

## Data Dictionary Codebook

02/22/2023 3:42pm

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)															
Instrument: <b>Tracking log</b> (tracking_log)																		
1	[uid]	UID	text															
2	[last_name]	Last Name:	text (alpha_only), Identifier															
3	[first_name]	First Name:	text (alpha_only), Identifier															
4	[telephone]	Telephone:	text (phone), Identifier															
5	[wechat_id]	WeChat ID:	text, Identifier															
6	[email]	Email:	text (email), Identifier															
7	[address]	Address:	text, Identifier															
8	[city]	City:	text															
9	[state]	State:	text															
10	[zip_code]	Zip code:	text															
11	[contact_preferred]	Preferred method of contact:	checkbox <table><tr><td>1</td><td>contact_preferred__1</td><td>Phone</td></tr><tr><td>2</td><td>contact_preferred__2</td><td>Text</td></tr><tr><td>3</td><td>contact_preferred__3</td><td>Email</td></tr><tr><td>4</td><td>contact_preferred__4</td><td>Other</td></tr><tr><td>99</td><td>contact_preferred__99</td><td>Skipped</td></tr></table>	1	contact_preferred__1	Phone	2	contact_preferred__2	Text	3	contact_preferred__3	Email	4	contact_preferred__4	Other	99	contact_preferred__99	Skipped
1	contact_preferred__1	Phone																
2	contact_preferred__2	Text																
3	contact_preferred__3	Email																
4	contact_preferred__4	Other																
99	contact_preferred__99	Skipped																
12	[contact_best_time]	Best time(s) to contact:	notes															
13	[tracking_log_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete									
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2	Complete																	
Instrument: <b>Clinical Outcomes</b> (retest)																		
14	[retest_scheduled]	Scheduled re-test	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Field Annotation: @HIDDEN	1	Yes	2	No											
1	Yes																	
2	No																	
15	[retest_completed]	Completed re-test	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Field Annotation: @HIDDEN	1	Yes	2	No											
1	Yes																	
2	No																	
16	[retest_result]	First confirmatory test result	dropdown <table><tr><td>1</td><td>Positive</td></tr><tr><td>2</td><td>Negative</td></tr></table>	1	Positive	2	Negative											
1	Positive																	
2	Negative																	
17	[retest_date]	First confirmatory test date	text (date_mdy)															
18	[retest_report]	First confirmatory test result obtained was:	dropdown <table><tr><td>1</td><td>Self reported</td></tr><tr><td>2</td><td>Clinically confirmed</td></tr></table>	1	Self reported	2	Clinically confirmed											
1	Self reported																	
2	Clinically confirmed																	
19	[retest2_result]	Second confirmatory test result	dropdown <table><tr><td>1</td><td>Positive</td></tr><tr><td>2</td><td>Negative</td></tr></table>	1	Positive	2	Negative											
1	Positive																	
2	Negative																	

20	[retest2_date]	Second confirmatory test date	text (date_mdy)														
21	[retest2_report]	Second confirmatory test result obtained was:	dropdown <table border="1"> <tr><td>1</td><td>Self reported</td></tr> <tr><td>2</td><td>Clinically confirmed</td></tr> </table>	1	Self reported	2	Clinically confirmed										
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22	[retest3_result]	Third confirmatory test result	dropdown <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Negative</td></tr> </table>	1	Positive	2	Negative										
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2	Negative																
23	[retest3_date]	Third confirmatory test date	text (date_mdy)														
24	[retest3_report]	Third confirmatory test result obtained was:	dropdown <table border="1"> <tr><td>1</td><td>Self reported</td></tr> <tr><td>2</td><td>Clinically confirmed</td></tr> </table>	1	Self reported	2	Clinically confirmed										
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25	[retest_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
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<b>Instrument: Enrollment Survey (enrollment_survey)</b>																	
26	[b1_date]	Interview date: <i>mm/dd/yy</i>	text (date_mdy)														
27	[b1_interviewer]	Interviewer name:	text														
28	[b1_study_site]	Study site	text Field Annotation: @HIDDEN														
29	[b1_study_site2]	Study site	dropdown <table border="1"> <tr><td>1</td><td>7th Ave Brooklyn FHC</td></tr> <tr><td>2</td><td>Bellevue Hospital</td></tr> <tr><td>3</td><td>Gouverneur Hospital</td></tr> <tr><td>4</td><td>NYU Brooklyn Dr. Anju Clinic</td></tr> <tr><td>5</td><td>Dr. Andy Hu Clinic</td></tr> <tr><td>6</td><td>Dr. Peiying Xiao Clinic</td></tr> <tr><td>7</td><td>Dr. LihLih Wu Clinic</td></tr> </table>	1	7th Ave Brooklyn FHC	2	Bellevue Hospital	3	Gouverneur Hospital	4	NYU Brooklyn Dr. Anju Clinic	5	Dr. Andy Hu Clinic	6	Dr. Peiying Xiao Clinic	7	Dr. LihLih Wu Clinic
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30	[b1_gender]	Section Header: <i>DEMOGRAPHIC INFORMATION</i> 1. Participant gender	dropdown <table border="1"> <tr><td>1</td><td>a. Female</td></tr> <tr><td>2</td><td>b. Male</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Female	2	b. Male	99	Skipped								
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2	b. Male																
99	Skipped																
31	[b1_monthborn]	Section Header: 2. Date of birth and/or age Please enter whatever information is available Month of birth	text (number, Min: 1, Max: 12)														
32	[b1_dayborn]	Day of birth	text (number, Min: 1, Max: 31)														
33	[b1_yearborn]	Year of birth	text (number, Min: 1900, Max: 2000)														
34	[b1_age]	Age, if participant does not want to give DOB	text (number)														
35	[b1_years_us]	3. How many years have you lived in the United States?	text														
36	[b1_country_birth]	4. What country were you born in?	dropdown <table border="1"> <tr><td>1</td><td>a. China</td></tr> <tr><td>2</td><td>b. Taiwan</td></tr> <tr><td>3</td><td>c. Hong Kong</td></tr> <tr><td>4</td><td>e. USA</td></tr> <tr><td>5</td><td>d. Other (specify)</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. China	2	b. Taiwan	3	c. Hong Kong	4	e. USA	5	d. Other (specify)	99	Skipped		
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99	Skipped																

37	[bl_country_birth_other] Show the field ONLY if: [bl_country_birth] = '5'	Other country:	text																				
38	[bl_china_province] Show the field ONLY if: [bl_country_birth] = '1'	5. If born in China, which province/region of China are you from?	dropdown <table><tr><td>1</td><td>a. Fujian</td></tr><tr><td>2</td><td>b. Guangdong</td></tr><tr><td>3</td><td>c. Zhejiang</td></tr><tr><td>4</td><td>e. Jiangsu (includes Shanghai)</td></tr><tr><td>5</td><td>d. Other</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Fujian	2	b. Guangdong	3	c. Zhejiang	4	e. Jiangsu (includes Shanghai)	5	d. Other	99	Skipped								
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39	[bl_china_province_other] Show the field ONLY if: [bl_china_province] = '5'	Other region in China:	text																				
40	[bl_education]	6. What is the highest grade or year of school you completed?	dropdown <table><tr><td>1</td><td>a. Never attended school or only attended kindergarten</td></tr><tr><td>2</td><td>b. Grades 1 through 8</td></tr><tr><td>3</td><td>c. Grades 9 through 11</td></tr><tr><td>4</td><td>d. Grade 12 or GED (high school graduate)</td></tr><tr><td>5</td><td>e. College 1-3 years (some college or technical school)</td></tr><tr><td>6</td><td>f. College 4 years or more (college graduate)</td></tr><tr><td>77</td><td>g. Don't know/Not sure</td></tr><tr><td>98</td><td>h. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Never attended school or only attended kindergarten	2	b. Grades 1 through 8	3	c. Grades 9 through 11	4	d. Grade 12 or GED (high school graduate)	5	e. College 1-3 years (some college or technical school)	6	f. College 4 years or more (college graduate)	77	g. Don't know/Not sure	98	h. Refused	99	Skipped		
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41	[bl_marital_status]	7. What is your current marital status?	dropdown <table><tr><td>1</td><td>a. Married/Living with spouse</td></tr><tr><td>2</td><td>b. Living with partner</td></tr><tr><td>3</td><td>c. Never married/Single</td></tr><tr><td>4</td><td>d. Divorced</td></tr><tr><td>5</td><td>e. Widowed</td></tr><tr><td>6</td><td>f. Separated</td></tr><tr><td>98</td><td>g. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Married/Living with spouse	2	b. Living with partner	3	c. Never married/Single	4	d. Divorced	5	e. Widowed	6	f. Separated	98	g. Refused	99	Skipped				
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42	[bl_employment]	8. What is your current employment status?	dropdown <table><tr><td>1</td><td>a. Employed full-time</td></tr><tr><td>2</td><td>b. Employed part-time</td></tr><tr><td>3</td><td>c. Self-employed</td></tr><tr><td>4</td><td>d. Unemployed (less than one year)</td></tr><tr><td>5</td><td>e. Unemployed (more than one year)</td></tr><tr><td>6</td><td>f. Retired</td></tr><tr><td>7</td><td>g. Student</td></tr><tr><td>8</td><td>h. Homemaker/Stay-at-home parent</td></tr><tr><td>98</td><td>i. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Employed full-time	2	b. Employed part-time	3	c. Self-employed	4	d. Unemployed (less than one year)	5	e. Unemployed (more than one year)	6	f. Retired	7	g. Student	8	h. Homemaker/Stay-at-home parent	98	i. Refused	99	Skipped
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43	[bl_income]	9. What is your total annual household income from all sources?	dropdown <table border="1"> <tr><td>1</td><td>a. &lt; \$25,000</td></tr> <tr><td>2</td><td>b. \$25,000-\$55,000</td></tr> <tr><td>3</td><td>c. &gt;\$55,000</td></tr> <tr><td>77</td><td>d. Don't know</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. < \$25,000	2	b. \$25,000-\$55,000	3	c. >\$55,000	77	d. Don't know	98	e. Refused	99	Skipped						
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44	[bl_chinese_dialect]	10. What Chinese dialect(s) do you speak? (choose all that apply)	checkbox <table border="1"> <tr><td>1</td><td>bl_chinese_dialect__1</td><td>a. Mandarin</td></tr> <tr><td>2</td><td>bl_chinese_dialect__2</td><td>b. Cantonese</td></tr> <tr><td>3</td><td>bl_chinese_dialect__3</td><td>c. Fujianese</td></tr> <tr><td>4</td><td>bl_chinese_dialect__4</td><td>d. Taishanese</td></tr> <tr><td>5</td><td>bl_chinese_dialect__5</td><td>e. Other (specify)</td></tr> <tr><td>99</td><td>bl_chinese_dialect__99</td><td>Skipped</td></tr> </table>	1	bl_chinese_dialect__1	a. Mandarin	2	bl_chinese_dialect__2	b. Cantonese	3	bl_chinese_dialect__3	c. Fujianese	4	bl_chinese_dialect__4	d. Taishanese	5	bl_chinese_dialect__5	e. Other (specify)	99	bl_chinese_dialect__99	Skipped
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45	[bl_chinese_dialect_other] Show the field ONLY if: [bl_chinese_dialect(5)] = '1'	Chinese dialect - other	text																		
46	[bl_language_read]	Section Header: <i>I am going to ask you a set of questions about your language and social preferences. Please choose the option which best describes those preferences.</i>  11. In general, what language(s) do you read and speak?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Only Chinese</td></tr> <tr><td>2</td><td>b. Chinese better than English</td></tr> <tr><td>3</td><td>c. Both Chinese and English</td></tr> <tr><td>4</td><td>d. English better than Chinese</td></tr> <tr><td>5</td><td>e. Only English</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Only Chinese	2	b. Chinese better than English	3	c. Both Chinese and English	4	d. English better than Chinese	5	e. Only English	99	Skipped						
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47	[bl_language_speak_home]	12. What language(s) do you usually speak at home?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Only Chinese</td></tr> <tr><td>2</td><td>b. Chinese better than English</td></tr> <tr><td>3</td><td>c. Both Chinese and English</td></tr> <tr><td>4</td><td>d. English better than Chinese</td></tr> <tr><td>5</td><td>e. Only English</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Only Chinese	2	b. Chinese better than English	3	c. Both Chinese and English	4	d. English better than Chinese	5	e. Only English	99	Skipped						
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48	[bl_language_think]	13. In which language(s) do you usually think?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Only Chinese</td></tr> <tr><td>2</td><td>b. Chinese better than English</td></tr> <tr><td>3</td><td>c. Both Chinese and English</td></tr> <tr><td>4</td><td>d. English better than Chinese</td></tr> <tr><td>5</td><td>e. Only English</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Only Chinese	2	b. Chinese better than English	3	c. Both Chinese and English	4	d. English better than Chinese	5	e. Only English	99	Skipped						
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49	[bl_language_tv]	14. In what language(s) are the TV programs you usually watch?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Only Chinese</td></tr> <tr><td>2</td><td>b. Chinese better than English</td></tr> <tr><td>3</td><td>c. Both Chinese and English</td></tr> <tr><td>4</td><td>d. English better than Chinese</td></tr> <tr><td>5</td><td>e. Only English</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table> Field Annotation: @HIDDEN	1	a. Only Chinese	2	b. Chinese better than English	3	c. Both Chinese and English	4	d. English better than Chinese	5	e. Only English	99	Skipped						
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50	[bl_language_radio]	15. In what language(s) are the radio programs you usually listen to?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Only Chinese</td></tr> <tr><td>2</td><td>b. Chinese better than English</td></tr> <tr><td>3</td><td>c. Both Chinese and English</td></tr> <tr><td>4</td><td>d. English better than Chinese</td></tr> <tr><td>5</td><td>e. Only English</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table> Field Annotation: @HIDDEN	1	a. Only Chinese	2	b. Chinese better than English	3	c. Both Chinese and English	4	d. English better than Chinese	5	e. Only English	99	Skipped
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51	[bl_language_prefer_watch]	16. In general, in what language(s) are the movies, TV and radio programs you prefer to watch and listen to?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Only Chinese</td></tr> <tr><td>2</td><td>b. Chinese better than English</td></tr> <tr><td>3</td><td>c. Both Chinese and English</td></tr> <tr><td>4</td><td>d. English better than Chinese</td></tr> <tr><td>5</td><td>e. Only English</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table> Field Annotation: @HIDDEN	1	a. Only Chinese	2	b. Chinese better than English	3	c. Both Chinese and English	4	d. English better than Chinese	5	e. Only English	99	Skipped
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52	[bl_language_friends]	14. What language(s) do you usually speak with your friends?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Only Chinese</td></tr> <tr><td>2</td><td>b. Chinese better than English</td></tr> <tr><td>3</td><td>c. Both Chinese and English</td></tr> <tr><td>4</td><td>d. English better than Chinese</td></tr> <tr><td>5</td><td>e. Only English</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Only Chinese	2	b. Chinese better than English	3	c. Both Chinese and English	4	d. English better than Chinese	5	e. Only English	99	Skipped
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53	[bl_people_friends]	17. Your close friends are:	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. All Chinese</td></tr> <tr><td>2</td><td>b. More Chinese than non-Chinese</td></tr> <tr><td>3</td><td>c. About half and half</td></tr> <tr><td>4</td><td>d. More non-Chinese than Chinese</td></tr> <tr><td>5</td><td>e. All non-Chinese</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table> Field Annotation: @HIDDEN	1	a. All Chinese	2	b. More Chinese than non-Chinese	3	c. About half and half	4	d. More non-Chinese than Chinese	5	e. All non-Chinese	99	Skipped
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54	[bl_people_parties]	18. You prefer going to social gatherings/parties at which the people are:	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. All Chinese</td></tr> <tr><td>2</td><td>b. More Chinese than non-Chinese</td></tr> <tr><td>3</td><td>c. About half and half</td></tr> <tr><td>4</td><td>d. More non-Chinese than Chinese</td></tr> <tr><td>5</td><td>e. All non-Chinese</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table> Field Annotation: @HIDDEN	1	a. All Chinese	2	b. More Chinese than non-Chinese	3	c. About half and half	4	d. More non-Chinese than Chinese	5	e. All non-Chinese	99	Skipped
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55	[bl_people_visit]	19. The persons you visit or who visit you are:	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. All Chinese</td></tr> <tr><td>2</td><td>b. More Chinese than non-Chinese</td></tr> <tr><td>3</td><td>c. About half and half</td></tr> <tr><td>4</td><td>d. More non-Chinese than Chinese</td></tr> <tr><td>5</td><td>e. All non-Chinese</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table> Field Annotation: @HIDDEN	1	a. All Chinese	2	b. More Chinese than non-Chinese	3	c. About half and half	4	d. More non-Chinese than Chinese	5	e. All non-Chinese	99	Skipped												
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56	[bl_people_children]	20. If you could choose your children's friends, you would want them to be:	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. All Chinese</td></tr> <tr><td>2</td><td>b. More Chinese than non-Chinese</td></tr> <tr><td>3</td><td>c. About half and half</td></tr> <tr><td>4</td><td>d. More non-Chinese than Chinese</td></tr> <tr><td>5</td><td>e. All non-Chinese</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table> Field Annotation: @HIDDEN	1	a. All Chinese	2	b. More Chinese than non-Chinese	3	c. About half and half	4	d. More non-Chinese than Chinese	5	e. All non-Chinese	99	Skipped												
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4	d. More non-Chinese than Chinese																										
5	e. All non-Chinese																										
99	Skipped																										
57	[bl_insurance]	Section Header: ACCESS TO HEALTH CARE 15. What kind of health insurance do you have?	checkbox <table border="1"> <tr><td>1</td><td>bl_insurance__1</td><td>a. Medicaid ("White card")</td></tr> <tr><td>2</td><td>bl_insurance__2</td><td>b. Medicare ("Blue &amp; Red card")</td></tr> <tr><td>3</td><td>bl_insurance__3</td><td>c. Other type of public/government insurance</td></tr> <tr><td>4</td><td>bl_insurance__4</td><td>d. Private insurance/Work or company insurance</td></tr> <tr><td>5</td><td>bl_insurance__5</td><td>e. No health insurance</td></tr> <tr><td>77</td><td>bl_insurance__77</td><td>f. Don't know/Not sure</td></tr> <tr><td>98</td><td>bl_insurance__98</td><td>g. Refused</td></tr> <tr><td>99</td><td>bl_insurance__99</td><td>Skipped</td></tr> </table>	1	bl_insurance__1	a. Medicaid ("White card")	2	bl_insurance__2	b. Medicare ("Blue & Red card")	3	bl_insurance__3	c. Other type of public/government insurance	4	bl_insurance__4	d. Private insurance/Work or company insurance	5	bl_insurance__5	e. No health insurance	77	bl_insurance__77	f. Don't know/Not sure	98	bl_insurance__98	g. Refused	99	bl_insurance__99	Skipped
1	bl_insurance__1	a. Medicaid ("White card")																									
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98	bl_insurance__98	g. Refused																									
99	bl_insurance__99	Skipped																									
58	[bl_regular_doctor]	16. Do you have a regular doctor or health care provider you usually go to when you are sick or need health care?	dropdown <table border="1"> <tr><td>1</td><td>a. Yes</td></tr> <tr><td>2</td><td>b. No</td></tr> <tr><td>77</td><td>c. Don't know/unsure</td></tr> <tr><td>98</td><td>d. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Yes	2	b. No	77	c. Don't know/unsure	98	d. Refused	99	Skipped														
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77	c. Don't know/unsure																										
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59	[bl_doctor_language]	17. Do you have a doctor/health care provider speak a language in which you can comfortably communicate?	dropdown <table border="1"> <tr><td>1</td><td>a. Yes</td></tr> <tr><td>2</td><td>b. No</td></tr> <tr><td>77</td><td>c. Don't know/unsure</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Yes	2	b. No	77	c. Don't know/unsure	98	Refused	99	Skipped														
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77	c. Don't know/unsure																										
98	Refused																										
99	Skipped																										

