

DATE OF INTERVIEW:

Date ____/____/____

Location: _____

INTERVIEWER INITIALS: ____**DATE:** ____**MODE:**

____ In-Person

PARTICIPANT'S INFORMATION :

C1: Name _____

C2: Home Phone _____

C3: Cell Phone _____

C4: Email Address _____

C5: Address _____

C6: Zip Code _____

C7: Birthday _____

C8: Gender _____

OTHER CONTACT INFORMATION :

C9: Name of Emergency Contact #1 _____

C10: Home Phone _____

C11: Cell Phone _____

C12: Name of Emergency Contact #2 _____

C13: Home Phone _____

C14: Cell Phone _____

C15: Name of Emergency Contact #3 _____

C16: Home Phone _____

C17: Cell Phone _____

UI: _____

My name is _____. I am with Project RICE.

Thank you again for agreeing to participate in this study. The survey will take approximately 30 to 45 minutes to complete. For your time, we will be providing you with a \$15 gift card after the survey is completed. Again, the information you provide in the survey is completely confidential. If at any time, you are confused about a question, please let me know.

<p><u>DATE AND TIME OF INTERVIEW:</u></p> <p>Date _____ / _____ / _____</p> <p>Time Started _____ AM/PM</p> <p>Time Ended _____ AM/PM</p> <p>Location: _____</p> <p><u>Did the participant eat or drink (excluding water) within the last 2 hours?</u></p> <p>_____ YES (wait to take blood tests)</p> <p>_____ NO (take blood tests)</p>	<p><u>INTERVIEWER NAME:</u> _____</p> <p><u>HEIGHT:</u> _____ ft _____ in.</p> <p><u>WEIGHT:</u> _____ lbs.</p> <p><u>WAIST:</u> _____ in.</p> <p><u>Measure the distance around the smallest area of waist, usually just above the belly button.</u></p> <p><u>HIP:</u> _____ in.</p> <p><u>Measure the distance around the largest area of hips, usually the widest part of the buttocks.</u></p> <p><u>BLOOD PRESSURE: L1: _____ R1: _____ R2: _____</u></p> <p><u>2-HOUR FASTING TESTS:</u></p> <p><u>GLUCOSE:</u> _____</p> <p><u>CHOLESTEROL:</u> _____</p>
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Demographic and Social Variables

INTERVIEWER: "I am going to start this survey by asking you some basic questions about your background".

D1. What is your gender?

_____ Female

_____ Male

_____ Don't Know

_____ Refused

_____ Skipped

D2. What country were you born in?

_____ Bangladesh

_____ India

_____ Pakistan

_____ Nepal

_____ Sri Lanka

_____ United States [GO TO QUESTION D6]

_____ Don't Know

_____ Refused

_____ Skipped

_____ Other _____ [WRITE IN ANSWER]

UI: _____

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D3. What region (province or state) of the country were you born in?

[READ OPTIONS FROM PARTICIPANT'S HOME COUNTRY ONLY]

IF INDIA:

- | | | |
|-------------------------|--------------------------------|-------------------------------|
| _____ Andhra Pradesh | _____ Jharkhand | _____ Punjab |
| _____ Arunachal Pradesh | _____ Karnataka | _____ Rajasthan |
| _____ Assam | _____ Kerala | _____ Sikkim |
| _____ Bihar | _____ Madhya Pradesh | _____ Tamil Nadu |
| _____ Chhattisgarh | _____ Maharashtra | _____ Tripura |
| _____ Goa | _____ Manipur | _____ Uttar Pradesh |
| _____ Gujarat | _____ Meghalaya | _____ Uttarakhand/Uttaranchal |
| _____ Haryana | _____ Mizoram | _____ West Bengal |
| _____ Himachal Pradesh | _____ Nagaland | |
| _____ Jammu and Kashmir | _____ Odisha (formerly Orissa) | _____ Don't Know |
| _____ Other _____ | _____ [WRITE IN ANSWER] | _____ Refused |
| | | _____ Skipped |

IF PAKISTAN:

- | | |
|---|-------------------------|
| _____ Balochistan Province | _____ Don't Know |
| _____ Khyber Pakhtunkhwa Province | _____ Refused |
| _____ Punjab Province | _____ Skipped |
| _____ Sindh Province | |
| _____ Islamabad Capital Territory | |
| _____ Federally Administered Tribal Areas | |
| _____ Azad Jammu Kashmir Province | |
| _____ Gilgit-Baltistan | |
| _____ Other _____ | _____ [WRITE IN ANSWER] |

IF OTHER COUNTRY:

_____ Other _____ [WRITE IN PROVINCE/REGION]

D4. If you were NOT born in the U.S., in what year did you first move to the U.S.?

_____ [WRITE IN YEAR]

- _____ Don't Know
_____ Refused
_____ Skipped

D5. How many years have you lived in the United States?

_____ [WRITE IN NUMBER]

- _____ Don't Know
_____ Refused
_____ Skipped

D6. What is your marital status?

- _____ Married
_____ Living with Partner
_____ Widowed
_____ Divorced
_____ Separated
_____ Never married

- _____ Don't Know
_____ Refused
_____ Skipped

D7. How many children do you have?

_____ [WRITE IN NUMBER]

___ Don't Know

___ Refused

___ Skipped

D8. If you do not live alone, how many people are currently living with you who are:

Type of Person	# of people
Your child	
Your spouse or partner	
Your parent	
Your sibling (sister or brother)	
Other relative	
Your friend	
Other (co-worker, stranger, unrelated roommate, etc.)	

___ Live Alone

___ Don't Know

___ Refused

___ Skipped

D9. How would you describe the primary work that you do?

_____ [WRITE IN]

___ Don't Know

___ Refused

___ Skipped

D10. What is your employment status?

