

HEALTHY ENVIRONMENTS PARTNERSHIP SURVEY



Brightmoor Community Center
Butzel Family Center
Friends of Parkside
Detroit Health Department
Henry Ford Health System
Southwest Counseling and Development Services
Southwest Detroit Environmental Vision
University of Detroit Mercy

And

The University of Michigan:
School of Public Health
School of Nursing
Institute for Social Research

Write Unique ID# Here:

Interviewer ID# Here:

Date Interview Completed: ____/____/____

Log Number: _____

Date of Initial Review: ____/____/____

Date Corrections Made: ____/____/____

Date Database Editing Complete: ____/____/____

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SECTION A

1. We'd like to begin by learning how long you have lived in the city of Detroit. Please tell me the total number of years that you have lived in the city.

_____ OR _____ OR since _____
 YEARS MONTHS YEAR

IF R SAYS "ALL MY LIFE", ASK "HOW MANY YEARS IS THAT?"

2. How long have you lived in this neighborhood? By neighborhood, we mean those blocks that surround the block you live in and are within walking distance of your home.

_____ OR _____ OR since _____
 YEARS MONTHS YEAR

IF R SAYS "ALL MY LIFE", ASK "HOW MANY YEARS IS THAT?"

We'd like to get an idea of how people feel about their neighborhoods. There are no right or wrong answers – just your opinions. Please turn to page 1 in the response booklet. I am going to read a list of statements. For each one, please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree.

MARK DON'T KNOW ONLY IF OFFERED BY R.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	DON'T KNOW (8)
3. I think this neighborhood is a good place for me to live. Do you...						
4. People in this neighborhood share the same values.						
5. I feel at home in this neighborhood.						
6. It is very important to me to live in this particular neighborhood. Do you...						
7. I expect to live in this neighborhood for a long time.						
8. People in this neighborhood generally know each other.						
9. People in this neighborhood watch out for each other.						
10. People in this neighborhood do not trust the police.						
11. Houses in my neighborhood are <u>generally well maintained</u> .						
12. There is <u>heavy car or truck traffic</u> in my neighborhood. Do you....						

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	DON'T KNOW (8)
13. My neighborhood has a lot of <u>vacant lots</u> or <u>vacant houses</u> .						
14. There is <u>air pollution</u> like diesel from trucks or pollution from factories or incinerators in my neighborhood.						
15. Streets, sidewalks and vacant lots in my neighborhood are <u>kept clean</u> of litter and dumping.						
16. There is a lot of <u>loud noise</u> from cars, motorcycles, music, neighbors, or airplanes in my neighborhood.						
17. There is <u>contaminated land</u> in my neighborhood.						
18. I would move out of this neighborhood if I could.						

Please tell me whether you have done any of the following things in the past twelve months.

In the past twelve months...	YES (1)	NO (5)
19. Have you attended a block club, neighborhood association, or police precinct meeting?		
20. Have you participated in a neighborhood clean up or beautification project, crime watch, Angel's Night, or other neighborhood activity?		
21. Have you served on a committee, helped organize meetings, or served in a position of leadership for any local organization such as a block club, church, parent teacher or other school organization, or any other organization?		

Please turn to page 3 in your response booklet. Overall, how would you rate the quality of each of the following services provided by the city in your neighborhood: would you say they are excellent, good, fair or poor?

MARK DON'T KNOW ONLY IF OFFERED BY R.

How would you rate the quality of...	Excellent (1)	Good (2)	Fair (3)	Poor (4)	DK (8)
22. Street maintenance in your neighborhood, for example filling pot holes or replacing burned out street lights.					
23. Snow removal.					
24. Fire department.					
25. Trash removal.					
26. Public transportation. Would you say...					

Now, I'd like to ask you about parks and recreation facilities in your neighborhood.

27. Are there any **parks or playgrounds** within a half mile from your home? A half mile would be within a 10-15 minute walk or a 5 minute drive.

MARK DON'T KNOW ONLY IF OFFERED BY R.

1. YES	5. NO	8. DON'T KNOW
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GO TO Q31

28. Please turn to page 22 in the response booklet. During the last year, how often have you visited any of those parks or playgrounds – daily or almost daily, one to three times a week, one to three times a month, less than once a month, or never?

1. Daily or almost daily	2. One to three times a week	3. One to three times a month	4. Less than once a month	5. Never
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29. Thinking about all the parks and playgrounds in your neighborhood, how would you rate the quality of those parks or playgrounds overall? By quality, I mean the variety of things people can do there, how well the parks are maintained, and other things that can affect their use – would you say excellent, good, fair or poor?

MARK DON'T KNOW ONLY IF OFFERED BY R.

1. Excellent	2. Good	3. Fair	4. Poor	8. DON'T KNOW
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30. Overall, how would you rate the safety of those parks or playgrounds – would you say very safe, somewhat safe, not very safe, or not safe at all?

MARK DON'T KNOW ONLY IF OFFERED BY R.

1. Very safe	2. Somewhat safe	3. Not very safe	4. Not safe at all	8. DON'T KNOW
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31. Now, please think about public places where you could go if you wanted to exercise indoors – places like **community centers, recreation centers, or churches** that do not require a membership fee. Are there any places like this where you could go to exercise within a half mile from your home? **(THAT IS, WITHIN A 10-15 MINUTE WALK OR A 5 MINUTE DRIVE)**

MARK DON'T KNOW ONLY IF OFFERED BY R.

1. YES	5. NO	8. DON'T KNOW
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GO TO SECTION B

32. Again, please look at page 22 in the response booklet. During the last year how often have you used any of those places to exercise indoors? Would you say daily or almost daily, one to three times a week, one to three times a month, less than once a month, or never?

1. Daily or almost daily	2. One to three times a week	3. One to three times a month	4. Less than once a month	5. Never
--------------------------	------------------------------	-------------------------------	---------------------------	----------

33. Overall, how would you rate the quality of those places to exercise indoors? Would you say excellent, good, fair or poor? **[IF R ASKS: BY QUALITY, I MEAN THE VARIETY OF THINGS THAT PEOPLE CAN DO THERE, HOW WELL EQUIPMENT OR SPACE IS MAINTAINED, AND HOW CLEAN THE FACILITY IS.]**

MARK DON'T KNOW ONLY IF OFFERED BY R.

1. Excellent	2. Good	3. Fair	4. Poor	8 DON'T KNOW
--------------	---------	---------	---------	--------------

34. Overall, how would you rate the safety of those places to exercise indoors – would you say very safe, somewhat safe, not very safe, or not safe at all?

MARK DON'T KNOW ONLY IF OFFERED BY R.

1. Very safe	2. Somewhat safe	3. Not very safe	4. Not safe at all	8 DON'T KNOW
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SECTION B

In this section, I will ask you about your health.

1. First, all in all, would you say that your health is generally excellent, good, fair or poor?

1. Excellent

2. Good

3. Fair

4. Poor

2. When was the last time you had a routine physical exam or general check up by a doctor or other health professional, even when you were feeling well?

MARK NEVER ONLY IF OFFERED BY R.

1. Within the last 2 years

2. Two to five years ago

3. More than five years ago

4. NEVER

3. Have you ever had your blood pressure checked?

1. YES

5. NO

→ GO TO Q10

4. About how long has it been since you last had your blood pressure taken by a doctor or other health professional?

MARK NEVER ONLY IF OFFERED BY R.

1. Less than one year ago

2. 1 to 2 years ago

3. More than 2 years ago

4. NEVER

5. Has a doctor or other health professional ever told you that you had hypertension, also called high blood pressure?

1. YES

5. NO

3. IF VOLUNTEERED: YES, ONLY DURING PREGNANCY

↓
GO TO Q10

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

_____ Years Old
ENTER AGE IN YEARS

7. Because of your high blood pressure, have you ever been told by a doctor or other health professional to take prescribed medicine?

1. YES

5. NO

→ GO TO Q10

8. Are you now taking the prescribed medicine?

1. YES

5. NO



9. Why Not? _____

10. Have you ever had your blood cholesterol checked?

1. YES

5. NO

→ GO TO Q17

11. About how long has it been since you last had your cholesterol checked?

MARK NEVER ONLY IF OFFERED BY R.

1. Less than one year ago

2. 1 to 2 years ago

3. More than 2 years ago

4. NEVER

12. Has a doctor or other health professional ever told you that your cholesterol level was high?

1. YES

5. NO

→ GO TO Q17

13. How old were you when you were first told you had high cholesterol?

_____ Years Old
ENTER AGE IN YEARS

14. Because of your high blood cholesterol, have you ever been told by a doctor or other health professional to take prescribed medicine?

1. YES

5. NO

→ GO TO Q17

15. Are you now taking the prescribed medication?

1. YES

5. NO

16. Why not? _____

17. Have you ever been screened for diabetes, for example, had a test for blood sugar?

1. YES

5. NO

→ GO TO Q24

18. About how long has it been since you were last checked for diabetes?

MARK NEVER ONLY IF OFFERED BY R.

