

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: ☐ Phone ☐ Text ☐ Email ☐ Other:

6. DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

7. BACK-UP CONTACT: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

DETACH THIS PAGE FROM FORM AFTER PROCESSING.

## Clinical Measures:

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

*Ask the participant to take a measurement of their blood pressure. Confirm that they have been sitting for five minutes with both feet on the ground. Check that they have not had any caffeine or smoked within the last thirty minutes.*

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

## Health Related Quality of Life

**1.1 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      |   |

**1.2 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             |

**1.3 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*

**1.4 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:***

**2.1 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

**2.2 You feel comfortable going to the doctor alone.**

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

**2.3 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

**2.4. You know where to go to get medical attention.**

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

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

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

**2.6 You can effectively use the public transportation system.**

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

**2.7 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

**2.8 You can make your own decisions regarding health concerns.**

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

**Physical Activity**

**3.1 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**

**3.2a What was the main type of physical activity or exercise during the past week?**

Type: \_\_\_\_\_

- ☐ Don't know/Not sure
- ☐ Refused

**3.2b 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

**3.2c 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

### 3.3a 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

### 3.3b 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

### 3.3c When you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours: \_\_\_\_\_

- ☐ Don't know/Not sure

Minutes: \_\_\_\_\_

- ☐ Refused

## ACTIVITY 3

### 3.4a 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

### 3.4b 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

### 3.4c When you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours: \_\_\_\_\_

- ☐ Don't know/Not sure

Minutes: \_\_\_\_\_

- ☐ Refused

## Nutrition

### Over the past week:

#### 4.1 How often was salt used in cooking?

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

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

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

**Over the past month:**

**4.3 How often did you eat salty foods or snacks?**

- ☐ Never or less than 1 time in past month ☐ Don't know/Not sure  
☐ 1 time in past month ☐ Refused  
☐ 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

**4.4 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

**4.5 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?"

**4.6 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 ☐ Never  
\_\_\_ times per week ☐ Don't Know  
\_\_\_ times per month ☐ Refused

**4.7 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

**4.8 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

**4.9 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

**4.10 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

**4.11 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
<b>5.1</b> 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"/>
<b>5.2</b> 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"/>
<b>5.3</b> 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"/>
<b>5.4</b> 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"/>
<b>5.5</b> 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"/>
<b>5.6</b> 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"/>
<b>5.7</b> 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"/>
<b>5.8</b> 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"/>

**CIGARETTES, TOBACCO, AND ALCOHOL USE**

6. Have you smoked at least 100 cigarettes in your entire life?

- ☐ Yes  
☐ No  
☐ Don't know

6a. Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day  
☐ Some days  
☐ Not at all  
☐ Don't know  
☐ Refused

7. Have you ever chewed paan, paan masala, zarda, kathi, or supari in your entire life, with or without tobacco?

- ☐ Yes  
☐ No (Skip to Diabetes Management)  
☐ Don't know  
☐ Refused

7a. If you do use these, how often do you use them?

- ☐ Every day  
☐ Some days  
☐ Not at all  
☐ Don't know  
☐ Refused



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

\_\_\_\_\_ times in the past week

\_\_\_\_\_ times in the past month

☐ No drinks in the past 30 days

☐ Don't know

☐ Non-drinker

☐ Refused

## 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.*

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

☐ Medication: Specify \_\_\_\_\_

☐ Traditional medicine

☐ Insulin

☐ Other: Specify \_\_\_\_\_

☐ Physical activity/exercise

☐ Refused

☐ Diet control

☐ Don't know/Not sure

### 9.2 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

☐ No feet

\_\_\_\_\_ Times per week

☐ Never

\_\_\_\_\_ Times per month

☐ Don't know/Not sure

\_\_\_\_\_ Times per year

☐ Refused

### 9.3 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

### 9.4 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

### 9.5 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]

☐ Don't know/Not sure

☐ None

☐ Refused

**9.6 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

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

- ☐ Yes  
☐ No

- ☐ Don't know/Not sure  
☐ Refused

**9.8 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

**9.9 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
10.1 How often do you forget to take your medicine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2 How often do you decide not to take your medicine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 How often do you forget to get prescriptions filled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 How often do you run out of medicine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 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"/>
10.6 How often do you miss taking your medicine when you feel better?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 How often do you miss taking your medicine when you feel sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 How often do you miss taking your medicine when you are careless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>10.9</b> 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"/>
<b>10.10</b> 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"/>
<b>10.11</b> 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"/>
<b>10.12</b> 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

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

- ☐ Yes [Go to 10.1a]
 ☐ Don't know/Not sure [Go to 10.2]
- ☐ No [Go to 10.2]

#### 11.1a Which type?

- ☐ Medicaid ("White Card")
 ☐ Refused
- ☐ Private Insurance
- ☐ Other type of public/government insurance (Family Health Plus)
- ☐ Medicare ("Blue and Red Card")
- ☐ Work or company insurance
- ☐ Hospital card
- ☐ Other Health Insurance

#### 11.2 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?

- ☐ Yes
 ☐ Don't know/Not sure
- ☐ No
 ☐ Declined to state/Refuse

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

- ☐ Yes
 ☐ Don't know/Not sure
- ☐ No [Go to 10.4]
 ☐ Declined to state/Refused [Go to 10.4]
- ☐ Not Applicable [Go to 10.4]

**11.3a 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]**

- ☐ \_\_\_\_ Couldn't afford care
 ☐ \_\_\_\_ Other [write in]: \_\_\_\_\_
- ☐ \_\_\_\_ Transportation problems
- ☐ \_\_\_\_ Different Language
- ☐ \_\_\_\_ Didn't know where to go get care
- ☐ \_\_\_\_ Couldn't get child care
- ☐ \_\_\_\_ Didn't have time or took too long

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

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

**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 <b>last 2 weeks</b> , 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