**CATI Code Book**

**Second Survey to Assess Risk Factors (SSuRF)**

**Survey to Assess Risk**

R·E·G·A·R·D·S

**Timing of Survey**

**First scenario 28.45**

**Med time scenario 33.62**

**Short time scenario 24.44**

**Worst time 41.23**

University of Alabama at Birmingham Updated: 5/24/13

# SECTION 1: Introduction and Verbal Consent

**INT02**

INTERVIEWER: Please dial Insert Number from Sample File

Hello! My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I'm calling long distance from the University of Alabama at Birmingham for the REGARDS Stroke Project.

May I please speak to Insert name from Sample File

1. Correct respondent OK Skip to IntroX

3. Correct number for respondent, but not available right now 11 Schedule a call back

4. Wrong number, respondent does not live at this number 26 Terminate and status =3 in the main\_all table. Skip to Sorry

5. Respondent chronically ill or unable to complete a survey 75 Skip to Sorry15

6. Respondent in the hospital 73 Skip to Sorry15

7. Respondent in a nursing home 74 Skip to Sorry15

8. Respondent deceased 32 Skip to Sorry5

9. Respondent refused 71 Skip to Sorry45

**Q: INTR03**

Thank-you for your continued participation in REGARDS. Because of you we now know more about causes for geographic and racial differences in stroke. However, some of what we’ve learned has generated more questions for us to answer together. We are calling today to tell you about the newest part of the study. We have received new funding from the National Institutes of Health to do another examination in your home like we did when you first came into the study. Let me give you a few more details about this newest part of the project, and then I'll give you the chance to ask me some questions.

Just like the first time, a health professional will come to your home to collect some measurements such as blood pressure and weight. He or she will also take a blood sample, a urine sample and an electrical recording of your heart. This in home exam will take about 60 minutes. The health professional will also give you some questionnaires to complete on your own and return by mail. One benefit of this new in-home exam is that we will mail you a report about your test results that you can share with your doctor. You will be mailed $30 after the in home visit to reimburse you for your time.

Participating is easy! First you and I will do a telephone survey that takes about 30 minutes to update some information about your general health.

Next, you can schedule this in-home exam at your home, at a friend’s home, at work or some place else of your choosing. However, this in-home exam will need to be scheduled for a morning time, Monday through Thursday before noon. We could even come before you go to work if that is most convenient for you.

Do you have any questions I can answer for you?

INTERVIEWER: See FAQ sheet in the black binder for answers to frequently asked questions

Press any key to continue

Q: **QEMSI** ++++++++++++++++++++++++++++++++++++++++

If you don’t have any more questions, I’d like to ask you the survey questions today, and then someone will call in a few days to schedule the in-home exam. Do I have your permission to start? (IF NO: When would be a better time to call you back?)

1. Yes

2. No

3. Yes, Later

IF (ANS = 1) SKP Qstart

IF (ANS = 2) SKP QREASON

IF (ANS = 3) SKP CB

Q: **QREASON** ++++++++++++++++++++++++++++++++++++++++

INTERVIEWER: Ask respondent to tell you why he or she is not interested in participating in the study. If possible, correct any misunderstandings and answer objections using the FAQ sheet

in the black binder.

1. Interested in participating

2. Still not interested{Free text of why not interested }

IF (ANS = 1) SKP Qstart

IF (ANS = 2) SKP QSURF

Q: **QSURF** ++++++++++++++++++++++++++++++++++++++++

I understand you do not want to participate in this home exam but would you be willing to complete this new health survey now by telephone? It will take about 30 minutes. We can do it now or I can schedule a time to call you back.

1. Yes

2. No, not interested

3. Yes, will do telephone survey but need to schedule another time/callback

IF (ANS = 1) SKP Qstart

IF (ANS = 2) SKP Thankend

**Thankend**: Thank you for taking the time for briefly speaking with me today. If you change your mind about participating in this newest part of the study, please call toll free 1-888-REGARD8 (1-888-734-2738). Have a very nice day.

INTERVIEWER: Press any key to continue

DISPOS = 09 CTRLEND

Q: **QStart** ++++++++++++++++++++++++++++++++++++++++

Great! Let's get started. All your answers will be kept totally confidential, and you don't have to answer any questions you don't want to. There are no right or wrong answers and if you can't remember some of the information, just let me know and we'll move on.

Q: **Sorry15**

I'm sorry to bother you at this difficult time, but as you may know, Insert Name from Sample File was participating in a project to better understand risk factors for stroke. Thank you very much for your time. I am sorry to have bothered you. Terminate

INTERVIEWER: Press any key

Q: **Sorry5**

I'm sorry to bother you at this difficult time, but as you may know, Insert Name from Sample File, was participating in a project to better understand risk factors for stroke. Thank you very much for your time. I am sorry to have bothered you. Terminate

INTERVIEWER: Press any key

Q:**Sorry**:

I am terribly sorry to have dialed this number in error. Please have a nice day.

**SORRY45**

Can you please tell me why you choose not to continue? If there are problems with the study, we'd like the opportunity to correct them.

1. Refused, just wants out                     71
2. Other Reason                                      88

**SORRY45C**

If you change your mind and wish to resume participation in the REGARDS study, please call 1-888-REGARD8 (1-888-734-2738). Thank you very much for your time today.

# SECTION 2: Medical History

*READ:* These first few questions are a review of your medical history

[DIABETES]

Q: **MH\_DIAB** ++++++++++++++++++++++++++++++++++++++++

Has a doctor or other health professional ever told you that you had diabetes or high blood sugar?

1. Yes
2. No —SKIP TO MH\_KD
3. Don't Know/Not Sure—SKIP TO MH\_KD
4. Refused—SKIP TO MH\_KD

Q: **MH\_DIAB2** ++++++++++++++++++++++++++++++++++++++++

How old were you when you were first told that you had diabetes?