1. Less than one year ago

2. 1 to 2 years ago

3. More than 2 years ago

4. NEVER

19. Has a doctor or other health professional ever told you that you had diabetes?

1. YES

5. NO

3. IF VOLUNTEERED: YES, ONLY DURING PREGNANCY

GO TO Q24

20. How old were you when you were first told you had diabetes?

_____ Years Old
ENTER AGE IN YEARS

21. Because of your diabetes, have you ever been told by a doctor or other health professional to take insulin or diabetes pills?

1. Yes, insulin

2. Yes, diabetes pills

3. Yes, both insulin and diabetes pills

5. No, neither

GO TO Q24

22. Are you now taking _____?

[INSERT: INSULIN/DIABETES PILLS/BOTH INSULIN AND DIABETES PILLS]

1. YES

5. NO

23. Why not? _____

Please tell me whether a doctor or other health professional has ever told you that you had any of the following health conditions:

Has a doctor or other health professional ever told you that you had.....	YES (1)	NO (5)		IF YES: How old were you when you were first told? (ENTER AGE IN YEARS)
24. <u>Heart failure</u> , also known as congestive heart failure?			25.	
26. <u>Angina</u> , also called angina pectoris?			27.	
28. A <u>heart attack</u> , also called myocardial infarction?			29.	
30. A <u>stroke</u> ? [IF R SAYS "I HAD A TIA OR MINI-STROKE", INDICATE YES]			31.	
32. <u>Emphysema</u> or chronic obstructive pulmonary disease, also known as COPD?			33.	
34. <u>Asthma</u> ?			35.	
36. Has a doctor or other health professional ever told you that you need to lose weight?			37.	

38. Has a doctor ever told you that you have cancer?

1. YES

5. NO



IF NO, GO TO INTERVIEWER CHECKPOINT BELOW

39. Are you currently undergoing chemotherapy or radiation therapy?

1. YES

5. NO

Now, please remind me of your age? _____

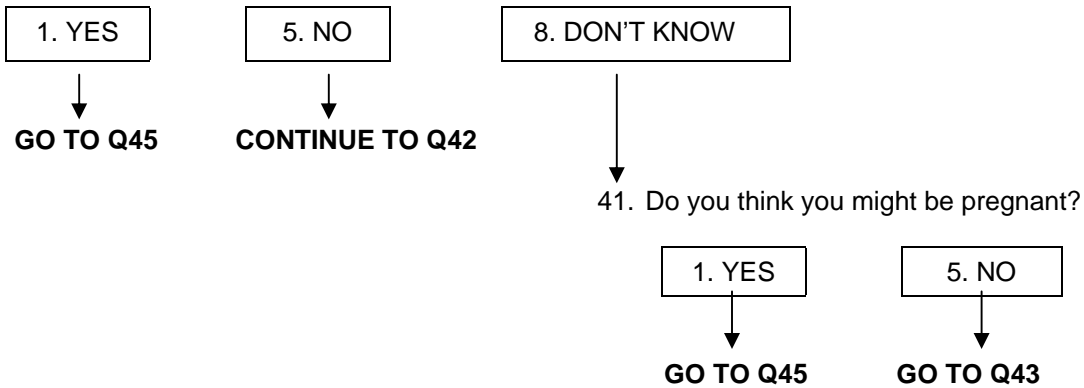
R IS MALE → GO TO Q47

R IS FEMALE AND UNDER AGE 55 → GO TO Q40

R IS FEMALE AND AGE 55 OR OVER → GO TO Q42

40. Are you currently pregnant or breastfeeding?

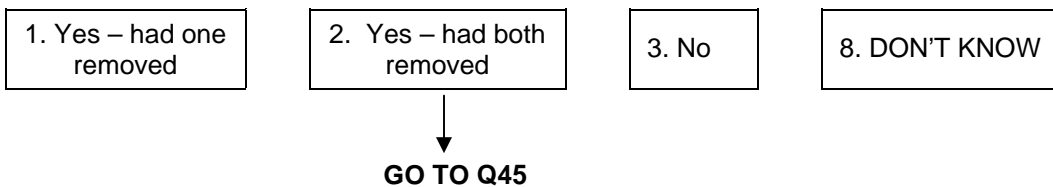
MARK DON'T KNOW ONLY IF OFFERED BY R



42. Have you had a hysterectomy, that is, surgery to remove your uterus or womb?

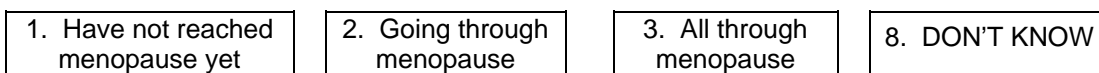


43. Have you had surgery to remove one or both of your ovaries?



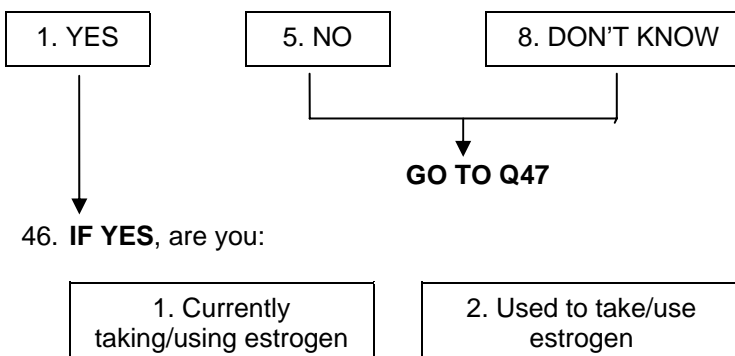
44. Regarding menopause, or the change of life, do you think you: have not reached menopause yet, are going through menopause, or are all through menopause?

MARK DON'T KNOW ONLY IF OFFERED BY R.



45. Have you ever taken estrogen pills or used estrogen patches for birth control or for the change of life?

MARK DON'T KNOW ONLY IF OFFERED BY R.



47. Are you currently in bed or in a chair for most or all of the day because of your health?

1. YES

5. NO



GO TO Q51

Now turn to page 24 in the response booklet.

How much difficulty do you currently have doing each of the following:	No difficulty at all (1)	A little (2)	Some (3)	A lot (4)	Can't do it at all (5)
48. Doing heavy work around the house such as shoveling snow or washing walls?					
49. Climbing a few flights of stairs?					
50. Walking several blocks?					
51. How much difficulty do you have bathing by yourself?					

IF YES TO Q47 → GO TO SECTION C

IF NO TO Q47 → CONTINUE

I will now ask you about two levels of physical activity—moderate and vigorous.

52. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as walking, vacuuming, gardening, or anything that causes small increases in breathing or heart rate?

1. YES

5. NO

→ **IF NO, GO TO Q55**

53. How many days per week do you do these moderate activities for at least 10 minutes at a time?

_____ Days per week

54. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_____ Hours per day

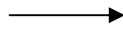
OR

_____ Minutes per day

55. In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as fast walking, running, dancing, or participating in strenuous sports that cause large increases in breathing or heart rate?

1. YES

5. NO



IF NO, GO TO Q58

56. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_____ Days per week

57. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_____ Hours per day

OR

_____ Minutes per day

58. When you want to do physical activity or exercise, how difficult is it to find a place? Would you say very difficult, somewhat difficult, not very difficult, or not difficult at all?

MARK DON'T KNOW ONLY IF OFFERED BY R.

1. Very difficult

2. Somewhat difficult

3. Not very difficult

4. Not difficult at all

8. DON'T KNOW

SECTION C

As we discussed earlier, I am going to take your pulse and blood pressure, and measure your hips, waist, height and weight.

1. I would like to try to measure your blood pressure using your arm. I will first measure around your arm to see which cuff size to use.

INDICATE CUFF SIZE USED BELOW.

- TOOK READING ON UPPER ARM WITH SMALL CUFF. (UPPER ARM IS LESS THAN 33 cm) (1)
- TOOK READING ON UPPER ARM WITH MEDIUM CUFF. (UPPER ARM IS 33 – 42 cm) (2)
- TOOK READING ON UPPER ARM WITH LARGE CUFF. (UPPER ARM IS 43 – 50 cm) (3)
- TOOK READING ON FOREARM WITH SMALL CUFF. (UPPER ARM IS GREATER THAN 50 cm; FOREARM IS LESS THAN 33 cm) (4)
- TOOK READING ON FOREARM WITH MEDIUM CUFF. (UPPER ARM IS GREATER THAN 50 cm; FOREARM IS 33 – 42 cm) (5)
- TOOK READING ON FOREARM WITH LARGE CUFF. (UPPER ARM IS GREATER THAN 50 cm; FOREARM IS 43 – 50 cm) (6)
- DID NOT ATTEMPT TO TAKE ARM READING: (7)

- a. _____ BECAUSE NO CUFF FIT

IF THIS IS THE CASE, SAY TO THE RESPONDENT:

“It appears that I do not have a cuff that would fit comfortably on your arm, so I will not try to take a blood pressure reading.”



GO TO Q15

- b. _____ OTHER REASON(S), BESIDES CUFF SIZE



GO TO Q15

I am going to measure your blood pressure three times.

