In-person Questionnaire

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Symbol Key

Logic	Blue Box: Logic Logic related to skip patterns and question display parameters
Optional help screen	White box with blue text: Optional help screen for interviewer This help screen appears if the interviewer moves the mouse over the word or words in the question text that appear in blue.
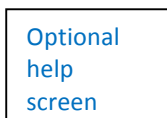
Grey Arrow: Nested Questions
   These arrows flag questions that are nested within other questions and are designed only to probe further on the main question – in other words, they are not standalone items. In the CAPI instrument, they do not look any different than regular questions

interviewer1_raw. Interviewer ID: _____

interview_location_inp. Location of interview:

- o PORTLAND EAST CLINIC
- o PORTLAND WEST CLINIC
- o PORTLAND SOUTH CLINIC
- o SP'S HOME

bm_x_scale. Scale ID#: _____

bm_x_stadio. Stadiometer ID#: _____

bm_x_omron. OMRON Blood Pressure Device ID#: _____

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1. INTRODUCTION

Let me start by verifying some basic information about you, to make sure we have it right in our files.

name_conf_raw.   First, your name appears in our records as {FULL NAME FROM PRELOAD}. Is that correct?

- o Yes, name basically correct (minor corrections can still be made on the next page)
- o No, there are significant changes in SP's name (changes can be recorded on next page)
- o No, WRONG PERSON → **TERMINATE INTERVIEW**

[not in deidentified dataset]. Could you verify the spelling of your name for me? Please begin with your first name, followed by your middle name, and then your last name.

First: _____
Middle: _____
Last: _____
Suffix: _____

new_name_raw: INTERVIEWER: CHECK HERE IF YOU HAD TO MAKE ANY CHANGES TO THE SP'S NAME

gender_inp. ASK ONLY IF NOT OBVIOUS

Q1. And your gender is …

- o Male
- o Female
- o Transgender: Male to Female
- o Transgender: Female to Male
- o PREFER NOT TO ANSWER

new_gender_raw.   INTERVIEWER: CHECK HERE IF YOU HAD TO CHANGE THE GENDER FROM ITS ORIGINAL VALUE ({PRELOADED VALUE})

Q2. dob_raw.   And what is your date of birth?

INTERVIEWER: DO <u>NOT</u> READ RESPONSE OPTIONS.

- O   {DOB FROM PRELOAD}
- O   A DIFFERENT DATE. (ENTER CORRECTION ON NEXT PAGE.)
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

dob_conf_raw.   In our records, your date of birth is listed as {DOB FROM PRELOAD}. Would you mind just confirming if this is correct?

ASK IF: dob_raw = DK or PNTA

- O   Correct
- O   Incorrect. Enter correction on next page.
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

➥   [*_corrected].   ENTER CORRECT DATE OF BIRTH
       dob_month_corrected
       dob_day_corrected
       dob_year_corrected

ASK IF: dob_raw="A different date" or dob_conf_raw= "Incorrect."

<u>**INTERVIEWER WARNING:**</u> YOU HAVE ENTERED A DATE OF BIRTH BEFORE 1946 OR AFTER 1988.

PLEASE RECHECK THE DATE BEFORE PROCEEDING, AND CORRECT IF NECESSARY BY NAVIGATING BACK TO THE PREVIOUS SCREEN.

ASK IF DATE CORRECTION HAS YEAR < 1946 OR > 1988 (THIS MAKES SP INELIGIBLE FOR THE STUDY, ALTHOUGH WE WILL KEEP GOING WITH THE INTERVIEW.)

➥   **Q3.** ageconf_raw.   OK, thanks for verifying that information. So you are {CALCULATE AGE} years old. Is that right?

- O   Yes.
- O   No, the correct age is _____. [ageconfcorrected_raw]
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

ASK IF: dob is confirmed as date listed or the correct dob is entered in one of two possible places; dob_raw or dob_conf_raw.
dob_raw =1 [,] or dob_raw=0 [A DIFFERENT DATE] or
dob_conf_raw = 1 [Correct] or
dob_conf_raw = 0 [incorrect]
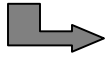
over50_obvious_raw.   INTERVIEWER: IS IT COMPLETELY OBVIOUS WHETHER THE SP IS OVER OR UNDER 50, TO THE EXTENT THAT IT WOULD BE EMBARRASSING TO ASK?

O   Obviously UNDER 50

O   Obviously OVER 50

O   Not obvious; need to ask SP later on.

ccsign_raw.   Did {SP'S NAME} sign the general consent form for the questionnaire and health measures?

O   Yes

O   No → **TERMINATE INTERVIEW**

want_rof_raw. Does {SP'S NAME} wish to receive the Report of Findings from physical measurements in the mail?

O   Yes

O   No

2. GENERAL HEALTH

[Thanks again for verifying your personal information and for agreeing to participate in our study.] I'd like to start the interview with some general questions about your health.

Q4. health_last12_inp. Overall, how would you rate your health during the **past 12 months**? Would you say it has been... [READ CHOICES]

- O   Excellent
- O   Very Good
- O   Good
- O   Fair
- O   Poor, OR
- O   Very poor?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q5. health_change_inp. Compared with 12 months ago, would you say that your health is now better, worse, or about the same?

- O   Better
- O   Worse
- O   About the same
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

The next few questions ask for your views about your health during the **past 4 weeks**. If you are unsure about how to answer a question, please give the best answer you can.

INTERVIEWER: FOR THE NEXT 8 QUESTIONS ("THE SF-8 SCALE"), USE RESPONSE CARDS #1 - 8, ONE CARD PER QUESTION. INSTRUCT SP TO POINT TO THE CORRECT ANSWER ON EACH CARD.

Q6. sf1_inp.   Overall, how would you rate your health during the **past 4 weeks**? [READ CHOICES OR POINT TO CARD #1]

- O   Excellent
- O   Very Good
- O   Good
- O   Fair
- O   Poor
- O   Very poor
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q7. sf2_inp.   During **the past 4 weeks**, how much did physical health problems limit your usual physical activities, such as walking or climbing stairs? [READ CHOICES OR POINT TO CARD #2]

- O   Not at all
- O   Very little
- O   Somewhat
- O   Quite a lot, or
- O   You could not do physical activities?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q8. sf3_inp.   During **the past 4 weeks,** how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health? [READ CHOICES OR POINT TO CARD #3]

- O   None at all
- O   A little bit
- O   Some
- O   Quite a lot, or
- O   You could not do daily work?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q9. sf4_inp. How much **bodily** pain have you had during the **past 4 weeks?** [READ CHOICES OR POINT TO CARD #4]

- O   None
- O   Very mild
- O   Mild
- O   Moderate
- O   Severe, or
- O   Very severe?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q10. sf5_inp.   During **the past 4 weeks,** how much energy did you have? [READ CHOICES OR POINT TO CARD #5]

- O   Very much
- O   Quite a lot
- O   Some
- O   A little
- O   None?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q11. sf6_inp. During **the past 4 weeks,** how much did your physical health or <u>emotional problems</u> limit your usual social activities with family or friends? [READ CHOICES OR POINT TO CARD #6]

- O   Not at all
- O   Very little
- O   Somewhat
- O   Quite a lot, or
- O   You could not do social activities?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

> FOR EXAMPLE, FEELING ANXIOUS, DEPRESSED, OR IRRITABLE

Q12. sf7_inp.   During the **past 4 weeks**, how much have you been bothered by **emotional problems**, such as feeling anxious, depressed or irritable? [READ CHOICES OR POINT TO CARD #7]

- O   Not at all
- O   Slightly
- O   Moderately
- O   Quite a lot, or
- O   Extremely?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q13. sf8_inp. During the **past 4 weeks**, how much did personal or emotional problems keep you from doing your usual work, school, or other daily activities? [READ CHOICES OR POINT TO CARD #8]

- O   Not at all
- O   Very little
- O   Somewhat
- O   Quite a lot, or
- O   You could not do daily activities?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

3. CONDITIONS AND TREATMENTS

Now I'd like to ask you about a few specific medical conditions. I'll read a list of conditions, and you tell me if you've ever been diagnosed with any of them. When I say diagnosed, I mean that a **doctor or health professional** has told you that you have that condition. When we're done with the list, I may go back and ask you for a little more information about each one.

[Ready?]

Q14. ast_dx_inp.   Has a doctor or other health professional ever told you that you had asthma?

DO NOT ACCEPT ASTHMA THAT IS SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

> Asthma is a condition that affects the airways that carry air in and out of your lungs. It causes symptoms like wheezing (a whistling sound when you breathe), coughing, chest tightness, and trouble breathing.

Q15. ast_inh_inp. When someone has a bad cough or trouble breathing, they may be given medication to inhale or breathe in, even though they have **not** been diagnosed with asthma. Have you used any kind of inhaled medication in the last 12 months?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

> ASK IF: ast_dx_inp is No, DK, or PNTA

Q16. dia_dx_inp.   [Has a doctor or other health professional ever told you that you had] diabetes {, other than during pregnancy}?

IF SP REPORTS "PRE-DIABETES" OR "BORDERLINE DIABETES", ENTER NO.

> Insert word in brackets if gender = FEMALE

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

> Diabetes is a disease in which the body does not properly process sugar, starch, and other foods. Diabetes is diagnosed by a blood test that shows a very high level of sugar (glucose) in the blood stream.

Q17. hbp_dx_inp. [Has a doctor or other health professional ever told you that you had] hypertension or high blood pressure?

IF SP REPORTS "HIGH NORMAL BLOOD PRESSURE", "BORDERLINE HYPERTENSION", "PREHYPERTENSION", OR HYPERTENSION ONLY DURING PREGNANCY, ENTER NO.

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

> Hypertension, or high blood pressure, refers to repeatedly increased blood pressure with the first number 140 or higher and the second number 90 or higher.

Q18. chl_dx_inp.   [Has a doctor or other health professional ever told you that you had] high cholesterol?

    O Yes

    O No

    O DON'T KNOW

    O PREFER NOT TO ANSWER

> Cholesterol is a type of fat in the bloodstream and is measured with a blood test, usually done in the morning before you've eaten. A high level of cholesterol is a major risk factor for heart disease, which leads to heart attack.

Q19. ami_dx_inp. [Has a doctor or other health professional ever told you that you had] a heart attack?

    O Yes

    O No

    O DON'T KNOW

    O PREFER NOT TO ANSWER

> A heart attack (myocardial infarction) happens when a blood clot suddenly cuts off most or all blood supply to the heart. Common symptoms include crushing lower chest pain that may radiate to the jaw or arms. The chest pain may be accompanied by nausea, sweating, and shortness of breath.

Q20. chf_dx_inp.   [Has a doctor or other health professional ever told you that you had] congestive heart failure?

    O Yes

    O No

    O DON'T KNOW

    O PREFER NOT TO ANSWER

> Congestive Heart Failure is a condition where the heart cannot pump enough blood throughout the body. Blood and fluid then "back up" into the lungs, which causes shortness of breath. The heart failure causes a buildup of fluid in the feet, ankles, and legs. Do not count heart murmurs, dropped or skipped heart beats, chest pain or heart attacks.

Q21. emp_dx_inp. [Has a doctor or other health professional ever told you that you had] emphysema or COPD?

    O Yes

    O No

    O DON'T KNOW

    O PREFER NOT TO ANSWER

> Emphysema and COPD ("chronic obstructive pulmonary disease") are lung diseases that make it hard to breathe. They can cause coughing that produces large amounts of mucus (a slimy substance), wheezing (a whistling sound when you breathe), shortness of breath, chest tightness, and other symptoms. Most people who have emphysema or COPD smoke or used to smoke. Long-term exposure to other lung irritants, such as air pollution, chemical fumes, or dust, can also contribute to COPD.

Q22. kid_dx_inp. [Has a doctor or other health professional ever told you that you had] weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.

    O Yes

    O No

    O DON'T KNOW

    O PREFER NOT TO ANSWER

> Kidney failure can occur either from an acute situation or from chronic problems, such as poorly controlled diabetes or high blood pressure. People whose kidneys are weak or beginning to fail may be able to keep themselves healthy through diet and medication. People whose kidneys have failed completely need to undergo dialysis, a daily or weekly procedure in which the body is cleansed of waste products using an external filter system.

Q23. cancer_dx_inp. [Has a doctor or health professional ever told you that you had] **cancer or a malignancy of any kind?**

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

A malignancy is a tumor or growth that is cancerous.

Q24. dep_dx_inp. [Has a doctor or other health professional ever told you that you had] depression or anxiety disorder?

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Clinical depression is characterized by an all-encompassing low mood, low self-esteem, and loss of interest or pleasure in normally enjoyable activities. Anxiety disorder includes generalized long-lasting anxiety, panic attacks, and phobias, often accompanied by physical symptoms such as headache, sweating, nausea, hot flashes, muscle spasms, or fatigue.

ASTHMA FOLLOW UP SECTION: Asked if diagnosed with asthma (ast_dx_inp=Yes) or not diagnosed with asthma but uses an inhaler (ast_dx_inp= No, DK, or PNTA and ast_inh_inp=Yes)

Q25. ast_when_inp. Now I have a few questions about your asthma. When were you first told that you had asthma? Was it …

[READ CHOICES AND/OR USE TIME FRAME CARD]

- O Within the last year,
- O Between 1 and 2 years ago,
- O Between 2 and 3 years ago, OR
- O More than 3 years ago?
- O DON'T KNOW
- O PREFER NOT TO ANSWER

ASK IF: ast_dx_inp = Yes

Q26. ast_month_inp, ast_year_inp. Do you remember what month and year it was?

