

<p><u>DATE OF INTERVIEW:</u></p> <p>Date ____/____/____</p> <p>Location: _____</p>	<p><u>INTERVIEWER INITIALS:</u> _____</p> <p><u>DATE:</u> _____</p> <p><u>MODE:</u></p> <p>____ In-Person</p>
<p><u>PARTICIPANT'S INFORMATION :</u></p> <p>C1: Name _____</p> <p>CONFIRM PARTICIPANT'S CONTACT INFORMATION AGAINST THE PARTICIPANT CONTACT SHEET. UPDATE AS NEEDED.</p>	

[IF NOT CHW, SAY]: My name is _____. I am 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.

<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>Did the participant eat <u>or drink (excluding water)</u> within the last 2 hours?</p> <p>____ YES (wait to take blood tests)</p> <p>____ NO (take blood tests)</p>	<p><u>INTERVIEWER NAME:</u> _____</p> <p>WEIGHT: _____ lbs. HEIGHT: ____ ft ____ in.</p> <p>WAIST: _____ in.</p> <p><u>Measure the distance around the smallest area of waist, usually just above the belly button.</u></p> <p>HIP: _____ in.</p> <p><u>Measure the distance around the largest area of hips, usually the widest part of the buttocks.</u></p> <p>BLOOD PRESSURE: L1: R1: R2:</p> <p><u>2-HOUR FASTING TESTS:</u></p> <p>GLUCOSE: _____</p> <p>CHOLESTEROL: _____</p>
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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 in New York City".

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:] _____ | |

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 - Outside the United States [WRITE IN:] _____ | |
| <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 | |

HS2. Screenings

	a) Within the past THREE 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				

HS2. c) Has a doctor, nurse, or other health professional IN THE LAST 3 MONTHS told you that you have any of the following:

High blood pressure?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> No (not at all) | <input type="checkbox"/> Refused |
| <input type="checkbox"/> No, BUT told borderline high or pre-hypertensive | <input type="checkbox"/> Skipped |

High cholesterol?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> No (not at all) | <input type="checkbox"/> Refused |
| <input type="checkbox"/> No, BUT told borderline high | <input type="checkbox"/> Skipped |

Diabetes?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Yes (NOTE: PLEASE INFORM NYU COORDINATOR AFTER COMPLETION) | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Yes, but only during pregnancy (gestational diabetes) | |
| <input type="checkbox"/> No (not at all) | <input type="checkbox"/> Refused |
| <input type="checkbox"/> No, BUT told high sugar or pre-diabetic | <input type="checkbox"/> Skipped |

Dental problems?

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

Breast cancer?

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

Colon cancer?

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

HS3. Have you begun taking any NEW medications in the last THREE 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 3 months that you were previously taking?

___ Yes – Which medication(s) _____
 ___ No

HS5. In the last THREE 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 _____

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
 ___ No [IF NO, GO TO PA6]

___ Don't Know
 ___ 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?				

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	

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	

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
_____ 1 to 1½ cups	
_____ 1½ to 2½ 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	_____ Refused
_____ 1-2 pieces/slices	
_____ 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	

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	_____ Don't Know
_____ 1 to 2 cups	_____ Refused
_____ 2 to 3 cups	
_____ 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

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] | _____ 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 | |

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 (such as pakoras, samosas, pooris, bhujia, sev, chirva, fried chicken)?

- | | |
|--|------------------|
| _____ 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	

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

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

_____ Very Well	_____ Don't Know
_____ Well	_____ Refused
_____ Not Well	_____ Skipped
_____ Not at all	

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 you can...	Yes	No
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	_____ Don't know
_____ Some days	_____ Refused
_____ Not at all	_____ 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	_____ Don't Know
_____ No	_____ Refused
	_____ Skipped

Alcohol

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

_____ Yes	_____ Don't Know
_____ No [GO TO QUESTION N1]	
_____ Do not wish to answer	_____ Skipped

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

_____ Rarely (on special occasions)	_____ Don't Know
_____ Occasionally (once a month)	_____ Refused
_____ Once a week	_____ Skipped
_____ Regularly (several times a week)	
_____ Every day	

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	_____ Don't Know
_____ three to four drinks	_____ Refused
_____ five or more drinks	_____ 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.	_____ Don't Know
_____ Increase.	_____ Refused
_____ Neither A nor B above	_____ Skipped

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

_____ 90 minutes each week	_____ Don't Know
_____ 10 minutes every day	_____ Refused
_____ 15 minutes for 5 days each week	_____ Skipped
_____ 150 minutes each week	

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)

	1 - Yes	2 - No
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	

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.

	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 SS1.

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?

<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

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]

- | | |
|-------------------------------|------------------|
| _____ spouse/partner | _____ Don't Know |
| _____ family member | _____ Refused |
| _____ friend | _____ Skipped |
| _____ religious advisor | |
| _____ other | |
| _____ don't have anyone | |
| _____ community health worker | |

SS2. When you need emotional support, you are able to get it: [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 | |

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]

- | | |
|--|------------------|
| _____ Faith-based institutions (eg. church, gurdwara, mosque, temple, etc) | _____ Don't Know |
| _____ Cultural (such as arts-based organizations) | _____ Refused |
| _____ Social, sports or recreation groups | _____ Skipped |
| _____ Union, worker or other organizing collective (such as a group for worker's rights, women's rights, immigrant's, etc) | |
| _____ Public interest groups, political action groups, political clubs, or party committees | |
| _____ Other [WRITE IN GROUP] _____ | |
| _____ 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 <i>neither</i> friends nor family | _____ Don't Know |
| _____ Talked to <i>either</i> friends or family | _____ Refused |
| _____ Talked to <i>both</i> friends and family | _____ Skipped |

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

- | | |
|--|------------------|
| _____ Gotten together with <i>neither</i> friends nor family | _____ Don't Know |
| _____ Gotten together with <i>either</i> friends or family | _____ Refused |
| _____ Gotten together with <i>both</i> 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	

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 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"/>
	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

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]

INTERVENTION GROUP PARTICIPANTS ONLY
Community Health Worker Questions [To be administered by someone other than the Project CHW]

INTERVIEWER: "Now I'm going to ask you a few questions about Community Health Workers. Your answers will remain confidential and your Community Health Worker will not know how you responded."

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	

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					
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).					

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).					

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

[READ ALL, CHECK ALL THAT APPLY]

_____ Country of birth	_____ Refused
_____ Region of birth	_____ Don't Know
_____ Language	_____ Skipped
_____ Culture	
_____ Being an immigrant	
_____ Gender	
_____ Religion	
_____ 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]

_____ Country of birth	_____ Refused
_____ Region of birth	_____ Don't Know
_____ Language	_____ Skipped
_____ Culture	
_____ Being an immigrant	
_____ Gender	
_____ Religion	
_____ 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					

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22. The CHW helped connect me with other people in my community					
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		

END OF SURVEY