

Mississippi Delta Cardiovascular Health Examination Survey (Delta CHES)

INDIVIDUAL QUESTIONNAIRE (version as of October 25, 2011)

PLACE BARCODE LABEL HERE

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

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

Subject Preliminary ID: |__|__|__|__|
(from tracking form)

Interviewer Code: |__|__|



SECTION AN: ANTHROPOMETRY I

I would like to start by taking your pulse and blood pressure. I will take your pulse and blood pressure once now, and twice again later in the interview.

PREPARE SUBJECT FOR BLOOD PRESSURE MEASUREMENT ACCORDING TO INSTRUCTIONS

AN010. INDICATE WHICH ARM IS BEING USED FOR BLOOD PRESSURE MEASUREMENT

Right Arm	1
Left Arm	2

AN020. MEASURE AND RECORD MID-ARM CIRCUMFERENCE

|_|_|_|.|_|_|_|
CIRCUMFERENCE TO NEAREST QUARTER INCH (.25, .50, .75 OR .00)

AN030. RECORD CUFF SIZE USED

Small	1
Medium	2
Large	3
Extra large	4
Size Not Available	5

AN040. |_|_|_|_|
PULSE RATE PER MINUTE

REFUSED 999

AN050. |_|_|_|_|
SYSTOLIC BP

AN060. |_|_|_|_|
DIASTOLIC BP

Cuff Size Not Available	000
REFUSED	999

SECTION A: GENERAL HEALTH AND ACCESS TO CARE

Now I'm going to begin with some general questions about your health.

A010. Would you say your health in general is:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
DON'T KNOW	8
REFUSED	9

A020. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

|_|_|_|
NUMBER OF DAYS

None	00
DON'T KNOW	88
REFUSED	99

A030. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

|_|_|_|
NUMBER OF DAYS

None	00
DON'T KNOW	88
REFUSED	99

A040. Are you limited in any activities because of physical, mental or emotional problems?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

A050. Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

Yes, only one	1
More than one	2
No	0
DON'T KNOW	8
REFUSED	9

A060. About how long has it been since you last visited a doctor for a **routine checkup or a preventive healthcare visit**? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Less than 1 year ago	1
1 year but less than 2 years ago	2
2 years but less than 5 years ago	3
5 years or more	4
DON'T KNOW	8
REFUSED	9

A070. About how long has it been since you last visited a doctor for a **specific health problem**?

Less than 1 year ago	1
1 year but less than 2 years ago	2
2 years but less than 5 years ago	3
5 years or more	4
DON'T KNOW	8
REFUSED	9

A080. When you are sick or need advice about your health, to which of the following places do you usually go? Would you say:

A doctor's office	1
A public health clinic or community health center	2
A hospital outpatient department	3
A hospital emergency room	4
An urgent care center	5
Some other kind of place	6
Or do you not have a usual place	7
DON'T KNOW	8
REFUSED	9

A090. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

SECTION B: PERCEIVED STRESS

Now I am going to ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way. Was it never, almost never, sometimes, fairly often, or very often?

		Never	Almost Never	Sometimes	Fairly Often	Very Often	DON'T KNOW	REFUSED
B010	In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4	8	9
B020	In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4	8	9
B030	In the last month, how often have you felt that things were going your way?	0	1	2	3	4	8	9
B040	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4	8	9

SECTION C: MEDICAL CONDITIONS AND FAMILY MEDICAL HISTORY

Has a doctor or other health professional ever told you that you had: REPEAT AS NEEDED	How old were you when you were first told that you had... REPEAT AS NEEDED	Do you still have...
C010. asthma? Yes 1 —————> No 0 GO TO C020 DK 8 GO TO C020 REFUSED 9 GO TO C020	C011. asthma? __ __ years 97=97 YEARS AND OLDER DK 98 REFUSED 99	C012. asthma? Yes 1 No 0
C020. arthritis? Yes 1 —————> No 0 GO TO C030 DK 8 GO TO C030 REFUSED 9 GO TO C030	C021. arthritis? __ __ years 97=97 YEARS AND OLDER DK 98 REFUSED 99	BLANK
C030. congestive heart failure? Yes 1 —————> No 0 GO TO C040 DK 8 GO TO C040 REFUSED 9 GO TO C040	C031. congestive heart failure? __ __ years 97=97 YEARS AND OLDER DK 98 REFUSED 99	BLANK
C040. coronary heart disease? Yes 1 —————> No 0 GO TO C050 DK 8 GO TO C050 REFUSED 9 GO TO C050	C041. coronary heart disease? __ __ years 97=97 YEARS AND OLDER DK 98 REFUSED 99	BLANK
C050. angina, also called angina pectoris? Yes 1 —————> No 0 GO TO C060 DK 8 GO TO C060 REFUSED 9 GO TO C060	C051. angina? __ __ years 97=97 YEARS AND OLDER DK 98 REFUSED 99	BLANK

Has a doctor or other health professional ever told you that you had:	<i>BLANK</i>	How old were you when you were first told you had...
C060. a heart attack, or a myocardial infarction? Yes 1 \longrightarrow No 0 GO TO C070 DK 8 GO TO C070 REFUSED 9 GO TO C070	<i>BLANK</i>	C061. a heart attack? __ __ years 97= 97 YEARS AND OLDER DK 98 REFUSED 99
C062. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." Yes 1 No 0 DK 8 REFUSED 9		
Has a doctor or other health professional ever told you that you had:	<i>BLANK</i>	How old were you when you were first told you had...
C070. a stroke? Yes 1 \longrightarrow No 0 GO TO C080 DK 8 GO TO C080 REFUSED 9 GO TO C080	<i>BLANK</i>	C071. a stroke? __ __ years 97= 97 YEARS AND OLDER DK 98 REFUSED 99
C072. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." Yes 1 No 0 DK 8 REFUSED 9		
Has a doctor or other health professional ever told you that you had:	<i>BLANK</i>	How old were you when you were first told you had...
C080. chronic obstructive pulmonary disease, also called COPD, emphysema or chronic bronchitis? Yes 1 \longrightarrow No 0 GO TO C090 DK 8 GO TO C090 REFUSED 9 GO TO C090	<i>BLANK</i>	C081. chronic obstructive pulmonary disease, also called COPD, emphysema or chronic bronchitis? __ __ years 97= 97 YEARS AND OLDER DK 98 REFUSED 99
C090. osteoporosis? Yes 1 \longrightarrow No 0 GO TO C100 DK 8 GO TO C100 REFUSED 9 GO TO C100	<i>BLANK</i>	C091. osteoporosis? __ __ years 97= 97 YEARS AND OLDER DK 98 REFUSED 99

C100. Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

Yes	1	
No	0	GO TO C150
DON'T KNOW	8	GO TO C150
REFUSED	9	GO TO C150

What kind of cancer was it? ENTER UP TO 3 KINDS USING CODE TABLE BELOW. IF RESPONDENT OFFERS MORE THAN 3 CANCERS, ENTER 66 AS THE 4TH RESPONSE IN QUESTION C140.	How old were you when this cancer was first diagnosed....
C110. __ __ DON'T KNOW 88 REFUSED 99	C111. __ __ years 97= 97 YEARS AND OLDER DON'T KNOW 98 REFUSED 99
C120. __ __ DON'T KNOW 88 REFUSED 99	C121. __ __ years 97= 97 YEARS AND OLDER DON'T KNOW 98 REFUSED 99
C130. __ __ DON'T KNOW 88 REFUSED 99	C131. __ __ years 97= 97 YEARS AND OLDER DON'T KNOW 98 REFUSED 99
C140. __ __ DON'T KNOW 88 REFUSED 99	BLANK