___ Employed fulltime for wages

___ Self-employed

___ Part time (one job)

___ Part time (multiple jobs)

___ Student

___ Unemployed for less than one year

___ Unemployed for one year or more

___ Retired

___ Unable to work

___ Homemaker/Housewife

___ Other [WRITE IN:] _____

___ Don't Know

___ Refused

___ Skipped

[Go to D13 if unemployed, retired, student, unable to work or homemaker]**D11. When do you work? [READ ALL; CHECK ALL THAT APPLY]**

___ Day (9AM-5PM)

___ Night (5PM-9AM)

___ Weekday

___ Weekend

___ Don't Know

___ Refused

___ Skipped

D12. How many hours a week do you work on average?

_____ [WRITE IN NUMBER OF HOURS]

____ Don't Know
 ____ Refused
 ____ Skipped

D13. What is the highest level of education you have received (either in the US or abroad)? [READ ALL; CHECK ONE]

____ Elementary school
 ____ Junior high school/some high school
 ____ High school or GED
 ____ Technical/vocational school/associates degree
 ____ Some college or university
 ____ College or university graduate
 ____ Graduate level/advanced degree
 ____ No formal education/never attended school

____ Don't Know
 ____ Refused
 ____ Skipped

Acculturation:**A1. What language do you speak most often at home?**

____ Punjabi
 ____ Hindi
 ____ Urdu
 ____ Nepalese
 ____ English
 ____ Other [WRITE IN] _____

____ Don't Know
 ____ Refused
 ____ Skipped

A2. How well do you ... ? [Read each line and indicate answer in table for each]

LANGUAGE FLUENCY/SKILL	Very Well	Well	Not Well	Not at All	Refused
a. speak English					
b. read English					
c. write English					
d. understand English					
e. speak home language					
f. read home language					
g. write home language					
h. understand home language					

Access to Care

INTERVIEWER: "I am now going to ask you a few questions about your access to health care in New York City".

AC1. In the past TWELVE months were you unable to obtain medical care, tests, or treatments that you or a doctor believed necessary?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> No [GO TO AC2] | <input type="checkbox"/> Refused |
| | <input type="checkbox"/> Skipped |

AC1A: Which of the following are reasons you were unable to get medical care, tests, or treatments that you or a doctor believed necessary? [CHECK ALL THAT APPLY]

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Couldn't afford care | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Different language | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> Didn't know where to go to get care | |
| <input type="checkbox"/> Couldn't get childcare | |
| <input type="checkbox"/> Had to provide care for parent or other relative | |
| <input type="checkbox"/> Didn't have time or took too long | |
| <input type="checkbox"/> Do not have insurance | |
| <input type="checkbox"/> Other [WRITE IN:] _____ | |

If only 1 box checked in AC1A, then GO TO AC2.

AC1B: Which of the following best describes the main reason you were unable to get medical care, tests, or treatments that you or a doctor believed necessary? [CHECK ONLY ONE]

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Couldn't afford care | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Different language | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> Didn't know where to go to get care | |
| <input type="checkbox"/> Couldn't get childcare | |
| <input type="checkbox"/> Had to provide care for parent or other relative | |
| <input type="checkbox"/> Didn't have time or took too long | |
| <input type="checkbox"/> Do not have insurance | |
| <input type="checkbox"/> Other [WRITE IN:] _____ | |

AC2. What kind of health insurance do you have? [READ ALL; CHECK ONLY ONE]

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Medicaid ("White Card") _____ | |
| <input type="checkbox"/> Private insurance | |
| <input type="checkbox"/> Other type of public/government insurance (Family Health Plus) | |
| <input type="checkbox"/> Medicare ("Blue and Red Card") | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Work or company insurance | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Hospital card | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> No health insurance | |
| <input type="checkbox"/> Other: _____ | |

AC5. Do you have a regular doctor or other health professional, such as a nurse or midwife, you usually go to when you are sick or need health care? [IF YES, INDICATE COUNTRY]

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Yes - In the United States | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Yes - Outside the United States [WRITE IN:] _____ | |
| <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| | <input type="checkbox"/> Skipped |

AC3. Where do you go to get medical care or attention? [CHECK ALL THAT APPLY]

____ Community Clinic (specify: _____)

____ Don't Know

____ Hospital (specify: _____)

____ Refused

____ Private Doctor (specify: _____)

____ Skipped

____ Traditional Healer (eg. Provider of acupuncture, traditional medicines)

____ Family Member who is a Health Professional

____ Self-care

____ Other: _____

AC7. Healthcare Experiences To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The last time I visited a doctor, I had confidence and trust in the doctor who treated me.				
2. The last time I visited a doctor, I felt that the doctor understood my background and values.				
3. The last time I visited a doctor, I had a hard time speaking with or understanding the doctor because I and the doctor spoke different languages.				
4. I am satisfied with the quality of health care I have received during the last 2 years.				

Health Status*INTERVIEWER: "Now I will ask you questions relating to your general health"***HS1. How would you describe your general health? [READ ALL; CHECK ONLY ONE]**

____ Excellent

____ Don't know

____ Very Good

____ Refused

____ Good

____ Skipped

____ Fair

____ Poor

HS2. Screenings	a) Have you ever received a check-up or screening for the following?				b) If yes, when did you receive this screening? (If no, skip to next screening type)						
	Yes	No	Don't know	Refused	0-3 months	3 months – less than 1 yr	1-2 yrs	2 or more years	Don't know	Refused	
Blood pressure											
Cholesterol											
Glucose/Blood sugar											
Dental exam											
Breast cancer Eg. mammogram or clinical breast exam											
Colon cancer Eg. colonoscopy											

HS2. c) Has a doctor, nurse, or other health professional EVER told you that you have any of the following:

High blood pressure?

- ☐ Yes
☐ No (not at all)
☐ No, BUT told borderline high or pre-hypertensive

- ☐ Don't Know
☐ Refused
☐ Skipped

High cholesterol?

- ☐ Yes
☐ No (not at all)
☐ No, BUT told borderline high

- ☐ Don't Know
☐ Refused
☐ Skipped

Diabetes?

- ☐ Yes (**NOTE: Diabetics are not eligible to participate in this study**)
☐ Yes, but only during pregnancy (gestational diabetes)
☐ No (not at all)
☐ No, BUT told high sugar or pre-diabetic

- ☐ Don't Know
☐ Refused
☐ Skipped

Dental problems?