\_ \_ \_ Enter age in years

If not sure, ask for best guess. Only use the below ranges if not possible to guess exact age.

770 Less than 10 years old

* 1. Between 10 and 19
  2. Between 20 and 29
  3. Between 30 and 39
  4. Between 40 and 49
  5. Between 50 and 59
  6. Between 60 and 69
  7. Between 70 and 79
  8. Between 80 and 89
  9. Between 90 and 99
  10. Over 99

888 Don't Know/Not Sure 999 Refused

Q: **MH\_DIAB3** ++++++++++++++++++++++++++++++++++++++++

Are you taking medicine for diabetes?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[KIDNEY DISEASE]

Q: **MH\_KD** ++++++++++++++++++++++++++++++++++++++++

Has a doctor or other health professional ever told you that you had kidney disease?

* 1. Yes
  2. No {Skip to MH\_MI}

1. Don't Know/Not Sure
2. Refused

Q: **MH\_DIA** ++++++++++++++++++++++++++++++++++++++++

Are you on dialysis?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[MYOCARDIAL INFARCTION]

Q: **MH\_MI** ++++++++++++++++++++++++++++++++++++++++

Has a doctor or other health professional ever told you that you had a myocardial infarction or heart attack?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[ATRIAL FIBRILLATION]

Q: **MH\_AFIB** ++++++++++++++++++++++++++++++++++++++++

Has a doctor or other health professional ever told you that you had atrial fibrillation, sometimes called A-Fib?

1. Yes
2. No—SKIP to MH\_CHF
3. Don't Know/Not Sure --SKIP to MH\_CHF
4. Refused-- SKIP to MH\_CHF

Q: **MH\_AFIB2** ++++++++++++++++++++++++++++++++++++++++

How old were you when you first were told that you had atrial fibrillation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter age in years

770 Less than 10 years old

771 Between 10 and 19

772 Between 20 and 29

773 Between 30 and 39

774 Between 40 and 49

775 Between 50 and 59

776 Between 60 and 69

777 Between 70 and 79

778 Between 80 and 89

779 Between 90 and 00

780 Over 99

888 Don’t Know/ Not Sure

999 Refused

[CONGESTIVE HEART FAILURE]

Q: **MH\_CHF** ++++++++++++++++++++++++++++++++++++++++

Has a doctor or health professional ever told you have heart failure or congestive heart failure?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[HIGH BLOOD PRESSURE]

Q: **MH\_BP** ++++++++++++++++++++++++++++++++++++++++

Has a doctor or other health professional ever told you that you have high blood pressure?

1. Yes
2. No—SKIP TO MH\_CHL
3. Don't Know/Not Sure---SKIP TO MH\_CHL
4. Refused--- SKIP TO MH\_CHL

Q: **MH\_BP2** ++++++++++++++++++++++++++++++++++++++++

How old were you when you were first told that you have high blood pressure?

\_ \_ \_ Enter age in years

If not sure, ask for best guess. Only use the below ranges if not possible to guess exact age

770 Less than 10 years old

1. Between 10 and 19
2. Between 20 and 29
3. Between 30 and 39
4. Between 40 and 49
5. Between 50 and 59
6. Between 60 and 69
7. Between 70 and 79
8. Between 80 and 89
9. Between 90 and 99
10. Over 99

888 Don't Know/Not Sure

999 Refused

Q: **MH\_BP3** ++++++++++++++++++++++++++++++++++++++++

Have you ever taken medicine for high blood pressure?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **MH\_BP4** ++++++++++++++++++++++++++++++++++++++++

Are you NOW taking any medicine for high blood pressure?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[CHOLESTEROL]

Q: **MH\_CHL** ++++++++++++++++++++++++++++++++++++++++

Have you ever been told by a doctor or other health professional that you have high cholesterol or an abnormal level of fats in your blood?

1. Yes
2. No—{SKIP TO MH\_DEP}
3. Don't Know/Not Sure –{SKIP TO MH\_DEP}
4. Refused—{SKIP TO MH\_DEP}

Q: **MH\_CHL2** ++++++++++++++++++++++++++++++++++++++++

How old were you when you were first told that you had high cholesterol?

\_ \_ \_ Enter age in years

If not sure, ask for best guess. Only use the below ranges if not possible to guess exact age

770 Less than 10 years old

1. Between 10 and 19
2. Between 20 and 29
3. Between 30 and 39
4. Between 40 and 49
5. Between 50 and 59
6. Between 60 and 69
7. Between 70 and 79
8. Between 80 and 89
9. Between 90 and 99
10. Over 99

888 Don't Know/Not Sure 999 Refused

Q: **MH\_CHL3** ++++++++++++++++++++++++++++++++++++++++

Are you currently taking any medicine to treat high cholesterol?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[DEPRESSION]

Q: **MH\_DEP** ++++++++++++++++++++++++++++++++++++++++

Have you ever been told by a doctor or health professional that you have depression?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[SLEEP APNEA]

Q: **MH\_SLP** ++++++++++++++++++++++++++++++++++++++++

Have you ever been told by a doctor or health professional that you have sleep apnea?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[Self-report of MIGRAINE:]

Q: **MH\_MIG1** ++++++++++++++++++++++++++++++++++++++++

Have you ever been told by a doctor or health professional that you have migraine headaches?

1. Yes

2. No [SKIP to MH\_THY]

8. Don't Know/Not Sure [SKIP to MH\_THY]

9. Refused [SKIP to MH\_THY]

Q: **MH\_MIG2** ++++++++++++++++++++++++++++++++++++++++

Do you have migraine headaches that are associated with changes in vision before the headache?

