

UI: \_\_\_\_\_

BASELINE SURVEY 08.01.2012

**DATE AND TIME OF INTERVIEW:**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location: \_\_\_\_\_

**INTERVIEWER INITIALS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MODE:**

\_\_\_ In-Person

**PARTICIPANT'S INFORMATION :**

C1: Name \_\_\_\_\_

C2: Home Phone \_\_\_\_\_

C3: Cell Phone \_\_\_\_\_

C4: Email Address \_\_\_\_\_

C5: Address \_\_\_\_\_

C6: Zip Code \_\_\_\_\_

C7: Birthday \_\_\_\_\_

C8: Gender \_\_\_\_\_

**OTHER CONTACT INFORMATION :**

C9: Name of Emergency Contact #1 \_\_\_\_\_

C10: Home Phone \_\_\_\_\_

C11: Cell Phone \_\_\_\_\_

C12: Name of Emergency Contact #2 \_\_\_\_\_

C13: Home Phone \_\_\_\_\_

C14: Cell Phone \_\_\_\_\_

C15: Name of Emergency Contact #3 \_\_\_\_\_

C16: Home Phone \_\_\_\_\_

C17: Cell Phone \_\_\_\_\_

UI: \_\_\_\_\_

My name is \_\_\_\_\_. I am with 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><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><b><u>INTERVIEWER NAME:</u></b> _____</p> <p><b><u>HEIGHT:</u></b> _____ in.</p> <p><b><u>WEIGHT:</u></b> _____ lbs.</p> <p><b><u>WAIST:</u></b> _____ in.</p> <p><b><u>HIP:</u></b> _____ in.</p> <p><b><u>BLOOD PRESSURE:</u></b> L1: _____ R1: _____ R2: _____</p>
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**Demographic and Social Variables**

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

**D1. What is your gender?**

- Female
- Male
- Don't Know
- Refused
- SKIPPED

**D2. What country were you born in?**

- Pakistan
- India
- Bangladesh
- United States [**GO TO QUESTION D6**]
- Other \_\_\_\_\_ [*WRITE IN ANSWER*]
- Don't Know
- Refused
- SKIPPED

**D3. What region of the country were you born in?**

- Dhaka Division
- Chittagong Division
- Rajshahi Division
- Kulna Division
- Sylhet Division
- Barisal Division
- Other \_\_\_\_\_ [*WRITE IN ANSWER*]
- Don't Know
- Refused
- SKIPPED

UI: \_\_\_\_\_

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

\_\_\_\_\_ [WRITE IN YEAR]

- Don't Know
- Refused
- SKIPPED

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

\_\_\_\_\_ [WRITE IN NUMBER]

- Don't Know
- Refused
- SKIPPED

**D6. What is your marital status?**

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

- Don't Know
- Refused
- SKIPPED

**D7. How many children do you have?**

\_\_\_\_\_ [WRITE IN NUMBER]

- Don't Know
- Refused
- SKIPPED

**D8. How many people are currently living with you who are:**

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

- Live Alone
- Don't Know
- Refused
- SKIPPED

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

\_\_\_\_\_ [WRITE IN]

\_\_\_\_\_

- Don't Know
- Refused
- SKIPPED

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

- |   |                                     |
|---|-------------------------------------|
| <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 <b>[GO TO D13]</b>                           |                                     |
| <input type="checkbox"/> Unemployed for less than one year <b>[GO TO D13]</b> |                                     |
| <input type="checkbox"/> Unemployed for one year or more <b>[GO TO D13]</b>   |                                     |
| <input type="checkbox"/> Retired <b>[GO TO D13]</b>                           |                                     |
| <input type="checkbox"/> Unable to work <b>[GO TO D13]</b>                    |                                     |
| <input type="checkbox"/> Homemaker/Housewife <b>[GO TO D13]</b>               |                                     |
| <input type="checkbox"/> Other [WRITE IN:] _____                              |                                     |

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

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

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

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

**D13. What is the highest level of education you have received (either in the US or abroad)?**

- |   |                                     |
|---|-------------------------------------|
| <i>[READ ALL; CHECK ONE]</i>  | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Elementary school;                             | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Junior high school/some high school;           | <input type="checkbox"/> SKIPPED    |
| <input type="checkbox"/> High school or GED;                            |                                     |
| <input type="checkbox"/> Technical/vocational school/associates degree; |                                     |
| <input type="checkbox"/> Some college or university;                    |                                     |
| <input type="checkbox"/> College or university graduate;                |                                     |
| <input type="checkbox"/> Graduate level/advanced degree;                |                                     |
| <input type="checkbox"/> No formal education/never attended school      |                                     |

