

UID: \_\_\_\_\_

PROJECT RICE FOLLOW-UP SURVEY (6-MONTH) SA v. 10.22.2012

<b><u>DATE OF INTERVIEW:</u></b>  Date ____/____/____  Location: _____	<b><u>INTERVIEWER INITIALS:</u></b> ____  <b><u>DATE:</u></b> ____  <b><u>MODE:</u></b> ____ In-Person
<b><u>PARTICIPANT'S INFORMATION :</u></b>  C1: Name _____  CONFIRM PARTICIPANT'S CONTACT INFORMATION AGAINST THE PARTICIPANT CONTACT SHEET. UPDATE AS NEEDED.  <input type="checkbox"/> Contact Information Has NOT Changed  <input type="checkbox"/> Contact Information Has Changed [NOTE CHANGES BELOW]	

[IF NOT CHW, SAY]: My name is \_\_\_\_\_. I am helping administer surveys with Project RICE.

[EVERYONE SAY]: Thank you again for your participation in this important program. The survey will take approximately 30 to 45 minutes to complete. For your time, we will be providing you with a \$10 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.

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

INTERVIEWER: "I am going to start this survey by asking about your employment status".

**D10. What is your employment status?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Employed fulltime for wages       | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Self-employed                     | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Part time (one job)               | <input type="checkbox"/> Skipped    |
| <input type="checkbox"/> Part time (multiple jobs)         |                                     |
| <input type="checkbox"/> Student                           |                                     |
| <input type="checkbox"/> Unemployed for less than one year |                                     |
| <input type="checkbox"/> Unemployed for one year or more   |                                     |
| <input type="checkbox"/> Retired                           |                                     |
| <input type="checkbox"/> Unable to work                    |                                     |
| <input type="checkbox"/> Homemaker/Housewife               |                                     |
| <input type="checkbox"/> Other [WRITE IN:] _____           |                                     |

**[Go to D13 if unemployed, retired, student, unable to work or homemaker]**

**D11. When do you work? [READ ALL; CHECK ALL THAT APPLY]**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Day (9AM-5PM)   | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Night (5PM-9AM) | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Weekday         | <input type="checkbox"/> Skipped    |
| <input type="checkbox"/> Weekend         |                                     |

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

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| _____ [WRITE IN NUMBER OF HOURS] | <input type="checkbox"/> Don't Know |
|                                  | <input type="checkbox"/> Refused    |
|                                  | <input type="checkbox"/> Skipped    |

**Access to Care**

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

**AC1. In the past THREE 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:] _____                          |                                     |

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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: _____   |                                     |

**AC3. 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 - In Korea             |                                     |
| <input type="checkbox"/> No                         | <input type="checkbox"/> Refused    |
|   | <input type="checkbox"/> Skipped    |

**AC4. Where do you go to get medical care or attention? [CHECK ALL THAT APPLY]**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Community Clinic (specify: _____)                                       | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Hospital (specify: _____)   | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Private Doctor (specify: _____)   | <input type="checkbox"/> Skipped    |
| <input type="checkbox"/> Traditional Healer (eg. Provider of acupuncture, traditional medicines) |                                     |
| <input type="checkbox"/> Self-care   |                                     |
| <input type="checkbox"/> Other: _____  |                                     |

### **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]**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Skipped    |
| <input type="checkbox"/> Fair      |                                     |
| <input type="checkbox"/> Poor      |                                     |

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**HS2. Screenings**

	a) Within the past SIX months, have you received a check-up or screening for:			
	Yes	No	Don't know	Refused
Blood pressure				
Cholesterol				
Glucose/ Blood sugar				
Dental exam				
Breast cancer e.g mammogram or clinical breast exam				
Colon cancer e.g colonoscopy				

**Commented [jz1]:** Part C was deleted from the table and moved below.

HS2. c) Has a doctor, nurse, or other health professional **IN THE LAST 6 MONTHS** 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**)  
☐ 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

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**Breast cancer?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don't Know

\_\_\_ Refused

\_\_\_ Skipped

**Colon cancer?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don't Know

\_\_\_ Refused

\_\_\_ Skipped

**HS3. Have you begun taking any NEW medications in the last SIX months?**

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

\_\_\_ Does not take any medications

**HS3B. Have you STOPPED taking any medications in the last SIX months that you were previously taking?**

\_\_\_ Yes – Which medication(s) \_\_\_\_\_

\_\_\_ No

**HS5. In the last SIX months, have you had any health problems or illnesses that may have affected your ability to benefit from this program?**