1. Yes

2. No

8. Don't Know/Not Sure

9. Refused

[THYROID DISEASE]

Q: **MH\_THY** ++++++++++++++++++++++++++++++++++++++++

Have you ever been told by a doctor or health professional that you have thyroid disease?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

[HEAD TRAUMA]

Q: **MH\_TBI**

Have you ever had a head injury where you lost consciousness or blacked out?

1. Yes

2. No – [Skip to VD\_FRI]

8. Don't Know/Not Sure – [Skip to VD\_FRI]

9. Refused – [Skip to VD\_FRI]

Q**: MH\_TBI2** ++++++++++++++++++++++++++++++++++++++++

How old were you when you when you first had a head injury where you lost consciousness?

\_ \_ \_ Enter age in years

If not sure, ask for best guess. Only use the below ranges if not possible to guess exact age.

770 Less than 10 years old

771 Between 10 and 19

772 Between 20 and 29

773 Between 30 and 39

774 Between 40 and 49

775 Between 50 and 59

776 Between 60 and 69

777 Between 70 and 79

778 Between 80 and 89

779 Between 90 and 99

780 Over 99

888 Don't Know/Not Sure 999 Refused

**[VISUAL AND HEARING DISTURBANCES]**

READ: *The following are a few questions about your vision and hearing. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.*

**[NOTE TO INTERVIEWERS: If participant volunteers that he/she is blind, skip the next two questions and code as 8. Not applicable(Blind)]**

**NOTE TO INTERVIEWERS: Do not read options ‘don’t know/ not sure, not applicable (blind) or refused.**

Q: **VD\_FRI** ++++++++++++++++++++++++++++++++++++++++

How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—*[read options]*

* 1. No difficulty
  2. A little difficulty
  3. Moderate difficulty
  4. Extreme difficulty
  5. Unable to do because of eyesight or
  6. Unable to do for other reasons
  7. Don’t know/ Not sure(DO NOT READ)
  8. Not applicable (Blind) (DO NOT READ)
  9. Refused(DO NOT READ)

If (ANS=8) SKP HD\_GEN

Q: **VD\_PRT** ++++++++++++++++++++++++++++++++++++++++

How much difficulty, if any, do you have reading print in newspapers, magazine, recipes, menus, or numbers on the telephone? Would you say--- *[read options]*

1. No difficulty
2. A little difficulty
3. Moderate difficulty
4. Extreme difficulty
5. Unable to do because of eyesight or
6. Unable to do for other reasons
7. Don’t know/ Not sure(DO NOT READ)
8. Not applicable (Blind) (DO NOT READ)
9. Refused(DO NOT READ)

Q: **VD\_GEN** ++++++++++++++++++++++++++++++++++++++++

How would you rate your eyesight now (with glasses or contact lenses on, if you wear them) on a scale from 0 to 10 where zero means the worst possible eyesight, as bad or worse than being blind, and 10 means the best possible eyesight?

0 worst

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9

10 Best

79. Don’t know/ Not sure

89. Not applicable (Blind)

1. Refused

Q: **HD\_GEN** ++++++++++++++++++++++++++++++++++++++++

WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

* 1. Excellent
  2. Good
  3. A little trouble hearing
  4. Moderate trouble
  5. A lot of trouble
  6. Deaf

1. Don’t know/ Not sure
2. Refused

**SECTION 3: COGNITIVE ASSESSMENT**

**[Self-report Dementia and Alzheimer Disease ]**

Q: **CA\_SRM** ++++++++++++++++++++++++++++++++++++++++

READ: This part of the study is concerned with people’s memory, and ability to think about things.

First, how would you rate your memory at the present time? Would you say it is:

1. Excellent

2. Very Good

3. Good

4. Fair

5. Poor

8. Don’t Know

9. Refused

Q: **CA\_PRB** ++++++++++++++++++++++++++++++++++++++++

Over the last 6 months, would you say your memory has been as good as usual…

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much
6. Don’t Know
7. Refused

Q: **CA\_ACT1** ++++++++++++++++++++++++++++++++++++++++

Has a doctor or nurse ever told you that you have dementia?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

**Q: CA\_ACT2**++++++++++++++++++++++++++++++++++++++++

Has a doctor or nurse ever told you that you have Alzheimer’s disease?

1. Yes

2. No

8. Don’t Know/ Not Sure

9. Refused

**[Subjective Dementia Cognitive Assessment ]**

|  |
| --- |
|  |
|  | |

This next set of questions asks if there have been changes to your thinking or memory over the last several years. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. For each one, tell me if there has been a change in the last several years or not.

Q: **CA\_AD81** ++++++++++++++++++++++++++++++++++++++++

The first one is problems with judgment such as problems making decisions, bad financial decisions, problems with thinking. Has there been a change?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **CA\_AD82** ++++++++++++++++++++++++++++++++++++++++

Less interest in hobbies or/activities. Has there been a change?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **CA\_AD83** ++++++++++++++++++++++++++++++++++++++++

Repeating the same things over and over like questions, stories, or statements. Has there been a change?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **CA\_AD84** ++++++++++++++++++++++++++++++++++++++++

Trouble learning how to use a tool, appliance, or gadget such as VCR, computer, microwave, remote control. Has there been a change?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **CA\_AD85** ++++++++++++++++++++++++++++++++++++++++

Forgetting correct month or year. Has there been a change?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **CA\_AD86** ++++++++++++++++++++++++++++++++++++++++

Trouble handling complicated financial affairs such as balancing checkbook, income taxes, paying bills. Has there been a change?

1. Yes, A change
2. No, No change
3. Don't Know/Not Sure
4. Refused

Q: **CA\_AD87** ++++++++++++++++++++++++++++++++++++++++

Trouble remembering appointments. Has there been a change?

1. Yes, A change
2. No, No change
3. Don't Know/Not Sure
4. Refused

Q: **CA\_AD88** ++++++++++++++++++++++++++++++++++++++++

Daily problems with thinking and/or memory. Has there been a change?

