

ID NUMBER

Primary Interviewer ID

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Secondary Interviewer ID

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Date:

Time Started:

Time Finished:

Total Time:



SOUTH WEST BALTIMORE COMMUNITY HEALTH SURVEY

Morgan-Hopkins Center for Health Disparities Solutions
Johns Hopkins Bloomberg School of Public Health
624 N Broadway, Baltimore, MD 21205

SOUTH WEST BALTIMORE COMMUNITY HEALTH SURVEY

Now we are ready to begin the survey. First, we would like to take your blood pressure.

M. HEALTH MEASUREMENTS

MEASURE BLOOD PRESSURE (Sitting, if possible)

M1 Systolic - _____ 999 = RF
 M2 Diastolic - _____ 999 = RF

<p>M3. Was R sitting or standing while taking blood pressure?</p> <p>1 Sitting 2 Standing 8 DK 9 RF</p>	<p>M4. Blood Pressure Monitor Identification Number.</p> <p>_____</p>
<p>M5. Have you been told by a doctor or other healthcare professional that you have hypertension or high blood pressure?</p> <p>1 Yes 2 No Skip to question N1 8 DK 9 RF</p>	<p>M6. Are you on any medications for hypertension or high blood pressure?</p> <p>1 Yes 2 No SKIP TO NEXT PAGE 8 DK 9 RF</p>
<p>M7. Have you taken your hypertension medication today?</p> <p>1 Yes 2 No 8 DK 9 RF</p>	<p>M8. Are you currently receiving any other treatments for high blood pressure? (diet, exercise, or weight management)</p> <p>1 Yes 2 No 8 DK 9 RF</p>

BLOOD PRESSURE DECISION CHART – After measuring R’s blood pressure, proceed according to chart below.

If Blood Pressure is: Systolic/Diastolic	Notes:	<u>Action</u>
Systolic <i>greater than 170</i> Or Diastolic <i>greater than 100</i>	Ask respondent if they are on hypertension medication, and if they have taken their pills today.	If R has taken medications or is not on medication, call 911. If R has not taken medication today, have them take it.
Systolic between: <i>140 and 170</i> Or Diastolic between: <i>90 and 100</i>	Ask respondent if they are on hypertension medication, and if they have taken their pills today.	If R has not taken medication today, have them take it. If R has taken medication today or if respondent is not on medication, have them call their doctor as soon as possible. If R does not have a doctor give R the sheet with health providers and clinics.
Systolic between: <i>90 and 140</i> Or	Normal	No action needed.

Diastolic between: <i>60 and 100</i>		
Systolic <i>less than 90</i> Or Diastolic <i>less than 60</i>	Low	Have respondent take fluids and call 911.

M13. DID R HAVE ELEVATED BLOOD PRESSURE (SYSTOLIC GREATER AND 170 OR DIASTOLIC GREATER THAN 100),

1 Yes 2 No

M14. IF YES, DID YOU OFFER TO CALL AN AMBULANCE?

1. Yes 2 No

M15. IF DID R REFUSE YOUR OFFER TO CALL FOR AN AMBULANCE?

1 Yes 2 No

N. DEMOGRAPHICS

First some questions about your background. This information will help us during the interview.

<p>N1. Gender? Observation (Do not ask)</p> <p>1. Male 2. Female</p>	<p>N2. (DO NOT ASK) Observe respondent's race/ethnicity</p> <p>1 White 2 Black or African American 3 Hispanic or Latino 4 Asian 5 Native Hawaiian or other Pacific Islander 6 American Indian or Alaskan Native 7 Biracial / Multiracial</p>
<p>N3. Height? (DO NOT ASK) Observe the respondents height</p> <p>1. Under 5' 5" 2. Between 5' 5" and 6' 0" 3. Over 6' 0"</p>	<p>N4. Weight? (DO NOT ASK) Observe the respondent's weight</p> <p>1. Under 100 lbs 2. 100 – 175 lbs 3. 175 – 250 lbs 4. 250 – 300 lbs 5. Over 300 lbs</p>
<p>N5a. What state were you born in?</p> <p>SEE APPENDIX A FOR CODES</p> <hr/> <p>Ask only if R not born in United States N5b. What country were you born in?</p> <p>SEE APPENDIX A FOR CODES</p>	<p>N6. What is your date of birth? ___/___/___ N3a. Month _____ N3b. Day _____ N3c. Year _____</p>
<p>N7. What is your Father's last name?</p>	<p>N8. What is your race/ethnicity? Do not read responses</p> <p>1 White 2 Black or African American 3 Hispanic or Latino 4 Asian 5 Native Hawaiian or other Pacific Islander 6 American Indian or Alaskan Native 7 Biracial / Multiracial Ask N8a and N8b 8 DK 9 RF</p>
<p>Ask if biracial / multiracial (QN8 = 7) N8a. And what is the race of your father? Do not read responses</p> <p>1 White 2 Black or African American 3 Hispanic or Latino 4 Asian 5 Native Hawaiian or other Pacific Islander 6 American Indian or Alaskan Native 7 Biracial / Multiracial 8 DK 9 RF</p>	<p>Ask if biracial / multiracial (QN8 = 7) N8b. And what is the race of your mother? Do not read responses</p> <p>1 White 2 Black or African American 3 Hispanic or Latino 4 Asian 5 Native Hawaiian or other Pacific Islander 6 American Indian or Alaskan Native 7 Biracial / Multiracial 8 DK 9 RF</p>