ASK IF: ast_when_inp= "1-2" or "2-3" in 2010; = "0-1" or "1-2" in 2009

Month: ____*choose month*_____ Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

Q27. ast_now_inp. Do you still have asthma now?

ASK IF: ast_when_inp = "2-3" or ">3" or DK or PNTA

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

The next few questions are about your asthma symptoms, such as coughing, wheezing, chest tightness, or shortness of breath. For each one, please tell me how often you've had it in the **last 4 weeks** – either never, a few days, some days, most days, or every day.

READ IF: ast_dx_inp = Yes

You mentioned that you've had to use an inhaled medication in the last 12 months, for problems such as coughing, wheezing, chest pain, or shortness of breath. I am going to refer to these kinds of problems as "asthma symptoms", because they are similar to what happens when a person has asthma.

READ IF: ast_inh_inp = Yes

These symptoms do **not** necessarily mean that you have asthma – only a doctor or health professional can tell for sure. But it is possible that you may have undiagnosed asthma, so I would like to get a little more information about your symptoms. I'll read a list of asthma symptoms. For each one, please tell me how often you've had it in the last 4 weeks – either never, a few days, some days, most days, or every day.

USE CARD #9.
READ THE CHOICES ON THE FIRST QUESTION. AFTER THAT, READ THEM ONLY IF NECESSARY.

Q28. lass1_inp. [So, in the **last 4 weeks**, how often have you had each of these symptoms?] **Cough?**

- O   Never?
- O   A few days?
- O   Some days?
- O   Most days?
- O   Every day?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q29. lass2_inp. [So, in the **last 4 weeks**, how often have you had each of these symptoms?] **Wheezing?**

- O   [READ ONLY IF NECESSARY] Never?
- O   [READ ONLY IF NECESSARY] A few days?
- O   [READ ONLY IF NECESSARY] Some days?
- O   [READ ONLY IF NECESSARY] Most days?
- O   [READ ONLY IF NECESSARY] Every day?
- O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q30. lass3_inp. [So, in the **last 4 weeks**, how often have you had each of these symptoms?] **Shortness of breath?**

O   [READ ONLY IF NECESSARY] Never?
O   [READ ONLY IF NECESSARY] A few days?
O   [READ ONLY IF NECESSARY] Some days?
O   [READ ONLY IF NECESSARY] Most days?
O   [READ ONLY IF NECESSARY] Every day?
O   DON'T KNOW
O   PREFER NOT TO ANSWER

Q31. lass4_inp. [So, in the **last 4 weeks**, how often have you had each of these symptoms?] **Chest pain?**

O   [READ ONLY IF NECESSARY] Never?
O   [READ ONLY IF NECESSARY] A few days?
O   [READ ONLY IF NECESSARY] Some days?
O   [READ ONLY IF NECESSARY] Most days?
O   [READ ONLY IF NECESSARY] Every day?
O   DON'T KNOW
O   PREFER NOT TO ANSWER

Q32. lass5_inp. [So, in the **last 4 weeks**, how often have you had each of these symptoms?] **Asthma attack?**

O   [READ ONLY IF NECESSARY] Never?
O   [READ ONLY IF NECESSARY] A few days?
O   [READ ONLY IF NECESSARY] Some days?
O   [READ ONLY IF NECESSARY] Most days?
O   [READ ONLY IF NECESSARY] Every day?
O   DON'T KNOW
O   PREFER NOT TO ANSWER

> An asthma attack is when your asthma symptoms get worse. Breathing becomes difficult and you may need to go to the doctor.

Q.33 lass6_inp. In the **last 4 weeks**, how many asthma attacks did you have?

O Enter number of attacks ____XX_____
O Don't know
O PREFER NOT TO ANSWER

> ASK IF lass5_inp = "a few days" OR "some days" OR "most days" OR "every day"

Q34. lass7_inp.   In the **last 4 weeks**, how often have you been **awakened at night** because of your asthma symptoms [coughing, wheezing, chest pain, shortness of breath]?

USE CARD #9; READ CHOICES IF NECESSARY

- O   Never,
- O   A few days,
- O   Some days,
- O   Most days, or
- O   Every day?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q35. lass8_inp. Overall, how would you rate the **severity** of your asthma {symptoms [coughing, wheezing, chest pain, shortness of breath]}? Would you say … [READ CHOICES]

- O   Very mild,
- O   Mild,
- O   Moderate,
- O   Severe, or
- O   Very severe?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

> Insert the part in brackets if ast_dx_inp does not equal YES

Q36. ast_controller_inp. Long-term controller medications are taken **every day** to help control asthma symptoms and to **prevent** asthma attacks. In **the last 4 weeks**, have you taken a long-term controller medication for your asthma symptoms?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

> Examples of long-term controller medications include: Singulair, Flovent, Advair, Pulmicort, Symbicort, Azmacort and QVAR.

Q37. ast_inhaler_inp. Quick-relief inhalers, sometimes called rescue inhalers, are taken only **when needed** and are used to treat asthma symptoms **when they occur**. In **the last 4 weeks**, have you used a quick-relief inhaler for your asthma symptoms?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

So far, we have been talking about your asthma symptoms in the last 4 weeks. Now think back to the last **12 months**.

Q38. ast_doc_inp. In the last 12 months, have you talked in person to a doctor or other health professional about your asthma or asthma symptoms [coughing, wheezing, chest pain, or shortness of breath]?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q39. ast_ed_inp. In the **last 12 months**, how many times have you had to go to an emergency room because of asthma symptoms [coughing, wheezing, chest pain, or shortness of breath]?

IF SP ASKS, INCLUDE VISITS TO A HOSPITAL URGENT CARE CLINIC.

- O Enter number of times: _____XXX___
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q40. ast_ed_probe_inp. If you were giving your best guess, would you say it was… [READ CHOICES]

- O   Never,
- O   Once, OR
- O   More than once?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

LOGIC
ASK IF: ast_ed_inp=DK

Q41. ast_hosp_inp. In the **last 12 months**, did you stay in a hospital overnight because of your asthma symptoms [coughing, wheezing, chest tightness, shortness of breath]?
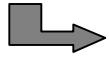
- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

DIABETES SECTION: Ask if dia_dx_inp = YES

Q42. dia_when_inp. Now I have a few questions about your diabetes. When were you first told that you had diabetes? Was it…

[READ CHOICES AND/OR USE TIME FRAME CARD]

- O Within the last year,
- O Between 1 and 2 years ago,
- O Between 2 and 3 years ago, OR

O   More than 3 years ago?

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q43. dia_month_inp, dia_year_inp.   Do you remember what month and year it was?

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

Q44. dia_insulin_rx_inp. In the last 12 months, has a doctor or other health professional prescribed insulin for your diabetes?
INCLUDE ANY EARLIER PRESCRIPTIONS THAT HAVE BEEN RENEWED IN THE LAST 12 MONTHS.

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q45. dia_insulin_use_inp. Are you now taking insulin?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q46. dia_pills_rx_inp. In the last 12 months, has a doctor or other health professional prescribed any diabetic pills. to lower your blood sugar?
INCLUDE ANY EARLIER PRESCRIPTIONS THAT HAVE BEEN RENEWED IN THE LAST 12 MONTHS.

O   Yes

O   No

Also called oral agents or hypoglycemic agents.

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q47. dia_pills_use_inp. Are you now taking diabetic pills?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q48. dia_check_rx_inp. In the last 12 months, has a doctor or other health professional advised you to check your blood sugar at home?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q49. dia_check_do_inp. Do you now check your blood sugar at home? You can include times when a family member or friend helps you, but don't include times when a doctor or other health professional does it.

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q50. dia_supplies_needed_inp. Checking your blood sugar requires supplies, like testing strips and a meter. In the last 12 months, have you been able to get **all** the testing supplies you needed to check your blood sugar as often as you needed to?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q51. dia_feet_inp.   In the last 12 months, has a doctor or other health professional checked your feet for any sores or irritations?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q52. dia_eyes_inp.   In the last 12 months, have you had an eye exam in which your pupils were dilated? This would have made you sensitive to bright light for a little while.

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q53. dia_diet_inp.   Do you follow a special diet to control your diabetes?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q54. dia_nurse_inp. In the last 12 months have you attended a diabetes training class or one-on-one training with a diabetes educator, dietician, or nutritionist? Don't include regular doctors or other health professionals.

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

> A diabetes educator is a nurse who teaches people with diabetes about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood sugar levels, and managing weight through diet and exercise.

High Blood Pressure Follow Up QUESTIONS. Ask IF: hbp_dx_inp = yes

Q55. hbp_when_inp. Now I have a few questions about your high blood pressure. When were you first told that you had high blood pressure or hypertension? Was it…

[READ CHOICES AND/OR USE TIME FRAME CARD]

O   Within the last year,

O   Between 1 and 2 years ago,

O   Between 2 and 3 years ago, OR

O   More than 3 years ago?

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q56. hbp_month_inp, hbp_year_inp. Do you remember what month and year it was?[1]

> LOGIC
> ASK IF: hbp_when_inp = "1-2" or "2-3" in 2010; = "0-1" or "1-2" in 2009

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

Q57. hbp_rx_inp. In the last 12 months, has a doctor or health professional prescribed any medication for your high blood pressure?
INCLUDE ANY EARLIER PRESCRIPTIONS THAT HAVE BEEN RENEWED IN THE LAST 12 MONTHS.

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

---

[1] This question should have been posed if the response to hbp_when_inp was '1-2 years ago', or '2-3 years ago', and the interview was being conducted in 2010, or if the response to hbp_when_inp was 'within the last year' or '1-2 years ago', and the interview was being conducted in 2009. In fact, due to a coding error the question was posed to all who responded 1-2 years ago or 2-3 years ago regardless of the year in which the interview was conducted.

Q58. hbp_rx_use_inp. Are you now taking prescribed medication for your high blood pressure?

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

CHOLESTEROL FOLLOW UP QUESTIONS ASK IF: chl_dx_inp = yes

Q59. chl_when_inp. Now I have a few questions about your high cholesterol. When were you first told that you had high cholesterol? Was it…

[READ CHOICES AND/OR USE TIME FRAME CARD]

- O Within the last year,
- O Between 1 and 2 years ago,
- O Between 2 and 3 years ago, OR
- O More than 3 years ago?
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q60. chl_month_inp, chl_year_inp. Do you remember what month and year it was?

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "DON'T KNOW" and "PREFER NOT TO ANSWER"*)

Q61. chl_test_when1_inp. How long has it been since you last had your cholesterol checked? Was it…
[READ CHOICES AND/OR USE TIME FRAME CARD]

- O Within the last year,
- O Between 1 and 2 years ago,
- O Between 2 and 3 years ago, OR
- O More than 3 years ago?
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q62. chl_rx_inp. In the last 12 months, has a doctor or health professional prescribed any medication to lower your cholesterol?
INCLUDE ANY EARLIER PRESCRIPTIONS THAT HAVE BEEN RENEWED IN THE LAST 12 MONTHS.

- O Yes
- O No
- O DON'T KNOW

o   PREFER NOT TO ANSWER

Q63. chl_rx_use_inp.   Are you now taking any prescribed medication to lower your cholesterol?

- o   Yes
- o   No
- o   DON'T KNOW
- o   PREFER NOT TO ANSWER

AMI FOLLOW UP QUESTIONS ASK IF ami_dx_inp = YES

Q64. ami_when_inp.   You mentioned a heart attack. When were you first told that you had a heart attack? Was it…
[READ CHOICES AND/OR USE TIME FRAME CARD]

- o   Within the last year,
- o   Between 1 and 2 years ago,
- o   Between 2 and 3 years ago, OR
- o   More than 3 years ago?
- o   DON'T KNOW
- o   PREFER NOT TO ANSWER

Q65. ami_month_inp, ami_year_inp. Do you remember what month and year it was?

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

CHF FOLLOW UP QUESTIONS Ask IF chf_dx_inp = Y

Q66. chf_when_inp. Now I have a few questions about your congestive heart failure. When were you first told that you had congestive heart failure? Was it…

[READ CHOICES AND/OR USE TIME FRAME CARD]

- o   Within the last year,
- o   Between 1 and 2 years ago,
- o   Between 2 and 3 years ago, OR
- o   More than 3 years ago?
- o   DON'T KNOW
- o   PREFER NOT TO ANSWER

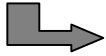**Q67.** chf_month_inp, chf_year_inp. Do you remember what month and year it was?

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

Q68. chf_rx_inp. In the last 12 months, has a doctor or health professional prescribed any medication for your congestive heart failure?
INCLUDE ANY EARLIER PRESCRIPTIONS THAT HAVE BEEN RENEWED IN THE LAST 12 MONTHS.

O Yes

O No

O Don't know

O PREFER NOT TO ANSWER

Q69. chf_rx_use_inp. Are you now taking medication for your congestive heart failure?

O Yes

O No

O DON'T KNOW

O PREFER NOT TO ANSWER

Q70. emp_when_inp. Now I have a few questions about your COPD. When were you first told that you had emphysema or COPD? Was it…

[READ CHOICES AND/OR USE TIME FRAME CARD]

O Within the last year,

O Between 1 and 2 years ago,

O Between 2 and 3 years ago, OR

O More than 3 years ago?