1. Yes, A change
2. No, No change
3. Don't Know/Not Sure
4. Refused

# SECTION 4: Vascular Surgeries

READ: I am now going to ask about surgeries or procedures you may have had on your heart or blood vessels.

Q: **VAS\_CORO** ++++++++++++++++++++++++++++++++++++++++

Have you ever had coronary bypass surgery, such as a graft, CABG or a bypass procedure on the arteries of your heart?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **VAS\_ANG** ++++++++++++++++++++++++++++++++++++++++

Have you ever had an angioplasty or stenting of an artery of the heart with or without placing a coil in the artery to keep it open?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **VAS\_PAD** ++++++++++++++++++++++++++++++++++++++++

Have you ever had a procedure to fix the arteries in your legs?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

INTERVIEWER: If respondent seems unsure you can add: This could be a bypass or other surgery on the arteries of your leg including angioplasty of the leg arteries, which is a dilation of the arteries of the leg with a balloon.

Q: **VAS\_VALV** ++++++++++++++++++++++++++++++++++++++++

Have you ever had a surgery or procedure on the valves of your heart?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **VAS\_AMP** ++++++++++++++++++++++++++++++++++++++++

Have you had a leg, part of your leg, a foot or toe amputation?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

# SECTION 5: Aspirin Use

*READ: Now I am going to ask you about your use of aspirin and other medications.*

Q: **ASP\_USE** ++++++++++++++++++++++++++++++++++++++++

Are you currently taking aspirin or aspirin containing products regularly, that is, at least two times each week?

1. Yes
2. No [skip to ASP\_STAT ]
3. Don't Know/Not Sure [ Skip to ASP\_STAT]
4. Refused [Skip to ASP\_STAT]

Q: **ASP\_FEQ** ++++++++++++++++++++++++++++++++++++++++

On average, how many days do you take aspirin or aspirin containing products each week?

Enter number of days per week ----IF=0 then SKIP to ASP\_STAT

1. Don't Know/Not Sure
2. Refused

Q: **ASP\_USE2** ++++++++++++++++++++++++++++++++++++++++

Is it to reduce the chance of a heart attack or stroke?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **ASP\_STAT** ++++++++++++++++++++++++++++++++++++++++

Have you ever taken a STATIN, such as Lipitor or Zocor? As a reminder, a STATIN is a medicine used to lower cholesterol.

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

|  |  |  |
| --- | --- | --- |
| **Section 6: Menopause** | | |
| PROGRAM SO THAT WE ONLY ASK THOSE WHO HAD NOT GONE THROUGH | |  |
| MENOPAUSE at BASELINE OR DIDN’T KNOW |  | |

Q: **MENO\_1** ++++++++++++++++++++++++++++++++++++++++

Have you gone through menopause or the change of life?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **MENO\_AGE** ++++++++++++++++++++++++++++++++++++++++

How old were you at the time of your last natural menstrual period?

\_ \_ \_ Age in years

888 Don't Know/Not Sure 999 Refused

[HORMONE USE]

Q: **MENO\_HRM** ++++++++++++++++++++++++++++++++++++++++

Women sometimes take female hormones. They are taken for a variety of reasons including hot flashes or other symptoms, of menopause and sometimes for the prevention of bone loss. Some commonly used hormones are Premarin, Prempro, Estrace, and estradiol. Have you ever taken hormone or estrogen replacement therapy such as hormone pills, creams, patches, vaginal rings or tablets, or any other estrogens?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

# SECTION 7: Smoking

*READ: Now I am going to ask about your smoking habits.*

Q**: SMK\_1** ++++++++++++++++++++++++++++++++++++++++

Have you smoked at least 100 cigarettes in your lifetime?

1. Yes

2. No

8. Don't Know/Not Sure

9. Refused

IF (ANS > 1) SKP SMK\_11

Q: **SMK\_1a** ++++++++++++++++++++++++++++++++++++++++

Do you smoke cigarettes now, even occasionally?

1. Yes

2. No

8. Don't Know/Not Sure

9. Refused

IF (ANS > 1) SKP SMK\_7

Q: **SMK\_2** ++++++++++++++++++++++++++++++++++++++++

How old were you when you started smoking?

\_ \_ \_ Enter age in years

888 Don't Know/Not Sure

999 Refused

Q**: SMK\_3** ++++++++++++++++++++++++++++++++++++++++

For how many years have you been a smoker? Do not include times you may have stopped smoking.

\_ \_ \_ Enter number of years

888 Don't Know/Not Sure

999 Refused

IF (ANS > RESPAGE) AND IF (ANS < 888) REASK

Q: **SMK\_4** ++++++++++++++++++++++++++++++++++++++++

On average, over this period, how many cigarettes did you smoke per day, per week or per month?

\_ \_ \_ Enter number of cigarettes 1 pack = 20 cigarettes

101 – 199 Number per day

201 – 299 Number per week

301 – 399 Number per month

401 – 499 Number per year

888 Don't Know/Not Sure

999 Refused

Q: **SMK\_5** ++++++++++++++++++++++++++++++++++++++++

How many cigarettes do you currently smoke?

\_ \_ \_ Enter number of cigarettes 1 pack = 20 cigarettes

101 – 199 Number per day

201 – 299 Number per week

301 – 399 Number per month

401 – 499 Number per year

888 Don't Know/Not Sure

999 Refused

SKIP TO SMK\_11(Programming note, this is for current smokers)

Q: **SMK\_7** ++++++++++++++++++++++++++++++++++++++++

How old were you when you started smoking?

\_ \_ \_ Enter age in years

888 Don't Know/Not Sure

999 Refused

Q**: SMK\_8** ++++++++++++++++++++++++++++++++++++++++

How old were you when you stopped smoking?