I. HEALTH STATUS

A. General Health

A1. In general, would you say your health is Read Responses

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 8 DK
- 9 RF

Instrumental Activities of Daily Living (IADLs)

HANDLS Household Survey

	Difficulty			No Response		
	Without Help	With some help	Unable	Do not do	DK	RF
A2a. Can you use the telephone?	1	2	3	4	8	9
A2b. Can you get to places out of walking distance?	1	2	3	4	8	9
A2c. Can you go shopping for groceries or clothes?	1	2	3	4	8	9
A2d. Can you prepare your own meals?	1	2	3	4	8	9
A2e. Can you do your housework?	1	2	3	4	8	9
A2f. Can you take your own medicine?	1	2	3	4	8	9
A2g. Can you handle your own money?	1	2	3	4	8	9

A3. In the past five years, has a doctor told you that you have any of the following health problems or conditions? [FIRST ITEM] Has a doctor told you that you have? And what about [NEXT ITEM]?

Item	Have been told	Have not been told	DK	RF
A3a. High blood pressure	1	2	8	9
A3b. Heart attack, or any other heart disease	1	2	8	9
A3c. Cancer	1	2	8	9
A3d. Stroke	1	2	8	9
A3e. Diabetes or sugar diabetes	1	2	8	9
A3r. Anxiety or depression	1	2	8	9
A3f. Obesity	1	2	8	9
A3g. Breathing problem, such as asthma or emphysema	1	2	8	9
A3h. Any other health problems	1	2	8	9

If yes to A3h.

SPECIFY OTHER HEALTH PROBLEMS: SEE APPENDIX B FOR CODES

- A3i. _____
- A3j _____
- A3k _____
- A3l _____
- A3m _____
- A3n _____
- A3o _____

A4. How tall are you, without shoes? A4a. Feet _____ 99A = NA 998 = DK 999 = RF
 A4b. Inches _____ 997 = NA 998 = DK 999 = RF

A5. How much do you weigh, without shoes? Pounds (Record number in pounds) _____ 998 = DK 999 = RF

A6. Pregnant *coded from interviewers notes & information in pharmacology section - was not asked or part of protocol*

0.....Not Pregnant

1.....Pregnant

B. Dental Health

Next I'm going to ask you some questions about your teeth.

Adapted from Peeks, C.W. (1999). Patterns of change in self-reported oral health among dentate adults. Medical Care, 37(12), 1237-1248
 NOTE: Response codes were changed from Very often, fairly often, occasionally, or sometimes to Never, sometimes, often.

During the past year, how often have you experienced the following - Never, Sometimes, or Often?

Item	Never	Sometimes	Often	DK	RF
B7. your teeth or gums were sensitive to heat, cold, or sweets?	1	2	3	8	9
B8. your teeth or dentures prevented you from speaking the way you wanted?	1	2	3	8	9
B9. had trouble biting or chewing any kinds of foods, such as firm meat or apples?	1	2	3	8	9
B10. had to limit the kinds or amounts of food you eat because of problems with your teeth or dentures?	1	2	3	8	9
B11. felt uncomfortable eating in front of people because of problems with your teeth or dentures?	1	2	3	8	9
B12. avoided smiling because of problems with your teeth, mouth, or dentures?	1	2	3	8	9

B13. R Reports to have no teeth - *coded by interviewers notes in this section - was not asked or part of protocol*

0 Has teeth

1Has no teeth

II. HEALTH SERVICES

D. Health Services Use

Now I'm going to ask you some questions about your experiences with the healthcare system.

D1. In the last 2 years, how many times did you visit a doctor or medical clinic for any reason, including check-ups, visits to the emergency room or the hospital outpatient department?

Record Number _____ 998 = DK 999 = RF

D2. How many of those visits were to the emergency room?

Record Number _____ 998 = DK 999 = RF

<p>D3. Where do you usually go when you are sick or need health care? Show response card. If respondent says HMO, ask where visit occurred.</p> <ul style="list-style-type: none"> 1 Doctor's office or private clinic 2 Community health center or other public clinic 3 Hospital outpatient department 4 Hospital emergency room 5 Some other place (voluntary) 7 NA 8 DK 9 RF 	<p>D4. How much choice do you have in where you go for medical care? Would you say that you have a great deal, some, very little, or no choice?</p> <ul style="list-style-type: none"> 1 A great deal of choice 2 Some choice 3 Very little choice 4 No choice 7 NA 8 DK 9 RF
<p>D5. Do you have a regular doctor or other health professional, such as a nurse or a midwife, you usually go to when you are sick or need health care?</p> <ul style="list-style-type: none"> 1 Yes 2 No Skip to Q D13 3 Has more than one regular doctor (voluntary) 8 DK 9 RF 	<p>D6. Now thinking about the regular doctor you see more than others or who you consider your main regular doctor, is this person male or female?</p> <ul style="list-style-type: none"> 1 Male 2 Female 8 DK 9 RF
<p>D7. What is the race or ethnicity of this person?</p> <ul style="list-style-type: none"> 01 White 02 Black or African American 03 Hispanic or Latino 04 Asian (such as China, Korea, Japan, etc.) 05 East Indian, Pakistani 06 Native Hawaiian or other Pacific Islander 07 American Indian or Alaskan Native 08 Other 98 DK 99 RF 	<p>D8. And how long has this person been your doctor?</p> <ul style="list-style-type: none"> 1 Under 1 Year 2 1 to 2 years 3 2 Years 4 2 to 3 years 5 3 years 6 More than 3 years 8 DK 9 RF

Please answer the next few questions about the last time you visited a doctor.