- ☐ Yes
☐ No

- ☐ Don't Know
☐ Refused
☐ Skipped

Breast cancer?

- ☐ Yes
☐ No

- ☐ Don't Know
☐ Refused
☐ Skipped

Colon cancer?

- ☐ Yes
☐ No

- ☐ Don't Know
☐ Refused
☐ Skipped

HS3. What medications are you currently taking?

	Yes	No	Don't know	Name of medication
Blood pressure medication				
Cholesterol medication				
Diabetes medication (insulin or oral medications)	IF YES, not eligible!!			
Other medications (list)				
Alternative/traditional medications (list)				

___ Does not take any medications

HS4. Have any of your family members (i.e., father, mother, sister(s), or brother(s)) ever had the following health conditions?

	Yes	No	Don't know
Hypertension/ high blood pressure			
High cholesterol			
Diabetes			
Stroke			
Congestive Heart Failure			
Heart Attack			

Health Behaviors:

INTERVIEWER: "The next set of questions is about your opinions on Physical Activity, Nutrition and some other topics."

Physical Activity**PA1. Including what you do at your job, home, gym, or elsewhere, do you do any sustained physical activity for 10 minutes or more?**

___ Yes

___ Don't Know

___ No [IF NO, GO TO PA6]

___ Refused

___ Skipped

READ: Think about activities which take *moderate physical effort* that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal, *but not so much that you are out of breath*. Activities can take place at home, at work, in the gym or elsewhere but think about only those physical activities that you do for at least 10 minutes at a time.

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

___ Days per week [If no activities, then enter 0 days and GO TO PA2]

___ Don't Know/Not Sure

___ Refused

PA4a. What moderate physical activities did you perform?

- ☐ Brisk walking
☐ Carrying shopping bags or laundry
☐ Gardening
☐ Stretching
☐ Other [Specify]: _____

PA5. How much time did you usually spend doing these moderate types of physical activities on a normal day that you do activity? *[If participant answers that the length of time varies, ask them to think about a normal day or the last day they did these types of physical activities]*

_____ Minutes per day

_____ Don't Know
 _____ Refused
 _____ Skipped

READ: Now think about activities which **required large amounts of physical exertion or effort** that you did in the last 7 days.

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

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

- ☐ Days per week [If no activities, then enter 0 days *and GO TO PA6*]
☐ Don't Know/Not Sure
☐ Refused

PA2a. What large effort physical activities did you perform?

- ☐ Running or jogging
☐ Lifting weights or heavy loads
☐ Aerobics
☐ Other [Specify]: _____

PA3. On one of those days, how much time did you usually spend doing these hard types of physical activities? *[If participant answers that the length of time varies, ask them to think about a normal day or the last day they did these types of physical activities]*

_____ Minutes per day

_____ Don't Know
 _____ Refused
 _____ Skipped

PA6. How sure (confident) do you feel that you will be able to ...

a. ... Know what exercises are healthy for you.

_____ Not at all sure
_____ Not very sure
_____ Somewhat sure
_____ Very sure

_____ Don't Know
_____ Refused
_____ Skipped

b. ... Exercise for at least thirty minutes five times each week in the future.

_____ Not at all sure
_____ Not very sure
_____ Somewhat sure
_____ Very sure

_____ Don't Know
_____ Refused
_____ Skipped

PA7. For each of the questions below indicate your agreement with the statement:

a. I don't have enough time to exercise.

_____ Agree
_____ Disagree

_____ Don't Know
_____ Refused
_____ Skipped

c. I am not motivated to exercise.

_____ Agree
_____ Disagree

_____ Don't Know
_____ Refused
_____ Skipped

d. I don't have a safe place to exercise.

_____ Agree
_____ Disagree

_____ Don't Know
_____ Refused
_____ Skipped

f. Health problems prevent me from exercising.

_____ Agree
_____ Disagree

_____ Don't Know
_____ Refused
_____ Skipped

g. I don't like to exercise.

_____ Agree
_____ Disagree

_____ Don't Know
_____ Refused
_____ Skipped

h. I need someone to exercise with but don't have one.

_____ Agree
_____ Disagree

_____ Don't Know
_____ Refused
_____ Skipped

i. I don't know what exercises to perform.

_____ Agree
_____ Disagree

_____ Don't Know
_____ Refused
_____ Skipped

PA8 Social interaction, physical activity	Never or Almost never	Sometimes	Often	Always or Almost always
How often do you:				
1. Suggest doing something active when you get together with family members or friends, such as going for a walk, biking, or swimming?				
2. Set aside a special time to do physical activity?				
3. Ask a friend or relative to do some physical activity with you?				
4. Talk to others about the benefits of physical activity?				

NutritionOver the past week:**N1. How often did you drink soda (such as Coke or Sprite), sweet drinks (such as fruit juice, mango juice), or energy drinks (such as Red Bull)?**

_____ Never or less than once a week [GO TO QUESTION N2]	_____ Don't Know
_____ 1-2 times per week	_____ Refused
_____ 3-4 times per week	_____ Skipped
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2-3 times per day	
_____ 4-5 times per day	
_____ 6 or more times per day	

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

[Interviewer: point to can prop to show size]

_____ Less than 12 ounces or less than 1 can	_____ Don't Know
_____ 12-16 ounces	_____ Refused
_____ More than 16 ounces	_____ Skipped

N1B. How often were these sodas or sweet drinks diet, sugar-free or had artificial sweeteners such as Equal, Splenda or Sweet-n-low?