\_\_\_ cancer- list type \_\_\_\_\_

\_\_\_ heart attack

\_\_\_ stroke

\_\_\_ accident

\_\_\_ depression

\_\_\_ other- list type \_\_\_\_\_

\_\_\_ NONE

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**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?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes                   | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> No [IF NO, GO TO PA6] | <input type="checkbox"/> Refused    |
|  | <input type="checkbox"/> 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?**  
[If no activities, then enter 0 days]

**Commented [jz2]:** NOTE: We switched the order of moderate and vigorous so that the moderate questions come first.

- |  |
|--|
| <input type="checkbox"/> Days per week                   |
| <input type="checkbox"/> Don't Know/Not Sure [GO TO PA5] |
| <input type="checkbox"/> Refused [GO TO PA5]             |

**PA4a. What moderate physical activities did you perform?**

- |  |
|--|
| <input type="checkbox"/> Brisk walking                     |
| <input type="checkbox"/> Carrying shopping bags or laundry |
| <input type="checkbox"/> Gardening                         |
| <input type="checkbox"/> Stretching                        |
| <input type="checkbox"/> 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]

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

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

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**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 [GO TO PA3]  
\_\_\_\_\_ Refused [GO TO PA3]

**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]

- \_\_\_\_\_ Hours per day      or \_\_\_\_\_ 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      \_\_\_\_\_ Don't Know  
\_\_\_\_\_ Not very sure      \_\_\_\_\_ Refused  
\_\_\_\_\_ Somewhat sure      \_\_\_\_\_ Skipped  
\_\_\_\_\_ Very sure

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

- \_\_\_\_\_ Not at all sure      \_\_\_\_\_ Don't Know  
\_\_\_\_\_ Not very sure      \_\_\_\_\_ Refused  
\_\_\_\_\_ Somewhat sure      \_\_\_\_\_ Skipped  
\_\_\_\_\_ Very sure

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

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

- \_\_\_\_\_ Agree      \_\_\_\_\_ Don't Know  
\_\_\_\_\_ Disagree      \_\_\_\_\_ Refused  
\_\_\_\_\_ Skipped

c. I am not motivated to exercise.

- \_\_\_\_\_ Agree      \_\_\_\_\_ Don't Know  
\_\_\_\_\_ Disagree      \_\_\_\_\_ Refused  
\_\_\_\_\_ Skipped

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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?				

PA9. Since participating in this program, are you exercising more?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Don't Know

\_\_\_\_\_ Refused

\_\_\_\_\_ Skipped



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**Smoking**

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 in your community? All responses in this survey will be kept completely confidential.

**S1. Do you use paan (parag)/gutka/Zarda/ or gul?**

\_\_\_\_\_ Yes \_\_\_\_\_ (indicate which form of tobacco is used)  
\_\_\_\_\_ No [GO TO QUESTION S3]

\_\_\_\_\_ Don't know  
\_\_\_\_\_ Refused  
\_\_\_\_\_ 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  
\_\_\_\_\_ A few times a week  
\_\_\_\_\_ A few times a month  
\_\_\_\_\_ Less than a few times a month

\_\_\_\_\_ Don't know  
\_\_\_\_\_ Refused  
\_\_\_\_\_ Skipped

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

\_\_\_\_\_ Yes [GO TO QUESTION S4]  
\_\_\_\_\_ No [GO TO QUESTION AL1]

\_\_\_\_\_ Don't know  
\_\_\_\_\_ Refused  
\_\_\_\_\_ 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

**Alcohol**

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

\_\_\_\_\_ Yes  
\_\_\_\_\_ No [GO TO QUESTION N1]

\_\_\_\_\_ Don't Know  
\_\_\_\_\_ Refused  
\_\_\_\_\_ 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]

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**Nutrition**

Over 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	

**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	

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Over the past week:

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

_____ 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	

**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 1½ cups	
_____ 1½ to 2 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	

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Over the past week:

**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	

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

**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

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Over the past week:

**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

**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		
_____ Ghee	_____ Vegetable Oil	_____ Don't Know
_____ Butter	_____ Corn Oil	_____ Refused
_____ Sesame Oil		_____ Skipped
_____ 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

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Over the past week:

**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?**

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

**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 N15]	_____ Don't Know
_____ Yes	_____ Refused
	_____ Skipped

**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	

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Over the past week:

**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 |                  |

**N17. How often did you eat foods or snacks that are fried, (such as pakoras, samosas, pooris, bhujia, sev, chirva, fried chicken)?**

- |                               |                  |
|-------------------------------|------------------|
| _____ 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] | _____ 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                                 |                  |

