

UI: _____

12 Month Survey_Version Date 08/01/2012

<p><u>DATE AND TIME 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>___ Phone</p>
<p><u>PARTICIPANT'S INFORMATION :</u> <input type="checkbox"/> Contact Information Has Not Changed</p> <p>C1: Name _____</p> <p>C2: Home Phone _____</p> <p>C3: Cell Phone _____</p> <p>C4: Email Address _____</p> <p>C5: Address _____</p> <p>C6: Zip Code _____</p>	

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My name is _____. I am with the NYU Center for the Study of Asian American Health.

Thank you again for agreeing to participate in this study. The survey will take approximately 30 to 45 minutes to complete. For your time, we will be providing you with an international phone card or similar small incentive. Again, the information you provide in the survey is completely confidential. If at any time, you are confused about a question, please let me know.

<p><u>DATE AND TIME OF INTERVIEW:</u></p> <p>Date ____/____/____</p> <p>Time Started _____ AM/PM</p> <p>Time Ended _____ AM/PM</p> <p>Location: _____</p>	<p><u>INTERVIEWER NAME:</u> _____</p> <p><u>WEIGHT:</u> _____ lbs.</p> <p><u>WAIST:</u> _____ in.</p> <p><u>HIP:</u> _____ in.</p> <p><u>BLOOD PRESSURE:</u> L1: _____ R1: _____ R2: _____</p>
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Demographic and Social Variables

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

D1. What is your employment status? [READ ALL, CHECK ONLY ONE]

- | | |
|--|-------------------------------------|
| <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 [SKIP TO AC1] | |
| <input type="checkbox"/> Unemployed for less than one year [SKIP TO AC1] | |
| <input type="checkbox"/> Unemployed for one year or more [SKIP TO AC1] | |
| <input type="checkbox"/> Retired [SKIP TO AC1] | |
| <input type="checkbox"/> Unable to work [SKIP TO AC1] | |
| <input type="checkbox"/> Homemaker/Housewife [SKIP TO AC1] | |
| <input type="checkbox"/> Other [WRITE IN:] _____ | |

D2. 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 | |

D3. 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 these 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"/> Refused |
| <input type="checkbox"/> transportation problems | <input type="checkbox"/> SKIPPED |
| <input type="checkbox"/> Different language | |
| <input type="checkbox"/> Didn't know where to go to get care | |
| <input type="checkbox"/> Couldn't get child care | |
| <input type="checkbox"/> Didn't have time or took too long | |
| <input type="checkbox"/> Other [WRITE IN:] _____ | |

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

AC1B: Which of these 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"/> Refused |
| <input type="checkbox"/> transportation problems | <input type="checkbox"/> SKIPPED |
| <input type="checkbox"/> Different language | |
| <input type="checkbox"/> Didn't know where to go to get care | |
| <input type="checkbox"/> Couldn't get child care | |
| <input type="checkbox"/> Didn't have time or took too long | |
| <input type="checkbox"/> Other [WRITE IN:] _____ | |

AC2. 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 | |
| <input type="checkbox"/> Family Member who is a Health Professional | |
| <input type="checkbox"/> Self-care | |
| <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?

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

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AC4. Healthcare Experiences	Strongly Agree	Agree	Disagree	Strongly Disagree	Refused/ Skipped
To what extent do you agree with the following two statements?					
1. The last time I visited my diabetes doctor, I felt that the doctor understood my background and values;					
2. The last time I visited my diabetes doctor, I had a hard time speaking with or understanding the doctor because I and the doctor spoke different languages;					

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. Have you ever ... ?

[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]

Screening	Received a check up or screening for the following?			If yes, when did you last receive this screening?				Has a Doctor, nurse or health professional ever told you that you have (or have problems with)...			Are you currently taking medication for...		
	Y e s	N o	Don't Know/ Refused/ Skipped	Less than 1 yr	1-2 YRS	2+ YRS	Don't Know/ Refused/ Skipped	Yes	No	Don't Know/ Refused/ Skipped/	Yes	No	Don't Know/ Refused/ Skipped
High Blood Pressure													
High Cholesterol													
High Blood Sugar													
Dental (Teeth Problems)													
Breast Cancer (mammogram)													
Colon Cancer (colonoscopy)													

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 physical activity?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Refused |
| <input type="checkbox"/> No [IF NO, GO TO PA6] | <input type="checkbox"/> Don't Know |
| | <input type="checkbox"/> SKIPPED |

PA2. During the last 7 days, on how many days did you do large effort physical activities that 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.