	Yes	No	DK	RF
D9. Would you say the doctor treated you with a great deal of respect?	1	2	8	9
D10. Would you say the doctor spent as much time with you as you wanted?	1	2	8	9
D11. Did the doctor involve you in decisions about your care as much as you wanted?	1	2	8	9

D12. Overall, how satisfied or dissatisfied are you with the quality of health care you have received during the last 2 years? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 8 DK
- 9 RF

For the next four questions, please think about the last 12 months. During the last 12 months,

	Yes	No	NA	DK	RF
D13. Was there any time when you had a medical problem but delayed seeking medical care when you needed it?	1	2	7	8	9
D14. Was there any time when you had a medical problem but never sought any medical attention about your condition?	1	2	7	8	9
D15. Was there any time when you did not fill a prescription for medicine?	1	2	7	8	9
D16. Was there any time that you did not come back for a follow up appointment that your doctor gave you?	1	2	7	8	9
D17. Has there been a time in the last 12 months when you didn't follow the doctor's advice, or treatment plan, get a recommended test or see a referred doctor?	1	2	7	8	9

Mental health Services, *National Comorbidity Survey*

People differ a lot in their feelings about seeking professional help for emotional problems. On a scale from one to five, with five being the highest and one being the lowest, (insert questions)

						DK	RF
D18. How likely are you to see a professional if you had a serious emotional problem?	1	2	3	4	5	8	9
D19. How comfortable would you feel about talking about personal problems with a professional?	1	2	3	4	5	8	9
D20. How embarrassed would you be if your friends knew you were getting professional help for an emotional problem?	1	2	3	4	5	8	9

Health Insurance, *Commwealth Survey, Survey on Disparities in Quality of Health Care: Spring 2001*

The next few questions are about health insurance.

	Yes	No	DK	RF
D21. Do you have coverage for your prescription drugs?	1	2	8	9

D22. Do you currently have health insurance?

- 1 Yes **Go to D23**
- 2 No **Go to Next Section**
- 8 DK
- 9 RF

Ask only if R has health insurance (Q D22 = 1)

Are you covered by (read options)?

	Yes	No	DK	RF
D23. Private health insurance, from your job or somebody else's job.	1	2	8	9
D24. Medicare, a government plan that pays health care bills for people over age 65 and people who are disabled	1	2	8	9
D25. Medicaid, also called medical assistance	1	2	8	9
D26. Some other type of insurance (Specify):	1	2	8	9

D26a. Other Type of Insurance Specified _____ SEE APPENDIX C FOR CODES

E. Health Behavior

Commonwealth Survey, Survey on Disparities in Quality of Health Care: Spring 2001

In the last two years, have you had (insert)?

Item	Yes	No	DK	RF
E1. a complete physical exam by a doctor or other health professional	1	2	8	9
E2. your blood pressure checked (not counting today)	1	2	8	9
E3. your blood cholesterol checked	1	2	8	9
E4. a screening for colon cancer	1	2	8	9
E5. a dental exam	1	2	8	9
E6. an eye exam	1	2	8	9
E7. your feet examined for sores or irritations	1	2	8	9
ASK IF RESPONDENT IS FEMALE				
E8. a pap smear test (females only)	1	2	8	9
E9. a mammogram (females only)	1	2	8	9
ASK IF RESPONDENT IS MALE				
E10a. a blood test or rectal exam for prostate cancer (males only)	1	2	8	9

E11a. How often do you exercise or participate in any physical activity (for at least one hour)? Would you say...

- 1 None at all
- 2 Less than once a month
- 3 Once a month
- 4 Once a week
- 5 Three days a week
- 6 More than three times a week
- 7 **DK**
- 8 **RF**

The next questions are about tobacco use.

<p>E10. Have you ever smoked cigarettes regularly?</p> <p>1 Yes 2 No - (Skip to Question E 19)</p>	
<p>E11. How old were you when you started to smoke regularly?</p> <p>Age _____ 998 = DK 999 = RF</p>	<p>E12. Do you smoke cigarettes now?</p> <p>1 yes - (Skip to E14) 2 No</p>

<p>E13. About how long has it been since you last smoked fairly regularly?</p> <p>D13a. Weeks _____</p> <p>D13b. Months _____</p> <p>D13.c Years _____</p> <p>Skip to Question E 19</p>	<p>E14. How many cigarettes do you now smoke on an average day?</p> <p>998 = DK 999 = RF</p> <p>(Note: 1 Pack = 20 Cigarettes)</p>
<p>E15. Do you find it difficult to refrain from smoking in places where it is forbidden to smoke for example, in church, at the library, in the movie theatre, or in no smoking sections of restaurants or office buildings?</p> <p>1 Yes</p> <p>2 No</p> <p>8 DK</p> <p>9 RF</p>	<p>E16. Which cigarette would you hate most to give up? The first one in the morning, a smoke while watching television, or some other cigarette?</p> <p>1 First one in the morning</p> <p>2 All others</p> <p>8 DK</p> <p>9 RF</p>
<p>E17. Do you smoke more frequently during the first hours after waking than during the rest of the day?</p> <p>1 Yes</p> <p>2 No</p> <p>8 DK</p> <p>9 RF</p>	<p>E18. When you are so ill that you are in bed most of the day, do you smoke?</p> <p>1 Yes</p> <p>2 No</p> <p>8 DK</p> <p>9 RF</p>

Next I'd like to ask you some questions about drinking alcoholic beverages, including beer, wine, and liquor.

