

Interviewer Code _____

Check if want summary ____

Date _____

Respondent Number _____

**Western New York Public Health Coalition
Health Risk Assessment (HRA)**

INTRODUCTION:

Hello, my name is (**Full Name**) and I'm calling on behalf of the ____ (County Name) _____ Department of Health.

The Health Department wants to improve health care services in your area. To do this, we are conducting a health risk assessment among county residents to find out what your health needs are. This is your chance to impact the health care in your county.

SCREENING QUESTIONS:

A. Do you live in _____ County?

IF NO: What county do you live in? _____.

IF ONE OF THE OTHER 7 COUNTIES WE ARE SAMPLING:

"Ok, we are currently surveying _____ County. Your household is ineligible to participate at this time, but since we are also calling homes in _____ County, you may be contacted by us again. If so, we hope that you would complete our survey then. Thank you for your time".

END INTERVIEW.

IF NOT ONE OF THE OTHER 7 COUNTIES WE ARE SAMPLING:

"We are currently surveying _____ County. Your household is ineligible to participate at this time, since we are calling homes in _____ County. Thank you for your time".

END INTERVIEW.

IF YES, CORRECT COUNTY:

Great, now I would like to confirm that your telephone number is:

_____.

Is that correct? 1 Yes **GO TO B**

0 No **➡** "I'm sorry I must have misdiald"

END INTERVIEW

B. Are you 18 years old or older? 1 Yes **GO TO E1**

0 No **GO TO C**

9 Refused

C. Is there someone available who is 18 years old or older whom I may speak with?

- 1 Yes **REPEAT INTRODUCTION. GO TO E1**
- 0 No
- 8 Not Applicable
- 9 Refused

D. Is there a good time to reach someone 18 years old or older living with you?

- 1 Yes. When? Date: _____ Time: _____
[Thanks. I'll call back at that time.] **END.**
- 0 No. Thank you. I will call back at another time. **END.**
- 8 Not Applicable
- 9 Refused

The Western New York Health Assessment is being conducted on behalf of the eight county health departments in partnership with HealthforAll and the University at Buffalo. **Dr. Laurene Tumiel-Berhalter from the University's Department of Family Medicine is leading this project and can be reached at (716)-898-4689 with any questions you may have.**

- The main purpose of this study is to gather information about the health of adults living in Western New York. There is only one interview and it will be conducted over the telephone by staff of HealthforAll, and take no more than 25 minutes.
- Your participation in this project is completely voluntary. If you choose to participate, you have the right to stop at any time without penalty. It has been our experience that the information collected during this survey is unlikely to cause stress or embarrassment.

We protect your privacy by following Federal laws and regulations:

- Your answers to this survey will never be linked to your name or other identifying information and will only be reported in a summary form.
- All information is kept in a password-protected database, and all printouts of your answers will be kept in a locked file at HealthforAll.

If you wish to participate in this study we are happy to mail you a copy of this consent at your request. Questions about your rights as a volunteer in research can be directed to the Social and Behavioral Sciences Institutional Review Board at 716-645-3321.

I have read the above informed consent to the respondent and he or she has agreed to participate in the telephone interview.

The Health Risk Assessment consists of a series of questions about your health and the health of others living in your household. All responses are confidential. We will be conducting interviews in at least 150 homes in _____ County. All the information gathered will be reported in aggregate. Your name or other identifying information will not be linked to your responses in any way. Your participation is completely voluntary. **(GO TO E)**

E. May I go ahead and ask you a few questions about your health and the health of others living in your household?

1 Yes (**Go to F**)

2 Yes, but call back at another time

When would be a good time?

Day: _____ Time: _____

0 No ↓

Is there a better time to talk?

1 Yes.

If yes: When? Day: _____ Time: _____

If no: All information is confidential; your name will not be associated with any reports or publications. The information gathered here would be used to inform the Health Department so that services can be improved. At your request, we would be glad to send you summary results of the survey.

9 **Still not interested** _____ ↓

Thank you for your time. Goodbye.

END INTERVIEW

F. Great!! Let's begin.

How many people currently live in your household are 18 years old or older? _____

How many children under the age of 18 are currently living in this household? _____

1. IF MORE THAN 1 ADULT:

I'll be asking questions about all the people 18 years or older who live in your household.

To start, can I have the **FIRST** names of these people starting with your own?

Go to 1(a). (Record in Table on legal-size paper on last page)

IF ONLY 1 ADULT:

Okay, let's begin. Can I have your **FIRST** name?

Go to 1(a).

READ

(a) How old are you? How old is (name)?

(b) Are you male or female? Is (name) male or female?

(c) How tall are you? How tall is (name)?

(d) How much do you weigh? How much does (name) weigh?

- 2a. Next we are interested in finding out where you (and other members of this household) first go if you are sick or need advice about your health.