- Days per week **[If no activities, then enter 0 days, 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. How much time did you usually spend doing these hard types of physical activities on one of those days? *[If participant answers that the length of time varies, ask them to think about a normal day or the last day they did these types of physical activities]*

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

"Now 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 [If no activities, then enter 0 days, GO TO PA6]
- _____ Don't Know/Not Sure [GO TO PA6]
- _____ Refused [GO TO PA6]

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 | _____ Refused |
| | _____ Don't Know |
| | _____ SKIPPED |

PA6. How much confidence do you have about each of the following ...

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

- | | |
|------------------------------|------------------|
| _____ No confidence | _____ Refused |
| _____ Very little confidence | _____ Don't Know |
| _____ Moderate confidence | _____ SKIPPED |
| _____ A lot of confidence | |

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

- | | |
|------------------------------|------------------|
| _____ No confidence | _____ Refused |
| _____ Very little confidence | _____ Don't Know |
| _____ Moderate confidence | _____ SKIPPED |
| _____ A lot of confidence | |

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

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

- | | |
|----------------|------------------|
| _____ Agree | _____ Refused |
| _____ Disagree | _____ Don't Know |
| | _____ SKIPPED |

b. **I am not motivated to exercise.**

- | | |
|----------------|------------------|
| _____ Agree | _____ Refused |
| _____ Disagree | _____ Don't Know |
| | _____ SKIPPED |

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

_____ Agree
_____ Disagree

_____ Refused
_____ Don't Know
_____ SKIPPED

d. Health problems prevent me from exercising.

_____ Agree
_____ Disagree

_____ Refused
_____ Don't Know
_____ SKIPPED

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

_____ Agree
_____ Disagree

_____ Refused
_____ Don't Know
_____ SKIPPED

Smoking

S1. Do you use paan/gutka/ tobacco/ Zarda or gul?

_____ Yes _____ (*indicate which form of tobacco is used*)
_____ No

_____ Refused
_____ Don't Know
_____ SKIPPED

S2. If you DO use these, how often do you use them? [READ ALL; CHECK ONLY ONE]

_____ A few times a day
_____ A few times a week
_____ A few times a month
_____ Less than a few times a month

_____ Refused
_____ Don't Know
_____ SKIPPED

S3. Do you currently smoke cigarettes?

_____ Yes
_____ No [GO TO QUESTION N1]

_____ Refused
_____ Don't Know
_____ SKIPPED

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

_____ Every day
_____ Some days
_____ Not at all

_____ Refused
_____ Don't Know
_____ SKIPPED

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

_____ (Enter number)

_____ Refused
_____ Don't Know
_____ SKIPPED

S6. During the past 3 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

_____ Yes
_____ No

_____ Refused
_____ Don't Know
_____ SKIPPED

Nutrition

Over the past week:

N1. How often did you drink soda (such as Coke or Pepsi) or sweet drinks (such as fruit juice)?

- | | |
|---------------------------------|------------------|
| _____ Never [GO TO QUESTION N2] | _____ Refused |
| _____ 1-6 times per week | _____ Don't Know |
| _____ 1 time per day | _____ SKIPPED |
| _____ 2-5 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 or bottle | _____ Refused |
| _____ 12-16 ounces or 1 can or bottle | _____ Don't Know |
| _____ 16-24 ounces ore 1-2 cans or bottles | _____ SKIPPED |
| _____ More than 24 ounces or 2 cans or bottles | |

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

N2. How often did you drink water (including tap, bottled, and unsweetened carbonated water)?

- | | |
|---------------------------------|------------------|
| _____ Never [GO TO QUESTION N3] | _____ Refused |
| _____ 1-2 times per week | _____ Don't Know |
| _____ 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 can, bottle or glass | _____ Refused |
| _____ 12-24 ounces or 1 to 2 bottles, cans or glasses | _____ Don't Know |
| _____ More than 24 ounces or more than 2 bottles, cans or glasses | _____ SKIPPED |

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

- | | |
|-------------------------------|------------------|
| _____ Never | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 1 time per day | |
| _____ 2 or more times per day | |

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N4. How often did you eat vegetables or greens, such as eggplant, cauliflower, spinach, etc., but not including potatoes?

