li> <li>3. Duplex/Two family house</li> <li>4. House converted to apartments</li> <li>5. Rowhouse or townhouse with 3 or more units, 3 stories or less)</li> <li>6. Apartment building with 5 or more units, 3 stories or less</li> <li>7. Apartment building with 5 or more units, 4 stories or more</li> <li>8. Apartment in a partly commercial structure</li> <li>9. Rooming or boarding house; structure not specified</li> <li>97. Other</li> </ol>
<p>12. Additional comments</p>	

## END OF INTERVIEW



<p><b>Date &amp; Duration of First Interview Session:</b> <i>Time interview started and ended</i></p>	<p style="text-align: center;">DATE: ____ / ____ / ____</p> <p>1. START TIME:            1a. ____ : ____                      1b. 1. a.m. 2. p.m.</p> <p>2. END TIME:            2a. ____ : ____                      2b. 1. a.m. 2. p.m.</p> <p>3. DURATION:.            3a. ____ HR(S)                      3b. ____ MIN(S)</p>
<p><b>Date &amp; Duration of Second Session (1<sup>st</sup> Follow-up):</b> <i>Time interview started and ended</i></p>	<p style="text-align: center;">DATE: ____ / ____ / ____</p> <p>4. START TIME:            4a. ____ : ____                      4b. 1. a.m. 2. p.m.</p> <p>5. END TIME:            5a. ____ : ____                      5b. 1. a.m. 2. p.m.</p> <p>6. DURATION:.            6a. ____ HR(S)                      6b. ____ MIN(S)</p>
<p><b>Date &amp; Duration of Third Session (2<sup>nd</sup> Follow-up):</b> <i>Time interview started and ended</i></p>	<p style="text-align: center;">DATE: ____ / ____ / ____</p> <p>7. START TIME:            7a. ____ : ____                      7b. 1. a.m. 2. p.m.</p> <p>8. END TIME:            8a. ____ : ____                      8b. 1. a.m. 2. p.m.</p> <p>9. DURATION:.            9a. ____ HR(S)                      9b. ____ MIN(S)</p>
<p><b><u>Data entry after completion of interview.</u></b></p>	
<p>1 First Entry: _____</p> <p style="margin-left: 100px;">Name</p> <p style="margin-left: 350px;">Code</p> <p style="margin-left: 650px;">Date</p>	
<p>2 Verification: _____</p> <p style="margin-left: 100px;">Name</p> <p style="margin-left: 350px;">Code</p> <p style="margin-left: 650px;">Date</p>	

