

CHW NAME: _____	PCP SITE: _____
ENCOUNTER DATE: ____ / ____ / ____ MM DD YYYY	

PARTICIPANT INFORMATION

1. LAST NAME: _____	
FIRST NAME: _____	
2. ADDRESS: _____ STREET/APT # _____ CITY STATE ZIP	
3. PRIMARY PHONE: _____	
4. EMAIL: _____	
5. PREFERRED METHOD OF CONTACT: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other:	
6. DATE OF BIRTH ____ / ____ / ____ MM DD YYYY	
7. BACK-UP CONTACT:	Name: _____ Phone: _____ Relationship: _____

DETACH THIS PAGE FROM FORM AFTER PROCESSING.
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Clinical Measures

Weight _____ lbs. *circle one:* (self-measure) / (doctor's office) Height (self-reported) ____ ft. ____ in.

Do you have a blood pressure cuff at home?

If the participant says yes, ask them if they could check the measurement. Confirm that they have been sitting for 5 minutes with both feet on the ground. If the participant does not have a BP cuff, then just pull the value from the EHR.

Blood Pressure: Reading 1 _____ / _____

Demographics

1.1 What country were you born in? _____

1.2 If not born in the US: What is the total number of years you have lived in the United States? _____

1.3 What is your highest level of education?

- | | |
|--|---|
| <input type="radio"/> Never attended school | <input type="radio"/> College 1 year to 3 years (College or Technical school) |
| <input type="radio"/> Grades 1 through 11 (Some school) | <input type="radio"/> College 4 years or more (College graduate) |
| <input type="radio"/> Grade 12 or GED (high school graduate) | <input type="radio"/> Refused |

1.4 What is your marital status?

- | | |
|---------------------------------|---|
| <input type="radio"/> Married | <input type="radio"/> Never married |
| <input type="radio"/> Divorced | <input type="radio"/> Member of an unmarried couple |
| <input type="radio"/> Widowed | <input type="radio"/> Refused |
| <input type="radio"/> Separated | |

1.5 Are you currently...

- | | |
|--|---|
| <input type="radio"/> Employed for wages | <input type="radio"/> Retired |
| <input type="radio"/> Self-employed | <input type="radio"/> Unemployed |
| <input type="radio"/> A homemaker | <input type="radio"/> Refused |
| <input type="radio"/> A student | <input type="radio"/> Don't Know/Not Sure |

English Proficiency

2.1 How well do you speak English?

- | | |
|----------------------------------|---|
| <input type="radio"/> Very Well | <input type="radio"/> Don't Know/Not Sure |
| <input type="radio"/> Well | <input type="radio"/> Refused |
| <input type="radio"/> Not Well | |
| <input type="radio"/> Not at all | |

2.2 What language do you speak at home?

- ☐ Mostly English
☐ Mix of English/Native language: specify _____
☐ Mostly Native: specify _____

Health Related Quality of Life

3.1 In general, would you say your overall health is:

- | | |
|---------------------------------|---|
| <input type="radio"/> Excellent | <input type="radio"/> Don't Know/Not Sure |
| <input type="radio"/> Very Good | <input type="radio"/> Refused |
| <input type="radio"/> Good | |
| <input type="radio"/> Fair | |
| <input type="radio"/> Poor | |

3.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- | | |
|----------------------------|---|
| _____ Number of Days | <input type="radio"/> Don't Know/Not Sure |
| <input type="radio"/> None | <input type="radio"/> Refused |

3.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- | | |
|----------------------------|---|
| _____ Number of Days | <input type="radio"/> Don't Know/Not Sure |
| <input type="radio"/> None | <input type="radio"/> Refused |

If both 3.2 and 3.3 = "None," skip 3.4

3.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- | | |
|----------------------------|---|
| _____ Number of Days | <input type="radio"/> Don't Know/Not Sure |
| <input type="radio"/> None | <input type="radio"/> Refused |

Health Self-Efficacy

For these next few items, I am going to ask about your comfort level with different health actions. Please respond to the statements with how much you agree or disagree:

4.1 You feel comfortable asking your doctor about questions on health issues you don't understand or know.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Refused

4.2 You feel comfortable going to the doctor alone.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Refused

4.3 You feel comfortable picking up the phone and investigating where you can go to get medical care.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Refused

4.4. You know where to go to get medical attention.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Refused

4.5 You prefer to have others accompany you to the doctor for support.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Refused

4.6 You can effectively use the public transportation system.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Refused

4.7 You have the right to use some of your family income to take care of your medical needs.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Refused

4.8 You can make your own decisions regarding health concerns.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Refused

Physical Activity

5.1 During the past week, did you participate in any physical activities or exercise, such as running, gardening, or walking for exercise?

- ☐ Yes
- ☐ No (Skip to Nutrition Questions)
- ☐ Don't know/Not sure
- ☐ Refused

INTERVIEWER NOTE: Include up to three activities. It is not for you to decide whether something counts as physical activity. If the participant is unsure, re-read the question and tell the participant that it is up to them to include an activity.

ACTIVITY 1

5.2a What was the main type of physical activity or exercise during the past week?