O DON'T KNOW

O   PREFER NOT TO ANSWER

Q71. emp_month_inp, emp_year_inp. Do you remember what month and year it was?

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

Q72. emp_oxg_told_inp. Because of your emphysema or COPD, have you ever been told to use supplemental oxygen?

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q73. emp_oxg_use_inp. Are you now using supplemental oxygen?

ASK IF: emp_oxg_told_inp = Y

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q74. emp_oxg_needed_inp. In the last 12 months, have you been able to get **all** the supplies you needed for your supplemental oxygen?

ASK IF: emp_oxg_told_inp = Y

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

KIDNEY FOLLOW UP QUESTIONS ASK IF: kid_dx_inp = Yes

Q75. kid_when_inp. You mentioned being diagnosed with weak or failing kidneys. When were you first told that your kidneys were weak or failing? Was it…

[READ CHOICES AND/OR USE TIME FRAME CARD]

Within the last year,

- O Between 1 and 2 years ago,
- O Between 2 and 3 years ago, OR
- O More than 3 years ago?
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q76. kid_month_inp, kid_year_inp. Do you remember what month and year it was?

LOGIC
ASK IF kid_when_inp= "1-2" or "2-3" in 2010; = "0-1" or "1-2" in 2009

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

CANCER FOLLOW UP QUESTIONS ASK IF: cancer_dx_inp = Y

Q77. cancer_when_inp. You mentioned being diagnosed with cancer. When were you first told that you had cancer? Was it…

o   Within the last year,

o   Between 1 and 2 years ago,

o   Between 2 and 3 years ago, OR

o   More than 3 years ago?

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q78. cancer_month_inp, cancer_year_inp. Do you remember what month and year it was?

LOGIC
ASK IF: cancer_when_inp = "1-2" or "2-3" in 2010; = "0-1" or "1-2" in 2009

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

DEPRESSION FOLLOW UP QUESTIONS ASK IF dep_dx_inp = 1 (yes)

Q79. dep_when_inp. You mentioned being diagnosed with depression or anxiety. When were you first told that you had depression or anxiety? Was it…

[READ CHOICES AND/OR USE TIME FRAME CARD]

Within the last year,

o   Between 1 and 2 years ago,

o   Between 2 and 3 years ago, OR

o   More than 3 years ago?

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q80. dep_month_inp, dep_year_inp. Do you remember what month and year it was?

LOGIC
ASK IF: dep_when_inp = "1-2" or "2-3" in 2010; = "0-1" or "1-2" in 2009

Month: ____*choose month*_____   Year: _____*choose year*_____
(*Choices for both month and year include "don't know" and "PREFER NOT TO ANSWER"*)

Q81. dep_therapy_inp. In the last 12 months, did you have a session of psychological counseling or therapy that lasted 30 minutes or longer with any type of professional?

o   Yes

o   No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q82. dep_rx_inp. In the last 12 months, has a doctor or health professional prescribed any medication for your depression or anxiety?
INCLUDE ANY EARLIER PRESCRIPTIONS THAT HAVE BEEN RENEWED IN THE LAST 12 MONTHS.

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q83. dep_rx_use_inp. Are you now taking prescribed medication for depression or anxiety?

> ASK IF dep_rx_inp = Y or DK

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

PAIN
One other condition people sometimes struggle with is chronic pain.

Q84. pain_where_inp.   You mentioned earlier that you've had some amount of pain in the last 4 weeks. In which of the following places did you have pain more than once a week? You can say "yes" to more than one.   [READ CHOICES]

- O Back or neck?   [pain_back_inp]

> ASK IF sf4_inp ≥ "very mild"

- O Joints?   [pain_joints_inp]
- O Head?   [pain_head_inp]
- O Other? __xxx_____ [pain_other_inp; Text description saved as variable pain_otherdetails_inp]
- O No specific place   [pain_general_inp]

> Each answer choice is an indicator variable denoting the selection or selections chosen

- O DON'T KNOW   [pain_dk_inp]
- O PREFER NOT TO ANSWER [pain_pnta_inp]

Q85. pain_interference_inp. **During the last 4 weeks,** how much did pain interfere with your normal work (including both work outside the home and housework)? Would you say ... [READ OPTIONS]

- O Not at all,

> ASK IF sf4_inp ≥ "very mild"

- O A little,
- O Moderately,
- O Quite a bit, OR
- O Extremely?
- O DON'T KNOW
- O PREFER NOT TO ANSWER

You mentioned earlier that you have not had any bodily pain in the last 4 weeks, but I wanted to find out if that was because you were using pain medications.

> READ IF SF4 = "no pain"

Q86. pain_meds_inp. Are you taking any kind of medication ever day or most days to help you control or manage chronic pain?

- o Yes
- o No
- o DON'T KNOW
- o PREFER NOT TO ANSWER

> **ALWAYS** ASK of everyone interviewed, even if there is no report of pain.

4. HAPPINESS AND MENTAL HEALTH

We've talked a lot about your physical health. Now I have some questions on how you are doing more generally -- thinking not just of your health, but of your life as a whole.

Q87. happy_inp. Taken all together, how would you say things are these days – would you say that you are very happy, pretty happy, or not too happy?

- o Very happy
- o Pretty happy
- o Not too happy
- o DON'T KNOW
- o PREFER NOT TO ANSWER

The next few questions ask how often you've been bothered by certain kinds of problems in the **last two weeks**. After I read each item on the list, please tell me how often you've experienced it in the last two weeks – either not at all, several days, more than half the days, or nearly every day.

USE CARD #10.
READ THE CHOICES ON THE FIRST QUESTION. AFTER THAT, READ THEM ONLY IF NECESSARY.

Q88. phq1_inp. Over the last two weeks, how often have you been bothered by **having little interest or pleasure in doing things**? Would you say it was…[READ CHOICES AND POINT TO CARD #10]

- o Not at all,
- o Several days,
- o More than half the days, or
- o Nearly every day?
- o DON'T KNOW
- o PREFER NOT TO ANSWER

Q89. phq2_inp. [Over the last two weeks, how often have you been bothered by] **feeling down, depressed, or hopeless**?
[READ CHOICES OR USE CARD #10]

- o Not at all
- o Several days
- o More than half the days
- o Nearly every day
- o DON'T KNOW

o   PREFER NOT TO ANSWER

Q90. phq3_inp. [Over the last two weeks, how often have you been bothered by] **trouble falling or staying asleep, or sleeping too much?**
[READ CHOICES OR USE CARD #10]

o   Not at all

o   Several days

o   More than half the days

o   Nearly every day

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q91. phq4_inp. [Over the last two weeks, how often have you been bothered by] **feeling tired or having little energy?**
[READ CHOICES OR USE CARD #10]

o   Not at all

o   Several days

o   More than half the days

o   Nearly every day

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q92. phq5_inp. [Over the last two weeks, how often have you been bothered by] **poor appetite or overeating?**
[READ CHOICES OR USE CARD #10]

o   Not at all

o   Several days

o   More than half the days

o   Nearly every day

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q93. phq6_inp. [Over the last two weeks, how often have you been bothered by] **feeling bad about yourself, or that you're a failure, or have let yourself or your family down?**
[READ CHOICES OR USE CARD #10]

o   Not at all

o   Several days

o   More than half the days

o   Nearly every day

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q94. phq7_inp. [Over the last two weeks, how often have you been bothered by] **trouble concentrating on things, such as reading the newspaper or watching TV?**
[READ CHOICES OR USE CARD #10]

- o Not at all
- o Several days
- o More than half the days
- o Nearly every day
- o DON'T KNOW
- o PREFER NOT TO ANSWER

Q95. phq8_inp. [Over the last two weeks, how often have you been bothered by] **moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?**
[READ CHOICES OR USE CARD #10]

- o Not at all
- o Several days
- o More than half the days
- o Nearly every day
- o DON'T KNOW
- o PREFER NOT TO ANSWER

Q96. dep_impair_inp. We've mentioned some problems that have been bothering you in the last two weeks, such as {FIRST PHQ8 QUESTION >0} and {LAST PHQ8 QUESTION >0}.

How difficult have these problems made it for you to do your work, take care of things at home, or get along with people? Would you say it's been…[READ CHOICES]

- o Not difficult at all,
- o Somewhat difficult,
- o Very difficult, or
- o Extremely difficult?
- o DON'T KNOW
- o PREFER NOT TO ANSWER

LOGIC
ASK IF: At least one of PHQ1 to PHQ8 is 'several days', 'more than half the days', or 'nearly every day'.

5. ACCESS AND UTILIZATION OF MEDICAL CARE

Now I'd like to ask you about the medical care that you have been getting in the last few years.

When I say "medical care", I am talking about any type of care that you get from a doctor or other health professional, such as a nurse, a therapist, a physical therapist, or anyone else who specializes in physical or mental health. Medical care could be anything from an emergency room visit to a routine screening or check-up.

I am **not** including dental care or routine vision services, like glasses or contact lenses. I am also **not** including visits to the pharmacy, if all you are doing is buying medication.

[Does that make sense?]

Q97. usual_place_inp. First, is there one place you **usually** go to get medical care?

IF SP SAYS "NO", ASK IF THERE IS **NO** PLACE OR **MORE THAN ONE** PLACE.

- O Yes
- O No place
- O More than one place
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q98. usual_place_where_inp. What kind of place do you go to most often: is it a doctor's office, a hospital emergency room, or some other place?
SELECT THE APPROPRIATE CATEGORY BASED ON SP'S DESCRIPTION. PROBE IF NECESSARY, USING THE OPTIONS BELOW.

- O Doctor's office
- O Hospital emergency room or urgent care clinic
- O Some other place: _____ (ENTER NAME OR BRIEF DESCRIPTION: stored as variable usual_place_whereother_inp)
- O DON'T KNOW
- O PREFER NOT TO ANSWER

> ASK IF:
> usual_place_inp is
> YES OR >1 OR DK

Q99. usual_doc_inp. What type of doctor's office is it? Is it … [READ CHOICES]

- O A private doctor's office or clinic that usually requires an appointment?
- O A free or low-cost community health clinic?
- O A walk-in clinic in a commercial center, like a Walmart?
- O Or some other kind of place? _____ (ENTER NAME OR BRIEF DESCRIPTION:)
      [Name and description stored as variable usual_doc_otherdetails_inp]
- O DON'T KNOW
- O PREFER NOT TO ANSWER

> ASK IF:
> usual_place_where_inp=
> doctor's office

Q100. usual_er_inp. Which emergency room do you go to most often?

- O ENTER NAME OR LOCATION OF ER: _____
- O DON'T KNOW

> ASK IF: usual_place_where_inp =
> Hospital ER

o   PREFER NOT TO ANSWER

Physical Care

Q101. needed_care_phys_inp. In the **last 12 months**, was there a time when you needed medical care for a **physical** illness, injury, or condition? [I'll ask about care and treatment for mental health conditions next.] Remember, don't include dental care or routine vision services.

o Yes

o No

o DON'T KNOW

o PREFER NOT TO ANSWER

> ASK IF WE DON'T ALREADY KNOW FROM PREVIOUS ANSWERS THAT SP RECEIVED MEDICAL CARE FOR PHYSICAL CONDITIONS IN THE LAST 12 MONTHS (CALCULATED VARIABLE) (known_phys_care=0)

Q102. got_care_phys_inp.   [In the **last 12 months**, when you needed medical care for a physical illness, injury, or condition,] did you always get **all** the care that you needed?
[Remember, don't include dental care or routine vision services.]

INTERVIEWER: IF SP SAYS "NO", CLARIFY WHETHER HE/SHE GOT AT LEAST **SOME CARE** WHEN HE/SHE NEEDED IT, OR WHETHER HE/SHE GOT **NO CARE AT ALL**.

o   Yes: got **all** the care that was needed

o   Got **some but not all** the care that was needed

o   Got **no care at all** for any physical conditions in the last 12 months

o   DON'T KNOW

o   PREFER NOT TO ANSWER

> ASK IF needed_care_phys_inp = YES OR IF WE ALREADY KNOW FROM PREVIOUS ANSWERS THAT SP RECEIVED MEDICAL CARE FOR PHYSICAL CONDITIONS IN THE LAST 12 MONTHS (CALCULATED VARIABLE)
>
> needed_care_phys_inp=YES OR known_phys_care=1

Q103. missed_care_phys_ins_inp.   Think back to the last time you didn't get all the care you needed for a physical injury or condition. Did you have health insurance at that time?

o Yes

o No

o DON'T KNOW

o PREFER NOT TO ANSWER

> ASK IF got_care_phys_inp = "SOME" OR "NONE"

Mental Care

Q104. needed_care_ment_inp.   In the **last 12 months**, have you needed treatment or counseling for a mental health condition or personal problem? [Remember, everything you tell me in this interview is confidential.]

o Yes

o No

o DON'T KNOW

o PREFER NOT TO ANSWER

> ASK IF WE DON'T ALREADY KNOW FROM PREVIOUS ANSWERS THAT SP RECEIVED MEDICAL CARE FOR DEPRESSION IN THE LAST 12 MONTHS (CALCULATED VARIABLE) (known_ment_care = 0)

> The most common mental health conditions in the US are depression and anxiety. Other common conditions include panic attacks, phobias, obsessive-compulsive disorder (OCD), bipolar disorder, and post-traumatic stress disorder (PTSD). There are also many other conditions that I have not listed.
> Alcohol and substance abuse are often counted as mental health conditions, but please do not include them here -- I will ask about them next.

