

UI: \_\_\_\_\_

LONG TERM FOLLOW UP SURVEY

1

☐ 8 MONTH SURVEY    ☐ 12 MONTH SURVEY

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.

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

## Clinical Measures

(to be measured by clinician or CHW)

<b>CM1. Blood pressure</b> [measured 3-5 minutes apart]		Circle based on measurement	
<b>Left Arm</b>	<b>Time</b> : AM/PM	<b>Normal (or controlled HTN if on medication)</b> Systolic BP < 120, and Diastolic BP < 80	
Systolic	mmHg		
Diastolic	mmHg		
<b>Right Arm</b>	<b>Time</b> : AM/PM	<b>Pre-hypertensive (or controlled HTN if on medication)</b> Systolic BP 120-139 or Diastolic BP 80-89	
Systolic	mmHg		
Diastolic	mmHg		
<b>Right Arm</b>	<b>Time</b> : AM/PM	<b>Hypertensive:</b> Systolic BP $\geq$ 140 or Diastolic BP $\geq$ 90	
Systolic	mmHg		
Diastolic	mmHg		
<b>CM2. Weight [measure]</b>	_____ pounds		
<b>CM3. Height [measure]</b>	_____ feet _____ inches		
<b>CM4. Body Mass Index</b> [refer to BMI chart]	_____	<18.5 18.5-24.9 25.0-29.9 >30	<b>Underweight</b> <b>Normal</b> <b>Overweight</b> <b>Obese</b>
<b>CM5. Waist measure* [measure]</b> *Using a tape measure to check waist circumference, measure the distance around the smallest area of waist, usually just above the belly button.	_____ inches/_____ cm		
<b>CM6. Hip measure** [measure]</b> **Using a tape measure to check hip circumference, measure the distance around the largest area of hips, usually the widest part of the buttocks.	_____ inches		
<b>CM7. Waist/Hip ratio [calculate]</b>	_____	Male $\leq 0.95$ 0.96-1.0 >1.0	Female $\leq 0.80$ 0.81- 0.85 >0.85
			Health Risk <b>Low Risk</b> <b>Moderate Risk</b> <b>High Risk</b>
<b>CM8. Cholesterol</b>	_____ mg/dL	<b>Normal</b> = <200 <b>Borderline high</b> = 200-239 <b>High</b> = 240-299 <b>Very High</b> = $\geq 300$	
<b>CM9. Glucose</b>	_____ mg/dL	<b>If not diabetic:</b> <b>Before meals</b> Normal= <100 Pre-diabetes= 100-125 Diabetes = $\geq 126$ <b>After meals</b> Normal= <140 Pre-diabetes= 140-199 Diabetes= $\geq 200$	<b>If diabetic:</b> <b>Before meals= 70-130</b> <b>After meals= &lt;180</b>  <b>Before meals</b> $\geq 8$ hours ago  <b>After meals</b> 1-2 hours after eating

H1. About how long has it been since you had your blood pressure taken by a doctor or another health professional?

Less than 6 months ago	6 months to 1 year ago	1 to 2 years ago	More than 2 years ago	Never	Don't know/ Not sure	Declined to state/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"/>

**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 or _____ Cups	99 - <input type="checkbox"/> Don't Know 98 - <input type="checkbox"/> Refused 97 - <input type="checkbox"/> SKIPPED
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Over the past week:

**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"/>

**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"/>

Over the past week:**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"/>

**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"/>

Over the past week:**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 - <input type="checkbox"/> Margarine                   | 7 - <input type="checkbox"/> Other kinds of oils (such as olive, mustard, soybean, peanut, sunflower, coconut oils or sprays) |
| 2 - <input type="checkbox"/> Butter                      | 8 - <input type="checkbox"/> Other _____ [  |
| 3 - <input type="checkbox"/> Lard, fatback, or bacon fat | 9 - <input type="checkbox"/> None of the above  |
| 4 - <input type="checkbox"/> Vegetable oil               | 99 - <input type="checkbox"/> Don't Know  |
| 5 - <input type="checkbox"/> Corn oil                    | 98 - <input type="checkbox"/> Refused   |
| 6 - <input type="checkbox"/> Canola oil                  | 97 - <input type="checkbox"/> SKIPPED   |

**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 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"/>

**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	2 - Sometimes	3 - Often	4 - Almost	96 - Not applicable	99 - Don't	98 - Refused	97 - SKIPPED
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	<b>never or never</b>			<b>always or always</b>		<b>Know</b>		
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 - <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"/>