**BETWEEN READINGS DEFLATE CUFF BUT LEAVE IT ON R's ARM.
WAIT APPROXIMATELY 60 SECONDS BEFORE TAKING THE NEXT SET OF MEASUREMENTS.**

	SYSTOLIC (1 st NUMBER)	DIASTOLIC (2 nd NUMBER)	PULSE
1 st READING	2.	3.	4.
2 nd READING	5.	6.	7.
3 rd READING	8.	9.	10.
2 nd READING + 3 rd READING =	11.	12.	
MEAN: (2 nd READING + 3 rd READING) ÷ 2 =	13.	14.	

IF THE MEAN SYSTOLIC READING IS...	<u>AND</u> IF THE MEAN DIASTOLIC READING IS...	PLACE AN "X" NEXT TO:
Less than 130	Less than 85	ζ "It is a good idea for you to have your blood pressure checked again in one or two years."
IF THE MEAN SYSTOLIC READING IS...	<u>OR</u> IF THE MEAN DIASTOLIC READING IS...	PLACE AN "X" NEXT TO:
131 to 139	85-89	ζ "It is a good idea for you to have your blood pressure checked again <u>in one year.</u> "
140 to 159	90-99	ζ "It is a good idea for you to have your blood pressure checked again <u>within two months.</u> "
160 to 179	100-109	ζ "It is a good idea for you to have your blood pressure checked again <u>within one month.</u> "
180 or higher	110 or higher	ζ "We recommend that you have your blood pressure checked again <u>BY A HEALTH CARE PROFESSIONAL IMMEDIATELY OR WITHIN ONE WEEK.</u> "

COMPLETE THE RESPONDENT CARD. MAKE SURE TO WRITE DOWN THE MEAN SYSTOLIC AND DIASTOLIC READINGS AND ALSO CHECK THE APPROPRIATE RECOMMENDATION BOX ON CARD.

15. WAS THERE A PROBLEM TAKING THE BLOOD PRESSURE MEASUREMENTS?

1. YES

5. NO

16. SPECIFY: _____

Now I would like you to stand up so I can measure your height and weight. Please remove your shoes (and any heavy outerwear).

17. **HEIGHT:** _____ Inches

**ENTER R'S HEIGHT TO NEAREST QUARTER INCH. ENTER R'S HEIGHT IN FEET AND INCHES ONTO RESPONDENT CARD ALSO.
(LIMIT: 81 INCHES)**

18. **WERE THERE ANY PROBLEMS WITH THE HEIGHT MEASUREMENT?**

1. YES	2. R SELF-REPORTED	5. NO
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↓

19. **SPECIFY:** _____

20. **WEIGHT:** _____ Pounds _____ **CHECK HERE IF MORE THAN 330 POUNDS**
**ENTER R'S WEIGHT WITH SHOES OFF. ENTER THIS NUMBER ONTO RESPONDENT CARD ALSO.
(LIMIT: 50-330 POUNDS)**

21. **WERE THERE ANY PROBLEMS WITH THE WEIGHT MEASUREMENT?**

1. YES	2. R SELF-REPORTED	5. NO
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↓

22. **SPECIFY:** _____

Now I would like to measure your waist and your hips with this tape marked in centimeters. The numbers are higher than they would be if we were measuring in inches.

INSTRUCTIONS: ALLOW R TO MEASURE HIM/HERSELF IF REQUESTED.

3

23. **WAIST:** _____ cm

**ENTER WAIST MEASUREMENT TO NEAREST WHOLE CENTIMETER.
(LIMITS: 57-151 cm)**

24. **WERE THERE ANY PROBLEMS WITH THE WAIST MEASUREMENT?**

1. YES

2. R SELF-REPORTED

5. NO

↓
25. **SPECIFY:** _____

WAIST IS GREATER THAN 88 CM (R IS A WOMAN) OR 102 CM (R IS A MAN) → GO TO Q26

WAIST IS LESS THAN OR EQUAL TO 88 CM (R IS A WOMAN) OR 102 CM (R IS A MAN) → GO TO SECTION D

26. **HIPS:** _____ cm

**ENTER HIP MEASUREMENT TO NEAREST WHOLE CENTIMETER.
(LIMITS: 63-151 cm)**

27. **WERE THERE ANY PROBLEMS WITH THE HIP MEASUREMENT?**

1. YES

2. R SELF-REPORTED

5. NO

↓
28. **SPECIFY:** _____

SECTION D

Now I'm going to ask some questions about your use of tobacco products.

1. Have you ever smoked cigarettes regularly?

5. NO	1. YES
→	
5. NO	1. YES



5. Have you ever smoked cigars or cigarillos regularly?

5. NO	1. YES
→	
5. NO	1. YES



9. Have you ever smoked a tobacco pipe regularly?

5. NO	1. YES
→	
5. NO	1. YES



GO TO Q13

2. Do you currently smoke cigarettes?

5. NO	1. YES
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3. How many years altogether (have you/did you) smoke cigarettes?

_____ YEARS

7. How many years altogether (have you/did you) smoke cigars or cigarillos?

_____ YEARS

11. How many years altogether (have you/did you) smoke a tobacco pipe?

_____ YEARS

4. Thinking about all the years that you smoked cigarettes, how many (do you/did you) smoke in a day on average?

_____ OR _____
 PACKS CIGARETTES/DAY
 [1 PACK = 20 CIGARETTES]

8. Thinking about all the years that you smoked cigars or cigarillos, how many (do you/did you) smoke per day or per week on average?

_____ OR _____
 PER DAY PER WEEK

12. Thinking about all the years that you smoked a tobacco pipe, how many ounces of pipe tobacco (do you/did you) smoke in an average week?

 OUNCES/WEEK

13. On average, about how many hours per week are you exposed to smoke from other people who are smoking cigarettes, pipes or cigars? Think about people who may smoke in your home, when you are riding with them in a car, at work or other close quarters.

IF R IS HAVING DIFFICULTY ESTIMATING SMOKE EXPOSURE IN HOURS PER WEEK, ASK ABOUT DAILY CONTACT IN HOURS. WRITE THAT NUMBER IN THE MARGIN, THEN MULTIPLY THIS ESTIMATE BY 7 AND WRITE IN THE SPACE BELOW.

_____ HOURS PER WEEK

IF R INDICATES LESS THAN ONE HOUR PER WEEK, RECORD "0"

The next questions are about things that may affect the quality of the air that you breathe at home or at work.

14. First, do you ever use any of the following to heat your home – a kerosene heater, gas stove, or fireplace, wood stove or open fire?

1. YES

5. NO

15. Now please turn to page 25 in the response booklet. Please tell me if you have ever worked for six months or longer in a job in which you were exposed to any of the following?

MARK ALL THAT APPLY

- a. ____ Woodworking, like from sanding or sawing wood
- b. ____ Metal-working fluids like from grinding or polishing
- c. ____ Welding activities
- d. ____ Asbestos
- e. ____ Silica
- f. ____ Diesel or vehicle exhaust like from working at a loading dock or repair garage
- g. ____ Furnaces in foundries, steel mills or factories
- h. ____ Stationary motors or generators
- i. ____ Heaters such as kerosene or propane
- j. ____ Firefighting
- k. ____ Other dust or mist, please describe: _____
- l. ____ NONE

SECTION E

Now I'm going to ask you some more questions about your health and well-being.

1. Looking back over your life, how satisfied would you say you are with your life overall? Would you say very satisfied, somewhat satisfied, not very satisfied or not satisfied at all?

1. Very satisfied	2. Somewhat satisfied	3. Not very satisfied	4. Not satisfied at all
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I am going to read some statements about how people sometimes feel. After each statement, please indicate how often you felt that way during the past week, using the response options on page 4 of the booklet.

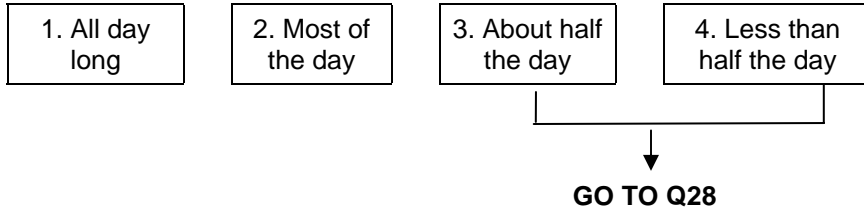
During the past <u>week</u> ...	Never (1)	Hardly ever (2)	Sometimes (3)	Often (4)	Always (5)
2. How often have you felt like not eating, or felt your appetite was poor. Would you say...					
3. How often have you felt depressed?					
4. How often have you felt that everything you did was an effort?					
5. How often have you had restless sleep?					
6. How often have you been happy?					
7. How often have you felt lonely?					
8. How often have you thought people were unfriendly? Would you say...					
9. How often have you enjoyed life?					
10. How often have you felt sad?					
11. How often have you felt that people disliked you?					
12. How often have you felt that you could not get "going"?					

