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My name is _____. I am with the NYU Center for the Study of Asian American Health.

Thank you again for agreeing to participate in this study. The survey will take approximately 30 to 45 minutes to complete. For your time, we will be providing you with an international phone card. Again, the information you provide in the survey is completely confidential. If at any time, you are confused about a question, please let me know.

<u>DATE AND TIME OF INTERVIEW:</u> Date ____/____/____ Time Started ____ AM/PM Time Ended ____ AM/PM	<u>INTERVIEWER INITIALS:</u> ____ <u>DATE:</u> ____ <u>MODE:</u> ____ In-Person
<u>LOCATION OF INTERVIEW:</u> ____ CBO ____ Health fair ____ Hospital or healthcare provider ____ Other: _____	<u>REFUSAL:</u> <input type="checkbox"/> <u>REASON:</u> _____ ____ None given ____ No time/busy ____ Don't want to talk about health issues ____ Other: _____
<u>PARTICIPANT'S INFORMATION :</u> C1: Name _____ C2: Home Phone _____ C3: Cell Phone _____ C4: Address _____ C5: Zip Code _____ C6: Date of Birth _____ C7: Gender _____ Secondary Contact Information Name _____ Relationship _____ Phone Number _____	
<u>COMMENTS :</u> 	

Clinical Measures

(to be measured by clinician or CHW)

CM1. Blood pressure [measured 3-5 minutes apart]				Circle based on measurement
Left Arm	Time :	AM/PM		Normal (or controlled HTN if on medication) Systolic BP < 120, and Diastolic BP < 80
Systolic	mmHg			
Diastolic	mmHg			
Right Arm	Time :	AM/PM		Pre-hypertensive (or controlled HTN if on medication) Systolic BP 120-139 or Diastolic BP 80-89
Systolic	mmHg			
Diastolic	mmHg			
Right Arm	Time :	AM/PM		Hypertensive: Systolic BP ≥ 140 or Diastolic BP ≥ 90
Systolic	mmHg			
Diastolic	mmHg			
Total Cholesterol	mg/dL		Normal = <200 Borderline high = 200-239 High = 240-299 Very High = ≥300	
Glucose	_____	mg/dL	If not diabetic: Before meals Normal= <100 Pre-diabetes= 100-125 Diabetes = ≥126 After meals Normal= <140 Pre-diabetes= 140-199 Diabetes= ≥200	If diabetic: Before meals = 70-130 After meals = <180 Before meals ≥8 hours ago After meals 1-2 hours after eating
CM2. Weight [measure]	_____ pounds			
CM3. Height [measure]	_____ feet _____ inches			
CM4. Body Mass Index [refer to BMI chart]	_____		Underweight <18.5 Normal 18.5-24.9 Overweight 25.0-29.9 Obese >30	
CM5. Waist measure [measure] Using tape measure: measure the distance around the smallest area of waist, usually just above the belly button	_____ inches/_____ cm			
CM6. Hip measure [measure] Using tape measure: measure the distance around the largest area of hips, usually the widest part of the buttocks.	_____ inches			
CM7. Waist/Hip ratio [calculate].	_____		Male ≤0.95 0.96-1.0 >1.0	Female ≤0.80 0.81- 0.85 >0.85
Health Risk Low Risk Moderate Risk High Risk				

Clinician Name (Please Print) _____

Clinician Signature _____ Date _____

Demographic and Social Variables (PART 1 of 2)

Now I have a few questions about your background.

D4. What is your employment status?

- 1 - ☐ Employed fulltime for wages
2 - ☐ Self-employed
3 - ☐ Part time (one job)
4 - ☐ Part time (multiple jobs)

- 5 - ☐ Student
6 - ☐ Unemployed for less than one year
7 - ☐ Unemployed for one year or more
8 - ☐ Retired
9 - ☐ Unable to work
10 - ☐ Homemaker/Housewife
99 - ☐ Don't Know
98 - ☐ Refused
97 - ☐ SKIPPED

**Go
to
D4b**

**Go
to
D4e**

D4b. How many hours a week do you work on average? _____

99 - ☐ Don't Know

98 - ☐ Refused

97 - ☐ SKIPPED

D4e. If you worked in the Philippines, what type of primary work did you do there?

- 1 - ☐ Professional/Managerial
2 - ☐ Technical
3 - ☐ Sales
4 - ☐ Administrative support (e.g., clerical, secretarial)
5 - ☐ Service
6 - ☐ Industrial
7 - ☐ Unemployed/Retired
8 - ☐ Own a business
9 - ☐ Other (Specify) _____
96 - ☐ Did not work in the Philippines
99 - ☐ Don't Know
98 - ☐ Refused
97 - ☐ SKIPPED

D5. What is the highest level of education you have received (either in the US or abroad)?

- 1 - ☐ Elementary school
2 - ☐ Junior high school/some high school
3 - ☐ High school or GED
4 - ☐ Technical/vocational school/associates degree
5 - ☐ Some college or university
6 - ☐ College or university graduate
7 - ☐ Graduate level/advanced degree
8 - ☐ No formal education/never attended school
99 - ☐ Don't Know
98 - ☐ Refused
97 - ☐ SKIPPED

Nutrition

Over the past week:

N1. How often did you drink soda (such as Coke or Pepsi) or sweet drinks (such as fruit juice)?

1 - ☐ Never or less than 1 time per week [**GO TO N2**]

1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4-5 times per day	6 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	8 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Over the past week:

N1A. Each time you drank soda or sweet drinks, how much did you usually drink?

[Interviewer: point to can prop to show size]

Less than 12 ounces or less than 1 can or bottle	12-16 ounces or 1 can or bottle	More than 16 ounces or more than 1 can or bottle	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N2. How often did you drink water (including tap, bottled, and unsweetened carbonated water)?1 - ☐ Never or less than 1 time per week [**GO TO N3**]

1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4-5 times per day	6 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	8 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N2A. Each time you drank water, how much did you usually drink?

[Interviewer: point to can prop to show size]

Less than 12 ounces or less than 1 can, bottle or glass	12-24 ounces or 1 to 2 bottles, cans or glasses	More than 24 ounces or more than 2 bottles, cans or glasses	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N3. How often did you eat fruits (such as apples, mangos, berries, etc.)?1 - ☐ Never or less than 1 time per week [**GO TO N4**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N3A. Each time you ate fruits, how many did you usually eat?