**Acculturation:**

*INTERVIEWER: "The next set of questions is about how you like to access information on health and other important issues".*

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

- |  |  |
|--|--|
| <input type="checkbox"/> Bangla                  |  |
| <input type="checkbox"/> English                 |  |
| <input type="checkbox"/> Other [WRITE IN:] _____ |  |

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

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

**ACCESS TO CARE**

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

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

- Yes
- No [GO TO AC2]
- Don't Know
- Refused
- 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]**

- Couldn't afford care
- transportation problems
- Different language
- Didn't know where to go to get care
- Couldn't get child care
- Didn't have time or took too long
- Other [WRITE IN:] \_\_\_\_\_
- SKIPPED

**If only 1 box checked in AC1A, then 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]**

- Couldn't afford care
- transportation problems
- Different language
- Didn't know where to go to get care
- Couldn't get child care
- Didn't have time or took too long
- Other [WRITE IN:] \_\_\_\_\_
- SKIPPED

UI: \_\_\_\_\_

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

- Medicaid (“White Card”)
- Private insurance
- Other type of public/government insurance (family Health Plus)
- Medicare (“Blue and Red Card”)  Don't Know
- Work or company insurance  Refused
- Hospital card  SKIPPED
- Other: \_\_\_\_\_
- No health insurance

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

- Community Clinic (specify: \_\_\_\_\_)  Don't Know
- Hospital (specify: \_\_\_\_\_)  Refused
- Private Doctor (specify: \_\_\_\_\_)  SKIPPED
- Traditional Healer
- Family Member who is a Health Professional
- Self-care
- Other: \_\_\_\_\_

**AC4. 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?**

- Yes  Don't Know
- No  Refused
- SKIPPED

<b>AC7. Healthcare Experiences</b>	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]**

- Excellent  Don't Know
- Very Good  Refused
- Good  SKIPPED
- Fair
- 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 that you have (or have problems with)...			Are you currently taking medication for...			
	Yes	No	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)													

**HS3. Have any of your immediate family members [father, mother, sister(s), or brother(s)] ever had the following health conditions?**

	Yes	No	Don't Know	Refused	Skipped
a. Hypertension/high blood pressure					
b. High Cholesterol					
c. High Blood Sugar					
d. Dental Problems					
e. Heart Disease					
f. Stroke					

**GD1. [If Male, Skip to PA1] Were you ever diagnosed with gestational diabetes during pregnancy?**

- Yes
- No **[IF NO, GO TO PA6]**

- Refused
- Don't Know
- Skipped
- N/A – Never Pregnant

**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? [IF NO, GO TO PA6]**

- Yes
- No

- Refused
- Don't Know
- 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 **[GO TO PA4]**
- \_\_\_\_\_ Refused **[GO TO PA4]**

**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]**

\_\_\_\_\_ Minutes per day

- \_\_\_\_\_ Refused
- \_\_\_\_\_ Don't Know
- \_\_\_\_\_ SKIPPED



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“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
  - \_\_\_\_\_ Very little confidence
  - \_\_\_\_\_ Moderate confidence
  - \_\_\_\_\_ A lot of confidence
  - \_\_\_\_\_ Refused
  - \_\_\_\_\_ Don't Know
  - \_\_\_\_\_ SKIPPED
- b. ... Exercising for at least thirty minutes five times each week in the future.
  - \_\_\_\_\_ No confidence
  - \_\_\_\_\_ Very little confidence
  - \_\_\_\_\_ Moderate confidence
  - \_\_\_\_\_ A lot of confidence
  - \_\_\_\_\_ Refused
  - \_\_\_\_\_ Don't Know
  - \_\_\_\_\_ SKIPPED

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

- a. I don't have enough time to exercise.
  - \_\_\_\_\_ Agree
  - \_\_\_\_\_ Disagree
  - \_\_\_\_\_ Refused
  - \_\_\_\_\_ Don't Know

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\_\_\_\_\_ SKIPPED

c. I am not motivated to exercise.

\_\_\_\_\_ Agree  
\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

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

\_\_\_\_\_ Agree  
\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

f. Health problems prevent me from exercising.

\_\_\_\_\_ Agree  
\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

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

\_\_\_\_\_ Agree  
\_\_\_\_\_ Disagree

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

k. I don't exercise because I don't think it will benefit me.

