

# Subj Subject Identification

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**(SUBJ) SUBJECT IDENTIFICATION**

Subject ID \_\_\_\_\_

Interviewer Identification:

 PR37 PR30 PR36 PR53 PR58

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**Date & Duration of****First Interview Session:**

DATE: \_\_\_\_\_

((Please click on the TODAY's button and DO NOT enter the date manually))

1a. START TIME: \_\_\_\_\_

((Please click on the NOW button and DO NOT enter the time manually))

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**Date & Duration of****Second Interview Session:**

DATE: \_\_\_\_\_

((Please click on the TODAY's button and DO NOT enter the date manually))

4a. START TIME: \_\_\_\_\_

((Please click on the NOW button and DO NOT enter the time manually))

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**Date & Duration of****Third Interview Session:**

DATE: \_\_\_\_\_

((Please click on the TODAY's button and DO NOT enter the date manually))

7a. START TIME: \_\_\_\_\_

((Please click on the NOW button and DO NOT enter the time manually))

# Mmse Minimental State Examination

## (MMSE) MINI-MENTAL STATE EXAMINATION

Instructions: I would like to ask you some questions to check your concentration and your memory. Most of them will be easy. Please take your time in answering each question.

1. Are you able to read?

NO

Yes

((The focus is literacy and NOT vision problems, for this question. If they know how to read, even if they can no longer see well enough to read, the answer should be YES))

2. Are you able to write?

NO

Yes

((The focus is literacy and NOT vision problems. If they know how to write, even if they can no longer see well enough to write, the answer should be YES))

3. Can you see well enough to read a magazine?

NO

Yes

((The focus is vision and NOT literacy. If they don't know how to read, can they still see enough to draw))

4. Do you have severe arthritis that prevents you from being able to write or draw?

NO

Yes

1. What year is it?

\_\_\_\_\_

What month is it?

\_\_\_\_\_

What is today's date?

\_\_\_\_\_

SCORE

0

1

2

3

2. What is the season?

Winter

Spring

Summer

Fall

SCORE

0

1

3. What day of the week is it?

\_\_\_\_\_

SCORE

0

1

4. What city are we in?

\_\_\_\_\_

What part/neighborhood of the city are we in?

\_\_\_\_\_

What state are we in?

\_\_\_\_\_

SCORE

- 0
- 1
- 2
- 3

5. What is the address of this place?

\_\_\_\_\_

SCORE

- 0
- 1

6. What floor of the building/house are we on?

\_\_\_\_\_

SCORE

- 0
- 1

7. I am going to name 3 objects. After I have said them I want you to repeat them back to me.

- APPLE
- TABLE
- PENNY

SCORE

- 0
- 1
- 2
- 3

8. Please subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?

If the participant refuses to perform this practice, please select YES and SKIP to # 9

- NO
- Yes

Record 1

\_\_\_\_\_

Record 2

\_\_\_\_\_

Record 3

\_\_\_\_\_

Record 4

\_\_\_\_\_

Record 5

\_\_\_\_\_

SCORE

- 0
- 1
- 2
- 3
- 4
- 5

9. What are the 3 objects I asked you to remember a few moments ago?

- APPLE
- TABLE
- PENNY

SCORE

- 0
- 1
- 2
- 3

SHOW A WATCH

10. What is this called?

SCORE

- 0
- 1

SHOW A PENCIL

11. What is this called?

SCORE  0  
 1

12. Please repeat the following: "NO IFS, ANDS, or BUTS."

SCORE  0  
 1

HAND 'CLOSE YOUR EYES' SHEET

13. Please read the following and do what it says:

SCORE  0  
 1

READ FULL STATEMENT AND THEN HAND OVER THE PAPER

14. "I'm going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap"

SCORE  0  
 1  
 2  
 3

15. Please write any complete sentence on this page for me (hand next page and a pencil).

SCORE  0  
 1

16. Here is a drawing. Please copy the drawing on this same page.

SCORE  0  
 1

TOTAL POINTS: \_\_\_\_\_

TOTAL POINTS: \_\_\_\_\_

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# Bpa Blood Pressure

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## (BPA) BLOOD PRESSURE

1. Have you taken any medication for high blood pressure/hypertension today?

- No
- Yes
- Don't know
- Refused
- NA

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### First Measuremnt:

- 1. SYSTOLIC \_\_\_\_\_
- 2. DIASTOLIC \_\_\_\_\_
- 3. PULSE \_\_\_\_\_
- 4. TIME \_\_\_\_\_

INTERVIEWER: Time in between measurements must be AT LEAST 3 MINUTES

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### Second Measuremnt:

- 1. SYSTOLIC \_\_\_\_\_
  - 2. DIASTOLIC \_\_\_\_\_
  - 3. PULSE \_\_\_\_\_
  - 4. TIME \_\_\_\_\_
- Time in between measurements \_\_\_\_\_

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### INTERVIEWR'S COMMENTS:

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# Mh Migration History

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## (MHA) MIGRATION HISTORY

Instructions: Now I would like to ask you if you have recently visited Puerto Rico and if so for how long you visited.

CO-INFORMANT

- No
- Yes

1. Have you gone to Puerto Rico since your last interview? (Remind SUBJ of the date of their last interview)

- No
  - Yes
- ((If NO, skip to next section) )

2. When was your last visit? If SUBJ has trouble remembering, PROMPT In what month did you go? Did you arrive at the beginning of the month? The end of the month?

\_\_\_\_\_  
(If SUBJ says beginning code day as 15 & if SUBJ says end code day as 30)

3. When did you return to \_\_\_\_\_(Insert neighborhood where participant lives)?

\_\_\_\_\_

3. DATE If SUBJ has trouble remembering, PROMPT In what month did you return? Did you return at the beginning of the month? The end of the month?

\_\_\_\_\_  
(If SUBJ says beginning code day as 15 & if SUBJ says end code day as 30)

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## INTERVIEWER'S COMMENTS:

\_\_\_\_\_

# Se Sun Exposure

## (SE) SUN EXPOSURE

CO-INFORMANT

- No  
 Yes

### 10 YEARS:

Instructions: The following questions refer to your place of residence and your migration history over the past years.

1a. Based on the past ten years, how many years or months have you lived in the Northeastern United States (Massachusetts, New York, etc.)

\_\_\_\_\_ (Year)

\_\_\_\_\_ (Months)

1b. Based on the past ten years, how many years or months have you lived in Puerto Rico, the Southern United States, or another area with a similar climate?

\_\_\_\_\_ (Year)

\_\_\_\_\_ (Months)

### PAST YEAR (12 Months):

2a. In the past (1) year, how many months have you lived in the northeastern areas of United States (Massachusetts, New York, etc.)?

\_\_\_\_\_ (Months)

2b. In the past (1) year, how many months have you lived in Puerto Rico, the Southern United States, or another area with a similar climate?

\_\_\_\_\_ (Months)

3. On average, how many hours per week do you spend outdoors during the summer? (DO NOT include time spent inside vehicles / cars / buses)

\_\_\_\_\_ (hours per day (If Don't Know enter 98))

Or

\_\_\_\_\_ (hours per week)

4. When you spend time outdoors during the summer, what parts of your skin are usually exposed to the sun?

- Face only  
 Face and hands  
 Face, hands and arms  
 Face, hands, arms and legs  
 Not applicable

4b. When you go out, do you normally use sunscreen/SPF?

- No  
 Yes  
 Don't Know  
 Not Applicable

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**INTERVIEWER'S COMMENTS:**

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# Wh Work History And Income

## WORK HISTORY AND INCOME

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

CO-INFORMANT

- No  
 Yes

1. Since your last interview, have you held a paid job for more than three months?

- No  
 Yes  
 ((If NO, GO TO #7) )

2. Are you currently working?

- No  
 Yes  
 ((If NO, GO TO #6) )

3. What is your current job? Type of job

\_\_\_\_\_

4. How many hours per week do you work?

\_\_\_\_\_

5. When do you plan to stop working?

\_\_\_\_\_ (Year (Enter 9998 if dk) (Answer and skip to #7))

6. Why did you stop working? (PROBE: For health reasons?)

\_\_\_\_\_

7. Who manages the household money?

- Yourself (Study subject)  
 Spouse  
 Son/Stepson  
 Daughter/Stepdaughter  
 Brother/Brother-in-law  
 Sister/Sister-in-law  
 Grandson  
 Granddaughter  
 Other  
 Both Subject and spouse

**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# Fss Food Security

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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.

CO-INFORMANT

- No  
 Yes

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### A. SCREENER

1. Which of these statements best describes the food eaten in your household in the last 12 months?

- Enough of the kinds of food we want to eat (GO TO SECTION B)  
 Enough but not always the kinds of food we want (GO TO 1b)  
 Sometimes not enough to eat (GO TO 1a)  
 Often not enough (GO TO 1a)  
 Refused (GO TO SECTION B)  
 Don't know (GO TO SECTION B)

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.

1. Not enough money for food

- No  
 Yes  
 Don't know

2. Not enough time for shopping or cooking

- No  
 Yes  
 Don't know

3. Too hard to get to the store

- No  
 Yes  
 Don't know

4. On a diet

- No  
 Yes  
 Don't know

5. No working stove available

- No  
 Yes  
 Don't know

6. Not able to cook or eat because of health problems

- No  
 Yes  
 Don't know

7. Other \_\_\_\_\_

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.

1. Not enough money for food

- No  
 Yes  
 Don't know

2. Kinds of food (I/we) want not available  
 No  
 Yes  
 Don't know
3. Not enough time for shopping or cooking  
 No  
 Yes  
 Don't know
4. Too hard to get to the store  
 No  
 Yes  
 Don't know
5. On a special diet  
 No  
 Yes  
 Don't know

Other, specify \_\_\_\_\_

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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."]

1. (I / We) worried whether (my/our) food would run out before (I / we) got money to buy more.  
 Frequently  
 Sometimes  
 Never  
 Don't know  
 Refused
2. The food that (I / we) bought just didn't last, and (I / we) didn't have money to get more.  
 Frequently  
 Sometimes  
 Never  
 Don't know  
 Refused
3. (I / we) couldn't afford to eat balanced meals.  
 Frequently  
 Sometimes  
 Never  
 Don't know  
 Refused

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### 1st-level screen:

proceed with Stage 2 below if Subject answers EITHER (1. Frequently or 2. Sometimes) to (question #1, 2 or 3) above OR (3. or 4.) to (question #1) in previous page. Otherwise STOP HERE and GO TO NEXT SECTION

4. 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?  
 No  
 Yes  
 ((If NO, GO TO #5))
- 4a. How often did this happen?  
 Almost every month  
 Some months  
 1-2 months  
 ((READ ANSWER OPTIONS))
5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?  
 No  
 Yes
6. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?  
 No  
 Yes

7. In the last 12 months, did you lose weight because you didn't have enough money for food?

- No
- Yes

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**2nd - level screen:**

Proceed with Stage 3 below if Subject answer (1. Yes) to (question #5, 6 OR 7) above. Otherwise STOP HERE and GO TO NEXT SECTION

8. 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?

- No
- Yes  
((If NO GO to next section))

8a. How often did this happen?

- Almost every month
- Some months
- 1-2 months  
((READ ANSWER OPTIONS))

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# Hc Household Composition

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## (HC) HOUSEHOLD COMPOSITION

CO-INFORMANT

- No  
 Yes

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

1. How many persons live here, including yourself? \_\_\_\_\_

How many persons 0-5 years old live here, including yourself? \_\_\_\_\_

How many persons 6-12 years old live here, including yourself? \_\_\_\_\_

2. Who are the members of your household?

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## SUBJECT (HOUSEHOLD MEMBER 1)

Age \_\_\_\_\_

Sex  Male  
 Female

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## HOUSEHOLD MEMBER 2

Relationship:  Subject  
 Spouse  
 Son/Stepson  
 Daughter/Stepdaughter  
 Brother/Brother-in-law  
 Sister/Sister-in-law  
 Grandson  
 Granddaughter  
 Other

Age: \_\_\_\_\_

Sex:  Female  
 Male

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## HOUSEHOLD MEMBER 3

Relationship:  Subject  
 Spouse  
 Son/Stepson  
 Daughter/Stepdaughter  
 Brother/Brother-in-law  
 Sister/Sister-in-law  
 Grandson  
 Granddaughter  
 Other

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 4**

Relationship:  Subject  
 Spouse  
 Son/Stepson  
 Daughter/Stepdaughter  
 Brother/Brother-in-law  
 Sister/Sister-in-law  
 Grandson  
 Granddaughter  
 Other

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 5**

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 6**

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 7**

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 8**

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 9**

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 10**

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 11**

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBER 12**

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Female  
 Male

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**HOUSEHOLD MEMBERS**

3. Do any one other than you rents or owns this house or apartment?

- No  
 Yes

a. Who is this person ?

- Household member 1  
 Household member 2  
 Household member 3  
 Household member 4  
 Household member 5  
 Household member 6  
 Household member 7  
 Household member 8  
 Household member 9  
 Household member 10  
 Household member 11  
 Household member 12

((if S is HH head, select HOUSEHOLD MEMBER 1, AND select the other one from your list above) )

b. What was the highest grade completed by \_\_\_\_\_ (HH head)?