Is there one particular clinic, health center, doctor's office, or hospital emergency room that you usually go to if you are sick or need advice about your health?

What about (name)?

Regular source of care:	1	2	3	4
No (GOTO 3a)	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

2b. What kind of place is it that you go? Would you say: **Read Categories (Circle only 1 place for each person).**

What about (name)?

Place of medical care:	1	2	3	4
A doctor's office or HMO	1	1	1	1
A clinic or health center	2	2	2	2
A hospital outpatient center	3	3	3	3
A hospital emergency room	4	4	4	4
An urgent care center, or	5	5	5	5
Some other kind of place _____	6	6	6	6
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

3a. When was your last medical visit?

What about (Name)?

Probe if appropriate: *Was it less than 6 months ago; between 6 months and one year; 1-2 years ago, 2-3 years ago? (with pause in between to allow for response.)*

When last medical visit:	1	2	3	4
Never (GO TO 4a)	0	0	0	0
Under 6 months	1	1	1	1
6 months to 1 year ago	2	2	2	2
1 to 2 years ago	3	3	3	3
2 to 3 years ago	4	4	4	4
Over 3 years ago	5	5	5	5
Don't know	7	7	7	7
Refused	9	9	9	9

3b. **ASK OF ALL RESPONDENTS WHO HAD A MEDICAL VISIT**

Why did you go to the doctor? Was it for a regular check-up or were you having a particular problem?

What about (name)?

Reason for visit:	1	2	3	4
Check-up	1	1	1	1
Had a problem	2	2	2	2
Don't know	7	7	7	7
Not applicable/never been to a doctor	8	8	8	8
Refused	9	9	9	9

4a. Was there a time in the past 12 months when you needed medical care, but could not get it?

What about (name)?

Needed medical care in last 12 months:	1	2	3	4
No (GO TO 5a)	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

4b. What is the main reason you did not get medical care?

What about (name)?

Note: if more than one instance, ask about the most recent.

Needed medical care in last 12 months:	1	2	3	4
Cost (include no insurance)	1	1	1	1
Distance	2	2	2	2
Office wasn't open when I got there	3	3	3	3
Too long a wait for an appointment	4	4	4	4
Too long a wait in the waiting room	5	5	5	5
No child care	6	6	6	6
No transportation	7	7	7	7
No access for people with disabilities	8	8	8	8
The medical provider didn't speak my language	9	9	9	9
Other	10	10	10	10
Don't know	77	77	77	77
Not applicable	88	88	88	88
Refused	99	99	99	99

5a. In the last 12 months, have you gone to an emergency department for medical care?

What about (name)?

Emergency department visit	1	2	3	4
Yes	1	1	1	1
No (GO TO 6a)	0	0	0	0
Don't know (GO TO 6a)	7	7	7	7
Refused (GO TO 6a)	9	9	9	9

5b. Did you go to the emergency department because of a medical emergency, a provider referral, problems accessing the usual place you receive care, or for some other reason?

What about (name)?

Emergency department visit reasons	1	2	3	4
Medical emergency (GO TO 6a)	1	1	1	1
Provider referral (GO TO 6a)	2	2	2	2
Problems with access (GO TO 5c)	3	3	3	3
Other (GO TO 6a)	4	4	4	4
Don't know (GO TO 6a)	7	7	7	7
Not applicable (GO TO 6a)	8	8	8	8
Refused (GO TO 6a)	9	9	9	9

5c. You mentioned that you went to the emergency department because you had problems accessing your usual place of care. What type of problem did you have?

What about (name)?

Problem	1	2	3	4
Cost	1	1	1	1
Hours	2	2	2	2
Convenience	3	3	3	3
Other	4	4	4	4
Refused	9	9	9	9

6a. Next, we are interested in knowing what type of health insurance you have, if any.

How do you pay for health care?

What about (name)? **(Record in table)**

Probe: If respondent answers, “my work pays for it”, ask: *What health insurance company does your employer use?*

Type of insurance	1	2	3	4
None/self-pay (GO TO 6c)	0	0	0	0
Hill Burton (GO TO 6c)	1	1	1	1
Medicaid	2	2	2	2
Medicare	3	3	3	3
Blue Cross/Blue Shield	4	4	4	4
Community Blue	5	5	5	5
Community Care (BC/BS Medicaid)	6	6	6	6
Independent Health	7	7	7	7
Medisource (IHA/Medicaid)	8	8	8	8
Univera/Choice Care	9	9	9	9
Fidelis	10	10	10	10
Worker’s Compensation	11	11	11	11
Other:	12	12	12	12
Other:	12	12	12	12
Other:	12	12	12	12
Other:	12	12	12	12
Don’t know	77	77	77	77
Refused	99	99	99	99

6b. In the past 12 months, has there been a time when you did not have any health insurance?

What about (name)?