CODES TO BE USED FOR TYPES OF CANCER IN THE TABLE ABOVE		
BLADDER 10	LEUKEMIA 21	SKIN (MELANOMA) 25
BLOOD 11	LIVER 22	SKIN (NON-MELANOMA) 32
BONE 12	LUNG 23	SKIN (DON'T KNOW KIND) 33
BRAIN 13	LYMPHOMA 24	SOFT TISSUE (MUSCLE OR FAT) 34
BREAST 14	MELANOMA 25	STOMACH 35
CERVIX (CERVICAL) 15	MOUTH/TONGUE/LIP 26	TESTIS (TESTICULAR) 36
COLON 16	NERVOUS SYSTEM 27	THYROID 37
ESOPHAGUS 17	OVARY (OVARIAN) 28	UTERUS (UTERINE) 38
GALLBLADDER 18	PANCREAS (PANCREATIC) 29	OTHER 39
HODGKIN'S DISEASE 24	PROSTATE 30	MORE THAN 3 KINDS 66
KIDNEY 19	RECTUM (RECTAL) 31	DON'T KNOW 98
LARYNX/WINDPIPE 20		REFUSED 99

C150. Have you ever been told by a doctor or other health professional that you had weak or failing kidneys?
Do not include kidney stones, bladder infections, or incontinence.

Yes	1	
No	0	GO C170
DON'T KNOW	8	GO C170
REFUSED	9	GO C170

C160. In the past 12 months, have you received dialysis either hemodialysis or peritoneal dialysis?

Yes	1	
No	0	
DON'T KNOW	8	
REFUSED	9	

C170. Was an immediate family member ever told by a health professional that they had asthma?

Yes	1	GO TO C171
No	0	GO TO C180
DON'T KNOW	8	GO TO C180
REFUSED	9	GO TO C180

C171. Who was ever told by a health professional that they had asthma?

DO NOT READ RESPONSES. Select all that apply.

C171A.	Father	1
C171B.	Mother	2
C171C.	Brother or sister	3

C180. Was a family member ever told by a health professional that they had diabetes?

Yes	1	GO TO C181
No	0	GO TO C190
DON'T KNOW	8	GO TO C190
REFUSED	9	GO TO C190

C181. Who was ever told by a health professional that they had diabetes?

DO NOT READ RESPONSES. Select all that apply.

C181A.	Father	1
C181B.	Mother	2
C181C.	Brother or sister	3

C190. Was a family member ever told by a health professional that they had a stroke?

Yes	1	GO TO C191
No	0	GO TO C200
DON'T KNOW	8	GO TO C200
REFUSED	9	GO TO C200

C191. Who was ever told by a health professional that they had diabetes?

DO NOT READ RESPONSES. Select all that apply.

C191A.	Father	1
C191B.	Mother	2
C191C.	Brother or sister	3

C200. Was a family member ever told by a health professional that they had kidney failure needing dialysis?

Yes	1	GO TO C201
No	0	GO TO C210
DON'T KNOW	8	GO TO C210
REFUSED	9	GO TO C210

C201. Who was ever told by a health professional that they had kidney failure needing dialysis?

DO NOT READ RESPONSES. Select all that apply.

C201A.	Father	1
C201B.	Mother	2
C201C.	Brother or sister	3

C210. Was a family member ever told by a health professional that they had a heart attack or angina before the age of 50?

Yes	1	GO TO C211
No	0	GO TO SECTION D
DON'T KNOW	8	GO TO SECTION D
REFUSED	9	GO TO SECTION D

C211. Who was ever told by a health professional that they had a heart attack or angina before the age of 50?

DO NOT READ RESPONSES. Select all that apply.

C211A.	Father	1
C211B.	Mother	2
C211C.	Brother or sister	3

SECTION D: DIABETES

D010. Have you had a test for high blood sugar or diabetes within the past three years?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

D020. Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?

Yes	1	Male, GO TO D040; Female, GO TO D021
No	0	GO TO D030
DON'T KNOW	8	GO TO D030
REFUSED	9	GO TO D030

ASK D021 ONLY IF FEMALE.

D021. Was this *only* when you were pregnant?

Yes	1	GO TO SECTION E
No	0	GO TO D040
DON'T KNOW	8	GO TO D040
REFUSED	9	GO TO D040

D030. Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that your blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes?

Yes	1	GO TO SECTION E
No	0	GO TO SECTION E
DON'T KNOW	8	GO TO SECTION E
REFUSED	9	GO TO SECTION E

D040. How old were you when you were told you had diabetes?

|_|_|_|
YEARS

97 = 97 AND OLDER

DON'T KNOW	98
REFUSED	99

D050. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

|_|_|_|_|
NUMBER OF TIMES

None	000
DON'T KNOW	888
REFUSED	999

D060. Are you now taking insulin?

Yes	1	
No	0	GO TO D080
DON'T KNOW	8	GO TO D080
REFUSED	9	GO TO D080

D070. For how long have you been taking insulin?

|__|__|
NUMBER OF MONTHS OR YEARS

Months	1
Years	2
Less than 1 month	3
DON'T KNOW	88
REFUSED	99

D080. Are you now taking diabetes pills?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

D090. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

|__||__|__|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

D091. *PER*

Day	1
Week	2
Month	3
Year	4
Never	0
Unable to Do Activity	5
DON'T KNOW	8
REFUSED	9

D100. Glycosylated hemoglobin or the "A one C" test measures the average level of blood sugar over the past 3 months, and usually ranges between 5 and 14. During the past 12 months, how many times has a doctor or other health professional checked you for glycosylated hemoglobin or "A one C"?

|__|__|
TIMES

Never Had One	96	GO TO D130
Never Heard of "A one C" Test	97	GO TO D130
DON'T KNOW	88	GO TO D130
REFUSED	99	GO TO D130

D110. What was your last "A one C" level?

|__|__|. |__|
VALUE

DON'T KNOW	888
REFUSED	999

D120. What does your doctor or other health professional say your "A one C" level should be?

Less than or equal to 6	1
More than 6 but less than 7	2
More than 7 but less than 8	3
More than 8 but less than 9	4
More than 9 but less than 10	5
More than 10	6
No level specified	7
DON'T KNOW	8
REFUSED	9

D130. During the past 12 months, about how many times has a doctor or other health professional checked your feet for any sores or irritations?

|__|__|__|
TIMES

NONE	000
DON'T KNOW	888
REFUSED	999

D140. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

|_| ||_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

D141. *PER*

Day	1
Week	2
Month	3
Year	4
Never	0
Unable to Do Activity	5
DON'T KNOW	8
REFUSED	9

D150. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

D160. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Less than 1 year ago	1
More than 1 year but less than 2 year ago	2
2 years or more	3
Never	0
DON'T KNOW	8
REFUSED	9

D170. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy (*ret-in-o-path-ee*)?

INTERVIEWER NOTE: Retinopathy=any disorder of the retina.

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

D180. When was the last time you saw a diabetes nurse educator, dietitian or nutritionist for your diabetes? Do not include doctors or other health professionals.