- No schooling  
 Kindergarten to 4th grade  
 5th to 6th grade  
 7th to 8th grade  
 9th grade  
 10th grade  
 11th grade  
 12th grade  
 High school graduate; HS diploma or equivalent/GED  
 Some college credit, but less than 1 year  
 One or more years of college; no degree  
 Associate degree; i.e. AA, AS  
 Bachelor's degree, i.e. BA, BS, AB  
 Masters (i.e. MS, MA, MEng, MBA)  
 Professional degree, (i.e. MD, JD, DDS)  
 Doctorate degree, (i.e. PhD, EdD)  
 Refused  
 Don't remember (dr)  
 Don't know (dk)  
 ((Answer for other member))

4. Is the home where you live

- Owned or being bought by you (or someone in your household)?  
 Rented for money?  
 Occupied without payment of money or rent?  
 Other

Other, specify

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5. How many years have you been living here in this (house/ apartment)?

How many months have you been living here in this (house/ apartment)?

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6. CURRENT MARITAL STATUS: Which of the following categories best describes your current marital status?

- Married/ living as married, spouse in HH  
 Married, spouse not in HH  
 Divorced/ separated  
 Widowed  
 Never married  
 ((READ ALL CATEGORIES))



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**INTERVIEWER'S COMMENTS:**

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# Hi Household Income

## (HI) HOUSEHOLD INCOME

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

- No  
 Yes

## SUBJECT (HOUSEHOLD MEMBER 1)

Source of Income

- Employment  
 TANF  
 SSI  
 SSDI  
 Child Support  
 Pension  
 Retirement  
 Food Stamps (ATDP)  
 Other1  
 Other2  
 ((CHECK ALL THAT APPLY))

Amount (Employment)

\_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

Frequency (Employment)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (TANF)

\_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

Frequency (TANF)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (SSI)

\_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

Frequency (SSI)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (SSDI)

\_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

Frequency (SSDI)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (Child Support)

\_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

Frequency (Child Support)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Pension)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Pension)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Retirement)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Retirement)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Food Stamps - ATDP)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Food Stamps - ATDP)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 1, specify:

\_\_\_\_\_

Amount:

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency:

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 2, specify:

\_\_\_\_\_

Amount:

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency:

- Weekly
- Bi-Weekly
- Monthly
- Yearly

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**HOUSEHOLD MEMBER 2**

Relationship to Subject 1:

\_\_\_\_\_  
((Use Codes from previous page) )

Source of Income

- Employment
  - TANF
  - SSI
  - SSDI
  - Child Support
  - Pension
  - Retirement
  - Food Stamps (ATDP)
  - Other1
  - Other2
- ((CHECK ALL THAT APPLY) )

Amount (Employment)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Employment)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (TANF)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (TANF)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (SSI)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (SSI)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (SSDI)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (SSDI)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Child Support)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Child Support)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Pension)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Pension)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Retirement)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Retirement)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Food Stamps - ATDP)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Food Stamps - ATDP)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 1, specify:

\_\_\_\_\_

Amount:

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency:

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 2, specify:

\_\_\_\_\_

Amount:

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency:

- Weekly
- Bi-Weekly
- Monthly
- Yearly

**HOUSEHOLD MEMBER 3**

Relationship to Subject 1:

\_\_\_\_\_  
((Use Codes from previous page) )

Source of Income:

- Employment
  - TANF
  - SSI
  - SSDI
  - Child Support
  - Pension
  - Retirement
  - Food Stamps (ATDP)
  - Other1
  - Other2
- ((CHECK ALL THAT APPLY) )

Amount

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (TANF)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (TANF)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (SSI)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (SSI)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (SSDI)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (SSDI)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Child Support)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Child Support)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Pension)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Pension)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Retirement)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Retirement)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Food Stamps - ATDP)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Food Stamps - ATDP)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 1, specify:

\_\_\_\_\_

Amount:

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency:

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 2, specify:

\_\_\_\_\_

Amount:

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency:

- Weekly
- Bi-Weekly
- Monthly
- Yearly

**HOUSEHOLD MEMBER 4**

Relationship to Subject 1:

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((Use Codes from previous page) )

Source of Income:

- Employment  
 TANF  
 SSI  
 SSDI  
 Child Support  
 Pension  
 Retirement  
 Food Stamps (ATDP)  
 Other1  
 Other2

((CHECK ALL THAT APPLY) )

Amount (Employment)

---

(Codes: -997 Refused -998 DK)

Frequency

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (TANF)

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(Codes: -997 Refused -998 DK)

Frequency (TANF)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (SSI)

---

(Codes: -997 Refused -998 DK)

Frequency (SSI)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (SSDI)

---

(Codes: -997 Refused -998 DK)

Frequency (SSDI)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (Child Support)

---

(Codes: -997 Refused -998 DK)

Frequency (Child Support)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (Pension)

---

(Codes: -997 Refused -998 DK)

Frequency (Pension)

- Weekly  
 Bi-Weekly  
 Monthly  
 Yearly

Amount (Retirement)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Retirement)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Food Stamps - ATDP)

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency (Food Stamps - ATDP)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 1, specify:

\_\_\_\_\_

Amount:

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency:

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 2, specify:

\_\_\_\_\_

Amount:

\_\_\_\_\_  
(Codes: -997 Refused -998 DK)

Frequency:

- Weekly
- Bi-Weekly
- Monthly
- Yearly

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_



# Individual Social Wealth

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## INDIVIDUAL SOCIODEMOGRAPHICS WEALTH

1. Do you or anyone else living with you own a car, truck, or van?

- No  
 Yes

2. Is there a computer or other device in the household that can be used to access the internet?

- No  
 Yes  
 Yes, someone else owns it  
 ((If NO, GO to #3))

2a. How often do you use it?

- Daily  
 Weekly  
 Monthly  
 Yearly  
 Less than once a year/never

3. Do you own a cell phone?

- No  
 Yes  
 ((If NO, GO to #4))

How often do you use it?

- Daily  
 Weekly  
 Monthly  
 Yearly  
 Less than once a year/never

4. Altogether, what is the present value of your total savings, assets, (anything of value you possess such as money, investments), and property (including home)?

- Less than \$500  
 \$500 to \$4,999  
 \$5,000 to \$9,999  
 \$10,000 to \$24,999  
 \$25,000 to \$49,999  
 \$50,000 to \$99,999  
 \$100,000 to \$199,999  
 \$200,000 to \$299,999  
 \$300,000 to \$499,999  
 \$500,000 or more  
 Refused  
 Don't know

5. If you or anyone else living with you lost your current source of income (your paycheck, public assistance, or other forms of income), how long could you continue to live at your current address and standard of living?

- Less than 1 month  
 1-2 months  
 3-6 months  
 7-12 months  
 More than a year

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## INTERVIEWER'S COMMENTS:

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# Ant Anthropometry

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## (ANT) ANTHROPOMETRY SECTION

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

1. Have you lost or gained weight in the last 6 months?

- No  
 Yes  
 Don't know  
 ((If NO or Don't Know, GO TO #5))

2a. How many pounds have you lost or gained?

\_\_\_\_\_

(lbs)

2b.

- Lost  
 Gained

3. Was the weight loss/gain intentional?

- No  
 Yes  
 Don't know  
 ((If YES, GO TO #5))

4. Why do you think you lost or gained weight?

\_\_\_\_\_

5a. Weight: 997 - not performed for safety reasons  
998 - subject refused measurement 999 - unable to obtain measurement

\_\_\_\_\_

(lbs)

5b. Weight: 997 - not performed for safety reasons  
998 - subject refused measurement 999 - unable to obtain measurement

\_\_\_\_\_

(lbs)

6a. Standing Height (cm) 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement

\_\_\_\_\_

6b. Standing Height (cm): 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement

\_\_\_\_\_

7. Posture: 997 - Not performed for safety reasons  
998 - Subject refused measurement 999 -Unable to obtain measurement

- Straight  
 Slightly stooped - (between straight and 45'o angle)  
 Very stooped - (45'o angle)

8a. Knee height (cm): 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement

\_\_\_\_\_

8b. Knee height (cm): 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement

\_\_\_\_\_

9a. Waist: Measurement at point of bellybutton (cm)  
997 - not performed for safety reasons 998 -subject refused measurement 999 - unable to obtain measurement

\_\_\_\_\_

9b. Waist: Measurement at point of bellybutton (cm)  
997 - not performed for safety reasons 998 -subject refused measurement 999 - unable to obtain measurement

\_\_\_\_\_

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**INTERVIEWER'S COMMENTS:**

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# 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.]

Setting (kg): INTERVIEWER: set the dynamometer to the size of the hand of the subject and record that size here.

---

Measurements:

Trial 1:

Right Hand (Force in Kg)

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Left Hand (Force in Kg)

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Trial 2:

Right Hand (Force in Kg)

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Trial 2:

Left Hand (Force in Kg)

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Trial 3: Right Hand (Force in Kg)

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Left Hand (Force in Kg)

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## 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.

Right Foot Number of Taps (If unable to do, or refused, please indicate why)-96. Unable to do (ex. Chair bound)-97. Refused -98. Not performed, safety reasons-99. Not done due to equipment problem (ex. Interviewer did not have mat)

---

Left Foot Number of Taps (If unable to do, or refused, please indicate why)-96. Unable to do (ex. Chair bound)-97. Refused-98. Not performed, safety reasons -99. Not done due to equipment problem (ex. Interviewer did not have mat)

---

Right Foot Time for taps (30 seconds maximum):

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(Sec)

Left Foot Time for taps (30 seconds maximum):

---

(Sec)

If unable to do, or refused, or not performed please indicate why

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### 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.

a. Chair Height: From floor to lowest point of chair

\_\_\_\_\_

(cm)

b. Chair stands: Instructions: You must go from sitting to standing as fast as you can 5 times without using your arms for help.-96. Unable to do (ex. Chair bound) -97. Refused-98. Not performed, safety reasons-99. Not done due to equipment problem (ex. No suitable chair)

\_\_\_\_\_

(# completed)

INTERVIEWER: If unable to do, or refused, or not performed please indicate why

\_\_\_\_\_

Time: If five stands done successfully

\_\_\_\_\_

(Sec)

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### 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.]

Total time Instructions: Try to hold this position until I say "stop". -96. Unable to do -97. Refused-98. Not performed, safety reasons 0. Walking aid needed to perform test

\_\_\_\_\_

(sec. (maximum 10 sec.))

(If coded as 0, or -96, -98, skip tests 4 and 5)  
)

INTERVIEWER: If unable to do, or refused, please indicate why

\_\_\_\_\_

a. Compensatory Movements (a) Moves arms

No  
 Yes

b. Compensatory Movements (b) Trunk swaying

No  
 Yes

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### 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.

Total time:Instructions: Try to hold this position until I say "stop".-96. Unable to do-97. Refused-98. Not performed, safety reasons

\_\_\_\_\_

(sec (maximum 10 sec.))

(If coded as -96 ~ -98, GO to NEXT SECTION))

INTERVIEWER: If unable to do, or refused, please indicate why \_\_\_\_\_

a. Compensatory Movements (a) Moves arms

- No  
 Yes

b. Compensatory Movements (b) Trunk swaying

- No  
 Yes

## 6. 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.

a. 10 Foot Walk

- Subject is able to do this test  
 Unable to do, holds on to object (ex. Wall or chair, NOT walking aid)  
 Unable to do (ex. Chair bound)  
 Refused  
 Not performed, safety reasons  
 Equipment problem/no 10 foot walk area  
((If coded as -95 ~ -99, GO to NEXT SECTION))

INTERVIEWER: If unable to do, or refused, or not performed or equipment problems, please indicate why \_\_\_\_\_

b. Stagger, Unsteady

- No  
 Yes

c. Walking aid

- No  
 Yes  
 NA

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

d. Time 1--95 Unable to do, holds on to object (ex. Wall or chair NOT walking aid)-97. Refused-98. Not performed, safety reasons

\_\_\_\_\_  
(sec (If coded as -95 ~ -98, GO to NEXT SECTION))

INTERVIEWER: If unable to do, or refused, or not performed please indicate why \_\_\_\_\_

Instructions: Now, I would like you to walk down and back as fast as it feels safe and comfortable to you.

e. Time 2:-95 Unable to do, holds on to object (ex. Wall or chair NOT walking aid)-97. Refused-98. Not performed, safety reasons

\_\_\_\_\_  
(sec (If coded as -95 ~ -98, GO to NEXT SECTION))

INTERVIEWER: If unable to do, or refused, or not performed please indicate why \_\_\_\_\_

INTERVIEWER: Record the setting for the 10 ft walk.

g. Type of walking surface

- Uncarpeted  
 Low carpet  
 Other

Other, specify \_\_\_\_\_

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**INTERVIEWER'S COMMENTS:**

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# Act Physical Activity

## (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 and where you do this activity circling all that apply. Let's think about this past week as an example.