[Interviewer: read examples of each as needed. For pieces: apples, oranges, bananas. For cups: grapes, berries or melon pieces]

_____ Pieces	99 - <input type="checkbox"/> Don't Know
_____ or	98 - <input type="checkbox"/> Refused
_____ Cups	97 - <input type="checkbox"/> SKIPPED

N4. How often did you eat vegetables or greens (such as eggplant, cauliflower, spinach, etc., but do not include potatoes)?1 - ☐ Never or less than 1 time per week [**GO TO N5**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N4A. Each time you ate vegetables or greens, how much did you usually eat?

[Note: refer to picture of measuring cup to indicate size]

Less than ½ cup	½ to 1 cup	More than 1 cup	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Over the past week:**N5. How often did you eat rice or other cooked grains (such as oatmeal, etc.)?**1 - ☐ Never or less than 1 time per week [**GO TO N6**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N5A. How often did you eat brown rice?

Never	Sometimes	Most of the time	All the time	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N5B. Each time you ate rice or other cooked grains, how much did you usually eat?

[Interviewer: point to prop of measuring cup or medium-sized tea cup to show unit size]

Less than ½ cup	½ to 1½ cups	More than 1½ cups	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N6. How often did you eat bread (such as *pan de sal*, Spanish bread, etc.)?1 - ☐ Never or less than 1 time per week [**GO TO N8**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N6A. Each time you ate bread, how many pieces/slices did you usually eat?

Less than 1 piece/slice	1 piece/slice	More than 1 piece/slice	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N6B. How often did you eat whole wheat bread?1 - ☐ Never or less than 1 time per week [**GO TO N8**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N7. How often did you eat noodles or pasta (such as various *pancit*, spaghetti, ramen, etc.)?1 - ☐ Never or less than 1 time per week [**GO TO N8**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N7A. Each time you ate noodles or pasta, how much did you usually eat?

Less than 1 cup	1 to 3 cups	More than 3 cups	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Over the past week:**N8. How often did you eat chicken, turkey, duck, or other poultry?**1 - ☐ Never or less than 1 time per week [**GO TO N9**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N8A. Each time you ate chicken, turkey, duck or other poultry how much did you usually eat?

(Note: 3 ounces is approximately equal to the palm of your hand) [Interviewers: point to photo of small bowl]

3 ounces or less	4 to 6 ounces	More than 6 ounces	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N9. How often did you eat beef, goat, pork, or lamb?

1 - ☐ Never or less than 1 time per week [**GO TO N10**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N9A. Each time you ate beef, goat, pork or lamb how much did you usually eat?

(Note: 3 ounces is approximately equal to the palm of your hand) [Interviewers: point to photo of small bowl]

3 ounces or less	4 to 6 ounces	More than 6 ounces	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N10. How often did you eat fish or shellfish (such as *tilapia*, *bangus*, *hipon*, *tahong*, etc.)?

1 - ☐ Never or less than 1 time per week [**GO TO N11**]

1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N10A. Each time you ate fish or shellfish, how much did you usually eat?

(Note: 3 ounces is approximately equal to the palm of your hand) [Interviewers: point to photo of small bowl]

3 ounces or less	4 to 6 ounces	More than 6 ounces	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N11. Which oils/fats were usually used in cooking the food you ate? (Mark all that apply.)

1 - ☐ Margarine

2 - ☐ Butter

3 - ☐ Lard, fatback, or bacon fat

4 - ☐ Vegetable oil

5 - ☐ Corn oil

6 - ☐ Canola oil

7 - ☐ Other kinds of oils (such as olive, mustard, soybean, peanut, sunflower, coconut oils or sprays)

8 - ☐ Other _____ [

9 - ☐ None of the above

99 - ☐ Don't Know

98 - ☐ Refused

97 - ☐ SKIPPED

Over the past week:

N12A. How often was salt used in cooking?

Never	Sometimes	Most of the time	All the time	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N13. Did you add salt to the food you eat AFTER it was served?

1 - <input type="checkbox"/> Yes	2 - <input type="checkbox"/> No	99 - <input type="checkbox"/> Don't Know	98 - <input type="checkbox"/> Refused	97 - <input type="checkbox"/> SKIPPED
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N14A. How often did you add sugar or honey to what you eat or drink?

Never	Sometimes	Most of the time	All the time	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N14B. Each time sugar or honey was added to what you eat or drink, how much was usually added?

Less than 1 teaspoon	1 to 3 teaspoons	More than 3 teaspoons	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Over the past month:**N15. How often did you eat sweets (such as cakes, cookies, candy, ice cream, or other types of sweets)? (Do not include fresh fruits.)**1 - ☐ Never or less than 1 time in past month [**GO TO N16**]

1 time in past month	2-3 times per month	1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	8 - <input type="checkbox"/>	9 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

N16. How often did you eat salty foods or snacks?1 - ☐ Never or less than 1 time in past month

1 time in past month	2-3 times per month	1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	8 - <input type="checkbox"/>	9 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Food Behaviors*INTERVIEWER: "Now I am going to ask you some questions about your eating patterns and behaviors"***FB1. Over the last week, how often did you eat out at a FAST FOOD or OTHER RESTAURANTS (including street carts, take-out, etc.)?**

Never	1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

FB2. How often do you eat fruits (not including fruit juice) instead of desserts or snacks that contain high amounts of sugar?

Never	Sometimes	Most of the time	All the time	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

FB3. How often do you either fry foods while cooking or eat foods that are fried?

Never or less	1 time	2 times	3-4 times	5-6 times	1 time	2 or more	Don't	Refused	SKIPPED
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than 1 time per week	per week	per week	per week	per week	per day	times per day	Know		
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

FB4. How often do you either bake, steam, or grill foods while cooking or eat foods that are baked, steamed, or grilled?