60	[bl_health_information]	18. In general, where do you get information about your health and health services? (Choose all that apply)	<div>checkbox</div> <table><tr><td>1</td><td>bl_health_information__1</td><td>a. Friends</td></tr><tr><td>2</td><td>bl_health_information__2</td><td>b. Family</td></tr><tr><td>3</td><td>bl_health_information__3</td><td>c. Work/colleagues</td></tr><tr><td>4</td><td>bl_health_information__4</td><td>d. Doctor/nurse/health care provider</td></tr><tr><td>5</td><td>bl_health_information__5</td><td>e. Social service programs</td></tr><tr><td>6</td><td>bl_health_information__6</td><td>f. Religious leader</td></tr><tr><td>7</td><td>bl_health_information__7</td><td>g. Social media (WeChat, Facebook)</td></tr><tr><td>8</td><td>bl_health_information__8</td><td>h. Chinese websites</td></tr><tr><td>9</td><td>bl_health_information__9</td><td>i. English websites</td></tr><tr><td>10</td><td>bl_health_information__10</td><td>j. Chinese newspaper</td></tr><tr><td>11</td><td>bl_health_information__11</td><td>k. English newspaper</td></tr><tr><td>12</td><td>bl_health_information__12</td><td>l. Chinese TV shows</td></tr><tr><td>13</td><td>bl_health_information__13</td><td>m. English TV shows</td></tr><tr><td>14</td><td>bl_health_information__14</td><td>n. Chinese radio</td></tr><tr><td>15</td><td>bl_health_information__15</td><td>o. English radio</td></tr><tr><td>16</td><td>bl_health_information__16</td><td>p. Other (specify)</td></tr><tr><td>77</td><td>bl_health_information__77</td><td>q. Don't know/unsure</td></tr><tr><td>98</td><td>bl_health_information__98</td><td>r. Refused</td></tr><tr><td>99</td><td>bl_health_information__99</td><td>Skipped</td></tr></table>	1	bl_health_information__1	a. Friends	2	bl_health_information__2	b. Family	3	bl_health_information__3	c. Work/colleagues	4	bl_health_information__4	d. Doctor/nurse/health care provider	5	bl_health_information__5	e. Social service programs	6	bl_health_information__6	f. Religious leader	7	bl_health_information__7	g. Social media (WeChat, Facebook)	8	bl_health_information__8	h. Chinese websites	9	bl_health_information__9	i. English websites	10	bl_health_information__10	j. Chinese newspaper	11	bl_health_information__11	k. English newspaper	12	bl_health_information__12	l. Chinese TV shows	13	bl_health_information__13	m. English TV shows	14	bl_health_information__14	n. Chinese radio	15	bl_health_information__15	o. English radio	16	bl_health_information__16	p. Other (specify)	77	bl_health_information__77	q. Don't know/unsure	98	bl_health_information__98	r. Refused	99	bl_health_information__99	Skipped
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61	[bl_health_info_other]  Show the field ONLY if: [bl_health_information(16)] = '1'	Other:	text																																																									
62	[bl_se_treatment]	<div>Section Header: SELF-EFFICACY, HEALTH LITERACY AND MEDICATION ADHERENCE</div> <div>19. I feel confident that I can get the facts about the medical treatment choices available to me (for example, treatment, medicine, information, etc.)</div>	<div>radio (Matrix)</div> <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped																																													
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63	[bl_se_benefits]	20. I feel confident that I can get the facts about the benefits of each medical choice	<div>radio (Matrix)</div> <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped																																													
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64	[bl_se_risks]	21. I feel confident that I can get the facts about the risks and side effects of each medical choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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4	4 - Very confident														
99	Skipped														
65	[bl_se_information]	22. I feel confident that I understand the information enough to be able to make a choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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4	4 - Very confident														
99	Skipped														
66	[bl_se_questions]	23. I feel confident that I can ask questions without feeling dumb	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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99	Skipped														
67	[bl_se_concerns]	24. I feel confident that I can express my concerns about each choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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3	3														
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99	Skipped														
68	[bl_se_advice]	25. I feel confident that I can ask for advice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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69	[bl_se_options]	26. I feel confident that I can figure out the medical treatment options that best suits me	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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99	Skipped														



70	[bl_se_pressure]	27. I feel confident that I can handle unwanted pressure from others in making my choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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99	Skipped														
71	[bl_se_whatsbest]	28. I feel confident that I can let the clinic team know what's best for me	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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99	Skipped														
72	[bl_se_delay]	29. I feel confident that I can delay my decision if I feel I need more time	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
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4	4 - Very confident														
99	Skipped														
73	[bl_read_materials]	30. How often do you have someone to help you read hospital materials, if the materials are in Chinese?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
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74	[bl_problems_learning]	31. How often do you have problems learning about your medical condition because of difficulty understanding written information (in Chinese)?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
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75	[bl_problem_understanding]	32. How often do you have a problem understanding what is told to you (in your preferred language) about your medical condition?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
1	a. Always														
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4	d. Occasionally														
5	e. Never														
99	Skipped														

76	[b1_confidence_forms]	33. How confident are you filling out medical forms by yourself, if the forms are in Chinese?	dropdown <table border="1"> <tr><td>1</td><td>a. Not at all</td></tr> <tr><td>2</td><td>b. A little bit</td></tr> <tr><td>3</td><td>c. Somewhat</td></tr> <tr><td>4</td><td>d. Quite a bit</td></tr> <tr><td>5</td><td>e. Extremely</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Not at all	2	b. A little bit	3	c. Somewhat	4	d. Quite a bit	5	e. Extremely	99	Skipped
1	a. Not at all														
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77	[b1_med_forget]	Section Header: <i>Now I am going to read you some statements about your medication-taking behavior. You should think about all your medications in general when answering these questions.</i> 34. I forget to take my medication	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Rarely</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
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3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														
78	[b1_med_dosage]	35. I change the dosage of my medication	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Rarely</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
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5	e. Never														
99	Skipped														
79	[b1_med_stoptaking]	36. I stop taking my medication for a while	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Rarely</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
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3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														
80	[b1_med_skipdose]	37. I decide to skip one of my medication dosages	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Rarely</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
1	a. Always														
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3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														
81	[b1_med_use_less]	38. I use my medication less than is prescribed	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Rarely</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
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5	e. Never														
99	Skipped														
82	[b1_hpylori_heard]	Section Header: <i>H. PYLORI AND STOMACH CANCER</i> 39. Have you heard of H. pylori before your doctor told you have been diagnosed with it?	dropdown <table border="1"> <tr><td>1</td><td>a. Yes</td></tr> <tr><td>2</td><td>b. No</td></tr> <tr><td>77</td><td>c. Don't know/Unsure</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Yes	2	b. No	77	c. Don't know/Unsure	98	Refused	99	Skipped		
1	a. Yes														
2	b. No														
77	c. Don't know/Unsure														
98	Refused														
99	Skipped														

83	[bl_hpylori_diagosed]	40. Have you previously been diagnosed with H. pylori before this test?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>77</td><td>c. Don't know/Unsure</td></tr><tr><td>98</td><td>Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	77	c. Don't know/Unsure	98	Refused	99	Skipped				
1	a. Yes																
2	b. No																
77	c. Don't know/Unsure																
98	Refused																
99	Skipped																
84	[bl_hpylori_understood]	41. When you spoke to your doctor about H. pylori, how much did you understand of what he/she said?	dropdown <table><tr><td>1</td><td>a. Everything the doctor said</td></tr><tr><td>2</td><td>b. Most of what the doctor said</td></tr><tr><td>3</td><td>c. Some of what the doctor said</td></tr><tr><td>4</td><td>d. Only a little of what the doctor said</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Everything the doctor said	2	b. Most of what the doctor said	3	c. Some of what the doctor said	4	d. Only a little of what the doctor said	98	e. Refused	99	Skipped		
1	a. Everything the doctor said																
2	b. Most of what the doctor said																
3	c. Some of what the doctor said																
4	d. Only a little of what the doctor said																
98	e. Refused																
99	Skipped																
85	[bl_hpylori_materials]	42. Did your doctor give you any materials to read about H. pylori?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>77</td><td>c. Don't know/unsure</td></tr><tr><td>98</td><td>Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	77	c. Don't know/unsure	98	Refused	99	Skipped				
1	a. Yes																
2	b. No																
77	c. Don't know/unsure																
98	Refused																
99	Skipped																
86	[bl_hpylori_materials_text]	43. If doctor gave materials: Please describe the materials. Did you find the H. pylori materials helpful?	notes														
87	[bl_prescription_fill]	44. When did you fill your current prescriptions for H. pylori medication?	dropdown <table><tr><td>1</td><td>a. Same day</td></tr><tr><td>2</td><td>b. Within one week</td></tr><tr><td>3</td><td>c. Within two weeks</td></tr><tr><td>4</td><td>d. Have not filled</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Same day	2	b. Within one week	3	c. Within two weeks	4	d. Have not filled	77	e. Don't know/unsure	98	f. Refused	99	Skipped
1	a. Same day																
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3	c. Within two weeks																
4	d. Have not filled																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																
88	[bl_prescription_plan] Show the field ONLY if: [bl_prescription_fill] = '4'	g. When do you plan to fill the prescription? <i>enter dd/mm/yy</i>	text (date_dmy)														
89	[bl_knowledge_blood]	Section Header: 45. Now I will ask you some questions about H. pylori to see what you know. Can you tell me if you think the following are associated with H. pylori transmission? a. Blood	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																
90	[bl_knowledge_water]	b. Untreated/contaminated water	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																
91	[bl_knowledge_rats]	c. Rats	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																

92	[b1_knowledge_mosquitoes]	d. Mosquitoes	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
1	Associated										
2	Not associated										
3	Unsure										
99	Skipped										
93	[b1_knowledge_food]	e. Contaminated food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
1	Associated										
2	Not associated										
3	Unsure										
99	Skipped										
94	[b1_knowledge_vomit]	f. Vomit	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
1	Associated										
2	Not associated										
3	Unsure										
99	Skipped										
95	[b1_knowledge_sanitation]	g. Poor sanitation	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
1	Associated										
2	Not associated										
3	Unsure										
99	Skipped										
96	[b1_knowledge_other]	h. Other, specify	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
1	Associated										
2	Not associated										
3	Unsure										
99	Skipped										
97	[b1_knowledge_other_text] Show the field ONLY if: [b1_knowledge_other] = '1'	Other text	text								
98	[b1_cancer_alcohol]	Section Header: 46. Can you tell me if you think the following are associated with the risk of getting stomach cancer? a. Alcohol	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
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3	Unsure										
99	Skipped										
99	[b1_cancer_spicyfood]	b. Spicy food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
100	[b1_cancer_stress]	c. Stress	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
101	[b1_cancer_history]	d. Family history	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										

102	[bl_cancer_hpylori]	e. H. pylori infection	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
103	[bl_cancer_smoking]	f. Smoking	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
104	[bl_cancer_saltyfood]	g. Salty food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
105	[bl_cancer_physicallyactive]	h. Being physically inactive	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
106	[bl_cancer_pickledfood]	i. Pickled food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
107	[bl_cancer_sugar]	j. Food high in sugar	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
108	[bl_cancer_other]	k. Other, specify	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
109	[bl_cancer_other_text] Show the field ONLY if: [bl_cancer_other] = '1'	Other text	text												
110	[bl_important_diet]	Section Header: <i>DIET AND DRINKING</i> 47. How important is it to you to eat a healthy diet?	dropdown <table><tr><td>1</td><td>a. Not at all important</td></tr><tr><td>2</td><td>b. Somewhat important</td></tr><tr><td>3</td><td>c. Very important</td></tr><tr><td>77</td><td>d. Don't know/unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not at all important	2	b. Somewhat important	3	c. Very important	77	d. Don't know/unsure	98	e. Refused	99	Skipped
1	a. Not at all important														
2	b. Somewhat important														
3	c. Very important														
77	d. Don't know/unsure														
98	e. Refused														
99	Skipped														

111	[bl_overall_diet]	48. In general, how healthy is your diet overall?	<div>dropdown</div> <table><tr><td>1</td><td>a. Excellent</td></tr><tr><td>2</td><td>b. Very good</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Fair</td></tr><tr><td>5</td><td>e. Poor</td></tr><tr><td>77</td><td>d, Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Excellent	2	b. Very good	3	c. Good	4	d. Fair	5	e. Poor	77	d, Don't know/unsure	98	f. Refused	99	Skipped
1	a. Excellent																		
2	b. Very good																		
3	c. Good																		
4	d. Fair																		
5	e. Poor																		
77	d, Don't know/unsure																		
98	f. Refused																		
99	Skipped																		
112	[bl_fb_snack]	<div>Section Header: 49. Please tell me whether you agree or disagree with the following statements.</div> <div>a. It is difficult for me to choose a healthy snack</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
113	[bl_fb_afford]	b. I cannot afford to buy healthier foods	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
114	[bl_fb_time]	c. I do not have the time to prepare healthier foods	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
115	[bl_fb_nostore]	d. There is no store for me to buy healthy foods	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
116	[bl_fb_uncomfortable]	e. It is uncomfortable for me to refuse unhealthy foods when they are offered to me at get-togethers	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
117	[bl_fb_donotlike]	f. I do not like how healthier foods taste	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
118	[bl_fb_family]	g. I do not cook healthier foods because my family does not like them	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		