No health coverage in the last 12 months	1	2	3	4
Yes (GO TO 7)	1	1	1	1
No (GO TO 7)	0	0	0	0
Don’t know (GO TO 7)	7	7	7	7
Refused (GO TO 7)	9	9	9	9

6c. About how long has it been since you or (name) last had health care coverage?

What about (name)?

Length of time with no health care coverage	1	2	3	4
Never	0	0	0	0
6 months or less	1	1	1	1
More than 6 months, but no more than 1 year ago	2	2	2	2
More than 1 year ago, but no more than 3 years ago	3	3	3	3
More than 3 years ago	4	4	4	4
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

6d. What is the main reason you do not have any kind of health care coverage now?

What about (name)?

Reason not to have insurance	1	2	3	4
Lost job or changed employers	0	0	0	0
Spouse lost job or changed employers	1	1	1	1
Became divorced or separated	2	2	2	2
Spouse or parent died	3	3	3	3
Not eligible because of age or because left school	4	4	4	4
Employer does not offer or stopped offering coverage	5	5	5	5
Cut back to part time or became temporary employee	6	6	6	6
Benefits from employer or previous employer ran out	7	7	7	7
Couldn't afford to pay the premiums	8	8	8	8
Insurance company refused coverage	9	9	9	9
Lost Medicaid or medical assistance eligibility	10	10	10	10
Other	11	11	11	11
Don't know	77	77	77	77
Not applicable	88	88	88	88
Refused	99	99	99	99

7. IF ONLY 1 ADULT:

Please tell me if you have or had any of the following conditions during the past 12 months. **(Read each illness).**

Was it diagnosed by a doctor or other health professional?

IF MORE THAN 1 ADULT IN HOUSEHOLD:

Please tell me if any adult in your household currently has or had any of the following conditions during the past 12 months. **(Read each illness):**

Who has (illness)? _____

Was it diagnosed by a doctor or other health professional?

DISEASES	1	2	3	4
Diabetes or high blood sugar				
High blood pressure				
High cholesterol				
Any heart condition or heart problem?				
Stroke				
Asthma				
COPD				
Emphysema				
Arthritis				
Low Back Pain				
Anxiety				
Depression				
Cancer.				
(What Type?) _____				
(What Type?) _____				
Lupus				
No diseases				
Refused to do list				

Possible Answers

1 = Yes, diagnosed by a Doctor

2 = Yes, not diagnosed by a Doctor

7 = DK

9 = Refused

Leave Blank if “No”

8a. Have you ever had your blood cholesterol level checked? What about (name)?

Blood cholesterol check	1	2	3	4
Yes	1	1	1	1
No (GO TO 9a)	0	0	0	0
Don't know (GO TO 9a)	7	7	7	7
Refused (GO TO 9a)	9	9	9	9

IF RESPONDENT ANSWERED YES:

8.b. Do you know your cholesterol level?

- 1 Yes
- 0 No
- 7 Don't know
- 8 Not applicable
- 9 Missing

What is your total cholesterol level?

- Total _____ mg/dL
- 7 Don't Know
 - 8 Not applicable
 - 9 Missing

What is your LDL cholesterol level?

- LDL _____ mg/dL
- 7 Don't Know
 - 8 Not applicable
 - 9 Missing

What is your HDL cholesterol level?

- HDL _____ mg/dL
- 7 Don't Know
 - 8 Not applicable
 - 9 Missing

8c. Have you ever been told that your cholesterol level is above normal and that you are in need of treatment?

What about (name)?

Blood cholesterol above normal	1	2	3	4
Yes	1	1	1	1
No (GO TO 9a)	0	0	0	0
Don't know (GO TO 9a)	7	7	7	7
Not applicable (GO TO 9a)	8	8	8	8
Refused (GO TO 9a)	9	9	9	9

8d. Are you currently receiving treatment to lower your cholesterol?

What about (name)?

Treatment for cholesterol	1	2	3	4
Yes	1	1	1	1
No (GO TO 9a)	0	0	0	0
Don't know (GO TO 9a)	7	7	7	7
Not applicable (GO TO 9a)	8	8	8	8
Refused (GO TO 9a)	9	9	9	9

8e. Are you taking medicine for high cholesterol? And (name)?

What about (name)?

Medicine for high cholesterol	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

8f. Have you changed your diet to lower your cholesterol? What about (name)?

Changing diet for lowering cholesterol	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

8g. Do you exercise to lower your cholesterol?

What about (name)?

Changing diet for lowering cholesterol	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

9a. Have you ever checked your blood pressure?

What about (name)?

Checked blood pressure	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know (GO TO 10)	7	7	7	7
Refused	9	9	9	9

9b. Do you know your blood pressure?

What about (name)?