13. Now I'd like you to think about the last year. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

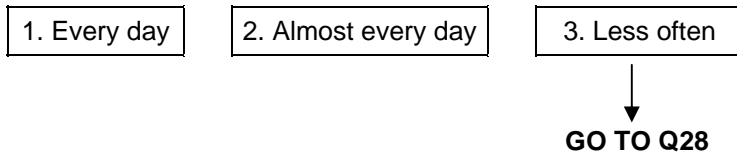
1. YES	5. NO	→	GO TO Q28
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IF R SAYS NO BUT VOLUNTEERS "I WAS ON MEDICATION/ANTI-DEPRESSANTS," REPEAT THE QUESTION – NOTE THAT THEY INDICATE THAT THEY ARE TAKING PRESCRIBED MEDICATIONS BY PLACING AN X HERE: ____

14. For the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst. During that time, did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?



15. During those two weeks, did you feel this way every day, almost every day, or less often?



16. During those two weeks, did you lose interest in most things?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES



17. Did you feel tired out or low on energy all the time?

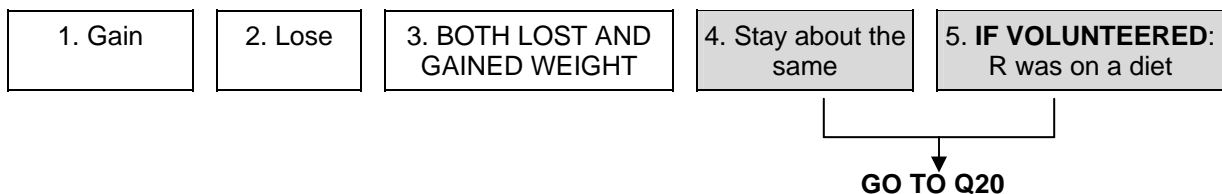
IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES



18. Did you gain or lose weight without trying, or did you stay about the same?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

DO NOT SAY "BOTH GAINED AND LOST WEIGHT". MARK ONLY IF VOLUNTEERED BY R.



19. About how much did (you gain/you lose/your weight change)?

IF RANGE GIVEN, CODE MIDPOINT. ROUND FRACTION DOWN TO THE WHOLE NUMBER.

_____ # of pounds

20. Did you have more trouble falling asleep than you usually do?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

1. YES 5. NO → **GO TO Q22**

21. Did that happen every night, nearly every night, or less often during those two weeks?

1. Every night 2. Nearly every night 3. Less often

22. Did you have a lot more trouble concentrating than usual?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

1. YES 5. NO

23. People sometimes feel down on themselves, no good, or worthless. Still thinking about the same two weeks, did you feel this way?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

1. YES 5. NO

24. Did you think a lot about death – either your own, someone else's, or death in general?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

1. YES 5. NO

INTERVIEWER CHECKPOINT

IF ANSWERS TO QUESTIONS 16, 17, 20, 22, 23, AND 24 ARE ALL "NO" AND ANSWERS TO Q18 IS "4" OR "5" [SEE SHADED ANSWERS] → GO TO Q28

ALL OTHERS, CONTINUE

25. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like **(FILL IN DESCRIPTIONS FROM QUESTIONS 16-24)**. About how many weeks did you feel this way during the past 12 months?

_____ # of weeks (02-51)

(IF VOLUNTEERED, ENTIRE YEAR = 52)

↓
IF ENTIRE YEAR (52), GO TO Q42

26. Think about the most recent time when you had two weeks in a row when you felt this way. In what month was this?

_____ MONTH (01-12)

27. Think about the most recent time when you had two weeks in a row when you felt this way. In what year was this?

_____ YEAR



GO TO Q42

28. During the past 12 months, was there ever a time lasting two weeks or more in a row when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1. YES

5. NO

→ **GO TO Q42**

IF R SAYS NO, BUT VOLUNTEERS “I WAS ON MEDICATION/ANTI-DEPRESSANTS,” REPEAT THE QUESTION – NOTE THAT THEY INDICATE THAT THEY ARE TAKING PRESCRIBED MEDICATIONS BY PLACING AN X HERE: ____

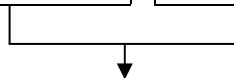
29. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

1. All day long

2. Most of the day

3. About half the day

4. Less than half the day



GO TO Q42

30. Did you feel this way every day, almost every day, or less often during the two weeks?

1. Every day

2. Almost every day

3. Less often



GO TO Q42

31. During those two weeks, did you feel tired out or low on energy all the time?

1. YES

5. NO

32. Did you gain or lose weight without trying, or stay about the same?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

DO NOT SAY "BOTH GAINED AND LOST WEIGHT". MARK ONLY IF VOLUNTEERED BY R.

1. Gain	2. Lose	3. BOTH LOST AND GAINED WEIGHT	4. Stay about the same	5. IF VOLUNTEERED: R was on a diet
---------	---------	--------------------------------	------------------------	---------------------------------------

↓
GO TO Q34

33. About how much did (you gain/you lose/your weight change)?

IF RANGE GIVEN, CODE MIDPOINT. ROUND FRACTION DOWN TO THE WHOLE NUMBER.

_____ # of pounds

34. Did you have more trouble falling asleep than you usually do?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

1. YES	5. NO
--------	-------

→ **GO TO Q36**

35. Did that happen every night, nearly every night, or less often during those two weeks?

1. Every night	2. Nearly every night	3. Less often
----------------	-----------------------	---------------

36. Did you have a lot more trouble concentrating than usual?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

1. YES	5. NO
--------	-------

37. People sometimes feel down on themselves, no good, or worthless. Did you feel this way?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

1. YES	5. NO
--------	-------

38. Did you think a lot about death – either your own, someone else's, or death in general?

IF R ASKS: "ARE WE STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER: YES

1. YES	5. NO
--------	-------

INTERVIEWER CHECKPOINT

- ANSWERS TO SHADED QUESTIONS 31, 34, 36, 37, AND 38 ARE “NO” AND ANSWERS TO Q32 IS “4” OR “5” [SEE SHADED ANSWERS] → GO TO Q42
- ALL OTHERS, CONTINUE

39. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like **(FILL IN DESCRIPTIONS FROM QUESTIONS 31-38)**. About how many weeks did you feel this way during the past 12 months?

_____ # of weeks (02-51)

(IF VOLUNTEERED, ENTIRE YEAR = 52)

↓
IF ENTIRE YEAR (52), GO TO Q42

40. Think about the most recent time when you had two weeks in a row when you felt this way. In what month was this?

_____ MONTH (01-12)

41. Think about the most recent time when you had two weeks in a row when you felt this way. In what year was this?

_____ YEAR

42. Has a doctor or other health professional ever diagnosed you with depression?

1. YES

5. NO

→ **GO TO SECTION F**

43. How old were you when you were first diagnosed with depression?

_____ Years Old
ENTER AGE IN YEARS

44. Are you currently being treated for depression, either with medication or by seeing a counselor?

1. YES

5. NO

SECTION F

1. Now we'd like to ask you a few questions about the kind of work you do. First, please look at the response options on page 17 of your booklet. Are you currently working for pay, looking for work, retired, a homemaker or raising children full time, a student or something else?

MARK ALL THAT APPLY

1. Working now for pay

2. Looking for work

3. Retired

4. Homemaker or raising children full-time

5. Student

IF VOLUNTEERED:

6. ONLY TEMPORARILY LAID OFF, SICK OR ON MATERNITY LEAVE, OR SEASONAL

7. UNPAID FAMILY WORKER (NOT HOME MAKER)

8. PERMANENTLY DISABLED

9. PERMANENTLY LAID OFF

10. OTHER (specify):

IF 1, 6, OR 7 GO TO Q3

2. Are you doing any work for pay at the present time?

1. YES

5. NO

→ **GO TO Q26**

3. On average, how many hours a week do you work in your main job. That is, the job you work at the most hours in a given week. Please include paid and unpaid overtime that you work at your main job.

_____ HOURS/WEEK

4. Do you currently have a second paying job?

1. YES

5. NO

→ **GO TO Q6**

5. On average, how many hours a week do you work in your second job?

_____ HOURS/WEEK

6. Including paid vacation and sick leave, how many weeks altogether were you employed during the past 12 months?

_____ WEEKS

Now we have some questions about your **main** job. That is, the job you work at the most hours in a given week.

7. What is your occupation on your main job?

(For example, registered nurse, supervisor of order department, waitress, gasoline engine assembler)

Answer: _____

8. What kind of work do you do in this job? What are your most important activities or duties?

(For example, dispense medications, administrator, serve food, assemble engines)

Answer: _____

9. What kind of business or industry is that in? What do they make or do where you work?

(For example, hospital, newspaper publishing, restaurant, auto engine manufacturer)

Answer: _____

10. Are you self-employed, or do you work for a private employer, or a municipal, county, state or federal government?

1. Self-employed 2. Private employer 3. Government employer

11. When you are at work, which of the following best describes what you do?

Would you say...