<p>E19. Have you ever had a drink of an alcoholic beverage? DRINK: A CAN OF BEER, A GLASS OF WINE, A SHOT OF LIQUOR</p> <p>1 Yes</p> <p>2 No _____ (skip to Section F)</p> <p>8 DK</p> <p>9 RF</p>	<p>E20. How old were you when you first started drinking alcoholic Beverages? DRINK: A CAN OF BEER, A GLASS OF WINE, A SHOT OF LIQUOR</p> <p>Age _____ 998 = DK 999 = RF</p>
<p>E21. Do you drink now? DRINK: A CAN OF BEER, A GLASS OF WINE, A SHOT OF LIQUOR.</p> <p>1 yes</p> <p>2 No</p> <p>8 DK</p> <p>9 RF</p>	<p>E22. When was the most recent time you had anything to drink? DRINK: A CAN OF BEER, A GLASS OF WINE, A SHOT OF LIQUOR</p> <p>1 In past 7 days</p> <p>2 In past 30 days</p> <p>3 More than 30 days, but within past year</p> <p>4 More than a year ago _____ - SKIP TO SECTION F</p>
<p>E23. During the past month (or a typical month when you used to drink), about how many times did you have 5 or more drinks in one sitting?</p> <p>Record number of times _____</p> <p>998 = DK 999 = RF</p>	<p>E24. On an average day that you (drink/drank) how many drinks (do/did) you typically have? DRINK: A CAN OF BEER, A GLASS OF WINE, A SHOT OF LIQUOR.</p> <p>Record drinks _____</p> <p>998 = DK 999 = RF</p>

	Yes	No
E26. Have you ever felt the need to cut down on drinking	1	2
E27. Have you ever felt annoyed by criticisms of your drinking?	1	2
E28. Have you ever had guilty feelings about drinking?	1	2
E29. Have you ever taken a morning eye opener. That is you needed a drink just after you woke up?	1	2
E30. Have you ever gone to the emergency room as a result of using alcohol?	1	2
Source: CAGE		

F. Pharmacotherapy

The next questions are about your use of medicines.

F1a. How many different kinds of prescription medicines, if any, are you taking regularly?

If necessary: a "prescription medicine" is one that you can only obtain from a doctor or by giving a doctor's written approval or "prescription" to a pharmacist.

_____ Prescription Meds

998 DK

999 RF

If R answers 'none' ENTER "0"

AND go to Over-The-Counter medicine section

PRESCRIPTION MEDICINES TABLE

	Name of Prescription Medication (Spell phonetically if unsure of spelling)	Times Taken per day	Purpose	Notes
MED 1	F3A NUK = NAKE UNKNOWN	F3B	F3C PUK = PURPOSE UNKNOWN	
MED 2	F4A	F4B	F4C	
MED 3	F5A	F5B	F5C	
MED 4	F6A	F6B	F6C	
MED 5	F7A	F7B	F7C	
MED 6	F8A	F8B	F8C	

F9a. How many different kinds of over-the-counter medications are you taking regularly? Please include vitamins, supplements, and any other type of medicine you obtained without a prescription.

_____ Over-the-Counter Meds

989 DK

9999 RF

If R answers 'none' go to Section H

Record on over-the-counter meds on chart – follow up each med with how many times a day taken, what the med is for, and if recommended by doctor.

PRESCRIPTION MEDICINES TABLE

	Name of Over-The-Counter Medication (Spell phonetically if unsure of spelling)	Times Taken per day	Purpose	Recommended by Doctor?	Notes
MED 7	F10a NUK = NAME UNKNOWN	F10b	F10c PUK = PURPOSE UNKNOWN	F10d 1 Yes 2 No	
MED 8	F11a	F11b	F11c	F11d 1 Yes 2 No	
MED 9	F12a	F12b	F12c	F12d 1 Yes 2 No	
MED 10	F13a	F13b	F13c	F13d 1 Yes 2 No	

Ask if respondent could not remember information about medications and dosages

F14. Because you couldn't remember all of the medications you were taking, would it be okay for me to call you at home to get the names of the medications?

- 1 Yes
- 2 No

Ask for Phone Number (If not already given) and a convenient calling time (If not already given) – RECORD ON COVERSHEET OF SURVEY

SECOND BLOOD PRESSURE (Sitting, if possible)

M9. Systolic - _____ 999 = RF

M10. Diastolic - _____ 999 = RF

III. PSYCHO-SOCIAL FACTORS

H. Discrimination – CARDIA IV (adapted)

Krieger N, Sidney S. Racial discrimination and blood pressure: The CARDIA Study of young black and white adults. Am J Public Health 1996;86:1370-1378.
Krieger N. Racial and gender discrimination: risk factors for high blood pressure. Soc Sci Med 1990; 30: 1273-1281.

We are going to ask you a number of questions related to discrimination. For the first two questions, please choose the answer that best describes your situation.

H1. If you feel you have been treated unfairly, do you usually accept it as a fact of life or try to do something about it?

- | | |
|---------------------------------|-------|
| 1. Accept it as a fact of life | 8. DK |
| 2. Try to do something about it | 9. RF |

H2. And if you have been treated unfairly, do you usually talk to other people about it or keep it to yourself?