- Type: _____
- ☐ Don't know/Not sure
 - ☐ Refused

5.2b How many times per week did you take part in this activity during the past week?

- Times per week: _____
- ☐ Don't know/Not sure
 - ☐ Refused

5.2c When you took part in this activity, for how many minutes or hours did you usually keep at it?

- Hours: _____
- Minutes: _____
- ☐ Don't know/Not sure
 - ☐ Refused

ACTIVITY 2

5.3a What other type of physical activity gave you the second most exercise during the past week?

Type: _____

- ☐ No other activity (Skip to Nutrition Questions)
- ☐ Don't know/Not sure
- ☐ Refused

5.3b How many times per week did you take part in this activity during the past week?

Times per week: _____

- ☐ Don't know/Not sure
- ☐ Refused

5.3c When you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours: _____

Minutes: _____

- ☐ Don't know/Not sure
- ☐ Refused

ACTIVITY 3

5.4a What other type of physical activity gave you the third most exercise during the past week?

Type: _____

- ☐ No other activity (Skip to Nutrition Questions)
- ☐ Don't know/Not sure
- ☐ Refused

5.4b How many times per week did you take part in this activity during the past week?

Times per week: _____

- ☐ Don't know/Not sure
- ☐ Refused

5.4c When you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours: _____

Minutes: _____

- ☐ Don't know/Not sure
- ☐ Refused

Nutrition

Over the past week:

6.1 How often was salt used in cooking?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Skipped

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

- ☐ Yes
☐ No
☐ Don't know/Not sure
☐ Refused
☐ Skipped

Over the past month:**6.3 How often did you eat salty foods or snacks?**

- ☐ Never or less than 1 time in past month
☐ 1 time in past month
☐ 2-3 times per month
☐ 1 times 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/Not sure
☐ Refused
☐ Skipped

6.4 How do you think your daily salt intake compares to the amount of salt recommended by health professionals?

- ☐ I eat less salt than recommended
☐ I eat about the right amount of salt
☐ I eat more salt than recommended
☐ I don't know

6.5 Do you think that eating too much salt could damage your health?

- ☐ Yes
☐ No
☐ Don't know

Now think about the foods you ate or drank in the past 30 days, including meals and snacks.

Interviewer instructions: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter the times per week or times per month. Do not enter times per day unless the respondent reports that he/she consumed that food each day during the past month. ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

6.6 In the past 30 days, how often did you eat fruit? You can tell me times per day, times per week or times per month. INTERVIEWER NOTE: INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS OR JUICE.

- ____ times per day
 ____ times per week
 ____ times per month
☐ Never
☐ Don't Know
☐ Refused

6.7 In the past 30 days, how often did you drink regular soda? You can tell me times per day, times per week, or times per month.

____ times per day
____ times per week
____ times per month

☐ Never
☐ Don't Know
☐ Refused

6.8 In the past 30 days, how often did you drink sugary drinks other than regular soda? You can tell me times per day, times per week, or times per month. This includes chai or coffee with sugar in it, for example.

____ times per day
____ times per week
____ times per month

☐ Never
☐ Don't Know
☐ Refused

6.9 In the past 30 days, how often did you eat any kind of fried potatoes, including those in aloo chop or samosas, or French fries? INTERVIEWER NOTE: "DO NOT INCLUDE POTATO CHIPS."

____ times per day
____ times per week
____ times per month

☐ Never
☐ Don't Know
☐ Refused

6.10 In the past 30 days, how often did you eat any other kind of potatoes, such as aloo bortha, mishti aloo, dry potato curry, or potatoes used in vegetable, meat, or fish curries? INTERVIEWER NOTE: "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."

____ times per day
____ times per week
____ times per month

☐ Never
☐ Don't Know
☐ Refused

6.11 In the past 30 days, not including lettuce and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

____ times per day
____ times per week
____ times per month

☐ Never
☐ Don't Know
☐ Refused

Social Support

	Never 1	Rarely 2	Sometimes 3	Usually 4	Always 5
7.1 Someone is around to make my meals if I am unable to do it myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2 I have someone to take me shopping if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.3 I have someone to help me if I'm sick in bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.4 I have someone to pick up medicine for me if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.5 I have someone to take me to the doctor if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.6 There is someone around to help me if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.7 I can find someone to drive me places if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.8 I can get help cleaning up around my home if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DIABETES MANAGEMENT

INTERVIEWER NOTE: In the following section, I will ask about how you manage your diabetes as well as how you interact with your doctors to control your diabetes.