Never or less than 1 time per week	1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 or more times per day	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	7 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Portion control

How often do you:	1 - Almost never or never	2 - Sometimes	3 - Often	4 - Almost always or always	99 - Don't Know	98 - Refused	97 - SKIPPED
FB5a. Stop eating when full?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB5b. Refuse offers of food when you were not hungry?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB5c. Try to limit the number of food servings you ate?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB5d. Try to limit the size of food servings you ate?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB5e. Try to find something else to do instead of snacking?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Preparation/ buying

How often do you:	1 - Almost never or never	2 - Sometimes	3 - Often	4 - Almost always or always	96 - Not applicable	99 - Don't Know	98 - Refused	97 - SKIPPED
FB6a. Choose leaner meats over those higher in fat?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB6b. Cut off visible fat from meat?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB6c. Remove skin from chicken?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB6d. Buy low-fat or non-fat versions of dairy products [such as milk, yogurt, cheese]? (This includes 1% and skim varieties).	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

FB6e. Limit high-fat extras such as butter, gravy sauces, and salad dressings? 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 96 - ☐ 99 - ☐ 98 - ☐ 97 - ☐

Planning

	1 - Almost never or never	2 - Sometimes	3 - Often	4 - Almost always or always	96 - Not applicabl e	99 - Don't Know	98 - Refused	97 - SKIPPED
How often do you:								
FB7a. Plan meals ahead of time?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB7b. Make a grocery list and stick to it at the store?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB7c. Read labels on foods to check for nutrition information? [If never, skip to FB10]	1 - <input type="checkbox"/> [GO TO FB10a]	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

FB8. If you read labels on foods, what are you checking for? [CHECK ALL THAT APPLY]

- | | |
|---|--|
| 1 - <input type="checkbox"/> Calories | 6 - <input type="checkbox"/> Don't read labels on foods [GO TO FB10a] |
| 2 - <input type="checkbox"/> Sodium | 99 - <input type="checkbox"/> Don't Know |
| 3 - <input type="checkbox"/> Fats and cholesterol | 98 - <input type="checkbox"/> Refused |
| 4 - <input type="checkbox"/> Sugar | 97 - <input type="checkbox"/> SKIPPED |
| 5 - <input type="checkbox"/> Other _____ | |

FB9. How well do you understand the information on a food label?

Very Well	Well	Not Well	Not at all	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Do you agree with the following statements?

	1 - Agree	2 - Disagree	99 - Don't Know	98 - Refused	97 - SKIPPED
FB10a. It is difficult for me to choose a healthy snack.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB10b. I cannot afford to buy healthier foods.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB10c. I do not have the time to prepare healthier foods.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB10d. There is no store for me to buy healthy foods.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB10e. It is difficult for me to eat healthy food on holidays or special occasions.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB10f. It is uncomfortable for me refuse unhealthy foods when they are offered to me at get-togethers.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB10g. I do not like how healthier foods taste.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

FB10h. I do not cook healthier foods because my family does not like them.

1 - ☐2 - ☐99 - ☐98 - ☐97 - ☐

Are you confident that you can:

	1 - Yes	2 - No	99 - Don't Know	98 - Refused	97 - SKIPPED
FB11a. Stay on a healthy diet.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB11b. Can cook a healthy diet.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB11c. Decrease the amount of sugar and sweets you eat.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB11d. Decrease the amount of fat and cholesterol in the foods you eat.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
FB11e. Increase the amount of fiber and vegetables you eat.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Risk Factors

Now the following group of questions will look at your lifestyle practices.

Physical Exercise

Now I'd like to ask you some questions about your activities.

PA1. Including what you do at your job, home, gym, or elsewhere do you do any physical activity?

1 - <input type="checkbox"/> Yes	2 - <input type="checkbox"/> No 99 - <input type="checkbox"/> Don't Know 98 - <input type="checkbox"/> Refused 97 - <input type="checkbox"/> SKIPPED	[GO TO PA6a] [GO TO PA6a] [GO TO PA6a] [GO TO PA6a]
----------------------------------	---	--

PA2. During the last 7 days, on how many days did you do large effort physical activities that make your heart rate and breathing much faster? Activities can take place at home, at work, in the gym or elsewhere but think about only those physical activities that you do for at least 10 minutes at a time.

[Read if examples are needed: "These can include activities such as carrying or lifting heavy loads, moving furniture, aerobics, or running/jogging."]

____ Days per week [If no activities, then enter 0 days]	99 - <input type="checkbox"/> Don't Know/Not Sure 98 - <input type="checkbox"/> Refused 97 - <input type="checkbox"/> SKIPPED	[GO TO PA4] [GO TO PA4] [GO TO PA4]
---	---	---

PA3. How much time did you usually spend doing these hard types of physical activities on one of those days?

[If participant answers that the length of time varies, ask them to think about a normal day or the last day they did these types of physical activities]

____ Hours per day or ____ Minutes per day	99 - <input type="checkbox"/> Don't Know 98 - <input type="checkbox"/> Refused 97 - <input type="checkbox"/> SKIPPED
--	--

READ: Now think about activities which take moderate physical effort that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying a shopping bag or laundry, gardening, or a brisk walk. Do not include regular walking. Activities can take place at home, at work, in the gym or elsewhere but think about only those physical activities that you do for at least 10 minutes at a time.

PA4. During the last 7 days, on how many days did you do moderate physical activities?

_____ Days per week [If no activities, then enter 0 days]	99 - <input type="checkbox"/> Don't Know/Not Sure 98 - <input type="checkbox"/> Refused 97 - <input type="checkbox"/> SKIPPED	[GO TO PA5] [GO TO PA5] [GO TO PA5]
--	---	--

PA5. How much time did you usually spend doing these moderate types of physical activities on a normal day that you do activity?