\_ \_ \_ Enter age in years

888 Don't Know/Not Sure

999 Refused

Q: **SMK\_9** ++++++++++++++++++++++++++++++++++++++++

For how many years were you a smoker? Do not include times you may have stopped smoking?

\_ \_ \_ Enter number of years

888 Don't Know/Not Sure

999 Refused

Q: **SMK\_10** ++++++++++++++++++++++++++++++++++++++++

During this period, how many cigarettes did you smoke on average per day, per week or per month?

\_ \_ \_ Enter number of cigarettes 1 pack = 20 cigarettes

101 – 199 Number per day

201 – 299 Number per week

301 – 399 Number per month

401 – 499 Number per year

888 Don't Know/Not Sure

999 Refused

Q: **SMK\_11** ++++++++++++++++++++++++++++++++++++++++

Does anyone living with you smoke cigarettes regularly?

1. Yes

2. No

8. Don't Know/Not Sure

9. Refused

Q: **SMK\_12** ++++++++++++++++++++++++++++++++++++++++

During the past year, about how many hours PER WEEK, on the average, were you in close contact with people when they were smoking? For example, in your home, in a car, at work or other close quarters.

\_ \_ \_ Enter Number of Hours

777 None

888 Don't Know/Not Sure

999 Refused

Q: **SMK\_13** ++++++++++++++++++++++++++++++++++++++++

Do you currently smoke cigars, cigarillos or a pipe, even occasionally?

1. Yes

2. No

8. Don't Know/Not Sure

9. Refused

Q: **SMK\_14a** ++++++++++++++++++++++++++++++++++++++++

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

1. Yes

2. No

8. Don't Know/Not Sure

9. Refused

IF (ANS > 1) SKP TO SMK\_14c

Q: **SMK\_14b** ++++++++++++++++++++++++++++++++++++++++

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

1. Every day

2. Some days

3. Not at all

8. Don't Know/Not Sure

9. Refused

Q: **SMK\_14c** ++++++++++++++++++++++++++++++++++++++++

Do you currently use electronic cigarettes every day, some days, or not at all?

1. Every day

2. Some days

3. Not at all

8. Don't Know/Not Sure

9. Refused

# SECTION 8: Alcohol Use

Q: **ALC\_FEQ** ++++++++++++++++++++++++++++++++++++++++

READ: Now I am going to ask you some questions about alcohol use.

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1. \_ \_ Days per week (101-199)
2. \_ \_ Days in past 30 days (201-299)

8 8 8 No drinks in past 30 days **[Go to next section]**

7 7 7 Don‘t know / Not sure **[Go to next section]**

9 9 9 Refused **[Go to next section]**

Q: **ALC\_AMT** ++++++++++++++++++++++++++++++++++++++++

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

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

\_ \_ Number of drinks

88 Don‘t know / Not Sure 9 9 Refused

Q: **ALC\_BNG** ++++++++++++++++++++++++++++++++++++++++

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

\_ \_ Number of drinks

88 Don‘t know / NotSure

9 9 Refused

Q**: ALC\_PROB** ++++++++++++++++++++++++++++++++++++++++

Have you ever tried to cut down on your drinking?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

# SECTION 9: Physical Activity

*READ: I am now going to ask about how much exercise or physical activity you do.*

Q: **PA\_FEQ** ++++++++++++++++++++++++++++++++++++++++

How many times per week do you engage in intense physical activity, enough to work up a sweat?

\_ \_ \_ Enter times per week

777 None

888 Don't Know/Not Sure 999 Refused

Q: **PA\_ACT** ++++++++++++++++++++++++++++++++++++++++

How would you compare your activity level to others your age? Would you say you are less active, about the same or more active?

1. Less active
2. Same as others your age
3. More active
4. Don't Know/Not Sure
5. Refused

Q: **PA\_FALL** ++++++++++++++++++++++++++++++++++++++++

During the last year, have you had a fall? Do not include falls during skiing, skating or other activities that may affect balance.

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

# SECTION 10: General Health (SF-12) and ADL

*READ: In the next set of questions, I will ask about your general health.*

Q: **GH\_SF\_1** ++++++++++++++++++++++++++++++++++++++++

In general, would you say that your health is excellent, very good, good, fair or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't Know/Not Sure
7. Refused

Q: **GH\_SF\_2** ++++++++++++++++++++++++++++++++++++++++

*READ: Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little or does not limit you at all in these activities.*

Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Does your health now limit you a lot, a little or not at all in these activities?

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all
4. Don't Know/Not Sure
5. Refused

INTERVIEWER: If respondent indicates that he/she does not do any of these activities probe with: "Is that because of your health?" If the answer is "yes" code either 1 or 2. If the answer is "no" code 3

Q: **GH\_SF\_3** ++++++++++++++++++++++++++++++++++++++++

Climbing several flights of stairs? Does your health now limit you a lot, limit you a little or not limit you at all in climbing several flights of stairs?

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all
4. Don't Know/Not Sure
5. Refused

INTERVIEWER: If respondent indicates that he/she does not do any of these activities probe with: "Is that because of your health?" If the answer is "yes" code either 1 or 2. If the answer is "no" code 3

Q: **GH\_SF\_4** ++++++++++++++++++++++++++++++++++++++++

The following two questions ask about your physical health and daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **GH\_SF\_5** ++++++++++++++++++++++++++++++++++++++++

During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **GH\_SF\_6** ++++++++++++++++++++++++++++++++++++++++

*READ: The following two questions ask about your emotions and your daily activities.*

During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **GH\_SF\_7** ++++++++++++++++++++++++++++++++++++++++

During the past 4 weeks, did you not do work or other regular daily activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **GH\_SF\_8** ++++++++++++++++++++++++++++++++++++++++

During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere not at all, a little bit, moderately, quite a bit or extremely?