Know blood pressure	1	2	3	4
Yes	1	1	1	1
No (GO TO 9d)	0	0	0	0
Don't know (GO TO 9d)	7	7	7	7
Not applicable (GO TO 9d)	8	8	8	8
Refused (GO TO 9d)	9	9	9	9

9c. **IF RESPONDENT ANSWERS YES**

What is your blood pressure?

SBP _____ mm Hg
 7 Don't Know
 8 Not applicable
 9 Missing

DBP _____ mm Hg
 7 Don't Know
 8 Not applicable
 9 Missing

9d. Have you been told your blood pressure is above normal and that you are in need of treatment?

What about (name)?

Told blood pressure is high	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

9e. Are you currently receiving treatment for your blood pressure?

What about (name)?

Receiving treatment for blood pressure	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

9f. Are you taking medicine for high blood pressure?

What about (name)?

Medicine for high blood pressure	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

9g. Have you changed your diet to lower your blood pressure?

What about (name)?

Changing diet for lowering blood pressure	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

9h. Do you exercise to lower your blood pressure?

What about (name)?

Exercising to lower blood pressure	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

10a. Did your birth mother or any of your sisters have a heart attack before the age of 65?

What about (name)?

Mother/Sisters	1	2	3	4
No	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

10b. Did your birth father or any of your brothers have a heart attack before the age of 55?

What about (name)?

Father/Brothers	1	2	3	4
No	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

11a. Did either of your birth parents ever have cancer?

Birth Parents	1	2	3	4
No	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

11b. Did any of your siblings ever have cancer?

Siblings	1	2	3	4
No	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
No siblings	8	8	8	8
Refused	9	9	9	9

12. During the past 4 weeks, how would you describe your general health? Would you say it was excellent, very good, good, fair or poor?

What about (name's)?

	1	2	3	4
Excellent	1	1	1	1
Very good	2	2	2	2
Good	3	3	3	3
Fair	4	4	4	4
Poor	5	5	5	5
Refused	9	9	9	9

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

Has (name) accomplished less than he/she would have liked as a result of any emotional problems?

	1	2	3	4
No	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

The next few questions are about routine medical check-ups and tests.

14a. Have you had a flu shot within the last year?

What about (name)?

Probe: *The flu shot is a shot given by your doctor every year to prevent the flu or influenza.*

	1	2	3	4
No	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

ASK ONLY ABOUT FEMALES 18 YEARS OR OLD IN HOUSEHOLD.

If none, go to question 18

The next set of questions are about women's health.

15a. How long ago did you have your most recent PAP smear test?

What about (name)?

Women eligible (circle)	1	2	3	4
Never had a pap smear	0	0	0	0
Within the last year	1	1	1	1
1-3 years ago	2	2	2	2
Over 3 years ago	3	3	3	3
Don't know	7	7	7	7
Not applicable/male	8	8	8	8
Refused	9	9	9	9

16. ASK ONLY ABOUT FEMALES 30 YEARS OR OLDER)

If none, go to question 18.

16a. When was the last time you had a breast examination by a doctor?

What about (name)?

Women eligible (circle)	1	2	3	4
Never had a breast exam	0	0	0	0
Less than 1 year ago	1	1	1	1
1 – 2 years ago	2	2	2	2
2 – 4 years ago	3	3	3	3
More than 4 years ago	4	4	4	4
Don't know	7	7	7	7
NA/ Male/ Female <30	8	8	8	8
Refused	9	9	9	9

17. ASK ONLY ABOUT FEMALES 40 YEARS OR OLDER

If none, go to question 18.

17a. A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate. When was the last time you had a mammogram? _____

When was the last time (name) had a mammogram?

Women eligible (circle)	1	2	3	4
Never had a mammogram	0	0	0	0
Less than 1 year ago	1	1	1	1
1 – 2 years ago	2	2	2	2
2 – 4 years ago	3	3	3	3
More than 4 years ago	4	4	4	4
Don't know	7	7	7	7
NA/ Male/ Female <40	8	8	8	8
Refused	9	9	9	9

ASK THE FOLLOWING QUESTIONS OF MALES AGE 40 AND OVER.

If none, go to question 19.

18a. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you (has name) ever had a PSA test?

PSA test ever	1	2	3	4
No	0	0	0	0
Yes (GO TO 19a)	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

18b. How long has it been since you had your last PSA test?

What about (name)?

Time since last PSA	1	2	3	4
Less than 12 months ago	0	0	0	0
1 year ago, but less than 2 years	1	1	1	1
2 years ago, but less than 3 years	2	2	2	2
3 years ago, but less than 5 years	3	3	3	3
5 or more years ago	4	4	4	4
Don't know	7	7	7	7
Refused	9	9	9	9

ASK OF MEN AND WOMEN 40 YEARS AND OLDER

19a. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

What about (name)?

DRE ever	1	2	3	4
No (GO TO 20)	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

19b. How long has it been since your last digital rectal exam?