[If participant answers that the length of time varies, ask them to think about a normal day or the last day they did these types of physical activities]

_____ Hours per day or _____ Minutes per day	99 - <input type="checkbox"/> Don't Know 98 - <input type="checkbox"/> Refused 97 - <input type="checkbox"/> SKIPPED
--	--

Cardiac Exercise Self Efficacy

PA6. How much confidence do you have about each of the following:

	1 - No confidence	2 - Very little confidence	3 - Moderate confidence	4 - A lot of confidence	99 - Don't Know	98 - Refused	97 - SKIPPED
PA6a. Knowing what exercises are healthy for you.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA6b. Exercising for at least thirty minutes, five times each week in the future.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

For each of the questions below indicate your agreement with the statement:

	1 - Agree	2 - Disagree	99 - Don't know	98 - Refused	97 - SKIPPED
PA7a. I don't have enough time to exercise.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7b. I am too tired to exercise.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7c. I am not motivated to exercise.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7d. I don't have a safe place to exercise.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7e. It is too expensive to exercise.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7f. Health problems prevent me from exercising.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

PA7g. I don't like to exercise.	1- <input type="checkbox"/>	2- <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7h. I need someone to exercise with but don't have one.	1- <input type="checkbox"/>	2- <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7i. I don't know what exercises to perform.	1- <input type="checkbox"/>	2- <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7j. I am embarrassed to exercise.	1- <input type="checkbox"/>	2- <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA7k. I don't exercise because I don't think it will benefit me.	1- <input type="checkbox"/>	2- <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Social interaction, physical activity

How often do you:	1 - Almost never	2 - Sometimes	3 - Often	4 - Almost always	99 - Don't know	98 - Refused	97 - SKIPPED
PA8a. Suggest doing something active when you got together with family members or friends, such as going for a walk, biking, or swimming?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA8b. Set aside a special time to do physical activity?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA8c. Ask a friend or relative to do some physical activity with you?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
PA8 d. Talk to others about the benefits of physical activity?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Smoking

I am now going to ask you questions about your smoking history and practices.

Sm2. Do you now smoke cigarettes every day, some days, or not at all?

- 1 - ☐ Every day
2 - ☐ Some days

- 3 - ☐ Not at all
99 - ☐ Don't Know/Not Sure
98 - ☐ Declined to state/Refused
97 - ☐ SKIPPED

**Go
to
Sm5**

**Go
to
Sm6**

Sm5. In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
[Specify that there are 20 cigarettes in a pack.]

[Enter number]

99 - ☐ Don't Know

98 - ☐ Refused

97 - ☐ SKIPPED

Sm6. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 - ☐ Yes2 - ☐ No99 - ☐ Don't Know98 - ☐ Refused97 - ☐ SKIPPED**Alcohol***These next questions will ask about your alcohol history and practices.*

AL1. Do you currently drink alcohol?

1 - ☐ Yes**Go
to
AL1a**2 - ☐ No99 - ☐ Don't Know/Not Sure98 - ☐ Declined to state/Refused97 - ☐ SKIPPED**Go
to
SS1**

AL1a. How often do you drink alcohol?

Rarely (on
special
occasions)
1 - ☐Occasionally
(once a month)
2 - ☐Once a week
3 - ☐Regularly
(several times a
week)
4 - ☐Everyday
5 - ☐SKIPPED
97 - ☐

AL1b. When you drink alcohol, how many drinks do you have per day?

One to two drinks
1 - ☐Three to four drinks
2 - ☐Five or more drinks
3 - ☐SKIPPED
97 - ☐**Salt and Sodium****Salt Intake***Now tell me how often you use salt and sodium in your diet as never, sometimes, most of the time, or all the time.**How often did you do the following in the last week...*

	1 - Never	2 - Sometimes	3 - Most of the time	4 - All the time		99 - Don't know	98 - Refused	97 - SKIPPED
SS1. Do you buy fresh vegetables instead of canned vegetables?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/> I don't buy my own food	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
SS2. Do you use <i>patis</i> (fish sauce), <i>alamang</i> (salted shrimp paste) or soy sauce when you cook?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/> I don't cook my own food	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
SS4. Do you add salt to fruit?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>		99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
SS6. Do you buy meats such as canned pork, hotdogs, corned beef hash,	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/> I don't buy my	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

or sausage?

own
food

SS9. Do you choose fruits and vegetables instead of beef jerky, French fries, and pork rinds/*chicharon*?

1 - ☐2 - ☐3 - ☐4 - ☐99 - ☐98 - ☐97 - ☐

Cholesterol and Fat

I am now going to ask you questions about the fat content in your diet.

How often did you do the following things in the past four months...?

	1 - Never	2 - Sometimes	3 - Most of the time	4 - All the time		99 - Don't know	98 - Refused	97 - SKIPPED
CF3. Do you use vegetable oil spray to grease pans and skillets instead of using lard, coconut oil, or butter?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/> I don't cook my own food	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CF6. Do you drain away the fat and throw it away when you cook ground meat?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/> I don't cook my own food	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CF8. Do you use canola, safflower or sesame oil to prepare your food instead of using lard?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/> I don't cook my own food	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Weight Management

Now I'm going to ask you questions about your diet choices and habits.

How often did you do the following things in the past four months?

	1 - Never	2 - Sometimes	3 - Most of the time	4 - All the time	99 - Don't know	98 - Refused	97 - SKIPPED
WM8. Do you eat more when you feel stressed?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

CVD Knowledge and Behavior Question

Next, I'd like you to share with me what you know about heart health.

	1 - Yes	2 - No	99 - Don't know	98 - Refused	97 - SKIPPED
CVD1. Can your waist measure indicate that you have a high risk of heart disease?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

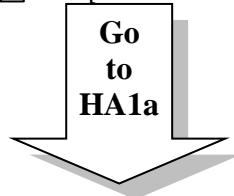
CVD2. Can the Body Mass Index (BMI) tell you if you are overweight?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD3. Is the majority of cholesterol in the body produced in the liver?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD4. Can eating foods that are high in sodium increase your risk of high blood pressure?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD5. Does lard have a low amount of saturated fat?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD6. Can saturated fat clog your arteries and increase your chance of a heart attack?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD7. Is a blood pressure of 140/90 mmHg considered high?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD8. Do people know that their cholesterol is high because they have gained weight?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD9. Is being physically active a way to reduce your risk for heart disease?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD10. Only people with high blood cholesterol should follow a heart healthy diet.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD11. Does secondhand smoke affect your heart?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD12. Is having a fasting blood sugar of 126 mg/dL or higher considered diabetes?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
CVD13. Is having a waist measure of 35 inches (88.9 cm) or more healthy for a woman?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Health Access and Utilization

Next, I'm going to ask you a few questions about your general experience with medical care in the US.

HA1. Are you covered by health insurance or some other kind of health care plan?