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely
6. Don't Know/Not Sure
7. Refused

Q: **GH\_SF\_9** ++++++++++++++++++++++++++++++++++++++++

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered all of the time, most of the time, some of the time, a little of the time or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't Know/Not Sure
7. Refused

Q: **GH\_SF\_10** ++++++++++++++++++++++++++++++++++++++++

How much of the time during the past 4 weeks have you felt calm and peaceful? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time or none of the time?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
7. Don't Know/Not Sure
8. Refused

Q: **GH\_SF\_11**++++++++++++++++++++++++++++++++++++++++

How much of the time during the past 4 weeks did you have a lot of energy? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time or none of the time?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
7. Don't Know/Not Sure
8. Refused

Q: **GH\_SF\_12** ++++++++++++++++++++++++++++++++++++++++

How much of the time during the past 4 weeks did you feel downhearted and blue? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time or none of the time?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
7. Don't Know/Not Sure
8. Refused

**[ACTIVITIES OF DAILY LIVING]**

READ: I’m now going to ask you 12 questions about some activities you do in your daily life. For each, please indicate one of these three options: I could do it by myself with no difficulty, I could do it by myself with some difficulty, or I would need someone to help me do it.

Q: **GH\_ADL1** ++++++++++++++++++++++++++++++++++++++++

Getting out of bed or chair

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL2** ++++++++++++++++++++++++++++++++++++++++

Doing household chores

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL3** ++++++++++++++++++++++++++++++++++++++++

Purchasing items at the store

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL4** ++++++++++++++++++++++++++++++++++++++++

Planning and preparing meals

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL5** ++++++++++++++++++++++++++++++++++++++++

Managing your money, such as paying bills

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL6** ++++++++++++++++++++++++++++++++++++++++

Using a telephone or cell phone

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL7** ++++++++++++++++++++++++++++++++++++++++

Eating, including feeding yourself

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL8** ++++++++++++++++++++++++++++++++++++++++

Dressing yourself

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL9** ++++++++++++++++++++++++++++++++++++++++

Bathing yourself

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL10** ++++++++++++++++++++++++++++++++++++++++

Using the toilet, including getting to the toilet

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL11** ++++++++++++++++++++++++++++++++++++++++

Taking medications on time and as prescribed by the doctor

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

Q: **GH\_ADL12** ++++++++++++++++++++++++++++++++++++++++

Traveling by vehicle to places beyond walking distance.

1. I could do it by myself with no difficulty
2. I could do it by myself with some difficulty.
3. I would need someone to help me do it.

8. Don't Know/Not Sure

9. Refused

# SECTION 11: Mental Health and Health Perceptions

*READ: Now I am going to ask you some questions about the ways you might have felt or behaved. For each of the following statements, please tell me how often you felt or behaved this way during the past week.*

Q**: MH\_CESD1** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week where you bothered by things that usually don**’**t bother you, would you say:

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_CESD2** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week did you have trouble keeping your mind on what you were doing, would you say:

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_CESD3** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week did you feel depressed, would you say:

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_CESD4** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week did you feel everything was an effort, would you say:

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_CESD5** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week did you feel hopeful about the future, would you say:

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_CESD6** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week did you feel fearful, would you say:

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_CESD7** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week was your sleep restless, would you say:

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_CESD8** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week were you happy, would you say.

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_CESD9** ++++++++++++++++++++++++++++++++++++++++

How many days during the past week did you feel lonely, would you say.

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MHCESD10** How much of the time during the past 4 weeks did you feel that

you could not get **“**going**”?**.

1. Less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days
5. Don't Know/Not Sure
6. Refused

Q: **MH\_COH1** ++++++++++++++++++++++++++++++++++++++++

In the last month, how often have you felt that you were unable to control the important things in your life? Would you say Never, Almost never, Sometimes, Fairly often, or Very often?

1. Never
2. Almost never
3. Sometimes
4. Fairly often
5. Very often
6. Don't Know/Not Sure
7. Refused

Q: **MH\_COH2** ++++++++++++++++++++++++++++++++++++++++

In the last month, how often have you felt confident about your ability to handle your personal problems? Would you say Never, Almost never, Sometimes, Fairly often, or Very often?

1. Never
2. Almost never
3. Sometimes
4. Fairly often
5. Very often
6. Don't Know/Not Sure
7. Refused

Q: **MH\_COH3** ++++++++++++++++++++++++++++++++++++++++++

In the last month, how often have you felt that things were going your way? Would you say never, almost never, sometimes, fairly often or very often?

1. Never
2. Almost never
3. Sometimes
4. Fairly often
5. Very often
6. Don't Know/Not Sure
7. Refused

Q: **MH\_COH4** ++++++++++++++++++++++++++++++++++++++++

In the last month, how often have you found that you could not cope with all the things that you had to do? Would you say never, almost never, sometimes, fairly often or very often?

1. Never
2. Almost never
3. Sometimes
4. Fairly often
5. Very often
6. Don't Know/Not Sure
7. Refused

Q: **MH\_COH5** ++++++++++++++++++++++++++++++++++++++++

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? Would you say never, almost never, sometimes, fairly often or very often?