What about (name)?

Time since last DRE	1	2	3	4
Less than 12 months ago	0	0	0	0
1 year ago, but less than 2 years	1	1	1	1
2 years ago, but less than 3 years	2	2	2	2
3 years ago, but less than 5 years	3	3	3	3
5 or more years ago	4	4	4	4
Don't know	7	7	7	7
Refused	9	9	9	9

The next few questions ask about dieting and general nutrition patterns. This is about you and not the entire household.

20. Do you consider yourself overweight, underweight, or just about right?

- 1 Overweight
- 2 Underweight
- 3 Just about right
- 7 Don't know
- 9 Refused

21. About how many servings of vegetables do you eat per week, not counting salads or potatoes?

Probe: *An estimated number of times is fine.*

_____ servings per week

- 0 Never
- 77 Don't know/not sure
- 99 Refused

22. About how many servings of fruit do you eat per week, not counting juices?

Probe--*An estimated number of servings is fine.*

_____ servings per week

- 0 Never
- 77 Don't know/not sure
- 99 Refused

23. What kind of milk do you drink?

- 0 None
- 1 Whole Milk
- 2 2% Milk
- 3 1% Milk
- 4 Skim Milk
- 5 Other _____
- 77 Don't know/not sure
- 99 Refused

The next set of questions ask about certain behaviors that may affect your health.

24. Tell me which statement I read best describes your physical activity. By physical activity I mean work or leisure activities that involves sustained physical exertion and increases your breathing such as, walking briskly, running, lifting, and carrying. This question is about you and not of everyone in your household.

READ CATEGORIES

- 1 "I don't get any physical activity"
- 2 "Once in a while I take part in physical activity"
- 3 "I take part in physical activity at least 3 times a week"
- 7 Don't know
- 9 Refused

The following physical activity questions are concentrating on everyone in your household.

25a. How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

What about (name)?

Probe: *How many times per day, per week, per month, or per year do you do these activities?*

Vigorous activity for at least 10 minutes	1	2	3	4
1-995 per day, week, month, year	__ per day __ per week __ per month __ per year	__ per day __ per week __ per month __ per year	__ per day __ per week __ per month __ per year	__ per day __ per week __ per month __ per year
Never (GO TO 26a)	000	000	000	000
Don't know (GO TO 26a)	777	777	777	777
Unable to do this type of activity (GO TO 26a)	888	888	888	888
Refused (GO TO 26a)	999	999	999	999

25b. About how long do you do these vigorous activities each time?

Length of vigorous activity	1	2	3	4
1-995 minutes or hours	___ minutes ___ hours	___ minutes ___ hours	___ minutes ___ hours	___ minutes ___ hours
Don't know	777	777	777	777
N/A	888	888	888	888
Refused	999	999	999	999

25c. Each time you do these vigorous activities, do you do them 20 minutes or more, or less than 20 minutes?

What about (name)?

Vigorous activity 20 minutes or more	1	2	3	4
Less than 20 minutes	0	0	0	0
20 minutes or more	1	1	1	1
Don't know	7	7	7	7
N/A	8	8	8	8
Refused	9	9	9	9

26a. How often do you do LIGHT OR MODERATE activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

What about (name)?

Probe: How many times per day, per week, per month, or per year do you do these activities?

LIGHT or MODERATE activity for at least 10 minutes	1	2	3	4
1-995 per day, week, month, year	___ per day ___ per week ___ per month ___ per year	___ per day ___ per week ___ per month ___ per year	___ per day ___ per week ___ per month ___ per year	___ per day ___ per week ___ per month ___ per year
Never (GO TO 27)	000	000	000	000
Don't know (GO TO 27)	777	777	777	777
Unable to do this type of activity (GO TO 27)	888	888	888	888
Refused (GO TO 27)	999	999	999	999

26b. About how long do you do these light or moderate activities each time?

What about (name)?

Length of LIGHT or MODERATE activity	1	2	3	4
1-995 minutes or hours	___ minutes ___ hours	___ minutes ___ hours	___ minutes ___ hours	___ minutes ___ hours
Don't know	777	777	777	777
N/A	888	888	888	888
Refused	999	999	999	999

26c. Each time you do these light or moderate activities, do you do them 20 minutes or more, or less than 20 minutes?

What about (name)?

Light or moderate activity 20 minutes or more	1	2	3	4
Less than 20 minutes	0	0	0	0
20 minutes or more	1	1	1	1
Don't know	7	7	7	7
N/A	8	8	8	8
Refused	9	9	9	9

27. How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

What about (name)?