Interviewer Note: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood glucose levels, managing weight through diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

Less than 1 year ago	1
More than 1 year but less than 2 years ago	2
More than 2 years but less than 5 years ago	3
More than 5 years	4
Never	0
DON'T KNOW	8
REFUSED	9

D190. Have you ever taken a course or class in how to manage your diabetes yourself?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

SECTION E: HYPERTENSION

E010. Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

Yes	1	Male, GO TO E020; Female, GO TO E011
No	0	GO TO SECTION F
DON'T KNOW	8	GO TO SECTION F
REFUSED	9	GO TO SECTION F

E011. **ASK ONLY IF FEMALE** Was this *only* when you were pregnant?

Yes	1	GO TO SECTION F
No	0	
DON'T KNOW	8	
REFUSED	9	

E020. How old were you when you were first told that you had high blood pressure?

|__|__|
YEARS

97=97 YEARS AND OLDER	
DON'T KNOW	98
REFUSED	99

E030. Are you seeing a doctor now for care of high blood pressure?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

E040. Because of your high blood pressure, have you ever been told to take prescribed medicine?

INTERVIEWER NOTE: Prescribed Medicine are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

Yes	1	
No	0	GO TO E110
DON'T KNOW	8	
REFUSED	9	

E050. Are you now taking a prescribed medicine for your high blood pressure?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

E060. Were there any blood pressure medicines prescribed or recommended for you in the last year that you were not able to find or buy?

Yes	1	
No	0	GO TO E110
DON'T KNOW	8	GO TO E110
REFUSED	9	GO TO E110

E070. Why weren't you able to obtain these medicines? Was it because: **REPEAT AS NEEDED**

		Yes	No	DON'T KNOW	REFUSED
E070	You didn't have time to buy them?	1	0	8	9
E080	You didn't have enough money?	1	0	8	9
E090	You didn't want to buy them?	1	0	8	9
E100	You physically couldn't buy them and there was no one else to do it?	1	0	8	9

E110. Are you now doing any of the following to help lower or control your high blood pressure: **REPEAT AS NEEDED.**

		Yes	No	DON'T KNOW	REFUSED
E110	Changing your eating habits?	1	0	8	9
E120	Cutting down on salt?	1	0	8	9
E130	Reducing alcohol use?	1	0	8	9
E140	Exercising?	1	0	8	9
E150	Trying to lose weight?	1	0	8	9

E160. I just asked you if you were now doing any of these things. Now we are interested in knowing if you were ever TOLD to do anything to help lower or control your high blood pressure. Has a doctor or other health professional ever TOLD you to do any of the following to help lower or control your high blood pressure? **REPEAT AS NEEDED.**

		Yes	No	DON'T KNOW	REFUSED
E160	Change your eating habits?	1	0	8	9
E170	Cut down on salt?	1	0	8	9
E180	Reduce alcohol use?	1	0	8	9
E190	Exercise?	1	0	8	9
E200	Try to lose weight?	1	0	8	9

SECTION F: KNOWLEDGE OF SIGNS AND SYMPTOMS OF HEART ATTACK AND STROKE

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

F010. Which of the following do you think is a symptom of a HEART ATTACK? For each, tell me Yes, No, or you're not sure. Do you think _____ (is/are) (a) symptom(s) of HEART ATTACK? **REPEAT AS NEEDED.**

		Yes	No	DON'T KNOW	REFUSED
F010	pain or discomfort in the jaw, neck, or back?	1	0	8	9
F020	feeling weak, lightheaded, or faint?	1	0	8	9
F030	chest pain or discomfort?	1	0	8	9
F040	sudden trouble seeing in one or both eyes?	1	0	8	9
F050	pain or discomfort in the arms or shoulder?	1	0	8	9
F060	shortness of breath?	1	0	8	9

F070. Which of the following do you think is a symptom of a STROKE? For each, tell me Yes, No, or you're not sure. Do you think _____ (is/are) (a) symptom(s) of STROKE? **REPEAT AS NEEDED.**

		Yes	No	DON'T KNOW	REFUSED
F070	sudden confusion or trouble speaking?	1	0	8	9
F080	sudden numbness or weakness of face, arm or leg, especially on one side?	1	0	8	9
F090	sudden trouble seeing in one or both eyes?	1	0	8	9
F100	sudden chest pain or discomfort?	1	0	8	9
F110	sudden trouble walking, dizziness, or loss of balance?	1	0	8	9
F120	severe headache with no known cause?	1	0	8	9

F130. If you thought someone was having a heart attack or stroke, what is the first thing you would do? Would you:

Take them to the hospital	1
Tell them to call their doctor	2
Call 911	3
Call their spouse or a family member	4
Do something else	5
DON'T KNOW/NOT SURE	8
REFUSED	9

SECTION G: CHOLESTEROL

Next I will ask some questions about your cholesterol. Cholesterol is a type of fat in the blood and is measured with a blood test, usually done in the morning before you've eaten.

G010. Have you EVER had your blood cholesterol checked?

Yes	1	
No	0	GO TO SECTION H
DON'T KNOW	8	GO TO SECTION H
REFUSED	9	GO TO SECTION H

G020. About how long has it been since you last had your blood cholesterol checked? **Read only if necessary.**

Less than 1 year ago	1
More than 1 year but less than 2 years ago	2
More than 2 years but less than 5 years ago	3
5 years or more	4
DON'T KNOW	8
REFUSED	9

G030. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?

Yes	1	
No	0	GO TO SECTION H
DON'T KNOW	8	GO TO SECTION H
REFUSED	9	GO TO SECTION H

G040. Are you now doing any of the following to help lower or control your high blood cholesterol: **REPEAT AS NEEDED.**

		Yes	No	DON'T KNOW	REFUSED
G040	Eating fewer high fat or high cholesterol foods?	1	0	8	9
G050	Controlling your weight or trying to lose weight?	1	0	8	9
G060	Exercising?	1	0	8	9
G070	Taking prescribed medicine?	1	0	8	9

G080. I just asked you if you were currently doing any of these things. Now we are interested in knowing if you were ever TOLD to do anything to help lower or control blood cholesterol. To lower your blood cholesterol, have you ever been told by a doctor or other health professional to . . .? **REPEAT AS NEEDED**

		Yes	No	DON'T KNOW	REFUSED
G080	Change your eating habits, such as eat fewer high fat or high cholesterol foods?	1	0	8	9
G090	Control your weight or lose weight?	1	0	8	9
G100	Exercise?	1	0	8	9
G110	Take prescribed medicine?	1	0	8	9

SECTION H: ASPIRIN USE

H010. Do you take aspirin daily or every other day?

Yes	1	GO QUESTION H040.
No	0	
DON'T KNOW	8	
REFUSED	9	

H020. Do you have a health problem or condition that makes taking aspirin unsafe for you?

Yes	1	
No	0	GO TO SECTION I
DON'T KNOW	8	GO TO SECTION I
REFUSED	9	GO TO SECTION I

H030. Is this a stomach condition?

CODE UPSET STOMACHS AS STOMACH CONDITION.

Yes	1	GO TO SECTION I
No	0	GO TO SECTION I
DON'T KNOW	8	GO TO SECTION I
REFUSED	9	GO TO SECTION I

H040. Why do you take aspirin?

PLEASE READ. Select all that apply.