1 - ☐ Yes **[GO TO HA1a]**



2 - ☐ No

99 - ☐ Don't know/Not sure

98 - ☐ Declined to state/Refused

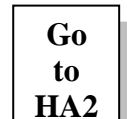
97 - ☐ SKIPPED

[GO TO HA2]

[GO TO HA2]

[GO TO HA2]

[GO TO HA2]



HA1a. Which type?

1 - ☐ Medicaid ("White Card") _____

2 - ☐ Private insurance

3 - ☐ Other type of public/government insurance (Family Health Plus)

4 - ☐ Medicare ("Blue and Red Card")

5 - ☐ Work or company insurance

6 - ☐ Hospital card

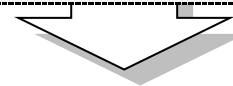
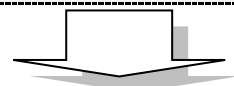
7 - ☐ Other health insurance _____

8 - ☐ No health insurance

99 - ☐ Don't Know

98 - ☐ Refused

97 - ☐ SKIPPED



HA2. Where do you go to get medical care or attention? [CHECK ALL THAT APPLY]

- | | |
|---|---|
| 1 - <input type="checkbox"/> Community Clinic (specify: _____) | 6 - <input type="checkbox"/> Self-care |
| 2 - <input type="checkbox"/> Hospital (specify: _____) | 7 - <input type="checkbox"/> Other: _____ |
| 3 - <input type="checkbox"/> Private Doctor (specify: _____) | 99 - <input type="checkbox"/> Don't Know |
| 4 - <input type="checkbox"/> Traditional Healer | 98 - <input type="checkbox"/> Refused |
| 5 - <input type="checkbox"/> Family Member who is a Health Professional | 97 - <input type="checkbox"/> SKIPPED |

HA4. Do you have a regular doctor or other health professional, such as a nurse or midwife, you usually go to when you are sick or need health care?

- | | |
|---|---|
| 1 - <input type="checkbox"/> Yes [GO TO HA4a] | 2 - <input type="checkbox"/> No [GO TO HA6] |
| | 98 - <input type="checkbox"/> Declined to state/Refused [GO TO HA6] |
| | 99 - <input type="checkbox"/> Don't know/Not sure [GO TO HA6] |
| | 97 - <input type="checkbox"/> SKIPPED [GO TO HA6] |

HA4a. Do you currently have a physician or nurse practitioner for your hypertension care?

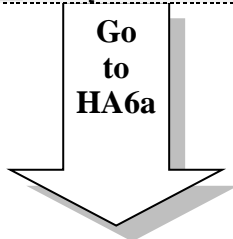
- | | |
|---|---|
| 1 - <input type="checkbox"/> Yes [GO TO HA4b] | 2 - <input type="checkbox"/> No [GO TO HA6] |
| | 98 - <input type="checkbox"/> Declined to state/Refused [GO TO HA6] |
| | 99 - <input type="checkbox"/> Don't know/Not sure [GO TO HA6] |
| | 97 - <input type="checkbox"/> SKIPPED [GO TO HA6] |

HA4b. In the past 12 months, how many times have you seen a physician or nurse practitioner for your hypertension care?

HA4c. In the past 4 months, how many times have you seen a physician or nurse practitioner for your hypertension care?

HA6. In the past TWELVE months were you unable to obtain medical care, tests, or treatments that you or a doctor believed necessary?

- | | |
|---|---|
| 1 - <input type="checkbox"/> Yes [GO TO HA6a] | 2 - <input type="checkbox"/> No [GO TO HA7] |
| | 96 - <input type="checkbox"/> Not applicable [GO TO HA7] |
| | 98 - <input type="checkbox"/> Declined to state/Refused [GO TO HA7] |
| | 99 - <input type="checkbox"/> Don't know/Not sure [GO TO HA7] |
| | 97 - <input type="checkbox"/> SKIPPED |



Go
to
HA7

HA6a. Which of these are reasons you were unable to get medical care, tests, or treatments that you or a doctor believed necessary? [CHECK ALL THAT APPLY]

- | | |
|--|--|
| 1 - <input type="checkbox"/> Couldn't afford care | 5 - <input type="checkbox"/> Couldn't get child care |
| 2 - <input type="checkbox"/> Transportation problems | 6 - <input type="checkbox"/> Didn't have time or took too long |
| 3 - <input type="checkbox"/> Different language | 7 - <input type="checkbox"/> Other [WRITE IN:] _____ |
| 4 - <input type="checkbox"/> Didn't know where to go to get care | 97 - <input type="checkbox"/> SKIPPED |

If only 1 box checked in HA6A, then GO TO HA7.

HA6b. Which of these best describes the main reason you were unable to get medical care, tests, or treatments that you or a doctor believed necessary? [CHECK ONLY ONE]

- 1 - ☐ Couldn't afford care
 2 - ☐ Transportation problems
 3 - ☐ Different language
 4 - ☐ Didn't know where to go to get care

- 5 - ☐ Couldn't get child care
 6 - ☐ Didn't have time or took too long
 7 - ☐ Other [WRITE IN:] _____
 97 - ☐ SKIPPED

HA7. In general, where do you get your health information? (Mark all that apply).

	1 - Yes	2 - No	99 - Don't know	98 - Refused	97 - SKIPPED
a. Doctor or health professional	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
b. Family members	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
c. Friends	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
d. Newspaper	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
e. Radio	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
f. Internet	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
g. Other _____	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Healthcare Experiences

To what extent do you agree with the following statements?

	1 - Agree	2 - Disagree	96 - Not Applicable	99 - Don't know	98 - Refused	97 - SKIPPED
HA8a. The last time I visited my doctor for high blood pressure care, I had confidence and trust in the doctor who treated me.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
HA8b. The last time I visited my doctor for high blood pressure care, I felt that the doctor understood my background and values.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
HA8c. The last time I visited my doctor for high blood pressure care, I had a hard time speaking with or understanding the doctor because I and the doctor spoke different languages.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
HA8d. I am satisfied with the quality of health care I have received during the last 2 years.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Appointment Keeping

Now, please tell me how often you do the following regarding your appointments; none of the time, some of the time, most of the time, or all of the time.