Q105. got_care_ment_inp.   In the **last 12 months**, when you needed treatment or counseling for a mental health condition or personal problem, did you always get **all** the treatment that you needed?

INTERVIEWER: IF SP SAYS "NO", CLARIFY WHETHER HE/SHE GOT AT LEAST **SOME TREATMENT** WHEN HE/SHE NEEDED IT, OR WHETHER HE/SHE GOT **NO TREATMENT AT ALL**.

- O   Yes: got **all** the treatment that was needed
- O   Got **some but not all** the treatment that was needed
- O   Got **no treatment at all** for any mental health issues in the last 12 months
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q106. missed_care_ment_ins_inp.   Think back to the last time you didn't get all the treatment you needed for a mental health condition or personal problem. Did you have any kind of health insurance at that time?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Substance Abuse Care
Q107. needed_care_subst_inp.   In the **last 12 months**, have you **needed** treatment or counseling for alcohol or drug abuse? [Remember, everything you tell me in this interview is confidential.]

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q108. got_care_subst_inp.   In the **last 12 months**, when you needed treatment or counseling for alcohol or drug abuse, did you always get **all** the treatment that you needed?

INTERVIEWER: IF SP SAYS "NO", CLARIFY WHETHER HE/SHE GOT AT LEAST **SOME TREATMENT** WHEN HE/SHE NEEDED IT, OR WHETHER HE/SHE GOT **NO TREATMENT AT ALL**.

- O   Yes: got **all** the treatment that was needed
- O   Got **some but not all** the treatment that was needed
- O   Got **no treatment at all** for alcohol or drug abuse in the last 12 months
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q109. missed_care_subst_ins_inp.   Think back to the last time you didn't get all the treatment that you needed for an alcohol or drug abuse problem. Did you have any kind of health insurance at that time?

- O   Yes
- O   No
- O   DON'T KNOW

O   PREFER NOT TO ANSWER

Any Care

Q110. care_any_inp. Have you been to a doctor or received any medical care at all in the **last 12 months**? [Remember, I am not including dental or vision services.]

O   Yes

O   No

O   DON'T KNOW (SP unsure of the **timing** of most recent medical care.) **Probe will follow**.

O   INTERVIEWER UNCERTAIN: Does the following count as medical care? _____
[Interview comments saved as care_anytype_inp. No further questions posed in this section if interviewer expressed concerns.]

O   PREFER NOT TO ANSWER

INTERVIEWER: MARK "DON'T KNOW" ONLY IF THE SP IS UNSURE ABOUT THE **TIMING** OF HIS/HER MOST RECENT DOCTOR'S VISIT OR MEDICAL CARE.

IF, AFTER PROBING, **YOU** ARE UNSURE WHETHER THE SP'S EXPERIENCE COUNTS AS MEDICAL CARE AT ALL, CHOOSE THE **"INTERVIEWER UNCERTAIN"** OPTION AND ENTER THE DESCRIPTION IN THE TEXT FIELD PROVIDED.

(FOR THE LOGIC OF THE QUESTIONS THAT FOLLOW, THIS WILL BE EQUIVALENT TO ANSWERING "NO".)

OK. I made a note of it, but since I'm not sure whether it counts as medical care for the purposes of this study, let's agree **not** to include it in all the questions that follow.

Q111. care_any_probe_inp.   Think back to the last time you got any medical care. Was it definitely within the last **2 years**?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

OK. In that case, let's assume it was more than 12 months ago and let's not count it.

Q112. care_any_count_inp. In that case, since you're unsure, we can count it as medical care received in the last 12 months. Is that OK with you?

O   OK

O   No: On further reflection, SP realizes it was more than 12 months ago.

Q113. care_when_inp. When was the last time you received any medical care? Was it … [READ CHOICES]

O   Within the last 2 years

O   Between 2 and 3 years ago, or

O   More than 3 years ago?

O   DON'T KNOW

o   PREFER NOT TO ANSWER

Satisfaction

Q114. satisfaction_inp.   Overall, how would you rate the **quality** of all the medical care you have received in the last 12 months? Would you say it was … [READ CHOICES]

o   Excellent,

o   Very good,

o   Good,

o   Fair , OR

o   Poor?

o   DON'T KNOW

o   PREFER NOT TO ANSWER

6. SCREENINGS, CHECK-UPS AND EXAMS

Now I have a few questions about various types of health screenings, checkups, or exams you may have received in the last few years.

Age check

Q115. over50_ask_raw, To ask these questions properly, I need to know just a little bit more about your age. Would you mind telling me if you are under 50 or over 50?

- O   Under 50
- O   50 or older
- O   PREFER NOT TO ANSWER

You mentioned earlier that you've NEVER been diagnosed with high cholesterol.

Cholesterol Screening
Q116. chl_test_ever_inp. Have you ever had your cholesterol checked?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

→ **Q117.** chl_test_when_inp. About how long has it been since you last had your cholesterol checked? Was it…

[READ CHOICES AND/OR USE TIME FRAME CARD]

- O   Within the last year,
- O   Between 1 and 2 years ago,
- O   Between 2 and 3 years ago, OR
- O   More than 3 years ago?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Diabetes Screening
You mentioned earlier that you've NEVER been diagnosed with diabetes.

Q118. dia_test_ever_inp. Have you ever had a blood test for high blood sugar or diabetes {, other than during pregnancy}?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q119. dia_test_when_inp. About how long has it been since you last had a blood sugar test for diabetes? Was it…

- O Within the last year,
- O Between 1 and 2 years ago,
- O Between 2 and 3 years ago, OR
- O More than 3 years ago?
- O DON'T KNOW
- O   PREFER NOT TO ANSWER

> ASK IF: dia_test_ever_inp = yes

Women's Health Screening

> ASK THE FOLLOWING 3 QUESTIONS ONLY IF FEMALE. Gender=female

Q120. pap_inp. **In the last 12 months,** have you had a Pap test or Pap smear?

- O Yes
- O No
- O N/A: Hysterectomy
- O DON'T KNOW
- O PREFER NOT TO ANSWER

> A Pap test or Pap smear is a test for cancer of the cervix.

Q121. mam_inp. **In the last 12 months,** have you had a Mammogram?

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

> ASK IF AGE ≥ 40 (OR UNKNOWN)
> Ask_40 =1)

> A mammogram is an x-ray of each breast to look for breast cancer.

Q122. pregnant_inp. Do you have reason to believe that you are pregnant? [2]

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

> ASK IF AGE IN RANGE [19, 49] **OR** IF SP IS OBVIOUSLY UNDER 50 **OR** SP TOLD US THEY'RE OVER 50
>
> Age<50 AND age>18 OR over50_obvious_raw = 0 [obviously under 50] or over50_ask_raw is any of (0 [under 50] or -99 [PNTA]

Over 50 Screening

> ASK THE NEXT 5 QUESTIONS IF SP IS OVER 50 (from DOB or because interviewer can tell, or because SP TOLD US THEY WERE OVER 50).
> ask_50=1 (CALCULATED VARIABLE)

Q123. fobt_ever_inp. **In the last 12 months,** has a doctor asked you to do a Blood stool test?

- O Yes

> A blood stool test is a test that you usually do at home, using a special kit that a doctor gives you. It checks whether the stool

---

[2] This question should have been posed to all women of ages 19-49. Instead, it was posed to all women ages 19-49 who received medical care in the last year.

o   No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q124. col_ever_inp. **In the last 12 months**, have you had a sigmoidoscopy or a colonoscopy?

o   Yes

o   No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

> Both sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

Q125. psa_inp. **In the last 12 months**, have you had a blood test to check for prostate cancer?

o   Yes

o   No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

> ASK IF MALE gender=male

Q126. told_flu_inp. **In the last 12 months**, has a doctor or other health provider recommended that you have a flu shot?

o   Yes

o   No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q127. did_flu_inp. Have you had a flu shot in the last 12 months?

o   Yes

o   No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

7. HEALTH BEHAVIORS

My next few questions are about things people do in their daily lives that can affect their health. Let's start with diet and exercise.

Exercise

Q128. exercise_inp. Compared with most men/women/people your age, would you say you are more physically active, less physically active, or about the same?

- O   More active
- O   Less active
- O   About the same
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q129. told_exercise_inp. In the last 12 months, have you been told by a doctor or health professional to increase your physical activity or exercise?

| ASK IF SP RECEIVED MEDICAL CARE IN LAST 12 MONTHS. (calculated variable) care_last_year=1 |

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q130. now_exercise_inp. Are you currently trying to increase your physical activity or exercise?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q131. overweight_inp. Do you consider yourself now to be overweight, underweight, or about the right weight?

- O   Overweight
- O   Underweight
- O   About the right weight
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q132. told_weight_inp. In the last 12 months, have you been told by a doctor or health professional to lose weight?

| ASK IF SP RECEIVED MEDICAL CARE IN LAST 12 MONTHS. (calculated variable) care_last_year=1 |

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q133. now_weight_inp. Are you currently trying to lose weight?

- o Yes
- o No
- o DON'T KNOW
- o PREFER NOT TO ANSWER

Smoking

Q134. smk_100_inp. The next few questions are about smoking. Let me start by asking: Have you smoked at least 100 cigarettes in your **entire life**?

NOTE: 1 PACK = 20 CIGARETTES

- o Yes
- o No
- o DON'T KNOW
- o PREFER NOT TO ANSWER

[Great. In that case, I don't need to ask you any more questions about smoking.]

Q135. smk_now_inp.   Do you *now* smoke cigarettes every day, some days, or not at all?

- o Every day
- o Some days
- o Not at all
- o DON'T KNOW
- o PREFER NOT TO ANSWER

Q136. smk_quit_when_inp. How long ago did you quit smoking? Was it …. [READ CHOICES OR REFER TO TIME FRAME CARD]

- o Within the last year,
- o Between 1 and 2 years ago,
- o Between 2 and 3 years ago, OR
- o More than 3 years ago?
- o DON'T KNOW
- o PREFER NOT TO ANSWER

Q137. smk_avg_inp. During the **last 4 weeks**, on the days that you smoked, about how many cigarettes did you smoke per day? [Your best estimate is fine.]

IF SP REPORTS LESS THAN ONE CIGARETTE PER DAY (BUT MORE THAN 0), ENTER 1.
IF SP REPORTS THE NUMBER OF <u>PACKS</u> SMOKED, USE THIS TABLE.

O   Enter number of cigarettes: ___XXX___

O   DON'T KNOW

O   PREFER NOT TO ANSWER

0.5 packs = 10 cigarettes
1 pack = 20 cigarettes
1.5 packs = 30 cigarettes
2 packs = 40 cigarettes
2.5 packs = 50 cigarettes
3 packs = 60 cigarettes
3.5 packs = 70 cigarettes
4 packs = 80 cigarettes
4.5 packs = 90 cigarettes
5 packs = 100 cigarettes

Q138. smk_quit_told_inp.   In the last 12 months, has a doctor or other health professional advised you to quit smoking?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

ASK IF SP RECEIVED MEDICAL CARE IN LAST 12 MONTHS. (calculated variable) care_last_year=1

Q139. smk_quit_did_inp.   Have you tried to quit smoking in the last 12 months?

O   Yes

O   No

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Alcohol

The next few questions are about drinking alcohol. This includes beer, wine, wine coolers, liquor (such as whiskey or gin), or any other type of alcoholic beverage.

[Remember, your answers to **all** the questions on this survey are confidential and will never be reported with your name to anyone.]

Q140. alc_freq_inp[3].   In **the last 4 weeks**, on how many days did you drink any type of alcoholic beverage?

O   Never

O   Enter number of days ___XX___days   [select unit: per week/ total in the last 4 weeks]

O   DON'T KNOW

O   PREFER NOT TO ANSWER

---

[3] alc_freq_inp merges all responses. Its units are Number of days SP drank alcohol in the last 4 weeks. The appropriate conversion was made if the SP gave the number of days per week instead of the total number of days in the last 4 weeks. The number of days is also stored as alc_freq_number_inp and the units variable is stored as alc_freq_unit_inp. This provides no additional information to that given by alc_freq_inp and is stored only for completeness of data.

Q141. alc_avg_inp. On the days when you did drink alcohol, I'd like to know how many drinks you usually had.

This can be a little tricky to count, since drinks come in different sizes. When I say one "drink", I'm thinking of a **12 ounce** can of beer, a 5 ounce glass of wine, or a 1 ½ ounce shot of liquor. If you often have drinks in other sizes, tell me about them and we can figure out how much they should count for.

So, in the **last 4 weeks**, on the days when you **did** drink alcohol, how many drinks did you usually have per day?

- O   Enter number of drinks ___XX____
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

INTERVIEWER: USE THIS CONVERSION TABLE FOR OTHER DRINKS AND DRINK SIZES.