Probe: *How many times per day, per week, per month, or per year do you do these activities?*

Physical activity to strengthen muscles	1	2	3	4
1-995 per day, week, month, year	___ per day ___ per week ___ per month ___ per year	___ per day ___ per week ___ per month ___ per year	___ per day ___ per week ___ per month ___ per year	___ per day ___ per week ___ per month ___ per year
Never	000	000	000	000
Don't know	777	777	777	777
Unable to do this type of activity	888	888	888	888
Refused	999	999	999	999

28. On an average day, how many hours do you (does name) watch TV or spend time in front of a monitor (such as a computer, handheld games, etc.)? Do not consider the hours you watch any type of monitor for work or school, just recreational watching.

What about (name)?

TV hours on average day	1	2	3	4
I do not watch TV on an average day	0	0	0	0
Less than 1 hour per day	1	1	1	1
1 hour per day	2	2	2	2
2 hours per day	3	3	3	3
3 hours per day	4	4	4	4
4 hours per day	5	5	5	5
5 or more hours per day	6	6	6	6
Don't know	7	7	7	7
Refused	9	9	9	9

- 29a. When driving or riding in **THE FRONT SEAT** of a car or truck, do you wear a seatbelt all or most of the time, some of the time, once in awhile, or never?

What about (name)?

Front seat belt	1	2	3	4
Never	0	0	0	0
All or most of the time	1	1	1	1
Some of the time	2	2	2	2
Once in a while	3	3	3	3
Don't ride in car/truck	4	4	4	4
Don't know	7	7	7	7
Refused	9	9	9	9

- 29b. When riding in **THE BACK SEAT** of a car or truck, do you wear a seatbelt all or most of the time, some of the time, once in awhile, or never?

What about (name)?

Back seat belt	1	2	3	4
Never	0	0	0	0
All or most of the time	1	1	1	1
Some of the time	2	2	2	2
Once in a while	3	3	3	3
Don't ride in car/truck	4	4	4	4
Don't know	7	7	7	7
Refused	9	9	9	9

30a. Have you smoked at least 100 **cigarettes** in your entire life?

What about (name)?

100 cigarettes	1	2	3	4
Yes	1	1	1	1
No (GO TO 31a)	0	0	0	0
Don't know (GO TO 31a)	7	7	7	7
Refused (GO TO 31a)	9	9	9	9

30b. Do you **now** smoke cigarettes?

What about (name)?

Now smokes	1	2	3	4
Not at all (GO TO 30f)	0	0	0	0
Everyday	1	1	1	1
Some days	2	2	2	2
Don't know (GO TO 31a)	7	7	7	7
N/A (GO TO 31a)	8	8	8	8
Refused (GO TO 31a)	9	9	9	9

30c. How many cigarettes per day do you usually smoke?

Cigarettes per day	1	2	3	4
Cigarettes per day				
Don't know	7	7	7	7
N/A	8	8	8	8
Refused	9	9	9	9

30d. Have you ever tried to quit smoking?

What about (name)?

Tried Quitting	1	2	3	4
Yes	1	1	1	1
No (GO TO 31a)	0	0	0	0

30e. How many times have you tried to quit?

What about (name)?

	1	2	3	4
# of Times				

30f. Please tell me if you used any of the following products when trying to quit smoking?

What about (name)?

Products	1	2	3	4
None	0	0	0	0
The nicotine patch	1	1	1	1
Nicotine gum	2	2	2	2
Zyban	3	3	3	3
Inhaler	4	4	4	4
Alternative treatments such as acupuncture	5	5	5	5
N/A	8	8	8	8
Refused	9	9	9	9

31a. Have you smoked a **pipe** at least 20 times in your entire life?

What about (name)?

Pipe at least 20 times	1	2	3	4
Yes	1	1	1	1
No (GO TO 32a)	0	0	0	0
Don't know (GO TO 32a)	7	7	7	7
N/A (GO TO 32a)	8	8	8	8
Refused (GO TO 32a)	9	9	9	9

31b. Do you **now** smoke a pipe?

What about (name)?

Now smokes a pipe	1	2	3	4
Not at all	0	0	0	0
Everyday	1	1	1	1
Some days	2	2	2	2
Don't know	7	7	7	7
N/A	8	8	8	8
Refused	9	9	9	9

32a. Have you smoked a **cigar** at least 20 times in your entire life?

What about (name)?

At least 20 times for cigar	1	2	3	4
Yes	1	1	1	1
No (GO TO 33b)	0	0	0	0
Don't know (GO TO 33b)	7	7	7	7
Refused (GO TO 33b)	9	9	9	9

32b. Do you **now** smoke a cigar?

What about (name)?

Smoke a cigar	1	2	3	4
Not at all	0	0	0	0
Everyday	1	1	1	1
Some days	2	2	2	2
Don't know	7	7	7	7
N/A	8	8	8	8
Refused	9	9	9	9

33a. Have you used **snuff**, such as Skoal, Skoal Bandit, or Copenhagen at least 20 times in your entire life?

What about (name)?