H040A.	To relieve pain	1
H040B.	To reduce the chance of a heart attack	2
H040C.	To reduce the chance of a stroke	3
		8
Do not read.		
DON'T KNOW		
REFUSED		9

SECTION I: ORAL HEALTH

I010. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. **Read only if necessary.**

Less than 1 year ago	1
1 year but less than 2 years ago	2
2 years but less than 5 years ago	3
5 years or more	4
DON'T KNOW	8
REFUSED	9

I020. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? **Read only if necessary.**

Less than 1 year ago	1
1 year but less than 2 years ago	2
2 years but less than 5 years ago	3
5 years or more	4
DON'T KNOW	8
REFUSED	9

I030. How many of your permanent teeth have been removed because of tooth decay, cavities, or gum disease? Include teeth lost to infection and wisdom teeth removed because of tooth decay, cavities or gum disease, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

1 to 5	1
6 or more but not all	2
All	3
None	0
DON'T KNOW	8
REFUSED	9

SECTION J: PHYSICAL ACTIVITY

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER NOTE: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

J010. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, exercise classes, biking, dancing, golf, gardening, or walking for exercise?

Yes	1	
No	0	GO TO J050
DON'T KNOW	8	GO TO J050
REFUSED	9	GO TO J050

J020. What type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER INSTRUCTION: Use Activity List found on PAGE 53 to code Question J020. If the respondent’s activity is not included in the Activity List, choose the option listed as “Other”. Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

SPECIFY

CODE

DON'T KNOW	88
REFUSED	99

J030. How many times per week or per month did you take part in this activity during the past month?

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

J031. *PER*

Week	1
Month	2
DON'T KNOW	888
REFUSED	999

J040. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

|_|:|_|_|
HOURS AND MINUTES

DON'T KNOW	888
REFUSED	999

J050. What other type of physical activity gave you the next most exercise during the past month?

INTERVIEWER INSTRUCTION: Use Activity List found on PAGE 53 to code Question J050. If the respondent's activity is not included in the Activity List, choose the option listed as "Other". Housework may be included as a physical activity or exercise spent and can be coded as "Other".

SPECIFY	CODE
No other activity	0
DON'T KNOW	88
REFUSED	99

J060. How many times per week or per month did you take part in this activity during the past month?

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

J061. *PER*

Week	1
Month	2
DON'T KNOW	888
REFUSED	999

J070. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

|_|:|_|_|
HOURS AND MINUTES

DON'T KNOW	888
REFUSED	999

J080. During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

J081. *PER*

Week	1
Month	2
Never	0
Unable to Do Activity (Blind)	3
DON'T KNOW	8
REFUSED	9

J090. On an average day, about how many hours do you sit and watch TV or DVDs? Would you say . . .

Less than 1 hour	1
1 hour	2
2 hours	3
3 hours	4
4 hours	5
5 hours or more	6
None, does not watch TV or DVDs	0
DON'T KNOW	8
REFUSED	9

J100. On an average day, about how many hours do you spend on the computer or playing video games? Please include time spent on the internet playing games and doing other work on the computer but not including work time. Would you say . .

Less than 1 hour	1
1 hour	2
2 hours	3
3 hours	4
4 hours	5
5 hours or more	6
None, does not use computer or play video games	0
DON'T KNOW	8
REFUSED	9

SECTION K: NEIGHBORHOOD PERCEPTION AND ENVIRONMENT

I'm now going to ask you some questions about your neighborhood.

K010. Please tell me what you consider your *neighborhood* to be? Is it the area...

Immediately surrounding your home	1
Within one-half mile or a ten-minute walk	2
Within one mile or a twenty-minute walk	3
Within one to five miles or a thirty-minute walk	4
Within five to ten miles or an hour walk	5
DON'T KNOW	8
REFUSED	9

K020. Overall how would you rate your neighborhood as a place to walk? Would you say...

Very pleasant	1
Somewhat pleasant	2
Not very pleasant	3
Not at all pleasant	4
DON'T KNOW	8
REFUSED	9

K030. Do you have access to public exercise facilities in your neighborhood for physical activity?

INTERVIEWER NOTE: If respondent asks for clarification of public exercise facilities interviewer can say facilities that are generally free low cost or affordable such as Parks and Recreation facilities, the YMCA or community centers.

Yes	1	
No	0	GO TO K050
DON'T KNOW	8	GO TO K050
REFUSED	9	GO TO K050

K040. How often do you use any public exercise facilities in your neighborhood for physical activity?

Very often	1
Fairly often	2
Sometimes	3
Almost never	4
Never	0
DON'T KNOW	8
REFUSED	9

K050. How safe from crime do you consider your neighborhood to be? Would you say...

Extremely safe	1
Quite safe	2
Slightly safe	3
Not at all safe	4
DON'T KNOW	8
REFUSED	9

K060. In your neighborhood, are there any sidewalks, shoulders of the road, trails or parks where you can safely walk, run or bike?

Yes	1	
No	0	GO TO K080
DON'T KNOW	8	GO TO K080
REFUSED	9	GO TO K080

K070. How often do you use sidewalks, shoulders of the road, trails or parks for walking or biking?

Very often	1
Fairly often	2
Sometimes	3
Almost never	4
Never	0
DON'T KNOW	8
REFUSED	9

K080. The next questions are about your specific *community*. Please tell me what you consider your *community* to be? Is it the area...

Immediately surrounding your home	1
Within one-half mile or a ten-minute walk	2
Within one mile or a twenty-minute walk	3
Within one to five miles or a thirty-minute walk	4
Within five to ten miles or an hour walk	5
DON'T KNOW	8
REFUSED	9

K090. Overall how would you rate your community as a place to walk? Would you say...

Very pleasant	1
Somewhat pleasant	2
Not very pleasant	3
Not at all pleasant	4
DON'T KNOW	8
REFUSED	9

K100. Do you have access to public exercise facilities in your community for physical activity?

INTERVIEWER NOTE: If respondent asks for clarification of public exercise facilities interviewer can say facilities that are generally free low cost or affordable such as Parks and Recreation facilities, the YMCA or community centers.

Yes	1	
No	0	GO TO K120
DON'T KNOW	8	GO TO K120
REFUSED	9	GO TO K120

K110. How often do you use any public exercise facilities in your community for physical activity?

Very often	1
Fairly often	2
Sometimes	3
Almost never	4
Never	0
DON'T KNOW	8
REFUSED	9

K120. How safe from crime do you consider your community to be? Would you say...

Extremely safe	1
Quite safe	2
Slightly safe	3
Not at all safe	4
DON'T KNOW	8
REFUSED	9

K130. In your community, are there any sidewalks, shoulders of the road, trails or parks where you can safely walk, run or bike?

Yes	1	
No	0	GO TO K150
DON'T KNOW	8	GO TO K150
REFUSED	9	GO TO K150

K140. How often do you use sidewalks, shoulders of the road, trails or parks for walking or biking?

Very often	1
Fairly often	2
Sometimes	3
Almost never	4
Never	0
DON'T KNOW	8
REFUSED	9

Now, thinking about both your neighborhood and community, please tell me if you agree or disagree with the following statements about walking or biking:

K150. Improving bicycle and walking facilities is a good investment.

Agree	1
Disagree	2
DON'T KNOW	8
REFUSED	9

K160. I would walk more often if the sidewalks were better.

Agree	1
Disagree	2
DON'T KNOW	8
REFUSED	9

K170. I would bike more often if the bike facilities were better.

Agree	1
Disagree	2
DON'T KNOW	8
REFUSED	9

K180. Public school fields and exercise facilities should be available for public use when school is not in session.

Agree	1
Disagree	2
DON'T KNOW	8
REFUSED	9

K190. What is the number one reason that you did not walk more frequently in your neighborhood and community?

DO NOT READ RESPONSES.