- | | |
|----------------------------------|-------|
| 1. Talk to other people about it | 8. DK |
| 2. Keep it to yourself? | 9. RF |

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race or color? **Immediately follow up with sub-items a. and b.**

Item.					a. Was this within the past year?					b. How much did it bother you?					
	Yes	No	DK	RF		Yes	No	DK	RF		None	A little	A lot	DK	RF
H3. At school	1	2	8	9	H3a.	1	2	8	9	H3b.	1	2	3	8	9
H4. Getting a job	1	2	8	9	H4a.	1	2	8	9	H4b.	1	2	3	8	9
H5. At work	1	2	8	9	H5a.	1	2	8	9	H5b.	1	2	3	8	9
H6. Getting housing	1	2	8	9	H6a.	1	2	8	9	H6b.	1	2	3	8	9
H7. Getting medical care	1	2	8	9	H7a.	1	2	8	9	H7b.	1	2	3	8	9
H8. From the police or in the courts	1	2	8	9	H8a.	1	2	8	9	H8b.	1	2	3	8	9
H9. At a store, restaurant or some other place?	1	2	8	9	H9a.	1	2	8	9	H9b.	1	2	3	8	9

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your gender (i.e., because you are a (woman / man)? **Immediately follow up with sub-items a. and b.**

Item.					a. Was this within the past year?					b. How much did it bother you?					
	Yes	No	DK	RF		Yes	No	DK	RF		None	A little	A lot	DK	RF
H10. At school	1	2	8	9	H10a.	1	2	8	9	H10b.	1	2	3	8	9
H11. Getting a job or at work	1	2	8	9	H11a.	1	2	8	9	H11b.	1	2	3	8	9
H12. Getting medical care	1	2	8	9	H12a.	1	2	8	9	H12b.	1	2	3	8	9
H13. At a store, restaurant or some other place?	1	2	8	9	H13a.	1	2	8	9	H13b.	1	2	3	8	9

THIRD BLOOD PRESSURE (Standing, if possible)

M11. Systolic - _____ 999 = RF

M12. Diastolic - _____ 999 = RF

I. Perceived Stress Scale (Adapted)

1994 Sheldon Cohen – response codes were modified from ‘Never, Almost Never, Sometimes, Fairly Often, and Very Often’ to ‘Never, Sometimes, Often’

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please tell me how often you felt or thought a certain way (**Show response card**) by choosing the answer on the card that best matches your situation. Please remember that I am only asking about how you felt in the last month.

	Never	Sometimes	often	DK	RF
I1. In the last month, how often have you been upset because of something that happened unexpectedly?	1	3	5	8	9
I2. In the last month, how often have you felt that you were unable to control the important things in your life?	1	3	5	8	9
I3. In the last month, how often have you felt nervous and “stressed”?	1	3	5	8	9
I4. In the last month, how often have you dealt successfully with irritating life hassles?	1	3	5	8	9
I5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?	1	3	5	8	9
I6. In the last month, how often have you felt confident about your ability to handle your personal problems?	1	3	5	8	9
I7. In the last month, how often have you felt that things were going your way?	1	3	5	8	9
I8. In the last month, how often have you found that you could not cope with all the things that you had to do?	1	3	5	8	9
I9. In the last month, how often have you been able to control irritations in your life?	1	3	5	8	9
I10. In the last month, how often have you felt that you were on top of things?	1	3	5	8	9

J. Social Support

THE DUKE –UNC FUNCTIONAL SOCIAL SUPPORT QUESTIONNAIRE

Adapted from Broadhead WE, Gehlbach SH, de Gruy FV, Kaplan BH, The Duke-UNC Functional Social Support Questionnaire: measurement of social support tin family medicine patients. Med Care 1988;26:722-723

On a scale of 1 to 5, please tell me how much you feel that the following statements matches your situation. A "1" means that the statement occurs less than you would like, and a "5" means that the statement occurs as much as you would like.

	Much less than I would like*				As much I would like*
	1	2	3	4	5
J1. I have people who care what happens to me	1	2	3	4	5
J2. I get love and affection	1	2	3	4	5
J3. I have chances to talk to someone about problems at work or with my housework	1	2	3	4	5
J4. I get chances to talk to someone I trust about my personal and family problems	1	2	3	4	5
J5. I get chances to talk about money matters	1	2	3	4	5
J6. I get invitations to go out and do things with other people	1	2	3	4	5
J7. I get useful advice about important things in life	1	2	3	4	5
J8. I get help when I'm sick in bed	1	2	3	4	5

*FOR SOCIAL SUPPORT SCALE, '7' = NA, '8' = DK, '9' = RF

K. Social Health - Pathways questionnaire, NSBA, Adapted from 10 – item version

I'm about to read some statements to you. Please tell me whether you agree or disagree

	Agree	Disagree	DK	RF
K1. Becoming a success is a matter of hard work; luck has little or nothing to do with it. Do you agree or disagree?	1	2	8	9
K2. People who do not do well in life often work hard, but the breaks just don't come their way	1	2	8	9
K3. What happens to me is my own doing	1	2	8	9
K4. Sometimes I feel that I do not have enough control over the direction my life is taking	1	2	8	9
K5. It is not always wise to plan too far ahead because many things turn out to be a matter of good and bad fortune anyhow	1	2	8	9
K6. In my case, getting what I want has little or nothing to do with luck	1	2	8	9