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**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   | _____ Don't Know |
| _____ ½ to 1½ ounces      | _____ Refused    |
| _____ More than 1½ ounces | _____ 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                   | _____ 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 |                  |

**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   | _____ Don't Know |
| _____ Sometimes               | _____ Refused    |
| _____ Often                   | _____ Skipped    |
| _____ Almost always or always |                  |

**FB3. How often do you either fry foods while cooking or eat foods that are fried?**

- |  |                  |
|--|------------------|
| _____ Never or less than 1 time per week | _____ 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            |                  |

**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 | _____ 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            |                  |



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<b>FB5. Portion control:</b>	Almost never or never	Some times	Often	Almost always or always	Don't know
<b>How often do you:</b>					
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?					

<b>FB6. Preparation/ buying</b>	Almost never or never	Some times	Often	Almost always or always	Don't know
<b>How often do you:</b>					
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]**

<input type="checkbox"/> Calories	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Sodium	<input type="checkbox"/> Refused
<input type="checkbox"/> Fats and cholesterol	<input type="checkbox"/> Skipped
<input type="checkbox"/> Sugar	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Don't read labels on foods <i>[GO TO QUESTION FB10]</i>	

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

<input type="checkbox"/> Very Well	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Well	<input type="checkbox"/> Refused
<input type="checkbox"/> Not Well	<input type="checkbox"/> Skipped
<input type="checkbox"/> Not at all	

<b>FB10. Do you agree with the following statements:</b>	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.		

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6. It is uncomfortable for me 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.**

<i>Are you confident that you can...</i>	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.			

**FB12. What changes have you made to your diet since being involved with this program?**

\_\_\_\_\_ ☐ None  
 \_\_\_\_\_ ☐ Refused  
 \_\_\_\_\_ ☐ Don't Know

**FB13. What changes have you made to your cooking since being involved with this program?**

\_\_\_\_\_ ☐ None  
 \_\_\_\_\_ ☐ Don't Cook  
 \_\_\_\_\_ ☐ Refused  
 \_\_\_\_\_ ☐ Don't Know

**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 Asian American (ie. 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				

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

<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> Baked chicken	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Rice	<input type="checkbox"/> Refused
<input type="checkbox"/> Cheese	<input type="checkbox"/> Skipped
<input type="checkbox"/> Peanut butter	

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

<input type="checkbox"/> Nerve disease	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Refused
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Skipped
<input type="checkbox"/> Eye disease	

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

<input type="checkbox"/> Vision problems	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Refused
<input type="checkbox"/> Nerve problems	<input type="checkbox"/> Skipped
<input type="checkbox"/> Lung problems	

**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):**

<input type="checkbox"/> Fruit juice.	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Margarine	<input type="checkbox"/> Refused
<input type="checkbox"/> Soft drinks	<input type="checkbox"/> Skipped
<input type="checkbox"/> Sugar	

**DK7. Insulin causes blood sugar to:**

<input type="checkbox"/> Decrease.	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Increase.	<input type="checkbox"/> Refused
<input type="checkbox"/> Neither A nor B above	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> 90 minutes each week	<input type="checkbox"/> Don't Know
<input type="checkbox"/> 10 minutes every day	<input type="checkbox"/> Refused
<input type="checkbox"/> 15 minutes for 5 days each week	<input type="checkbox"/> Skipped
<input type="checkbox"/> 150 minutes each week	

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**Self Efficacy:**

**SE1. How often do you have to make your own health related decisions? [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	

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

	<b>1 - Yes</b>	<b>2 - No</b>
a. Family member who is not a Health Professional	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
b. Family Member who is a Health Professional	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
c. Friends	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
d. Medical Professional who is not a family member	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
e. Traditional Healer	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
f. Priest or Minister	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
g. Just myself	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
h. Community Health Worker	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>
i. Other: _____		

**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	_____ Don't Know
_____ A little of the time	_____ Refused
_____ Some of the time	_____ Skipped
_____ Most of the time	
_____ All of the time	

**SE3. Do you feel comfortable going to the doctor alone? [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	

**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	

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**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.**

	<b>4 – A very great deal</b>	<b>3 – Some</b>	<b>2 – A little</b>	<b>1 – None</b>	<b>99 – Don't know</b>	<b>98 – Refused</b>	<b>97 – SKIPPED</b>
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?**

	<b>0 - Not at all</b>	<b>1 - Several days</b>	<b>2 - More than half the days</b>	<b>3 - Nearly everyday</b>	<b>GAD# Value</b>	<b>98 - Refused to answer</b>
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"/>
<b>Total (GAD1 + GAD2)</b>						

**If total  $\geq 3$ , ANSWER GAD3-GAD8. Otherwise, GO TO SS1.**

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

	<b>0 -Not at all</b>	<b>1 - Several days</b>	<b>2 - More than half the days</b>	<b>3 - early veryday</b>	<b>96 - Not Applicable</b>	<b>98 - Refused to answer</b>
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"/>

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	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?

