

Interviewer's Script

Hello, This is _____ from the Frost Research Center at Hope College on behalf of the Ottawa County Health Department. We are gathering information on the health of Ottawa County residents. Your household has been chosen randomly to be interviewed, and I would like to ask some questions about health and health practices

Is this **(phone number)** ?

If "no," Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in Ottawa County?

If "no," Thank you very much, but we are only interviewing private residences in Ottawa County. **STOP**

NOT PRIVATE RESIDENCE - Group Homes (halfway houses, shelters, sororities, fraternities,), institutions (nursing homes, assisted living facilities, college dormitories, etc.) or vacation homes not occupied for more than 30 days per year.)

I need to randomly select one adult who lives in your household to be interviewed. How many current members of your household, including yourself, are 18 years of age or older? (e.g. does not include college students living away from home)

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to "everybody" introduction.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[him/her]**? **Go to "different person" introduction.**

(If more than "1") How many of these adults are men and how many are women?

___ Number of men

___ Number of women

IF there are five or more adults, ask, Is this a private residence or a group home?

If it is a group home, Thank you for your time, but we are only interviewing private residences. **STOP**

If two to four adults, or a private residence with 5 or more adults,

I would like to speak to the adult with the closest birthday. Is that person available?

If person doesn't know the birthdays, continue survey with him or her.

If no, When would be a good time to call to reach that person, and may I ask that person's first name? Thank you for your time. **Enter name and call back information on calling sheet. STOP**

Survey Introduction – If a different person :

Hello, This is _____ from the Frost Research Center at Hope College on behalf of the Ottawa County Health Department. We are gathering information on the health of Ottawa County residents. You have been chosen randomly to be interviewed, and I would like to ask some questions about health and health practices.

Survey Introduction for everybody:

I won't ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. The interview takes about 20 to 25 minutes and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. Are you an Ottawa County resident?

Yes

No (I'm sorry, this survey is only for Ottawa County Residents. Thank you for your time) **STOP**

Do you have a cell phone, land line phone, or both?

Cell phone only

Land line phone only

Both

Refused

IF they have a landline:

How many residential landline telephone numbers do you have in your household? (Not number of phones. Not cell phones. Not business numbers. Different Residential landline numbers.)

1

2

3

4

5 or more

Don't know

Refused

What is your zip code?

49401 - Allendale

49403 - Conklin

49404 - Coopersville

49409 - Ferrysburg

49417 - Grand Haven

49423 - Holland (southside)

49424 - Holland (northside)

49426 - Hudsonville

49427 - Jamestown

49428 - Jenison

49430 - Lamont

49434 - Macatawa

49435 - Marne

49448 - Nunica

49456 - Spring Lake

49460 - West Olive

49464 - Zeeland

other (please specify)

don't know

refused

Caller: Indicate gender of respondent. Ask only if necessary

Male

Female

May I ask your age?

Caller: Enter age. Enter 999 for refused, and ask follow-up question.

—

Caller: Choose correct range from previous question. If respondent refused age, say: May I ask what range your age falls in? A few of our questions are age dependent. Are you...

18-29

30-39

40-44

45-49

50-59

60-69

70 or older

Section 1: Health Status

1.1 Would you say that in general your health is...

Please read:

1 Excellent

2 Very good

3 Good

4 Fair

Or

5 Poor

98 Don't know / Not sure **(Do not read)**

99 Refused **(Do not read)**

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(Caller: use 0 (zero) for “none”, 98 for “don't know/not sure”, 99 for refused)

__ Number of days

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(Caller: use 0 (zero) for “none”, 98 for “don't know/not sure”, 99 for refused)

__ Number of days **[If Q2.1 and Q2.2 = 0 (None), go to Section 3]**

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(Caller: use 0 (zero) for “none”, 98 for “don't know/not sure”, 99 for refused)

__ Number of days

2.4. During the past 30 days, for about how many days did **pain** make it hard for you to do your usual activities, such as self-care, work, or recreation?

(Caller: use 0 (zero) for “none”, 98 for “don’t know/not sure”, 99 for refused)

__ Number of days

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?

1 Yes

2 No [Go to Q3.2]

98 Don't know / Not sure [Go to Q3.2]

99 Refused [Go to Q3.2]

3.1a Do you personally have Medicaid or Medicare Insurance?

(Caller: If initial response is “Yes”, probe for which type or both.)

1 Yes, Medicaid only

2 Yes, Medicare only

3 Yes, both Medicaid and Medicare

4 No

98 Don't know / Not sure

99 Refused

[Go to Q3.3]

3.2 If you do not have health insurance is it because you (mark all that apply):

1 Were dropped by insurance company

2 Lost employment

3 No longer qualify for Medicaid

4 Cannot pay for it

5 Were denied due to pre-existing condition

8 8 Other _____

98 Don't know / Not sure

9 9 Refused

3.3 Do you have one person you think of as your personal doctor or health care provider?

Caller: If initial response is “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

1 Yes, only one

2 More than one

3 No

98 Don't know / Not sure

99 Refused

3.4 In the past 12 months , have you had problems getting needed health care?

- 1 Yes **[Go to Q3.5]**
- 2 No **[Go to Q3.6]**
- 98 Don't know / Not sure
- 99 Refused

3.5 Please provide the reason(s) for the difficulty in getting healthcare. (*mark all that apply*)

- 1 Health care provider not available
- 2 Lack of insurance
- 3 Health care provider would not accept your insurance
- 4 Insurance would not approve/pay for care
- 5 Cannot afford co-pay or deductible
- 6 Lack of transportation
- 7 Language barriers
- 8 Cannot afford to pay for health care
- 9 Cannot understand my doctor
- 88 Other _____
- 98 Don't know / Not sure
- 99 Refused

3.6 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 97 Never
- 98 Don't know/ Not sure
- 99 Refused

3.7 Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

Caller: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others (**Do not read**)
- 5 Only encountered people of the same race (**Do not read**)
- 6 No health care in past 12 months (**Do not read**)
- 98 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

Section 4: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Caller: If “Yes” and respondent is female, ask: “Was this only during a pregnancy?”