CO-INFORMANT:

- No  
 Yes

Last week, on a USUAL WEEKDAY (we will do the same for a WEEKEND DAY afterwards), how much time did you spend:

## SLEEPING AND LYING DOWN (even if not sleeping, night-time sleep, naps and reclining)

ASK EACH SEPARATELY, THEN SUM.

1a. Weekday:

\_\_\_\_\_ (Hours per day for a usual WEEKDAY)

1b. Weekend:

\_\_\_\_\_ (Hours per day for a usual WEEKEND day)

(IF  
 ZERO to both 1a and 1b SKIP to 2a))

Please report where the activity is done

- Home inside  
 Home outside (ex. porch or yard)  
 Other  
 Refused  
 ((CHECK ALL THAT APPLY) )

Other, specify

\_\_\_\_\_

## VIGOROUS ACTIVITY: (brisk walking, digging in the garden, strenuous sports, jogging, sustained swimming, chopping wood, heavy carpentry, bicycling on hills, etc.)

2a. Weekday:

\_\_\_\_\_ (Hours per day for a usual WEEKDAY:)



2b. Weekend:

\_\_\_\_\_  
(Hours per day for a usual WEEKEND day)

(IF  
ZERO to both 2a and 2b SKIP to 3a))

Please report where the activity is done

- Home inside
  - Home outside (ex. porch or yard)
  - At work inside
  - At work outside
  - Gym or community center
  - Outdoors on street, including streets and sidewalks
  - Outdoors at park or track , including public parks, public pools or other public recreational facilities such as community centers that are free and open to the public
  - Other
  - Refused
- ((CHECK ALL THAT APPLY) )

Other, specify

\_\_\_\_\_

**MODERATE ACTIVITY (heavy housework, light sports, regular walking, dancing, yard work, painting, repairing, light carpentry, bicycling on level ground, etc.)**

3a. Weekday:

\_\_\_\_\_  
(Hours per day for a usual WEEKDAY)

3b. Weekend:

\_\_\_\_\_  
(Hours per day for a usual WEEKEND day)

(IF  
ZERO to both 3a and 3b SKIP to 4a))

Please report where the activity is done

- Home inside
  - Home outside (ex. porch or yard)
  - At work inside
  - At work outside
  - Gym or community center
  - Outdoors on street, including streets and sidewalks
  - Outdoors at park or track , including public parks, public pools or other public recreational facilities such as community centers that are free and open to the public
  - Other
  - Refused
- ((CHECK ALL THAT APPLY))

Other, specify

\_\_\_\_\_

**LIGHT ACTIVITY: (office work, light housework, driving a car, strolling, personal care, standing with little motion etc.)**

4a. Weekday: \_\_\_\_\_  
(Hours per day for a usual WEEKDAY)

4b. Weekend: \_\_\_\_\_  
(Hours per day for a usual WEEKEND day)

(IF  
ZERO to both 4a and 4b SKIP to 5a))

Please report where the activity is done

- Home inside
  - Home outside (ex. porch or yard)
  - At work inside
  - At work outside
  - Gym or community center
  - Outdoors on street, including streets and sidewalks
  - Outdoors at park or track , including public parks, public pools or other public recreational facilities such as community centers that are free and open to the public
  - Other
  - Refused
- ((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_

**SITTING ACTIVITY: (eating, reading, watching TV, listening to the radio etc.)**

5a. Weekday: \_\_\_\_\_  
(Hours per day for a usual WEEKDAY)

5b. Weekend: \_\_\_\_\_  
(Hours per day for a usual WEEKEND day)

(IF  
ZERO to both 5a and 5b SKIP to 6a))

Please report where the activity is done

- Home inside
  - Home outside (ex. porch or yard)
  - At work inside
  - At work outside
  - Gym or community center
  - Outdoors on street, including streets and sidewalks
  - Outdoors at park or track , including public parks, public pools or other public recreational facilities such as community centers that are free and open to the public
  - Other
  - Refused
- ((CHECK ALL THAT APPLY))

Other, specify

\_\_\_\_\_

**TOTAL HOURS**

NOTE: Total for each day should add up to 24 hours.

TOTAL WEEKDAY:

\_\_\_\_\_  
(Hours per day for a usual WEEKDAY)

TOTAL WEEKEND:

\_\_\_\_\_  
(Hours per day for a usual WEEKEND day)

7. About how far from your home is the place you use most often to get exercise?

- Half mile or less (walk 10 min or less, or walk 6 blocks or less)
- More than half mile but less than 1 mile (walk more than 10 min, but less than 20 min, or walk more than 6 blocks but less than 12 blocks)
- More than 1 mile but less than 5 miles (plus 20 min walk, but less than 1 hour and 40 min, or 5 min by car)
- 5-10 miles (walk more than 1 hour and 40 min, but less than 3 hours and 20 min, or 10 minutes or less by car)
- More than 10 miles (walk more than 1 hour and 40 min, but less than 3 hours and 20 min, or 10 min or more by car )
- 0 Miles: participant exercises at her/his own home or building
- Don't know
- NA

8. Would you say that during the past week you were less active than usual, more active, or about as active as usual?

- Less active than usual
- More active than usual
- As active as usual

9. How many flights of stairs do you climb up each day?

\_\_\_\_\_

Interviewer, please read question as indicated and enter only one response (blocks or minutes) as provided by respondent

10. How many city blocks do you walk each day?

\_\_\_\_\_  
(Blocks)

OR how many minutes do you walk each day?

\_\_\_\_\_  
(Minutes)

11. How much time do you spend watching TV each day?

\_\_\_\_\_  
(Hours)

12. What is your usual pace of walking?

- Casual or strolling (less than 2 mph, about 24 blks/hour)
- Average or normal (2 to 3 mph, about 24-36 blks/hour)
- Fairly brisk (3 to 4 mph, about 36-48 blks/hour)
- Brisk or striding (4 mph or faster, more than 48 blks/hour)
- Unable to do (ex. Chair bound)

**CALCULATIONS:**

$(\text{blocks/day} \times 7\text{days/wk} \times 8 \text{ kcal/block}) + (\text{flights of stairs/d} \times 7\text{d/wk} \times 4 \text{ kcal/flight})$

$(\text{activity MET intensity} \times \text{occasions/wk} \times \text{duration(min)/occasion}) \times \text{A} \times (\text{wk/yr} \times \text{A} \times 52 \text{ wk/yr})$

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**INTERVIEWER'S COMMENTS:**

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# Etp Exposure To Pollution

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## (ETP) EXPOSURE TO POLLUTION

Instructions: The next question asks about the time you spend outdoors in areas with busy traffic including cars, buses and trucks and traffic pollution.

1. Exposure to busy roads - How often do you spend at least 10 minutes outdoors within 2 blocks of a busy road? [EXAMPLES OF BUSY ROADS INCLUDE MASSACHUSETTS AVENUE, DORCHESTER AVENUE, COLUMBIA ROAD, BROADWAY, TREMONT STREET, THE JAMAICAWAY, STORROW DRIVE, ROUTE 1, ROUTE 93.]
- Less than 1 time per week  
 1-6 times per week  
 7-14 times per week  
 15 or more times per week  
 Don't know  
 Refused

2. Windows - When you are at home in Massachusetts, how often do you open your windows a crack or more in the following seasons?

- a. Summer (June-August)
- Never  
 Fewer than 2 days a week  
 2-5 days a week  
 6-7 days a week  
 Don't know  
 Refused

- b. Fall (September-November)
- Never  
 Fewer than 2 days a week  
 2-5 days a week  
 6-7 days a week  
 Don't know  
 Refused

- c. Winter (December-February)
- Never  
 Fewer than 2 days a week  
 2-5 days a week  
 6-7 days a week  
 Don't know  
 Refused

- d. Spring (March-May)
- Never  
 Fewer than 2 days a week  
 2-5 days a week  
 6-7 days a week  
 Don't know  
 Refused

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**INTERVIEWER'S COMMENTS:**

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# Adl Act Daily Living

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## (ADL) FUNCTIONAL STATUS ACTIVITIES OF DAILY LIVING

Instructions: I will now read a list of activities which, for various reasons -either health conditions or disability- some persons may experience difficulty when performing. Please tell me how difficult they are for you to do by yourself, without the use of special equipment. The answers I'll ask you to use are [READ CATEGORIES].

CO-INFORMANT

- No  
 Yes

1. Walking for a quarter of a mile (2 - 3 blocks)?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

2. Walking up 10 steps without resting?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

3. Getting outside?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

4. Walking from one room to another on the same level?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

5. Getting out of bed or chairs?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

6. Eating, like holding a fork, cutting food or drinking from a glass?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

7. Dressing yourself, including tying shoes, working zippers and doing buttons?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

8. Bathing or showering?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

9. Using the toilet, including getting to the toilet?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

10. Using a manual can opener?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

11. Opening a frozen food package?

- With no difficulty
- With some difficulty
- With a lot of difficulty
- Impossible to do

12. Opening a milk carton or orange juice carton?

- With no difficulty
- With some difficulty
- With a lot of difficulty
- Impossible to do

13. When you are INDOORS, do you usually use anything to help you get around, such as [READ OPTIONS]? - If YES, Which do you use most often?

- None
- Cane
- Wheelchair
- Crutches
- Walker
- Other

Other, specify

---

14. If you are OUTDOORS, do you usually use anything to help you get around, such as [READ OPTIONS]? - If YES, Which do you use most often?

- None
- Cane
- Wheelchair
- Crutches
- Walker
- Other

Other, specify

---

15. 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

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**INTERVIEWR COMMENTS:**

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# IADL Instrumental Act Daily Living

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## (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].

CO-INFORMANT:

- No  
 Yes

1. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

2. Preparing your own meals?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

3. Managing your money (such as keeping track of your expenses or paying bills)?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

4. Shopping for personal items (such as toiletry items or medications)?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

5. Food shopping?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

6. Using the telephone?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_



# At Nervous Attacks

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## (AT) NERVOUS ATTACKS

Instructions: Next I will ask about some

Have you ever had an episode or nervous attack where you felt totally out of control?

- No  
 Yes  
(If NO, skip to next section )

1. Shout a lot:

- No  
 Yes

2. tuvo ataques de llanto/have crying attacks:

- No  
 Yes

3. Break things or become aggressive:

- No  
 Yes

4. Get very angry or in a rage:

- No  
 Yes

5. Feel very scared or frightened:

- No  
 Yes

6. Become hysterical:

- No  
 Yes

7. Tremble a lot:

- No  
 Yes

8. Feel strange like it was not you who was doing this:

- No  
 Yes

9. Had a period of amnesia:

- No  
 Yes

10. Get dizzy:

- No  
 Yes

11. Fall to the floor with a seizure:

- No  
 Yes

12. Have heart palpitations (your heart beat hard):

- No  
 Yes

13. Have chest tightness or heat in your chest:

- No  
 Yes

14. Faint or feel on the verge of fainting:

- No  
 Yes

15. Try to hurt yourself or attempt suicide:

- No  
 Yes

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**INTERVIEWER'S COMMENTS:**

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# Health And Health Care

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## (HHC) HEALTH AND HEALTH CARE

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

CO-INFORMANT

- No  
 Yes

1. Would you say your health in general is excellent, very good, good, fair, or poor?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

2. How long has it been since your most recent visit for health advice or care?

- Less than 1 month  
 1 month, less than 6 months  
 6 months, less than 1 year  
 1 year, less than 5 years  
 5 or more years  
 Don't know

3. In the last 12 months, how often have you been treated unfairly at this doctor's office because of your race or ethnicity?

- Never  
 Sometimes  
 Usually  
 Always

4. In the last 12 months how often have you been treated unfairly at this doctor's office because of the type of health insurance you have or because you do not have health insurance?

- Never  
 Sometimes  
 Usually  
 Always

5. In the last 12 months, how often have you been treated unfairly at this doctor's office because you do not speak English very well?