_____ Almost never or never	_____ Don't Know
_____ Sometimes	_____ Refused
_____ Often	_____ Skipped
_____ Almost always or always	

Over the past week:**N2. How often did you drink water (including tap, bottled, and unsweetened carbonated water)?**

_____ Never or less than once a week [GO TO QUESTION N3]	_____ Don't Know
_____ 1-2 times per week	_____ Refused
_____ 3-4 times per week	_____ Skipped
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2-3 times per day	
_____ 4-5 times per day	
_____ 6 or more times per day	

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

[Interviewer: point to glass prop to show size]

_____ Less than 12 ounces or less than 1 bottle or glass	_____ Don't Know
_____ 12-24 ounces or 1 to 2 bottles or glasses	_____ Refused
_____ More than 24 ounces or more than 2 bottles or glasses	_____ Skipped

N3. How often did you eat fruits (such as apples, mangos, berries, etc.) ?

_____ Never or less than 1 time per week [GO TO QUESTION N4]	_____ Don't Know
_____ 1 time per week	_____ Refused
_____ 2 times per week	_____ Skipped
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

N4. How often did you eat vegetables or greens [such as eggplant, cauliflower, spinach, etc.] but DO NOT include potatoes

_____ Never or less than 1 time per week [GO TO QUESTION N5]	_____ Don't Know
_____ 1 time per week	_____ Refused
_____ 2 times per week	_____ Skipped
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

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

[Note: Refer to model or photo to indicate size]

_____ Less than ½ cup	_____ Don't Know
_____ 1/2 to 1 cup	_____ Refused
_____ More than 1 cup	_____ Skipped

N5. How often did you eat rice or other cooked grains, such as sooji, (such as bulgur, cracked wheat, or millet) ?

_____ Never or less than 1 time per week [GO TO QUESTION N6]	_____ Don't Know
_____ 1 time per week	_____ Refused
_____ 2 times per week	_____ Skipped
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

UI: _____

Over the past week:

N5A. How often did you eat brown rice?

_____ Almost never or never	_____ Don't Know
_____ Sometimes	_____ Refused
_____ Often	_____ Skipped
_____ Almost always or always	

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

[Interviewer: Point to prop of measuring cup to show unit size]

_____ Less than ½ cup	_____ Don't Know
_____ ½ to 1 cup	
_____ 1 to 1½ cups	
_____ 1½ to 2 ½ cups	_____ Refused
_____ More than 2½ cups	_____ Skipped

N6. How often did you eat bread, such as sliced bread, rolls, roti, paratha, luchi, naan?

_____ Never or less than 1 time per week [GO TO QUESTION N7]	_____ Don't Know
_____ 1 time per week	_____ Refused
_____ 2 times per week	_____ Skipped
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

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

_____ Less than 1 piece/slice	_____ Don't Know
_____ 1 piece/slice	
_____ 1-2 pieces/slices	_____ Refused
_____ More than 2 pieces/slices	_____ Skipped

N6B. How often did you eat whole wheat bread, chapatti, or roti made from whole wheat flour?

_____ Almost never or never	_____ Don't Know
_____ Sometimes	_____ Refused
_____ Often	_____ Skipped
_____ Almost always or always	

N7. How often did you eat noodles, dumplings, or pasta?

_____ Never or less than 1 time per week [GO TO QUESTION N8]	_____ Don't Know
_____ 1 time per week	_____ Refused
_____ 2 times per week	_____ Skipped
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

UI: _____

Over the past week:

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

[Note: Refer to model or photo to indicate size]

_____ Less than 1 cup	_____ Refused
_____ 1 to 2 cups	_____ Don't Know
_____ 2 to 3 cups	_____ Skipped
_____ More than 3 cups	

N7B. How often do you eat whole-grain noodles such as soba, buckwheat, or whole-wheat noodles instead of noodles made of white flour or rice?

_____ Almost never or never	_____ Don't Know
_____ Sometimes	_____ Refused
_____ Often	_____ Skipped
_____ Almost always or always	

N8. How often did you eat chicken, turkey, duck or other poultry?

_____ Never [GO TO QUESTION N9]	_____ Don't Know
_____ 1 time per week	_____ Refused
_____ 2 times per week	_____ Skipped
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

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

(Note: 3 ounces is approximately equal to the palm of your hand)

_____ 3 ounces or less	_____ Don't Know
_____ 4 to 6 ounces	_____ Refused
_____ More than 6 ounces	_____ Skipped

N9. How often did you eat beef, pork, goat, or lamb? [Note: if participant does not eat beef/pork, ask about the meat that is eaten. If participant eats no meat at all, select "Never."]

_____ Never or less than 1 time per week [GO TO QUESTION N12]	_____ Don't Know
_____ 1 time per week	_____ Refused
_____ 2 times per week	_____ Skipped
_____ 3-4 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

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

(Note: 3 ounces is approximately equal to the palm of your hand)

_____ 3 ounces or less	_____ Don't Know
_____ 4 to 6 ounces	_____ Refused
_____ More than 6 ounces	_____ Skipped

Over the past week:**N10. How often did you eat fish or shellfish, such as tilapia, crab, shrimp?**

- | | |
|---|------------------|
| _____ Never or less than 1 time per week [GO TO QUESTION N11] | _____ Don't Know |
| _____ 1 time per week | _____ Refused |
| _____ 2 times per week | _____ Skipped |
| _____ 3-4 times per week | |
| _____ 5-6 times per week | |
| _____ 1 time per day | |
| _____ 2 or more times per day | |

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

(Note: 3 ounces is approximately equal to the palm of your hand)

- | | |
|--------------------------|------------------|
| _____ 3 ounces or less | _____ Don't Know |
| _____ 4 to 6 ounces | _____ Refused |
| _____ More than 6 ounces | _____ Skipped |

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

- | | | |
|---|---------------------|------------------|
| _____ Margarine | | _____ Don't Know |
| _____ Ghee | _____ Vegetable Oil | _____ Refused |
| _____ Butter | _____ Corn Oil | _____ Skipped |
| _____ Sesame Oil | | |
| _____ Olive Oil | | |
| _____ Canola or Grapeseed Oil | | |
| _____ Cooking or non-stick sprays (such as PAM) | | |
| _____ None of the above | | |
| _____ Other _____ [WRITE IN TYPE OF OIL/FAT] | | |

N11A. Did you usually add butter, ghee, margarine, or a type of oil such as sesame oil, to your food AFTER it was served?