Weather	01
Lack of time	02
It is not easy or pleasant walk there	03
No sidewalks or paths	04
The amount and speed of traffic	05
Medical conditions	06
Lack of energy/motivation	07
Crime and lack of safety	08
Unleashed dogs	09
Lack of streetlights	10
Nowhere to go	11
Didn't want to walk	12
Other	13
DON'T KNOW	88
REFUSED	99

Specify: _____

K200. Some neighborhoods or communities have problems with air quality because of things like exhaust from cars trucks and buses; smoke from nearby industrial areas; dust and dirt from trash or construction; or pesticide spraying near agricultural areas. How would you rate the quality of air in your neighborhood or community?

Excellent	1
Good	2
Fair	3
Poor	4
DON'T KNOW	8
REFUSED	9

The next questions ask about fresh fruit and vegetables and other healthy food in your neighborhood or community.

K210. Where do you most often buy fruits and vegetables?

Supermarket	1	
Small grocery store	2	
Corner store or convenience store	3	
Wal-Mart	4	
Fruit/vegetable store or farmer's market	5	
Other	6	Specify: _____
Doesn't buy fruits and vegetables	7	
DON'T KNOW	8	
REFUSED	9	

K220. Does your neighborhood or community have a farmers' market?

Yes	1	
No	0	GO TO K240
DON'T KNOW	8	GO TO K240
REFUSED	9	GO TO K240

K230. In the past 30 days, did you buy fruits or vegetables from the farmer's markets?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

K240. Do you grow your own fruits or vegetables?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

K250. Does your neighborhood have a community garden where you could grow your own fruits or vegetables?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

Please describe whether you strongly disagree, somewhat disagree, somewhat agree, or strongly agree with each of the following statements:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	DON'T KNOW	REFUSED
K260. It is easy for me to purchase affordable fresh fruit and vegetables.	1	2	3	4	8	9
K270. It is easy for me to purchase low-fat products (such as low-fat milk or lean meats).	1	2	3	4	8	9
K280 It is easy for me to purchase other healthful foods, such as whole grain breads.	1	2	3	4	8	9
K290. There is a large selection of fresh fruits and vegetables available where I purchase groceries.	1	2	3	4	8	9
K300. There is a large selection of low-fat products available where I purchase groceries.	1	2	3	4	8	9
K310 The fruits and vegetables where I purchase groceries are of high quality.	1	2	3	4	8	9

SECTION L: NUTRITION

These next questions are about the fruits and vegetables **you** ate or drank during the past month (30 days). Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

L010. During the past month, how many times did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (You can tell me number of times per day, per week or per month.)

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L011. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L020. During the past month, not counting juice, how many times did you eat fruit? Count fresh, frozen, or canned fruit. (You can tell me number of times per day, per week or per month.)

Read only if necessary: "Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe, papaya, peaches, plums, pears, nectarines, pineapple, tangerine, kiwi, figs, pomegranates, mangos, grapes, and berries like blueberries and strawberries."

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L021. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L030. During the past month, how many times did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils? Do NOT include long green beans. (You can tell me number of times per day, per week or per month.)

Read only if necessary: "Include round or oval beans or peas such as lima, black-eyed, English, red, navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L031. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L040. During the past month, how many times did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, mustard, turnip, chard, collard greens or spinach? (You can tell me number of times per day, per week or per month.)

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L041. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L050. During the past month, how many times did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (You can tell me number of times per day, per week or per month.)

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

|_|_|_|_|

NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L051. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L060. Not counting what you just told me about, during the past month, about how many times did you eat OTHER vegetables? (You can tell me number of times per day, per week or per month.)

Read only if needed: "Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, okra, cauliflower, cucumber, beets, and white potatoes that are not fried such as baked or mashed potatoes. Do not count vegetables you have already counted and do not include fried potatoes."

|_|_|_|_|

NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L061. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L070. During the past month, how often did you eat **brown rice** or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do **not** include white rice. (You can tell me number of times per day, per week or per month.)

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L071. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L080. During the past month, how often did you eat **whole grain bread** including toast, rolls and in sandwiches? Whole grain breads include whole wheat, cracked wheat, multi-grain, bran breads, whole grain white bread, rye, oatmeal and pumpnickel. Do **not** include white bread. (You can tell me number of times per day, per week or per month.)

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L081. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L090. During the past month, how often did you eat **red meat**, such as beef, pork, ham, or sausage? Do not include chicken, turkey or seafood. (You can tell me number of times per day, per week or per month.)

|__| |__| |__|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L091. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L100. During the past month, how often did you eat **processed meat**? Examples include: deli meats or cold cuts, ham, bacon, pastrami, salami, sausages, bratwursts, franks, hot dogs, or spam (You can tell me number of times per day, per week or per month.)

INTERVIEWER NOTE: Include processed poultry and red meat. DO NOT include canned tuna fish or chicken nuggets.

|__| |__| |__|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L101. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L110. About how often do you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (You can tell me number of times per day, per week or per month.)

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L111. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L120. About how often do you drink **sweetened** fruit drinks, sports or energy drinks, such as Kool-Aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit drinks you made at home and added sugar to. (You can tell me number of times per day, per week or per month.)

INTERVIEWER NOTE: Include drinks with added sugar, such as Sunny Delight. DO NOT include 100% fruit juices or soda, yogurt drinks, carbonated water or fruit-flavored teas.

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L121. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

L130. Next I'm going to ask you about meals. By meal, I mean breakfast, lunch and dinner. During an average week, how many times do you _____? **REPEAT AS NEEDED.**

	Almost Never/Never	1 time	2 times	3-4 times	≥ 5 times	DON'T KNOW	REFUSED
L130. Eat out or order out a meal that was prepared away from home in places such as gas stations, convenience stores, quick stops, food stands, grocery stores, or from vending machines? <i>Do not include restaurants or fast food places.</i>	1	2	3	4	5	8	9
L140. Eat a meal at a restaurant? <i>Do not include fast food places. (e.g. McDonalds, KFC, Taco Bell, or takeout pizza places)</i>	1	2	3	4	5	8	9
L150. Eat a meal or order out a meal from a fast food place? (e.g. McDonalds, KFC, Taco Bell, or takeout pizza places)	1	2	3	4	5	8	9

L160. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?

Please read:

- Always 1
- Most of the time 2
- About half the time 3
- Sometimes 4
- Never 0

Do not read:

- Never noticed or never looked for calorie information 5
- Usually cannot find calorie information 6
- Don't think this information is important to me 7
- Can't read English that well 10
- Do not eat at fast food or chain restaurants 11
- Other 12 Specify: _____
- DON'T KNOW / Not sure 8
- REFUSED 9

L170. During an average week, how many times do you and/or your family do the following?

	Almost Never/Never	1 time	2 times	3-4 times	≥ 5 times	DON'T KNOW	REFUSED
L170. Sit down together for dinner at home	1	2	3	4	5	8	9
L180. Watch television during dinner time	1	2	3	4	5	8	9

L190. Now I'll be asking some questions about your use of table salt. What type of salt do you usually add to your food at the table? Would you say it is ordinary or seasoned salt, lite salt, or a salt substitute?

Interviewer Note: Ordinary, sea, seasoned or other flavored salt includes regular iodized salt, sea salt and seasoning salts made with regular salt.

Ordinary, sea, seasoned or other flavored salt	1
Lite Salt	2
Salt substitute	3
None	0
DON'T KNOW	8

L200. How often you add {L190. ANSWER} to your food at the table? Is it rarely, occasionally, or very often?

Rarely	1
Occasionally	2
Very often	3
DON'T KNOW	8
REFUSED	9

L210. How often is salt added in cooking or preparing foods in your household? Is it never, rarely, occasionally, or very often?