- Never  
 Sometimes  
 Usually  
 Always

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**INTERVIEWER'S COMMENTS:**

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# Ins Health Insurance

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## (INS) HEALTH INSURANCE

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

CO-INFORMANT

- No  
 Yes

1. Do you currently have health insurance coverage?

- No  
 Yes

2. Is the cost of healthcare a barrier to your seeking treatment?

- No  
 Yes

3. Does the cost of healthcare ever delay or prevent you from adhering to treatment recommendations?

- No  
 Yes

## Part Other Research Studies

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### PARTICIPATION IN OTHER RESEARCH STUDIES

1. Since your last interview have you participated, or are currently participating in any other research study?

- No
  - Yes
- ((If NO skip to next section))

2. What type(s) of research study have you been involved in?

- Diet
  - Exercise
  - Sleep
  - Stress
  - Medication
  - Other
- ((CHECK ALL THAT APPLY))

Other, specify

\_\_\_\_\_

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### INTERVIEWER'S COMMENTS:

\_\_\_\_\_

## Code Individual Risk Behaviors

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### (CODE) Individual Risk Behaviors - health care access- regular place of care/medical home

At minimum, the recommendation from the MMWG is to use the following 3 questions that have been proposed for use in CHIS 2011 [references include: 1) NS-CSHCN Pediatrics. 2004 May;113(5 Suppl):1529-37; 2) Bethell CD, Read D, Brockwood K. Using existing population-based data sets to measure the American Academy of Pediatrics definition of medical home for all. Pediatrics. 2004 May;113(5 Suppl):1529-37; 3) Sheares BJ, Du Y, Vazquez TL, Mellins RB, Evans D. Use of written treatment plans for asthma by specialist physicians. Pediatr Pulmonol. 2007 Apr;42(4):348-56.]:

1. Is there a place you usually go when you are sick or you need advice about your health?

- No  
 Yes

2. Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

- Doctor's office  
 Emergency room  
 Hospital outpatient department  
 Clinic  
 Other place  
 ((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_

3. Do you have a personal doctor or medical provider who is your main provider?

- No  
 Yes

4. How TRUE of FALSE is each of the following statements for you?

a. I seem to get sick a little easier than other people

- Definitely true  
 Mostly True  
 Don't know  
 Mostly False  
 Definitely False

b. I am as healthy as anybody I know

- Definitely true  
 Mostly True  
 Don't know  
 Mostly False  
 Definitely False

c. I expect my health to get worse

- Definitely true  
 Mostly True  
 Don't know  
 Mostly False  
 Definitely False

d. My health is excellent

- Definitely true  
 Mostly True  
 Don't know  
 Mostly False  
 Definitely False

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# Med Medical Diagnoses

## (MED) MEDICAL DIAGNOSES

Instructions: Next, I will ask a series of questions regarding a variety of medical diagnoses that you might have received since YOUR LAST INTERVIEW. INTERVIEWER: Please refer to report of past responses and probe whether each diagnoses has occurred within the last two years.

CO-INFORMANT

- No  
 Yes

### 1. Previous History of Diabetes:

If participant reported DIABETES either at Baseline or at 2YR; please ask A-C ; and then continue with # 1.

a. At what age were you first diagnosed with diabetes? (If you don't remember give your best estimate) \_\_\_\_\_

b. Do you use insulin to help manage your diabetes?

- No  
 Yes  
 ((If NO, SKIP to #2))

c. At what age did you start to use insulin to help manage your diabetes? (If you don't remember, give your best estimate) \_\_\_\_\_

### 2. New Diagnoses:

Have you EVER been told by a DOCTOR that you had any of the following illnesses or conditions?

1. Diabetes?

- No  
 Yes  
 ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No  
 Yes

Taking Medication for this?

- No  
 Yes

Is this condition bothering you currently?

- No  
 Yes

a. At what age were you first diagnosed with diabetes? (If you do not remember give your best estimate) \_\_\_\_\_

b. Do you use insulin to help manage your diabetes?

- No  
 Yes  
 ((IF NO, SKIP to the next))

c. At what age did you start to use insulin to help manage your diabetes? (If you do not remember, give your best estimate) \_\_\_\_\_

2. High blood pressure/Hypertension?

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

3. Overweight/obesity?

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

4. Arthritis?

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

5. Osteoporosis (hip fracture)?

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

6. Heart Attack?

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

7. Heart Disease (other than heart attack)?

- No
- Yes  
((IF NO, SKIP to the next))



Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

8. Stroke?

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

9. Respiratory disease (such as emphysema, chronic bronchitis, asthma?)

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

10. Liver or gallbladder disease?

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

11. Kidney disease

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

12. Stomach/ Intestinal Disorder, Stomach Ulcer (bowel elimination problems)?

- No
- Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

13. Parkinson's Disease?

- No
  - Yes
- ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

14. Skin Cancer?

- No
  - Yes
- ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

15. Other type of Cancer?

- No
  - Yes
- ((IF NO, SKIP to the next))

Type of Cancer:

\_\_\_\_\_

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

16. Eye Disease: Cataract or Glaucoma?

- No
  - Yes
- ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

17. Anxiety?

- No
  - Yes
- ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?  No  
 Yes

Is this condition bothering you currently?  No  
 Yes

18. Depression?  No  
 Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No  
 Yes

Taking Medication for this?  No  
 Yes

Is this condition bothering you currently?  No  
 Yes

19. Seizures, Convulsions?  No  
 Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No  
 Yes

Taking Medication for this?  No  
 Yes

Is this condition bothering you currently?  No  
 Yes

20. Tuberculosis?  No  
 Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No  
 Yes

Taking Medication for this?  No  
 Yes

Is this condition bothering you currently?  No  
 Yes

21. Hepatitis (Type A, B, or C)?  No  
 Yes  
((IF NO, SKIP to the next))

Type of Hepatitis:  A  
 B  
 C

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No  
 Yes

Taking Medication for this?  No  
 Yes

Is this condition bothering you currently?  No  
 Yes

22. AIDS/HIV positive?  No  
 Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No  
 Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

23. Other

- No
  - Yes
- ((IF NO, SKIP to the next))

Other

\_\_\_\_\_

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

24. Other

- No
- Yes

Other, specify

\_\_\_\_\_

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?

- No
- Yes

Taking Medication for this?

- No
- Yes

Is this condition bothering you currently?

- No
- Yes

**For WOMEN ONLY**

1. Have you ever had a mammogram?

- No
  - Yes
- ((If NO, SKIP to question #3))

2. When was your last mammogram?

\_\_\_\_\_  
(AGE (If Don't Know, enter 98))

Or

\_\_\_\_\_  
(YEAR (If Don't Know, enter 98))

3. Have you ever had a pap smear?

- No
  - Yes
- ((If NO, SKIP to question #5))

4. When was your last pap smear?

\_\_\_\_\_  
(AGE)

Or

\_\_\_\_\_  
(YEAR)

5. Have you ever had a colonoscopy?

- No
- Yes  
(If NO, SKIP to next section))

(A colonoscopy is an internal examination of the colon (large intestine) and rectum, using an instrument called a colonoscope)

6. When was your last colonoscopy?

\_\_\_\_\_ (AGE)

Or

\_\_\_\_\_ (YEAR)

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**For MEN ONLY**

1. Have you ever had a prostate exam?

- No
- Yes  
(If NO, SKIP to question #3))

2. When was your last prostate exam?

\_\_\_\_\_ (AGE)

Or

\_\_\_\_\_ (YEAR)

3. Have you ever had a colonoscopy?

- No
- Yes  
(If NO, SKIP to next section))

(A colonoscopy is an internal examination of the colon (large intestine) and rectum, using an instrument called a colonoscope)

4. When was your last colonoscopy?

\_\_\_\_\_ (AGE)

Or

\_\_\_\_\_ (YEAR)

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# RLS Restless Leg Syndrome

## (RLS) RESTLESS LEG SYNDROME

Instructons: The following questions are in regards to restless leg syndrome.

1. Do you have, or have you had, recurrent uncomfortable feelings or sensations in your legs while you are sitting or lying down?
  - No
  - Yes  
((If NO, SKIP to next section) )
  
2. Do you, or have you had, a recurrent need or urge to move your legs while you were sitting or lying down?
  - No
  - Yes  
((If NO, SKIP to next section))
  
3. Are you more likely to have these feelings when you are resting (either sitting or lying down) or when you are physically active?
  - Resting
  - Active  
((If Active, SKIP to next section))
  
4. If you get up or move around when you have these feelings do these feelings get any better while you actually keep moving?
  - No
  - Yes
  - Don't know  
((If NO or Don't Know, SKIP to next section))
  
5. Which times of day are these feelings in your legs most likely to occur? (Please circle one or more than one)
  - Morning
  - Mid-day
  - Afternoon (before 6pm)
  - Evening (after 6pm)
  - Night
  - About equal at all times
  
6. How frequent do you have these feelings
  - less than once/mo
  - 2-4 time/mo
  - 2-3 times/wk
  - 4-5 times/wk
  - 6+ times/wk
  
7. Will simply changing leg position by itself once without continuing to move usually relieve these feelings?
  - Usually relieves
  - Does not usually relieve
  - Don't know
  
8. Are these feelings ever due to muscle cramps?
  - No
  - Yes
  - Don't know  
((If Yes, ANSWER question 8b) )
  
- If so, are they always due to muscle cramps?
  - No
  - Yes
  - Don't know

## INTERVIEWER'S COMMENTS:

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# Sleep Questions

## SLEEP QUESTIONS

Instructions: The following questions explore your sleeping patterns:

1. Please indicate the total number of hours that you really sleep, typically, during a 24 hour period:

- 5 hours or less
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours or more

2. What time do you usually go to bed?

- \_\_\_\_\_
- a.m.
  - p.m.

3. The Following questions explore your sleeping patterns

How frequently do you have difficulty falling asleep?

- Most of the Time
- Sometimes
- Almost Never or Never

How frequently do you have trouble with waking up at night?

- Most of the Time
- Sometimes
- Almost Never or Never

How frequently do you have trouble with waking up too early in the morning and not being able to fall asleep again?

- Most of the Time
- Sometimes
- Almost Never or Never

How frequently do you feel so sleepy during the day or night that you need to take a nap?

- Most of the Time
- Sometimes
- Almost Never or Never

How frequently do you feel truly rested when you wake up in the morning?

- Most of the Time
- Sometimes
- Almost Never or Never

4. Do you snore? (If you have a partner or share your bedroom with another person, please ask him/her)

- Every night
- Most nights
- A few nights a week
- Occasionally
- Almost never

5. Did you respond to the previous question about snoring after asking your partner or bedroom-mate?

- Yes
- No

## INTERVIEWER'S COMMENTS:

\_\_\_\_\_

# Fhx F P History Of Disease

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## (FHX) FAMILY and PERSONAL HISTORY OF DISEASE

Instructions: Please indicate if any of your fist-degree family members (parents and siblings) have ever been diagnosed with any of following diseases

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### 1. Diabetes

- a. Has your biological father ever been diagnosed with diabetes?  No  
 Yes  
 Don't Know
- b. Has your biological mother ever been diagnosed with diabetes?  No  
 Yes  
 Don't Know
- c. Have your brothers ever been diagnosed with diabetes?  No  
 Yes  
 Don't Know  
 NA
- d. Have your sisters ever been diagnosed with diabetes?  No  
 Yes  
 Don't Know  
 NA
- 
- 

### 2. High blood pressure/Hypertension

- a. Has your biological father ever been diagnosed with High blood pressure/Hypertension?  No  
 Yes  
 Don't Know
- b. Has your biological mother ever been diagnosed with High blood pressure/Hypertension?  No  
 Yes  
 Don't Know
- c. Have your brothers ever been diagnosed with High blood pressure/Hypertension?  No  
 Yes  
 Don't Know  
 NA
- d. Have your sisters ever been diagnosed with High blood pressure/Hypertension?  No  
 Yes  
 Don't Know  
 NA



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### 3. Overweight/obesity

- a. Has your biological father ever been diagnosed with Overweight/obesity?  No  
 Yes  
 Don't Know
- b. Has your biological mother ever been diagnosed with Overweight/obesity?  No  
 Yes  
 Don't Know
- c. Have your brothers ever been diagnosed with Overweight/obesity?  No  
 Yes  
 Don't Know  
 NA
- d. Have your sisters ever been diagnosed with Overweight/obesity?  No  
 Yes  
 Don't Know  
 NA

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### 4. Heart Attack

- a. Has your biological father ever been diagnosed with a Heart Attack?  No  
 Yes  
 Don't Know
- b. Has your biological mother ever been diagnosed with a Heart Attack?  No  
 Yes  
 Don't Know
- c. Have your brothers ever been diagnosed with a Heart Attack?  No  
 Yes  
 Don't Know  
 NA
- d. Have your sisters ever been diagnosed with a Heart Attack?  No  
 Yes  
 Don't Know  
 NA

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### 5. Heart Disease (other than heart attack)

- a. Has your biological father ever been diagnosed with Heart Disease (other than heart attack)?  No  
 Yes  
 Don't Know
- b. Has your biological mother ever been diagnosed with Heart Disease (other than heart attack)?  No  
 Yes  
 Don't Know
- c. Have your brothers ever been diagnosed with Heart Disease (other than heart attack)?  No  
 Yes  
 Don't Know  
 NA
- d. Have your sisters ever been diagnosed with Heart Disease (other than heart attack)?  No  
 Yes  
 Don't Know  
 NA

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**6. Stroke**

a. Has your biological father ever been diagnosed with a Stroke?

- No  
 Yes  
 Don't Know

b. Has your biological mother ever been diagnosed with a Stroke?

- No  
 Yes  
 Don't Know

c. Have your brothers ever been diagnosed with a Stroke?

- No  
 Yes  
 Don't Know  
 NA

d. Have your sisters ever been diagnosed with a Stroke?

- No  
 Yes  
 Don't Know  
 NA

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**INTERVIEWER'S COMMENTS:**  
  

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# Hcp Heart Problems

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## (HCP) HEART/CIRCULATORY PROBLEMS

Instructions: Please indicate if you have you ever seen a doctor or other healthcare provider or have been hospitalized for any of the following health conditions

Co-Informant

- No  
 Yes

1. Chest pain, angina or angina (Angina: chest discomfort because of lack of blood supply to chest and heart) pectoris.

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

2. Heart attack (Heart Attack: Death of the heart muscle over time, caused by a blockage in a major artery or a blood clot) or myocardial infarction or MI.