- | | |
|-----------|------------------|
| _____ No | _____ Don't Know |
| _____ Yes | _____ Refused |
| | _____ Skipped |

N12A. How often was salt used in cooking the food you ate?

- | | |
|-------------------------------|------------------|
| _____ Almost never or never | _____ Don't Know |
| _____ Sometimes | _____ Refused |
| _____ Often | _____ Skipped |
| _____ Almost always or always | |

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

- | | |
|-----------|------------------|
| _____ No | _____ Don't Know |
| _____ Yes | _____ Refused |
| | _____ Skipped |

N14. Did you add sugar (including jaggery or gaur) or honey to what you eat (e.g., fruit) or drink (e.g., tea, coffee) or during cooking (e.g. on vegetables)?

- | | |
|-------------------------------|------------------|
| _____ No [GO TO QUESTION N17] | _____ Don't Know |
| _____ Yes | _____ Refused |
| | _____ Skipped |

Over the past week:**N14A. How often did you add sugar (including jaggery, gaur) or honey to what you eat or drink or during cooking?**

_____ Almost never or never [GO TO QUESTION N15]	_____ Don't Know
_____ Sometimes	_____ Refused
_____ Often	_____ Skipped
_____ Almost always or always	

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

_____ Less than 1 teaspoon	_____ Don't Know
_____ 1 to 3 teaspoons	_____ Refused
_____ More than 3 teaspoons	_____ Skipped

N15. How often did you eat sweets (mithai), such as jalebis, ladoos, kheer, barfi, rasogolla, payesh, sandesh, kulfi, cakes, cookies, candy, or other types of sweets)? (Do not include fresh fruits.)

_____ Never [GO TO QUESTION N16]	_____ Don't Know
_____ 1 time in past month	_____ Refused
_____ 2-3 times per month	_____ Skipped
_____ 1 time per week	
_____ 2 times per week	
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

N16. How often did you eat salty foods or pickled foods (such as pickles, chutney, etc.)?

_____ Never	_____ Don't Know
_____ 1 time in past month	_____ Refused
_____ 2-3 times in past month	_____ Skipped
_____ 1 time per week	
_____ 2 times per week	
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

N18. How often did you eat beans, such as lentils or dal?

_____ Never or less than 1 time per week [GO TO QUESTION N19]	_____ Don't Know
_____ 1 time per week	_____ Refused
_____ 2 times per week	_____ Skipped
_____ 3-4 times per week	
_____ 5-6 times per week	
_____ 1 time per day	
_____ 2 or more times per day	

N18A. Each time you ate beans, such as lentils or dal, how much did you usually eat?

[Note: Refer to model or photo to indicate size]

_____ Less than ½ cup	_____ Don't Know
_____ 1/2 to 1 cup	_____ Refused
_____ More than 1 cup	_____ Skipped

N19. How often did you eat paneer?

_____ Never or less than 1 time per week [GO TO QUESTION FB1]
 _____ 1 time per week
 _____ 2 times per week
 _____ 3-4 times per week
 _____ 5-6 times per week
 _____ 1 time per day
 _____ 2 or more times per day

_____ Don't Know
 _____ Refused
 _____ Skipped

N19A. Each time you ate paneer, how much did you usually eat?

[one 1-inch cube or two half-inch cubes are approximately equivalent to an ounce of paneer]

_____ Less than ½ ounce
 _____ ½ to 1½ ounces
 _____ More than 1½ ounces

_____ Don't Know
 _____ Refused
 _____ Skipped

Food Behaviors

INTERVIEWER: "Now I am going to ask you some questions about your eating patterns and behaviors"

FB1. Over the last week, how often did you eat out at a FAST FOOD or OTHER RESTAURANTS (including street carts, take-out, etc.)?

_____ Never
 _____ 1 time per week
 _____ 2 times per week
 _____ 3-4 times per week
 _____ 5-6 times per week
 _____ 1 time per day
 _____ 2 or more times per day

_____ Don't Know
 _____ Refused
 _____ Skipped

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

_____ Almost never or never
 _____ Sometimes
 _____ Often
 _____ Almost always or always

_____ Don't Know
 _____ Refused
 _____ Skipped

FB3. How often do you either fry foods while cooking or eat foods that are fried (such as pakoras, samosas, pooris, bhujia, sev, chirva, fried chicken)?

_____ Never or less than 1 time per week
 _____ 1 time per week
 _____ 2 times per week
 _____ 3-4 times per week
 _____ 5-6 times per week
 _____ 1 time per day
 _____ 2 or more times per day

_____ Don't Know
 _____ Refused
 _____ Skipped

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

_____ Never or less than 1 time per week
 _____ 1 time per week
 _____ 2 times per week
 _____ 3-4 times per week
 _____ 5-6 times per week
 _____ 1 time per day
 _____ 2 or more times per day

_____ Don't Know
 _____ Refused
 _____ Skipped

FB5. Portion control:	Almost never or never	Some times	Often	Almost always or always	Don't know
How often do you:					
1. Stop eating when full? (e.g. even if there is still food on your plate or on the table)					
2. Refuse offers of food when you were not hungry?					
3. Try to limit the number of food servings you ate?					
4. Try to limit the size of food servings you ate?					
5. Try to find something else to do instead of snacking?					

FB6. Preparation/ buying	Almost never or never	Some times	Often	Almost always or always	Don't know
How often do you:					
1. Choose leaner meats over those higher in fat?					
2. Cut off visible fat from meat?					
3. Remove skin from chicken?					
4. Buy low-fat or non-fat versions of dairy products [such as milk, yogurt, cheese]? (This includes 1% and skim varieties).					
5. Limit high-fat extras such as butter, gravy sauces, and salad dressings?					
6. Choose small servings of high-fat foods?					