L. MEDICAL MISTRUST INDEX

Next, I would like to ask you a few questions about how you feel about healthcare organizations. When I say healthcare organizations, I am not asking about an individual doctor or nurse or any other person like that. I am asking about organizations where you might get healthcare, like a hospital or a clinic. Please listen to the statements carefully. For each one, tell me whether you strongly disagree, disagree, agree or strongly agree. **Read each statement**

MEDICAL MISTRUST INDEX V2.2 MEASURING MISTRUST IN HEALTHCARE (17-Items)	Strongly Disagree	Disagree	Agree	Strongly Agree	DK	RF
L1. You'd better be cautious when dealing with healthcare organizations.	1	2	3	4	8	9
L2. Patients have sometimes been deceived or misled by healthcare organizations.	1	2	3	4	8	9
L3. I trust that healthcare organizations will tell me if a mistake is made about my treatment.	1	2	3	4	8	9
L4. Healthcare organizations often want to know more about your business than they need to know.	1	2	3	4	8	9
L5. When healthcare organizations make mistakes they usually cover it up.	1	2	3	4	8	9
L6. Healthcare organizations have sometimes done harmful experiments on patients without their knowledge.	1	2	3	4	8	9
L7. The patient's medical needs come before other considerations at healthcare organizations.	1	2	3	4	8	9
L8. Healthcare organizations are more concerned about making money than taking care of people.	1	2	3	4	8	9
L9. Healthcare organizations put the patient's health first.	1	2	3	4	8	9
L10. Healthcare organizations don't always keep your information totally private.	1	2	3	4	8	9
L11. Patients should always follow the advice given to them at healthcare organizations.	1	2	3	4	8	9
L12. I typically get a second opinion when I am told something about my health.	1	2	3	4	8	9
L13. I trust that healthcare organizations check their staff's credentials to make sure they are hiring the best people.	1	2	3	4	8	9
L14. They know what they are doing at healthcare organizations.	1	2	3	4	8	9
L15. Sometimes I wonder if healthcare organizations really know what they are doing.	1	2	3	4	8	9
L16. Mistakes are common in healthcare organizations.	1	2	3	4	8	9
L17. I trust that healthcare organizations keep up with the latest medical information.	1	2	3	4	8	9

IV. COMMUNITY NEEDS ASSESSMENT

P. Living in Your Community

(Adapted from the Community Assessment Guide Book, North Carolina Department of Health and Human Services, February 2002)

In your opinion, does your community have a problem with any of these issues?

	No problem	Somewhat of a problem	Major Problem	DK	RF
P1. Schooling for children from pre-kindergarten through high school	1	2	3	8	9
P2. Child healthcare	1	2	3	8	9
P3. Safe roads and bridges	1	2	3	8	9
P4. Public transportation	1	2	3	8	9
P5. Number of grocery and/or corner stores	1	2	3	8	9
P6. Automobile-related accidents or injuries	1	2	3	8	9
P7. Recreation facilities (parks, trails)	1	2	3	8	9
P8. Street lighting	1	2	3	8	9
P9. Garbage collection	1	2	3	8	9
P10. Banking /financial services	1	2	3	8	9
P11. Youth tobacco use	1	2	3	8	9
P12. Adult tobacco use	1	2	3	8	9
P13. Drug activity	1	2	3	8	9
P14. Crime activity	1	2	3	8	9
P15. Gang activity	1	2	3	8	9

<p>P16. Does a lack of transportation prevent you from getting healthcare?</p> <p>1 Yes 2 No 8 DK 9 RF</p>	
<p>P17. What do you feel are the three biggest health concerns in this community?</p> <p> SEE APPENDIX C FOR CODES</p> <p>P17A _____</p> <p>P17B <u>SAME CODES AS P17A & P17B</u></p> <p>P17C <u>SAME CODES AS P17 A & B</u></p>	<p>P18. Do you feel that people work together in your community to help solve problems?</p> <p>1 Yes 2 No 3 Somewhat 8 DK 9 RF</p>
<p>P19. Is there a community leader you feel you can discuss the problems of the community with?</p> <p>1 Yes 2 No (If no, skip to Q P21) 8 DK 9 RF</p>	<p>P20. If yes, please tell me the name and role of that person.</p> <p>Name <u>Mr. / Mrs. SEE APPENDIX FOR CODES</u></p> <p>Role <u>SEE APPENDIX FOR CODES</u></p>
<p>P21. How long have you lived in this community?</p> <p><u>Record in Years or Months</u></p> <p>P21a. If years _____ P21b. If Months _____</p>	

C. Mental Health

Kroenke, et al. (2001) The PHQ-9 validity of a brief depression severity measure. J Gen Intern Med 16:606-613

Now I'm going to ask you a few more questions about your general health and how you've been feeling about your life lately. **Show response card** For each statement, please tell me how often it occurs by choosing one of the choices on the card.

Over the last 2 weeks how often have you been bothered by any of the following problems?