	1 - Never	2 - Sometimes	3 - Most of the time	4 - All the time	96 - Not applicable	99 - Don't know	98 - Refused	97 - SKIPPED
AK1. How often is your next appointment set before leaving the doctor's office (i.e., dr./receptionist	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	96 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

schedules your next appointment)?

AK2. How often do you miss scheduled appointments? 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 96 - ☐ 99 - ☐ 98 - ☐ 97 - ☐

AK9. How often have you needed transportation to your appointments? 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 96 - ☐ 99 - ☐ 98 - ☐ 97 - ☐

AK11. How often have transportation issues prevented you from going to your appointment? 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 96 - ☐ 99 - ☐ 98 - ☐ 97 - ☐

Medication Adherence

I am now going to ask medication related questions.

MA1. Were any of the medications you took in the past 2 weeks for high blood pressure?

MA0. Has a doctor or other health professional ever prescribed you medication to help lower or control your high blood pressure?

Circle YES or NO	Yes	No
Yes	<input type="checkbox"/> [GO TO page 20]	<input type="checkbox"/> [GO TO page 22]
No	<input type="checkbox"/> [GO TO page 20]	<input type="checkbox"/> [GO TO page 23, question D1]

*** ONLY FOR ***		On medication	
		Yes	No
Prescribed	Yes	<input checked="" type="checkbox"/>	
	No	----or---- <input checked="" type="checkbox"/>	

Now, please tell me how often you do the following regarding your medication.

MA2. Do you sometimes forget to take your high blood pressure pills? ☐ Yes [0] ☐ No [1]

MA3. People sometimes miss taking their high blood pressure medications for reasons other than forgetting. Thinking over the past 2 weeks, were there any days when you did not take your high blood pressure medication? ☐ Yes [0] ☐ No [1]

MA4. Have you ever cut back or stopped taking your high blood pressure medication without telling your doctor because you felt worse when you took it? ☐ Yes [0] ☐ No [1]

MA5. When you travel or leave home, do you sometimes forget to bring along your high blood pressure medication? ☐ Yes [0] ☐ No [1]

MA6. Did you take your high blood pressure medicine yesterday? ☐ Yes [1] ☐ No [0]

MA7. When you feel like your high blood pressure symptoms are under control, do you sometimes stop taking your high blood pressure medication? ☐ Yes [0] ☐ No [1]

MA8. Taking high blood pressure medication everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your high blood pressure treatment plan? ☐ Yes [0] ☐ No [1]

MA9. How often do you have difficulty remembering to take all your high blood pressure medications?

☐ Rarely/
Never [1]

☐ Once in a
while [0.75]

☐ Sometimes
[0.5]

☐ Usually
[0.25]

☐ Always
[0]

MA11. How many times has your physician put you on a different medication(s)? _____ or 97 - ☐ SKIPPED

MA12. How many times has your physician changed the dosage of your medication(s)? _____ or 97 - ☐ SKIPPED

GO TO NEXT PAGE

*** <u>ONLY FOR</u> ***		On medication	
		Yes	No
Prescribed	Yes	<input checked="" type="checkbox"/>	
	No	----or----	<input checked="" type="checkbox"/>

Cardiac Medication Self Efficacy

For these next items, please tell me on a scale of 1 to 3 how much confidence you have about performing each activity, where 1 is having very little confidence to 3 is having quite a lot of confidence.

	1 - Very little confidence	2 - Some confidence	3 - Quite a lot of confidence
MSE1. Taking your medications every day.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE2. Taking your medication at about the same time every day.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE3. Taking the right dose of medication	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE4. Reading the prescription label.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE6. Knowing what each medication is prescribed for.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE7. Knowing the effects of your medication.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE8. Refilling your medications before you run out.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE10. Being able to pay for your medications.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE12. Talking to your doctor about your medication.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE13. Using a pillbox, chart, calendar, or reminder system.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE15. Knowing that your medications are helpful for your health problems	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>

GO TO PAGE 23

*** <u>ONLY FOR</u> ***		On medication	
		Yes	No
Prescribed	Yes		<input checked="" type="checkbox"/>
	No		

MA13. Can you tell me why you are **NOT** taking your medication?
(Based on the patient's response, please check all the answers that apply)

	1 - Yes	2 - No	97 - SKIPPED
MA13a. I believe that taking medicines every day is not good for me.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	97 - <input type="checkbox"/>
MA13b. I forget to take my medicine	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	97 - <input type="checkbox"/>
MA13c. I did not understand what the doctor told me	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	97 - <input type="checkbox"/>
MA13d. I stop taking medicines when I felt better.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	97 - <input type="checkbox"/>
MA13e. I feel sick when I take the medicine.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	97 - <input type="checkbox"/>
MA13f. I do not have anyone to help me.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	97 - <input type="checkbox"/>
MA13g. I do not have money to buy the medicine	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	97 - <input type="checkbox"/>
MA13h. Other reason (please specify): _____			or 97 - <input type="checkbox"/> SKIPPED

Cardiac Medication Self Efficacy

For these next items, please tell me on a scale of 1 to 3 how much confidence you have about performing each activity, where 1 is having very little confidence to 3 is having quite a lot of confidence.

	1 - Very little confidence	2 - Some confidence	3 - Quite a lot of confidence
MSE1. Taking your medications every day.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE2. Taking your medication at about the same time every day.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE3. Taking the right dose of medication	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE4. Reading the prescription label.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE6. Knowing what each medication is prescribed for.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE7. Knowing the effects of your medication.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE8. Refilling your medications before you run out.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE10. Being able to pay for your medications.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE12. Talking to your doctor about your medication.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE13. Using a pillbox, chart, calendar, or reminder system.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>
MSE15. Knowing that your medications are helpful for your health problems	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>

Demographic and Social Variables (PART 2 of 2)

Now I have a few more questions about your background.

D1. How many people in your immediate family live in the United States? _____

D2. What is your marital status?