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

_____ Calories
 _____ Sodium
 _____ Fats and cholesterol
 _____ Sugar
 _____ Other _____
 _____ Don't read labels on foods [GO TO QUESTION FB10]

_____ Don't Know
 _____ Refused
 _____ Skipped

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

_____ Very Well
 _____ Well
 _____ Not Well
 _____ Not at all

_____ Refused
 _____ Skipped

FB10. Do you agree with the following statements:	Disagree	Agree
1. It is difficult for me to choose a healthy snack.		
2. I cannot afford to buy healthier foods.		
3. I do not have the time to prepare healthier foods.		
4. There is no store for me to buy healthy foods.		
5. It is difficult for me to eat healthy food on holidays or special occasions.		
6. It is uncomfortable for me to refuse unhealthy foods when they are offered to me at social events or get-togethers.		
7. I do not like how healthier foods taste.		
8. I do not cook healthier foods because my family does not like them.		

FB11.

Are you confident that you can...	Yes	No	N/A
1... stay on a healthy diet.			
2... cook a healthy diet.			
3... decrease the amount of sugar and sweets you eat.			
4... decrease the amount of fat and cholesterol in the foods you eat.			
5... increase the amount of fiber and vegetables you eat.			
6... know what foods you should eat on a healthy diet.			
7... stay on a healthy diet when eat outside your home.			
8... stay on a healthy diet when I am busy.			

READ: Do you mind if I ask you a couple questions regarding smoking, tobacco use, and alcohol which are important factors in helping us to learn about health? All responses in this survey will be kept completely confidential.

Smoking and Tobacco**S1. Do you use paan - parag/gutka/Zarda/ or gul?**

_____ Yes _____ (indicate which form of tobacco is used) _____ Don't know
 _____ No [GO TO QUESTION S3]
 _____ Do not wish to answer [GO TO QUESTION S3] _____ Skipped

S2. If you DO use paan - parag/gutka/Zarda/ or gul, how often do you use it? [READ ALL; CHECK ONLY ONE]

_____ A few times a day _____ Don't know
 _____ A few times a week _____ Refused
 _____ A few times a month _____ Skipped
 _____ Less than a few times a month

S3. Do you currently smoke cigarettes? [READ ALL; CHECK ONLY ONE]

_____ Yes [GO TO QUESTION S5] _____ Don't know
 _____ No [GO TO QUESTION AL1]
 _____ Do not wish to answer [GO TO QUESTION AL1] _____ Skipped

S4. Do you smoke cigarettes every day, some days, or not at all?

_____ Every day
_____ Some days
_____ Not at all

_____ Don't know
_____ Refused
_____ Skipped

S5. In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

_____ (Enter number)

_____ Don't know
_____ Refused
_____ Skipped

S6. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

_____ Yes
_____ No

_____ Don't Know
_____ Refused
_____ Skipped

Alcohol**AL1. Do you drink alcohol, including rarely or only on special occasions?**

_____ Yes
_____ No [GO TO QUESTION N1]
_____ Do not wish to answer

_____ Don't Know
_____ Skipped

AL2. How often do you drink alcohol? [READ ALL; CHECK ONLY ONE]

_____ Rarely (on special occasions)
_____ Occasionally (once a month)
_____ Once a week
_____ Regularly (several times a week)
_____ Every day

_____ Don't Know
_____ Refused
_____ Skipped

AL3. When you drink alcohol, how many drinks do you have per day? [READ ALL; CHECK ONLY ONE]

[NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.]

_____ One to two drinks
_____ three to four drinks
_____ five or more drinks

_____ Don't Know
_____ Refused
_____ Skipped

AL4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on one occasion?

_____ [WRITE OUT Number]

READ: "For each question, let me know which answer is best, or let me know if you don't know the answer."

Diabetes Knowledge

DK1. How does each of the following affect a person's risk for getting diabetes?

	Increases or raises the risk	Has no effect on risk	Decreases or lowers the risk	Don't know
A. Being South Asian American				
B. Eating a healthy diet				
C. Having had diabetes during pregnancy				
D. Having a blood relative with diabetes				
E. Being 65 years of age or older				
F. Exercising regularly				
G. Controlling weight gain				

DK2. Can a person get diabetes if he or she has a normal body weight?

_____ No
_____ Yes

_____ Don't Know
_____ Refused
_____ Skipped

DK3. Which of the following is highest in carbohydrate? [READ ALL; CIRCLE ONLY ONE]

_____ Baked chicken
_____ Rice
_____ Cheese
_____ Peanut butter

_____ Don't Know
_____ Refused
_____ Skipped

DK4. Eating foods lower in fat decreases your risk for: [READ ALL; CIRCLE ONLY ONE]

_____ Nerve disease
_____ Kidney disease
_____ Heart disease
_____ Eye disease

_____ Don't Know
_____ Refused
_____ Skipped

DK5. Which of the following is usually not associated with diabetes: [READ ALL; CIRCLE ONLY ONE]

_____ Vision problems
_____ Kidney problems
_____ Nerve problems
_____ Lung problems

_____ Don't Know
_____ Refused
_____ Skipped

DK6. "Empty calories" is a term used to describe foods which supply calories and no other nutrients. Which of the following are sources of "Empty Calories" (can check more than one):

_____ Fruit juice.
_____ Margarine
_____ Soft drinks
_____ Sugar

_____ Don't Know
_____ Refused
_____ Skipped

DK7. Insulin causes blood sugar to:

_____ Decrease.
 _____ Increase.
 _____ Neither A nor B above

_____ Don't Know
 _____ Refused
 _____ Skipped

DK8. How much exercise or physical activity is recommended for most adults to get each week?