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

3. Heart failure or congestive heart failure (Congestive Heart Failure: The heart is not capable of pumping enough blood to all parts of the body) or CHF

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

4. Heart catheterization or cardiac catheterization (Cardiac Catheterization: inserting a tube into a part of the heart either to investigate heart problems, or to clear out a problem)

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

5. Heart bypass operation or coronary bypass surgery or CABG (Coronary artery bypass graft) (Coronary Artery Bypass Surgery (CABG): this is done to help improve the blood supply to the chest and heart, extra arteries and veins are added to the coronary artery (main artery))

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

6. Procedure to unblock narrowed blood vessels to your heart muscles (PTCA [Percutaneous transluminal coronary angioplasty], coronary angioplasty, or coronary stent) (PTCA: this is done to unblock a blocked coronary artery, to make blood flow easier in the body by using a long tube instead of open heart surgery)

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

7. Exercise tolerance test, stress test (Stress Test: helps to find out how well your heart can handle work. This is often done on a treadmill)

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

8. Stroke, TIA (transient ischemic attack, mini-stroke). Symptoms may include; sudden muscle weakness or numbness on one side, speech difficulty, and/or loss of vision in one or both eyes (Stroke, TIA (transient ischemic attack, mini-stroke): Caused from a small blood clot in your carotid artery (a major artery) which can get stuck in the area of your brain. This may cause some loss of sensation in your arm, face or leg on one side of your body and may affect your speech)

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

9. Procedure to unblock narrowed blood vessels in your neck (carotid endarterectomy, carotid angioplasty) (Procedure to unblock carotid arteries in neck: This is done to clean the arteries that supply blood to your brain)

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

10. Poor blood circulation or blocked or narrowed blood vessels to the legs or feet (claudication, peripheral artery disease, intermittent claudication) (Claudication: "crampy legs" usually occurs when exercising, and mostly walking)

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

11. Amputation because of poor circulation (Amputation because of poor circulation: removal of limbs because there isn't blood flow which can cause death to the muscles and nerve damage)

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

12. Blood clot or embolism in leg or lung (Deep Vein Thrombosis-DVT or Pulmonary Embolus-PE) (blood clot in leg or lung: a blockage in the arteries or veins that prevents blood flow)

- No  
 Yes  
 Don't Know

Age when first diagnosed

\_\_\_\_\_  
 (AGE (If answered YES, when first diagnosed))

13. Other circulatory problem or cardiovascular procedure

- No  
 Yes  
 Don't Know

Other, specify

\_\_\_\_\_

Age when first diagnosed

\_\_\_\_\_  
 (AGE)

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**INTERVIEWER'S COMMENTS:**

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# Pad Periph Arterial Disease

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## (PAD) PERIPH ARTERIAL DISEASE

Instructions: Now I am going to ask you some questions about pain that you may have or have had experienced in your legs when walking.

1. Do you have lower limb (leg) discomfort while walking?

- No  
 Yes  
 Don't know  
 Unable to do (ex. Chair bound)  
 ((If NO or DON'T KNOW, SKIP to question #4. If UNABLE, skip to next section))

2. If walking on level ground, how many city blocks until symptoms develop? Where 12 blocks=1 mile.

\_\_\_\_\_

(blocks (00=No (more than 98 blocks required to develop symptoms), 99= Unknown))

3. Year symptoms started

\_\_\_\_\_

(YYYY (Mark 9999 if unknown))

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## CLAUDICATION SYMPTOMS

4. Discomfort in calf while walking?

- No  
 Yes  
 Don't know  
 ((If NO or Don't know Go to question #5))

Which calf?

- Left  
 Right  
 Both

5. Discomfort in lower extremity (not calf) while walking?

- No  
 Yes  
 Don't know  
 ((If NO or Don't know SKIP to NEXT SECTION))

5a. Is it in the LEFT leg?

- No  
 Yes  
 ((IF YES, GO to # L.1-4))

L.1) Occurs with first steps?

- No  
 Yes  
 Don't Know  
 ((Note, if YES for both L.1 and R.1, Answer # 6))

L.2) After walking a while?

- No  
 Yes  
 Don't Know  
 ((Note, if YES for both L.2 and R.2, Answer # 7))

L.3) Related to rapidity of walking or steepness?

- No  
 Yes  
 Don't Know

L.4) Forced to stop walking?

- No  
 Yes  
 Don't Know

5b. Is it in the RIGHT leg?

- No  
 Yes  
 ((IF YES, GO to # R.1-4))

R.1) Occurs with first steps?

- No  
 Yes  
 Don't Know  
 ((Note, if YES for both L.1 and R.1, Answer # 6))

R.2) After walking a while?

- No  
 Yes  
 Don't Know  
 ((Note, if YES for both L.2 and R.2, Answer # 7))

R.3) Related to rapidity of walking or steepness?

- No  
 Yes  
 Don't Know

R.4) Forced to stop walking?

- No  
 Yes  
 Don't Know

6. Since you indicated that you have discomfort in both legs, which one is worse during the first steps?

- Left  
 Right  
 Don't Know

7. Since you indicated that you have discomfort in both legs, which one is worse after walking for a while?

- Left  
 Right  
 Don't Know

8. Do this discomfort get relieved by stopping?

- No relief with stopping  
 Yes stopping relieves the discomfort  
 Don't Know  
 NA

Do you know for how long you feel the relief?

\_\_\_\_\_

(minutes )

9. Does the lower limb discomfort go on for days?

- No  
 Yes  
 Don't Know  
 NA

How many of days per month?

\_\_\_\_\_

(days )

10. Intermittent Claudication (Crampy Legs usually occurs when exercising, and mostly walking)?

- No  
 Yes  
 Maybe  
 Don't know

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# Me Menopause

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## (ME) MENOPAUSE & ESTROGEN (FEMALES ONLY)

1. Have you had a period (including some spotting) in the last 12 months?

- No  
 Yes  
 Don't know  
 ((If YES, GO to #7))

2. What is the reason for not having period

- Natural menopause  
 Had hysterectomy (If YES, GO to #3)  
 Had ovariectomy (If YES, GO to #4)  
 Had both hysterectomy and ovariectomy (If YES, GO to #3 & # 4)  
 Other

Other, specify

\_\_\_\_\_

3. Do you know if your hysterectomy was total (surgery to remove your entire uterus) or partial (surgery to remove only part of your uterus)?

- Total Hysterectomy  
 Partial Hysterectomy

4. Do you know if in your ovarectomy one or both ovaries were removed?

- One ovary  
 Both ovaries

5. When was the date of your last menstrual period (OR at what age did you have your last menstrual period)?

\_\_\_\_\_  
(YEAR)

(Enter only one response  
(age or year) as provided by respondent )

\_\_\_\_\_  
(AGE)

(Enter only one response  
(age or year) as provided by respondent )

6. Did you have hot flashes or night sweats in the last 6 months?

- No  
 Yes  
 Don't know

7. Are you currently taking any oral or patch estrogen preparations? (vaginal creams not included. These may include: Premarin, Prempro, Premphase, Estratab, Menest, Estrace, Ogen, Ortho-Est, Estraderm, Vivelle, Evista)

- No  
 Yes



8. How long using?

- < 1yr
- 1-5yrs
- >5yrs
- 

9. At what AGE did you have your first menstrual period (OR At what YEAR did you have your first menstrual period)

\_\_\_\_\_

(AGE

(Enter only one response  
(age or year) as provided by respondent)

\_\_\_\_\_

(YEAR

(Enter only one response  
(age or year) as provided by respondent)

---

---

**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# Asp Aspirin Use

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## (ASP) ASPIRIN USE

1. Do you take aspirin?

- No
- Yes
- Don't know  
((If NO or Don't Know Skip to Next Section))

2. What kind of aspirin (dose in mgs) do you take?

- 081=baby
- 160= half dose (pill)
- 250=like in Excedrin
- 325= usual dose
- 500=extra strength
- Other  
((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_

3. How often do you take aspirin?

- Daily
- Weekly
- Monthly
- Yearly
- Don't know

4. Number of aspirins taken (daily, weekly,etc)

\_\_\_\_\_  
(aspirin(s))

# Pmed Prescription Medications

## (PMED) PRESCRIPTION MEDICATIONS

### PRESCRIPTION MEDICATIONS

CO-INFORMANT

- No
- Yes

Are you currently taking any medications or have taken within the past year?

- No
- Yes

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

1. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

2. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

3. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

4. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

5. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

6. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

7. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

8. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

9. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

10. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

11. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

12. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

13. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

14. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

15. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

16. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

17. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

18. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

19. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

20. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

21. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

22. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

23. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

24. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

25. Medication Name

\_\_\_\_\_

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

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**INTERVIEWER'S COMMENTS:**

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# Ocmed

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

Are you currently taking any over the counter medications or have taken within the past year?

- No
- Yes

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

- 1. Medication Name \_\_\_\_\_
- 2. Medication Name \_\_\_\_\_
- 3. Medication Name \_\_\_\_\_
- 4. Medication Name \_\_\_\_\_
- 5. Medication Name \_\_\_\_\_
- 6. Medication Name \_\_\_\_\_
- 7. Medication Name \_\_\_\_\_
- 8. Medication Name \_\_\_\_\_
- 9. Medication Name \_\_\_\_\_
- 10. Medication Name \_\_\_\_\_
- 11. Medication Name \_\_\_\_\_
- 12. Medication Name \_\_\_\_\_
- 13. Medication Name \_\_\_\_\_
- 14. Medication Name \_\_\_\_\_
- 15. Medication Name \_\_\_\_\_
- 16. Medication Name \_\_\_\_\_
- 17. Medication Name \_\_\_\_\_
- 18. Medication Name \_\_\_\_\_
- 19. Medication Name \_\_\_\_\_
- 20. Medication Name \_\_\_\_\_

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# Bpb

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**First Measuremnt:**

- 1. SYSTOLIC \_\_\_\_\_
- 2. DIASTOLIC \_\_\_\_\_
- 3. PULSE \_\_\_\_\_
- 4. TIME \_\_\_\_\_

INTERVIEWER: Time in between measurements must be AT LEAST 3 MINUTES

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**Second Measuremnt:**

- 1. SYSTOLIC \_\_\_\_\_
- 2. DIASTOLIC \_\_\_\_\_
- 3. PULSE \_\_\_\_\_
- 4. TIME \_\_\_\_\_

Time in between measurements \_\_\_\_\_

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_



# Tob Tobacco

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## (TOB) HEALTH BEHAVIORS: TOBACCO USE

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

CO-INFORMANT

- No  
 Yes

1. Do you currently smoke?

- No  
 Yes  
 ((If NO, GO TO #3))

2a. How many cigarettes do you smoke regularly during one day? (pack=20 cigarettes)

\_\_\_\_\_

2b. How many cigars do you smoke regularly during one day?

\_\_\_\_\_

2c. How many pipes do you smoke regularly during one day?

\_\_\_\_\_

3. On average, how many hours a day are you exposed to cigarette smoke of others at home?

- Daily  
 1-5 x per week  
 1-5 x per month  
 Almost never  
 Never  
 Don't Know  
 Refused  
 NA

4. On average, how many hours a day are you exposed to cigarette smoke of others at work?

- Daily  
 1-5 x per week  
 1-5 x per month  
 Almost never  
 Never  
 Don't Know  
 Refused  
 NA

5. On average, how many hours a day are you exposed to cigarette smoke of others in the car?

- Daily  
 1-5 x per week  
 1-5 x per month  
 Almost never  
 Never  
 Don't Know  
 Refused  
 NA

6. On average, how many hours a day are you exposed to cigarette smoke of others in other areas?

- Daily  
 1-5 x per week  
 1-5 x per month  
 Almost never  
 Never  
 Don't Know  
 Refused  
 NA

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**INTERVIEWER'S COMMENTS:**

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# Alc Alcohol Use

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## (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.

CO-INFORMANT

- No  
 Yes

1. Presently, do you drink alcohol?

- No  
 Yes  
 ((If NO GO to NEXT SECTION))

2. On average, how often do you drink any type of alcohol?

\_\_\_\_\_

(# days per)

# days per:

- Week  
 Month  
 Year

3. What do you usually drink?

- Beer  
 Rum  
 Wine  
 Gin  
 Whiskey  
 Other  
 ((CHECK ALL THAT APPLY))

Other, specify

\_\_\_\_\_

4. 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)

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## INTERVIEWER'S COMMENTS:

\_\_\_\_\_

# Asia Alcohol Addiction Severity Index

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## (ASI-A) ALCOHOL ADDICTION SEVERITY INDEX

Instructions: I will be asking you some questions about alcohol that you may have used. When answering these questions, please remember that any information you give me will be kept strictly confidential, so please try to answer as honestly as possible.