\_\_\_\_\_ 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 [GO TO QUESTION S3]

\_\_\_\_\_ 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 AL1]

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

**S5. Do you smoke cigarettes every day, some days, or not at all?**

\_\_\_\_\_ Every day  
\_\_\_\_\_ Some days

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

UI: \_\_\_\_\_

**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 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

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

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

**Alcohol**

**AL1. Do you drink alcohol?**

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

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

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

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

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

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

\_\_\_\_\_ One to two drinks  
\_\_\_\_\_ three to four drinks  
\_\_\_\_\_ five or more drinks

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

\_\_\_\_\_ 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]  
\_\_\_\_\_ 1-6 times per week  
\_\_\_\_\_ 1 time per day  
\_\_\_\_\_ 2-5 times per day  
\_\_\_\_\_ 6 or more times per day

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

**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 or 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 or less than 1 time per week [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 |       |            |

**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 |                  |

Over the past week:

**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) [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    |

**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 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    |

Over the past week:

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

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

**N14. Did you add sugar or honey to what you eat or drink (such as fruit, vegetables, tea, coffee)?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> No [GO TO QUESTION N15] | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Yes                     | <input type="checkbox"/> Don't Know |
|  | <input type="checkbox"/> SKIPPED    |

**N14A. How often did you add sugar or honey to what you eat or drink?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Almost never or never   | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Sometimes               | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Often                   | <input type="checkbox"/> SKIPPED    |
| <input type="checkbox"/> Almost always or always |                                     |

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

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Less than 1 teaspoon  | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> 1 to 3 teaspoons      | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> More than 3 teaspoons | <input type="checkbox"/> SKIPPED    |

**N15. How often did you eat sweets (such as cakes, cookies, candy, ice cream, or other types of sweets)? (Do not include fresh fruits.)**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Never                   | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> 1 time per week         | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> 2-6 times per week      | <input type="checkbox"/> SKIPPED    |
| <input type="checkbox"/> 1 time per day          |                                     |
| <input type="checkbox"/> 2 or more times per day |                                     |
| <input type="checkbox"/> 2 or more times per day |                                     |

**N16. How often did you eat salty foods or snacks (such as chanachoor, achar, etc.)?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Never                   | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> 1 time per week         | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> 2-6 times per week      | <input type="checkbox"/> SKIPPED    |
| <input type="checkbox"/> 1 time per day          |                                     |
| <input type="checkbox"/> 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 |                  |
| _____ 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 |                  |
| _____ 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 |                  |
| _____ 2 or more times per day |                  |

**FB5.**

<b>Portion control:</b>	Almost Never or Never	Sometimes	Often	Almost Always or Always
<b>How often do you:</b>				
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.**

<b>Preparation/ buying</b>	Almost Never or Never	Sometimes	Often	Almost Always or Always	N/A
How often did you:					
1. Cut off visible fat from meat?					
2. Buy low-fat or non-fat versions of dairy products [such as milk, yogurt, 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.**

<b>Do you agree with the following statements:</b>	Disagree	Agree
1. It is difficult for me to choose a healthy snack.		
2. I cannot afford to buy healthier foods.		
3. I do not have the time to prepare healthier foods.		
4. There is no store for me to buy healthy foods.		
5. It is 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.**

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

**Diabetes Management and Knowledge**

**DM1. Do you know what Hemoglobin A1c or HbA1c is?** *[READ ALL; CHECK ONLY ONE]*

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

**DM2. What is your most recent Hemoglobin A1c?**

- |                                |                                     |
|--------------------------------|-------------------------------------|
| _____ <i>[WRITE OUT LEVEL]</i> | <input type="checkbox"/> Refused    |
|                                | <input type="checkbox"/> Don't Know |
|                                | <input type="checkbox"/> SKIPPED    |

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

- |                                |                                     |
|--------------------------------|-------------------------------------|
| _____ <i>[WRITE OUT LEVEL]</i> | <input type="checkbox"/> Refused    |
|                                | <input type="checkbox"/> Don't Know |
|                                | <input type="checkbox"/> SKIPPED    |

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

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Daily            | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Weekly           | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Monthly          | <input type="checkbox"/> SKIPPED    |
| <input type="checkbox"/> Every six months |                                     |
| <input type="checkbox"/> When I feel sick |                                     |
| <input type="checkbox"/> Never            |                                     |

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

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Medication/Insulin         | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Physical activity/exercise | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Diet control               | <input type="checkbox"/> SKIPPED    |
| <input type="checkbox"/> Traditional practices      |                                     |
| <input type="checkbox"/> Other                      |                                     |
| <input type="checkbox"/> 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]*

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Times per day   | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Times per week  | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Times per month | <input type="checkbox"/> SKIPPED    |
| <input type="checkbox"/> Times per year  |                                     |
| <input type="checkbox"/> No feet         |                                     |
| <input type="checkbox"/> Never           |                                     |

**DM9. About how many times in the past 3 months have you seen a doctor, nurse, or other health professional for your diabetes?**

- |   |                                     |
|---|-------------------------------------|
| _____ <i>[WRITE IN NUMBER OF TIMES]</i> | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> None           | <input type="checkbox"/> Don't Know |
|   | <input type="checkbox"/> SKIPPED    |

**DM10. About how many times in the past 12 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 12 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 much you know about food and nutrition. Choose any answer that you feel is correct. You will learn the correct answers in upcoming sessions.