1. Never
2. Almost never
3. Sometimes
4. Fairly often
5. Very often
6. Don't Know/Not Sure
7. Refused

*READ: The next two questions are about emotional support and your satisfaction with life.*

Q: **MH\_ESS1** ++++++++++++++++++++++++++++++++++++++++

1. How often do you get the social and emotional support you need, would you say?
   1. Never
   2. Almost never
   3. Sometimes
   4. Fairly often
   5. Very often
2. Don't Know/Not Sure
3. Refused

Q: **MH\_ESS2** ++++++++++++++++++++++++++++++++++++++++

1. In general, how satisfied are you with your life, would you say?
   1. Very dissatisfied
   2. Dissatisfied
   3. Neither satisfied or dissatisfied
   4. Satisfied
   5. Very satisfied
2. Don't Know/Not Sure
3. Refused

*READ: For each of the following statements, about strokes, please tell me if you strongly agree, you agree, you neither agree nor disagree, you disagree, or you strongly disagree.*

Q: **MH\_RBD1** +++++++++++++++++++++++++++++++++++++

Controlling my blood pressure is effective in preventing stroke, would you say:

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. Don't Know/Not Sure
7. Refused

Q: **MH\_RBD2** +++++++++++++++++++++++++++++++++++++

I have the skills to control my blood pressure in order to prevent stroke, would you say:

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. Don't Know/Not Sure
7. Refused

Q: **MH\_RBD3** +++++++++++++++++++++++++++++++++++++

I believe that stroke is extremely harmful, would you say:

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. Don't Know/Not Sure
7. Refused

Q: **MH\_RBD4** +++++++++++++++++++++++++++++++++++++

It is likely that I will have a stroke, would you say:

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. Don't Know/Not Sure
7. Refused

# SECTION 12: SLEEP

READ: Now we are going to talk about your sleeping habits.

Q: **SLPBED1H, SLPBED1M, SLPBED1Z**

Thinking about a typical day for you, what time do you usually start trying to fall asleep?

SLPBED1H \_\_\_\_\_\_\_\_\_\_\_\_\_(hours)range 1-12

SLPBED1M \_\_\_\_\_\_\_\_\_\_\_\_\_(minutes)range 0-59

SLPBED1Z: Was this am or pm?

1. am
2. pm

Q: **SLPBED2** ++++++++++++++++++++++++++++++++++++++++

How many minutes does it usually take you to fall asleep, after you start trying to fall asleep?

SLPBED2 \_\_\_\_\_\_\_\_\_\_\_(minutes)

888 Don't Know/Not Sure

999 Refused

Note to interviewers: If participant says:

* no time = 0 minutes
* quarter hour =15 minutes
* half hour = 30 minutes
* hour=60 minutes,
* hour and 15 minutes = 75 minutes
* hour and a half = 90 minutes
* hour and 45 minutes = 105 minutes
* two hours = 120 minutes

Q: **SLP\_BED3** ++++++++++++++++++++++++++++++++++++++++

How much time, in minutes, do you usually spend awake in between the time you first fall asleep and the time you wake up and start your day?

**NOTE TO INTERVIEWER: this question is asking how much time the participant spends awake in the middle of the night after falling asleep. Or if they sleep during the day, how much time they spend awake after falling asleep.**

SLP\_BED3 \_\_\_\_\_\_\_\_\_\_\_(minutes)

888 Don't Know/Not Sure

999 Refused

Note to interviewers: If participant says:

* no time = 0 minutes
* quarter hour =15 minutes
* half hour = 30 minutes
* hour=60 minutes,
* hour and 15 minutes = 75 minutes
* hour and a half = 90 minutes
* hour and 45 minutes = 105 minutes
* two hours = 120 minutes
* three hours = 180 minutes
* four hours = 240 minutes

Q: **SLPBED5H, SLPBED5M, SLPBED5Z**

Thinking about a typical day, what time do you usually wake up?

SLPBED5H \_\_\_\_\_\_\_\_\_\_\_\_\_(hours)range 1-12

SLPBED5M \_\_\_\_\_\_\_\_\_\_\_\_\_(minutes)range 0-59

SLPBED5Z: Was this am or pm?

1. am
2. pm

# SECTION 13: Family Finances and Employment

*READ: Now I am going to ask you some questions about your living situation.*

Q: **FF\_LIV** +++++++++++++++++++++++++++++++++++++

In the place you currently live, do you:

1. Rent
2. Pay a mortgage
3. Own it free and clear
4. Don't Know/Not Sure
5. Refused

Q: **FF\_CAR** +++++++++++++++++++++++++++++++++++++

Do you own a car?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **FF\_EMP1** +++++++++++++++++++++++++++++++++++++

Are you currently…?

***Interviewer, Please read:***

1 Employed for wages

2 Self-employed

3 Out of work for more than 1 year –END SECTION

4 Out of work for less than 1 year –END SECTION

5 A Homemaker –END SECTION

6 A Student –END SECTION

7 Retired –END SECTION

**Or**

8 Unable to work –END SECTION

**Do not read:**

9 Refused–END SECTION

Q: **FF\_EMP2** +++++++++++++++++++++++++++++++++++++

How long have you been working in your current job?

101-199 weeks 201-299 months 301-390 years

888. Don’t Know/Not Sure 999. Refused

# SECTION 14: Use of Insurance and Medical Services

READ: *The next questions ask about your usage of medical care services and types of health insurance that you may use.*

Q: **IMS\_INS1** ++++++++++++++++++++++++++++++++++++++++

Are you covered by any kind of health insurance or some other kind of health care plan? Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

1. Yes
2. No Skip to IMS\_HC1
3. Don't Know/Not Sure Skip to IMS\_HC1
4. Refused Skip to IMS\_HC1

Q: **IMSINS1a** ++++++++++++++++++++++++++++++++++++++++

What is the name of your insurance provider?

IMS\_INS1a:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(free text)

*READ: The next questions are about health care.*

Q: **IMS\_HC1** ++++++++++++++++++++++++++++++++++++++++

Is there a place that you USUALLY go to when you are sick or need advice about your health? Please tell me if there is one place, more than one place or no place that you usually go.

1. Yes
2. Yes, MORE THAN ONE place
3. There is NO place--- SKIP TO IMS\_HC3
4. Don't know --- SKIP TO IMS\_HC3
5. Refused----- SKIP TO IMS\_HC3

Q: **IMS\_HC2** ++++++++++++++++++++++++++++++++++++++++

What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

1. Clinic or health center
2. Doctor's office or HMO
3. Hospital emergency room
4. Hospital outpatient department
5. Some other place
6. Doesn't go to one place most often
7. Don't know
8. Refused

Q: **IMS\_HC3** ++++++++++++++++++++++++++++++++++++++++

DURING THE PAST 12 MONTHS, was there any time when you needed medical care, but did not get it because you couldn't afford it?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q: **IMS\_HC4** +++++++++++++++++++++++++++++++++++++++++++++++++++++++++

How confident are you filling out medical forms by yourself, would you say?