1. How many days in the last 30 days have you used any alcohol?

\_\_\_\_\_ ((Enter -97 for Refused, -98 for Don't Know))

2. How many days in the last 30 days have you used alcohol to intoxication with 5 or more drinks in one sitting?

\_\_\_\_\_ ((Enter -97 for Refused, -98 for Don't Know))

3. How many days in the last 30 days have you used alcohol to intoxication with 4 or fewer drinks in one sitting and felt high?

\_\_\_\_\_ ((Enter -97 for Refused, -98 for Don't Know))

4. How many days in the past 30 days have you experienced alcohol problems?

\_\_\_\_\_ (Number of Days)

(IF ZERO, REFUSED Or DON't KNOW;  
SKIP TO # 5))

a. How troubled or bothered have you been by these alcohol problems?

- Not at all  
 Slightly  
 Moderately  
 Considerably  
 Extremely  
 Don't know  
 Refused

5. During the last 30 day, have you received treatment for alcohol problems?

- No  
 Yes  
 Don't know  
 Refused

a. How many days have you been treated for alcohol problems (including outpatient, residential, detox, AA)?

\_\_\_\_\_ (Number of Days)

(Enter -97 for Refused, -98 for Don't know))

b. How important to you is treatment for these alcohol problems?

- Not at all  
 Slightly  
 Moderately  
 Considerably  
 Extremely  
 Don't know  
 Refused

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**INTERVIEWER'S COMMENTS:**

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# Pss Perceived Stress Scale

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## (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, do not 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]

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### IN THE LAST MONTH:

1. how often have you been upset because of something that happened unexpectedly?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

2. how often have you felt that you were unable to control the important things in your life?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

3. how often have you felt nervous and stressed?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

4. how often have you dealt successfully with irritating life hassles? \*

- Never
- Almost Never
- Every now and then
- Often
- Very Often

5. how often have you felt that you were effectively coping with important changes that were occurring in your life?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

6. how often have you felt confident about your ability to handle your personal problems?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

7. how often have you felt that things were going your way?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

8. how often have you found that you could not cope with all the things that you had to do?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

9. how often have you been able to control irritations in your life?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

10. how often have you felt that you were on top of things?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

11. how often have you been angered because of things that happened or were outside of your control?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

12. how often have you found yourself thinking about things that you have to accomplish?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

13. how often have you been able to control the way you spend your time?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

14. how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost Never
- Every now and then
- Often
- Very Often

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**INTERVIEWER'S COMMENTS:**

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# Pas Psychological Acculturation Scale

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## (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.

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



10. Which culture do you know the most about (for example: its history, traditions, and customs)?

- Only w/PR
- More w/PR than Americans
- Same among PR and Americans
- More w/Americans than PR
- Only w/Americans

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**INTERVIEWER'S COMMENTS:**

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# Acc Acculturation

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## (ACC) ACCULTURATION

CO-INFORMANT

- No  
 Yes

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### What language do you use:

..for watching TV?

- Only Spanish  
 More SPA than ENG  
 Both Equally  
 More ENG than SPA  
 Only English  
 NA

..for reading newspapers/books?

- Only Spanish  
 More SPA than ENG  
 Both Equally  
 More ENG than SPA  
 Only English  
 NA

..for speaking with neighbors?

- Only Spanish  
 More SPA than ENG  
 Both Equally  
 More ENG than SPA  
 Only English  
 NA

..at work?

- Only Spanish  
 More SPA than ENG  
 Both Equally  
 More ENG than SPA  
 Only English  
 NA

..for listening to the radio?

- Only Spanish  
 More SPA than ENG  
 Both Equally  
 More ENG than SPA  
 Only English  
 NA

...with friends?

- Only Spanish  
 More SPA than ENG  
 Both Equally  
 More ENG than SPA  
 Only English  
 NA

..with family?

- Only Spanish  
 More SPA than ENG  
 Both Equally  
 More ENG than SPA  
 Only English  
 NA

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**INTERVIEWER'S COMMENTS:**

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# Mahes Stress

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## MAHES STRESS SCALE

Instructions: The questions that follow explore how you have felt with regards to certain things during the past month. Please answer the question using the following options.

1. How often have you worried about your health?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often
  
2. How often have you found yourself thinking about the problems of others?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often
  
3. How often have you thought that your money does not go far enough?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often
  
4. How often have you thought that there is nobody to turn to?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often
  
5. How often have you worried about losing family and friends?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often
  
6. How often have you worried about your safety?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often
  
7. How often have you worried about your future?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often
  
8. How often have you thought that others do not understand your concerns?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often
  
9. How often have you worried that you cannot do everything you have to do?  
 Never  
 Almost Never  
 Every Now and Then  
 Often  
 Very Often

10. How often have you worried about unanticipated problems or situations?

- Never
- Almost Never
- Every Now and Then
- Often
- Very Often

11. How often have you felt nervous because of problems in your life?

- Never
- Almost Never
- Every Now and Then
- Often
- Very Often

12. How often have you worried that you do not have access to needed help?

- Never
- Almost Never
- Every Now and Then
- Often
- Very Often

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**INTERVIEWER'S COMMENTS:**

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# Pdq Perceived Discrimination

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## (PDQ) PERCEIVED DISCRIMINATION QUESTIONNAIRE

[Source: CHIS Discrimination Module references include:

Shariff-Marco, Salma, Gilbert C. Gee, Nancy Breen, Gordon Willis, Bryce B. Reeve, David Grant, Ninez A. Ponce, Nancy Krieger, Hope Landrine, David R. Williams, Margarita Alegria, Vickie M. Mays, Timothy P. Johnson, and E. Richard Brown (2009). A Mixed-Methods Approach to Developing a Self-Reported Racial/Ethnic Discrimination Measure for Use in Multiethnic Health Surveys. *Ethnicity & Disease*, 19(4): 447-453.

Reeve, Bryce B., Willis, Gordon, Shariff-Marco, Salma N., Breen, Nancy, Williams, David R., Gee, Gilbert C., Alegria, Margarita, Takeuchi, David T., Kudela, Martha S., and Levin, Kerry Y. Comparing Cognitive Interviewing and Psychometric Methods to Evaluate a Racial/Ethnic Discrimination Scale. *Field Methods* (in press).]

Instructions: These next questions are about things that may happen to you in your day-to-day life. The questions ask about times and places where you were treated unfairly. Again, you do not have to answer any of these that you do not want to. All of the information you tell us will be kept private, and your answers will be used only for this survey.

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## RECENT EXPERIENCES OF DISCRIMINATION

First, think about your experiences in the past 12 months.

happened to you?

1. How often have any of the following things

a. In the past 12 months, how often have you been treated with less respect than other people? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

b. In the past 12 months, how often have you been treated unfairly at restaurants or stores? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

c. In the past 12 months, how often have people criticized your accent or the way you speak? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

d. In the past 12 months, how often have people acted as if they think you are not smart? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

e. In the past 12 months, how often have people acted as if they are afraid of you? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

f. In the past 12 months, how often have people acted as if they think you are dishonest? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

g. In the past 12 months, how often have people acted as if they are better than you are? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

h. In the past 12 months, how often have you been threatened or harassed? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

If answered rarely, or sometimes, or often to any item, # a-h, then ask the following questions

2. Now, I am going to ask you why you may have been treated unfairly

- a. In the past 12 months, have you been treated unfairly because of your ancestry or national origin?  No  
 Yes
- b. In the past 12 months, have you been treated unfairly because of your gender or sex?  No  
 Yes
- c. In the past 12 months, have you been treated unfairly because of your race or skin color?  No  
 Yes
- d. In the past 12 months, have you been treated unfairly because of your age?  No  
 Yes
- e. In the past 12 months, have you been treated unfairly because of the way you speak English?  No  
 Yes
- f. In the past 12 months, have you been treated unfairly because of your weight?  No  
 Yes
- g. In the past 12 months, have you been treated unfairly because of your sexual orientation?  No  
 Yes
- h. In the past 12 months, have you been treated unfairly because of some other reason?  No  
 Yes

Please specify, \_\_\_\_\_

i. If more than one of these items is selected yes, then ask: Which of these do you think is the main reason why you have been treated unfairly? Was it because of...

- Your ancestry or national origin  
 Your sex or gender  
 Your race or skin color  
 Your age  
 The way you speak English  
 Your weight  
 Your sexual orientations  
 Other

Other, specify \_\_\_\_\_

j. In the past 12 months, how stressful have these experiences of unfair treatment usually been for you? Would you say...

- Not at all stressful  
 A little stressful  
 Somewhat stressful  
 Extremely stressful

## LIFETIME EXPERIENCES OF DISCRIMINATION

Now, think about your entire lifetime.

your lifetime?

- a. Over your entire lifetime, how often have you been treated unfairly at school? Would you say
- Never  
 Rarely  
 Sometimes  
 Often
- b. Over your entire lifetime, how often have you been treated unfairly or been discriminated against at work? Would you say
- Never  
 Rarely  
 Sometimes  
 Often

3. How many times has this happened during

c. Over your entire lifetime, how often have you been treated unfairly or been discriminated against when getting medical care? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

d. Over your entire lifetime, how often have you been treated unfairly or been discriminated against by the police and the courts? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

e. Over your entire lifetime, how often have you been treated unfairly or been discriminated against in other situations? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

If answered rarely, or sometimes, or often to any item, #3a-e, then ask the following questions:

4. Now, I am going to ask you why you may have been treated unfairly.

a. Over your entire lifetime, have you been treated unfairly because of your ancestry or national origin?

- No  
 Yes

b. Over your entire lifetime, have you been treated unfairly because of your gender or sex?

- No  
 Yes

c. Over your entire lifetime, have you been treated unfairly because of your race or skin color?

- No  
 Yes

d. Over your entire lifetime, have you been treated unfairly because of your age?

- No  
 Yes

e. Over your entire lifetime, have you been treated unfairly because of the way you speak English?

- No  
 Yes

f. Over your entire lifetime, have you been treated unfairly because of your weight?

- No  
 Yes

g. Over your entire lifetime, have you been treated unfairly because of your sexual orientation?

- No  
 Yes

h. Over your entire lifetime, have you been treated unfairly because of some other reason?

- No  
 Yes

i. If more than one of these items is selected yes, then ask: Which of these do you think is the main reason why you have been treated unfairly? Was it because of...

- Your ancestry or national origin  
 Your sex or gender  
 Your race or skin color  
 Your age  
 The way you speak English  
 Your weight  
 Your sexual orientations  
 Other

Other, specify \_\_\_\_\_

j. Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

- Not at all stressful  
 A little stressful  
 Somewhat stressful  
 Extremely stressful



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**INTERVIEWER'S COMMENTS:**

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# Ls Loneliness Scale

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## (LS) LONELINESS SCALE

### MODULE 6: Loneliness, Stress, and Social Support / Social Burden (LS) LONELINESS SCALE

The following questions are about how you feel about different aspects of your life. For each one, tell me how often, you feel that way.

1. How often do you feel that you lack companionship?
- Hardly Ever/Never  
 Some of the time  
 Often  
 Don't Know  
 NA
2. How often do you feel left out?
- Hardly Ever/Never  
 Some of the time  
 Often  
 Don't Know  
 NA
3. How often do you feel isolated from others?
- Hardly Ever/Never  
 Some of the time  
 Often  
 Don't Know  
 NA

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## INTERVIEWR COMMENTS:

  

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# Ds Depression Scale

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## (DS) DEPRESSION SCALE

### (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].

During the past week, that would be from (date) through today:

- |   |  |
|---|--|
| 1. I was bothered by things that usually don't bother me                                | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 2. I did not feel like eating: my appetite was poor                                     | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 3. I felt that I could not shake off the blues even with help from my family or friends | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 4. I felt that I was just as good as other people                                       | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 5. I had trouble keeping my mind on what I was doing                                    | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 6. I felt depressed   | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 7. I felt that everything I did was an effort   | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 8. I felt hopeful about the future  | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 9. I thought my life had been a failure   | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |
| 10. I felt fearful  | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time |

11. My sleep was restless
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
12. I was happy
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
13. I talked less than usual
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
14. I felt lonely
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
15. People were unfriendly
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
16. I enjoyed life
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
17. I had crying spells
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
18. I felt sad
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
19. 19. I felt that people disliked me
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time
20. I could not get "going"
- Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time

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**INTERVIEWER'S COMMENTS:**

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# Gt General Traumas

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## (GT) General traumas

Instructions: I am going to read a series of statements that refer to events you may have experienced at any time in your lifetime (Breslau et al, 1998).

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**You may experience distress or feel anxious while answering this section. You may skip any item you do not feel comfortable answering or if you prefer you may skip the entire section.**

Would you like to continue with this section?