119	[b1_fb_knowhealthy]	Section Header: 50. Please tell me whether you agree or disagree with the following statements. Are you confident that you can... a. Know what foods constitute a healthy diet?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
120	[b1_fb_stayhealthy]	b. Stay on a healthy diet?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
121	[b1_fb_cookhealthy]	c. Cook a healthy diet?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
122	[b1_fb_decreasesalt]	d. Decrease the amount of highly salted foods you eat?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
123	[b1_fb_decreaseprocessed]	e. Decrease the amount of processed foods you eat?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
124	[b1_fb_outsidehome]	f. Stay on a healthy diet when eating outside your home?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
125	[b1_fb_food_outside]	51. How often do you eat food outside? (at a restaurant or food bought from vendors)	dropdown <table><tr><td>1</td><td>a. All of the time</td></tr><tr><td>2</td><td>b. Most of the time</td></tr><tr><td>3</td><td>c. Some of the time</td></tr><tr><td>4</td><td>d. None of the time</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. All of the time	2	b. Most of the time	3	c. Some of the time	4	d. None of the time	77	e. Don't know/unsure	98	f. Refused	99	Skipped
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3	c. Some of the time																
4	d. None of the time																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																
126	[b1_fb_add_salt]	52. How often do you add salt to your food before you eat it?	dropdown <table><tr><td>1</td><td>a. All of the time</td></tr><tr><td>2</td><td>b. Most of the time</td></tr><tr><td>3</td><td>c. Some of the time</td></tr><tr><td>4</td><td>d. None of the time</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. All of the time	2	b. Most of the time	3	c. Some of the time	4	d. None of the time	77	e. Don't know/unsure	98	f. Refused	99	Skipped
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4	d. None of the time																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																

127	[bl_fb_food_taste]	53. Please rate how you usually like your food to taste	dropdown <table><tr><td>1</td><td>a. Not salty</td></tr><tr><td>2</td><td>b. Slightly salty</td></tr><tr><td>3</td><td>c. Salty</td></tr><tr><td>4</td><td>d. Very salty</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not salty	2	b. Slightly salty	3	c. Salty	4	d. Very salty	77	e. Don't know/unsure	98	f. Refused	99	Skipped										
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3	c. Salty																										
4	d. Very salty																										
77	e. Don't know/unsure																										
98	f. Refused																										
99	Skipped																										
128	[bl_fb_salt_consume]	54. How much salt do you think you consume?	dropdown <table><tr><td>1</td><td>a. Far too much</td></tr><tr><td>2</td><td>b. Too much</td></tr><tr><td>3</td><td>c. Just the right amount</td></tr><tr><td>4</td><td>d. Very little</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Far too much	2	b. Too much	3	c. Just the right amount	4	d. Very little	77	e. Don't know/unsure	98	f. Refused	99	Skipped										
1	a. Far too much																										
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4	d. Very little																										
77	e. Don't know/unsure																										
98	f. Refused																										
99	Skipped																										
129	[bl_fb_lowering_salt]	55. How important to you is lowering the salt or sodium in your diet?	dropdown <table><tr><td>1</td><td>a. Not at all important</td></tr><tr><td>2</td><td>b. Somewhat important</td></tr><tr><td>3</td><td>c. Very important</td></tr><tr><td>77</td><td>d. Don't know/Unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not at all important	2	b. Somewhat important	3	c. Very important	77	d. Don't know/Unsure	98	e. Refused	99	Skipped												
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2	b. Somewhat important																										
3	c. Very important																										
77	d. Don't know/Unsure																										
98	e. Refused																										
99	Skipped																										
130	[bl_nutrition_labels]	56. Do you read nutrition labels on packaged foods?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>96</td><td>c. Don't know what a nutrition label is</td></tr><tr><td>98</td><td>d. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	96	c. Don't know what a nutrition label is	98	d. Refused	99	Skipped														
1	a. Yes																										
2	b. No																										
96	c. Don't know what a nutrition label is																										
98	d. Refused																										
99	Skipped																										
131	[bl_nutrition_labels_what]	57. If yes, what are you checking the label for?	checkbox <table><tr><td>1</td><td>bl_nutrition_labels_what__1</td><td>a. Calories</td></tr><tr><td>2</td><td>bl_nutrition_labels_what__2</td><td>b. Sodium/salt</td></tr><tr><td>3</td><td>bl_nutrition_labels_what__3</td><td>c. Fats and cholesterol</td></tr><tr><td>4</td><td>bl_nutrition_labels_what__4</td><td>d. Sugar</td></tr><tr><td>5</td><td>bl_nutrition_labels_what__5</td><td>e. Other, specify</td></tr><tr><td>77</td><td>bl_nutrition_labels_what__77</td><td>f. Don't know/unsure</td></tr><tr><td>98</td><td>bl_nutrition_labels_what__98</td><td>g. Refused</td></tr><tr><td>99</td><td>bl_nutrition_labels_what__99</td><td>Skipped</td></tr></table>	1	bl_nutrition_labels_what__1	a. Calories	2	bl_nutrition_labels_what__2	b. Sodium/salt	3	bl_nutrition_labels_what__3	c. Fats and cholesterol	4	bl_nutrition_labels_what__4	d. Sugar	5	bl_nutrition_labels_what__5	e. Other, specify	77	bl_nutrition_labels_what__77	f. Don't know/unsure	98	bl_nutrition_labels_what__98	g. Refused	99	bl_nutrition_labels_what__99	Skipped
1	bl_nutrition_labels_what__1	a. Calories																									
2	bl_nutrition_labels_what__2	b. Sodium/salt																									
3	bl_nutrition_labels_what__3	c. Fats and cholesterol																									
4	bl_nutrition_labels_what__4	d. Sugar																									
5	bl_nutrition_labels_what__5	e. Other, specify																									
77	bl_nutrition_labels_what__77	f. Don't know/unsure																									
98	bl_nutrition_labels_what__98	g. Refused																									
99	bl_nutrition_labels_what__99	Skipped																									
132	[bl_nutrition_labels_text]  Show the field ONLY if: [bl_nutrition_labels_what(5)] = '1'	Other text	text																								
133	[bl_alcohol]	58. Do you drink alcohol?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>c. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	98	c. Refused	99	Skipped																
1	a. Yes																										
2	b. No																										
98	c. Refused																										
99	Skipped																										



134	[bl_alcohol_often]	59. How often do you drink alcohol?	dropdown <table><tr><td>1</td><td>a. Rarely (special occasions)</td></tr><tr><td>2</td><td>b. Occasionally (once a month)</td></tr><tr><td>3</td><td>c. Once or twice a week</td></tr><tr><td>4</td><td>d. Regularly (several times a week)</td></tr><tr><td>5</td><td>e. Every day</td></tr><tr><td>77</td><td>f. Don't know/unsure</td></tr><tr><td>98</td><td>g. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Rarely (special occasions)	2	b. Occasionally (once a month)	3	c. Once or twice a week	4	d. Regularly (several times a week)	5	e. Every day	77	f. Don't know/unsure	98	g. Refused	99	Skipped
1	a. Rarely (special occasions)																		
2	b. Occasionally (once a month)																		
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4	d. Regularly (several times a week)																		
5	e. Every day																		
77	f. Don't know/unsure																		
98	g. Refused																		
99	Skipped																		
135	[bl_alcohol_number_drinks]	60. When you drink alcohol, how many drinks do you have per day?	dropdown <table><tr><td>1</td><td>a. 1 to 2 drinks</td></tr><tr><td>2</td><td>b. 3 to 4 drinks</td></tr><tr><td>3</td><td>c. 5 or more drinks</td></tr><tr><td>77</td><td>d. Don't know/unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. 1 to 2 drinks	2	b. 3 to 4 drinks	3	c. 5 or more drinks	77	d. Don't know/unsure	98	e. Refused	99	Skipped				
1	a. 1 to 2 drinks																		
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3	c. 5 or more drinks																		
77	d. Don't know/unsure																		
98	e. Refused																		
99	Skipped																		
136	[bl_alcohol_binge]	61. In the past 30 days, on how many days did you have 4 or more alcoholic drinks in one occasion? <i>Enter number of days in past 30 days</i>	text																
137	[bl_alcohol_binge_other]	61. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped										
77	a. Don't know/unsure																		
98	b. Refused																		
99	Skipped																		
138	[bl_smoke]	Section Header: <i>SMOKING</i> 62. Do you currently smoke cigarettes?	dropdown <table><tr><td>1</td><td>a. Everyday</td></tr><tr><td>2</td><td>b. Some days</td></tr><tr><td>3</td><td>c. Not at all</td></tr><tr><td>98</td><td>d. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Everyday	2	b. Some days	3	c. Not at all	98	d. Refused	99	Skipped						
1	a. Everyday																		
2	b. Some days																		
3	c. Not at all																		
98	d. Refused																		
99	Skipped																		
139	[bl_cigarettes_perday]	63. How many cigarettes do you smoke per day?	text																
140	[bl_cigarettes_perday_other]	63. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped										
77	a. Don't know/unsure																		
98	b. Refused																		
99	Skipped																		
141	[bl_stop_smoking]	64. During the past 12 months, have you stopped smoking for 24 hours or longer because you were trying to quit smoking?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>c. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	98	c. Refused	99	Skipped								
1	a. Yes																		
2	b. No																		
98	c. Refused																		
99	Skipped																		
142	[bl_smoking_quit_intention]	65. What best describes your intentions about quitting cigarette smoking?	dropdown <table><tr><td>1</td><td>a. I may quit in the future, but not in the next 6 months</td></tr><tr><td>2</td><td>b. I plan to quit in the next 6 months</td></tr><tr><td>3</td><td>c. I plan to quit in the next 30 days</td></tr><tr><td>4</td><td>d. I am currently trying to quit</td></tr><tr><td>5</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. I may quit in the future, but not in the next 6 months	2	b. I plan to quit in the next 6 months	3	c. I plan to quit in the next 30 days	4	d. I am currently trying to quit	5	e. Don't know/unsure	98	f. Refused	99	Skipped		
1	a. I may quit in the future, but not in the next 6 months																		
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5	e. Don't know/unsure																		
98	f. Refused																		
99	Skipped																		

143	[bl_pa_mod_days]	Section Header: <i>PHYSICAL ACTIVITY</i> 66. During the last 7 days, on how many days did you do moderate physical activities? <i>enter days/week</i>	text												
144	[bl_pa_mod_days_other]	66. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped						
77	a. Don't know/unsure														
98	b. Refused														
99	Skipped														
145	[bl_pa_mod_time]	67. How much time did you usually spend doing these moderate types of physical activities on a normal day? <i>enter minutes/day</i>	text												
146	[bl_pa_mod_time_other]	67. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped						
77	a. Don't know/unsure														
98	b. Refused														
99	Skipped														
147	[bl_pa_vig_days]	68. During the last 7 days, on how many days did you do large effort physical activities? <i>enter days/week</i>	text												
148	[bl_pa_vig_days_other]	68. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped						
77	a. Don't know/unsure														
98	b. Refused														
99	Skipped														
149	[bl_pa_vig_time]	69. How much time did you usually spend doing these large effort types of physical activities on a normal day? <i>enter minutes/day</i>	text												
150	[bl_pa_vig_time_other]	69. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped						
77	a. Don't know/unsure														
98	b. Refused														
99	Skipped														
151	[bl_pa_confidence]	70. I would like you to rate, on a scale of 0 to 4, with 0 being not at all confident, and 4 being very confident, how confident do you feel in your ability to do moderate exercise for at least 30 minutes 5 times per week in the future.	dropdown <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident		
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
152	[bl_pa_soc_suggest]	71. How often do you suggest doing something active when you get together with family or friends, such as going for a walk, biking, or swimming?	radio (Matrix) <table><tr><td>1</td><td>a. Almost never</td></tr><tr><td>2</td><td>b. Sometimes</td></tr><tr><td>3</td><td>c. Often</td></tr><tr><td>4</td><td>d. Almost always</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped
1	a. Almost never														
2	b. Sometimes														
3	c. Often														
4	d. Almost always														
98	e. Refused														
99	Skipped														
153	[bl_pa_soc_setaside]	72. How often do you set aside a special time to do physical activity?	radio (Matrix) <table><tr><td>1</td><td>a. Almost never</td></tr><tr><td>2</td><td>b. Sometimes</td></tr><tr><td>3</td><td>c. Often</td></tr><tr><td>4</td><td>d. Almost always</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped
1	a. Almost never														
2	b. Sometimes														
3	c. Often														
4	d. Almost always														
98	e. Refused														
99	Skipped														

154	[bl_pa_soc_askfriend]	73. How often do you ask a friend or relative to do some physical activity with you?	radio (Matrix) <table><tr><td>1</td><td>a. Almost never</td></tr><tr><td>2</td><td>b. Sometimes</td></tr><tr><td>3</td><td>c. Often</td></tr><tr><td>4</td><td>d. Almost always</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped		
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2	b. Sometimes																
3	c. Often																
4	d. Almost always																
98	e. Refused																
99	Skipped																
155	[bl_pa_soc_talkabout]	74. How often do you talk to others about the benefits of physical activity?	radio (Matrix) <table><tr><td>1</td><td>a. Almost never</td></tr><tr><td>2</td><td>b. Sometimes</td></tr><tr><td>3</td><td>c. Often</td></tr><tr><td>4</td><td>d. Almost always</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped		
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2	b. Sometimes																
3	c. Often																
4	d. Almost always																
98	e. Refused																
99	Skipped																
156	[bl_gen_health]	Section Header: <i>HEALTH STATUS I am now going to ask you some questions about your general health.</i> 75. In general, would you say your health is:	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
157	[bl_qual_life]	76. In general, would you say your quality of life is:	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
1	a. Poor																
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
158	[bl_rate_phys_health]	77. In general, how would you rate your physical health?	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
159	[bl_rate_ment_health]	78. In general, how would you rate your mental health, including your mood and your ability to think?	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																

160	[bl_rate_soc_activities]	79. In general, how would you rate your satisfaction with your social activities and relationships?	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
161	[bl_rate_carry_out]	80. In general, please rate how well you carry out your usual social activities and roles.	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
162	[bl_carry_out_pa]	81. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	dropdown <table><tr><td>1</td><td>a. Not at all</td></tr><tr><td>2</td><td>b. A little</td></tr><tr><td>3</td><td>c. Moderately</td></tr><tr><td>4</td><td>d. Mostly</td></tr><tr><td>5</td><td>e. Completely</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not at all	2	b. A little	3	c. Moderately	4	d. Mostly	5	e. Completely	98	f. Refused	99	Skipped
1	a. Not at all																
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3	c. Moderately																
4	d. Mostly																
5	e. Completely																
98	f. Refused																
99	Skipped																
163	[bl_bothered_emotional]	82. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?	dropdown <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	98	f. Refused	99	Skipped
1	a. Always																
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3	c. Sometimes																
4	d. Rarely																
5	e. Never																
98	f. Refused																
99	Skipped																
164	[bl_rate_fatigue]	83. In the past 7 days, how would you rate your fatigue on average?	dropdown <table><tr><td>1</td><td>a. Very severe</td></tr><tr><td>2</td><td>b. Severe</td></tr><tr><td>3</td><td>c. Moderate</td></tr><tr><td>4</td><td>d. Mild</td></tr><tr><td>5</td><td>e. None</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Very severe	2	b. Severe	3	c. Moderate	4	d. Mild	5	e. None	98	f. Refused	99	Skipped
1	a. Very severe																
2	b. Severe																
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4	d. Mild																
5	e. None																
98	f. Refused																
99	Skipped																