### Planning

	<b>1 - Almost never or never</b>	<b>2 - Sometimes</b>	<b>3 - Often</b>	<b>4 - Almost always or always</b>	<b>96 - Not applicabl e</b>	<b>99 - Don't Know</b>	<b>98 - Refused</b>	<b>97 - SKIPPED</b>
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"/> <b>[GO TO FB10a]</b>	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 <b>[GO TO FB10a]</b> |
| 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 - <input type="checkbox"/>	2 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

### 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 [NHLBI Health and Habits Survey]

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	<b>[GO TO PA4]</b> <b>[GO TO PA4]</b> <b>[GO TO PA4]</b>
--	---	--

**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	<b>[GO TO PA5]</b> <b>[GO TO PA5]</b> <b>[GO TO PA5]</b>
--	---	--

**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:

	<b>1 - No confidence</b>	<b>2 - Very little confidence</b>	<b>3 - Moderate confidence</b>	<b>4 - A lot of confidence</b>	<b>99 - Don't Know</b>	<b>98 - Refused</b>	<b>97 - SKIPPED</b>
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	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"/>

future.

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

	<b>1 - Agree</b>	<b>2 - Disagree</b>	<b>99 - Don't know</b>	<b>98 - Refused</b>	<b>97 - SKIPPED</b>
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

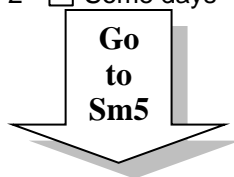
	<b>1 - Almost never</b>	<b>2 - Sometimes</b>	<b>3 - Often</b>	<b>4 - Almost always</b>	<b>99 - Don't know</b>	<b>98 - Refused</b>	<b>97 - SKIPPED</b>
How often do you:							
PA8a. Suggest doing something active when you got together with family members or friends, such as going for a walk, biking, or 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 [NHLBI Health and Habit Survey]

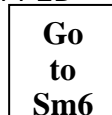
*I am now going to ask you questions about your smoking history and practices.*

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



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 - ☐ Yes      2 - ☐ No      99 - ☐ Don't Know      98 - ☐ Refused      97 - ☐ SKIPPED

**Alcohol [NHLBI Health and Habit Survey]***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 [Source: Hill-Bone Compliance Scale]***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 past four months...*

	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?

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

1 - ☐

2 - ☐

3 - ☐

4 - ☐

own  
food

99 - ☐

98 - ☐

97 - ☐

## Cholesterol and Fat [NHLBI Health and Habit Survey]

*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 [NHLBI Health and Habit Survey]

*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 Questions [NHLBI]

*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

### [CSAAH Asian American Needs Assessment]

*I am now 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]**

**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]**

**Go  
to  
HA2**

HA1a. Which type?

- |  |   |
|--|---|
| 1 - <input type="checkbox"/> Medicaid ("White Card") _____                                   | 7 - <input type="checkbox"/> Other health insurance _____ |
| 2 - <input type="checkbox"/> Private insurance   | 8 - <input type="checkbox"/> No health insurance          |
| 3 - <input type="checkbox"/> Other type of public/government insurance (Family Health Plus ) | 99 - <input type="checkbox"/> Don't Know                  |
| 4 - <input type="checkbox"/> Medicare ("Blue and Red Card")                                  | 98 - <input type="checkbox"/> Refused                     |
| 5 - <input type="checkbox"/> Work or company insurance                                       | 97 - <input type="checkbox"/> SKIPPED                     |
| 6 - <input type="checkbox"/> Hospital card   |   |



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

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

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

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 - ☐ Yes **[GO TO HA6a]**

**Go  
to  
HA6a**

2 - ☐ No

**[GO TO HA7]**

96 - ☐ Not applicable

**[GO TO HA7]**

98 - ☐ Declined to state/Refused

**[GO TO HA7]**

99 - ☐ Don't know/Not sure

**[GO TO HA7]**

97 - ☐ 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 - ☐ 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

**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).

	<b>1 - Yes</b>	<b>2 - No</b>	<b>99 - Don't know</b>	<b>98 - Refused</b>	<b>97 - SKIPPED</b>
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?

	<b>1 - Agree</b>	<b>2 - Disagree</b>	<b>96 - Not Applicable</b>	<b>99 - Don't know</b>	<b>98 - Refused</b>	<b>97 - SKIPPED</b>
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 - ☐ 2 - ☐ 96 - ☐ 99 - ☐ 98 - ☐ 97 - ☐

HA8d. I am satisfied with the quality of health care I have received during the last 2 years.