_____ 90 minutes each week
 _____ 10 minutes every day
 _____ 15 minutes for 5 days each week
 _____ 150 minutes each week

_____ Don't Know
 _____ Refused
 _____ Skipped

Self Efficacy:**SE1. How often do you have to make your own health related decisions? [READ ALL CHECK ONLY ONE]**

_____ None of the time
 _____ A little of the time
 _____ Some of the time
 _____ Most of the time
 _____ All of the time

_____ Don't Know
 _____ Refused
 _____ Skipped

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

- a. Family member who is not a Health Professional
 b. Family Member who is a Health Professional
 c. Friends
 d. Medical Professional who is not a family member
 e. Traditional Healer
 f. Priest or Minister
 g. Just myself
 h. Community Health Worker
 i. Other: _____

1 - Yes

1 - ☐
 1 - ☐
 1 - ☐
 1 - ☐
 1 - ☐
 1 - ☐
 1 - ☐
 1 - ☐

2 - No

2 - ☐
 2 - ☐
 2 - ☐
 2 - ☐
 2 - ☐
 2 - ☐
 2 - ☐
 2 - ☐

SE2. Do you feel comfortable asking your doctor about questions or health issues you don't understand or know? [READ ALL CHECK ONLY ONE]

_____ None of the time
 _____ A little of the time
 _____ Some of the time
 _____ Most of the time
 _____ All of the time

_____ Don't Know
 _____ Refused
 _____ Skipped

SE3. Do you feel comfortable going to the doctor alone? [READ ALL CHECK ONLY ONE]

_____ None of the time
 _____ A little of the time
 _____ Some of the time
 _____ Most of the time
 _____ All of the time

_____ Don't Know
 _____ Refused
 _____ Skipped

SE4. Do you know where to get medical attention / medical care? [READ ALL CHECK ONLY ONE]

_____ None of the time	_____ Don't Know
_____ A little of the time	_____ Refused
_____ Some of the time	_____ Skipped
_____ Most of the time	
_____ All of the time	

Stress Management, Anxiety, Discrimination, and Acculturative Stress:**SM1. In the past 2 weeks, how often have you felt stressed? [READ ALL CHECK ONLY ONE]**

_____ None of the time	_____ Don't Know
_____ A little of the time	_____ Refused
_____ Some of the time	_____ Skipped
_____ Most of the time	
_____ All the time	

SM1a-e. For each area of life I am going to name, please tell me the number that shows how much stress you experience in that area. (1 = none; 4 = a very great deal)

	4 – A very great deal	3 – Some	2 – A little	1 – None	99 – Don't know	98 – Refused	97 – SKIPPED
SMa. Financial situation	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
SMb. Family/personal	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
SMc. Health	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
SMd. Adapting to life here in the U.S.	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>
SMe. Work	4 - <input type="checkbox"/>	3 - <input type="checkbox"/>	2 - <input type="checkbox"/>	1 - <input type="checkbox"/>	99 - <input type="checkbox"/>	98 - <input type="checkbox"/>	97 - <input type="checkbox"/>

Over the last 2 weeks, how often have you been bothered by the following problems?

	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly everyday	GAD# Value	98 - Refused to answer
GAD1. Feeling nervous, anxious or on edge	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>		98 - <input type="checkbox"/>
GAD2. Not being able to stop or control worrying	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>		98 - <input type="checkbox"/>
Total (GAD1 + GAD2)						

If total ≥3, ANSWER GAD3-GAD8. Otherwise, GO TO DS1.

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

	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly everyday	96 - Not Applicable	98 - Refused to answer
GAD3. Worrying too much about different things	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
GAD4. Trouble relaxing	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
GAD5. Being so restless that it is hard to sit still	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
GAD6. Becoming easily annoyed or irritable	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
GAD7. Feeling afraid as if something awful might happen	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>

	0 - Not difficult at all	1 - Somewhat difficult	2 - Very difficult	3 - Extremely difficult	96 - Not Applicable	98 - Refused to answer
GAD8. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>

DS1. How often do people dislike you because of your ethnic group or race-- often, sometimes, rarely or never?

_____ Often	_____ Don't Know
_____ Sometimes	_____ Refused
_____ Rarely	_____ Skipped
_____ Never	

DS2. How often do people treat you unfairly because of your ethnic group or race-- often, sometimes, rarely or never?

_____ Often	_____ Don't Know
_____ Sometimes	_____ Refused
_____ Rarely	_____ Skipped
_____ Never	

AS1. Do you feel guilty for leaving family or friends in your country of origin?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

AS2. Do you feel that in the United States you have the respect you had in your country of origin?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

AS3. Do you feel that living out of your country of origin has limited your contact with family or friends?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

AS4. Do you find it hard interacting with others because of difficulties you have with the English language?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

AS5. Do people treat you badly because they think you do not speak English well or speak with an accent?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

AS7. Do you find it difficult to find the work you want because you are of South Asian descent?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

AS8. Have you been questioned about your legal status?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

AS9. Do you avoid seeking services from a social or government agency due to fear of immigration officials?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

AS10. Do you avoid seeking health services due to fear of immigration officials?

____ Yes
____ No

____ Don't Know
____ Refused
____ Skipped

Social Support and Capital:**SS1. Who do you turn to when you need emotional support? [READ ALL; CHOOSE ALL THAT APPLY]**

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> spouse/partner | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> family member | <input type="checkbox"/> Refused |
| <input type="checkbox"/> friend | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> religious advisor | |
| <input type="checkbox"/> other | |
| <input type="checkbox"/> don't have anyone | |
| <input type="checkbox"/> community health worker | |

SS2. When you need emotional support, you are able to get it: [READ ALL, CHECK ONLY ONE]

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> None of the time | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> A little of the time | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> Most of the time | |
| <input type="checkbox"/> All the time | |

SS3. What types of groups, organizations, and associations have you have been involved in, participated in or attended over the past 12 months?*[READ ALL; CHECK ALL THAT APPLY]*

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Faith-based institutions (eg. church, gurdwara, mosque, temple, etc) | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Cultural (such as arts-based organizations) | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Social, sports or recreation groups | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> Union, worker or other organizing collective (such as a group for worker's rights, women's rights, immigrant's, etc) | |
| <input type="checkbox"/> Public interest groups, political action groups, political clubs, or party committees | |
| <input type="checkbox"/> Other [WRITE IN GROUP] _____ | |
| <input type="checkbox"/> None | |

[READ SS4 only if checked more than one group in SS3]

SS4. What is the one type of group that is most important to you?