- No  
 Yes  
  
(If NO, skip to next section )

1. Experienced combat or exposure to a war zone in the military or as a civilian

- No  
 Yes  
 Don't Know  
 Refused

2. Been raped

- No  
 Yes  
 Don't Know  
 Refused

3. Experienced another kind of sexual assault or unwanted sexual contact as a result of force, threat of harm, or manipulation

- No  
 Yes  
 Don't Know  
 Refused

4. Been shot or stabbed

- No  
 Yes  
 Don't Know  
 Refused

5. Been held captive, tortured or kidnapped

- No  
 Yes  
 Don't Know  
 Refused

6. Been mugged, held up, or threatened with a weapon

- No  
 Yes  
 Don't Know  
 Refused

7. Been badly beaten up

- No  
 Yes  
 Don't Know  
 Refused

8. Been in a serious car or motor vehicle crash

- No  
 Yes  
 Don't Know  
 Refused

9. Experienced any other kind of serious accident or injury

- No  
 Yes  
 Don't Know  
 Refused

10. Experienced a natural disaster " for example, a fire, flood, earthquake" in which you were hurt or your property was damaged
- No  
 Yes  
 Don't Know  
 Refused
11. Been diagnosed with a life-threatening illness or had a serious operation
- No  
 Yes  
 Don't Know  
 Refused
12. Had a child of yours diagnosed as having a life-threatening illness
- No  
 Yes  
 Don't Know  
 Refused
13. Witnessed someone being killed or seriously injured
- No  
 Yes  
 Don't Know  
 Refused
14. Unexpectedly discovered a dead body
- No  
 Yes  
 Don't Know  
 Refused
15. Learned that a close friend or relative was raped or sexually assaulted
- No  
 Yes  
 Don't Know  
 Refused
16. Learned that a close friend or relative was seriously physically attacked
- No  
 Yes  
 Don't Know  
 Refused
17. Learned that a close friend or relative was seriously injured in a motor vehicle crash
- No  
 Yes  
 Don't Know  
 Refused
18. Learned that a close friend or relative was seriously injured in any other accident
- No  
 Yes  
 Don't Know  
 Refused
19. Experienced the sudden, unexpected death of a close friend or relative
- No  
 Yes  
 Don't Know  
 Refused
20. Experienced any other extraordinarily stressful situation or event
- No  
 Yes  
 Don't Know  
 Refused
21. Describe the event in L20.
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**INTERVIEWER'S COMMENTS:**

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# Ptd Post Traumatic Diagnostic

## (PTD) POST TRAUMATIC DIAGNOSTIC

This section is adapted from the Post-traumatic Stress Diagnostic Scale (PDS) developed by Foa (1995).

Instructions: Now I am going to read you a list of feelings or experiences that people sometimes have after experiencing traumatic events.

**Since you answer yes to at least one traumatic event from the previous section, I would like to ask you now about a series of feelings and experiences that you may have go through during the PAST 30 DAYS. Again, you may experience distress or feel anxious while answering this section, but you may skip any item you do not feel comfortable answering, or if you prefer you may skip the entire section**

Would you like to continue with this section?

- No  
 Yes  
 ((If NO, skip to next section) )

## During the PAST 30 DAYS, how often has the following bothered you?

1. Having upsetting thoughts or images about the traumatic events that came into your head when you did not want them to.

- Not at all (or only 1 time)  
 Once in a while (once a week or less)  
 About half the time (2-4 times a week)  
 Almost always (5 or more times a week)  
 Don't Know  
 Refused

2. Having bad dreams or nightmares about the traumatic events.

- Not at all (or only 1 time)  
 Once in a while (once a week or less)  
 About half the time (2-4 times a week)  
 Almost always (5 or more times a week)  
 Don't Know  
 Refused

3. Reliving the traumatic events, acting or feeling as if they were happening again.

- Not at all (or only 1 time)  
 Once in a while (once a week or less)  
 About half the time (2-4 times a week)  
 Almost always (5 or more times a week)  
 Don't Know  
 Refused

4. Feeling emotionally upset when you were reminded of the traumatic events (for example, feeling scared, angry, sad, guilty, etc.).

- Not at all (or only 1 time)  
 Once in a while (once a week or less)  
 About half the time (2-4 times a week)  
 Almost always (5 or more times a week)  
 Don't Know  
 Refused



5. Experiencing physical reactions when you were reminded of the traumatic events (for example, breaking out in a sweat, heart beating fast).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

6. Trying not to think about, talk about, or have feeling about the traumatic events.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

7. Trying to avoid activities, people, or places that remind you of the traumatic events.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

8. Not being able to remember an important part of the traumatic events.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

9. Having much less interest or participating much less often in important activities.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

10. Feeling distant or cut off from people around you.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

11. Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

12. Feeling as if future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

13. Having trouble falling or staying asleep.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

14. Feeling irritable or having fits of anger.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

15. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

16. Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to the door, etc.).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

17. Being jumpy or easily startled (for example, when someone walks up behind you).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

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**INTERVIEWER'S COMMENTS:**

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# Cope Brief Cope

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## (COPE) Brief COPE

Instructions: The following are some ways of coping with difficult situations. Think of a difficult situation you had to face during the past year. We want to know how you coped with that difficult situation (Carver, CS; 1997)

1. I turned to work or other activities to take my mind off things.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
2. I concentrated my efforts on doing something about the situation I am in.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
3. I said to myself "this is not real."  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
4. I used alcohol or other drugs to make myself feel better.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
5. I got emotional support from others.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
6. I gave up trying to deal with it.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
7. I took action to try to make the situation better.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
8. I refused to believe that it has happened.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
9. I said things to let my unpleasant feelings escape.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
10. I used alcohol or other drugs to help me get through it.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
11. I tried to see it in a different light, to make it seem more positive.  
 I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot

12. I tried to come up with a strategy about what to do.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
13. I got comfort and understanding from someone.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
14. I gave up the attempt to cope.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
15. I looked for something good in what is happening.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
16. I made jokes about it.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
17. I did something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
18. I accepted the reality of the fact that it has happened.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
19. I expressed my negative feelings.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
20. I tried to find comfort in my religion or spiritual beliefs.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
21. I learned to live with it.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
22. I thought hard about what steps to take.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
23. I prayed or meditated.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot
24. I made fun of the situation.
- I didn't do this at all  
 I did this a little bit  
 I did this a medium amount  
 I did this a lot

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**INTERVIEWER'S COMMENTS:**

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# Soc Social Support

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## (SOC) SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE

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

CO-INFORMANT

- No  
 Yes

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### Section 1: Living Children

1. How many LIVING children do you have including step and adopted children?

\_\_\_\_\_ (children (If NONE, enter 00 and GO TO #6))

1a. How many are living with you?

\_\_\_\_\_ ((If all children live with subject, GO TO #6))

2a. How quickly can (any one of your children/ your son/ your daughter who does not live with you) get here?

\_\_\_\_\_

2b. INTERVIEWER. Please specify minutes/hours or Days

- Minutes  
 Hours  
 Days

3a. How often do you see (any of your children/ your son/ your daughter who does not live with you)?

\_\_\_\_\_ (# of times)

3b. How often do you see (any of your children/ your son/ your daughter who does not live with you)?

- Daily  
 Weekly  
 Monthly  
 Yearly  
 Less than once a year/never

4a. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)?

\_\_\_\_\_ (# of times)

4b. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)?

- Daily  
 Weekly  
 Monthly  
 Yearly  
 Less than once a year/never

5a. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)?

\_\_\_\_\_ (# of times)

5b. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)?

- Daily  
 Weekly  
 Monthly  
 Yearly  
 Less than once a year/never

6. How many LIVING brothers and sisters do you have, including step and adopted brothers and sisters?

\_\_\_\_\_ (siblings)

7. Do you make use of special services for older persons, provided by health or governmental agencies, like Meals on Wheels, a home nurse, special transportation, donated foodstuffs, etc?

- No  
 Yes  
 ((If NO GO to Next section))

During the last 2 years, how many times did you make use of the following services?

8. Senior center

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(Number of Times)

Frequency

- Per day
- Per week
- Per month
- Per year
- Less than once per year
- Don't remember
- Don't know

9. Special transportation for older persons (Do not include special subway or bus passes)

---

(Number of Times)

Frequency

- Per day
- Per week
- Per month
- Per year
- Less than once per year
- Don't remember
- Don't know

10. Meals delivered to your home by an agency like Meals on Wheels

---

(Number of Times )

Frequency

- Per day
- Per week
- Per month
- Per year
- Less than once per year
- Don't remember
- Don't know

11. Receive food from a Commodity Food Program (Department of Agriculture's Food Distribution Program)

---

(Number of Times)

Frequency

- Per day
- Per week
- Per month
- Per year
- Less than once per year
- Don't remember
- Don't know

12. Homemaker service for older persons that provide cleaning and cooking at home

---

(Number of Times)

Frequency

- Per day
- Per week
- Per month
- Per year
- Less than once per year
- Don't remember
- Don't know

13. Service which makes telephone calls to check on the health of older people

---

(Number of Times)

Frequency

- Per day
- Per week
- Per month
- Per year
- Less than once per year
- Don't remember
- Don't know

14. A visiting nurse who comes to your home

\_\_\_\_\_  
(Number of Times)

Frequency

- Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know

15. A health aide that comes to your home

\_\_\_\_\_  
(Number of Times)

Frequency

- Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know

16. Day care program for older people

\_\_\_\_\_  
(Number of Times)

Frequency

- Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know

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## Section 2: Other Activities

Now, I will ask you about other activities that you may have engaged in.  
 During the past two weeks how many times did you.

1. Get together with friends or neighbors?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

2. Do any volunteer work?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

3. Talk with friends or neighbors on the telephone?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

4. Get together with ANY relative who doesn't live with you?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

5. Talk with ANY relative on the telephone?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

6. Go to church or temple for services or other activities?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

7. Go to a show or movie, sports event, club meeting, classes or other group event?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))



8. Participate in any sports or exercise (such as golf, tennis, swimming, running, jogging, any others)?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

9. Read books, magazines, or newspapers?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

10. Work at hobbies (such as collections, woodworking, playing a musical instrument, or gardening)?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

11. Work on home maintenance or small repairs around the home?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

12. Take care of family members who do not live with you (such as doing child care, looking in on a relative)?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

13. Help friends or neighbors with something without being paid?

\_\_\_\_\_  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

14. Thinking about your present social activities, do you feel that you are doing enough, too much, or would like to be doing more?

- About enough
- Too much
- Would like to do more

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

# Bpc

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**First Measuremnt:**

- 1. SYSTOLIC \_\_\_\_\_
- 2. DIASTOLIC \_\_\_\_\_
- 3. PULSE \_\_\_\_\_
- 4. TIME \_\_\_\_\_

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**Second Measuremnt:**

INTERVIEWER: Time in between measurements must be AT LEAST 3 MINUTES

- 1. SYSTOLIC \_\_\_\_\_
  - 2. DIASTOLIC \_\_\_\_\_
  - 3. PULSE \_\_\_\_\_
  - 4. TIME \_\_\_\_\_
- Time in between measurements \_\_\_\_\_

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**INTERVIEWR COMMENTS:**

\_\_\_\_\_

# Nssq Norbeck Questionnaire

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## (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. Mary T - friend
- 2. Bob - brother
- 3. MT - mother
- 4. Sam - friend
- 5. Mrs. R - neighbor
- 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.

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 48.

1980 by Jane S. Norbeck, DNSc

University of California, San Francisco

Revised 1982, 1995

1. First Name or Initials	_____
Relationship	_____
2. First Name or Initials	_____
Relationship	_____
3. First Name or Initials	_____
Relationship	_____
4. First Name or Initials	_____
Relationship	_____
5. First Name or Initials	_____
Relationship	_____
6. First Name or Initials	_____
Relationship	_____
7. First Name or Initials	_____
Relationship	_____
8. First Name or Initials	_____
Relationship	_____
9. First Name or Initials	_____
Relationship	_____
10. First Name or Initials	_____
Relationship	_____

11. First Name or Initials

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Relationship

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12. First Name or Initials

---

Relationship

---

13. First Name or Initials

---

Relationship

---

14. First Name or Initials

---

Relationship

---

15. First Name or Initials

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Relationship

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16. First Name or Initials

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Relationship

---

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

Person 1:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 2:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 3:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 4:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 5:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 6:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 7:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 8:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 9:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 10:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 11:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 12:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 13:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 14:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 15:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 16:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

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

Person 1:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 2:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 3:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 4:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 5:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 6:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 7:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 8:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 9:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 10:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 11:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 12:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 13:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 14:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 15:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 16:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

3. How much can you confide in this person?

Person 1:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 2:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 3:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 4:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 5:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 6:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 7:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 8:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 9:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 10:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 11:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 12:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 13:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 14:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 15:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 16:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

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

Person 1:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 2:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 3:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal



Person 4:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 5:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 6:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 7:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 8:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 9:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 10:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 11:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 12:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 13:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 14:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 15:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 16:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

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

Person 1:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 2:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 3:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 4:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 5:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 6:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 7:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 8:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 9:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 10:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 11:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 12:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 13:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 14:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 15:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 16:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

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

Person 1:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 2:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 3:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 4:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 5:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 6:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 7:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 8:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 9:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 10:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 11:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 12:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 13:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 14:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal

Person 15:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 16:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

7. How long have you known this person?

Person 1:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 2:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 3:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 4:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 5:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 6:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 7:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 8:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 9:

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 5 years
- More than 5 years

Person 10:  Less than 6 months  
 6 to 12 months  
 1 to 2 years  
 2 to 5 years  
 More than 5 years

Person 11:  Less than 6 months  
 6 to 12 months  
 1 to 2 years  
 2 to 5 years  
 More than 5 years

Person 12:  Less than 6 months  
 6 to 12 months  
 1 to 2 years  
 2 to 5 years  
 More than 5 years

Person 13:  Less than 6 months  
 6 to 12 months  
 1 to 2 years  
 2 to 5 years  
 More than 5 years

Person 14:  Less than 6 months  
 6 to 12 months  
 1 to 2 years  
 2 to 5 years  
 More than 5 years

Person 15:  Less than 6 months  
 6 to 12 months  
 1 to 2 years  
 2 to 5 years  
 More than 5 years

Person 16:  Less than 6 months  
 6 to 12 months  
 1 to 2 years  
 2 to 5 years  
 More than 5 years

8. How frequently do you usually have contact with this person? (Phone calls, visits, or letters)

Person 1:  Daily  
 Weekly  
 Monthly  
 A few times a year  
 Once a year or less

Person 2:  Daily  
 Weekly  
 Monthly  
 A few times a year  
 Once a year or less

Person 3:  Daily  
 Weekly  
 Monthly  
 A few times a year  
 Once a year or less

Person 4:  Daily  
 Weekly  
 Monthly  
 A few times a year  
 Once a year or less

Person 5:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 6:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 7:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 8:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 9:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 10:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 11:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 12:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 13:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 14:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 15:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

Person 16:

- Daily
- Weekly
- Monthly
- A few times a year
- Once a year or less

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**INTERVIEWER'S COMMENTS:**

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# Losses Survey

## LOSSES Survey

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?