- 1 - ☐ Married
 2 - ☐ Living with partner
 3 - ☐ Widowed
 4 - ☐ Divorced
 5 - ☐ Separated

- 6 - ☐ Civil union
 7 - ☐ Never Married
 98 - ☐ Declined to state/Refused
 99 - ☐ Don't know/Not sure
 97 - ☐ SKIPPED

D7. How many people live in your household? _____

D7a. What is your total annual income? [Participant's individual income]

- 1 - ☐ Less than \$10,000
 2 - ☐ Between \$10,000 and \$19,999
 3 - ☐ Between \$20,000 and \$29,999
 4 - ☐ Between \$30,000 and \$39,999
 5 - ☐ Between \$40,000 and \$49,999

- 6 - ☐ \$50,000 or more
 99 - ☐ Don't Know
 98 - ☐ Refused
 97 - ☐ SKIPPED

D8. What is your annual household income? [Participant's individual income plus other household member]

- 1 - ☐ Less than \$10,000
 2 - ☐ Between \$10,000 and \$19,999
 3 - ☐ Between \$20,000 and \$29,999
 4 - ☐ Between \$30,000 and \$39,999
 5 - ☐ Between \$40,000 and \$49,999

- 6 - ☐ \$50,000 or more
 99 - ☐ Don't Know
 98 - ☐ Refused
 97 - ☐ SKIPPED

D9. How many people contribute to your household income? _____

99 - ☐ Don't Know98 - ☐ Refused97 - ☐ SKIPPED

D9a. In the past 12 months, was there a time when you/your household didn't pay the full amount of the rent or mortgage because you didn't have enough money?

1 - ☐ Yes2 - ☐ No99 - ☐ Don't Know98 - ☐ Refused97 - ☐ SKIPPED**Stress****Next, I am going to ask you questions about your stress level.**

St1. In past 2 weeks, how often have you felt stressed?

- 4 - ☐ All/most of the time 3 - ☐ Some of the time 2 - ☐ A little of the time 1 - ☐ None of the time 99 - ☐ Don't know/Not sure 98 - ☐ Declined to state/Refused 97 - ☐ SKIPPED

St2. For each area of life I am going to name, please tell me the number that shows how much stress you experience in that area.

- | | 4 - A very great deal | 3 - Some | 2 - A little | 1 - None | 99 - Don't know | 98 - Refused | 97 - SKIPPED |
|---------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| St2a. Financial situation | 4 - <input type="checkbox"/> | 3 - <input type="checkbox"/> | 2 - <input type="checkbox"/> | 1 - <input type="checkbox"/> | 99 - <input type="checkbox"/> | 98 - <input type="checkbox"/> | 97 - <input type="checkbox"/> |

St2b. Family/personal	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
St2c. Health	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
St2d. Adapting to life here in the U.S.	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
St2e. Work	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Mental Health Questions

Over the past two weeks, how often have you been bothered by any of the following problems?

	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly everyday	PHQ# Value	98 - Refused to answer
PHQ1. Little interest or pleasure in doing things.	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>		98 - <input type="checkbox"/>
PHQ2. Feeling down, depressed, or hopeless.	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>		98 - <input type="checkbox"/>
Total (PHQ1 + PHQ2)						

If total ≥ 3 , ANSWER PHQ3-PHQ9. Otherwise, GO TO SE5.

Over the past two weeks, how often have you been bothered by any of the following problems?

	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly everyday	96 - Not Applicable	98 - Refused to answer
PHQ3. Trouble falling asleep, staying asleep, or sleeping too much	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ4. Feeling tired or having little energy	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ5. Poor appetite or overeating	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ6. Feeling bad about yourself or that you're a failure or have let yourself or your family down	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ7. Trouble concentrating on things, such as reading the newspaper or watching television	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ8. Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ9. Thoughts that you would be better off dead or of hurting yourself in some way.	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>

	0 - Not difficult at all	1 - Somewhat difficult	2 - Very difficult	3 - Extremely difficult	96 - Not Applicable	98 - Refused to answer
PHQ10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>

Self-efficacy & Health Decision Making

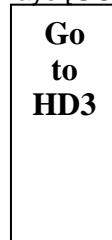
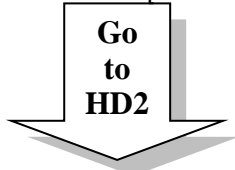
The next section asks about your decisions around health and how you feel about them. Please tell me the extent to which you agree or disagree with these statements.

	1 - Highly disagree	2 - Somewhat disagree	3 - Somewhat agree	4 - Highly agree
SE5. You can make your own decisions regarding health concerns.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>

HD1. How often do you make your own health decisions?

- 1 - ☐ Never [GO TO HD2]
 2 - ☐ Rarely [GO TO HD2]
 3 - ☐ Sometimes [GO TO HD2]

- 4 - ☐ Always [GO TO HD3]



	1 - Yes	2 - No	96 - Not applicable
a. Self	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>
b. Spouse/partner	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>
c. Family member	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>
d. Friend	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>
e. Religious advisor	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>
f. Other	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	96 - <input type="checkbox"/>



	1 - Yes	2 - No
a. Family member who is not a Health Professional	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
b. Family Member who is a Health Professional	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
c. Friends	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
d. Medical Professional who is not a family member	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
e. Traditional Healer	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
f. Priest or Minister	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
g. Just myself	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>



h. Community Health Worker	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
i. Other:		

	1 - Highly disagree	2 - Somewhat disagree	3 - Somewhat agree	4 - Highly agree
SE6. You feel comfortable asking your doctor about questions or health issues you don't understand or know.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
SE7. You feel comfortable going to the doctor alone	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
SE8. You feel confident finding out about medical care.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
SE9. You know where to get medical attention.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
SE10. You prefer to have others accompany you to the doctor for support.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
SE11. You can find your way around the city on public transportation with very few problems.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
SE12. You have the right to use some of your family income to take care of your personal medical needs.	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>

Health Status

The next two questions will be about your health status.

HS1. How would you describe your general health?
1 - ☐ Poor 2 - ☐ Fair 3 - ☐ Good 4 - ☐ Very good 5 - ☐ Excellent

HS2. Compared to 12 months ago, how would you describe your general health?
1 - ☐ Much worse now 2 - ☐ Somewhat worse now 3 - ☐ About the same now 4 - ☐ Somewhat better now

Past Health Screening Behaviors

I am now going to ask you about your past health screenings.

SB1. Have you ever been screened for. . . ?