<input type="checkbox"/> Often	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Refused
<input type="checkbox"/> Rarely	<input type="checkbox"/> Skipped
<input type="checkbox"/> Never	

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

<input type="checkbox"/> Often	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Refused
<input type="checkbox"/> Rarely	<input type="checkbox"/> Skipped
<input type="checkbox"/> Never	

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

**AS8. Have you been questioned about your legal status?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> 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 THREE 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]

\_\_\_\_\_ Don't Know  
\_\_\_\_\_ Refused  
\_\_\_\_\_ 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)**

\_\_\_\_\_ Talked to *neither* friends nor family \_\_\_\_\_ Don't Know  
\_\_\_\_\_ Talked to *either* friends or family \_\_\_\_\_ Refused  
\_\_\_\_\_ Talked to *both* friends and family \_\_\_\_\_ Skipped

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

\_\_\_\_\_ Gotten together with *neither* friends nor family \_\_\_\_\_ Don't Know  
\_\_\_\_\_ Gotten together with *either* friends or family \_\_\_\_\_ Refused  
\_\_\_\_\_ Gotten together with *both* friends and family \_\_\_\_\_ 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



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**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  $\geq 3$ , 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 slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>
PHQ9. Thoughts that you would be better off dead or of hurting yourself in some way.	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>

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	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 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	96 - <input type="checkbox"/>	98 - <input type="checkbox"/>

**Financial Situation**

**FS1. What is your annual household income?**

<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Between \$10,000 and \$19,999	<input type="checkbox"/> Refused
<input type="checkbox"/> Between \$20,000 and \$29,999	<input type="checkbox"/> Skipped
<input type="checkbox"/> Between \$30,000 and \$39,999	
<input type="checkbox"/> Between \$40,000 and \$49,999;	
<input type="checkbox"/> \$50,000 or more	

**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?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused
	<input type="checkbox"/> Skipped

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**CONTROL GROUP PARTICIPANTS ONLY**

**Interaction with Program Participants**

**CON1. Have you had any contact with people participating in the Project RICE educational sessions?**

_____ Yes	[Go to CON2]	_____ Don't Know
_____ No	[End Survey]	_____ Refused
		_____ Skipped

**CON2. How often have you discussed with these participants what they have learned in the Project RICE program or read materials they have received?**

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

**CON3. Have you had any contact with Community Health Workers (CHWs) for Project RICE, NOT INCLUDING surveys or tests administered?**

_____ Yes	[Go to CON4]	_____ Don't Know
_____ No	[End Survey]	_____ Refused
		_____ Skipped

**CON4. How often have you had any contact with Community Health Workers (CHWs) for Project RICE, NOT INCLUDING surveys or tests administered?**

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

[For Control Group, END SURVEY]

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

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**INTERVENTION GROUP PARTICIPANTS ONLY**

**Community Health Worker Questions [To be administered by someone other than the Project CHW]**

**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 ☐ Don't Know  
☐ Use them some ☐ Refused  
☐ Use them only a little ☐ Skipped  
☐ Do not use them at all

**CHW4. How often did the Community Health Worker explain to you the benefits of changing unhealthy lifestyle habits?**

☐ Never ☐ Don't Know  
☐ Rarely ☐ Refused  
☐ Sometimes ☐ SKIPPED  
☐ Always

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

[For "Don't Know, Refused, Skipped," please indicate in the box which response was given as the following: **DK** = Don't Know, **R** = Refused, **S** = Skipped]

	Trust them a lot	Trust them some	Trust them only a little	Trust them not at all	Don't Know / Refused/ Skipped
a. Community Health Worker					
b. Community Health Worker's organization: UNITED SIKHS					
CH5: 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).					
g. Family members					
h. Friends					

**CHW10. How much of the time does each of the following treat you with respect and dignity? [DK = Don't Know, R = Refused, S = Skipped]**

	Great deal of the time	A fair amount	Not too much	Not at all	Don't Know / Refused/ Skipped
a. Community Health Worker					
c. Primary care doctor					
d. Health professionals besides doctors that may give health information (such as nurses, assistants, etc).					