Regular bottle of beer = 1 drink;
40 oz can/bottle of beer (a "forty") = 3 drinks;
Regular bottle of wine = 5 drinks;
Wine cooler (normal size) = 1 drink;
Mixed drink (normal size) = 1 drink

Q142. binge_freq_inp[4]. In the **last 4 weeks**, on how many days did you have {4 FOR WOMEN, 5 FOR MEN} or more drinks in one day? [Once again, when I say one "drink", I'm thinking of a 12 ounce can of beer, a 5 ounce glass of wine, or a 1 ½ ounce shot of liquor.]

- O   Never
- O   Enter number of days ___XX____days   [select unit: per week/total in the last 4 weeks][5]
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

INTERVIEWER: USE THIS CONVERSION TABLE FOR OTHER DRINKS AND DRINK SIZES.

Regular bottle of beer = 1 drink;
40 oz bottle of beer (a "forty") = 3 drinks
Regular bottle of wine = 5 drinks
Wine cooler (normal size) = 1 drink
Mixed drink (normal size) = 1 drink

---

[4] binge_freq_inp merges all responses. Its units are Number of days SP binge drank in the last 4 weeks. The appropriate conversion was made if the SP gave the number of days per week instead of the total number of days in the last 4 weeks. The number of days is also stored as binge_freq_number_inp and the units variable is stored as binge_freq_unit_inp. This provides no additional information to that given by binge_freq_inp and is stored only for completeness of data.

[5] NOTE: Due to a coding error binge_freq_unit_inp was not stored for a number of surveys.

8. MEDICATIONS

Now I have a few questions about any medications you may be taking.

Q143. rx_inp. In the **last 12 months,** has a doctor or other health professional given you a prescription for any medication?
INCLUDE ANY EARLIER PRESCRIPTIONS THAT HAVE BEEN RENEWED IN THE LAST 12 MONTHS.

O Yes

O No

O DON'T KNOW

O PREFER NOT TO ANSWER

> ASK IF WE DO NOT ALREADY KNOW THAT SP WAS PRESCRIBED MEDICATIONS FOR A SPECIFIC CONDITION: E.g. Ashthma, diabetes, etc. (ast_controller_inp is not YES AND ast_inhaler_inp is not YES AND dia_insulin_rx_inp is not YES AND dia_pills_rx_inp is not YES AND hbp_rx_inp is not YES AND chf_rx_inp is not YES and dep_dx_inp is not YES)

Q144. rx_cost_inp. In a typical month, about how much do you pay out-of-pocket for your prescription medications?

[I'm thinking of costs you pay yourself, not costs paid by insurance.]

O Enter dollar amount: $__XXX____ (Enter 0 if none.)

O DON'T KNOW

O PREFER NOT TO ANSWER

> ASK IF rx_inp = YES, DK, OR IF WE ALREADY KNOW SP WAS PRESCRIBED MEDICATIONS IN THE LAST 12 MONTHS. (ast_controller_inp = YES OR ast_inhaler_inp= YES OR...dep_dx_inp= YES)

Q145. rx_cost_pr1_inp. Just to give me a rough sense of the amount: would you guess it's more than $25 or less than $25?

O   More than $25

O   Less than $25

O   About $25

O   DON'T KNOW

O   PREFER NOT TO ANSWER

> ASK IF: rx_cost_inp= DK

Q146. rx_cost_pr2_inp.   And would you say it's more than {$10/ $50} or less than {$10/ $50}?

O   More than ${10/50}

O   Less than ${10/50}

O   About ${10/50}

O   DON'T KNOW

O   PREFER NOT TO ANSWER

> ASK WITH $50 IF rx_cost_pr1_inp IS "more than $25"
> ASK WITH $10 IF rx_cost_pr2_inp IS "less than $25"

Thanks, that gives me a rough idea of the amount.

> READ IF: rx_cost_pr2_inp not equal to DK or PNTA

Q147. rx_delay_inp.   Sometimes people delay taking medication or filling prescriptions because of the cost. In the **last 12 months**, have you ever had to skip prescription medications or take less than was prescribed for you because of the cost?

O Yes

O No

O DON'T KNOW

O PREFER NOT TO ANSWER

> ASK IF rx_inp = YES, DK, OR IF WE ALREADY KNOW SP WAS PRESCRIBED MEDICATIONS IN THE LAST 12 MONTHS. (ast_controller_inp = YES OR ast_inhaler_inp= YES OR...dep_dx_inp= YES)

Q148. rx_any_inp.   Now think just about the **last 4 weeks**. Have you taken any prescription medications during that time, whether they were originally prescribed to you or to someone else?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q149. otc_any_inp.   So far we've only talked about **prescription** medications. Are there any **over-the-counter** medications that you take **on a regular basis**, at least once a week? Do not include vitamins or nutritional supplements.

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Over-the-counter medications are medications that you can buy without a doctor's prescription, such as Advil or Sudafed.

9. COSTS OF CARE

We've talked about the medical care you've received in the last 12 months. Now I'd like to figure out how much it cost you to get that care.

When we talk about your costs, I'm thinking about money you have paid yourself, out of your own pocket, or that friends or relatives have helped you pay.

I'm **not** including money that an insurance company or some other organization paid on your behalf. I'm also **not** including money that you owe or that you put on your credit card, but haven't paid yet -- I'll ask about that later. Also, as usual, I'm **not** including dental or routine vision care.

[Does that make sense?]

INTERVIEWER: OFFER SP PAPER, PENCIL, AND A CALCULATOR TO HELP WITH THE COST CALCULATIONS.

Q150. doc_use_inp. In the last 12 months, about how many times have you seen a doctor or other health care professional at a doctor's office, a clinic, or at home? I'm thinking of regular doctor visits, not hospital stays, emergency room visits, surgery, or dental care -- I'll ask about those later.

  O Enter number of times: _____XXX_____ (Enter 0 if none.)

  O DON'T KNOW

  O PREFER NOT TO ANSWER

    Q151. doc_use_probe_inp. If you were giving your best guess, would you say it was….[READ CHOICES]

     O   Zero times

     O   Once, OR

     O   More than once?

     O   DON'T KNOW

     O   PREFER NOT TO ANSWER

ASK IF: doc_use_inp= DK

Q152. doc_cost_inp. Altogether, about how much did you pay out-of-pocket for these doctor's visits in the last 12 months, including any lab tests that the doctor ordered?

[Again, by out-of- pocket, I mean money that you have paid yourself, possibly with help from family or friends. You can just give me your best estimate.]

  O Enter dollar amount: $_____XXX_____ (Enter 0 if none.)

  O DON'T KNOW. If this option is marked, detailed probe will follow.

  O PREFER NOT TO ANSWER

ASK IF doc_use_inp>0 OR doc_use_probe_inp = "ONCE" OR "MORE THAN ONCE"
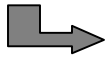
    Q153. doc_cost_pr1_inp. Just to give me a rough sense of the amount: would you guess it was more than $500 or less than $500?

     O   More than $500

     O   Less than $500

     O   About $500

ASK IF doc_cost_inp = DK

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q154. doc_cost_pr2_inp. And would you say it was more than {$100/$1000} or less than {$100/ $1000}?

O   More than {$100/$1000}

O   Less than {$100/$1000}

O   About {$100/$1000}

O   DON'T KNOW

O   PREFER NOT TO ANSWER

ASK USING $100 IF doc_cost_pr1_inp = "LESS"
ASK USING $1000 IF doc_cost_pr1_inp = "MORE"

[Thanks, that gives me a rough idea of the amount.]

Q155. ed_use_inp. In the last 12 months, about how many times have you gone to an emergency room or urgent care clinic?

O Enter number of times: _____XXX_____ (Enter 0 if none.)

O DON'T KNOW

O PREFER NOT TO ANSWER

Q156. ed_use_probe_inp. If you were giving your best guess, would you say it was….[READ CHOICES]

ASK IF ed_use_inp = DK

O   Zero times

O   Once, OR

O   More than once?

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q157. ed_cost_inp. Altogether, about how much did you pay out-of-pocket for these emergency room or urgent care visits in the last 12 months? [Again, your best estimate is fine.]

O Enter dollar amount: $_____XXX_____ (Enter 0 if none.)

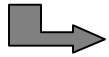O DON'T KNOW. If this option is marked, detailed probe will follow.

O PREFER NOT TO ANSWER

ASK IF ed_use_inp>0 OR
ed_use_probe_inp="ONCE" OR
"MORE THAN ONCE"

Q158. ed_cost_pr1_inp. Just to give me a rough sense of the amount: would you guess it was more than $500 or less than $500?

ASK IF ed_cost_inp = DK

O   More than $500

O   Less than $500

O   About $500

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q159. ed_cost_pr2_inp. And would you say it was more than {$100/$1000} or less than {$100/ $1000}?

- O   More than {$100/$1000}
- O   Less than {$100/$1000}
- O   About {$100/$1000}
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

[Thanks, that gives me a rough idea of the amount.]

Q160. surg_use_inp. In the last 12 months, how many times have you had outpatient surgery?

- O   Enter number of times: __XXX____ (Enter 0 if none.)
- O   Don't know
- O   PREFER NOT TO ANSWER

Q161. surg_use_probe_inp. If you were giving your best guess, would you say it was… [READ CHOICES]

- O   Zero times,
- O   Once, or
- O   More than once?
- O   Don't know
- O   PREFER NOT TO ANSWER

Q162. surg_cost_inp. Altogether, about how much did you pay out-of-pocket for these outpatient surgeries in the last 12 months? [Again, your best estimate is fine.]

- O   Enter dollar amount: __XXX____ (Enter 0 if none.)
- O   DON'T KNOW. If this option is marked, detailed probe will follow.
- O   PREFER NOT TO ANSWER

Q163. surg_cost_pr1_inp. Just to give me a rough sense of the amount: would you guess it was more than $500 or less than $500?

- O   More than $500
- O   Less than $500
- O   About $500
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q164. surg_cost_pr2_inp. And would you say it was more than {$100/$1000} or less than {$100/ $1000}?

- O   More than {$100/$1000}

o   Less than {$100/$1000}

o   About {$100/$1000}

o   DON'T KNOW

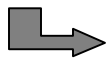o   PREFER NOT TO ANSWER

[Thanks, that gives me a rough idea of the amount.]

Q165. hosp_use_inp. In the last 12 months, how many times have you had to stay in a hospital at least overnight?

o   Enter number of times: __XXX____ (Enter 0 if none.)

o   Don't know

o   PREFER NOT TO ANSWER

Q166. hosp_use_probe_inp. If you were giving your best guess, would you say it was… [READ CHOICES]

o   Zero times,

o   Once, or

o   More than once?

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q167. hosp_cost_inp. Altogether, about how much did you pay out-of-pocket for hospital bills in the last 12 months? [Again, your best estimate is fine.]

o   Enter dollar amount: __XXX____   (Enter 0 if none.)

o   DON'T KNOW. If this option is marked, detailed probe will follow.

o   PREFER NOT TO ANSWER

Q168. hosp_cost_pr1_inp. Just to give me a rough sense of the amount: would you guess it was more than $500 or less than $500?

o   More than $500

o   Less than $500

o   About $500

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q169. hosp_cost_pr2_inp. And would you say it was more than {$100/$1000} or less than {$100/ $1000}?

o   More than {$100/$1000}

o   Less than {$100/$1000}

o   About {$100/$1000}

o   DON'T KNOW

O   PREFER NOT TO ANSWER

[Thanks, that gives me a rough idea of the amount.]

Q170. dent_use_inp. During the last 12 months, have you seen a dentist or other professional for dental care?

- O   Yes
- O   No
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q171. dent_cost_inp. Altogether, about how much did you pay out-of-pocket for dental care in the last 12 months? [Your best estimate is fine.]

- O   Enter dollar amount: __XXX____ (Enter 0 if none.)
- O   Don't know
- O   PREFER NOT TO ANSWER

Q172. other_use_inp. In the last 12 months, have you used any other form of healthcare that we have not yet talked about, such as a chiropractor, acupuncture, naturopathic medicine, or medical massage? If you have already included these forms of healthcare in your previous responses, you don't need to mention them again.

These are examples of alternative medicine, which some people use instead of or in addition to traditional medical care.

INTERVIEWER: IF SP HAD ALREADY INCLUDED ALTERNATIVE HEALTHCARE IN PREVIOUS RESPONSES, ENTER "NO".

- O   Yes
- O   No
- O   DON'T KNOW. If this option is marked, detailed probe will follow.
- O   PREFER NOT TO ANSWER

Q173. other_cost_inp. Altogether, about how much did you pay out-of-pocket for these services in the last 12 months? [Again, your best estimate is fine.]

- O   Enter dollar amount: __XXX____ (Enter 0 if none.)
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER
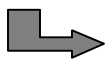
Q174. other_cost_pr1_inp. Just to give me a rough sense of the amount: would you guess it was more than $500 or less than $500?

- O   More than $500
- O   Less than $500
- O   About $500

o   DON'T KNOW

o   PREFER NOT TO ANSWER
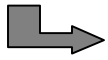
Q175. other_cost_pr2_inp. And would you say it was more than {$100/$1000} or less than {$100/$1000}?

o   More than {$100/$1000}

o   Less than {$100/$1000}

o   About {$100/$1000}

o   DON'T KNOW

o   PREFER NOT TO ANSWER

ASK USING $100 IF other_cost_pr1_inp = "LESS"
ASK USING $1000 IF other_cost_pr2_inp = "MORE"

[Thanks, that gives me a rough idea of the amount.]