- | | |
|---------------------------------|------------------|
| _____ Never [GO TO QUESTION N5] | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 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 picture of measuring cup to indicate size]

- | | |
|-----------------------|------------------|
| _____ Less than ½ cup | _____ Refused |
| _____ 1/2 to 1 cup | _____ Don't Know |
| _____ More than 1 cup | _____ SKIPPED |

N5. How often did you eat rice or other cooked grains (such as chira, muri, oatmeal, or shabudana)?

- | | |
|---------------------------------|------------------|
| _____ Never [GO TO QUESTION N6] | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 1 time per day | |
| _____ 2 or more times per day | |

N5A. How often did you eat brown rice?

- | | |
|-------------------------------|------------------|
| _____ Almost never or never | _____ Refused |
| _____ Sometimes | _____ Don't Know |
| _____ 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 or medium sized tea cup to show unit size]

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

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

- | | |
|---------------------------------|------------------|
| _____ Never [GO TO QUESTION N8] | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 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 | _____ Refused |
| _____ 1 piece/slice | _____ Don't Know |
| _____ 1-2 pieces/slices | _____ SKIPPED |
| _____ More than 2 pieces/slices | |

N6B. How often did you eat whole wheat bread?

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

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

- | | |
|---------------------------------|------------------|
| _____ Never [GO TO QUESTION N9] | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 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 | _____ Refused |
| _____ 4 to 6 ounces | _____ Don't Know |
| _____ More than 6 ounces | _____ SKIPPED |

N9. How often did you eat beef, goat, or lamb?

- | | |
|----------------------------------|------------------|
| _____ Never [GO TO QUESTION N10] | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 1 time per day | |
| _____ 2 or more times per day | |

N9A. Each time you ate beef, goat, or lamb how much did you usually eat? Note: 3 ounces is approximately equal to the palm of your hand) [Interviewers: point to photo of small bowl of curry.]

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

N10. How often did you eat fish or shellfish (such as rui, ilish, or changri [shrimp])?

- | | |
|---|------------------|
| _____ Never or less than 1 time per week [GO TO QUESTION N11] | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 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 the palm of your hand) [Interviewers: point to photo of small bowl of curry.]

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

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

- | | | | |
|-------|--|-------|------------|
| _____ | Margarine | _____ | Refused |
| _____ | Ghee/Butter | _____ | Don't Know |
| _____ | Lard, fatback, or bacon fat | _____ | SKIPPED |
| _____ | Vegetable Oil or Corn Oil | | |
| _____ | Olive Oil | | |
| _____ | Canola or Rapeseed Oil | | |
| _____ | Other kinds of oils (such as olive, mustard, soybean, peanut, sunflower, coconut oils or sprays) | | |
| _____ | [IF OTHER, WRITE IN TYPE OF OIL/FAT/SPRAY] _____ | | |
| _____ | None of the above | | |

N13. Did you add sugar or honey to what you eat or drink (such as fruit, vegetables, tea, coffee)? (not including Splenda, Sweet-n-low, Equal or other artificial sweeteners)

- | | | | |
|-------|-------------------------|-------|------------|
| _____ | No [GO TO QUESTION N14] | _____ | Refused |
| _____ | Yes | _____ | Don't Know |
| | | _____ | SKIPPED |

N13A. How often did you add sugar or honey to what you eat or drink?

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

N13B. Each time sugar or honey was added to what you eat or drink, how much was usually added?

- | | | | |
|-------|-----------------------|-------|------------|
| _____ | Less than 1 teaspoon | _____ | Refused |
| _____ | 1 to 3 teaspoons | _____ | Don't Know |
| _____ | More than 3 teaspoons | _____ | SKIPPED |

N14. How often did you eat sweets (such as cakes, cookies, candy, ice cream, or other types of sweets)? (Do not include fresh fruits.)

- | | | | |
|-------|-------------------------|-------|------------|
| _____ | Never | _____ | Refused |
| _____ | 1 time per week | _____ | Don't Know |
| _____ | 2-6 times per week | _____ | SKIPPED |
| _____ | 1 time per day | | |
| _____ | 2 or more times per day | | |

N15. How often did you eat salty foods or snacks (such as chanachoor, achar, etc.)?

- | | | | |
|-------|-------------------------|-------|------------|
| _____ | Never | _____ | Refused |
| _____ | 1 time per week | _____ | Don't Know |
| _____ | 2-6 times per week | _____ | SKIPPED |
| _____ | 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 outside of the home (including street carts, take-out, etc.)?