165	[bl_rate_pain]	84. In the past 7 days, how would you rate your pain on average? Please give me a number from 0, which is no pain, to 10, which is the worst imaginable pain.	dropdown <table border="1"> <tr><td>0</td><td>0 - No pain</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 - Worst imaginable pain</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - No pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - Worst imaginable pain	99	Skipped
0	0 - No pain																										
1	1																										
2	2																										
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4	4																										
5	5																										
6	6																										
7	7																										
8	8																										
9	9																										
10	10 - Worst imaginable pain																										
99	Skipped																										
166	[bl_phq1]	Section Header: 85. Over the past 2 weeks, how often have you been bothered by the following problems? a. Little interest or pleasure in doing things?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly everyday</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly everyday	98	Refused	99	Skipped												
0	Not at all																										
1	Several days																										
2	More than half the days																										
3	Nearly everyday																										
98	Refused																										
99	Skipped																										
167	[bl_phq2]	b. Feeling down, depressed or hopeless	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly everyday</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly everyday	98	Refused	99	Skipped												
0	Not at all																										
1	Several days																										
2	More than half the days																										
3	Nearly everyday																										
98	Refused																										
99	Skipped																										
168	[bl_motivation_change]	86. How motivated do you feel right now to make changes in your life to improve your health?	dropdown <table border="1"> <tr><td>1</td><td>a. Not at all motivated</td></tr> <tr><td>2</td><td>b. Slightly motivated</td></tr> <tr><td>3</td><td>c. Somewhat motivated</td></tr> <tr><td>4</td><td>d. Moderately motivated</td></tr> <tr><td>5</td><td>e. Extremely motivated</td></tr> <tr><td>77</td><td>f. Don't know/unsure</td></tr> <tr><td>98</td><td>g. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Not at all motivated	2	b. Slightly motivated	3	c. Somewhat motivated	4	d. Moderately motivated	5	e. Extremely motivated	77	f. Don't know/unsure	98	g. Refused	99	Skipped								
1	a. Not at all motivated																										
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5	e. Extremely motivated																										
77	f. Don't know/unsure																										
98	g. Refused																										
99	Skipped																										
169	[enrollment_survey_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
0	Incomplete																										
1	Unverified																										
2	Complete																										
<b>Instrument: 2-Month Follow-up Survey</b> (month_followup_survey)																											
170	[tm_date]	Interview date: mm/dd/yy	text (date_mdy)																								
171	[tm_interviewer]	Interviewer name:	text (alpha_only)																								

172	[tm_ma_take]	1. Did you ever forget to take the H. pylori medication?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	98	Refused	99	Skipped																			
1	a. Yes																													
2	b. No																													
98	Refused																													
99	Skipped																													
173	[tm_ma_ontime]	2. Did you always take the medication at the specified time?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	98	Refused	99	Skipped																			
1	a. Yes																													
2	b. No																													
98	Refused																													
99	Skipped																													
174	[tm_ma_stop]	3. Did you ever stop taking the medication if you felt ill?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	98	Refused	99	Skipped																			
1	a. Yes																													
2	b. No																													
98	Refused																													
99	Skipped																													
175	[tm_ma_forget]	4. Did you forget to take the medication during the weekend?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	98	Refused	99	Skipped																			
1	a. Yes																													
2	b. No																													
98	Refused																													
99	Skipped																													
176	[tm_ma_miss_dose]	5. During the course of treatment, how many times did you not take a dose?	dropdown <table><tr><td>0</td><td>a. 0 times</td></tr><tr><td>1</td><td>b. 1-2 times</td></tr><tr><td>2</td><td>c. 3-5 times</td></tr><tr><td>3</td><td>d. 6-10 times</td></tr><tr><td>4</td><td>e. More than 10 times</td></tr><tr><td>77</td><td>f. Don't know/unsure</td></tr><tr><td>98</td><td>g. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	a. 0 times	1	b. 1-2 times	2	c. 3-5 times	3	d. 6-10 times	4	e. More than 10 times	77	f. Don't know/unsure	98	g. Refused	99	Skipped											
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3	d. 6-10 times																													
4	e. More than 10 times																													
77	f. Don't know/unsure																													
98	g. Refused																													
99	Skipped																													
177	[tm_ma_days_missed]	6. During the course of treatment, how many full days did you not take the medication? <i>enter days</i>	text																											
178	[tm_ma_days_missed_text]	If missed medication or failed to take at specific time: Situations come up that make it difficult for people to take their medications as prescribed. Can you tell me why you did not take the medication as prescribed?	notes																											
179	[tm_ma_side_effects]	7. What kind of side effects did you experience during the course of the medication? (check all that apply)	checkbox <table><tr><td>1</td><td>tm_ma_side_effects__1</td><td>a. Bitter or unpleasant taste in mouth</td></tr><tr><td>2</td><td>tm_ma_side_effects__2</td><td>b. Diarrhea</td></tr><tr><td>3</td><td>tm_ma_side_effects__3</td><td>c. Constipation</td></tr><tr><td>4</td><td>tm_ma_side_effects__4</td><td>d. Nausea or vomiting</td></tr><tr><td>5</td><td>tm_ma_side_effects__5</td><td>e. Abdominal pain, cramps, or gas</td></tr><tr><td>6</td><td>tm_ma_side_effects__6</td><td>f. Headache</td></tr><tr><td>7</td><td>tm_ma_side_effects__7</td><td>e. No side effects</td></tr><tr><td>8</td><td>tm_ma_side_effects__8</td><td>f. Other, specify</td></tr><tr><td>99</td><td>tm_ma_side_effects__99</td><td>Skipped</td></tr></table>	1	tm_ma_side_effects__1	a. Bitter or unpleasant taste in mouth	2	tm_ma_side_effects__2	b. Diarrhea	3	tm_ma_side_effects__3	c. Constipation	4	tm_ma_side_effects__4	d. Nausea or vomiting	5	tm_ma_side_effects__5	e. Abdominal pain, cramps, or gas	6	tm_ma_side_effects__6	f. Headache	7	tm_ma_side_effects__7	e. No side effects	8	tm_ma_side_effects__8	f. Other, specify	99	tm_ma_side_effects__99	Skipped
1	tm_ma_side_effects__1	a. Bitter or unpleasant taste in mouth																												
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4	tm_ma_side_effects__4	d. Nausea or vomiting																												
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8	tm_ma_side_effects__8	f. Other, specify																												
99	tm_ma_side_effects__99	Skipped																												

180	[tm_ma_side_effects_text] Show the field ONLY if: [tm_ma_side_effects(8)] = '1'	Other:	text														
181	[tm_retest_result]	8. What is the result of your confirmatory re-test?	dropdown <table><tr><td>1</td><td>a. Negative</td></tr><tr><td>2</td><td>b. Positive</td></tr><tr><td>3</td><td>c. Scheduled retest but have not done the test/received results yet</td></tr><tr><td>4</td><td>d. Did not schedule retest</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Negative	2	b. Positive	3	c. Scheduled retest but have not done the test/received results yet	4	d. Did not schedule retest	77	e. Don't know/unsure	98	f. Refused	99	Skipped
1	a. Negative																
2	b. Positive																
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4	d. Did not schedule retest																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																
182	[tm_knowledge_blood]	Section Header: 9. Now I will ask you some questions about H. pylori to see what you know. Can you tell me if you think the following are associated with H. pylori transmission?  a. Blood	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																
183	[tm_knowledge_water]	b. Untreated/contaminated water	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																
184	[tm_knowledge_rats]	c. Rats	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																
185	[tm_knowledge_mosquitoes]	d. Mosquitoes	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																
186	[tm_knowledge_food]	e. Contaminated food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																
187	[tm_knowledge_vomit]	f. Vomit	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																
188	[tm_knowledge_sanitation]	g. Poor sanitation	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped						
1	Associated																
2	Not associated																
3	Unsure																
99	Skipped																

189	[tm_knowledge_other]	h. Other, specify	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
1	Associated										
2	Not associated										
3	Unsure										
99	Skipped										
190	[tm_knowledge_other_text] Show the field ONLY if: [tm_knowledge_other] = '1'	Other text	text								
191	[tm_cancer_alcohol]	Section Header: 10. Can you tell me if you think the following are associated with the risk of getting stomach cancer? a. Alcohol	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
192	[tm_cancer_spicyfood]	b. Spicy food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
193	[tm_cancer_stress]	c. Stress	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
194	[tm_cancer_history]	d. Family history	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
195	[tm_cancer_hpylori]	e. H. pylori infection	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
196	[tm_cancer_smoking]	f. Smoking	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
197	[tm_cancer_saltyfood]	g. Salty food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										
198	[tm_cancer_physicallyactive]	h. Being physically inactive	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
1	Associated										
2	Unassociated										
3	Unsure										
99	Skipped										



199	[tm_cancer_pickledfood]	i. Pickled food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
200	[tm_cancer_sugar]	j. Food high in sugar	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
201	[tm_cancer_other]	k. Other, specify	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
202	[tm_cancer_other_text] Show the field ONLY if: [tm_cancer_other] = '1'	Other text	text												
203	[tm_se_treatment]	Section Header: SELF-EFFICACY, HEALTH LITERACY AND MEDICATION ADHERENCE 11. I feel confident that I can get the facts about the medical treatment choices available to me (for example, treatment, medicine, information, etc.)	radio (Matrix) <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
99	Skipped														
204	[tm_se_benefits]	12. I feel confident that I can get the facts about the benefits of each medical choice	radio (Matrix) <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
99	Skipped														
205	[tm_se_risks]	13. I feel confident that I can get the facts about the risks and side effects of each medical choice	radio (Matrix) <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
99	Skipped														
206	[tm_se_information]	14. I feel confident that I understand the information enough to be able to make a choice	radio (Matrix) <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
99	Skipped														

207	[tm_se_questions]	15. I feel confident that I can ask questions without feeling dumb	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
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4	4 - Very confident														
99	Skipped														
208	[tm_se_concerns]	16. I feel confident that I can express my concerns about each choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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3	3														
4	4 - Very confident														
99	Skipped														
209	[tm_se_advice]	17. I feel confident that I can ask for advice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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3	3														
4	4 - Very confident														
99	Skipped														
210	[tm_se_options]	18. I feel confident that I can figure out the medical treatment options that best suits me	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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1	1														
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3	3														
4	4 - Very confident														
99	Skipped														
211	[tm_se_pressure]	19. I feel confident that I can handle unwanted pressure from others in making my choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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3	3														
4	4 - Very confident														
99	Skipped														
212	[tm_se_whatsbest]	20. I feel confident that I can let the clinic team know what's best for me	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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4	4 - Very confident														
99	Skipped														

213	[tm_se_delay]	21. I feel confident that I can delay my decision if I feel I need more time	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
99	Skipped														
214	[tm_read_materials]	22. How often do you have someone to help you read hospital materials, if the materials are in Chinese?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Occasionally														
5	e. Never														
99	Skipped														
215	[tm_problems_learning]	23. How often do you have problems learning about your medical condition because of difficulty understanding written information (in Chinese)?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
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2	b. Often														
3	c. Sometimes														
4	d. Occasionally														
5	e. Never														
99	Skipped														
216	[tm_problem_understanding]	24. How often do you have a problem understanding what is told to you (in your preferred language) about your medical condition?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Occasionally														
5	e. Never														
99	Skipped														
217	[tm_confidence_forms]	25. How confident are you filling out medical forms by yourself, if the forms are in Chinese?	dropdown <table border="1"> <tr><td>1</td><td>a. Not at all</td></tr> <tr><td>2</td><td>b. A little bit</td></tr> <tr><td>3</td><td>c. Somewhat</td></tr> <tr><td>4</td><td>d. Quite a bit</td></tr> <tr><td>5</td><td>e. Extremely</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Not at all	2	b. A little bit	3	c. Somewhat	4	d. Quite a bit	5	e. Extremely	99	Skipped
1	a. Not at all														
2	b. A little bit														
3	c. Somewhat														
4	d. Quite a bit														
5	e. Extremely														
99	Skipped														
218	[tm_med_forget]	Section Header: Now I am going to read you some statements about your medication-taking behavior. You should think about all your medications in general when answering these questions. 26. I forget to take my medication	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Rarely</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														

219	[tm_med_dosage]	27. I change the dosage of my medication	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped				
1	a. Always																		
2	b. Often																		
3	c. Sometimes																		
4	d. Rarely																		
5	e. Never																		
99	Skipped																		
220	[tm_med_stoptaking]	28. I stop taking my medication for a while	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped				
1	a. Always																		
2	b. Often																		
3	c. Sometimes																		
4	d. Rarely																		
5	e. Never																		
99	Skipped																		
221	[tm_med_skipdose]	29. I decide to skip one of my medication dosages	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped				
1	a. Always																		
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3	c. Sometimes																		
4	d. Rarely																		
5	e. Never																		
99	Skipped																		
222	[tm_med_use_less]	30. I use my medication less than is prescribed	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped				
1	a. Always																		
2	b. Often																		
3	c. Sometimes																		
4	d. Rarely																		
5	e. Never																		
99	Skipped																		
223	[tm_important_diet]	Section Header: DIET AND DRINKING 31. How important is it to you to eat a healthy diet?	dropdown <table><tr><td>1</td><td>a. Not at all important</td></tr><tr><td>2</td><td>b. Somewhat important</td></tr><tr><td>3</td><td>c. Very important</td></tr><tr><td>77</td><td>d. Don't know/unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not at all important	2	b. Somewhat important	3	c. Very important	77	d. Don't know/unsure	98	e. Refused	99	Skipped				
1	a. Not at all important																		
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3	c. Very important																		
77	d. Don't know/unsure																		
98	e. Refused																		
99	Skipped																		
224	[tm_overall_diet]	32. In general, how healthy is your diet overall?	dropdown <table><tr><td>1</td><td>a. Excellent</td></tr><tr><td>2</td><td>b. Very good</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Fair</td></tr><tr><td>5</td><td>e. Poor</td></tr><tr><td>77</td><td>d. Don't know/unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Excellent	2	b. Very good	3	c. Good	4	d. Fair	5	e. Poor	77	d. Don't know/unsure	98	e. Refused	99	Skipped
1	a. Excellent																		
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5	e. Poor																		
77	d. Don't know/unsure																		
98	e. Refused																		
99	Skipped																		

225	[tm_fb_snack]	<div>Section Header: 33. Please tell me whether you agree or disagree with the following statements.</div> <div>a. It is difficult for me to choose a healthy snack</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										
226	[tm_fb_afford]	b. I cannot afford to buy healthier foods	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										
227	[tm_fb_time]	c. I do not have the time to prepare healthier foods	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										
228	[tm_fb_nostore]	d. There is no store for me to buy healthy foods	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										
229	[tm_fb_uncomfortable]	e. It is uncomfortable for me to refuse unhealthy foods when they are offered to me at get-togethers	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										
230	[tm_fb_donotlike]	f. I do not like how healthier foods taste	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										
231	[tm_fb_family]	g. I do not cook healthier foods because my family does not like them	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										
232	[tm_fb_knowhealthy]	<div>Section Header: 34. Please tell me whether you agree or disagree with the following statements. Are you confident that you can...</div> <div>a. Know what foods constitute a healthy diet?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										
233	[tm_fb_stayhealthy]	b. Stay on a healthy diet?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped
1	Agree										
0	Disagree										
77	Unsure										
99	Skipped										

234	[tm_fb_cookhealthy]	c. Cook a healthy diet?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
235	[tm_fb_decreasesalt]	d. Decrease the amount of highly salted foods you eat?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
236	[tm_fb_decreaseprocessed]	e. Decrease the amount of processed foods you eat?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
237	[tm_fb_outsidehome]	f. Stay on a healthy diet when eating outside your home?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
238	[tm_fb_food_outside]	35. How often do you eat food outside? (at a restaurant or food bought from vendors)	dropdown <table><tr><td>1</td><td>a. All of the time</td></tr><tr><td>2</td><td>b. Most of the time</td></tr><tr><td>3</td><td>c. Some of the time</td></tr><tr><td>4</td><td>d. None of the time</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. All of the time	2	b. Most of the time	3	c. Some of the time	4	d. None of the time	77	e. Don't know/unsure	98	f. Refused	99	Skipped
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4	d. None of the time																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																
239	[tm_fb_add_salt]	36. How often do you add salt to your food before you eat it?	dropdown <table><tr><td>1</td><td>a. All of the time</td></tr><tr><td>2</td><td>b. Most of the time</td></tr><tr><td>3</td><td>c. Some of the time</td></tr><tr><td>4</td><td>d. None of the time</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. All of the time	2	b. Most of the time	3	c. Some of the time	4	d. None of the time	77	e. Don't know/unsure	98	f. Refused	99	Skipped
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3	c. Some of the time																
4	d. None of the time																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																
240	[tm_fb_food_taste]	37. Please rate how you usually like your food to taste	dropdown <table><tr><td>1</td><td>a. Not salty</td></tr><tr><td>2</td><td>b. Slightly salty</td></tr><tr><td>3</td><td>c. Salty</td></tr><tr><td>4</td><td>d. Very salty</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not salty	2	b. Slightly salty	3	c. Salty	4	d. Very salty	77	e. Don't know/unsure	98	f. Refused	99	Skipped
1	a. Not salty																
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3	c. Salty																
4	d. Very salty																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																