10. INSURANCE

The next few questions are about how you manage your health care costs.

Q176. ins_type_inp   First, I'd like to get some basic information about your health insurance, if you have any. I'm only talking about **medical** insurance, **not dental** insurance.

I'm going to read a few common types of health insurance. For each one, please tell me "yes" if you have it and "no" if you don't. You can answer "yes" more than once.

INTERVIEWER: READ ONLY THE <u>FIRST 4 CHOICES</u> TO SP.
CHECK EACH BOX WHERE SP INDICATES "YES", LEAVE BLANK IF "NO". MULTIPLE "YES" RESPONSES ARE ALLOWED.
IF SP SAYS "NO" TO EACH OF THE FOUR CHOICES, CHECK THE FIFTH BOX ("NONE OF THE ABOVE").

- O Oregon Health Plan (also called OHP or Medicaid).
  [ins_typeohp_med_inp]

  > Each answer choice is an indicator variable denoting the selection or selections chosen.

- O A health plan you get through an employer or a union, or through a family member's employer or union.
  [ins_typeemployer_inp]

- O A health plan that you buy directly from an insurance company, not through an employer or union.
  [ins_typepriv_inp]

- O Some other kind of insurance that I haven't already mentioned: [_____] (ENTER DESCRIPTION. DO NOT INCLUDE DENTAL.)
  [ins_typeother_inp] / Details saved as ins_typeotherdetails_inp

- O NONE OF THE ABOVE: SP answered "no" to each type of insurance.
  [ins_typenone_inp]

- O DON'T KNOW: [_____] (GIVE DETAILS IF POSSIBLE – WHAT EXACTLY IS THE SP UNCERTAIN ABOUT?.)
  [ins_typedontknow_inp] / Details saved as ins_typedontknowdetails_inp

- O PREFER NOT TO ANSWER
  [ins_typeno_answer_inp]

Q177. ins_any_inp.   Do you have **any** type of medical insurance right now, not counting dental insurance?

> ASK IF: ins_type_inp = NONE or DK or RF

- O Yes: [_____] (Describe.)
  Descriptive details saved as ins_anydetails_inp

- O No

- O DON'T KNOW

- O PREFER NOT TO ANSWER

Q178. ins_premium_inp.   Does your medical insurance require you to pay a monthly premium?

> ASK IF KNOW SP IS INSURED BASED ON ins_type_inp and ins_any_inp

- O Yes

- O No

- O DON'T KNOW

- O PREFER NOT TO ANSWER

Q179. ins_premium_amt_inp. About how much do you have to pay each month for your medical insurance coverage? {I am thinking of money that you pay out of your own pocket or that is deducted from your paycheck, not any costs covered by your employer.} [Your best estimate is fine.]

IF SP'S INSURANCE COVERAGE IS THROUGH A FAMILY PLAN, ASK FOR THE TOTAL PREMIUM FOR THE ENTIRE FAMILY.

- O Enter amount: $_____XXX_____ (Enter 0 if none.)
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q180. ins_premium_who_inp. Does this premium also cover other members of your family?

- O Yes – how many others? _____ [Number saved as ins_premium_whonum_inp]
- O No, just the SP
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q181. ins_this_year_cont_inp. Have you been covered by your current medical insurance for the whole time since the beginning of this year, {CURRENT YEAR}?

INTERVIEWER: USE {CURRENT_YEAR} CALENDAR CARD

- O Yes
- O No
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q182. ins_this_year_any_inp. Was there any time this year, {CURRENT YEAR}, when you **did** have some kind of medical insurance?

INTERVIEWER: USE {CURRENT_YEAR} CALENDAR CARD

- O Yes
- O No
- O DON'T KNOW
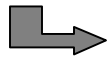- O PREFER NOT TO ANSWER

Q183. ins_this_year_inp. For how many months in {CURRENT YEAR} did you have some kind of medical insurance [not including dental]?

- O Enter number of months _____
- O DON'T KNOW
- O PREFER NOT TO ANSWER

Q184. ins_this_year_probe_inp.   If you were taking your best guess, would you say it was… [READ CHOICES]

- O   Less than 3 months,
- O   4-6 months,
- O   7-9 months,
- O   or more than 9 months?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

ASK IF: ins_this_year_inp= DK and current month is May or onward (month_now>=5); response options change depending on current month

Q185. ins_last_year_inp.   Now let's go back a year, to {LAST CALENDAR YEAR}. For how many months in {LAST CALENDAR YEAR} did you have some kind of medical insurance [not including dental]?

INTERVIEWER: USE {LAST CALENDAR YEAR} CALENDAR CARD

- O   Enter number of months: _____   (Enter 0 if none.)
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q186. ins_last_year_probe_inp.   If you were taking your best guess, would you say it was… [READ CHOICES]

- O   Less than 3 months,
- O   4-6 months,
- O   7-9 months,
- O   or more than 9 months?
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

ASK IF: ins_last_year_inp= DK

Q187. ins_two_years_ago_inp[6].   Finally, let's go back to 2008. [Don't worry, I won't ask you to go back any further.] For how many months in 2008 did you have some kind of medical insurance [not including dental]?

INTERVIEWER: USE 2008 CALENDAR CARD

- O   Enter number of months _____
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

ASK IF: CURRENT YEAR = 2010

Q188. ins_two_years_ago_probe_inp.   If you were taking your best guess, would you say it was… [READ CHOICES]

- O   Less than 3 months,
- O   4-6 months,
- O   7-9 months,
- O   or more than 9 months?

ASK IF: ins_two_years_ago_inp= DK

---

[6] This question was asked only of Subject Participants interviewed in 2010.

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q189. list_conf_inp.   [A few final questions on insurance.] Our records indicate that your name was placed on the reservation list for OHP Standard in **early 2008**. Is that correct?

> OHP Standard is Oregon's medical insurance program for low-income, non-pregnant adults 19 years of age and older. It is different from OHP Plus, which is provided to low-income children and adults who are eligible for Medicaid.
> OHP Standard was closed to new enrollments from 2004 to 2007. Then, in January and February 2008, the Department of Human Services invited uninsured, low-income Oregonians to put their names on a reservation list for a chance to enroll in OHP Standard, Over 100,000 people, from all corners of the state, placed their names on this list. We believe that some people's names may have been placed on the list without their knowledge -- for example, by a hospital or other institution where a person frequently received care

INTERVIEWER: IF SP HAS NEVER HEARD OF THE LIST, ENTER "DON'T KNOW": {HE/SHE} MAY HAVE BEEN SIGNED UP WITHOUT {HIS/HER} KNOWLEDGE.

ENTER "NO" ONLY IF SP IS QUITE SURE {HE/SHE} WAS NEVER ON THE LIST.

o Yes

o No

o DON'T KNOW

o PREFER NOT TO ANSWER

Q190. list_who_inp. Did you sign yourself up for the reservation list or did someone else sign you up?

INTERVIEWER: DO NOT READ THE RESPONSE OPTIONS, BUT PROBE AS NECESSARY.

o Self.

o Family member

o Other: _____ (Specify relationship to SP)

o Don't remember any more (but did know once)

o DON'T KNOW

o PREFER NOT TO ANSWER

> ASK IF: SP was placed on list_conf_inp = YES

Q191. list_new_inp[6]. The state reopened the Oregon Health Plan reservation list in late 2009. As before, they are now randomly selecting people every month for a chance to enroll in OHP Standard. People whose names were on the old list have to sign up again in order to be considered.

Have you or anyone in your household put your name on the new list?

INTERVIEWER: IF SP ANSWERS "NO" BUT EXPRESSES INTEREST IN THE NEW LIST, EXPLAIN THAT YOU CAN PROVIDE MORE INFORMATION AT THE END OF THE INTERVIEW.

o Yes

o No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q192. new_list_who_inp^6. Whose name is on that list – is it you, or someone in your household, or both?
MARK ALL THAT APPLY

o   SP's name is on the list
[new_list_whoself_inp]

Answer choices saved as indicator variables.
new_list_who_inp not saved.

o   Household member name(s) on the list [_____] (Request actual names, if possible)
[new_list_whohousehold_inp] / Names saved as new_list_whohhnames_raw

o   DON'T KNOW
[new_list_whodk_raw]

o   PREFER NOT TO ANSWER
[new_list_whona_raw]

Q193. list_new_selected_inp^6. Have you or anyone in your household been notified by the state in 2010 that your name
has been selected from the **new** list?

o   Yes

o   No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q194. owe_inp.   Do you currently owe money to a health care provider, credit card company, or anyone else for medical
expenses {from previous years}?

o   Yes

o   No

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q195. owe_amt_inp. About how much do you owe? [Again, your best estimate is
fine.]

o   Enter dollar amount: __XXX____ (Enter 0 if none.)

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Q196. owe_pr1_inp. Just to give me a rough sense of the amount: would you guess
it's more than $1000 or less than $1000?

o   More than $1000?

o   Less than $1000?

o   About $1000?

o   DON'T KNOW

o   PREFER NOT TO ANSWER
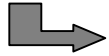
Q197. owe_pr2_inp. And would you say it's more than {$300/ $3000} or less than {$300/ $3000}?

o   More than {$300/ $3000}

o   Less than {$300/ $3000}

o   About {$300/ $3000}

o   DON'T KNOW

o   PREFER NOT TO ANSWER

> ASK USING $300 IF owe_pr1_inp = "LESS THAN"
> ASK USING $3000 IF owe_pr1_inp = "MORE THAN"

[Thanks, that gives me a rough idea of the amount.]

Q198. refused_inp. In the last 12 months, has a doctor, clinic, or medical service refused to treat you because you owed them money for past treatment?

o Yes

o No

o DON'T KNOW

o PREFER NOT TO ANSWER

Q199. borrow_inp. In the last 12 months, have you had to borrow money, skip paying other bills, or pay other bills late in order to pay health care bills?

o Yes

o No

o DON'T KNOW

o PREFER NOT TO ANSWER

[We're almost done with the questions.] I'd like to finish by asking you a few general questions about yourself.

Education and Employment

Q200. edu_inp. What is the highest degree or level of school you have **completed**? [I'm just thinking of programs or degrees that you have already finished, not ones you're currently enrolled in.]

INTERVIEWER: ALLOW FREE RESPONSE AND PLACE IN APPROPRIATE CATEGORY.
PROBE AS NECESSARY, USING CARD #11.

- O   Did not finish high school
- O   High school diploma or the equivalent (GED)
- O   Some degree beyond high school, but not a four-year college degree
- O   Four- year college degree
- O   Beyond college (Master's, professional degree, or doctorate/PhD)
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q201. employ_now_inp. Are you currently employed by someone else, self-employed, or not employed? Please include any sort of work that you get paid for.

IF SP SAYS BOTH "EMPLOYED BY SOMEONE ELSE" AND "SELF-EMPLOYED", MARK BOTH CHOICES..

A self-employed person does not have a boss or employer, but makes money by running his or her own business.

Answer choices saved as indicator variables. employ_now_inp not saved in dataset.

- O   Employed by someone else
         [employ_nowemployed_inp]
- O   Self-employed   [employ_nowself_employed_inp]
- O   Not employed   [employ_nownot_employed_inp]
- O   DON'T KNOW   [employ_nowdont_know_inp]
- O   PREFER NOT TO ANSWER   [employ_nownoanswer_inp]

Q202. unemploy_reason_inp. What is the main reason you are not working right now?

ASK IF: employ_now_inp ="not employed"

DO NOT READ CHOICES. ALLOW FREE RESPONSE AND PLACE IN APPROPRIATE CATEGORY. PROBE AS NEEDED.

- O   Looking for a job, haven't found one
- O   Taking care of house or family
- O   Going to school
- O   Retired
- O   Unable to work for health reasons/ Disabled
- O   Other (please explain): _____
      [Descriptive reasons saved as unemploy_reasondetails_inp]
- O   DON'T KNOW
- O   PREFER NOT TO ANSWER

Q203. employ_hrs_inp. About how many hours a week do you usually work at your current job or jobs?

> O   Fewer than 20 hours
>
> O   20 to 30 hours
>
> O   More than 30 hours
>
> O   DON'T KNOW
>
> O   PREFER NOT TO ANSWER

Q204. employ_months_inp. Of the **last 12 months**, how many months were you working?   [Your best estimate is fine.]

IF SP ASKS FOR CLARIFICATION, TELL THEM TO COUNT AS "WORKING" ANY MONTH IN WHICH THEY WORKED AT LEAST HALF THE MONTH.

FOR INSTANCE, A MONTH IN WHICH THEY WORKED ONE DAY WOULD NOT COUNT AS "WORKING". PART-TIME WORK DOES COUNT.

> O   Enter number of months: ___XXX___ (Enter 0 if none.)
>
> O   DON'T KNOW
>
> O   PREFER NOT TO ANSWER
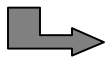
> **Q205.** employ_months_probe_inp.   If you were taking your best guess, would you say it was…
> [READ CHOICES]

> > O less than 3 months,
> >
> > O 4-6 months,
> >
> > O 7-9 months, OR
> >
> > O more than 9 months?
> >
> > O DON'T KNOW
> >
> > O PREFER NOT TO ANSWER

Q206. missed_work_inp[7]. In the **last 12 months**, about how many days of work have you missed because of disability or poor health?

[Your best estimate is fine. You can also tell me the number of weeks or months you've missed, if that's easier.]