- | | |
|-------------------------------|------------------|
| _____ Never | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 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 | _____ Refused |
| _____ Sometimes | _____ Don't Know |
| _____ Often | _____ SKIPPED |
| _____ Almost always or always | |

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

- | | |
|-------------------------------|------------------|
| _____ Never | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 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 | _____ Refused |
| _____ 1 time per week | _____ Don't Know |
| _____ 2-6 times per week | _____ SKIPPED |
| _____ 1 time per day | |
| _____ 2 or more times per day | |

FB5.

Portion control: How often do you:	Almost Never or Never	Sometimes	Often	Almost Always or Always
1. Refuse offers of food when you were not hungry?				
2. Try to limit the number of food servings you ate?				
3. Try to limit the size of food servings you ate?				
4. Try to find something else to do instead of snacking?				

FB6.

Preparation/ buying	Almost Never or Never	Sometimes	Often	Almost Always or Always	N/A
How often do you:					
1. Cut off visible fat from meat?					
2. Buy low-fat or non-fat versions of dairy products, such as milk, yogurt, or cheese? (This includes 1% and skim varieties).					
3. Limit high-fat extras such as ghee, butter, gravy sauces, and salad dressings?					

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

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Calories | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Sodium | <input type="checkbox"/> Don't Know |
| <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 [GO TO QUESTION FB10] | |

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

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Well | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Well | <input type="checkbox"/> Don't Know |
| <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	N/A
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 uncomfortable for me to refuse unhealthy foods when they are offered to me at get-togethers.			
6. I do not like how healthier foods taste.			
7. I do not cook healthier foods because my family does not like them.			

FB11.

Are you confident that you can?	Yes	No	
1... stay on a Healthy diet.			
2... can cook a Healthy diet.			N/A
3...decrease the amount of sugar and sweets you eat.			
4... decrease the amount of fat and cholesterol in the foods you eat.			

FB12. What changes have you made to your diet or to the way you eat since being involved with the DREAM Project?

_____	_____ None
_____	_____ Refused
_____	_____ Don't Know

FB13. What changes have you made to your cooking since being involved with the DREAM Project?

_____	_____ None
_____	_____ Don't Cook
_____	_____ Refused
_____	_____ Don't Know

Diabetes Management and Knowledge

DM1. Do you know what Hemoglobin A1c or HBA1c is? [READ ALL; CHECK ONLY ONE]

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

DM2. What is your most recent Hemoglobin A1c?

_____ [WRITE OUT LEVEL]	_____ Refused
	_____ Don't Know
	_____ SKIPPED

DM3. [If don't know A1C level in question DM2] What is your average blood glucose reading?

_____ [WRITE OUT LEVEL]	_____ Refused
	_____ Don't Know
	_____ SKIPPED

DM4. How often do you test your blood sugar? [READ ALL; CHECK ONLY ONE]

_____ Daily	_____ Refused
_____ Weekly	_____ Don't Know
_____ Monthly	_____ SKIPPED
_____ Every six months	
_____ When I feel sick	
_____ Never	

DM5. How do you manage your diabetes? [READ ALL; CHECK ALL THAT APPLY]

_____ Medication/Insulin	_____ Refused
_____ Physical activity/exercise	_____ Don't Know
_____ Diet control	_____ SKIPPED
_____ Traditional practices	
_____ Other	
_____ No Management	

DM8. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. [CHOOSE ONE; WRITE IN NUMBER OF TIMES]

- | | |
|-----------------------|------------------|
| _____ Times per day | _____ Refused |
| _____ Times per week | _____ Don't Know |
| _____ Times per month | _____ SKIPPED |
| _____ Times per year | |
| _____ No feet | |
| _____ Never | |

DM10. About how many times in the past 6 months have you seen a doctor, nurse, or other health professional for your diabetes?

- | | |
|----------------------------------|------------------|
| _____ [WRITE IN NUMBER OF TIMES] | _____ Refused |
| _____ None | _____ Don't Know |
| | _____ SKIPPED |

DM11. About how many times in the past 3 months has a health professional checked your feet for any sores or irritations?

- | | |
|----------------------------------|------------------|
| _____ [WRITE IN NUMBER OF TIMES] | _____ Refused |
| _____ None | _____ Don't Know |
| | _____ SKIPPED |

DM12. When was the last time you had an eye exam in which the pupils were dilated?

