

|  |  |
|--|--|
| <p><b><u>DATE OF INTERVIEW:</u></b></p> <p>Date ____/____/____</p> <p>Location: _____</p>  | <p><b><u>INTERVIEWER INITIALS:</u></b> _____</p> <p><b><u>DATE:</u></b> _____</p> <p><b><u>MODE:</u></b></p> <p>____ In-Person</p> |
| <p><b><u>PARTICIPANT'S INFORMATION :</u></b></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 helping administer surveys with Project RICE.

[EVERYONE SAY]: Thank you again for your participation in this important program. This 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><b><u>DATE AND TIME OF INTERVIEW:</u></b></p> <p>Date ____/____/____</p> <p>Time Started _____ AM/PM</p> <p>Time Ended _____ AM/PM</p> <p>Location: _____</p> <p>Did the participant eat within the last 2 hours? ____ YES (wait to take blood tests)</p> <p>____ NO (take blood tests)</p> | <p><b><u>INTERVIEWER NAME:</u></b> _____</p> <p><b>WEIGHT:</b> _____ lbs.      <b>HEIGHT:</b> _____ ft _____ in.</p> <p><b>WAIST:</b> _____ in.</p> <p>Measure the distance around the smallest area of waist, usually just above the belly button.</p> <p><b>HIP:</b> _____ in.</p> <p>Measure the distance around the largest area of hips, usually the widest part of the buttocks.</p> <p><b>BLOOD PRESSURE:</b> L1: _____ R1: _____ R2: _____</p> <p><b><u>2-HOUR FASTING TESTS:</u></b></p> <p><b>GLUCOSE:</b> _____</p> <p><b>CHOLESTEROL:</b> _____</p> |
|--|---|

**Demographic and Social Variables**

INTERVIEWER: "I am going to start this survey by asking you 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 AC1 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?**

- |   |                                     |
|---|-------------------------------------|
| <input type="text"/> [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:] _____                          |                                     |

**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      |                                     |

## 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<br>e.g mammogram or clinical breast exam |   |    |            |         |
| Colon cancer<br>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?

- ☐ 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

### 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 THREE months?**

|                                     | Yes | No | Don't know | Name of medication |
|-------------------------------------|-----|----|------------|--------------------|
| Blood pressure medication           |     |    |            |                    |
| Cholesterol medication              |     |    |            |                    |
| Diabetes medication                 |     |    |            |                    |
| Other medications                   |     |    |            |                    |
| Alternative/traditional medications |     |    |            |                    |

\_\_\_\_ 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?

[If no activities, then enter 0 days]

- \_\_\_\_\_ Days per week
- \_\_\_\_\_ Don't Know/Not Sure [GO TO PA5]
- \_\_\_\_\_ Refused [GO TO PA5]

**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 PA3]
- \_\_\_\_\_ 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]*

\_\_\_\_\_ 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

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

\_\_\_\_\_ Agree

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

\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused

\_\_\_\_\_ Skipped

f. Health problems prevent me from exercising.

\_\_\_\_\_ Agree

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

\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused

\_\_\_\_\_ Skipped

g. I don't like to exercise.

\_\_\_\_\_ Agree

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

\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused

\_\_\_\_\_ Skipped

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

\_\_\_\_\_ Agree

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

\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused

\_\_\_\_\_ Skipped

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

\_\_\_\_\_ Agree

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

\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused

\_\_\_\_\_ Skipped

| <b>PA8 Social interaction, physical activity</b>   | <b>Almost<br/>never</b> | <b>Sometimes</b> | <b>Often</b> | <b>Almost<br/>always</b> |
|--|-------------------------|------------------|--------------|--------------------------|
| 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?   |                         |                  |              |                          |

### **Smoking**

#### **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]

**Nutrition**

Over the past week:

**N1. How often did you drink soda (such as Coke or Sprite) or sweet drinks (such as fruit juice, shikhae, or bubble tea)?**