READ RESPONSES. IF R HAS MULTIPLE JOBS, INCLUDE ALL JOBS

1. Mostly sitting or standing 2. Mostly walking 3. Mostly heavy labor or physically demanding work

INTERVIEWER CHECKPOINT:



R CURRENTLY WORKS LESS THAN 10 HOURS PER WEEK —————> **GO TO Q34**

Now I am going to read a list of some things that people sometimes tell us about their work. Please turn to page 1 in the response booklet. After each statement, thinking about your current main job, please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
12. My job requires me to be creative. Would you say you...					
13. My job allows me to make a lot of decisions on my own.					
14. I get to do a variety of different things on my job.					
15. I have an opportunity to develop my own special abilities.					
16. My job requires working very fast.					
17. My job requires working very hard. Would you say you...					
18. I am not asked to do an excessive amount of work.					
19. I have enough time to get the job done.					
20. I am free from conflicting demands that others make.					
21. It is difficult for me to balance work and family demands.					
22. My job leaves me feeling too tired and stressed after work to participate in the activities <u>with friends and family</u> that I'd like to.					
23. Considering my efforts and achievements, my salary (income) is fair.					
24. I often worry about losing my job.					
25. If I were to lose my job, it <u>would not</u> be difficult for me to find another job that paid about the same.					

INTERVIEWER CHECKPOINT:

- R IS CURRENTLY EMPLOYED → GO TO Q34
- R IS NOT CURRENTLY EMPLOYED → GO TO Q26

26. Have you ever worked for pay?

1. YES 5. NO → GO TO Q34

27. How long has it been since you were last employed?

_____ OR _____
OF MONTHS # OF YEARS

28. Have you ever held a regular job that you worked on average 15 or more hours a week?

1. YES 5. NO → GO TO Q34

Now we have some questions about the **primary** job you had during the time that you were working - that is, the job at which you worked at least 15 hours in a given week for the longest time.

29. What was your occupation on this job?

(For example, registered nurse, supervisor of order department, waitress, gasoline engine assembler)

Answer: _____

30. What kind of work did you do in that job? What were your most important activities or duties?

(For example, dispense medications, administrator, serve food, assemble engines)

Answer: _____

31. What kind of business or industry was that in? What do they make or do where you worked?

(For example, hospital, newspaper publishing, mail order house, auto engine manufacturer)

Answer: _____

32. Were you self-employed, or did you work for a private employer, or a municipal, county, state or federal government?

1. Self-employed

2. Private employer

3. Government employer

33. How long did you have that job?

 # OF MONTHS

OR

 # OF YEARS

34. In order to get an accurate picture of your household's income, it helps to know about sources of income you or other members of your household have had during the past 12 months. First, counting all of the people aged 18 and older who currently live in this household, how many bring income into the household from wages, salary, commissions or tips? Please include yourself in this number.

_____ NUMBER WHO BRING AN INCOME INTO THE HOUSEHOLD

35. Please turn to page 19 in the response booklet and tell me which of the following sources of income your household has received in the past 12 months. Just tell me the letters of any that apply.

PLACE AN "X" NEXT TO EACH LETTER THAT R NAMES.

- a. ___ Income from wages, salary, commissions, or tips.
- b. ___ Social security payments, including payments for children.
- c. ___ Retirement pay, such as pension, annuities, IRAs, Keoghs, 401 (k) accounts, or veteran benefits.
- d. ___ Income from rent, interest, dividends, money market funds, trust funds, or other investments.
- e. ___ Unemployment compensation, disability or workers' compensation, or SSI (Supplemental Security income – a federal government program to provide money to disabled persons and low-income elderly).
- f. ___ Child support payments or alimony.
- g. ___ Public assistance payments (this includes State or County assistance, Cash assistance, TANF, AFDC, General Relief, or other government welfare payments), food stamps (income to lower-income families to purchase food), or energy and housing assistance from the government.
- h. ___ Any other sources of income.
- i. ___ None of the above.

IF R ANSWERS "NONE" TO ALL SOURCES OF INCOME QUESTIONS, INCLUDING WAGES AND SALARY, SAY – "ARE THERE ANY OTHER SOURCES OF INCOME YOUR HOUSEHOLD HAS RECEIVED IN THE PAST YEAR?" IF YES, MARK "h. Any other sources of income."

36. Please look at page 8 of the response booklet and tell me how much your total household income was from the past year. Please include income from all of the sources we just discussed, and from all members of the household.

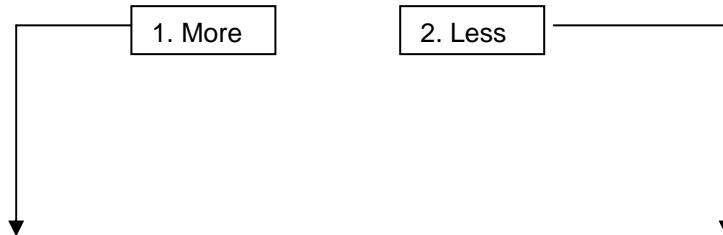
- | | |
|----------------------------|------------------------------|
| 1. _____ Less than \$5,000 | 11. _____ \$50,000-59,999 |
| 2. _____ \$5,000-9,999 | 12. _____ \$60,000-69,999 |
| 3. _____ \$10,000-14,999 | 13. _____ \$70,000-79,999 |
| 4. _____ \$15,000-19,999 | 14. _____ \$80,000-89,999 |
| 5. _____ \$20,000-24,999 | 15. _____ \$90,000-99,999 |
| 6. _____ \$25,000-29,999 | 16. _____ \$100,000-124,999 |
| 7. _____ \$30,000-34,999 | 17. _____ \$125,000-149,999 |
| 8. _____ \$35,000-39,999 | 18. _____ \$150,000-174,999 |
| 9. _____ \$40,000-44,999 | 19. _____ \$175,000-199,999 |
| 10. _____ \$45,000-49,999 | 20. _____ \$200,000 and over |

INTERVIEWER CHECKPOINT:

R ANSWERED Q36 → GO TO Q41

R REFUSES TO ANSWER Q36 → GO TO Q37

37. You may not be able to tell me exactly what your total household income was, but would you say it is more or less than \$40,000?

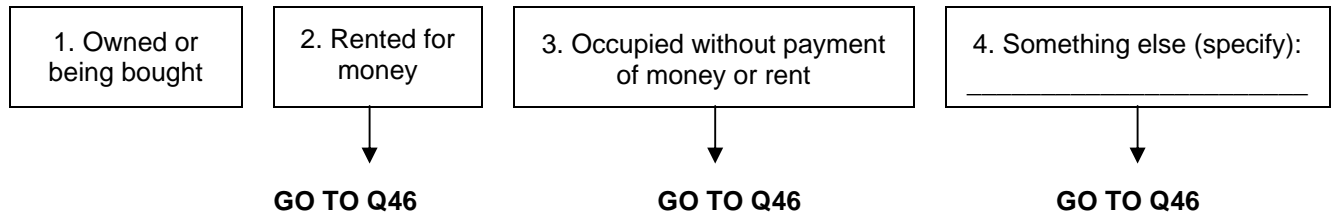


38. Is it more or less than \$80,000?

39. Is it more or less than \$20,000?



41. Now, please tell me whether the home where you live is owned or being bought by you or someone else in the household, rented for money, occupied without payment of money or rent, or something else?



42. Please turn to page 9 in the response booklet. If you sold this house today how much money would you get for it after paying off the mortgage?

MARK DON'T KNOW ONLY IF VOLUNTEERED BY R.

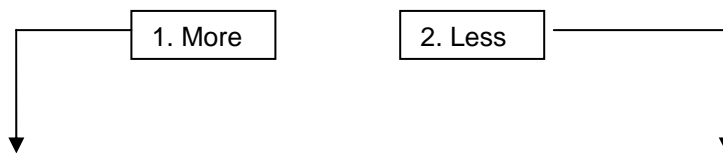
1 Less than \$25,000	2 \$25,000 to \$49,999	3 \$50,000 to \$74,999	4 \$75,000 to \$99,999
5 \$100,000 to \$149,999	6 \$150,000 - \$199,999	7 \$200,000 or more	8 DON'T KNOW

INTERVIEWER CHECKPOINT:

R ANSWERED Q42 → **GO TO Q46**

R REFUSES TO ANSWER Q42 → **GO TO Q43**

43. You may not be able to tell me exactly how much money you would get for the house after paying off the mortgage, but would you say it is more or less than \$ 50,000?



44. Is it more or less than \$100,000?

1. More	2. Less
---------	---------

45. Is it more or less than \$25,000?

1. More	2. Less
---------	---------

46. Now I'd like to talk about assets – that is things that you could sell, if you wanted, to earn additional money. Turning to page 18 in the booklet, tell me which of the items listed you (and your spouse/partner) own.

MARK ALL THAT APPLY

- a. Real estate other than your main home, such as a second/vacation home, land, rental real estate, a partnership, or money owed to you on a land contract or mortgage
- b. Part or all of a business or farm
- c. Money or assets that are held in retirement accounts under your or your (spouse/partner's) name, such as a pension, an annuity, and IRA, KEOGH, or a 401(k) account
- d. Savings or investments, such as shares of stock, mutual funds, corporate, municipal, government or foreign bonds, bond funds (including government savings bonds and treasury bills), checking or savings accounts, certificates of deposit, or money market funds
- e. One or more working cars (not leased cars)
- f. Any other savings or assets, such as jewelry, appliances, boats or other vehicles, money owed to you by others, a collection for investment purposes, rights in an estate where you are the beneficiary, or other trust funds (do not include the cash value of any life insurance policies)
- g. None of the above → **GO TO Q48**

47. Please look at page 16 in the booklet. Now, thinking about all the things you've mentioned above, including _____ **[FILL FROM ABOVE]**, but not including your main home, how much would you say that all these assets are worth together? Again, this does not include your main home.