1 - ☐ 2 - ☐ 96 - ☐ 99 - ☐ 98 - ☐ 97 - ☐

### Appointment Keeping [Hill-Bone Compliance]

*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 schedules your next appointment)?	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"/>
AK2. How often do you miss scheduled appointments?	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"/>
AK9. How often have you needed transportation to your appointments?	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"/>
AK11. How often have transportation issues prevented you from going to your appointment?	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"/>

### Medication Adherence [Hill-Bone Compliance]

*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"/> [Proceed to page 19]	<input type="checkbox"/> [Proceed to page 21]
No	<input type="checkbox"/> [Proceed to page 19]	<input type="checkbox"/> [Proceed to page 23, question St1]

*** <b><u>ONLY FOR</u></b> ***		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-MA12 [Adapted from NHLBI Community Health Worker Activities Form]

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

***PROCEED TO NEXT PAGE***

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

### Cardiac Medication Self Efficacy [NYU Cardiac Rehab]

*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"/>

**PROCEED TO PAGE 15**

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

MA13. [NHLBI] Can you tell me why you are **NOT** taking your medication? [NHLBI Clinical Measures and Follow Up Instrument] (Based on the patient's response, please check all the answers that apply)

	<b>1 – Yes</b>	<b>2 – No</b>	<b>97 – SKIPPED</b>
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- SKIPPED			

[MA14-MA17 Community Health Worker Activities omitted]

[DO NOT READ- If YES to blood pressure medication, fill out MSE1-MSE15. Otherwise skip to FU1]

### Cardiac Medication Self Efficacy [NYU Cardiac Rehab]

*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.*

	<b>1 - Very little confidence</b>	<b>2 - Some confidence</b>	<b>3 - Quite a lot of confidence</b>
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"/>

UI: \_\_\_\_\_

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"/>

***PROCEED TO NEXT PAGE***

### Stress [NHLBI Health and Habit Survey]

*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  $\geq 3$ , 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	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>

or that you're a failure or have let yourself or your family down						
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"/>
	<b>0 - Not difficult at all</b>	<b>1 - Somewhat difficult</b>	<b>2 - Very difficult</b>	<b>3 - Extremely difficult</b>	<b>96 - Not Applicable</b>	<b>98 - Refused to answer</b>
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

[Personal Mastery Scale (Pearlin et. al 1981). the Rosenberg Self-Esteem Scale (1965), and the Bandura Self-efficacy Scale; Project AsPIRE Needs Assessment Survey]

*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.*

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



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]

Go  
to  
HD2

Go  
to  
HD3

HD2. Who makes the health decisions for you?

	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"/>

HD3. When making your own health or medical decisions, who do you turn to for advice? (Mark all that apply)

	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 - <input type="checkbox"/>	2 - <input type="checkbox"/>

	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

[Project AsPIRE Needs Assessment Survey]

*The next two questions will be about your health status.*

HS1. In general, would you say that your overall health is:

1 - ☐ Poor

2 - ☐ Fair

3 - ☐ Good

4 - ☐ Very good

5 - ☐ Excellent

HS2. Compared to 12 months ago, how would you rate your overall health?

1 - ☐ Much worse now

2 - ☐ Somewhat worse now

3 - ☐ About the same now

4 - ☐ Somewhat better now

## Past Health Screening Behaviors

[CSAAH Asian American Needs Assessment]

*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														

## Interaction with Program Participants

**Ask only of control group/less intensive arm.**

CON1. Have you had any contact with people participating who are currently attending the monthly Project AsPIRE educational sessions since the first session?

1 - ☐ Yes

**Go  
to  
CON2**

2 - ☐ No

98 - ☐ Refused

99 - ☐ Don't know

97 - ☐ SKIPPED

**End  
Survey**

CON2 How often have you discussed with these participants what they have learned in Project AsPIRE or read materials they have received?

Never

1 - ☐

Rarely

2 - ☐

Sometimes

3 - ☐

Always

4 - ☐

Don't Know

99 - ☐

Refused

98 - ☐

SKIPPED

97 - ☐

CON3. Which of the following information did you learn from the Project AsPIRE participant (check all that apply):

1- ☐ Smoking

2- ☐ Exercise

3- ☐ Nutrition

4- ☐ Diabetes

5- ☐ Cholesterol

6- ☐ How the heart works

7- ☐ Managing blood pressure

8- ☐ Signs/symptoms of a heart attack

9- ☐ Signs/symptoms of a stroke

10- ☐ Other: Please specify \_\_\_\_\_