[For “Don’t Know, Refused, Skipped,” please indicate in the box which response was given as the following: **DK** = Don’t Know, **R** = Refused, **S** = Skipped]

Screening	Received a check up or screening for the following?			If yes, when did you last receive this screening?					Has a Doctor, nurse or health professional ever told that you have (or have problems with)...			Are you currently taking medication for...		
	Yes	No	Don't Know/Refused/Skipped	<4 mths	4-12 mths	1-2 YRS	2+ YRS	Don't Know/Refused/Skipped	Yes	No	Don't Know/Refused/Skipped	Yes	No	Don't Know/Refused/Skipped
SB1a. High Blood Pressure														
SB1b. High Cholesterol														
SB1c. High Blood Sugar														
SB1d. Dental (Teeth Problems)														
SB1e. Colon Health														
SB1f. Breast Health														
SB1g. Prostate Health														

Psychosocial Variables

Acculturation

AC2. For the following questions (AC2a-AC2g), please use the graphic below if needed to explain the difference between “very well, well, not well, and not at all”

	1 - Not at All	2 - Not Well	3 - Well	4 - Very Well
AC2a. How well do you speak English?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
AC2b. How well do you understand English?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>

AC2c. How well do you write English?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
AC2d. How well do you read English?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
AC2f. How well do you read your home language?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>
AC2g. How well do you write your home language?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>

If selected less than “very well” for ANY question, go to AC2e.

If selected “very well” for ALL questions go to AC3.

**Go
to
AC2e**

**Go
to
AC3**

AC2e. Do you usually like to have an interpreter if available, at no charge, for your medical appointments?				
1 - <input type="checkbox"/> Yes	2 - <input type="checkbox"/> No	99 - <input type="checkbox"/> Don't Know/Not sure	98 - <input type="checkbox"/> Declined to state/Refused	97 - <input type="checkbox"/> SKIPPED

	1 - Only Philippine language(s)	2 - More Philippine language(s) than English	3 - Both equally	4 - More English than Philippine language(s)	5 - Only English
AC3. What language(s) did you use as a child?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>
AC4. In what language(s) do you usually think?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>
AC6. What language(s) do you speak at work?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>
AC7. What language(s) do you usually speak with your friends?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>
AC8. In general, in what language(s) are the media programs (i.e. tv, radio) you usually watch/listen to?	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>
AC9. Your close friends are:					
1 - <input type="checkbox"/> All Filipinos	2 - <input type="checkbox"/> More Filipinos than non-Filipinos	3 - <input type="checkbox"/> About half and half	4 - <input type="checkbox"/> More non-Filipinos than Filipinos	5 - <input type="checkbox"/> All non-Filipinos	

Social Support

Now I'm going to ask you some questions about who you turn to for support.

SS2. Who do you turn to when you need emotional support? [READ ALL; CHOOSE ALL THAT APPLY]

- | | |
|--|--|
| 1 - <input type="checkbox"/> Spouse/partner | 6 - <input type="checkbox"/> Don't have anyone |
| 2 - <input type="checkbox"/> Family member | 7 - <input type="checkbox"/> Community health worker |
| 3 - <input type="checkbox"/> Friend | 99 - <input type="checkbox"/> Don't Know |
| 4 - <input type="checkbox"/> Religious advisor | 98 - <input type="checkbox"/> Refused |
| 5 - <input type="checkbox"/> Other | 97 - <input type="checkbox"/> SKIPPED |

SS3. When you need emotional support, you are able to get it: [READ ALL, CHECK ONLY ONE]

None of the time	A little of the time	Some of the time	Most of the time	All the time	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

SS6. What types of groups, organizations, and associations have you have been involved in, participated in or attended over the past 12 months? [READ ALL; CHECK ALL THAT APPLY]

- 1 - ☐ Faith-based institutions (church, mosque, temple, etc) 6 - ☐ Other [WRITE IN GROUP] _____
 2 - ☐ Cultural (such as arts-based organizations) 7 - ☐ None [**GO TO SI1**]
 3 - ☐ Social, sports, or recreation groups 99 - ☐ Don't Know
 4 - ☐ Union, worker, or other organizing collective (such as women's rights group, immigrant's rights group, etc) 98 - ☐ Refused
 5 - ☐ Public interest groups, political action groups, political clubs, or party committees 97 - ☐ SKIPPED

[READ SS7 only if checked more than one group in SS6]

SS7. Of the groups you have been involved in, what is the one type of group that is most important to you?

_____ [WRITE IN GROUP] 99 - ☐ Don't Know 98 - ☐ Refused 97 - ☐ SKIPPED

SS8. How many times in the past twelve months have you volunteered?

(IF NECESSARY: By volunteering, I mean any unpaid work you've done to help people besides your family and friends or people you work with.)

(IF NECESSARY: Count every time you did any volunteer work, no matter how much or little.)

_____ [WRITE IN NUMBER] 99 - ☐ Don't Know 98 - ☐ Refused 97 - ☐ SKIPPED

Social integration

SI1. Have you communicated with friends or family using the phone/email/webcam during the past 2 weeks?

Talked to <i>neither</i> friends nor family	Talked to <i>either</i> friends or family	Talked to <i>both</i> friends and family	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

SI2. Have you gotten together with friends or family in person during the past 2 weeks?

Gotten together with <i>neither</i> friends nor family	Gotten together with <i>either</i> friends or family	Gotten together with <i>both</i> friends and family	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Social Trust /Reciprocity

STR1. Thinking about the people in your neighborhood, would you say that you can trust them a lot, some, only a little, or not at all?

Trust them a lot	Trust them some	Trust them only a little	Trust them not at all	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

STR2. Overall, how would you rate your community as a place to live?

Excellent	Good	Only fair	Poor	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

STR3. Have people in your neighborhood ever worked together to improve the neighborhood?

Yes	No	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

STR4. How likely would one or more members of your community group be there for you to bring you a meal if you were sick?

Very likely	Likely	Not Likely	Not at all	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Religion**REL2. Aside from weddings and funerals, how often do you attend religious services?**

More than once a week	Once a week	Once or twice a month	A few times a year	Seldom	Never	Don't Know	Refused	SKIPPED
1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	4 - <input type="checkbox"/>	5 - <input type="checkbox"/>	6 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>