- 1. Less than \$500
- 2. \$500 - \$4,999
- 3. \$5,000 - \$9,999
- 4. \$10,000 – \$24,999
- 5. \$25,000 – \$49,999
- 6. \$50,000 – \$99,999
- 7. \$100,000 – \$199,999
- 8. \$200,000 – \$499,999
- 9. \$500,000 or more

48. If you lost all your current sources of household income – your wages, public assistance, or other sources of income – how long could you continue to live at your current address and standard of living?

1. Less than one month

2. 1 to 2 months

3. 3 to 6 months

4. 7 to 12 months

5. More than one year

49. How hard is it for you to pay for very basics like food, housing, medical care, and heating? Would you say very difficult, somewhat difficult, not very difficult or not difficult at all?

1. Very difficult

2. Somewhat difficult

3. Not very difficult

4. Not difficult at all

50. Please look in the response booklet on page 7. Which, if any, of the following have you or any other member of your household done in the past year? You can just tell me the letters.

MARK ALL THAT APPLY

- a. Sold possessions or cashed in life insurance to cover day-to-day expenses
- b. Borrowed money from a friend or family member to cover day-to-day expenses
- c. Postponed seeing a doctor or other health professional, or been unable to purchase prescribed medications for financial reasons
- d. Applied for government assistance such as welfare, food stamps, or Medicaid, to help meet everyday expenses
- e. Applied for a loan to help pay off debts
- f. Moved to cheaper living quarters or moved in with people because you could not afford to stay where you were
- g. Gone without food because you could not afford it
- h. Gone without heat or electricity because you could not afford it
- i. NONE OF THE ABOVE

51. Please look at page 10 of the response booklet. What is the highest level of school or year of college you have completed?

MARK THE NUMBER CORRESPONDING TO HIGHEST LEVEL OF EDUCATION

1.		Some grade school (kindergarten through 7 th grade, but did not complete 8 th grade)
2.		Completed grade school (8 th grade graduate)
3.		Some high school (grades 9-12, but did not graduate)
4.		High school diploma or GED
5.		Some college (attended college, but did not complete any degree)
6.		Associate's degree (2 year)
7.		Bachelor's degree (4 year)
8.		Master's degree
9.		Doctoral degree, Ph.D., M.D., or D.D.S.
10.		Other (specify): _____ (Such as foreign equivalency, technical or vocational school) PROBE FOR HIGHEST LEVEL OF FORMAL SCHOOLING AND MARK APPROPRIATE BOX.

52. In what country did you receive your highest level of education?

1. Mainland United States

2. Puerto Rico

3. Mexico

4. Other (specify): _____

SECTION G

Next, please turn to page 5 in your response booklet. I'd like to ask you some questions about how things have been going for you during the last month. I'll read several statements to you, and after each one, I'd like you to tell me how often during the last month you have felt that way.

In the last month...	Never (1)	Almost never (2)	Some- times (3)	Fairly often (4)	Very often (5)
1. How often have you felt that you were unable to control the important things in your life? Would you say...					
2. How often have you felt confident about your ability to handle your personal problems?					
3. How often have you felt that things were going your way?					
4. How often have you felt that difficulties were piling up so high that you could not overcome them? Would you say...					

Next I'm going to ask you about some experiences you may have had. Please turn to page 4 in your response booklet and tell me how often you have had any of these experiences in the past 12 months – never, hardly ever, sometimes, often, or always?

In the past 12 months...	Never (1)	Hardly ever (2)	Sometimes (3)	Often (4)	Always (5)
5. How often did you have problems in relationships with friends or neighbors? Would you say...					
6. How often were you responsible for the care and well-being of a parent or any older relative?					
7. How often did problems experienced by a parent or some other older relative place an extra burden on you?					
8. How often did you worry about problems experienced by <u>other adult family members</u> ?					
9. How often did you worry about your safety in your home?					
10. How often did you worry about being robbed or having your home broken into? Would you say...					
11. How often did you worry about your safety in your neighborhood?					

	NUMBER
12. Please tell me how many people are currently living in your household, including yourself?	
13. Of those people, how many are <u>18 years of age or older</u> ?	
<input type="checkbox"/> ALL MEMBERS OF HOUSEHOLD ARE AGE 18 OR OLDER → GO TO Q24 <input type="checkbox"/> ALL OTHERS CONTINUE	
14. How many are <u>5 years of age and younger</u> ?	
15. How many are <u>between the ages of 6 and 12</u> ?	
16. How many are <u>between the ages of 13 and 17</u> ?	

INTERVIEWER CHECKPOINT

RESPONSES TO 14, 15, & 16 ARE ALL “0” or NO CHILDREN IN HOUSEHOLD → GO TO Q24.

ALL OTHERS, CONTINUE

17. How many of these children are you responsible for? Please include grandchildren, adopted children, foster children, or any other children who live here for whom you are responsible.

NUMBER OF CHILDREN FOR WHOM RESPONDENT IS RESPONSIBLE

INTERVIEWER CHECKPOINT

RESPONSE TO Q17 IS “0” → GO TO Q24.

ALL OTHERS, CONTINUE

The following questions ask about things people sometimes experience when they are caring for children. Continue to use page 4 and think about the past 12 months.

In the past 12 months...	Never (1)	Hardly ever (2)	Sometimes (3)	Often (4)	Always (5)
18. How often did problems experienced by your child(ren) place an extra burden on you?					
19. How often did you wonder whether your child(ren) was/were getting the education they need to prepare for the life ahead of them?					
20. How often did your child(ren) seem to ignore your guidance and advice?					
21. How often did you worry about the safety of your child(ren)?					
22. How often were you worried because your child (or one of your children) seemed unhappy or depressed?					
23. How often were you worried about physical health problems your child(ren) were experiencing?					

I am now going to ask you some questions about things that may have happened to you in the past year. For each one, please just tell me “yes” or “no” whether this has happened to you in the last 12 months.

	YES (1)	NO (5)
24. First, have you had a serious illness or injury that started or got worse in the last year?		
25. Have you been the victim of a serious physical attack or assault?		
26. Were you robbed or was your home burglarized?		
27. Have you lost a loved one due to violence?		
28. Did you or anyone in your household lose their job or retire when they didn't want to?		
29. Has anyone close to you died?		
30. Has a family member or close friend had a major illness or injury?		
31. Have you had a divorce or separation from your husband/wife or partner?		
32. Have you had a relative or close friend go to jail?		

Looking again at page 4 in the booklet, I am going to read a list of things that happen sometimes in people's neighborhoods. Thinking about your neighborhood, after each one, please tell me whether it happens never, hardly ever, sometimes, often, or always.

MARK DON'T KNOW ONLY IF OFFERED BY R.

	Never (1)	Hardly ever (2)	Sometimes (3)	Often (4)	Always (5)	DON'T KNOW (8)
33. <u>Gang activity</u> in your neighborhood.						
34. <u>Drug dealing</u> or <u>drug dealers</u> .						
35. <u>Gunfire</u> or <u>shooting</u> in your neighborhood.						
36. <u>Prostitutes</u> or <u>cars driving through looking for prostitutes</u> in your neighborhood.						
37. People <u>loitering</u> or <u>hanging around</u> on the street. Would you say it happens...						
38. <u>Theft</u> , <u>vandalism</u> , or <u>arson</u> in your neighborhood.						
39. When police are called, they <u>don't respond soon enough</u> .						
40. When police respond they don't do anything about the problem.						
41. Police are disrespectful to people in the neighborhood.						

Continue to look at page 4 in the booklet. In the following questions, we are interested in your beliefs about the way that other people have treated you. In your day-to-day life, how often do any of the following things happen to you?

	Never (1)	Hardly ever (2)	Some- times (3)	Often (4)	Always (5)
42. How often are you treated with <u>less courtesy or respect</u> than other people? Would you say...					
43. How often do you <u>receive poorer service</u> than other people at restaurants or stores?					
44. How often do people act as if they <u>think you are not smart</u> ?					
45. How often do people act as if they are <u>afraid of you</u> ?					
46. Again thinking about your day-to-day life, how often are you <u>threatened or harassed</u> ?					

↓
**IF 1 OR 2 TO ALL OF THESE,
 GO TO Q48**

47. Please look at page 2 of the response booklet. What do you think was the main reason for these experiences?

CHECK ONLY ONE.

- | | |
|--|--|
| <p>_____ 1. Your ancestry or national origin</p> <p>_____ 2. Your gender</p> <p>_____ 3. Your race</p> <p>_____ 4. Your age</p> <p>_____ 5. Your weight</p> <p>_____ 6. Your shade of skin color</p> | <p>_____ 7. Your English language skills</p> <p>_____ 8. Your income or social class</p> <p>_____ 9. Because you were not born in the US</p> <p>_____ 10. Because you live in Detroit</p> <p>_____ 11. Your sexual orientation</p> <p>_____ 12. Other (please specify):</p> <p>_____</p> |
|--|--|

Please tell me "yes" or "no" whether any of the following things have ever happened to you.