1. Extremely

2. Quite a bit

3. Somewhat

4. A little bit

5. Not at all

8. Don’t Know/ Not Sure

9. Refused

# SECTION 15: Demographics II

Q: **DEM\_MS** ++++++++++++++++++++++++++++++++++++++++

Are you married, divorced, widowed, separated or have you never been married?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never been married
6. Don't Know/Not Sure
7. Refused

If (ANS=1) SKP TO DEM\_INC

Q: **DEM\_LIV** ++++++++++++++++++++++++++++++++++++++++

Are you currently living with someone in a marriage-like relationship?

1. Yes—SKIP TO DEM\_INC
2. No
3. Don't Know/Not Sure
4. Refused

Q: **DEM\_INC** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources less than $25,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

IF (ANS = 1) SKP DEM\_INC1

IF (ANS = 2) SKP DEM\_INC5

IF (ANS > 7) SKP DEM\_INC9

Q: **DEM\_INC1** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources less than $20,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

IF (ANS = 1) SKP DEM\_INC2

IF (ANS = 2) SKP DEM\_INC9

IF (ANS > 7) SKP DEM\_INC9

Q: **DEM\_INC2** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources less than $15,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

IF (ANS = 1) SKP DEM\_INC3

IF (ANS = 2) SKP DEM\_INC9

IF (ANS > 7) SKP DEM\_INC9

Q: **DEM\_INC3** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources less than $10,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

IF (ANS = 1) SKP DEM\_INC4

IF (ANS = 2) SKP DEM\_INC9

IF (ANS > 7) SKP DEM\_INC9

Q**: DEM\_INC4** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources less than $5,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

SKP DEM\_INC9

Q: **DEM\_INC5** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources greater than $35,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

IF (ANS = 2) SKP DEM\_INC9

IF (ANS > 7) SKP DEM\_INC9

Q: **DEM\_INC6** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources greater than $50,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

IF (ANS = 2) SKP DEM\_INC9

IF (ANS > 7) SKP DEM\_INC9

Q: **DEM\_INC7** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources greater than $75,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

IF (ANS = 2) SKP DEM\_INC9

IF (ANS > 7) SKP DEM\_INC9

Q:  **DEM\_INC8** ++++++++++++++++++++++++++++++++++++++++

Is your annual household income from all sources greater than $150,000?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

Q:  **DEM\_INC9** ++++++++++++++++++++++++++++++++++++++++

Including yourself, how many people currently live in your household?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Enter number 1-40]

88. Don’t Know/Not Sure

99. Refused

IF DEM\_INC9=0, repeat the question

IF DEM\_INC9=1, SKP NEXT SECTION Q13.2

Q: **DEMINC9A**++++++++++++++++++++++++++++++++++++++++

Of that number, how many are under the age of 18?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Enter number 0-20]

88. Don’t Know/Not Sure

99. Refused

IF DEM\_INC9 MINUS DEMINC9A=1, SKP TO NEXT SECTION Q13.2

IF DEM\_INC9 MINUS DEMINC9A<1, NEED A LOOP TO HAVE INTERVIEWER REPEAT QUESTIONS TO VERIFY

Q: **DEMINC9B**++++++++++++++++++++++++++++++++++++++++

Including yourself, how many are 65 and older?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Enter number 0-20]

88. Don’t Know/Not Sure

99. Refused

# SECTION 16: Contact Information

Q: **Q13\_2**

Lastly, I just want to verify that we have your correct address. The address we have for you is:

CATI SHOW STREET ADDRESS FROM SAMPLE FILE CATI SHOW CITY FROM SAMPLE FILE

CATI SHOW STATE FROM SAMPLE FILE CATI SHOW ZIP FROM SAMPLE FILE

Is this correct?

* 1. Yes
  2. No

Q: **Q13\_3a**

Please give me the correct address:

**Q13\_3A** Street:

**Q13\_3B** City:

**Q13\_3C** State:

**Q13\_3D** Zip:

Q: ++++++++++++++++++++++++++++++++++++++++

INT99:

Thank you again for participating in this important research project. I appreciate the time you've spent on the phone with me today and someone ~~should~~ will call ~~contact~~ you soon to set a day and time for your in-home exam. Have a great day!

If QSURF=YES

Thank-you for your time in answering these questions, if you should change your mind and would like to schedule and in home visit, please contact the REGARDS operations center at our toll free number 1-888-REGARD8 (1-888-734-2738)

**QCLOSE:**

INTERVIEWER: Enter your 3 digit id number and hang up the telephone

**QCLOSE1** : Enter your station number

Q:  **CLOSE2** +++++++++++++++++++++++++++++++++++++++

INTERVIEWER: Please rate the respondent on the following three scales: Hearing?

1. No problem
2. Slight problem
3. Moderate problem
4. Big problem

Q: **QCLOSE3** ++++++++++++++++++++++++++++++++++++++++

Cooperation?

1. No problem
2. Slight problem
3. Moderate problem
4. Big problem

Q: **QCLOSE4** ++++++++++++++++++++++++++++++++++++++++

Ability to understand the questions?

1. No problem
2. Slight problem
3. Moderate problem
4. Big problem

**SPATT**:

INTERVIEWER: Please enter any additional comments the respondent volunteered regarding the study including the original survey, in home exam, paper surveys they were asked to fill out and receipt of their check. These comments are very important. Please be accurate and thorough, but as brief as possible. Enter NONE if you have no comments at all.