8.1 How do you manage your diabetes? (Select all that apply)

- | | |
|--|--|
| <input type="radio"/> Medication: Specify _____ | <input type="radio"/> Traditional medicine |
| <input type="radio"/> Insulin | <input type="radio"/> Other: Specify _____ |
| <input type="radio"/> Physical activity/exercise | <input type="radio"/> Refused |
| <input type="radio"/> Diet control | <input type="radio"/> Don't know/Not sure |

8.2 About how often do you check your feet for sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

[CHOOSE ONE; WRITE IN NUMBER OF TIMES]

- | | |
|-----------------------|---|
| _____ Times per day | <input type="radio"/> No feet |
| _____ Times per week | <input type="radio"/> Never |
| _____ Times per month | <input type="radio"/> Don't know/Not sure |
| _____ Times per year | <input type="radio"/> Refused |

8.3 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_____ [WRITE IN NUMBER OF TIMES]

- ☐ Don't know/Not sure
☐ Refused

8.4 A test for "A1c" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A1c"?

_____ [WRITE IN NUMBER OF TIMES]

- ☐ None
☐ Never heard of "A one C" test

8.5 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_____ [WRITE IN NUMBER OF TIMES]

- ☐ None ☐ Don't know/Not sure

☐ Refused

8.6 In the past 12 months, did you get a flu vaccine sprayed in your nose or a flu shot injected into your arm?

- ☐ Yes
☐ No

- ☐ Don't know/Not sure
☐ Refused

8.7 Have you ever had the pneumonia shot also known as pneumococcal vaccine?

- ☐ Yes
☐ No

- ☐ Don't know/Not sure
☐ Refused

8.8 When was the last time you had an eye exam in which the pupils were dilated?

NOTES: PUPIL DILATION INVOLVES GETTING EYE DROPS TO MAKE YOUR PUPILS LARGER.

- ☐ Within the past month
☐ Within the past year
☐ Within the past 2 years
☐ 2 or more years ago

- ☐ Never
☐ Don't know/Not sure
☐ Refused

8.9 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

NOTES: RETINOPATHY CAUSES SMALL BLOOD VESSELS IN THE BACK OF THE EYE TO GET WEAK AND POSSIBLY LEAK BLOOD.

- ☐ Yes
☐ No

- ☐ Don't know/Not sure
☐ Refused

Medication Adherence

Adherence to refills and medication scale (ARMS)

	None of the time	Some of the time	Most of the time	All of the time
9.1 How often do you forget to take your medicine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 How often do you decide not to take your medicine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 How often do you forget to get prescriptions filled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.4 How often do you run out of medicine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 How often do you skip a dose of your medicine before you go to the doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 How often do you miss taking your medicine when you feel better?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 How often do you miss taking your medicine when you feel sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 How often do you miss taking your medicine when you are careless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 How often do you change the dose of your medicine to suit your needs (like when you take more or less pills than you're supposed to)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 How often do you forget to take your medicine when you are supposed to take it more than once a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.11 How often do you put off refilling your medicines because they cost too much money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.12 How often do you plan ahead and refill your medicine before they run out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Access/Health Utilization

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

- | | |
|---|--|
| <input type="radio"/> Yes [Go to 10.1a] | <input type="radio"/> Don't know/Not sure [Go to 10.2] |
| <input type="radio"/> No [Go to 10.2] | <input type="radio"/> Skipped [Go to 10.2] |

10.1a Which type?

- | | |
|---|-------------------------------|
| <input type="radio"/> Medicaid ("White Card") | <input type="radio"/> Refused |
| <input type="radio"/> Private Insurance | <input type="radio"/> Skipped |
| <input type="radio"/> Other type of public/government insurance
(Family Health Plus) | |
| <input type="radio"/> Medicare ("Blue and Red Card") | |
| <input type="radio"/> Work or company insurance | |
| <input type="radio"/> Hospital card | |
| <input type="radio"/> Other Health Insurance | |

10.2 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?

- | | |
|---------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> Don't know/Not sure |
| <input type="radio"/> No | <input type="radio"/> Declined to state/Refuse |
| | <input type="radio"/> Skipped |

10.3 In the past 12 months were there obstacles to obtain medical care, tests, or treatments that you or a doctor believed necessary?

- | | |
|---|--|
| <input type="radio"/> Yes | <input type="radio"/> Don't know/Not sure |
| <input type="radio"/> No [Go to 10.4] | <input type="radio"/> Declined to state/Refused [Go to 10.4] |
| <input type="radio"/> Not Applicable [Go to 10.4] | <input type="radio"/> Skipped [Go to 10.4] |

10.3a Which of these reasons prevented you from getting medical care, tests or treatments that you needed? [Check all that apply, number them in order of importance]

- | | |
|--|--|
| <input type="radio"/> ____ Couldn't afford care | <input type="radio"/> ____ Other [write in]: _____ |
| <input type="radio"/> ____ Transportation problems | <input type="radio"/> Skipped |
| <input type="radio"/> ____ Different Language | |
| <input type="radio"/> ____ Didn't know where to go get care | |
| <input type="radio"/> ____ Couldn't get child care | |
| <input type="radio"/> ____ Didn't have time or took too long | |

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

	Yes	No	Don't know	Refused
a. Doctor or health professional				
b. Family members				
c. Friends				
d. Newspaper				
e. Radio				
f. Internet				
g. Other, then specify				

Depression Screening

"I am going to ask you a couple of questions about the frequency of depressed mood you may have experienced over the last two weeks."

Over the last 2 weeks , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	+1	+2	+3
2. Feeling down, depressed, or hopeless	0	+1	+2	+3