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

Over the past week:

**N3. How often did you eat fruits (such as oranges, apples, pears, melon, 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 green onions, lettuce, mushrooms, peppers, broccoli, zucchini, cucumbers, 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 jook, noorungi, or oatmeal)?**

- |  |                  |
|--|------------------|
| _____ 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 (jak kob bap)?**

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

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

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

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

Over the past week:

**N6. How often did you eat bread, such as sliced bread, rolls, or rice cake (dduk)?**

|  |                  |
|--|------------------|
| _____ 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?**

|                               |                  |
|-------------------------------|------------------|
| _____ 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 (gook-soo myun), such as neng myun (cold buckwheat noodles), kal gook-soo, Jan Chi Gook-soo or jja jang myun (white flour noodles), or Ramyun?**

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

Over the past week:

**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, or lamb?**

- |   |                  |
|---|------------------|
| _____ Never or less than 1 time per week [GO TO QUESTION N10] | _____ 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 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 tuna, salmon, mackerel, crab, shrimp, squid, oysters?**

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

Over the past week:

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

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

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

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

**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 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 or honey to what you eat or drink or during cooking?**

- |                               |                  |
|-------------------------------|------------------|
| _____ Almost never or never   | _____ 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 (such as cakes, cookies, cream bbang, candy, ice cream, frozen yogurt, 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 kimchi, myulchi, 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 |                  |

**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 (Bon Chon Chicken) 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 fried mandoo, tempura, Korean pancakes, fried chicken, tonkatsu)?**

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

| <b>FB5. Portion control:</b><br><b>How often do you:</b>                                   | Almost<br>never or<br>never | Some<br>times | Often | Almost<br>always or<br>always | Don't<br>know |
|--|-----------------------------|---------------|-------|-------------------------------|---------------|
| 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><br><b>How often do you:</b>  | Almost<br>never or<br>never | Some<br>times | Often | Almost<br>always or<br>always | Don't<br>know |
|--|-----------------------------|---------------|-------|-------------------------------|---------------|
| 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]?<br>(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"/> Well       | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Not Well   | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> 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.**

| Do you think you will be able to...?                    | Yes | No |
|---|-----|----|
| 1... stay on a healthy diet.                            |     |    |
| 2... cook a healthy diet.                               |     |    |
| 3... decrease the amount of sugar and sweets 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.             |     |    |

**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 Korean 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]**

- |  |                                     |
|--|-------------------------------------|
| <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           |                                     |

**Self Efficacy:**

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

**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.**

|   | <b>4 –<br/>A very<br/>great deal</b> | <b>3 –<br/>Some</b>          | <b>2 – A<br/>little</b>      | <b>1 –<br/>None</b>          | <b>99 –<br/>Don't<br/>know</b> | <b>98 –<br/>Refused</b>       | <b>97 –<br/>SKIPPED</b>       |
|---|--------------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------------|-------------------------------|
| SMa. <b>Financial situation</b>                   | 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. <b>Family/personal</b>                       | 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. <b>Health</b>                                | 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. <b>Adapting to life here in<br/>the U.S.</b> | 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. <b>Work</b>                                  | 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<br/>at all</b>    | <b>1 - Several<br/>days</b>  | <b>2 - More than<br/>half the days</b> | <b>3 - Nearly<br/>everyday</b> | <b>GAD#<br/>Value</b> | <b>98 - Refused<br/>to answer</b> |
|---|------------------------------|------------------------------|--|--------------------------------|-----------------------|-----------------------------------|
| GAD1. Feeling nervous, anxious or<br>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<br>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<br/>at all</b>     | <b>1 - Several<br/>days</b>  | <b>2 - Mor<br/>than half<br/>the days</b> | <b>3 - Nearly<br/>everyday</b> | <b>96 - Not<br/>Applicable</b> | <b>98 -<br/>Refused<br/>to answr</b> |
|--|------------------------------|------------------------------|---|--------------------------------|--------------------------------|--------------------------------------|
| GAD3. Worrying too much<br>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<br>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<br>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<br>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<br>difficult at<br>all | 1 - Somewhat<br>difficult    | 2 - Very<br>difficult        | 3 - Extremely<br>difficult   | 96 - Not<br>Applicable        | 98 -<br>Refused<br>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"/> |