_____ [WRITE IN GROUP]

- | |
|-------------------------------------|
| <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Refused |
| <input type="checkbox"/> Skipped |

Social integration**SI1. Have you communicated with friends or family on the phone, Skype, email, etc. during the past 2 weeks? (includes friends or family in the United States or another country)**

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Talked to <i>neither</i> friends nor family | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Talked to <i>either</i> friends or family | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Talked to <i>both</i> friends and family | <input type="checkbox"/> Skipped |

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

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Gotten together with <i>neither</i> friends nor family | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Gotten together with <i>either</i> friends or family | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Gotten together with <i>both</i> friends and family | <input type="checkbox"/> Skipped |

Social Trust /reciprocity

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

_____ Trust them a lot	_____ Don't Know
_____ Trust them some	_____ Refused
_____ Trust them only a little	_____ Skipped
_____ Trust them not at all	

STR2. Have people in your neighborhood ever worked together to improve the neighborhood?

[For example, through a neighborhood watch, creating a community garden, building a community playground, or participating in a block party, etc.]

_____ Yes	_____ Don't Know
_____ No	_____ Refused
	_____ Skipped

STR3. How likely would one or more members of your community group be there for you to bring you a meal if you were sick?

_____ Very likely	_____ Don't Know
_____ Likely	_____ Refused
_____ Not Likely	_____ Skipped
_____ Not at all	

Bridging Social Capital**BSC1. Your close friends are... ?**

_____ All in the same ethnic group as you	_____ Don't Know
_____ More are in the same ethnic group as you than not	_____ Refused
_____ About half and half	_____ Skipped
_____ More are members of a different ethnic group than you	
_____ Not members of your ethnic group	

Religion**REL0. What is your present religion, if any?**

(INTERVIEWER: If Respondent says "nothing in particular, none, no religion, etc.")

PROMPT WITH: and would you say that's atheist, agnostic, or just nothing in particular?)

_____ Sikh	
_____ Muslim (Islam)	
_____ Hindu	
_____ Buddhist	
_____ Atheist (do not believe in God)	_____ Don't Know
_____ Agnostic (not sure if there is a God)	_____ Refused
_____ Other [SPECIFY:] _____	_____ Skipped
_____ Nothing in particular	

REL1. Are you a MEMBER of a local church, gurdwara, mosque, temple or other religious or spiritual community?

_____ Yes	_____ Don't Know
_____ No	_____ Refused
	_____ Skipped

REL2. How often do you attend religious services (eg.diwan, keertan, path)?

UI: _____

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_____ More than once a week
 _____ Once a week
 _____ Once or twice a month
 _____ A few times a year
 _____ Seldom
 _____ Never

_____ Don't Know
 _____ Refused
 _____ Skipped

REL3. In the past 12 months, have you taken part in any sort of activity with people at your church, mosque, temple or place of worship other than attending services? This might include teaching at its school, serving on a committee, attending choir rehearsal, retreat, social event, lecture or any other things.

_____ Yes
 _____ No

_____ Don't Know
 _____ Refused
 _____ Skipped

Mental Health:

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

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

If total ≥ 3 , ANSWER PHQ3-PHQ9. Otherwise, GO TO FS1.

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

	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly everyday	9 - Not Applicable	98 - Refused to answer
PHQ3. Trouble falling asleep, staying asleep, or sleeping too much	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ4. Feeling tired or having little energy	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ5. Poor appetite or overeating	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ6. Feeling bad about yourself or that you're a failure or have let yourself or your family down	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ7. Trouble concentrating on things, such as reading the newspaper or watching television	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ8. Moving or speaking so	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>

slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual

PHQ9. Thoughts that you would be better off dead or of hurting yourself in some way.

0 - ☐1 - ☐2 - ☐3 - ☐96 - ☐98 - ☐

**0 - Not
difficult at
all**

**1 - Somewhat
difficult**

**2 - Very
difficult**

**3 - Extremely
difficult**

**96 - Not
Applicable**

**98 -
Refused
to
answer**

PHQ10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?

0 - ☐1 - ☐2 - ☐3 - ☐96 - ☐98 - ☐

Financial Situation

FS1. What is your annual household income?

_____ Less than \$10,000

_____ Between \$10,000 and \$19,999

_____ Between \$20,000 and \$29,999

_____ Between \$30,000 and \$39,999

_____ Between \$40,000 and \$49,999;

_____ \$50,000 or more

_____ Don't Know

_____ Refused

_____ Skipped

FS1A. In the past 12 months, was there a time when you/your household didn't pay the full amount of the rent or mortgage because you didn't have enough money?

_____ Yes

_____ No

_____ Don't Know

_____ Refused

_____ Skipped

[CONTINUE, QUESTIONS NEXT PAGE TO BE ADMINISTERED BY SOMEONE OTHER THAN THE CHW]

Community Health Worker Questions [To be administered by someone other than the Project CHW]**CH0. Do you know what Community Health Workers are and what they do?**

_____ Yes

_____ No

_____ Refused

_____ Skipped

CH1. Have you had prior experiences with Community Health Workers?

If asked to define, say: "Community members who are professionals trained to work with communities to address health needs holistically by providing information on wellness, nutrition, stress relief, and prevention or control of diseases in a culturally appropriate manner."

_____ Yes

_____ No [If No, Continue to CH4]

_____ Don't Know

_____ Refused

_____ Skipped

CH4. Would you say that you use UNITED SIKHS as a resource a lot, some, only a little, or not at all?

_____ Use them a lot

_____ Use them some

_____ Use them only a little

_____ Do not use them at all

_____ Don't Know

_____ Refused

_____ Skipped

CHW9. How much do you trust each of the following when discussing health concerns?

	Trust them a lot	Trust them some	Trust them only a little	Trust them not at all	Don't Know
a. Community Health Worker					
b1. Community Health Worker's organization: UNITED SIKHS					
b2. Community Health Worker's partner organization: NYU School of Medicine					
e. Primary Care Doctor					
f. Health professionals besides doctors that may give health information (such as nurses, assistants, etc).					

CHW 13-14. To what extent do you agree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
13. The Community health worker understands my culture					
14. I can be honest with my CHW					

END OF SURVEY