At least 20 times for snuff	1	2	3	4
Yes	1	1	1	1
No (GO TO 34a)	0	0	0	0
Don't know (GO TO 34a)	7	7	7	7
Refused (GO TO 34a)	9	9	9	9

33b. Do you **now** use snuff?

What about (name)?

Use snuff	1	2	3	4
Not at all	0	0	0	0
Everyday	1	1	1	1
Some days	2	2	2	2
Don't know	7	7	7	7
N/A	8	8	8	8
Refused	9	9	9	9

34a. Have you used **chewing tobacco**, such as Redman, Levi Garrett or Beechnut at least 20 times in your entire life?

What about (name)?

At least 20 times for cigar	1	2	3	4
Yes	1	1	1	1
No (GO TO 35)	0	0	0	0
Don't know (GO TO 35)	7	7	7	7
Refused (GO TO 35)	9	9	9	9

34b. Do you **now** use chewing tobacco?

What about (name)?

Use chewing tobacco	1	2	3	4
Not at all	0	0	0	0
Everyday	1	1	1	1
Some days	2	2	2	2
Don't know	7	7	7	7
N/A	8	8	8	8
Refused	9	9	9	9

The following questions help us understand the way adults in your county use alcoholic beverages. This includes anything from beer and wine coolers to vodka, rum, gin, and whiskey.

35a. In the PAST YEAR, how often did you drink any type of alcoholic beverage?

What about (name)?

Drinks in the past year	1	2	3	4
1-365 per day, week, month, year	__ per day __ per week __ per month __ per year	__ per day __ per week __ per month __ per year	__ per day __ per week __ per month __ per year	__ per day __ per week __ per month __ per year
Never (GO TO 37a)	000	000	000	000
Don't know (GO TO 37a)	777	777	777	777
Refused (GO TO 37a)	999	999	999	999

35b. In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

What about (name)?

Drinks on days in past year	1	2	3	4
1-94				
95 or more	95	95	95	95
Don't know	97	97	97	97
Not applicable	98	98	98	98
Refused	99	99	99	99

35c. In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

What about (name)?

Days five drinks or more	1	2	3	4
1-365 # of days	___ day(s)	___ day(s)	___ day(s)	___ day(s)
Never	000	000	000	000
Don't know	777	777	777	777
Refused	999	999	999	999

OK. For the next four questions, please indicate the answer that best describes all the adults in OUR HOUSEHOLD. We don't need individual names for these questions. Please respond to each question with either never, occasionally, or often.

36a. Have you ever felt that someone in your household should cut down on their drinking?

- 0 No/never
- 1 Occasionally
- 2 Often
- 8 Not applicable/no alcohol drinkers
- 9 Refused

36b. Has anyone in your household ever felt annoyed by complaints about their drinking?

- 0 No/never
- 1 Occasionally
- 2 Often
- 8 Not applicable/no alcohol drinkers
- 9 Refused

36c. Has anyone in your household ever felt bad or guilty about their drinking?

- 0 No/never
- 1 Occasionally
- 2 Often
- 8 Not applicable/no alcohol drinkers
- 9 Refused

36d. Has anyone in your household ever had a drink first thing in the morning to steady nerves or get rid of a hangover?

- 0 No/never
- 1 Occasionally
- 2 Often
- 8 Not applicable/no alcohol drinkers
- 9 Refused

The next three questions deal with the use of street drugs. We are asking them only to get an idea of what the county's needs might be for services. I want to remind you that all questions I ask are voluntary, and that all answers you provide are strictly confidential.

37a. Has anyone living in your household ever used marijuana?

- 0 No
- 1 Yes
- 7 Not sure/don't know
- 9 Refused

37b. Has anyone living in your household ever used cocaine, crack, heroin, or any other street drug?

- 0 No
- 1 Yes
- 7 Not sure/don't know
- 9 Refused

37c. Has anyone living in your household **ever** used a needle to take street drugs?

- 0 No
- 1 Yes
- 7 Not sure/don't know
- 9 Refused

38. During the past 12 months, has anyone in your household witnessed or been involved in physical violence?

Probe: *Such as pushing, grabbing, hitting, kicking or property damage.*

- 0 No
- 1 Yes
- 7 Not sure/don't know
- 9 Refused

These last set of questions are meant to give us a general description of you (and those in your household).

39a. Are you of Hispanic origin?

What about (name)?

Hispanic Origin	1	2	3	4
No (GO TO 39c)	0	0	0	0
Yes	1	1	1	1
Don't know (GO TO 39c)	7	7	7	7
Refused (GO TO 39c)	9	9	9	9

39b. What is your country of origin?

What about (name)?

Hispanic Ancestry	1	2	3	4
Puerto Rican	0	0	0	0
Mexican	1	1	1	1
Cuban	2	2	2	2
Central American	3	3	3	3
South American	4	4	4	4
Other: _____	5	5	5	5
Don't know	7	7	7	7
N/A	8	8	8	8
Refused	9	9	9	9

39c. What race do you consider yourself?