> O   No work missed due to disability or poor health
>
> O   Enter number: __XX____ and unit {select unit: days, weeks, months]
>
> O   DON'T KNOW
>
> O   PREFER NOT TO ANSWER

---

[7] missed_work_inp merges all responses. Its units are Number of Work **Days** Missed in last 12 months. The appropriate conversion was made if the SP gave the number of week or months missed in the last 12 months. The number reported is stored as missed_work_number_inp. The unit reported is stored as missed_work_unit_inp. This provides no additional information to that given by missed_work_inp and is stored only for completeness of data.
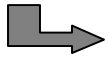
Q207. missed_work_probe_inp.   If you were taking your best guess, would you say it was…
[READ CHOICES]

O   A week or less,

O   More than a week but less than a month, OR

O   More than a month of work missed?

O   DON'T KNOW

O   PREFER NOT TO ANSWER

Q208. hh_income_inp. My next question is about your total household income in the last 12 months. This is the combined income from **everyone** who lives in your household, **before taxes.**

Please include income from **all** sources, including unemployment and disability benefits, social security, welfare, gambling, child support, and so on.

By a household, I mean people who live together, usually eat together, and have common financial resources.
A household is often built around a family, but it doesn't have to be. If you are living with a partner and you generally pool your incomes, then please include their income here. But if you have roommates whose incomes and spending are mostly separate from yours, then please don't include them.

[Talking points for refusal conversion]

Here is a card with a list of income ranges. Please show me the one that you think includes your household or say the corresponding letter.
USE CARD #12.

Income is important in analyzing the information we collect. For example, this information helps us learn whether people in one income group use certain types of medical care or have certain medical conditions more or less often than people in another group.

O   A. $1 to $2500,

O   B. $2,501 to $5,000,

O   C. $5,001 to $7,500,

O   D. $7,501 to $10,000,

O   E. $10,001 to $12,500,

O   F. $12,501 to $15,000,

O   G. $15,001 to $17,500,

O   H. $17,501 to $20,000,

O   I. $20,001 to $22,500,

O   J. $22,501 to $25,000,

O   K. $25,001 to $27,500,

O   L. $27,501 to $30,000,

O   M. $30,001 to $32,500,

O   N. $32,501 to $35,000,

O   O. $35,001 to $37,500,

O   P. $37,501 to $40,000,

O   Q. $40,001 to $42,500,

o   R. $42,501 to $45,000,

o   S. $45,001 to $47,500,

o   T. $47,501 to $50,000,

o   U. $50,001 or more

o   NO INCOME

o   DON'T KNOW

o   PREFER NOT TO ANSWER

Household

Q209. num_hh_inp.   How many people, including yourself, live in your household?

o   Enter number of adults: ___XX___

o   DON'T KNOW

o   PREFER NOT TO ANSWER

> By a household, I mean people who live together, usually eat together, and have common financial resources. Please include everyone whose income you included in the last question. Also include everyone who lives with you and is supported by that income.

Q210. num_adult_inp. Including yourself, how many of the people living in your household are 19 or older?

o   Enter number of people: ___XX___

o   DON'T KNOW

o   PREFER NOT TO ANSWER

> ASK IF num_hh_inp > 1 or num_hh_inp = DK

Q211. num_children_check_inp. So this means you have {num_hh_inp – num_adult_inp} child(ren) under 19 living in your household. Is that correct?

o   Yes

o   No. Enter correct number of children: [___XXX___]

o   Don't know

o   PREFER NOT TO ANSWER

> ASK IF: estimated number of children, #HH-#adults is a number between 0 and 20. num_children_inp_calc>=0 AND <=20

Q212. num_children_ask_inp. How many people living in your household are under the age of 19?

o   Enter number of children under 19: ___XX___   (Enter 0 if none.)

o   Don't know

o   PREFER NOT TO ANSWER

> ASK IF: DEM10 OR DEM11 = DK, OR IF DEM10 – DEM11 IS OUT OF RANGE num_hh_inp = DK OR num_children_check_inp = DN or PNTA OR numc_children_inp_calc >20

Q213. marital_inp. Are you currently married, widowed, divorced, separated, or have you never been married?

    o   Married

    o   Widowed

    o   Divorced

    o   Separated

    o   Never married

    o   DON'T KNOW

    o   PREFER NOT TO ANSWER

Race/Ethnicity

Q214. hispanic_inp [I have just a couple more questions about your race and ethnicity.] Do you consider yourself to be Hispanic or Latino/a?

    o   Yes

    o   No

    o   Don't know

    o   PREFER NOT TO ANSWER

> HISPANIC OR LATINO PEOPLE MAY BE OF ANY RACE. LISTED BELOW ARE HISPANIC OR LATINO CATEGORIES AND COUNTRIES:
>
> | LATIN AMERICAN | | CENTRAL AMERICAN |
> |---|---|---|
> | SOUTH AMERICAN | | SPANISH AMERICAN |
> | MEXICAN | PUERTO RICAN | CUBAN |
> | DOMINICAN | COSTA RICAN | GUATEMALAN |
> | HONDURAN | NICARAGUAN | PANAMANIAN |
> | SALVADORAN | ARGENTINEAN | BOLIVIAN |
> | CHILEAN | COLOMBIAN | ECUADORIAN |
> | PARAGUAYAN | PERUVIAN | URUGUAYAN |
> | VENEZUELAN | SPANIARD/SPANISH | |

Q215. race_inp. And how would you describe your race?

USE CARD #13. READ CHOICES ONLY IF NECESSARY.

Here are some options. You can answer "yes" to more than one.

> Although Hispanic people can be of any race, many of them identify their race as "Hispanic" or "Latino". This option should NOT be read to the SP, but should be marked if the SP volunteers it under "Some other race".

    o   American Indian or Alaska Native? [racenative_inp]

    o   Asian? [raceasian_inp]

    o   Black or African American? [raceblack_inp]

    o   Native Hawaiian or Pacific Islander? [raceislander_inp]

    o   White? [racewhite_inp]

    o   Some other race: [_____] (Please describe.) [raceother_inp]
        [Descriptive details saved as raceother_details_inp]

    o   [DO NOT READ] Mark here if SP identifies their race as Hispanic, Latino, Mexican, etc. Do not mark "Some other race" above.   [racehispanic_inp]

    o   DON'T KNOW   [racedontknow_inp]

    o   PREFER NOT TO ANSWER   [racenoanswer_inp]

> Answer choices saved as indicator variables. race_inp not saved in dataset.

14. CONTACT INFORMATION

We are now done with the questionnaire section of the interview.

Before we go on to the Body Measurements section, I would like to verify your contact information, in case we need to get in touch with you again about your test results or about the study. We will always keep all your contact information private and will not share it with anyone else.

Q216. address_provide_raw. To make sure we have the right address for you on file, could you tell me your primary **mailing** address?

> **DO NOT READ ADDRESS TO SP:**
>
> {ADDRESS ON RECORD DISPLAYED}
>
> O   SP reports address exactly as above (or with minor corrections)
>
> O   SP reports a different address
>
> O   PREFER NOT TO ANSWER

Q217. address_conf_raw. Would you mind just confirming the address we have for you in our records:

> {DISPLAY ADDRESS ON RECORD}

| ASK IF address_provide_raw = PNTA |

Is this an address at which you can receive mail?

> O   Yes (possibly with minor corrections)
>
> O   No
>
> O   DON'T KNOW
>
> O   PREFER NOT TO ANSWER

This sounds different from the address we have for you in our records. Before I take down your new address, I'd like to ask you about the address that we currently have for you: it's {ADDRESS ON RECORD}

| READ IF address_provide_raw = DIFFERENT ADDRESS |

Q218. address_recognized_raw: Do you recognize this address? Could you tell me what it is?

| ASK IF address_provide_raw = DIFFERENT ADDRESS OR address_conf_raw = NO |

> O   Yes, valid address (although not primary mailing address)
>
> O   Yes, old address
>
> O   Yes, address of individual whom SP knows
>
> O   Yes, address of institution that SP is familiar with
>
> O   Yes, other: ____XXX_____   [Details saved as address_recognizedother_raw]
>
> O   No, SP does not recognize address
>
> O   PREFER NOT TO ANSWER

Enter the rest of SP's contact information directly into the RMS
On {NAME}'s "View Participant" page (Study ID = {ID#}):

Edit the current mailing address
   Make corrections in the primary mailing address if necessary.
   Ask SP if this mailing address is also physical address.

Edit the current mailing address
   Uncheck the "primary mailing address" box.
   If this is still a valid physical address, mark it as such. Otherwise, mark this address as inactive.
   Add a brief note of what the SP has told you about this address (e.g. old address, alternate address, friend's address, institutional address, or "never heard of it")

Edit the current mailing address
   If SP has told you that cannot receive mail at this address, mark it as inactive.
   Add a brief note of what the SP has told you about this address (e.g. refused to confirm or deny, old address, alternate address, friend's address, institutional address, or "never heard of it".)
   If possible, probe for any other information SP is willing to give about address, mailing or physical.

Add/update other address, phone, and email information
   Verify each address, phone number, or email address that we have on file
   Ask for any additional ones

Add/update locator information
   Ask SP for contact information for <u>two relatives or friends who do not live with SP but would know where can be reached</u>.
   Assure SP that we will not contact their locators for any other purpose.
   Fill out all the information on the locator form <u>except for the locator's date of birth and timezone</u>.
   Of the four checkboxes at the bottom of the form, always check the first and last boxes and leave the two middle ones unchecked.

DO NOT DELETE OR OVERWRITE ANY EXISTING CONTACT INFORMATION IN THE RMS, EXCEPT TO MAKE MINOR CHANGES.

why_participate_raw: [One very last question:] What were your main reasons for agreeing to participate in our survey today?

INTERVIEWER: ALLOW FREE RESPONSE, PROBE IF NECESSARY.

    o Free health screening [why_partcipatescreening_raw]

    o Compensation offered [why_partcipatemoney_raw]

    o Helping the researchers and/or the community [why_partcipatehelp_raw]

    o Interview Persistence [why_partcipatepersistence_raw]

    o Other (please specify): _____ [why_partcipateother_raw]
       [Descriptive details saved as why_participateotherreason_raw]

    o DON'T KNOW [why_partcipatedontknow_raw]

    o PREFER NOT TO ANSWER [why_partcipatena_raw]

END OF QUESTIONNAIRE SECTION
(Optional interviewer comments on next page.)

questionnaire_comments_raw. INTERVIEWER NOTES ON QUESTIONNAIRE SECTION (OPTIONAL):

_____

_____

_____

TEXT THAT NEEDS TO BE READ TO SP DURING THE HEALTH MEASUREMENTS SECTION

11. BODY MEASUREMENTS (ANTHROPOMETRY)

TALKING POINTS (OPTIONAL):

Now, that we have completed the questionnaire portion of the interview, we are going to conduct the Body Measurement part of the health measures section.

I am going to take your height, weight, and a couple of measurements on your arm, and a waist measurement.

I will explain each of the procedures as I conduct the measurements.

Do you have any questions?

INTERVIEWER: BE SURE TO HIT "NEXT" BEFORE YOU BEGIN THE ACTUAL PHYSICAL MEASUREMENTS.

12. BLOOD PRESSURE / MEDICATION LOOKUP

BLOOD PRESSURE TALKING POINTS (READ IF NECESSARY):

DISPLAY IF BP WILL BE MEASURED

- For this part of the physical exam, I will take your pulse and your blood pressure with this Omron machine.

- The machine will take 3 blood pressure measurements. There will be a 30-second resting period between the measurements.

- When the machine inflates the cuff, it may feel tight and you will feel some pressure.

- While the machine is taking your blood pressure, I ask that you not talk or move and I will not talk either. Talking and moving can change your blood pressure.

- Before taking your blood pressure reading, there is going to be a 5-minute waiting period. I would like for you to sit down comfortably and quietly for those 5 minutes. At the four-minute mark, I will take your pulse.

- I will give you your results at the end of the exam.

- Do you have any questions?

DISPLAY TALKING POINTS, ML1 AND ML2 IF SP MAY HAVE MEDS AND INTERVIEW IS BEING CONDUCTED IN A CLINIC

To save time, I would like to use the 5-minute rest period to record any medications that you are currently taking. I can enter the information from the labels on the containers directly into our system.

DISPLAY IF BP WILL BE MEASURED

Now I'd like to record any medications that you are currently taking. I can enter the information from the labels on the containers directly into our system.

DISPLAY IF BP **WON'T** BE MEASURED

ML1. Did you remember to bring your medications, including prescription medications that you've taken in the last 4 weeks and any over-the-counter medications that you take regularly?

- o   SP brought **all** of {his/her} medications
- o   SP brought **all** of {his/her} medications, **EXCEPT** medications that {he/she} has no way of bringing (e.g. methadone administered in a clinic, medical marijuana)
- o   SP brought **some** of {his/her} medications
- o   SP is taking some medications, but brought **none** of them
- o   SP is **not taking any medications**
- o   PREFER NOT TO ANSWER

ML2. Would you be able to tell me the names the medications that you **didn't** bring with you?

<table>
<tr><td>DISPLAY IF SP IS TAKING SOME MEDS, BUT DID NOT BRING THEM ALL.</td></tr>
</table>

[Once again, I'm interested in any prescription medications that you've taken in the last 4 weeks, as well as any over-the-counter medications that you take regularly, at least once a week.]