**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?**

- \_\_\_\_\_ Yes \_\_\_\_\_ Refused
- \_\_\_\_\_ No \_\_\_\_\_ Don't Know
- \_\_\_\_\_ SKIPPED

[If NO or DON'T KNOW, Go to question SE1]

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

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

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

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

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

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

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

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

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

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

**MA5. Did you take your diabetes medications yesterday?**

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

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

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

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

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

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

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ SKIPPED

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

\_\_\_\_\_ Rarely  
\_\_\_\_\_ Once in a while  
\_\_\_\_\_ Sometimes  
\_\_\_\_\_ Usually  
\_\_\_\_\_ Always

\_\_\_\_\_ Refused  
\_\_\_\_\_ Don't Know  
\_\_\_\_\_ 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, worried, or upset? [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]**

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

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

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

**SS3. What types of groups, organizations, and associations have you have been involved in, participated in or attended over the past 12 months?**

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

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Faith-based institutions (church, mosque, temple, etc)   | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Cultural (such as arts-based organizations)  | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Social, sports or recreation groups  | <input type="checkbox"/> SKIPPED    |
| <input type="checkbox"/> Union, worker or other organizing collective (such as women's rights group, immigrant's rights group, etc) |                                     |
| <input type="checkbox"/> Public interest groups, political action groups, political clubs, or party committees                      |                                     |
| <input type="checkbox"/> Other [WRITE IN GROUP] _____   |                                     |
| <input type="checkbox"/> None [Go to SI1]   |                                     |

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

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

- \_\_\_\_\_ [WRITE IN GROUP]
- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> SKIPPED    |

**Social integration**

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

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

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

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

**STR3. 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    |

**STR4. 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**

**REL2. 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
<b>MH1.</b> 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"/>
<b>MH2.</b> Feeling down, depressed, or hopeless.	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>		<input type="checkbox"/>
<b>Total (MH1 + MH2)</b>						

**If total ≥3, ANSWER MH3-MH9. Otherwise, GO TO FS1.**



	Not at all	Several days	More than half the days	Nearly every day	Refused
<b>MH3.</b> 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"/>
<b>MH4.</b> 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"/>
<b>MH5.</b> Poor appetite or overeating	0 - <input type="checkbox"/>	1 - <input type="checkbox"/>	2 - <input type="checkbox"/>	3 - <input type="checkbox"/>	<input type="checkbox"/>
<b>MH6.</b> 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"/>
<b>MH7.</b> 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"/>
<b>MH8.</b> 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"/>
<b>MH9.</b> 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
<b>MH10.</b> 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?**

- |                          |                  |
|--------------------------|------------------|
| _____ \$15,000           | _____ Refused    |
| _____ \$15,001-25,000    | _____ Don't Know |
| _____ \$25,001-35,000    | _____ SKIPPED    |
| _____ \$35,001-45,000    |                  |
| _____ \$45,001-55,000    |                  |
| _____ \$55,001-65,000    |                  |
| _____ \$65,001-75,000    |                  |
| _____ \$75,001-85,000    |                  |
| _____ More than \$85,000 |                  |

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

**CHW0. Do you know what Community Health Workers are and what they do?**

- |           |               |
|-----------|---------------|
| _____ Yes | _____ Refused |
| _____ No  | _____ SKIPPED |

**CHW1. Before beginning this program, have you had prior experiences with Community Health Workers? (If asked to define, say: "Community members are professionals trained to work with communities to address health needs by providing information on wellness, nutrition, stress relief, and prevention or control of diseases in a culturally appropriate way.")**

- |                                   |                  |
|-----------------------------------|------------------|
| _____ Yes                         | _____ Don't Know |
| _____ No [If No, continue to CH4] | _____ Refused    |
|                                   | _____ Skipped    |

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

	Trust them a lot	Trust them some	Trust them only a little	Trust them not at all	Don't Know / Refused / Skipped
<b>a. Community Health Worker</b>					
<b>b. Community Health Worker's organization: New York University</b>					

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know / Refused / Skipped
<b>13. The Community health worker understands my culture</b>					
<b>14. I can be honest with my CHW</b>					