Never	1
Rarely	2
Occasionally	3
Very often	4
DON'T KNOW	8
REFUSED	9

L220. Within the past 30 days, did you buy food from a store or a restaurant labeled "low salt" or "low sodium?"

Yes	1
No	2
Did not buy food in the past 30 days	3
DON'T KNOW	8
REFUSED	9

L230. About how often do you eat salty snacks? For example, potato or tortilla chips, popcorn, pretzels, crackers, salted nuts. (You can tell me the number of times per day, per week or per month.)

|_|_|_|_|
NUMBER OF TIMES

Never	0
DON'T KNOW	888
REFUSED	999

L231. *PER*

Day	1
Week	2
Month	3
Never	0
DON'T KNOW	8
REFUSED	9

SECTION M: WEIGHT HISTORY

Next I will ask you questions about your height and weight.

M010. How tall are you without shoes? **INTERVIEWER NOTE: Round fractions down.**

|__| |__|__|
FEET INCHES

DON'T KNOW 888
REFUSED 999

M020. How much do you weigh without clothes or shoes? **INTERVIEWER NOTE: Round fractions up.**

|__|__|__|
POUNDS

DON'T KNOW 888
REFUSED 999

M030. Do you consider yourself now to be . . .

Overweight or obese 1
Too thin 2
About the right weight 3
DON'T KNOW 8
REFUSED 9

M040. Are you now trying to *lose weight*?

Yes 1 **GO TO M060**
No 0
DON'T KNOW 8
REFUSED 9

M050. Are you now trying to *maintain your current weight*, that is, to keep from gaining weight?

Yes 1
No 0 **GO TO M080**
DON'T KNOW 8 **GO TO M080**
REFUSED 9 **GO TO M080**

M060. Are you eating either fewer calories or less fat to (*lose weight/keep from gaining weight*)?

(IF YES: Is that fewer calories, less fat, or both?)

Yes, fewer calories 1
Yes, less fat 2
Yes, fewer calories and less fat 3
No 0
DON'T KNOW 8
REFUSED 9

M070. Are you using physical activity or exercise to *(lose weight/keep from gaining weight)*?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

M080. In the past 12 months, has a doctor, nurse, nutritionist, or other health professional given you advice about your weight?

(IF YES: Is that to lose weight, to gain weight, or maintain your current weight?)

Yes, lose weight	1
Yes, gain weight	2
Yes, maintain current weight	3
No	0
DON'T KNOW	8
REFUSED	9

SECTION N: TOBACCO USE AND EXPOSURE

Next I will ask you some questions about tobacco use and exposure.

N010. If there were a total ban on smoking in restaurants, would you eat out more, less, or would it make no difference?

More	1
Less	2
No Difference	3
DON'T KNOW	8
REFUSED	9

N020. If there were a total ban on smoking in bars and music clubs, would you go to bars and music clubs more, less or would it make no difference?

More	1
Less	2
No Difference	3
DON'T KNOW	8
REFUSED	9

N030. Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 100 cigarettes = 5 packs

Yes	1	
No	0	GO TO N120
DON'T KNOW	8	GO TO N050
REFUSED	9	GO TO N050

N040. About how old were you when you first smoked part or all of a cigarette?

|__|__|
YEARS

97=97 YEARS OR OLDER	
DON'T KNOW	98
REFUSED	99

N050. Do you now smoke cigarettes every day, some days, or not at all?

Every day	1	
Some days	2	
Not at all	0	GO TO N120
DON'T KNOW	8	GO TO N120
REFUSED	9	GO TO N120

N060. About how often do you take advantage of promotional offers such as “dollar off” or “two-packs-for-the-price-of-one”? Would you say...

Please read:

Never	0
Sometimes	1
Often	2
Every time you see one	3

Do not read:

DON'T KNOW	8
REFUSED	9

N070. In the past 12 months, has a doctor, nurse, or other health professional asked you if you smoked?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

N080. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

N090. Are you aware of any telephone quitline services that are available to help smokers quit, such as the Mississippi Tobacco Quitline?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

N100. Are you aware of the ACT Center, also known as A Comprehensive Tobacco Center?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

N110. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

N120. Does anyone else living in the household smoke cigarettes, cigars or pipes now?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

N130. Not counting decks, porches, or garages, inside your home, is smoking...

Please read:

Always allowed	1
Allowed only at some times or in some places	2
Never allowed	3

Do not read:

There are no rules about smoking inside the home	4
DON'T KNOW	8
REFUSED	9

N140. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

Yes	1	
No	0	GO TO SECTION P
DON'T KNOW	8	GO TO SECTION P
REFUSED	9	GO TO SECTION P

N150. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

Every day	1
Some days	2
Not at all	0
DON'T KNOW	8
REFUSED	9

SECTION P: ALCOHOL CONSUMPTION

Now I will ask you some questions about alcohol consumption.

P010. During the past 30 days, about how many days per week or per month did you have at least one drink of any alcoholic beverage?

|__|__|
DAYS

P011. *PER*

Week	1	
Month	2	
None	0	GO TO SECTION Q
DON'T KNOW	8	
REFUSED	9	

P020. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

|__|__|__|
NUMBER OF DRINKS

DON'T KNOW	888
REFUSED	999

P030. Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**X = 5 for men, X = 4 for women**] or more drinks on an occasion?

|__|__|
NUMBER OF TIMES

NONE	00
DON'T KNOW	88
REFUSED	99

P040. During the past 30 days, what is the largest number of drinks you had on any occasion?

|__|__|__|
NUMBER OF DRINKS

DON'T KNOW	888
REFUSED	999

SECTION Q: OCCUPATION

Q010. Are you currently:

Employed for wages	1	GO TO Q030
Self-employed	2	GO TO Q030
Unemployed	3	GO TO Q020
A Homemaker	5	GO TO SECTION R
A Student	6	GO TO SECTION R
Retired	7	GO TO SECTION R
Unable to work	0	GO TO SECTION R
DON'T KNOW	8	GO TO SECTION R
REFUSED	9	GO TO SECTION R

Q020. For about how long have you been out of work:

1 year or less	1	GO TO SECTION R
1 to 2 years	2	GO TO SECTION R
More than 2 years	3	GO TO SECTION R
DON'T KNOW	8	GO TO SECTION R
REFUSED	9	GO TO SECTION R

Q030. When you are at work, which of the following best describes what you do? Would you say:

INTERVIEWER NOTE: If respondent has multiple jobs, include ALL jobs.

Mostly sitting or standing	1
Mostly walking	2
Mostly heavy labor or physically demanding work	3
DON'T KNOW	8
REFUSED	9

Q040. While working at your job, are you indoors most of the time?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

Q050. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, restrooms, and lunchrooms:

INTERVIEWER NOTE: For workers who visit clients, "Place of work" means their main location.

Smoking is not allowed in any public areas	1
Smoking is allowed in some public areas	2
Smoking is allowed in all public areas	3
No official policy	4
DON'T KNOW	8
REFUSED	9

Q060. Which of the following best describes your place of work's official smoking policy for work areas:

INTERVIEWER NOTE: For workers who visit clients, "Place of work" means their main location.

Smoking is not allowed in any work areas	1
Smoking is allowed in some work areas	2
Smoking is allowed in all work areas	3
No official policy	4
DON'T KNOW	8
REFUSED	9

Q070. Within the past 12 months has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

Q080. At workplaces, do you think smoking indoors should be...