241	[tm_fb_salt_consume]	38. How much salt do you think you consume?	dropdown <table><tr><td>1</td><td>a. Far too much</td></tr><tr><td>2</td><td>b. Too much</td></tr><tr><td>3</td><td>c. Just the right amount</td></tr><tr><td>4</td><td>d. Very little</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a. Far too much	2	b. Too much	3	c. Just the right amount	4	d. Very little	77	e. Don't know/unsure	98	f. Refused	99	Skipped										
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77	e. Don't know/unsure																											
98	f. Refused																											
99	Skipped																											
242	[tm_fb_lowering_salt]	39. How important to you is lowering the salt or sodium in your diet?	dropdown <table><tr><td>1</td><td>a. Not at all important</td></tr><tr><td>2</td><td>b. Somewhat important</td></tr><tr><td>3</td><td>c. Very important</td></tr><tr><td>77</td><td>d. Don't know/Unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a. Not at all important	2	b. Somewhat important	3	c. Very important	77	d. Don't know/Unsure	98	e. Refused	99	Skipped												
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98	e. Refused																											
99	Skipped																											
243	[tm_nutrition_labels]	40. Do you read nutrition labels on packaged foods?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>96</td><td>c. Don't know what a nutrition label is</td></tr><tr><td>98</td><td>d. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a. Yes	2	b. No	96	c. Don't know what a nutrition label is	98	d. Refused	99	Skipped														
1	a. Yes																											
2	b. No																											
96	c. Don't know what a nutrition label is																											
98	d. Refused																											
99	Skipped																											
244	[tm_nutrition_labels_what]	41. If yes, what are you checking the label for?	checkbox <table><tr><td>1</td><td>tm_nutrition_labels_what__1</td><td>a. Calories</td></tr><tr><td>2</td><td>tm_nutrition_labels_what__2</td><td>b. Sodium/salt</td></tr><tr><td>3</td><td>tm_nutrition_labels_what__3</td><td>c. Fats and cholesterol</td></tr><tr><td>4</td><td>tm_nutrition_labels_what__4</td><td>d. Sugar</td></tr><tr><td>5</td><td>tm_nutrition_labels_what__5</td><td>e. Other, specify</td></tr><tr><td>77</td><td>tm_nutrition_labels_what__77</td><td>f. Don't know/unsure</td></tr><tr><td>98</td><td>tm_nutrition_labels_what__98</td><td>g. Refused</td></tr><tr><td>99</td><td>tm_nutrition_labels_what__99</td><td>Skipped</td></tr></table>		1	tm_nutrition_labels_what__1	a. Calories	2	tm_nutrition_labels_what__2	b. Sodium/salt	3	tm_nutrition_labels_what__3	c. Fats and cholesterol	4	tm_nutrition_labels_what__4	d. Sugar	5	tm_nutrition_labels_what__5	e. Other, specify	77	tm_nutrition_labels_what__77	f. Don't know/unsure	98	tm_nutrition_labels_what__98	g. Refused	99	tm_nutrition_labels_what__99	Skipped
1	tm_nutrition_labels_what__1	a. Calories																										
2	tm_nutrition_labels_what__2	b. Sodium/salt																										
3	tm_nutrition_labels_what__3	c. Fats and cholesterol																										
4	tm_nutrition_labels_what__4	d. Sugar																										
5	tm_nutrition_labels_what__5	e. Other, specify																										
77	tm_nutrition_labels_what__77	f. Don't know/unsure																										
98	tm_nutrition_labels_what__98	g. Refused																										
99	tm_nutrition_labels_what__99	Skipped																										
245	[tm_nutrition_labels_text]  Show the field ONLY if: [tm_nutrition_labels_what(5)] = '1'	Other text:	text																									
246	[tm_alcohol]	42. Do you drink alcohol?	dropdown <table><tr><td>1</td><td>a, Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>c. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a, Yes	2	b. No	98	c. Refused	99	Skipped																
1	a, Yes																											
2	b. No																											
98	c. Refused																											
99	Skipped																											

247	[tm_alcohol_often]	43. How often do you drink alcohol?	dropdown <table><tr><td>1</td><td>a. Rarely (special occasions)</td></tr><tr><td>2</td><td>b. Occasionally (once a month)</td></tr><tr><td>3</td><td>c. Once or twice a week</td></tr><tr><td>4</td><td>d. Regularly (several times a week)</td></tr><tr><td>5</td><td>e. Every day</td></tr><tr><td>77</td><td>f. Don't know/unsure</td></tr><tr><td>98</td><td>g. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Rarely (special occasions)	2	b. Occasionally (once a month)	3	c. Once or twice a week	4	d. Regularly (several times a week)	5	e. Every day	77	f. Don't know/unsure	98	g. Refused	99	Skipped
1	a. Rarely (special occasions)																		
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5	e. Every day																		
77	f. Don't know/unsure																		
98	g. Refused																		
99	Skipped																		
248	[tm_alcohol_number_drinks]	44. When you drink alcohol, how many drinks do you have per day?	dropdown <table><tr><td>1</td><td>a. 1 to 2 drinks</td></tr><tr><td>2</td><td>b. 3 to 4 drinks</td></tr><tr><td>3</td><td>c. 5 or more drinks</td></tr><tr><td>77</td><td>d. Don't know/unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. 1 to 2 drinks	2	b. 3 to 4 drinks	3	c. 5 or more drinks	77	d. Don't know/unsure	98	e. Refused	99	Skipped				
1	a. 1 to 2 drinks																		
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3	c. 5 or more drinks																		
77	d. Don't know/unsure																		
98	e. Refused																		
99	Skipped																		
249	[tm_alcohol_binge]	45. In the past 30 days, on how many days did you have 4 or more alcoholic drinks in one occasion? <i>Enter number of days in past 30 days</i>	text																
250	[tm_alcohol_binge_other]	45. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped										
77	a. Don't know/unsure																		
98	b. Refused																		
99	Skipped																		
251	[tm_smoke]	Section Header: <i>SMOKING</i> 46. Do you currently smoke cigarettes?	dropdown <table><tr><td>1</td><td>a. Everyday</td></tr><tr><td>2</td><td>b. Some days</td></tr><tr><td>3</td><td>c. Not at all</td></tr><tr><td>98</td><td>d. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Everyday	2	b. Some days	3	c. Not at all	98	d. Refused	99	Skipped						
1	a. Everyday																		
2	b. Some days																		
3	c. Not at all																		
98	d. Refused																		
99	Skipped																		
252	[tm_cigarettes_perday]	47. How many cigarettes do you smoke per day?	text																
253	[tm_cigarettes_perday_other]	47. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped										
77	a. Don't know/unsure																		
98	b. Refused																		
99	Skipped																		
254	[tm_stop_smoking]	48. During the past 12 months, have you stopped smoking for 24 hours or longer because you were trying to quit smoking?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>c. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	98	c. Refused	99	Skipped								
1	a. Yes																		
2	b. No																		
98	c. Refused																		
99	Skipped																		
255	[tm_smoking_quit_intention]	49. What best describes your intentions about quitting cigarette smoking?	dropdown <table><tr><td>1</td><td>a. I may quit in the future, but not in the next 6 months</td></tr><tr><td>2</td><td>b. I plan to quit in the next 6 months</td></tr><tr><td>3</td><td>c. I plan to quit in the next 30 days</td></tr><tr><td>4</td><td>d. I am currently trying to quit</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. I may quit in the future, but not in the next 6 months	2	b. I plan to quit in the next 6 months	3	c. I plan to quit in the next 30 days	4	d. I am currently trying to quit	77	e. Don't know/unsure	98	f. Refused	99	Skipped		
1	a. I may quit in the future, but not in the next 6 months																		
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77	e. Don't know/unsure																		
98	f. Refused																		
99	Skipped																		



256	[tm_pa_mod_days]	Section Header: <i>PHYSICAL ACTIVITY</i> 50. During the last 7 days, on how many days did you do moderate physical activities? <i>enter days/week</i>	text												
257	[tm_pa_mod_days_other]	50. Other choices	radio <table border="1"> <tr><td>77</td><td>a. Don't know/unsure</td></tr> <tr><td>98</td><td>b. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped						
77	a. Don't know/unsure														
98	b. Refused														
99	Skipped														
258	[tm_pa_mod_time]	51. How much time did you usually spend doing these moderate types of physical activities on a normal day? <i>enter minutes/day</i>	text												
259	[tm_pa_mod_time_other]	51. Other choices	radio <table border="1"> <tr><td>77</td><td>a. Don't know/unsure</td></tr> <tr><td>98</td><td>b. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped						
77	a. Don't know/unsure														
98	b. Refused														
99	Skipped														
260	[tm_pa_vig_days]	52. During the last 7 days, on how many days did you do large effort physical activities? <i>enter days/week</i>	text												
261	[tm_pa_vig_days_other]	52. Other choices	radio <table border="1"> <tr><td>77</td><td>a. Don't know/unsure</td></tr> <tr><td>98</td><td>b. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped						
77	a. Don't know/unsure														
98	b. Refused														
99	Skipped														
262	[tm_pa_vig_time]	53. How much time did you usually spend doing these large effort types of physical activities on a normal day? <i>enter minutes/day</i>	text												
263	[tm_pa_vig_time_other]	53. Other choices	radio <table border="1"> <tr><td>77</td><td>a. Don't know/unsure</td></tr> <tr><td>98</td><td>b. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped						
77	a. Don't know/unsure														
98	b. Refused														
99	Skipped														
264	[tm_pa_confidence]	54. I would like you to rate, on a scale of 0 to 4, with 0 being not at all confident, and 4 being very confident, how confident do you feel in your ability to do moderate exercise for at least 30 minutes 5 times per week in the future.	dropdown <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident		
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
265	[tm_pa_soc_suggest]	55. How often do you suggest doing something active when you get together with family or friends, such as going for a walk, biking, or swimming?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Almost never</td></tr> <tr><td>2</td><td>b. Sometimes</td></tr> <tr><td>3</td><td>c. Often</td></tr> <tr><td>4</td><td>d. Almost always</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped
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2	b. Sometimes														
3	c. Often														
4	d. Almost always														
98	e. Refused														
99	Skipped														
266	[tm_pa_soc_setaside]	56. How often do you set aside a special time to do physical activity?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Almost never</td></tr> <tr><td>2</td><td>b. Sometimes</td></tr> <tr><td>3</td><td>c. Often</td></tr> <tr><td>4</td><td>d. Almost always</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped
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2	b. Sometimes														
3	c. Often														
4	d. Almost always														
98	e. Refused														
99	Skipped														

267	[tm_pa_soc_askfriend]	57. How often do you ask a friend or relative to do some physical activity with you?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Almost never</td></tr> <tr><td>2</td><td>b. Sometimes</td></tr> <tr><td>3</td><td>c. Often</td></tr> <tr><td>4</td><td>d. Almost always</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped		
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2	b. Sometimes																
3	c. Often																
4	d. Almost always																
98	e. Refused																
99	Skipped																
268	[tm_pa_soc_talkabout]	58. How often do you talk to others about the benefits of physical activity?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Almost never</td></tr> <tr><td>2</td><td>b. Sometimes</td></tr> <tr><td>3</td><td>c. Often</td></tr> <tr><td>4</td><td>d. Almost always</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped		
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2	b. Sometimes																
3	c. Often																
4	d. Almost always																
98	e. Refused																
99	Skipped																
269	[tm_gen_health]	Section Header: <i>HEALTH STATUS I am now going to ask you some questions about your general health.</i> 59. In general, would you say your health is:	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Poor</td></tr> <tr><td>2</td><td>b. Fair</td></tr> <tr><td>3</td><td>c. Good</td></tr> <tr><td>4</td><td>d. Very good</td></tr> <tr><td>5</td><td>e. Excellent</td></tr> <tr><td>98</td><td>f. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
270	[tm_qual_life]	60. In general, would you say your quality of life is:	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Poor</td></tr> <tr><td>2</td><td>b. Fair</td></tr> <tr><td>3</td><td>c. Good</td></tr> <tr><td>4</td><td>d. Very good</td></tr> <tr><td>5</td><td>e. Excellent</td></tr> <tr><td>98</td><td>f. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
271	[tm_rate_phys_health]	61. In general, how would you rate your physical health?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Poor</td></tr> <tr><td>2</td><td>b. Fair</td></tr> <tr><td>3</td><td>c. Good</td></tr> <tr><td>4</td><td>d. Very good</td></tr> <tr><td>5</td><td>e. Excellent</td></tr> <tr><td>98</td><td>f. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
272	[tm_rate_ment_health]	62. In general, how would you rate your mental health, including your mood and your ability to think?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Poor</td></tr> <tr><td>2</td><td>b. Fair</td></tr> <tr><td>3</td><td>c. Good</td></tr> <tr><td>4</td><td>d. Very good</td></tr> <tr><td>5</td><td>e. Excellent</td></tr> <tr><td>98</td><td>f. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																

273	[tm_rate_soc_activities]	63. In general, how would you rate your satisfaction with your social activities and relationships?	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
274	[tm_rate_carry_out]	64. In general, please rate how well you carry out your usual social activities and roles.	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
275	[tm_carry_out_pa]	65. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	dropdown <table><tr><td>1</td><td>a. Not at all</td></tr><tr><td>2</td><td>b. A little</td></tr><tr><td>3</td><td>c. Moderately</td></tr><tr><td>4</td><td>d. Mostly</td></tr><tr><td>5</td><td>e. Completely</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not at all	2	b. A little	3	c. Moderately	4	d. Mostly	5	e. Completely	98	f. Refused	99	Skipped
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4	d. Mostly																
5	e. Completely																
98	f. Refused																
99	Skipped																
276	[tm_bothered_emotional]	66. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?	dropdown <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	98	f. Refused	99	Skipped
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4	d. Rarely																
5	e. Never																
98	f. Refused																
99	Skipped																
277	[tm_rate_fatigue]	67. In the past 7 days, how would you rate your fatigue on average?	dropdown <table><tr><td>1</td><td>a. Very severe</td></tr><tr><td>2</td><td>b. Severe</td></tr><tr><td>3</td><td>c. Moderate</td></tr><tr><td>4</td><td>d. Mild</td></tr><tr><td>5</td><td>e. None</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Very severe	2	b. Severe	3	c. Moderate	4	d. Mild	5	e. None	98	f. Refused	99	Skipped
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98	f. Refused																
99	Skipped																

278	[tm_rate_pain]	68. In the past 7 days, how would you rate your pain on average? Please give me a number from 0, which is no pain, to 10, which is the worst imaginable pain.	dropdown <table border="1"> <tr><td>0</td><td>0 - No pain</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 - Worst imaginable pain</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - No pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - Worst imaginable pain	99	Skipped
0	0 - No pain																										
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10	10 - Worst imaginable pain																										
99	Skipped																										
279	[tm_phq1]	Section Header: 69. Over the past 2 weeks, how often have you been bothered by the following problems? a. Little interest or pleasure in doing things?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly everyday</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly everyday	98	Refused	99	Skipped												
0	Not at all																										
1	Several days																										
2	More than half the days																										
3	Nearly everyday																										
98	Refused																										
99	Skipped																										
280	[tm_phq2]	b. Feeling down, depressed or hopeless	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly everyday</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly everyday	98	Refused	99	Skipped												
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98	Refused																										
99	Skipped																										
281	[tm_motivation_change]	70. How motivated do you feel right now to make changes in your life to improve your health?	dropdown <table border="1"> <tr><td>1</td><td>a. Not at all motivated</td></tr> <tr><td>2</td><td>b. Slightly motivated</td></tr> <tr><td>3</td><td>c. Somewhat motivated</td></tr> <tr><td>4</td><td>d. Moderately motivated</td></tr> <tr><td>5</td><td>e. Extremely motivated</td></tr> <tr><td>77</td><td>f. Don't know/unsure</td></tr> <tr><td>98</td><td>g. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Not at all motivated	2	b. Slightly motivated	3	c. Somewhat motivated	4	d. Moderately motivated	5	e. Extremely motivated	77	f. Don't know/unsure	98	g. Refused	99	Skipped								
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77	f. Don't know/unsure																										
98	g. Refused																										
99	Skipped																										
282	[month_followup_survey_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
0	Incomplete																										
1	Unverified																										
2	Complete																										
<b>Instrument: 6-Month Follow-up Survey (month_followup_survey_c720)</b>																											
283	[sm_date]	Interview date: <i>mm/dd/yy</i>	text (date_mdy)																								
284	[sm_interviewer]	Interviewer name:	text (alpha_only)																								
285	[complete_2month]	Did the participant complete the 2-month interview?	dropdown <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No																				
1	Yes																										
2	No																										