	YES (1)	NO (5)	IF YES: Looking again at the choices listed on page 2 of the booklet, what do you think was the <u>main</u> reason this happened? SEE BELOW	IF YES, Did this happen in the last 12 months?		
					YES (1)	NO (5)
48. First, were you ever <u>unfairly treated concerning work</u> , at any time in your life. This includes not being hired for a job you were qualified for, not receiving a promotion that you deserved, being fired from a job unfairly, or being treated unfairly in some other way.			49.		50.	
51. Were you ever <u>unfairly treated by the police or immigration officials</u> ? This includes being unfairly stopped, searched, questioned, physically threatened, or abused.			52.		53.	
54. Were you ever <u>unfairly treated at school</u> ? This includes being given a much lower grade than you deserved, being discouraged by a teacher from seeking higher education, or being unfairly treated in some other way.			55.		56.	
57. At any time in your life, were you ever <u>unfairly treated in getting housing</u> or finding a place to live? This includes being prevented from entering or buying a home, or being prevented from staying in a neighborhood because neighbors made life too uncomfortable.			58.		59.	
60. Were you ever <u>unfairly treated in getting resources or money</u> ? This includes being unfairly denied a bank loan, a credit card, or some other form of credit.			61.		62.	
63. Were you ever <u>denied medical care</u> or did you ever <u>receive inferior medical care</u> ?			64.		65.	
66. Did you ever receive services from someone such as a plumber or car mechanic that <u>were worse than</u> what other people got?			67.		68.	

ENTER NUMBER ABOVE FOR MAIN REASON

- | | | |
|-------------------------------------|---------------------------------|--|
| 1. Your ancestry or national origin | 5. Your weight | 9. Because you were not born in the US |
| 2. Your gender | 6. Your shade of skin color | 10. Because you live in Detroit |
| 3. Your race | 7. Your English language skills | 11. Your sexual orientation |
| 4. Your age | 8. Your income or social class | 12. Other (please specify): |

69. Now I have some questions about your ethnic background or origin. Most people in the United States have ancestors who came from other parts of the world.

Are you of Latino or Hispanic descent, that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central American, South American, some other Latino/Hispanic origin, or some combination of these?

YES (1)

NO (5)

→ GO TO Q71

70. Please turn to page 12 of the response booklet and tell me which of these ethnic backgrounds do you identify yourself with?

MARK ALL THAT APPLY:

a. Mexican	
b. Mexican American or Chicano	
c. Puerto Rican	
d. Cuban	
e. Central American	
f. South American	
g. Other Latino/Hispanic Specify: _____	

71. Many people describe their race in a different way than they describe their ethnicity or nationality. Please look at the list on page 11 of the response booklet and tell me what group or groups describe your race.

MARK ALL THAT APPLY:

a. White or Caucasian	
b. Black or African-American	
c. American Indian	
d. Asian	
e. Pacific Islander	
f. Other Race Specify: _____	

INTERVIEWER CHECKPOINT:

- IF "YES" TO Q69, GO TO Q72
- IF "NO" TO Q69, GO TO SECTION H

72. In what country were you born?

1. Mainland United States	2. Puerto Rico	3. Mexico	4. Other (specify): _____
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↓

GO TO Q81

73. How old were you when you first came to the mainland United States?

_____ Years Old

↓

IF UNDER 5 YEARS OLD, GO TO Q81

Please turn to page 1 in the response booklet and tell me whether you agree or disagree with the following statements.

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
74. I <u>miss</u> family or friends in _____ (place of birth). Do you...					
75. I <u>worry about</u> family or friends in _____ (place of birth). Do you ...					
76. It is very difficult for me to be in contact with family or friends in _____ (place of birth). Do you...					
77. I am able to contact (by phone, letters, email, fax) family and friends in _____ (place of birth) as often as I want to. Do you ...					

78. Where was your mother born?

1. Mainland United States	2. Puerto Rico	3. Mexico	4. Other (specify): _____
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79. Where was your father born?

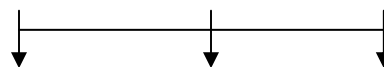
1. Mainland United States	2. Puerto Rico	3. Mexico	4. Other (specify): _____
------------------------------	-------------------	-----------	---------------------------

80. How many of your grandparents were born in the U.S.?

_____ Number

Please turn to page 20. I am going to ask several questions about language. For each one, please tell me whether you do this only in Spanish, in Spanish more than English, in both Spanish and English equally, in English more than in Spanish, or only in English.

	Only Spanish (1)	Spanish more than English (2)	Both equally (3)	English more than Spanish (4)	Only English (5)
81. In general, what language do you read <u>and</u> speak? Would you say...					
82. What language do you usually <u>speak at home</u> ?					
83. In what language do you <u>think</u> most of the time? Would you say...					
84. What language do you usually <u>speak with your friends</u> ?					



**IF 3, 4 OR 5 TO ALL OF THE ABOVE,
GO TO Q86**

85. Now please turn to page 1. Please tell me how much you agree or disagree with the following statement. It is a problem for me when service providers such as health care providers) don't speak Spanish. Do you...

1. Strongly agree	2. Somewhat agree	3. Neither agree nor disagree	4. Somewhat disagree	5. Strongly disagree
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86. Do you ever ask others to interpret or translate for you?

1. YES	5. NO	→ GO TO Q88
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87. Still looking at page 1 of the response booklet, tell me how much you agree or disagree with the following statement.

It bothers me when I need to ask someone to interpret or translate for me. Would you say you...

1. Strongly agree	2. Somewhat agree	3. Neither agree nor disagree	4. Somewhat disagree	5. Strongly disagree
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88. I worry about being questioned about my legal status or citizenship. Would you say you...

1. Strongly agree	2. Somewhat agree	3. Neither agree nor disagree	4. Somewhat disagree	5. Strongly disagree
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SECTION H

Please turn to page 23 in your booklet. I am going to read some statements that describe how people sometimes react or behave when they are feeling angry or mad. For each statement please indicate how often you react or behave this way when you feel angry or mad.

When I am feeling angry or mad...	Almost Never (1)	Sometimes (2)	Often (3)	Almost Always (4)
1. I argue with others.				
2. I strike out at whatever infuriates me.				
3. I say nasty things.				
4. I lose my temper.				

Now please turn to page 21 in your response booklet. For each of the following statements, please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

INTERVIEWER: DO NOT READ NEITHER AGREE NOR DISAGREE

	Strongly agree (1)	Somewhat agree (2)	NEITHER AGREE NOR DISAGREE (3)	Somewhat disagree (4)	Strongly Disagree (5)
5. The future seems to me to be hopeless, and I can't believe things are changing for the better.					
6. Most people inwardly dislike putting themselves out to help other people.					
7. Most people will use somewhat unfair means to gain profit or an advantage rather than lose it. Do you...					
8. I feel it is impossible for me to reach the goals I would like to strive for.					
9. No one cares what happens to me.					
10. I think most people would lie in order to get ahead.					
11. I commonly wonder what hidden reasons another person may have for doing something nice for me.					

Please go to page 6 in the response booklet. I am going to read several statements, and after each please tell me if what I've just said is completely true, somewhat true, somewhat false, or completely false.

FOR SOME RESPONDENTS, IT MAY BE MORE EFFECTIVE TO FIRST ASK WHETHER THE STATEMENT IS TRUE OR FALSE, THEN ASK FOR DEGREE (E.G., COMPLETELY TRUE OR SOMEWHAT TRUE).

	Completely true (1)	Somewhat true (2)	Somewhat false (3)	Completely false (4)	DON'T KNOW (8)
12. I've always felt that I could make of my life pretty much what I wanted to make of it.					
13. Once I make up my mind to do something, I stay with it until the job is completely done.					
14. I like doing things that other people thought could not be done.					
15. When things don't go the way I want them to, that just makes me work even harder. Would you say...					
16. Sometimes I feel that if anything is going to be done right, I have to do it myself.					
17. It's not always easy, but I manage to find a way to do the things I really need to get done.					
18. I am rarely disappointed by the results of my hard work.					
19. I feel that I am the kind of person who stands up for what I believe in, <u>regardless of the consequences</u> .					
20. In the past, even when things got <u>really tough</u> , I never lost sight of my goals.					
21. It's important for me to be able to do things the way I want to do them rather than the way other people want me to do them.					
22. I don't let my personal feelings get in the way of doing a job.					
23. Hard work has really helped me to get ahead in life.					

SECTION I

Now I have some questions about your relationships with your family, friends, neighbors, and co-workers.

1. First, are you currently married, currently living with another adult as a partner in an intimate relationship, separated, divorced, widowed, or have you never been married?

1. Married	2. Living with a partner	3. Separated	4. Divorced, marriage annulled	5. Widowed	6. Never married
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Please turn to page 4 in the booklet. I'm going to describe some problems that everyone faces now and then. For each of the following, I'm going to ask how often you feel you would be able to get help from somebody without having to pay them – never, hardly ever, sometimes, often, or always.