### **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 (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 women's rights group, immigrant's rights group, 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<br>at all            | 1 - Several<br>days          | 2 - More than<br>half the days | 3 - Nearly<br>everyday       | PHQ#<br>Value | 98 - Refused<br>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?

|  | <b>0 -<br/>Not at<br/>all</b> | <b>1 - Several<br/>days</b>  | <b>2 - More than<br/>half the<br/>days</b> | <b>3 - Nearly<br/>everyday</b> | <b>9 - Not<br/>Applicable</b> | <b>98 -<br/>Refused to<br/>answer</b> |
|--|-------------------------------|------------------------------|--|--------------------------------|-------------------------------|---------------------------------------|
| 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"/>         |

|   | <b>0 - Not<br/>difficult at<br/>all</b> | <b>1 - Somewhat<br/>difficult</b> | <b>2 - Very<br/>difficult</b> | <b>3 - Extremely<br/>difficult</b> | <b>96 - Not<br/>Applicable</b> | <b>98 -<br/>Refused<br/>to<br/>answer</b> |
|---|---|-----------------------------------|-------------------------------|------------------------------------|--------------------------------|---|
| 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?**

|                                      |                  |
|--------------------------------------|------------------|
| _____ Less than \$10,000             | _____ Don't Know |
| _____ Between \$10,000 and \$19,999  | _____ Refused    |
| _____ Between \$20,000 and \$29,999  | _____ Skipped    |
| _____ Between \$30,000 and \$39,999  |                  |
| _____ Between \$40,000 and \$49,999; |                  |
| _____ \$50,000 or more               |                  |

***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 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 Korean Community Services (KCS) as a resource a lot, some, only a little, or not at all?**

☐ Use them a lot  
☐ Use them some  
☐ Use them only a little  
☐ Do not use them at all

☐ Don't Know  
☐ Refused  
☐ Skipped

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

[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 |
|--|------------------|-----------------|--------------------------|-----------------------|--------------------------------|
| <b>a. Community Health Worker</b>  |                  |                 |                          |                       |                                |
| <b>b. Community Health Worker's organization: Korean Community Services</b>  |                  |                 |                          |                       |                                |
| <b>CH5: Community Health Worker's partner organization: NYU School of Medicine</b>                                 |                  |                 |                          |                       |                                |
| <b>e. Primary Care Doctor</b>  |                  |                 |                          |                       |                                |
| <b>f. Health professionals besides doctors that may give health information (such as nurses, assistants, etc).</b> |                  |                 |                          |                       |                                |
| <b>g. Family members</b>   |                  |                 |                          |                       |                                |
| <b>h. Friends</b>  |                  |                 |                          |                       |                                |

**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 |
|--|------------------------|---------------|--------------|------------|--------------------------------|
| <b>a. Community Health Worker</b>  |                        |               |              |            |                                |
| <b>c. Primary Care Doctor</b>  |                        |               |              |            |                                |
| <b>d. Health professionals besides doctors that may give health information (such as nurses, assistants, etc).</b> |                        |               |              |            |                                |



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

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

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

|               |          |                       |          |          |          |          |           |                   |           |           |
|---------------|----------|-----------------------|----------|----------|----------|----------|-----------|-------------------|-----------|-----------|
| <b>0</b>      | <b>1</b> | <b>2</b>              | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b>  | <b>8</b>          | <b>9</b>  | <b>10</b> |
| Not<br>at all |          | A<br>Little Satisfied |          |          | 50/50    |          | Satisfied | Very<br>Satisfied | Satisfied | Totally   |

**END OF SURVEY**