286	<div>[ second_course ]</div> <div>Show the field ONLY if: [complete_2month] = '1'</div>	Did the participant start a second course of H. pylori medication?	dropdown <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div>
287	<div>[ sm_ma_take ]</div> <div>Show the field ONLY if: [complete_2month] = '2' or [second_course] = '1'</div>	1. Did you ever forget to take the H. pylori medication?	dropdown <div><div>1</div><div>a. Yes</div></div> <div><div>2</div><div>b. No</div></div> <div><div>98</div><div>Refused</div></div> <div><div>99</div><div>Skipped</div></div>
288	<div>[ sm_ma_ontime ]</div> <div>Show the field ONLY if: [complete_2month] = '2' or [second_course] = '1'</div>	2. Did you always take the medication at the specified time?	dropdown <div><div>1</div><div>a. Yes</div></div> <div><div>2</div><div>b. No</div></div> <div><div>98</div><div>Refused</div></div> <div><div>99</div><div>Skipped</div></div>
289	<div>[ sm_ma_stop ]</div> <div>Show the field ONLY if: [complete_2month] = '2' or [second_course] = '1'</div>	3. Did you ever stop taking the medication if you felt ill?	dropdown <div><div>1</div><div>a. Yes</div></div> <div><div>2</div><div>b. No</div></div> <div><div>98</div><div>Refused</div></div> <div><div>99</div><div>Skipped</div></div>
290	<div>[ sm_ma_forget ]</div> <div>Show the field ONLY if: [complete_2month] = '2' or [second_course] = '1'</div>	4. Did you forget to take the medication during the weekend?	dropdown <div><div>1</div><div>a. Yes</div></div> <div><div>2</div><div>b. No</div></div> <div><div>98</div><div>Refused</div></div> <div><div>99</div><div>Skipped</div></div>
291	<div>[ sm_ma_miss_dose ]</div> <div>Show the field ONLY if: [complete_2month] = '2' or [second_course] = '1'</div>	5. During the course of treatment, how many times did you not take a dose?	dropdown <div><div>0</div><div>a. 0 times</div></div> <div><div>1</div><div>b. 1-2 times</div></div> <div><div>2</div><div>c. 3-5 times</div></div> <div><div>3</div><div>d. 6-10 times</div></div> <div><div>4</div><div>e. More than 10 times</div></div> <div><div>77</div><div>f. Don't know/unsure</div></div> <div><div>98</div><div>g. Refused</div></div> <div><div>99</div><div>Skipped</div></div>
292	<div>[ sm_ma_days_missed ]</div> <div>Show the field ONLY if: [complete_2month] = '2' or [second_course] = '1'</div>	6. During the course of treatment, how many full days did you not take the medication? <i>enter days</i>	text
293	<div>[ sm_ma_days_missed_text ]</div> <div>Show the field ONLY if: [complete_2month] = '2' or [second_course] = '1'</div>	If missed medication or failed to take at specific time: Situations come up that make it difficult for people to take their medications as prescribed. Can you tell me why you did not take the medication as prescribed?	notes

294	<div>[ sm_ma_side_effects ]</div> <div>Show the field ONLY if: [complete_2month] = '2' or [second_course] = '1'</div>	7. What kind of side effects did you experience during the course of the medication? (check all that apply)	<div>checkbox</div> <table><tr><td>1</td><td>sm_ma_side_effects__1</td><td>a. Bitter or unpleasant taste in mouth</td></tr><tr><td>2</td><td>sm_ma_side_effects__2</td><td>b. Diarrhea</td></tr><tr><td>3</td><td>sm_ma_side_effects__3</td><td>c. Constipation</td></tr><tr><td>4</td><td>sm_ma_side_effects__4</td><td>d. Nausea or vomiting</td></tr><tr><td>5</td><td>sm_ma_side_effects__5</td><td>e. Abdominal pain, cramps, or gas</td></tr><tr><td>6</td><td>sm_ma_side_effects__6</td><td>f. Headache</td></tr><tr><td>7</td><td>sm_ma_side_effects__7</td><td>e. No side effects</td></tr><tr><td>8</td><td>sm_ma_side_effects__8</td><td>f. Other, specify</td></tr><tr><td>99</td><td>sm_ma_side_effects__99</td><td>Skipped</td></tr></table>	1	sm_ma_side_effects__1	a. Bitter or unpleasant taste in mouth	2	sm_ma_side_effects__2	b. Diarrhea	3	sm_ma_side_effects__3	c. Constipation	4	sm_ma_side_effects__4	d. Nausea or vomiting	5	sm_ma_side_effects__5	e. Abdominal pain, cramps, or gas	6	sm_ma_side_effects__6	f. Headache	7	sm_ma_side_effects__7	e. No side effects	8	sm_ma_side_effects__8	f. Other, specify	99	sm_ma_side_effects__99	Skipped
1	sm_ma_side_effects__1	a. Bitter or unpleasant taste in mouth																												
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99	sm_ma_side_effects__99	Skipped																												
295	<div>[ sm_ma_side_effects_text ]</div> <div>Show the field ONLY if: [sm_ma_side_effects(8)] = '1'</div>	Other:	text																											
296	<div>[ sm_retest_result ]</div>	8. What is the result of your confirmatory re-test?	<div>dropdown</div> <table><tr><td>1</td><td>a. Negative</td></tr><tr><td>2</td><td>b. Positive</td></tr><tr><td>3</td><td>c. Scheduled retest but have not done the test/received results yet</td></tr><tr><td>4</td><td>d. Did not schedule retest</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Negative	2	b. Positive	3	c. Scheduled retest but have not done the test/received results yet	4	d. Did not schedule retest	77	e. Don't know/unsure	98	f. Refused	99	Skipped													
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99	Skipped																													
297	<div>[ sm_knowledge_blood ]</div>	<div>Section Header: 9. Now I will ask you some questions about H. pylori to see what you know. Can you tell me if you think the following are associated with H. pylori transmission?</div> <div>a. Blood</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped																			
1	Associated																													
2	Not associated																													
3	Unsure																													
99	Skipped																													
298	<div>[ sm_knowledge_water ]</div>	b. Untreated/contaminated water	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped																			
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99	Skipped																													
299	<div>[ sm_knowledge_rats ]</div>	c. Rats	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped																			
1	Associated																													
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300	<div>[ sm_knowledge_mosquitoes ]</div>	d. Mosquitoes	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped																			
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301	[sm_knowledge_food]	e. Contaminated food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
1	Associated										
2	Not associated										
3	Unsure										
99	Skipped										
302	[sm_knowledge_vomit]	f. Vomit	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
1	Associated										
2	Not associated										
3	Unsure										
99	Skipped										
303	[sm_knowledge_sanitation]	g. Poor sanitation	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
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3	Unsure										
99	Skipped										
304	[sm_knowledge_other]	h. Other, specify	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Not associated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Not associated	3	Unsure	99	Skipped
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2	Not associated										
3	Unsure										
99	Skipped										
305	[sm_knowledge_other_text] Show the field ONLY if: [sm_knowledge_other] = '1'	Other text	text								
306	[sm_cancer_alcohol]	Section Header: 10. Can you tell me if you think the following are associated with the risk of getting stomach cancer? a. Alcohol	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
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99	Skipped										
307	[sm_cancer_spicyfood]	b. Spicy food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
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308	[sm_cancer_stress]	c. Stress	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
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309	[sm_cancer_history]	d. Family history	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
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310	[sm_cancer_hpylori]	e. H. pylori infection	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped
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311	[sm_cancer_smoking]	f. Smoking	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
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2	Unassociated														
3	Unsure														
99	Skipped														
312	[sm_cancer_saltyfood]	g. Salty food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
1	Associated														
2	Unassociated														
3	Unsure														
99	Skipped														
313	[sm_cancer_physicallyactive]	h. Being physically inactive	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
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314	[sm_cancer_pickledfood]	i. Pickled food	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
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3	Unsure														
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315	[sm_cancer_sugar]	j. Food high in sugar	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
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2	Unassociated														
3	Unsure														
99	Skipped														
316	[sm_cancer_other]	k. Other, specify	radio (Matrix) <table><tr><td>1</td><td>Associated</td></tr><tr><td>2</td><td>Unassociated</td></tr><tr><td>3</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Associated	2	Unassociated	3	Unsure	99	Skipped				
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99	Skipped														
317	[sm_cancer_other_text] Show the field ONLY if: [sm_cancer_other] = '1'	Other text	text												
318	[sm_se_treatment]	Section Header: SELF-EFFICACY, HEALTH LITERACY AND MEDICATION ADHERENCE  11. I feel confident that I can get the facts about the medical treatment choices available to me (for example, treatment, medicine, information, etc.)	radio (Matrix) <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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3	3														
4	4 - Very confident														
99	Skipped														
319	[sm_se_benefits]	12. I feel confident that I can get the facts about the benefits of each medical choice	radio (Matrix) <table><tr><td>0</td><td>0 - Not at all confident</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 - Very confident</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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4	4 - Very confident														
99	Skipped														



320	[sm_se_risks]	13. I feel confident that I can get the facts about the risks and side effects of each medical choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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4	4 - Very confident														
99	Skipped														
321	[sm_se_information]	14. I feel confident that I understand the information enough to be able to make a choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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3	3														
4	4 - Very confident														
99	Skipped														
322	[sm_se_questions]	15. I feel confident that I can ask questions without feeling dumb	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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3	3														
4	4 - Very confident														
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323	[sm_se_concerns]	16. I feel confident that I can express my concerns about each choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
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4	4 - Very confident														
99	Skipped														
324	[sm_se_advice]	17. I feel confident that I can ask for advice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
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3	3														
4	4 - Very confident														
99	Skipped														
325	[sm_se_options]	18. I feel confident that I can figure out the medical treatment options that best suits me	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
99	Skipped														

326	[sm_se_pressure]	19. I feel confident that I can handle unwanted pressure from others in making my choice	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
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3	3														
4	4 - Very confident														
99	Skipped														
327	[sm_se_whatsbest]	20. I feel confident that I can let the clinic team know what's best for me	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
99	Skipped														
328	[sm_se_delay]	21. I feel confident that I can delay my decision if I feel I need more time	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident	99	Skipped
0	0 - Not at all confident														
1	1														
2	2														
3	3														
4	4 - Very confident														
99	Skipped														
329	[sm_read_materials]	22. How often do you have someone to help you read hospital materials, if the materials are in Chinese?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Occasionally														
5	e. Never														
99	Skipped														
330	[sm_problems_learning]	23. How often do you have problems learning about your medical condition because of difficulty understanding written information (in Chinese)?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Occasionally														
5	e. Never														
99	Skipped														
331	[sm_problem_understanding]	24. How often do you have a problem understanding what is told to you (in your preferred language) about your medical condition?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Always</td></tr> <tr><td>2</td><td>b. Often</td></tr> <tr><td>3</td><td>c. Sometimes</td></tr> <tr><td>4</td><td>d. Occasionally</td></tr> <tr><td>5</td><td>e. Never</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Occasionally	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Occasionally														
5	e. Never														
99	Skipped														

332	[ sm_confidence_forms ]	25. How confident are you filling out medical forms by yourself, if the forms are in Chinese?	dropdown <table><tr><td>1</td><td>a. Not at all</td></tr><tr><td>2</td><td>b. A little bit</td></tr><tr><td>3</td><td>c. Somewhat</td></tr><tr><td>4</td><td>d. Quite a bit</td></tr><tr><td>5</td><td>e. Extremely</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not at all	2	b. A little bit	3	c. Somewhat	4	d. Quite a bit	5	e. Extremely	99	Skipped
1	a. Not at all														
2	b. A little bit														
3	c. Somewhat														
4	d. Quite a bit														
5	e. Extremely														
99	Skipped														
333	[ sm_med_forget ]	Section Header: <i>Now I am going to read you some statements about your medication-taking behavior. You should think about all your medications in general when answering these questions.</i> 26. I forget to take my medication	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														
334	[ sm_med_dosage ]	27. I change the dosage of my medication	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														
335	[ sm_med_stoptaking ]	28. I stop taking my medication for a while	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														
336	[ sm_med_skipdose ]	29. I decide to skip one of my medication dosages	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														
337	[ sm_med_use_less ]	30. I use my medication less than is prescribed	radio (Matrix) <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	99	Skipped
1	a. Always														
2	b. Often														
3	c. Sometimes														
4	d. Rarely														
5	e. Never														
99	Skipped														

338	[sm_important_diet]	Section Header: DIET AND DRINKING 31. How important is it to you to eat a healthy diet?	dropdown <table><tr><td>1</td><td>a. Not at all important</td></tr><tr><td>2</td><td>b. Somewhat important</td></tr><tr><td>3</td><td>c. Very important</td></tr><tr><td>77</td><td>d. Don't know/unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not at all important	2	b. Somewhat important	3	c. Very important	77	d. Don't know/unsure	98	e. Refused	99	Skipped				
1	a. Not at all important																		
2	b. Somewhat important																		
3	c. Very important																		
77	d. Don't know/unsure																		
98	e. Refused																		
99	Skipped																		
339	[sm_overall_diet]	32. In general, how healthy is your diet overall?	dropdown <table><tr><td>1</td><td>a. Excellent</td></tr><tr><td>2</td><td>b. Very good</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Fair</td></tr><tr><td>5</td><td>e. Poor</td></tr><tr><td>77</td><td>d. Don't know/unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Excellent	2	b. Very good	3	c. Good	4	d. Fair	5	e. Poor	77	d. Don't know/unsure	98	e. Refused	99	Skipped
1	a. Excellent																		
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4	d. Fair																		
5	e. Poor																		
77	d. Don't know/unsure																		
98	e. Refused																		
99	Skipped																		
340	[sm_fb_snack]	Section Header: 33. Please tell me whether you agree or disagree with the following statements. a. It is difficult for me to choose a healthy snack	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
341	[sm_fb_afford]	b. I cannot afford to buy healthier foods	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
342	[sm_fb_time]	c. I do not have the time to prepare healthier foods	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
343	[sm_fb_nostore]	d. There is no store for me to buy healthy foods	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
344	[sm_fb_uncomfortable]	e. It is uncomfortable for me to refuse unhealthy foods when they are offered to me at get-togethers	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		
345	[sm_fb_donotlike]	f. I do not like how healthier foods taste	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped								
1	Agree																		
0	Disagree																		
77	Unsure																		
99	Skipped																		

346	[ sm_fb_family ]	g. I do not cook healthier foods because my family does not like them	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
347	[ sm_fb_knowhealthy ]	Section Header: 34. Please tell me whether you agree or disagree with the following statements. Are you confident that you can... a. Know what foods constitute a healthy diet?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
348	[ sm_fb_stayhealthy ]	b. Stay on a healthy diet?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
349	[ sm_fb_cookhealthy ]	c. Cook a healthy diet?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
350	[ sm_fb_decreasesalt ]	d. Decrease the amount of highly salted foods you eat?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
351	[ sm_fb_decreaseprocessed ]	e. Decrease the amount of processed foods you eat?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
352	[ sm_fb_outsidehome ]	f. Stay on a healthy diet when eating outside your home?	radio (Matrix) <table><tr><td>1</td><td>Agree</td></tr><tr><td>0</td><td>Disagree</td></tr><tr><td>77</td><td>Unsure</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Agree	0	Disagree	77	Unsure	99	Skipped						
1	Agree																
0	Disagree																
77	Unsure																
99	Skipped																
353	[ sm_fb_food_outside ]	35. How often do you eat food outside? (at a restaurant or food bought from vendors)	dropdown <table><tr><td>1</td><td>a. All of the time</td></tr><tr><td>2</td><td>b. Most of the time</td></tr><tr><td>3</td><td>c. Some of the time</td></tr><tr><td>4</td><td>d. None of the time</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. All of the time	2	b. Most of the time	3	c. Some of the time	4	d. None of the time	77	e. Don't know/unsure	98	f. Refused	99	Skipped
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3	c. Some of the time																
4	d. None of the time																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																