IF SP REMEMBERS THE NAMES OF SOME BUT NOT ALL OF {HIS/HER} MEDICATIONS, ENTER "YES".

- o   Yes
- o   No
- o   PREFER NOT TO ANSWER

DISPLAY TALKING POINTS, ML# and ML$ IF SP MAY HAVE MEDS AND INTERVIEW IS BEING CONDUCTED AT SP'S HOME

TALKING POINTS (READ OR PARAPHRASE):

To save time, I would like to use the 5-minute rest period to record any medications that you are currently taking. I can enter the information from the labels on the containers directly into our system.

<table>
<tr><td>DISPLAY IF BP **WILL** BE MEASURED</td></tr>
</table>

Now I'd like to record any medications that you are currently taking. I can enter the information from the labels on the containers directly into our system.

<table>
<tr><td>DISPLAY IF BP **WON'T** BE MEASURED</td></tr>
</table>

Would you mind taking a minute right now to bring me all your medications in their original containers? This includes:

- Any prescription medications that you have taken within the last month, whether originally prescribed for you or for someone else.
- Any over-the-counter medications that you take regularly (at least once a week), except for vitamins and dietary supplements.

ML3. Did SP bring any of {his/her} medications?

- o   Yes: SP brought all or some of medications (containers or list)
- o   No: SP is taking medications but cannot or will not bring any of them
- o   SP is not taking any medications

ML4. Are there medications which the SP did not bring, but which {he/she} can name from memory?

- o   Yes

O No

BP1. Have you had any of the following in the last 30 minutes?
(ANSWERING YES TO ANY ITEM DOES NOT EXCLUDE SP FROM EXAMINATION)

(a) Food? (Y/N)

(b) Alcohol? (Y/N)

(c) Coffee? (Y/N)

(d) Cigarettes? (Y/N)

MEDICATION LOOKUP: MEDICATIONS THAT SP BROUGHT TO THE INTERVIEW

{CLICK HERE TO ACCESS THE MEDICATION LOOKUP DATABASE}

MEDICATION LOOKUP: MEDICATIONS THAT SP LISTS FROM MEMORY

You mentioned that you also have other medications that you can tell me about.

Could you please tell me the names of all your medications, one by one?

[Once again, I'm interested in any prescription medications that you've taken in the last 4 weeks, as well as any over-the-counter medications that you take regularly, at least once a week.]

I'll ask you for some additional information about each medication. Please tell me as much as you can remember.

INTERVIEWER: OPEN THE MEDICATION LOOKUP SURVEY AND TRY TO OBTAIN AS MUCH INFORMATION AS POSSIBLE ABOUT EACH MEDICATION THAT THE SP LISTS.

{CLICK HERE TO ACCESS THE MEDICATION LOOKUP DATABASE}

ML5. INTERVIEWER: REQUEST TO MAKE A FOLLOW-UP MEDICATION APPOINTMENT WITH SP. IF SP AGREES, SCHEDULE THE APPOINTMENT IMMEDIATELY.

What kind of appointment was scheduled for medication follow-up?

O SP will come to clinic (Portland East)

O SP will come to clinic (Portland West)

BLOOD SAMPLE COLLECTION

REPORT OF FINDINGS

REMUNERATION

INTERVIEWER'S FINAL NOTES: DO NOT READ TO SP

PI1. Was the interview interrupted or suspended for a significant length of time?

- o   Yes
- o   No

PI2. At any point during the interview, did SP ask not to be contacted again by OHS?

- o   No, SP did not refuse further contact.
- o   Do not contact again about the current study.
- o   Do not contact again about future studies.
- o   Do not contact again at all (about this study or future studies).
- o   Other (give details): _____

PI3. Were any of the following present during the interview? (Mark all that apply.)

- ☐   Interpreter   (Language: _____)

- ☐   Another adult in the room (other than OHS observers)?
                                                          (Relationship to SP: _____)
- ☐   Computer problems?   (Specify: _____)

- ☐   Loud noises or other strong distractions (e.g. children, frequent interruptions, etc)?

PI4. Interviewer Notes (optional):

IMPORTANT: DO NOT USE SP'S NAME, ADDRESS, OR ANY IDENTIFYING INFORMATION IN THESE NOTES!!

_____
_____
_____

inp_dob_year(month, day)_correct: year (month, day) of birth. Default preload, but can be corrected.
       if dob_inp=0 | dob_conf_raw=0; dob_*_corrected;
       else; dob_*_preload
dob_*_preload are calculated from datastat_dateofbirth

calc_age:
      var today = new Date();
      var yearDiff = today.getFullYear() - {Value:INP_DOB_YEAR_CORRECT};
      var monthDiff = today.getMonth() - ({Value:INP_DOB_MONTH_CORRECT}-1);
      var dayDiff = today.getDate() - {Value:INP_DOB_DAY_CORRECT};

      if(monthDiff < 0 || (monthDiff == 0 && dayDiff < 0))
      yearDiff--;

      yearDiff;

age_inp: age calculated from birthday, or explicitly stated by SP; if DOB is not confirmed, value is -98
      if ageconf_raw=0, ageconf_corrected_raw
      if dob_conf_raw=-98|dob_conf_raw=-99, -98
      else, calc_age

ineligible_by_age: 1 if ineligible by age (dob before 1946 or after 1988)

ins_uncertain: 1 if SP's insurance status is uncertain at some point during last 12 months, otherwise 0.
      if (ins_this_year_any=0 & (ins_last_year_number=0 | month_now=12))|(ins_this_year_cont_yes=1 &
(ins_last_year_number=12|month_now=12)), 0;
      else, 1;

phq8_score_inp:
      = max(q1,0)+max(q2,0)+max(q3,0)+max(q4,0)+max(q5,0)+max(q6,0)+max(q7,0)+max(q8,0)

depression_diagnosis_inp: diagnose depression based on phq8 (1 if yes, 0 if no)
      var q=0;
      var ans = 1;

      if ({Value:INP_DEP_IMPAIR}<=0)
        ans = 0;
      else {
          if ({Value:INP_PHQ1}>1)
            q++;
          if ({Value:INP_PHQ2}>1)
            q++;
        if (q==0)
          ans=0;
           else {
                if ({Value:INP_PHQ3}>1)
                  q++;
                if ({Value:INP_PHQ4}>1)
                  q++;
                if ({Value:INP_PHQ5}>1)
                  q++;
                if ({Value:INP_PHQ6}>1)
                  q++;
                if ({Value:INP_PHQ7}>1)
                  q++;
                if ({Value:INP_PHQ8}>1)

```
                        q++;
                if (q<5)
                        ans=0;
        }
}
```

inp_depression_severity: depression severity based on phq8
      if phq8_score_inp>=10, `mild''
      if phq8_score_inp>=15, `moderately sever'
      if phq8_score_inp>=20, `severe'

known_phys_care:1 if we know before asking inp_care_any that SP has received care for a physical condition in last 12 months; 0 else:
```
        if ( ast_when_inp =1 |   dia_when_inp  =1 |  hbp_when_inp  =1 |  chl_when_inp   =1 |
            ami_when_inp  =1 |  chf_when_inp  =1 |   emp_when_inp  =1 |  kid_when_inp  =1 |
            cancer_when_inp  =1 |  chl_test_when1_inp  =1 |
          ast_doc_inp  =1 |  ast_ed_number_inp  >0 |  ast_ed_probe_inp  >0 |  ast_hosp_inp  =1|
            dia_feet_inp  =1 |  dia_eyes_inp  =1 |  dia_nurse_inp  =1 |
            dia_insulin_rx_inp  = 1 |     dia_pills_rx_inp  = 1 |     dia_check_rx_inp = 1 |
            hbp_rx_inp = 1 |     chl_rx_inp =1 |     chf_rx_inp = 1) 1;
        else 0;
```

known_ment_care: 1 if we know before asking inp_doc_any that SP has seen a doctor for depression/anxiety in last 12months; 0 else:
```
        if (  dep_when_inp  =1 |  dep_therapy_inp  =1 |  dep_rx_inp  =1 ) 1;
        else 0;
```

ask_care_any: Ask whether received medical care last year if 1; don't ask if 0:
```
        if (  known_phys_care  =1 |  known_ment_care  =1 |
            got_care_phys_inp  =1 |  got_care_phys_inp  =2 |
            got_care_ment_inp  =1 |  got_care_ment_inp  =2|
            got_care_subst_inp  =1 |  got_care_subst_inp  =2)
        0;
        else 1
```

care_last_year: 1 if SP received care last year, 0 if not:
```
        if (  ask_care_inp  =0 |  care_any_inp  =1 |  care_any_count_inp  =1) 1;
        else 0;
```

ask_40: 1 if SP should be asked questions for people over 40, 0 otherwise:
```
        if (  age_inp  >=40 |  over50_obvious_inp  = 1 |  over50_obvious_inp   = -98) 1;
```

ask_50: 1 if SP should be asked questions for people over 40, 0 otherwise:
```
        if (  age_inp  >=50 |  over50_obvious_inp   = 1 |  over50_ask_inp  = 1) 1;
```

known_meds: 1 if we know of specific prescription medications that SP is taking, 0 otherwise:
```
        if (  ast_controller_inp  =1 |  ast_inhaler_inp  =1 |  dia_insulin_use_inp  =1 |  dia_pills_use_inp  =1 |
          chl_rx_use_inp  =1 |  chf_rx_use_inp  =1 |  hbp_rx_use_inp  =1 |  dep_rx_use_inp  =1) 1;
        else 0;
```

day_now: current day

month_now: current month

year_now: current year

erof_gender: data label for gender_inp

bmaerof: weight message:

```
if bmxbmi < 18.5, 1;
else if bmxbmi >=25, 2;
else if bmxbmi >=18.5 & bmxbmi<25, 3
```

bpaerof: Blood Pressure Early Report of Findings:
```
if bpxsar <120 & bpxdar < 80, 1
if bpxsar >=120 & bpxsar <140 & bpxdar < 80, 2
if bpxsar >=140 & bpxsar <160 & bpxdar <80, 3
if bpxsar >=160 & bpxsar <180 & bpxdar <80, 4
if bpxsar >=180 & bpxsar <210 & bpxdar <80, 5
if bpxsar >=210& & bpxdar <80, 6
if bpxsar <120 & bpxdar >=80 & bpxdar<90, 2
if bpxsar >=120 & bpxsar <140 & bpxdar >=80 & bpxdar<90, 2
if bpxsar >=140 & bpxsar <160 & bpxdar >=80 & bpxdar<90, 3
if bpxsar >=160 & bpxsar <180 & bpxdar >=80 & bpxdar<90, 4
if bpxsar >=180 & bpxsar <210 & bpxdar >=80 & bpxdar<90, 5
if bpxsar >=210& & bpxdar >=80 & bpxdar<90, 6
if bpxsar <120 & bpxdar >=90 & bpxdar<100, 3
if bpxsar >=120 & bpxsar <140 & bpxdar >=90 & bpxdar<100, 3
if bpxsar >=140 & bpxsar <160 & bpxdar >=90 & bpxdar<100, 3
if bpxsar >=160 & bpxsar <180 & bpxdar >=90 & bpxdar<100, 4
if bpxsar >=180 & bpxsar <210 & bpxdar >=90 & bpxdar<100, 5
if bpxsar >=210& & bpxdar >=90 & bpxdar<100, 6
if bpxsar <120 & bpxdar >=100 & bpxdar<110, 4
if bpxsar >=120 & bpxsar <140 & bpxdar >=100 & bpxdar<110, 4
if bpxsar >=140 & bpxsar <160 & bpxdar >=100 & bpxdar<110, 4
if bpxsar >=160 & bpxsar <180 & bpxdar >=100 & bpxdar<110, 4
if bpxsar >=180 & bpxsar <210 & bpxdar >=100 & bpxdar<110, 5
if bpxsar >=210& & bpxdar >=100 & bpxdar<110, 6
if bpxsar <120 & bpxdar >=110 & bpxdar<120, 5
if bpxsar >=120 & bpxsar <140 & bpxdar >=110 & bpxdar<120, 5
if bpxsar >=140 & bpxsar <160 & bpxdar >=110 & bpxdar<120, 5
if bpxsar >=160 & bpxsar <180 & bpxdar >=110 & bpxdar<120, 5
if bpxsar >=180 & bpxsar <210 & bpxdar >=110 & bpxdar<120, 5
if bpxsar >=210& & bpxdar >=100 & bpxdar<110, 6
if bpxdar >=120, 6
```

insured: 1 if insured, 0 if not
```
if ins_type_ohp_med_inp=1 | ins_type_employer_inp=1 | ins_type_priv_inp=1 |
ins_type_other_inp=1|ins_any_inp=1, 1;
else, 0;
```

do_bp: do bp if 1, don't do if 0
```
if bpiarmc=3 | bmauprel=1 | bmuplel=1, 0
else, 1;
```

taking_meds: 1 if sp is taking medications that we need to record, 0 if not, -99 if unknown
```
if rx_any_inp=0|rx_any_inp=-99) & (otc_any_inp=0|otc_any_inp=-99), 0
else if rx_any_inp=1 | rx_any_inp=-98) | otc_any_inp=1 | otc_any_inp=-98|known_meds=1, 1
else, -99
```