- | | |
|--|------------------|
| _____ Within the past month (anytime less than 1 month ago) | _____ Refused |
| _____ Within the past year (1 month but less than 12 months ago) | _____ Don't know |
| _____ Within the past 2 years (1 year but less than 2 years ago) | _____ SKIPPED |
| _____ 2 or more years ago | |
| _____ Never | |

INTERVIEWER: "Next, I am going to ask you general questions to know see how much you know about food and nutrition."

FN3. Hemoglobin A1c is a test that is a measure of your average blood sugar level for the past:

[READ ALL; CIRCLE ONLY ONE]

- | | |
|-------------|------------------|
| a) Days | _____ Refused |
| b) Weeks | _____ Don't Know |
| c) 3 months | _____ SKIPPED |
| d) 6 months | |

FN5. What effect does fruit juice have on blood glucose? [READ ALL; CIRCLE ONLY ONE]

- | | |
|------------------|------------------|
| a) Lowers it | _____ Refused |
| b) Raises it | _____ Don't Know |
| c) Has no effect | _____ SKIPPED |

FN6. For a person in good diabetes control, what effect does exercise have on blood glucose?

[READ ALL; CIRCLE ONLY ONE]

- | | |
|------------------|------------------|
| a) Lowers it | _____ Refused |
| b) Raises it | _____ Don't Know |
| c) Has no effect | _____ SKIPPED |

FN7. Infection is likely to cause: [READ ALL; CIRCLE ONLY ONE]

- a) An increase in blood glucose _____ Refused
- b) A decrease in blood glucose _____ Don't Know
- c) No change in blood glucose _____ SKIPPED

FN8. The best way to take care of your feet is to: [READ ALL; CIRCLE ONLY ONE]

- a) Look at them and wash them each day _____ Refused
- b) Massage them with alcohol each day _____ Don't Know
- c) Soak them for one hour each day _____ SKIPPED
- d) Buy shoes larger than usual _____

FN9. Eating foods lower in fat decreases your risk for: [READ ALL; CIRCLE ONLY ONE]

- a) Nerve disease _____ Refused
- b) Kidney disease _____ Don't Know
- c) Heart disease _____ SKIPPED
- d) Eye disease _____

FN10. Which of the following is usually not associated with diabetes: [READ ALL; CIRCLE ONLY ONE]

- a) Vision problems _____ Refused
- b) Kidney problems _____ Don't Know
- c) Nerve problems _____ SKIPPED
- d) Lung problems _____

FN11. Numbness and tingling may be symptoms of: [READ ALL; CIRCLE ONLY ONE]

- a) Kidney disease _____ Refused
- b) Nerve disease _____ Don't Know
- c) Liver disease _____ SKIPPED
- d) Eye disease _____

FN12. Signs of high blood sugar include: [READ ALL; CIRCLE ONLY ONE]

- a) Shakiness _____ Refused
- b) Very thirsty _____ Don't Know
- c) Sweating _____ SKIPPED
- d) Drowsiness _____

Medication Adherence

INTERVIEWER: "Next, I am now going to ask medication related questions."

MA00. Has a doctor or other health professional ever prescribed you medication to help lower or control your diabetes?

- _____ Yes _____ Refused
- _____ No _____ Don't Know
- _____ _____ SKIPPED

MA0. Are you currently on medications for controlling your diabetes?

<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
<input type="checkbox"/> No [IF NO or DON'T KNOW, SKIP TO SE1]	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> SKIPPED

MA1. Do you sometimes forget to take your diabetes medications?

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

MA2. People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past 2 weeks, were there any days when you did not take your diabetes medication?

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

MA3. Have you ever cut back or stopped taking your diabetes medication without telling your doctor because you felt worse when you took it?

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

MA4. When you travel or leave home, do you sometimes forget to bring along your diabetes medications?

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

MA5. Did you take your diabetes medications yesterday?

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

MA6. When you feel like your diabetes symptoms are under control, do you sometimes stop taking your diabetes medications?

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

MA7. Taking diabetes medication everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your diabetes management plan?

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

MA8. How often do you have difficulty remembering to take all your diabetes medications?

<input type="checkbox"/> Never	
<input type="checkbox"/> Rarely	<input type="checkbox"/> Refused
<input type="checkbox"/> Once in a while	<input type="checkbox"/> Don't Know

UI: _____
_____ Sometimes
_____ Usually
_____ Always

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_____ SKIPPED

Self Efficacy:

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

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

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

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

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

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

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

Stress Management:

INTERVIEWER: "The next set of questions is relating to stress management".