Always allowed	1
Allowed only at some times or in some places	2
Never allowed	3
DON'T KNOW	8
REFUSED	9

Q090. Does your workplace provide support or incentives for you to exercise?

Yes	1	
No	0	GO TO SECTION R
DON'T KNOW	8	GO TO SECTION R
REFUSED	9	GO TO SECTION R

Q100. What types of support or incentives does your workplace provide?

READ ONLY AS PROMPTS. Select all that apply.

Q100A.	Time or breaks during the work day for exercise	1
Q100B.	Facilities to exercise (e.g. gym, trail, locker room, shower)	2
Q100C.	Equipment for exercise (e.g. treadmill, cycle, weights)	3
Q100D.	Offers personal services (e.g. fitness test, counseling)	4
Q100E.	Offers group services (e.g. exercise classes, health fair)	5
Q100F.	Provides resource materials (e.g. brochures, posters, videos)	6
Q100G.	Subsidizes health club memberships	7
Q100H.	Sponsors sports teams	10
Q100I.	Provides other monetary incentives for exercise	11
Q100J.	Other	12

Specify: _____

DON'T KNOW	8
REFUSED	9

SECTION R: ANXIETY AND DEPRESSION

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how often each of the following has occurred in the last 2 weeks.

Over the last 2 weeks, how often have you been bothered by _____? Has it been not at all, several days, more than half the days or nearly every day? **REPEAT AS NEEDED.**

	Not at all	Several days	More than half the days	Nearly every day
R010. Little interest or pleasure in doing things	0	1	2	3
R020. Feeling down, depressed, or hopeless	0	1	2	3
R030. Feeling nervous, anxious or on edge	0	1	2	3
R040. Not being able to stop or control worrying	0	1	2	3

SECTION 5: SOCIAL AND EMOTIONAL SUPPORT

Now I would like to ask a couple of questions about your social support.

S010. How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”

Always	1
Usually	2
Sometimes	3
Rarely	4
Never	0
DON'T KNOW	8
REFUSED	9

S020. How often do you attend church or religious services?

|_|_|_|
TIMES

Never	0
DON'T KNOW	888
REFUSED	999

S021. *PER*

Day	1
Week	2
Month	3
Year	4
Never	0
DON'T KNOW	8
REFUSED	9

SECTION T: SOCIODEMOGRAPHIC INFORMATION AND HOUSING

Next, I am going to ask for some demographic information, such as age, income and education.

T010. Indicate sex of respondent. **ASK ONLY IF NECESSARY.**

Male	1
Female	2

T020. What is your age? (in years)

|_|_|_|
AGE IN YEARS

DON'T KNOW	888
REFUSED	999

T030. Are you Hispanic or Latino?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

T040. Which one or more of the following would you say is your race? Would you say:

CODE ALL THAT APPLY

T040A.	White	1	
T040B.	Black or African American	2	
T040C.	Asian	3	
T040D.	Native Hawaiian or Other Pacific Islander	4	
T040E.	American Indian or Alaska Native	5	
T040F.	Some other race	6	SPECIFY _____
	DON'T KNOW	8	
	REFUSED	9	

INTERVIEWER NOTE: If only one race mentioned in T040, skip to T060.

T050. Which **ONE** of these groups would you say best represents your race? Would you say:

White	1	
Black or African American	2	
Asian	3	
Native Hawaiian or Other Pacific Islander	4	
American Indian or Alaska Native	5	
Some other race	6	SPECIFY _____
DON'T KNOW	8	
REFUSED	9	

T060. Are you.....?

Married	1
Divorced/Separated	2
Widowed	3
Never Married	4
A member of an unmarried couple	5
DON'T KNOW	8
REFUSED	9

T070. What is the highest grade or year of school you completed? **READ ONLY IF NECESSARY.**

Never attended school or only attended kindergarten	1
Grades 1 through 8 (Elementary)	2
Grades 9 to 11 (Some high school)	3
Grade 12 or GED (High school graduate)	4
College 1 year to 3 years (Some college or technical school)	5
College 4 years or more (College graduate)	6
DON'T KNOW	8
REFUSED	9

T080. Next I would like you to tell me about your annual household income. Please remember that by annual household income, I mean your income **plus** the income of others in your house during the past year.

Is your annual household income from all sources:

04	Less than \$25,000 (\$20,000 to less than \$25,000)	→	If "NO" ask 05; If "YES" ask 03
03	Less than \$20,000 (\$15,000 to less than \$20,000)	→	If "NO" code 04; If "YES" ask 02
02	Less than \$15,000 (\$10,000 to less than \$15,000)	→	If "NO" code 03; If "YES" ask 01
01	Less than \$10,000	→	If "NO" code 02; If "YES" code 01
05	Less than \$35,000 (\$25,000 to less than \$35,000)	→	If "NO" ask 06; If "YES" code 05
06	Less than \$50,000 (\$35,000 to less than \$50,000)	→	If "NO" ask 07; If "YES" code 06
07	Less than \$75,000 (\$50,000 to less than \$75,000)	→	If "NO" code 10; If "YES" code 07
10	\$75,000 or more		
88	DON'T KNOW		
99	REFUSED		

T090. In the last 12 months, were you or any members of your household authorized to receive benefits from the WIC (Women, Infants and Children Program), SNAP (Supplemental Nutrition Assistance Program), or Food Stamps? Food stamps include a food stamp card or voucher, or cash grants from the state for food.

INTERVIEWER NOTE: An authorized person is one whose name appears on a certification card; WIC=Women, Infants and Children Program. The food stamp program is now known as the Supplemental Nutrition Assistance Program or SNAP.

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

T100. How many bedrooms are in your home? By bedrooms I mean rooms used primarily for sleeping.

|__|__|
NUMBER OF BEDROOMS

DON'T KNOW	88
REFUSED	99

T110. How many people are living or staying at your household?

|__|__|
NUMBER OF PEOPLE

DON'T KNOW	88
REFUSED	99

T120. How many children less than 18 years of age live in your household?

|__|__|
NUMBER OF CHILDREN

NO CHILDREN	00
DON'T KNOW	88
REFUSED	99

T130. Do you have an active cell phone?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

T140. Does your household have an active landline house phone (not a cell phone)?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

T150. Of all the telephone calls that you receive, are:

All or almost all received on cellphones	1
Some received on cellphones and some on the landline house phone	2
All or almost all received on the landline house phone	3
DON'T KNOW	8
REFUSED	9

SECTION U: HEALTH INSURANCE

The next question is about health insurance.

U010. What kind of health insurance or health care coverage do you have? Include those that pay for only one type of service, such as nursing home care, accidents, or dental care. If you have more than one kind of health insurance, tell me all plans that you have. Do you have:

CODE ALL THAT APPLY

- U010A. Health insurance from your job or the job of your husband, partner, or parents 1
- U010B. Health insurance that you or someone else paid for (but not from a job) 2
- U010C. Medicare 3
- U010D. Medicaid 4
- U010E. TRICARE or other military health care 5
- U010F. State Children’s Health Insurance Plan (or SCHIP) 6
- U010G. Other source 7 **Specify:** _____

- NO COVERAGE OF ANY TYPE 0
- DON’T KNOW 8
- REFUSED 9

SECTION AN: ANTHROPOMETRY (II)

Before continuing with a few more questions, I would like to take your pulse and blood pressure two more times please.

PREPARE SUBJECT FOR BLOOD PRESSURE MEASUREMENT ACCORDING TO INSTRUCTIONS.