	Not at all	Several days	Much more than half the days	Nearly every day	DK	RF
C1. Little interest or pleasure in doing things	0	1	2	3	8	9
C2. Feeling down, depressed, or hopeless	0	1	2	3	8	9
C3. Trouble falling or staying asleep	0	1	2	3	8	9
C4. Feeling tired or having little energy.	0	1	2	3	8	9
C5. Poor appetite or overeating	0	1	2	3	8	9
C6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.	0	1	2	3	8	9
C7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3	8	9
C8. 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	1	2	3	8	9

If respondent has answered positively for any of Q C1 – C9 ask:

C11. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

1. Not difficult at all
2. Somewhat difficult
3. Very difficult
4. Extremely difficult
8. DK
9. RF

THE GENERAL HEALTH QUESTIONNAIRE – ANXIETY AND INSOMNIA SCALES

Adapted from Goldberg DP. The detection of psychiatric illness by questionnaire. London: Oxford University Press, 1972, Appendix 6.

I'm about to ask you some more questions about how you've been feeling recently over the past few weeks. **Show response card.** Please answer the questions by choosing the response that best matches your situation.

Scale B – Anxiety and Insomnia
Have you recently **(insert question)**

	Not at all	No more than usual	Rather more than usual	Much more than usual	DK	RF
C15. lost much sleep over worry?	1	2	3	4	8	9
C16. difficulty in staying asleep once you are off?	1	2	3	4	8	9
C17. felt constantly under strain?	1	2	3	4	8	9
C18. been getting edgy and bad-tempered?	1	2	3	4	8	9
C19. been getting scared or panicky for no good reason?	1	2	3	4	8	9
C20. found everything getting too much for you?	1	2	3	4	8	9
C21. been feeling nervous and uptight (or hung up) all the time?	1	2	3	4	8	9

G. Religiosity

Now I have a few questions about religion and spirituality.

	More Than Once a Week	Every Week or More Often	Once or Twice a Month	Every Month or so	Once or Twice a Year	Never	DK	RF
G1. How often do you go to religious services?	1	2	3	4	5	6	8	9

	Very Religious	Moderately Religious	Slightly Religious	Not Religious at All	DK	RF
G2. How religious are you?	1	2	3	4	8	9
	Very Spiritual	Moderately Spiritual	Slightly Spiritual	Not Spiritual at All	DK	RF
G3. How spiritual are you?	1	2	3	4	8	9

Please tell me how often you do the following things:

	More than once a day	Once a day	A few times a week	Once a week	A few times a month	Once a Month	Less than once a month	Never	DK	RF
G4. How often do you pray privately in places other than at church or synagogue?	1	2	3	4	5	6	7	8	98	99
G5. Within your religious or spiritual tradition, how often do you meditate?	1	2	3	4	5	6	7	8	98	99
G6. How often do you read the Bible or other religious literature?	1	2	3	4	5	6	7	8	98	99
G7. How often are prayers or grace said before or after meals in your home?	1	2	3	4	5	6	7	8	98	99

Q. Vigilance Scale; David Williams, response codes modified by TL

In your day to day life, how often do you find yourself...

	Never	Sometimes	Often	Always	DK	RF
Q1. Thinking in advance about the kinds of problems you experience?	0	1	2	3	8	9
Q2. Trying to prepare for possible insults before leaving home?	0	1	2	3	8	9
Q3. Feeling that you always have to be very careful about your appearance to get good service or avoid being harassed?	0	1	2	3	8	9
Q4. How often do you find yourself carefully watching what you say and how you say it?	0	1	2	3	8	9
Q5. How often do you find yourself carefully observing what happens around you?	0	1	2	3	8	9

N. DEMOGRAPHICS

Lastly, I have some questions about your background.

Social Mobility

N14. Thinking back to when you were 8 years old, who would you say was your primary financial provider in the household? **DO NOT READ RESPONSES**

If R gives more than one person – ask for the person who was most responsible for providing food, clothing, housing, etc. If R still gives two, ask for the one who had completed more education.

- | | |
|----------------|----------------|
| 1. Father | 2. Mother |
| 3. Uncle | 4. Aunt |
| 5. Grandfather | 6. Grandmother |
| 7. Brother | 8. Sister |

12. Other (specify): SEE APPENDIX D FOR CODES

98. DK

99. RF

N14a. What is the highest grade or year of regular school (he / she) has completed? By regular school I mean school that can be counted toward a high school diploma or a college degree.

- | | | | | |
|---------------------------|-----------|----|----|----|
| Grade..... | 00 | 01 | 02 | 03 |
| | 04 | 05 | 06 | 07 |
| | 08 | 09 | 10 | 11 |
| High School Graduate..... | 12 | | | |
| College..... | 13 | 14 | 15 | 16 |
| Graduate School..... | 17 | | | |
| NA | 97 | | | |
| DK | 98 | | | |
| RF | 99 | | | |

<p>Ask if R answers high school graduate or less to Q N14a (Q N14a = 12 or less) N15b. Did (he / she) have a high school diploma or did she pass a high school equivalency or GED test?</p> <p>Diploma 1 High School Equivalency/GED 2 Neither 3 NA 7 DK 8 RF 9</p>	<p>N16a. What kind of business or industry did (he / she) work in?</p> <hr/>	<p>N16b. What kind of work did (he / she) do?</p> <hr/>
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<p>N17. When you were age 8, did you live in a home that your parent(s) owned or did they rent?</p> <p>1. Owned 2. Rented 7. NA 8. DK 9. RF</p>	<p>N18. Do you currently live in a home that you or someone in your family owns or do you rent?</p> <p>1. Owned 2. Rented 7. NA 8. DK 9. RF</p>	<p>N19. Do you own a car?</p> <p>1. Yes 2. No 7. NA 8. DK 9. RF</p>
--	--	--