- No
- Yes  
((If NO, GO to NEXT SECTION and 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: \_\_\_\_\_

Family members or relatives: \_\_\_\_\_

Friends: \_\_\_\_\_

Work or school associates: \_\_\_\_\_

Neighbors: \_\_\_\_\_

Health care providers: \_\_\_\_\_

Counselor or therapist: \_\_\_\_\_

Minister/Priest/Rabbi: \_\_\_\_\_

Other: \_\_\_\_\_

Other, specify: \_\_\_\_\_

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

- None
- A little
- A moderate amount
- A considerable amount
- A lot

## INTERVIEWER'S COMMENTS:

\_\_\_\_\_

# Nfa Neighborhood Questionnaire

## (NFA) NEIGHBORHOOD FOOD AND ACTIVITY QUESTIONNAIRE

Physical Activity and Activity Friendliness of Missouri Ozark Region. *Prev Med.* 2008 Dec;47(6):600-4. Epub 2008 Oct 11. Impact of the food environment and physical activity environment on behaviors and weight status in rural U.S. communities. Casey AA, Elliott M, Glanz K, Haire-Joshu D, Lovegreen SL, Saelens BE, Sallis JF, Brownson RC. <https://riskfactor.cancer.gov/mfe/instruments/boehmer-brownson-survey> Mujahid: Neighborhood Health Questionnaire. *Am J Epidemiol.* 2007 Apr 15;165(8):858-67. Epub 2007 Feb 28. Assessing the measurement properties of neighborhood scales: from psychometrics to ecometrics. Mujahid MS, Diez Roux AV, Morenoff JD, Raghunathan T. <https://riskfactor.cancer.gov/mfe/instruments/mujahid-neighborhood-health-questionnaire> Nutrition Environment Measures Survey in Stores (NEMS-S). *Am J Prev Med.* 2007 Apr;32(4):282-9. Nutrition Environment Measures Survey in stores (NEMS-S): development and evaluation. Glanz K, Sallis JF, Saelens BE, Frank LD. <https://riskfactor.cancer.gov/mfe/instruments/glanz-nutrition-environment-measures-survey-in-stores-nems-s-1>

### Food Store Environment

Instructions: The following questions refer to the places where you do some of your usual activities such as food shopping and exercising and what it is like to live in your neighborhood. There are no right or wrong answers to these questions. We are interested in your opinions of what it is like to live in your neighborhood.

1. About how far from your home is the place (or group of places) where your household does most of its food shopping?

- Half mile or less (1 mile is about 12 block or a 20 minute walk)
- More than half mile but less than 1 mile
- More than 1 mile but less than 5 miles
- 5-10 miles
- More than 10 miles
- Don't know

2. About how much of your household food shopping would you say is done within 12 blocks (about a mile or a 20 minute walk) from your home?

- All or almost all of it
- Most of it
- About half of it
- Some of it
- None or almost none of it
- Don't know

**3. When you go shopping for food in your neighborhood within 12 blocks (about a mile or a 20 minute walk) over the past 12 months, how often do you go to.**

1) Supermarket?

- Never
- less than once a week
- 1-2 times a week
- 3-4 times a week
- Five or more times a week
- Don't know/Not Sure
- Refuse

2) Walmart or Target?

- Never
- less than once a week
- 1-2 times a week
- 3-4 times a week
- Five or more times a week
- Don't know/Not Sure
- Refuse

3) Convenience store such as quick stops or minute marts?

- Never  
 less than once a week  
 1-2 times a week  
 3-4 times a week  
 Five or more times a week  
 Don't know/Not Sure  
 Refuse

4) Small grocery store or market?

- Never  
 less than once a week  
 1-2 times a week  
 3-4 times a week  
 Five or more times a week  
 Don't know/Not Sure  
 Refuse

5) Fruit/vegetable store or Farmer's market?

- Never  
 less than once a week  
 1-2 times a week  
 3-4 times a week  
 Five or more times a week  
 Don't know/Not Sure  
 Refuse

---

**4. Please indicate if you agree with the following statements about your neighborhood, that is within 12 blocks, a mile or a 20 minute walk from your home?**

1) It is easy to purchase fresh fruits and vegetables in my neighborhood.

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

2) There is a large selection of fresh fruits and vegetables in my neighborhood

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

3) The produce in my neighborhood is of high quality

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

4) It is easy to purchase low-fat products (such as low fat milk or lean meats) in my neighborhood.

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

5) There is a large selection of low-fat products available in my neighborhood.

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

6) The low-fat products in my neighborhood are of high quality

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

7) It is easy to purchase whole grain products (such as brown rice, whole grain bread/cereals) in my neighborhood.

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

8) There is a large selection of whole grain products in my neighborhood.

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

9) The whole grain products in my neighborhood are of high quality.

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

10) It is easy to purchase fish products (such as shellfish, or other fresh fish products) in my neighborhood.

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

11) There are many opportunities to purchase fast foods in my neighborhood (fast foods includes places like McDonalds, Taco Bell, KFC, and take-out pizza places)

- Strongly Agree  
 Agree  
 Neither agree Nor disagree  
 Disagree  
 Strongly Disagree  
 Don't know/ Not Sure  
 Refused

---

**7. Now I would like to ask you some questions about facilities which may or may not be available in your area. Please tell me if there are any of the following within 12 blocks (about a mile or a 20 minute walk) from your home**

1) Public park

- No  
 Yes  
 Don't Know  
 Refused

- 2) Public sports field, basketball court or tennis court
- No  
 Yes  
 Don't Know  
 Refused
- 3) Public pool or beach
- No  
 Yes  
 Don't Know  
 Refused
- 4) Schools, colleges, or community centers with recreational facilities that are free and open to the public
- No  
 Yes  
 Don't Know  
 Refused
- 5) Gyms, health/fitness clubs or pools that you have to join and pay for
- No  
 Yes  
 Don't Know  
 Refused
- 6) YMCAs or YWCAs
- No  
 Yes  
 Don't Know  
 Refused
- 7) Bicycle path (in the street or in a park)
- No  
 Yes  
 Don't Know  
 Refused
- 8) Are there sidewalks in your neighborhood?
- No  
 Yes  
 Don't Know  
 Refused

---

**8. For each of the statements that I will read you now please tell me whether you agree by choosing the best option on the card. In answering these questions, please think of your neighborhood as the area within 12 blocks (about a mile or a 20 minute walk) from your home.**

- 1) There is a lot of trash and litter on the streets in my neighborhood
- Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused
- 2) There is a lot of noise in my neighborhood
- Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused
- 3) In my neighborhood the buildings and homes are well-maintained
- Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused

4) The buildings and houses in my neighborhood are interesting.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

5) My neighborhood is attractive

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

6) There are interesting things to do in my neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

7) My neighborhood offers many opportunities to be physically active.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

8) Local sports clubs and other facilities in my neighborhood offer many opportunities to get exercise.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

9) It is pleasant to walk in my neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

10) The trees in my neighborhood provide enough shade

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

11) My neighborhood has heavy traffic.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

12) There are busy roads to cross when out for walks in my neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

13) In my neighborhood it is easy to walk to places.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

14) There are stores within walking distance of my home.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

15) I often see other people walking in my neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

16) I often see other people exercise in my neighborhood, for example jogging, bicycling, or playing sports.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

17) I feel safe walking in my neighborhood day or night.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

18) Violence is a problem in my neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

19) My neighborhood is safe from crime.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

20) People around here are willing to help their neighbors.

- Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused

21) This is a close-knit neighborhood

- Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused

22) People in this neighborhood generally do not get along with each other.

- Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused

23) People in this neighborhood can be trusted.

- Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused

24) People in this neighborhood do not share the same values.

- Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused

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**9. I am now going to describe some events that may or may not have happened in your neighborhood. For each event, please tell me how often it has happened in your neighborhood during the past six months.**

1) During the past six months, how often was there a fight in your neighborhood in which a weapon was used?

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused

2) During the past six months, how often were there gang fights in your neighborhood?

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused

3) During the past six months, how often was there a sexual assault or rape in your neighborhood?

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused



4) During the past six months, how often was there a robbery or mugging in your neighborhood?

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused

**10. Now I am going to ask about some things you might do with people in your neighborhood.**

1) About how often do you and people in your neighborhood do favors for each other? By favors we mean such things as watching each other's children, helping with shopping, lending garden or house tools, and other small acts of kindness.

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused

2) When a neighbor is not at home or on vacation, how often do you and other neighbors watch over their property?

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused

3) How often do you and other people in the neighborhood ask each other advice about personal things such as child rearing or job openings?

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused

4) How often do you and people in your neighborhood have parties or other get-togethers where other people in the neighborhood are invited?

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused

5) How often do you and other people in your neighborhood visit in each other's homes or speak with each other on the street?

- Often  
 Sometimes  
 Rarely  
 Never  
 Don't know/Not Sure  
 Refused

**11. On an average week over past 12 months about how much time would you say you spend in your neighborhood? When thinking of the time you spend in your neighborhood include the time you spend in your home (including sleeping time) as well as you spend doing things in your neighborhood.**

How many hours do you often spend in your home and neighborhood for a typical weekday?

\_\_\_\_\_ (Weekday)

How many hours do you often spend in your home and neighborhood for a typical weekend day?

\_\_\_\_\_ (Weekend)

12. How long have you lived in this neighborhood? Think of your neighborhood as the area within a 20 minute walk (or about a mile or 12 blocks) from your home.

\_\_\_\_\_ (years)

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(Months (round to the nearest whole month, but < 12 months))

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**INTERVIEWER'S COMMENTS:**

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# Obs Interviewer Observations

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## (OBS) INTERVIEWER'S OBSERVATIONS AND COMMENTS

INTERVIEWER: Please complete this section after concluding the interview.

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

7e. Other:

- Upper body
- Lower body
- Normal

8. Skin tone:

- Dark
- Medium
- Light
- White

9. How would you rate Subject's ability to understand English?

- Excellent
- Very Good
- Good
- Fair
- Poor
- NA: English was not spoken during the interview

10. How would you rate the Subject's ability to speak clearly in Spanish?

- Excellent
- Very Good
- Good
- Fair
- Poor
- NA: Spanish was not spoken during the interview

11. Type of structure in which Subject lives:

- Trailer
- Detached, single family house
- Duplex/Two family house
- House converted to apartments
- Rowhouse or townhouse with 3 or more units, 3 stories or less)
- Apartment building with 5 or more units, 3 stories or less
- Apartment building with 5 or more units, 4 stories or more
- Apartment in a partly commercial structure
- Rooming or boarding house; structure not specified
- Other

12. Additional comments

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# End Of Interview

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## END OF INTERVIEW

Please fill in the time for each interview session

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### Date & Duration of

#### First Interview Session:

2a. END TIME:

\_\_\_\_\_  
((Please click on the NOW button and DO NOT enter the time manually))

3a. DURATION:

\_\_\_\_\_  
(HR(S))

3b. DURATION:

\_\_\_\_\_  
(MIN(S))

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### Date & Duration of

#### Second Interview Session:

5a. END TIME:

\_\_\_\_\_  
((Please click on the NOW button and DO NOT enter the time manually))

6a. DURATION:

\_\_\_\_\_  
(HR(S))

6b. DURATION:

\_\_\_\_\_  
(MIN(S))

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### Date & Duration of

#### Third Interview Session:

8a. END TIME:

\_\_\_\_\_  
((Please click on the NOW button and DO NOT enter the time manually))

9a. DURATION:

\_\_\_\_\_  
(HR(S))

9b. DURATION:

\_\_\_\_\_  
(MIN(S))