What about (name)?

	1	2	3	4
African American (Black)	1	1	1	1
White	2	2	2	2
Hispanic/Latino	3	3	3	3
Asian	4	4	4	4
American Indian/Alaskan Native	5	5	5	5
Other SPECIFY: _____	6	6	6	6
Refused	9	9	9	9

40. What is the HIGHEST grade or level of school you have completed or the highest degree you have received? _____

- ___ GED
- ___ High School Diploma
- ___ Associate Degree
- ___ Bachelors Degree
- ___ MS, MA, MPH
- ___ PhD
- ___ MD/Law
- ___ Don't know
- ___ Refused

41. Are **you now** married, widowed, divorced, separated, never married or living with a partner?

- 1 Married/ living with a partner
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 7 Not sure/don't know
- 9 Refused

42a. Are you currently employed?

What about (name)?

	1	2	3	4
No (GO TO 42c)	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused (GO TO 44)	9	9	9	9

42b Are you employed full-time, part-time or self-employed?

What about (name)?

Employment status	1	2	3	4
Employed full-time (GO TO 43a)	1	1	1	1
Employed part-time (GO TO 43a)	2	2	2	2
Self-employed (GO TO 43a)	3	3	3	3
Not applicable	8	8	8	8
Don't know	7	7	7	7
Refused (GO TO 44)	9	9	9	9

42c. Are you retired, disabled, a homemaker, a student, or looking for work?

What about (name)?

Unemployment status	1	2	3	4
Retired	1	1	1	1
Disabled/medical reason	2	2	2	2
Homemaker	3	3	3	3
Student	4	4	4	4
Looking for work	5	5	5	5
None of the above	6	6	6	6
Not applicable	8	8	8	8
Don't know	7	7	7	7
Refused	9	9	9	9

42d. Have you been unemployed less than 6 months or more than 6 months?

What about (name)?

Amount of time unemployed	1	2	3	4
Unemployed less than 6 months	0	0	0	0
Unemployed more than 6 months	1	1	1	1
Not applicable	8	8	8	8
Don't know	7	7	7	7
Refused	9	9	9	9

43a. How many employees work in your company or organization?

What about (name)?

Probe: *An estimated number of times is fine.*

Number of employees in company	1	2	3	4
1	1	1	1	1
2-10	2	2	2	2
11-25	3	3	3	3
26-50	4	4	4	4
51-100	5	5	5	5
101-200	6	6	6	6
201-300	7	7	7	7
301-400	8	8	8	8
401-500	9	9	9	9
More than 500	10	10	10	10
Don't know	77	77	77	77
Not applicable	88	88	88	88
Refused	99	99	99	99

43b. Does your employer or union offer a health insurance plan for employees or not?

What about (name)?

Employer/union offer health insurance	1	2	3	4
Yes	1	1	1	1
No	0	0	0	0
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

43c. Does your employer pay for all, some, or none of the cost of health insurance coverage?

What about (name)?

Employer pays for some or none of the cost of health insurance	1	2	3	4
None	0	0	0	0
All	1	1	1	1
Some	2	2	2	2
Don't know	7	7	7	7
Not applicable	8	8	8	8
Refused	9	9	9	9

44. Which of the following is the closest to your current household yearly income, including all sources of income such as wages, retirement, alimony, child support, etc.?

Please stop me when I reach the category that best describes your household yearly income.

Read:

- | | | |
|---|----------------------|--|
| 1 | Less than \$10,000 | Less than \$10,000 |
| 2 | \$10,000 to \$29,999 | More than \$10,000 less than \$30,000 |
| 3 | \$30,000 to \$49,999 | More than \$30,000 less than \$50,000 |
| 4 | More than \$50,000 | More than \$50,000 |
| 7 | Don't know | |
| 9 | Refused | |

45. Finally, do you receive any form of public assistance, including food stamps, WIC, welfare support, etc?

What about (name)?

Public assistance	1	2	3	4
No	0	0	0	0
Yes	1	1	1	1
Don't know	7	7	7	7
Refused	9	9	9	9

ASK IF ONLY MORE THAN 1 ADULT IN HOUSEHOLD

46. Did you feel comfortable answering questions for other adult members of your household?

- 0 No
- 1 Yes
- 7 Don't Know
- 8 Not applicable/only one adult
- 9 Refused

That completes our survey. The information you provided will be used to help the Department of Health with the health needs of _____ County.

		Age	Sex		Height (FT IN)	Weight (LBS)	Check if Appropriate			
			M	F			PAP F	Breast Exam F, 30+	Mamm F, 40+	Prostate Screen M, 40+
1			1	0						
2			1	0						
3			1	0						
4			1	0						