SM1. In the past 2 weeks, how often have you felt stressed? [*READ ALL CHECK ONLY ONE*]

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

Social Support and Capital:

SS1. Who do you turn to when you need emotional support? [READ ALL; CHOOSE ALL THAT APPLY]

- | | |
|-------------------------------|------------------|
| _____ spouse/partner | _____ Refused |
| _____ family member | _____ Don't Know |
| _____ 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 | _____ Refused |
| _____ A little of the time | _____ Don't Know |
| _____ Some of the time | _____ SKIPPED |
| _____ Most of the time | |
| _____ All the time | |

SS3. Other than the DREAM Project, what types of groups, organizations, and associations have you been involved in, participated in or attended over the past 3 months? [READ ALL; CHECK ALL THAT APPLY]

- | | |
|--|------------------|
| ___ Faith-based institutions (church, mosque, temple, etc) | _____ Refused |
| ___ Cultural (such as arts-based organizations) | _____ Don't Know |
| ___ 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 [Go to SI1] | |

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

SS4. Of the groups you have been involved in, what is the one type of group that is most important to you?

- _____ [WRITE IN GROUP]
- | |
|------------------|
| _____ Refused |
| _____ Don't Know |
| _____ SKIPPED |

SOCIAL INTEGRATION

SI1. Have you communicated with friends or family on the phone during the past 2 weeks?

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

SOCIAL TRUST / RECIPROCITY

STR1. 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 | _____ Refused |
| _____ No | _____ Don't Know |
| | _____ SKIPPED |

STR2. 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 | _____ Refused |
| _____ Likely | _____ Don't Know |
| _____ Not Likely | _____ SKIPPED |
| _____ Not at all | |

RELIGION

REL1. How often do you attend religious services?

- | | |
|-----------------------------|------------------|
| _____ More than once a week | _____ Refused |
| _____ Once a week | _____ Don't Know |
| _____ Once or twice a month | _____ SKIPPED |
| _____ A few times a year | |
| _____ Seldom | |
| _____ Never | |

Mental Health:

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

	Not at all	Several days	More than half the days	Nearly every day	PHQ# Value	Refused
MH1. Little interest or pleasure in doing things.	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>		<input type="checkbox"/>
MH2. Feeling down, depressed, or hopeless.	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>		<input type="checkbox"/>
Total (MH1 + MH2)						
If total ≥3, ANSWER <u>MH3-MH9</u>. Otherwise, GO TO <u>FS1</u>.						

	Not at all	Several days	More than half the days	Nearly every day	Refused
MH3. 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"/>	<input type="checkbox"/>
MH4. Feeling tired or having little energy	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	<input type="checkbox"/>
MH5. Poor appetite or overeating	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	<input type="checkbox"/>
MH6. 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"/>	<input type="checkbox"/>
MH7. 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"/>	<input type="checkbox"/>
MH8. 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"/>	<input type="checkbox"/>
MH9. 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"/>	<input type="checkbox"/>

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult	N/A	Refused
MH10. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Situation

FS1. What is your annual household income?

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

[Interviewer: Skip the below question unless participant refused to answer FS1:]

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

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

Community Health Workers

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."

To what extent do you agree with the following statements? :

CHW18. The community health worker helped me to change my behaviors.

- | | |
|-------------------------|------------------|
| _____ Strongly Agree | _____ Refused |
| _____ Agree | _____ Don't Know |
| _____ Disagree | _____ SKIPPED |
| _____ Strongly Disagree | |

CHW19. I see a doctor more often because of the community health worker

- | | |
|-------------------------|------------------|
| _____ Strongly Agree | _____ Refused |
| _____ Agree | _____ Don't Know |
| _____ Disagree | _____ SKIPPED |
| _____ Strongly Disagree | |

CHW20. I feel more confident asking my doctor questions because of the Community Health Worker.

- | | |
|-------------------------|------------------|
| _____ Strongly Agree | _____ Refused |
| _____ Agree | _____ Don't Know |
| _____ Disagree | _____ SKIPPED |
| _____ Strongly Disagree | |

CHW21. I would not have been able to control diabetes without the help of my community health worker.

- | | |
|-------------------------|------------------|
| _____ Strongly Agree | _____ Refused |
| _____ Agree | _____ Don't Know |
| _____ Disagree | _____ SKIPPED |
| _____ Strongly Disagree | |

UI: _____

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CHW24. Overall, how satisfied were you with the community health worker?

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