	Never (1)	Hardly ever (2)	Sometimes (3)	Often (4)	Always (5)
2. If you needed help around the house, for example with cleaning or making small repairs, how often could you get somebody to help without paying them?					
3. If you were sick, how often would there be somebody who would help care for you?					
4. If you were worried about an important personal matter, how often would there be somebody you could confide in?					
5. If you couldn't use your car or your usual way of getting around for a week, how often could you find somebody who would take you where you needed to go?					
6. If you needed to borrow a fairly large sum of money, how often would you have somebody you could borrow it from?					
7. If you had problems, how often would there be somebody you could trust to help you solve them?					
8. How often is there somebody who makes you feel loved and cared for?					
9. How often do friends and family members make too many demands on you?					
10. How often do friends or family members criticize you or what you do?					

Now we are interested in help you provided to others who do not live with you for which you did not receive pay.

11. During the past 12 months, did you provide transportation, shop or run errands, do housework or help others with the upkeep of their house, or do anything else to help friends, neighbors, or relatives?

1. YES

5. NO

—————> **GO TO Q13**

12. In a typical month, about how many hours did you spend helping others in these ways?

IF R GIVES A RANGE, ASK FOR BEST ESTIMATE. IF R REFUSES, ENTER MIDPOINT OF RANGE

_____ hours per month

13. Are you a member of, or do you regularly attend, a church or other place of worship?

1. YES

5. NO

Some people turn to spiritual sources for support when they are facing challenges. Thinking about yourself, for each of the following statements, please tell me whether each statement is completely true, somewhat true, somewhat false, or completely false.

	Completely true (1)	Somewhat true (2)	Somewhat false (3)	Completely false (4)
14. My spiritual beliefs help me to get through hard times. Would you say...				
15. My spiritual beliefs are a source of strength, support and guidance in times of crisis				

16. Not counting a church or other place of worship, are you a member of any group or organization, such as a civic organization like the Lions or the Optimists; a sorority or fraternity like the Masons or the Eastern Star, a union, a professional organization, or a sports league like bowling or baseball?

1. YES

5. NO

SECTION J

1. Do you own or lease a car that runs, that is, that you can depend upon to get you places you need to go?

1. YES

5. NO



2. If you needed to use a car, for example, to get to work or to a medical appointment, how difficult would it be to find someone you could borrow one from, or who would drive you?

1. Very difficult

2. Somewhat difficult

3. Not very difficult

4. Not difficult at all

Now I'd like to ask you about the foods that are available to you within a 10-15 minute walk or a 5 minute drive from your home, including at grocery stores, convenience stores or other places you might buy food. Please use page 14 of the response booklet.

MARK DON'T KNOW ONLY IF OFFERED

	Very Satisfied (1)	Somewhat satisfied (2)	Not very satisfied (3)	Not satisfied at all (4)	DON'T KNOW (8)
3. First, how satisfied are you with the <u>variety</u> of fresh fruits and vegetables? Would you say...					
4. How about the <u>quality</u> of fresh fruits and vegetables.					
5. The <u>cost and affordability</u> of fresh fruits and vegetables.					
6. How about the <u>quality</u> of fresh meats. Would you say...					
7. The <u>cost and affordability</u> of fresh meats.					
8. How about the <u>cleanliness</u> of those places? Would you say...					
9. How satisfied are you with the availability of foods in your neighborhood that you think are healthy and that meet your nutritional needs?					

10. On average, how many meals do you eat out, including takeout, in a given week? This includes breakfast, lunch and dinner. Would you say none, one or two, three or four times, or five or more times a week?

IF R INDICATES THAT THEY EAT OUT LESS THAN ONCE A WEEK, MARK "NONE"

1. None

2. One or two

3. Three or four

4. Five or more

11. What is the name of the store you go to for most of your grocery shopping?

IF MORE THAN ONE, ASK FOR THE ONE THEY SHOP AT MOST OFTEN

12. What is the location of this store where you do most of your grocery shopping?

Cross Streets _____

City or Town _____

INTERVIEWER CHECKPOINT
 ALL INTERVIEWERS SHOULD NOW COMPLETE THE NUTRITION QUESTIONNAIRE

CHECKPOINT 1. MAKE CERTAIN THAT:

- SURVEY IS COMPLETE
- NUTRITION QUESTIONNAIRE IS COMPLETE
- UNIQUE ID# IS WRITTEN ONTO THE FOLLOWING DOCUMENTS:**
 1. FRONT SHEET OF SURVEY
 2. FRONT SHEET OF NUTRITION QUESTIONNAIRE
- RESPONDENT (R) PAID
- SUBJECT PAYMENT FORM SIGNED
- CONSENT FORM (SURVEY) SIGNED
- ONE COPY OF SIGNED CONSENT FORM (SURVEY) GIVEN TO R
- A COMPLETED HEALTH RECOMMENDATION CARD GIVEN TO R
- COMMUNITY RESOURCE GUIDE GIVEN TO R

CHECKPOINT 2. DETERMINE IF RESPONDENT IS ELIGIBLE FOR BIOMARKER COMPONENT:

- RESPONDENT IS PREGNANT OR BREASTFEEDING (pg.9, Q40)
- RESPONDENT IS RECEIVING CHEMOTHERAPY OR RADIATION THERAPY (pg.8, Q39)

IF EITHER OF THE ABOVE IS CHECKED, THE RESPONDENT IS NOT ELIGIBLE TO PARTICIPATE IN THE BIOMARKER COMPONENT OF THE SURVEY

IF NO TO BOTH OF THE ABOVE, PROCEED TO BIOMARKER INVITATION ON THE NEXT PAGE



THANK YOU SO MUCH FOR YOUR TIME.

**INVITATION TO PARTICIPATE IN THE
SALIVA AND BLOOD SAMPLES SECTION OF THE HEP STUDY**

Invitation to Participate in Saliva and Blood Sample Section of HEP

Thank you for completing the first part of the study by answering questions about your health, social relationships, nutrition and health practices, and other related aspects of your life. A second part of this study involved the collection of small samples of your saliva and blood. If you are interested in participating in the second part of the study, you are invited to meet the nurse or health professional at one of the following community sites: Butzel Family Center, Southwest Counseling and Development Services or Brightmoor Community Center.

For participating in this second part of the study, you will receive an additional \$50 as a thank you for taking the time from your busy schedule. Your saliva and blood samples will be sent to the University of Michigan, Ann Arbor for analysis of risk and protective factors for heart health. All of the information will be kept confidential. You will receive a personal health inventory based on the analysis of your saliva and blood.

Are you interested in participating?

- YES → Read and ask Respondent to sign Biomarker Informed Consent**
- NO → Thank Respondent and End interview**

INTERVIEWER'S OBSERVATIONS

1. HOW WAS THE RESPONDENT'S UNDERSTANDING OF THE QUESTIONS?

1. EXCELLENT	2. GOOD	3. FAIR	4. POOR
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2. HOW TIRING DID THE INTERVIEW SEEM TO BE TO THE RESPONDENT?

1. VERY TIRING	2. A LITTLE TIRING	3. NOT TIRING
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3. HOW MUCH DIFFICULTY DID THE RESPONDENT HAVE HEARING YOU WHEN YOU TALKED TO HIM/HER?

1. NO DIFFICULTY	2. A LITTLE DIFFICULTY	3. SOME DIFFICULTY	4. A LOT OF DIFFICULTY	5. COULD NOT DO AT ALL
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4. RELATIVE TO THE OTHER BUILDINGS ON THE SAME ROAD/STREET, HOW WELL MAINTAINED IS RESPONDENT'S HOUSING UNIT?

1. BETTER THAN OTHERS	2. SAME AS OTHERS	3. WORSE THAN OTHERS	4. NO OTHER BUILDINGS
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5. WHICH OF THE FOLLOWING ARE PRESENT WITHIN SIGHT OF THE HOUSING UNIT?

MARK ALL THAT APPLY:

<input type="checkbox"/> 1. VANDALISM	<input type="checkbox"/> 8. STORES OR OTHER RETAIL OUTLETS
<input type="checkbox"/> 2. BOARDED HOUSES	<input type="checkbox"/> 9. RUN DOWN OR POORLY KEPT YARDS OR COMMUNAL AREAS
<input type="checkbox"/> 3. ABANDONED CARS	<input type="checkbox"/> 10. PEOPLE LOITERING OR HANGING AROUND
<input type="checkbox"/> 4. ABANDONED OR DEMOLISHED HOMES	<input type="checkbox"/> 11. DRUG USE OR DRUG DEALING IN THE OPEN
<input type="checkbox"/> 5. TRASH, LITTER, OR JUNK IN STREET/ROAD	<input type="checkbox"/> 12. A PARK, PLAYGROUND OR GARDEN AREA
<input type="checkbox"/> 6. TRASH, LITTER OR JUNK AROUND BUILDINGS IN NEIGHBORHOOD FACTORIES OR WAREHOUSES	<input type="checkbox"/> 13. NONE OF THE ABOVE
<input type="checkbox"/> 7. FACTORIES OR WAREHOUSES	

6. RESPONDENT AGE (SEE PAGE 8): _____

7. RESPONDENT SEX: MALE (1) FEMALE (2)

THUMBNAIL SKETCH: _____