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**CHW11. For which of the following do you think you and the CHW are similar?**

**[READ ALL, CHECK ALL THAT APPLY]**

<input type="checkbox"/> Country of birth	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Region of birth	<input type="checkbox"/> Refused
<input type="checkbox"/> Language	<input type="checkbox"/> Skipped
<input type="checkbox"/> Culture	
<input type="checkbox"/> Being an immigrant	
<input type="checkbox"/> Gender	
<input type="checkbox"/> Religion	
<input type="checkbox"/> Health problems	

**CHW12. For which of the following do you think are important for you and the CHW to be similar? [READ ALL, CHECK ALL THAT APPLY]**

<input type="checkbox"/> Country of birth	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Region of birth	<input type="checkbox"/> Refused
<input type="checkbox"/> Language	<input type="checkbox"/> Skipped
<input type="checkbox"/> Culture	
<input type="checkbox"/> Being an immigrant	
<input type="checkbox"/> Gender	
<input type="checkbox"/> Religion	
<input type="checkbox"/> Health problems	

[DK = Don't Know, R = Refused, S = Skipped]

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know/ Refused/ Skipped
13. The Community health worker understands my culture					
14. I can be honest with my CHW					
15. I am able to tell my CHW things that I cannot tell my doctor					
16. I am able to tell my CHW things that I cannot tell the person who provides me health education such as a nurse					
17. The community health worker answered my concerns and questions					
18. The community health worker helped me to change my behaviors					
19. I see a doctor more often because of the community health worker					
20. I feel more confident asking my doctor questions because of the Community Health Worker					
21. I would not be able to prevent diabetes without the help of my community health worker					
22. The CHW helped connect me with other people in my community					

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23. I am able to speak with my CHW about issues other than diabetes						
24. The CHW referred me to people who could help me with problems other than health issues (housing, social services, domestic issues, etc)						

CHW25. Overall, how satisfied were you with the community health worker?

0      1      2      3      4      5      6      7      8      9      10  
 Not      A      50/50      Very      Totally  
 at all      Little Satisfied      Satisfied      Satisfied

**Program Satisfaction**

PE1. How did you feel about the number of educational sessions in the Project RICE program (there were 6 sessions in total):

- \_\_\_\_\_ Just right
- \_\_\_\_\_ Too many sessions
- \_\_\_\_\_ Not enough sessions

PE2. How did you feel about the length of time of each educational session?

- \_\_\_\_\_ Just right
- \_\_\_\_\_ The sessions were too long
- \_\_\_\_\_ The sessions were too short

PE3. How did you feel about the number of follow-up phone calls that were conducted?

- \_\_\_\_\_ Just right
- \_\_\_\_\_ Too many follow-up phone calls
- \_\_\_\_\_ Too few follow-up phone calls

PE4. In your opinion, the length of time between sessions should be:

- \_\_\_\_\_ 2 weeks
- \_\_\_\_\_ 3 weeks
- \_\_\_\_\_ 4 weeks

PE5. What factors prevented you from coming to sessions or other components of the program?  
 (Check all that apply)

- \_\_\_\_\_ Did not have transportation to sessions
- \_\_\_\_\_ Family obligations or influence
- \_\_\_\_\_ Lack of child-care
- \_\_\_\_\_ Work schedule conflicted with sessions
- \_\_\_\_\_ Lack of interest
- \_\_\_\_\_ Session location was not convenient for me
- \_\_\_\_\_ Too many questionnaires to complete
- \_\_\_\_\_ Travel to home country conflicted with sessions
- \_\_\_\_\_ Other \_\_\_\_\_

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**PE 6. Would you be willing to serve as a volunteer for the program in the future (for example, help administer surveys to future participants or share experiences with future participants)**

\_\_\_\_\_ Yes  
\_\_\_\_\_ No  
\_\_\_\_\_ Maybe

**PE 7. To what extent do you think the Project RICE program provided:**

	A lot	Somewhat	Not at all
<i>clear and detailed information on diabetes and diabetes prevention</i>			
<i>education and training on specific strategies to meet diabetes prevention goals</i>			
<i>assistance to increase personal motivation and confidence</i>			
<i>social and peer support</i>			

**PE8. Please tell us what you liked most about the program.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PE9. Please tell us what you did not like about the program.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PE11. Please tell us what changes can be made to improve the program.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PE12. Overall, how satisfied were you with the Project RICE program?**

0	1	2	3	4	5	6	7	8	9	10
Not		A			50/50			Very		Totally
at all	Little	Satisfied					Satisfied		Satisfied	

**END OF SURVEY**