354	[ sm_fb_add_salt ]	36. How often do you add salt to your food before you eat it?	dropdown <table><tr><td>1</td><td>a. All of the time</td></tr><tr><td>2</td><td>b. Most of the time</td></tr><tr><td>3</td><td>c. Some of the time</td></tr><tr><td>4</td><td>d. None of the time</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a. All of the time	2	b. Most of the time	3	c. Some of the time	4	d. None of the time	77	e. Don't know/unsure	98	f. Refused	99	Skipped										
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4	d. None of the time																											
77	e. Don't know/unsure																											
98	f. Refused																											
99	Skipped																											
355	[ sm_fb_food_taste ]	37. Please rate how you usually like your food to taste	dropdown <table><tr><td>1</td><td>a. Not salty</td></tr><tr><td>2</td><td>b. Slightly salty</td></tr><tr><td>3</td><td>c. Salty</td></tr><tr><td>4</td><td>d. Very salty</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a. Not salty	2	b. Slightly salty	3	c. Salty	4	d. Very salty	77	e. Don't know/unsure	98	f. Refused	99	Skipped										
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4	d. Very salty																											
77	e. Don't know/unsure																											
98	f. Refused																											
99	Skipped																											
356	[ sm_fb_salt_consume ]	38. How much salt do you think you consume?	dropdown <table><tr><td>1</td><td>a. Far too much</td></tr><tr><td>2</td><td>b. Too much</td></tr><tr><td>3</td><td>c. Just the right amount</td></tr><tr><td>4</td><td>d. Very little</td></tr><tr><td>77</td><td>e. Don't know/unsure</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a. Far too much	2	b. Too much	3	c. Just the right amount	4	d. Very little	77	e. Don't know/unsure	98	f. Refused	99	Skipped										
1	a. Far too much																											
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4	d. Very little																											
77	e. Don't know/unsure																											
98	f. Refused																											
99	Skipped																											
357	[ sm_fb_lowering_salt ]	39. How important to you is lowering the salt or sodium in your diet?	dropdown <table><tr><td>1</td><td>a. Not at all important</td></tr><tr><td>2</td><td>b. Somewhat important</td></tr><tr><td>3</td><td>c. Very important</td></tr><tr><td>77</td><td>d. Don't know/Unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a. Not at all important	2	b. Somewhat important	3	c. Very important	77	d. Don't know/Unsure	98	e. Refused	99	Skipped												
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3	c. Very important																											
77	d. Don't know/Unsure																											
98	e. Refused																											
99	Skipped																											
358	[ sm_nutrition_labels ]	40. Do you read nutrition labels on packaged foods?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>96</td><td>c. Don't know what a nutrition label is</td></tr><tr><td>98</td><td>d. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	a. Yes	2	b. No	96	c. Don't know what a nutrition label is	98	d. Refused	99	Skipped														
1	a. Yes																											
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98	d. Refused																											
99	Skipped																											
359	[ sm_nutrition_labels_what ]	41. If yes, what are you checking the label for?	checkbox <table><tr><td>1</td><td>sm_nutrition_labels_what__1</td><td>a. Calories</td></tr><tr><td>2</td><td>sm_nutrition_labels_what__2</td><td>b. Sodium/salt</td></tr><tr><td>3</td><td>sm_nutrition_labels_what__3</td><td>c. Fats and cholesterol</td></tr><tr><td>4</td><td>sm_nutrition_labels_what__4</td><td>d. Sugar</td></tr><tr><td>5</td><td>sm_nutrition_labels_what__5</td><td>e. Other, specify</td></tr><tr><td>77</td><td>sm_nutrition_labels_what__77</td><td>f. Don't know/unsure</td></tr><tr><td>98</td><td>sm_nutrition_labels_what__98</td><td>g. Refused</td></tr><tr><td>99</td><td>sm_nutrition_labels_what__99</td><td>Skipped</td></tr></table>		1	sm_nutrition_labels_what__1	a. Calories	2	sm_nutrition_labels_what__2	b. Sodium/salt	3	sm_nutrition_labels_what__3	c. Fats and cholesterol	4	sm_nutrition_labels_what__4	d. Sugar	5	sm_nutrition_labels_what__5	e. Other, specify	77	sm_nutrition_labels_what__77	f. Don't know/unsure	98	sm_nutrition_labels_what__98	g. Refused	99	sm_nutrition_labels_what__99	Skipped
1	sm_nutrition_labels_what__1	a. Calories																										
2	sm_nutrition_labels_what__2	b. Sodium/salt																										
3	sm_nutrition_labels_what__3	c. Fats and cholesterol																										
4	sm_nutrition_labels_what__4	d. Sugar																										
5	sm_nutrition_labels_what__5	e. Other, specify																										
77	sm_nutrition_labels_what__77	f. Don't know/unsure																										
98	sm_nutrition_labels_what__98	g. Refused																										
99	sm_nutrition_labels_what__99	Skipped																										

360	[ sm_nutrition_labels_text ]  Show the field ONLY if: [sm_nutrition_labels_what(5)] = '1'	Other text:	text																
361	[ sm_alcohol ]	42. Do you drink alcohol?	dropdown <table><tr><td>1</td><td>a, Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>c. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a, Yes	2	b. No	98	c. Refused	99	Skipped								
1	a, Yes																		
2	b. No																		
98	c. Refused																		
99	Skipped																		
362	[ sm_alcohol_often ]	43. How often do you drink alcohol?	dropdown <table><tr><td>1</td><td>a. Rarely (special occasions)</td></tr><tr><td>2</td><td>b. Occasionally (once a month)</td></tr><tr><td>3</td><td>c. Once or twice a week</td></tr><tr><td>4</td><td>d. Regularly (several times a week)</td></tr><tr><td>5</td><td>e. Every day</td></tr><tr><td>77</td><td>f. Don't know/unsure</td></tr><tr><td>98</td><td>g. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Rarely (special occasions)	2	b. Occasionally (once a month)	3	c. Once or twice a week	4	d. Regularly (several times a week)	5	e. Every day	77	f. Don't know/unsure	98	g. Refused	99	Skipped
1	a. Rarely (special occasions)																		
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4	d. Regularly (several times a week)																		
5	e. Every day																		
77	f. Don't know/unsure																		
98	g. Refused																		
99	Skipped																		
363	[ sm_alcohol_number_drinks ]	44. When you drink alcohol, how many drinks do you have per day?	dropdown <table><tr><td>1</td><td>a. 1 to 2 drinks</td></tr><tr><td>2</td><td>b. 3 to 4 drinks</td></tr><tr><td>3</td><td>c. 5 or more drinks</td></tr><tr><td>77</td><td>d. Don't know/unsure</td></tr><tr><td>98</td><td>e. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. 1 to 2 drinks	2	b. 3 to 4 drinks	3	c. 5 or more drinks	77	d. Don't know/unsure	98	e. Refused	99	Skipped				
1	a. 1 to 2 drinks																		
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3	c. 5 or more drinks																		
77	d. Don't know/unsure																		
98	e. Refused																		
99	Skipped																		
364	[ sm_alcohol_binge ]	45. In the past 30 days, on how many days did you have 4 or more alcoholic drinks in one occasion? <i>Enter number of days in past 30 days</i>	text																
365	[ sm_alcohol_binge_other ]	45. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped										
77	a. Don't know/unsure																		
98	b. Refused																		
99	Skipped																		
366	[ sm_smoke ]	Section Header: <i>SMOKING</i> 46. Do you currently smoke cigarettes?	dropdown <table><tr><td>1</td><td>a. Everyday</td></tr><tr><td>2</td><td>b. Some days</td></tr><tr><td>3</td><td>c. Not at all</td></tr><tr><td>98</td><td>d. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Everyday	2	b. Some days	3	c. Not at all	98	d. Refused	99	Skipped						
1	a. Everyday																		
2	b. Some days																		
3	c. Not at all																		
98	d. Refused																		
99	Skipped																		
367	[ sm_cigarettes_perday ]	47. How many cigarettes do you smoke per day?	text																
368	[ sm_cigarettes_perday_other ]	47. Other choices	radio <table><tr><td>77</td><td>a. Don't know/unsure</td></tr><tr><td>98</td><td>b. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped										
77	a. Don't know/unsure																		
98	b. Refused																		
99	Skipped																		
369	[ sm_stop_smoking ]	48. During the past 12 months, have you stopped smoking for 24 hours or longer because you were trying to quit smoking?	dropdown <table><tr><td>1</td><td>a. Yes</td></tr><tr><td>2</td><td>b. No</td></tr><tr><td>98</td><td>c. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Yes	2	b. No	98	c. Refused	99	Skipped								
1	a. Yes																		
2	b. No																		
98	c. Refused																		
99	Skipped																		

370	[sm_smoking_quit_intention]	49. What best describes your intentions about quitting cigarette smoking?	dropdown <table border="1"> <tr><td>1</td><td>a. I may quit in the future, but not in the next 6 months</td></tr> <tr><td>2</td><td>b. I plan to quit in the next 6 months</td></tr> <tr><td>3</td><td>c. I plan to quit in the next 30 days</td></tr> <tr><td>4</td><td>d. I am currently trying to quit</td></tr> <tr><td>77</td><td>e. Don't know/unsure</td></tr> <tr><td>98</td><td>f. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. I may quit in the future, but not in the next 6 months	2	b. I plan to quit in the next 6 months	3	c. I plan to quit in the next 30 days	4	d. I am currently trying to quit	77	e. Don't know/unsure	98	f. Refused	99	Skipped
1	a. I may quit in the future, but not in the next 6 months																
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4	d. I am currently trying to quit																
77	e. Don't know/unsure																
98	f. Refused																
99	Skipped																
371	[sm_pa_mod_days]	Section Header: <i>PHYSICAL ACTIVITY</i> 50. During the last 7 days, on how many days did you do moderate physical activities? <i>enter days/week</i>	text														
372	[sm_pa_mod_days_other]	50. Other choices	radio <table border="1"> <tr><td>77</td><td>a. Don't know/unsure</td></tr> <tr><td>98</td><td>b. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped								
77	a. Don't know/unsure																
98	b. Refused																
99	Skipped																
373	[sm_pa_mod_time]	51. How much time did you usually spend doing these moderate types of physical activities on a normal day? <i>enter minutes/day</i>	text														
374	[sm_pa_mod_time_other]	51. Other choices	radio <table border="1"> <tr><td>77</td><td>a. Don't know/unsure</td></tr> <tr><td>98</td><td>b. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped								
77	a. Don't know/unsure																
98	b. Refused																
99	Skipped																
375	[sm_pa_vig_days]	52. During the last 7 days, on how many days did you do large effort physical activities? <i>enter days/week</i>	text														
376	[sm_pa_vig_days_other]	52. Other choices	radio <table border="1"> <tr><td>77</td><td>a. Don't know/unsure</td></tr> <tr><td>98</td><td>b. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped								
77	a. Don't know/unsure																
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99	Skipped																
377	[sm_pa_vig_time]	53. How much time did you usually spend doing these large effort types of physical activities on a normal day? <i>enter minutes/day</i>	text														
378	[sm_pa_vig_time_other]	53. Other choices	radio <table border="1"> <tr><td>77</td><td>a. Don't know/unsure</td></tr> <tr><td>98</td><td>b. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	77	a. Don't know/unsure	98	b. Refused	99	Skipped								
77	a. Don't know/unsure																
98	b. Refused																
99	Skipped																
379	[sm_pa_confidence]	54. I would like you to rate, on a scale of 0 to 4, with 0 being not at all confident, and 4 being very confident, how confident do you feel in your ability to do moderate exercise for at least 30 minutes 5 times per week in the future.	dropdown <table border="1"> <tr><td>0</td><td>0 - Not at all confident</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 - Very confident</td></tr> </table>	0	0 - Not at all confident	1	1	2	2	3	3	4	4 - Very confident				
0	0 - Not at all confident																
1	1																
2	2																
3	3																
4	4 - Very confident																
380	[sm_pa_soc_suggest]	55. How often do you suggest doing something active when you get together with family or friends, such as going for a walk, biking, or swimming?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Almost never</td></tr> <tr><td>2</td><td>b. Sometimes</td></tr> <tr><td>3</td><td>c. Often</td></tr> <tr><td>4</td><td>d. Almost always</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped		
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2	b. Sometimes																
3	c. Often																
4	d. Almost always																
98	e. Refused																
99	Skipped																



381	[sm_pa_soc_setaside]	56. How often do you set aside a special time to do physical activity?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Almost never</td></tr> <tr><td>2</td><td>b. Sometimes</td></tr> <tr><td>3</td><td>c. Often</td></tr> <tr><td>4</td><td>d. Almost always</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped		
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2	b. Sometimes																
3	c. Often																
4	d. Almost always																
98	e. Refused																
99	Skipped																
382	[sm_pa_soc_askfriend]	57. How often do you ask a friend or relative to do some physical activity with you?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Almost never</td></tr> <tr><td>2</td><td>b. Sometimes</td></tr> <tr><td>3</td><td>c. Often</td></tr> <tr><td>4</td><td>d. Almost always</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped		
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2	b. Sometimes																
3	c. Often																
4	d. Almost always																
98	e. Refused																
99	Skipped																
383	[sm_pa_soc_talkabout]	58. How often do you talk to others about the benefits of physical activity?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Almost never</td></tr> <tr><td>2</td><td>b. Sometimes</td></tr> <tr><td>3</td><td>c. Often</td></tr> <tr><td>4</td><td>d. Almost always</td></tr> <tr><td>98</td><td>e. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Almost never	2	b. Sometimes	3	c. Often	4	d. Almost always	98	e. Refused	99	Skipped		
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3	c. Often																
4	d. Almost always																
98	e. Refused																
99	Skipped																
384	[sm_gen_health]	Section Header: <i>HEALTH STATUS I am now going to ask you some questions about your general health.</i> 59. In general, would you say your health is:	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Poor</td></tr> <tr><td>2</td><td>b. Fair</td></tr> <tr><td>3</td><td>c. Good</td></tr> <tr><td>4</td><td>d. Very good</td></tr> <tr><td>5</td><td>e. Excellent</td></tr> <tr><td>98</td><td>f. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
385	[sm_qual_life]	60. In general, would you say your quality of life is:	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Poor</td></tr> <tr><td>2</td><td>b. Fair</td></tr> <tr><td>3</td><td>c. Good</td></tr> <tr><td>4</td><td>d. Very good</td></tr> <tr><td>5</td><td>e. Excellent</td></tr> <tr><td>98</td><td>f. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
386	[sm_rate_phys_health]	61. In general, how would you rate your physical health?	radio (Matrix) <table border="1"> <tr><td>1</td><td>a. Poor</td></tr> <tr><td>2</td><td>b. Fair</td></tr> <tr><td>3</td><td>c. Good</td></tr> <tr><td>4</td><td>d. Very good</td></tr> <tr><td>5</td><td>e. Excellent</td></tr> <tr><td>98</td><td>f. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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3	c. Good																
4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																

387	[sm_rate_ment_health]	62. In general, how would you rate your mental health, including your mood and your ability to think?	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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4	d. Very good																
5	e. Excellent																
98	f. Refused																
99	Skipped																
388	[sm_rate_soc_activities]	63. In general, how would you rate your satisfaction with your social activities and relationships?	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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5	e. Excellent																
98	f. Refused																
99	Skipped																
389	[sm_rate_carry_out]	64. In general, please rate how well you carry out your usual social activities and roles.	radio (Matrix) <table><tr><td>1</td><td>a. Poor</td></tr><tr><td>2</td><td>b. Fair</td></tr><tr><td>3</td><td>c. Good</td></tr><tr><td>4</td><td>d. Very good</td></tr><tr><td>5</td><td>e. Excellent</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Poor	2	b. Fair	3	c. Good	4	d. Very good	5	e. Excellent	98	f. Refused	99	Skipped
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5	e. Excellent																
98	f. Refused																
99	Skipped																
390	[sm_carry_out_pa]	65. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	dropdown <table><tr><td>1</td><td>a. Not at all</td></tr><tr><td>2</td><td>b. A little</td></tr><tr><td>3</td><td>c. Moderately</td></tr><tr><td>4</td><td>d. Mostly</td></tr><tr><td>5</td><td>e. Completely</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Not at all	2	b. A little	3	c. Moderately	4	d. Mostly	5	e. Completely	98	f. Refused	99	Skipped
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4	d. Mostly																
5	e. Completely																
98	f. Refused																
99	Skipped																
391	[sm_bothered_emotional]	66. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?	dropdown <table><tr><td>1</td><td>a. Always</td></tr><tr><td>2</td><td>b. Often</td></tr><tr><td>3</td><td>c. Sometimes</td></tr><tr><td>4</td><td>d. Rarely</td></tr><tr><td>5</td><td>e. Never</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Always	2	b. Often	3	c. Sometimes	4	d. Rarely	5	e. Never	98	f. Refused	99	Skipped
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98	f. Refused																
99	Skipped																
392	[sm_rate_fatigue]	67. In the past 7 days, how would you rate your fatigue on average?	dropdown <table><tr><td>1</td><td>a. Very severe</td></tr><tr><td>2</td><td>b. Severe</td></tr><tr><td>3</td><td>c. Moderate</td></tr><tr><td>4</td><td>d. Mild</td></tr><tr><td>5</td><td>e. None</td></tr><tr><td>98</td><td>f. Refused</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	a. Very severe	2	b. Severe	3	c. Moderate	4	d. Mild	5	e. None	98	f. Refused	99	Skipped
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4	d. Mild																
5	e. None																
98	f. Refused																
99	Skipped																