TAKE TWO BLOOD PRESSURE MEASUREMENTS.

AN070. IS THE SUBJECT'S PULSE REGULAR?

Yes	1
No	0
REFUSED	9

AN080. |__|__|__|
PULSE RATE PER MINUTE

REFUSED	999
---------	-----

AN090. |__|__|__|
SYSTOLIC BP MEASUREMENT 1

AN100. |__|__|__|
DIASTOLIC BP MEASUREMENT 1

Cuff Size Not Available	000
REFUSED	999

AN110. |__|__|__|
SYSTOLIC BP MEASUREMENT 2

AN120. |__|__|__|
DIASTOLIC BP MEASUREMENT 2

Cuff Size Not Available	000
REFUSED	999

SECTION V: REACTIONS TO RACE

Earlier, I asked you to self-identify your race. Now I will ask how other people identify you and treat you.

V010. How do other people usually classify your race in this country? Would you say:

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

White	1	
Black or African American	2	
Hispanic or Latino	3	
Asian	4	
Native Hawaiian or Other Pacific Islander	5	
American Indian or Alaska Native	6	
Some other group	7	Specify: _____
DON'T KNOW	8	
REFUSED	9	

V020. How often do you think about your race? Would you say:

INTERVIEWER NOTE: The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.

Never	0
Once a year	1
Once a month	2
Once a week	3
Once a day	4
Once an hour	5
Constantly	6
DON'T KNOW	8
REFUSED	9

V030. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

Worse than other races	1
The same as other races	2
Better than other races	3
Worse than some races, better than others	4
Only encountered people of the same race	5
DOESN'T WORK	6
DON'T KNOW	8
REFUSED	9

V040. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

Worse than other races	1
The same as other races	2
Better than other races	3
Worse than some races, better than others	4
Only encountered people of the same race	5
NO HEALTH CARE PAST 12 MONTHS	6
DON'T KNOW	8
REFUSED	9

V050. Within the past 30 days have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

V060. Within the past 30 days have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

Yes	1
No	0
DON'T KNOW	8
REFUSED	9

SECTION Y: VITAMINS AND MEDICATIONS

Now I would like to learn more about the vitamins and medications you take. May I please see the containers for all the prescription and over-the-counter medicines that you used or took in the past 30 days? This includes all medicines, contraceptives, nonprescription antacids, vitamins, minerals, and other dietary supplements.

RECORD THE NAMES ONLY OF ALL MEDICATIONS (GENERIC AND/OR BRAND) AS THEY APPEAR ON THE BOTTLE.

Y01	
Y02	
Y03	
Y04	
Y05	
Y06	
Y07	
Y08	
Y09	
Y10	
Y11	
Y12	
Y13	
Y14	
Y15	
Y16	
Y17	
Y18	
Y19	
Y20	
Y21	
Y22	
Y23	
Y24	
Y25	
Y26	
Y27	
Y28	
Y29	
Y30	

SECTION Z: CONTACT INFORMATION

To make sure that we can get in touch with you in the future to inform you of your results, or clarify any of your answers, please give me the name of a person who does not live with you but would know how to get in touch with you.

Z010. First Name: _____

Z020. Last Name: _____

DON'T KNOW	8	GO TO SECTION AN
REFUSED	9	GO TO SECTION AN

Z030. Please tell me the current address of this person.

Address1

Address2

_____, Mississippi _____
City Zip code

DON'T KNOW	8
REFUSED	9

Z040. Please tell me the current phone number of this person.

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
PHONE NUMBER INCLUDING AREA CODE

DON'T KNOW	8
REFUSED	9

This is the end of the interview part of the survey. Thank you very much for your cooperation so far. Now I would like to measure your weight, height, hips and waist.

SECTION AN: ANTHROPOMETRY (III)

PREPARE SUBJECT FOR ANTHROPOMETRIC MEASUREMENTS AND TAKE ACCORDING TO INSTRUCTIONS.

FIRST NOTE IF SUBJECT HAS ANY AMPUTATIONS.

AN130. (Do you have an amputation of part or all of either of your LEGS?)

Yes, toes only	1
Yes, part or all of one leg only	2
Yes, part or all of both legs	3
No	0
DON'T KNOW	8
REFUSED	9

AN140. (Do you have an amputation of part or all of either of your ARMS?)

Yes, fingers only	1
Yes, part or all of one arm only	2
Yes, part or all of both arms	3
No	0
DON'T KNOW	8
REFUSED	9

AN150. MEASURE AND RECORD WEIGHT

|_|_|_|_|.|_|_|

WEIGHT IN POUNDS TO ONE DECIMAL PLACE

OVER 440 POUNDS	9997
REFUSED	9999

AN160. MEASURE AND RECORD HEIGHT

|_|_|_|_|.|_|_|

FEET INCHES TO THE NEAREST HALF INCH [.0 OR .5]

REFUSED	9999
---------	------

AN170. MEASURE AND RECORD WAIST CIRCUMFERENCE

|_|_|_|_|.|_|_|

INCHES TO THE NEAREST HALF INCH [.0 OR .5]

REFUSED	999
---------	-----

AN180. MEASURE AND RECORD HIP CIRCUMFERENCE

|_|_|_|_|.|_|_|

INCHES TO THE NEAREST HALF INCH [.0 OR .5]

REFUSED	999
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Activity List for Common Leisure Activities (To be used for SECTION J: PHYSICAL ACTIVITY)

Code Description (Question J020 pg. 22 and Question J050 pg. 23)

0 1	Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1	Rugby
0 2	Aerobics video or class	4 2	Scuba diving
0 3	Backpacking	4 3	Skateboarding
0 4	Badminton	4 4	Skating – ice or roller
0 5	Basketball	4 5	Sledding, tobogganing
0 6	Bicycling machine exercise	4 6	Snorkeling
0 7	Bicycling	4 7	Snow blowing
0 8	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8	Snow shoveling by hand
0 9	Bowling	4 9	Snow skiing
1 0	Boxing	5 0	Snowshoeing
1 1	Calisthenics	5 1	Soccer
1 2	Canoeing/rowing in competition	5 2	Softball/Baseball
1 3	Carpentry	5 3	Squash
1 4	Dancing-ballet, ballroom, Latin, hip hop, etc.	5 4	Stair climbing/master
1 5	Elliptical/EFX machine exercise	5 5	Stream fishing in waders
1 6	Fishing from river bank or boat	5 6	Surfing
1 7	Frisbee	5 7	Swimming
1 8	Gardening (spading, weeding, digging, filling)	5 8	Swimming in laps
1 9	Golf (with motorized cart)	5 9	Table tennis
2 0	Golf (without motorized cart)	6 0	Tai Chi
2 1	Handball	6 1	Tennis
2 2	Hiking – cross-country	6 2	Touch football
2 3	Hockey	6 3	Volleyball
2 4	Horseback riding	6 4	Walking
2 5	Hunting large game – deer, elk	6 6	Waterskiing
2 6	Hunting small game – quail	6 7	Weight lifting
2 7	Inline Skating	6 8	Wrestling
2 8	Jogging	6 9	Yoga
2 9	Lacrosse	7 0	Other _____
3 0	Mountain climbing	9 9	REFUSED
3 1	Mowing lawn		
3 2	Paddleball		
3 3	Painting/papering house		
3 4	Pilates		
3 5	Racquetball		
3 6	Raking lawn		
3 7	Running		
3 8	Rock Climbing		
3 9	Rope skipping		
4 0	Rowing machine exercise		