Item.	Yes	No	NA	DK	RF
N20. Do you have a savings account?	1	2	7	8	9
N21. Do you have a checking account?	1	2	7	8	9
N22. Do you own your own business?	1	2	7	8	9
N23. Do you own any real estate besides where you live?	1	2	7	8	9
N24. Do you own any stocks, mutual funds, or bonds?	1	2	7	8	9
N25. Do you own any certificates of deposit?	1	2	7	8	9

<p>N26. How would you describe your current employment status?</p> <p>1 Working full time 2 Working part time 3 Retired skip to Q N27 4 Attending school skip to Q N27 5 Maintaining the home skip to Q N27 6 Unemployed skip to Q N27 7 Disabled skip to Q N27 8 Other – specify:</p> <p><u>SEE APPENDIX D FOR CODES</u> skip to question N27</p>	<p>N26a. What kind of business or industry do you work in?</p> <hr/> <p>N26b. What kind of work are you doing?</p> <p>OCCUPATION: _____</p> <p>Go to Q N28</p>
<p>Do Not Ask if working (Q N26 = 1 or 2) N27. Have you ever had a job?</p> <p>1 Yes Go to Q N27a 2 No Go to Q N28</p>	<p>Do Not Ask if working (Q N26 = 1 or 2) N27a. What kind of business or industry did you work in at your last job?</p>
<p>Do Not Ask if working (Q N26 = 1 or 2) N27b. What kind of work did you do?</p> <p>OCCUPATION: Go to Q N28</p>	

Income

N28. To get a picture of people’s financial situation, we need to know the general range of income of all people we interview. Now, think about your household’s total income from all sources, before taxes, including wages, salaries, and any other income. About how much did your household receive in the last year?

\$ _____

N28a. 998 DK

999 RF

If the answer is “DK” or respondent refuses to answer, continue with the following. If the above question is answered, go to question N32.

N29. Maybe if I give you some income ranges it would help. When I say the income range that matches your total household income for last year, please tell me.

- | | | | |
|---|---------------------|----|---------------------|
| 1 | Less than \$5,000 | 6 | \$35,000 - \$49,999 |
| 2 | \$5,000 - \$9,999 | 7 | \$50,000 - \$59,999 |
| 3 | \$10,000 - \$14,999 | 8 | \$60,000 or more |
| 4 | \$15,000 - \$24,999 | 98 | DK |
| 5 | \$25,000 - \$34,999 | 99 | RF |

If N29 is answered, go to Q N32. If answer is DK, continue with the following.

N30. Can you tell me if your household income was more or less than \$25,000?

- | | |
|---|----------------------------------|
| 1 | Less than \$25,000 (go to Q N32) |
| 2 | More than \$25,000 |
| 8 | DK |
| 9 | RF |

N31. Can you tell me if your household income was more or less than \$50,000 in the past 12 months?

- | | |
|---|--------------------|
| 1 | Less than \$50,000 |
| 2 | More than \$50,000 |
| 8 | DK |
| 9 | RF |

N32. How much of that income did you yourself bring in?

\$ _____ N32a. 998 DK 999 RF

That is all of the questions we have for you. Thank you for participating in this project. You should receive your check in the mail in about two weeks. We are also doing two other research studies and are looking for people to participate in them. If you chose to participate in those studies, you would also be compensated for your time.

N33. In case your contact information changes, is there anyone who will know how to get in contact with you?

- 10 Yes (RECORD BELOW) 2 No

Name: (Last) _____ (First) _____

Address: (Street) _____ (City) _____

(State) _____ (Zip) _____

Phone Number _____

N34. Can we contact you to participate in future studies that we conduct?

- 7 Yes 2 No

MAKE SURE COVERSHEET IS COMPLETELY FILLED OUT – OBTAIN ALL INFORMATION NECESSARY

Thank you for your time and have a great day!

GO TO INTERVIEWER OBSERVATION SECTION (NEXT)

O. INTERVIEWER OBSERVATION

<p>O1. Was anyone else present during any portion of the interview?</p> <ol style="list-style-type: none"> 1. Yes 2. No SKIP TO O5 	<p>O2. Who was present?</p> <ol style="list-style-type: none"> 1. Parents 2. Spouse/partner 3. Child(ren) under age 6 4. Person(s) of age 6-17 5. Other adults(s) 6. More than one person
<p>O3. How much of the interview was one of these persons present?</p> <ol style="list-style-type: none"> 1. All or most 2. About half 3. About one quarter 4. Less than one quarter 	<p>O4. How much was R distracted by (this person / these persons)?</p> <ol style="list-style-type: none"> 1. A lot 2. Some 3. A little 4. None
<p>O5. How well did R understand the questions?</p> <ol style="list-style-type: none"> 1. Very well 2. Pretty well 3. Not well 4. Not at all 	<p>O6. How was R's cooperation during the interview?</p> <ol style="list-style-type: none"> 1. Excellent 2. Good 3. Fair 4. Poor
<p>O7. How much effort did R put into answering the questions?</p> <ol style="list-style-type: none"> 1. A lot 2. Some 3. Very little 4. None 	<p>O8. Did R behave as if (he/she) was hallucinating? (e.g., as if hearing voices or seeing visions, lips move soundlessly, giggles to self – not just from embarrassment or shyness, glances over shoulder, as if distracted by a voice.)</p> <ol style="list-style-type: none"> 1. Yes 2. No
<p>O9. Do you believe R was under the influence of alcohol or drugs at the time of the interview?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	