393	[sm_rate_pain]	68. In the past 7 days, how would you rate your pain on average? Please give me a number from 0, which is no pain, to 10, which is the worst imaginable pain.	dropdown <table border="1"> <tr><td>0</td><td>0 - No pain</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 - Worst imaginable pain</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	0 - No pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - Worst imaginable pain	99	Skipped
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7	7																										
8	8																										
9	9																										
10	10 - Worst imaginable pain																										
99	Skipped																										
394	[sm_phq1]	Section Header: 69. Over the past 2 weeks, how often have you been bothered by the following problems? a. Little interest or pleasure in doing things?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly everyday</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly everyday	98	Refused	99	Skipped												
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98	Refused																										
99	Skipped																										
395	[sm_phq2]	b. Feeling down, depressed or hopeless	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly everyday</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly everyday	98	Refused	99	Skipped												
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3	Nearly everyday																										
98	Refused																										
99	Skipped																										
396	[sm_motivation_change]	70. How motivated do you feel right now to make changes in your life to improve your health?	dropdown <table border="1"> <tr><td>1</td><td>a. Not at all motivated</td></tr> <tr><td>2</td><td>b. Slightly motivated</td></tr> <tr><td>3</td><td>c. Somewhat motivated</td></tr> <tr><td>4</td><td>d. Moderately motivated</td></tr> <tr><td>5</td><td>e. Extremely motivated</td></tr> <tr><td>77</td><td>f. Don't know/unsure</td></tr> <tr><td>98</td><td>g. Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	a. Not at all motivated	2	b. Slightly motivated	3	c. Somewhat motivated	4	d. Moderately motivated	5	e. Extremely motivated	77	f. Don't know/unsure	98	g. Refused	99	Skipped								
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77	f. Don't know/unsure																										
98	g. Refused																										
99	Skipped																										
397	[month_followup_survey_c720_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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2	Complete																										
<b>Instrument: Encounter Report</b> (encounter_report)																											
398	[ereport_chw]	CHW Name:	text																								
399	[ereport_entrydate]	Date of Report	text																								
400	[ereport_date]	Encounter Date: (mm/dd/yy)	text (date_mdy)																								

401	[ ereport_type2 ]	Encounter Type Sessions:	checkboxbox <table border="1"> <tr> <td>1</td> <td>ereport_type2__1</td> <td>Initial Enrollment (Baseline Survey)</td> </tr> <tr> <td>2</td> <td>ereport_type2__2</td> <td>Check-in</td> </tr> <tr> <td>3</td> <td>ereport_type2__3</td> <td>H. pylori Session</td> </tr> <tr> <td>4</td> <td>ereport_type2__4</td> <td>Healthy Eating Session</td> </tr> <tr> <td>5</td> <td>ereport_type2__5</td> <td>Alcohol Reduction Session</td> </tr> <tr> <td>6</td> <td>ereport_type2__6</td> <td>Smoking Cessation Session</td> </tr> <tr> <td>7</td> <td>ereport_type2__7</td> <td>Physical Activity Session</td> </tr> <tr> <td>8</td> <td>ereport_type2__8</td> <td>2-month Follow-up Survey</td> </tr> <tr> <td>9</td> <td>ereport_type2__9</td> <td>6-month Follow-up Survey</td> </tr> <tr> <td>10</td> <td>ereport_type2__10</td> <td>CHW Evaluations</td> </tr> <tr> <td>11</td> <td>ereport_type2__11</td> <td>Medication Adherence</td> </tr> </table>	1	ereport_type2__1	Initial Enrollment (Baseline Survey)	2	ereport_type2__2	Check-in	3	ereport_type2__3	H. pylori Session	4	ereport_type2__4	Healthy Eating Session	5	ereport_type2__5	Alcohol Reduction Session	6	ereport_type2__6	Smoking Cessation Session	7	ereport_type2__7	Physical Activity Session	8	ereport_type2__8	2-month Follow-up Survey	9	ereport_type2__9	6-month Follow-up Survey	10	ereport_type2__10	CHW Evaluations	11	ereport_type2__11	Medication Adherence
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10	ereport_type2__10	CHW Evaluations																																		
11	ereport_type2__11	Medication Adherence																																		
402	[ ereport_type ]	Encounter Contact Method:	dropdown <table border="1"> <tr> <td>1</td> <td>In person</td> </tr> <tr> <td>2</td> <td>Phone call</td> </tr> </table>	1	In person	2	Phone call																													
1	In person																																			
2	Phone call																																			
403	[ ereport_time ]	Encounter Report Time:	text																																	
404	[ ereport_location ]	Encounter Location:	text																																	
405	[ ereport_task ]	Completed Tasks (if applicable):	checkboxbox <table border="1"> <tr> <td>1</td> <td>ereport_task__1</td> <td>Sign consent form</td> </tr> <tr> <td>2</td> <td>ereport_task__2</td> <td>Complete Survey</td> </tr> <tr> <td>3</td> <td>ereport_task__3</td> <td>Give Pt \$25 gift card</td> </tr> <tr> <td>4</td> <td>ereport_task__4</td> <td>Conduct education session</td> </tr> <tr> <td>5</td> <td>ereport_task__5</td> <td>Set short-term action plan with participant</td> </tr> <tr> <td>6</td> <td>ereport_task__6</td> <td>Review short-term action plan/goals from last encounter with participant</td> </tr> <tr> <td>7</td> <td>ereport_task__7</td> <td>Schedule next encounter</td> </tr> <tr> <td>8</td> <td>ereport_task__8</td> <td>Other (specify)</td> </tr> <tr> <td>9</td> <td>ereport_task__9</td> <td>Confirm mailing address and preference for \$25 gift card</td> </tr> <tr> <td>10</td> <td>ereport_task__10</td> <td>Confirm receipt of \$25 gift card</td> </tr> </table>	1	ereport_task__1	Sign consent form	2	ereport_task__2	Complete Survey	3	ereport_task__3	Give Pt \$25 gift card	4	ereport_task__4	Conduct education session	5	ereport_task__5	Set short-term action plan with participant	6	ereport_task__6	Review short-term action plan/goals from last encounter with participant	7	ereport_task__7	Schedule next encounter	8	ereport_task__8	Other (specify)	9	ereport_task__9	Confirm mailing address and preference for \$25 gift card	10	ereport_task__10	Confirm receipt of \$25 gift card			
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406	[ ereport_task_other ]	Completed Task Other:	text																																	
407	[ ereport_detail ]	Summary: Describe in detail what occurred or what was discussed during the participant encounter. Please note the following if they occurred: - Reason for the contact - Problems/challenges faced by participant - Actions taken or recommendations provided by the CHW - Any other outcomes/activities/matters discussed or observed	notes Custom alignment: LV																																	
408	[ ereport_followup_goal ]	Follow-up of Short-term Action Plan set from Last Encounter Set goal(s):	dropdown <table border="1"> <tr> <td>1</td> <td>Set Goal(s)</td> </tr> <tr> <td>2</td> <td>Not applicable</td> </tr> </table>	1	Set Goal(s)	2	Not applicable																													
1	Set Goal(s)																																			
2	Not applicable																																			
409	[ ereport_followup_goal_text ]	Follow-up of Short-term Action Plan set from Last Encounter Describe Set Goal(s):	text																																	

410	[ ereport_success ]	Follow-up of Short-term Action Plan set from Last Encounter [Re-state the participant's current plan. Ask: "How is it going with your plan?" Be sure to recognize success and partial success, and to trouble-shoot barriers.]	radio <table><tr><td>1</td><td>Success</td></tr><tr><td>2</td><td>Partial Success</td></tr><tr><td>3</td><td>No Success/Did Not Try</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		1	Success	2	Partial Success	3	No Success/Did Not Try	99	Skipped																
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411	[ ereport_followup ]	Follow-up of Short-term Action Plan set from Last Encounter Description of progress with plan (be sure to note barriers):	notes Custom alignment: LV																									
412	[ ereport_actionplan ]	DEVELOPMENT OF SHORT-TERM ACTION PLAN	checkbox <table><tr><td>0</td><td>ereport_actionplan__0</td><td>Remember to take medicines</td></tr><tr><td>1</td><td>ereport_actionplan__1</td><td>Eat a healthy diet</td></tr><tr><td>2</td><td>ereport_actionplan__2</td><td>Be physically active</td></tr><tr><td>3</td><td>ereport_actionplan__3</td><td>Quit or reduce smoking or alcohol</td></tr><tr><td>4</td><td>ereport_actionplan__4</td><td>Other (describe)</td></tr></table>		0	ereport_actionplan__0	Remember to take medicines	1	ereport_actionplan__1	Eat a healthy diet	2	ereport_actionplan__2	Be physically active	3	ereport_actionplan__3	Quit or reduce smoking or alcohol	4	ereport_actionplan__4	Other (describe)									
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4	ereport_actionplan__4	Other (describe)																										
413	[ ereport_reduceto ]  Show the field ONLY if: [ereport_actionplan(3)] = '1'	Quit or reduce to smoking or alcohol:	text																									
414	[ ereport_other ]  Show the field ONLY if: [ereport_actionplan(4)] = '1'	Other (describe):	text																									
415	[ ereport_what ]	Section Header: <i>Record of Participant Plan</i> What I will do (e.g. go for a 15 minute walk):	text																									
416	[ ereport_when ]	When I will do it (e.g. in the morning after breakfast):	text																									
417	[ ereport_where ]	Where I will do it (e.g. around the block):	text																									
418	[ ereport_howoften ]	How often I will do it (e.g. M, W, F):	text																									
419	[ ereport_getinway ]	What might get in the way of my plan (e.g. too cold outside):	text																									
420	[ ereport_whatcando ]	What I can do about it (e.g. use the treadmill in the community center):	text																									
421	[ ereport_confidence ]	Participant's confidence level in reaching goal:	dropdown <table><tr><td>0</td><td>0 (Not at all)</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10 (totally confident)</td></tr><tr><td>99</td><td>Skipped</td></tr></table>		0	0 (Not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (totally confident)	99	Skipped
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99	Skipped																											
422	[ ereport_describe_progress ]	Description of progress with plan (FROM PREVIOUS VERSION - NO LONGER IN USE):	notes Custom alignment: LV																									
423	[ ereport_fu_date ]	Section Header: <i>FOLLOW-UP PLAN Next meeting schedule for:</i> Date: <i>(mm/dd/yy)</i>	text (date_mdy)																									
424	[ ereport_fu_time ]	Time:	text																									
425	[ ereport_fu_reason ]	Reason for Next Encounter	notes Custom alignment: LV																									

426	[ ereport_fu_type ]	Type:	radio <table border="1"> <tr><td>1</td><td>In-Person</td></tr> <tr><td>2</td><td>By Phone</td></tr> </table>	1	In-Person	2	By Phone								
1	In-Person														
2	By Phone														
427	[ ereport_fu_location ]	Location:	text												
428	[ encounter_report_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
<b>Instrument: Encounter Log (encounter_log)</b>															
429	[ elog_date ]	Encounter log date: <i>(mm/dd/yy)</i>	text (date_mdy)												
430	[ elog_chw ]	CHW Initials	text												
431	[ elog_type ]	Encounter type:	dropdown <table border="1"> <tr><td>1</td><td>Phone call (PC)</td></tr> <tr><td>2</td><td>One-on-one (OO)</td></tr> <tr><td>3</td><td>Other (explain)</td></tr> </table>	1	Phone call (PC)	2	One-on-one (OO)	3	Other (explain)						
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3	Other (explain)														
432	[ elog_type_other ] Show the field ONLY if: [elog_type] = '3'	Encounter type (explain):	text												
433	[ elog_outcome_code ]	Outcome Code:	dropdown <table border="1"> <tr><td>1</td><td>SP = Spoke with participant</td></tr> <tr><td>2</td><td>AM = Left message on answering machine</td></tr> <tr><td>3</td><td>CC = Phone call from client</td></tr> <tr><td>4</td><td>LM = Left message with person who answered the phone</td></tr> <tr><td>5</td><td>NA = No Answer</td></tr> <tr><td>6</td><td>OT = Other</td></tr> </table>	1	SP = Spoke with participant	2	AM = Left message on answering machine	3	CC = Phone call from client	4	LM = Left message with person who answered the phone	5	NA = No Answer	6	OT = Other
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434	[ elog_comments ]	Comments/Explanations	notes												
435	[ encounter_log_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
<b>Instrument: CHW Evaluation Survey (chw_evaluation_survey)</b>															
436	[ chw_date ]	Interview Date: <i>mm/dd/yy</i>	text (date_mdy)												
437	[ chw_interviewer ]	Interviewer Initials:	text (alpha_only)												
438	[ chw_number_sessions ]	1. How did you feel about the number of educational sessions in the study?	dropdown <table border="1"> <tr><td>1</td><td>Just right</td></tr> <tr><td>2</td><td>Too many</td></tr> <tr><td>3</td><td>Not enough</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	Just right	2	Too many	3	Not enough	98	Refused	99	Skipped		
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99	Skipped														
439	[ chw_number_calls ]	2. How did you feel about the number of follow-up phone calls that were conducted?	dropdown <table border="1"> <tr><td>1</td><td>Just right</td></tr> <tr><td>2</td><td>Too many</td></tr> <tr><td>3</td><td>Not enough</td></tr> <tr><td>98</td><td>Refused</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	Just right	2	Too many	3	Not enough	98	Refused	99	Skipped		
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440	[chw_understands]	<p>Section Header: <i>I am going to ask you a series of questions about the CHW who was working with you. Please tell me to what extent you agree with the following statements.</i></p> <p>3. The CHW understands my culture.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly agree</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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5	Strongly agree														
99	Skipped														
441	[chw_honest]	4. I can be honest with my CHW	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly agree</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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99	Skipped														
442	[chw_tell_doctor]	5. I am able to tell my CHW things that I cannot tell my doctor	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly agree</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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443	[chw_tell_healtheduc]	6. I am able to tell my CHW things that I cannot tell the person who provides me health education such as a nurse	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly agree</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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4	Agree														
5	Strongly agree														
99	Skipped														
444	[chw_answered]	7. The CHW answered my concerns and questions	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly agree</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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445	[chw_change_behaviors]	8. The CHW helped me change my behaviors	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly agree</td></tr> <tr><td>99</td><td>Skipped</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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446	[ chw_connect ]	9. The CHW helped connect me with other people in my community	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly agree</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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447	[ chw_speak_issues ]	10. I am able to speak with my CHW about issues other than H. pylori and stomach cancer	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly agree</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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448	[ chw_refer_other ]	11. The CHW referred me to people who could help me with problems other than health issues (housing, social services, domestic issues, etc.)	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly agree</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Strongly disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly agree	99	Skipped
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5	Strongly agree														
99	Skipped														
449	[ chw_satisfaction_chw ]	12. Overall, how satisfied are you with the CHW?	dropdown <table><tr><td>1</td><td>Very satisfied</td></tr><tr><td>2</td><td>Satisfied</td></tr><tr><td>3</td><td>Somewhat satisfied</td></tr><tr><td>4</td><td>Not satisfied</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Very satisfied	2	Satisfied	3	Somewhat satisfied	4	Not satisfied	99	Skipped		
1	Very satisfied														
2	Satisfied														
3	Somewhat satisfied														
4	Not satisfied														
99	Skipped														
450	[ chw_satisfaction_project ]	13. Overall, how satisfied are you with the whole project? CHW, educational sessions, follow-ups, etc.)	dropdown <table><tr><td>1</td><td>Very satisfied</td></tr><tr><td>2</td><td>Satisfied</td></tr><tr><td>3</td><td>Somewhat satisfied</td></tr><tr><td>4</td><td>Not satisfied</td></tr><tr><td>99</td><td>Skipped</td></tr></table>	1	Very satisfied	2	Satisfied	3	Somewhat satisfied	4	Not satisfied	99	Skipped		
1	Very satisfied														
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4	Not satisfied														
99	Skipped														
451	[ chw_liked_project ]	14. Please tell me what you liked most about the project?	notes												
452	[ chw_disliked_project ]	15. Please tell me what you did not like about the project?	notes												
453	[ chw_evaluation_survey_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
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