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive
- 98 Don’t know / Not sure
- 99 Refused

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- 1 Yes
- 2 No **[Go to next appropriate section - gender/age]**
- 77 Don’t know / Not sure **[Go to next appropriate section - gender/age]**
- 99 Refused **[Go to next appropriate section - gender/age]**

5.2 About how long has it been since you last had your blood cholesterol checked?

(Caller: Read only if necessary)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 98 Don’t know / Not sure **(Do not read)**
- 99 Refused **(Do not read)**

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No
- 98 Don’t know / Not sure
- 99 Refused

Section 6: Breast/Cervical Cancer Screening

(Females only)

The next questions are about breast and cervical cancer screening.

6.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No **[Go to Q6.3]**
- 98 Don't know / Not sure **[Go to Q6.3]**
- 99 Refused **[Go to Q6.3]**

6.2 How long has it been since you had your last mammogram?

Caller: read answers only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 98 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

6.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

6.4 How long has it been since you had your last Pap test?

Caller: read answers only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 98 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

Section 7: Prostate Cancer Screening

CATI NOTE: If respondent is <39 years of age, or is female, go to next module.

Now, I will ask you some questions about prostate cancer screening.

7.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor EVER recommended that you have a PSA test?

- 1 Yes
- 2 No
- 98 Don't Know / Not sure
- 99 Refused

7.2 Have you EVER HAD a PSA test?

- 1 Yes
- 2 No
- 98 Don't Know / Not sure
- 99 Refused

Section 8: Colorectal Cancer Screening

CATI NOTE: If respondent is < 49 years of age, go to next module.

8.1 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No **[Go to next section]**
- 98 Don't know / Not sure **[Go to next section]**
- 99 Refused **[Go to next section]**

8.2 How long has it been since you had your last sigmoidoscopy or colonoscopy?

caller: read answers only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 98 Don't know / Not sure **(Do not read)**
- 99 Refused **(Do not read)**

Section 9: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

9.1 Ever told) you had asthma?

- 1 Yes
- 2 No **[Go to Q9.10]**
- 98 Don't know / Not sure **[Go to Q9.10]**
- 99 Refused **[Go to Q9.10]**

9.2 Do you still have asthma?

- 1 Yes **[Go to Section 11: Chronic Disease Management Module]**
- 2 No
- 98 Don't know / Not sure
- 99 Refused

9.10 Has a doctor, nurse, or other health professional EVER told you that you had diabetes?

Caller: If “Yes” and respondent is female, ask: “Was this only during a pregnancy?”

If respondent says pre-diabetes or borderline diabetes, use response code “No, pre-diabetes or borderline diabetes”

- 1 Yes [Go to Section 10: Diabetes Module]
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 98 Don't know / Not sure
- 99 Refused

Section 10: Diabetes:

10.1 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(Caller: use 0 for “never”, 888 for “don't know/ not sure”, and 999 for “refused”)

_____ (textbox)

10.2 A test for “A one C” measures the average level of blood sugar over the past three months. About how many times in the past 12 months have a doctor, nurse, or other health professional checked you for “A one C”?

(caller: use 0 for “never”, 777 for “never heard of ‘A one C’ test”, 888 for “don't know/ not sure”, and 999 for “refused”)

_____ (textbox)

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

		Yes	No	Don't know/ Not sure	Refused
9.3	A heart attack also called a myocardial infarction				
9.4	Angina or coronary heart disease				
9.5	A stroke				
9.6	Skin cancer				
9.7	Any other types of cancer				
9.8	COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis				

9.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Caller: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica

- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

If yes to any of 9.1-9.9, go to Section 11: Chronic Disease Management Module]

Section 11: Chronic Disease Management:

11.1 You said that a medical professional has told you that you have or have had **[INSERT DISEASE NAME]** During the last 12 months, have you gotten information about how to take care of your **[INSERT DISEASE NAME]**?

- 1 Yes
- 2 No **[skip to question 11.3]**
- 98 Don't know/not sure **[skip to question 11.3]**
- 99 Refused **[skip to question 11.3]**

[CATI note: If respondent reported more than one illness to core/rotating core questions ____, repeat question with fill for next illness. Repeat for each illness reported.]

11.2 During the last 12 months, where did you get information about taking care of your **[CATI NOTE: fill in first illness from previous question – heart attack, diabetes, asthma, heart disease, stroke...]**? From...
(Check all that apply)

- 1 A doctor or health professional?
- 2 Family or friends?
- 3 A TV show or radio program?
- 4 The Internet?
- 5 A book, magazine, or other publication?
- 6 A group class?
- 7 Some other source _____ (Do not read)
- 99 Refused

[CATI note: For each illness reported in Question 11.1, repeat question with fill for next illness. Repeat for each illness reported.]

11.3 Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all the things necessary to manage your condition(s) on a regular basis?

(Read answer options)

- 1 Not at all confident
- 2 A little confident
- 3 Moderately confident
- 4 Very confident
- 98 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

Section 12: Tobacco Use

12.1 Have you smoked at least 100 cigarettes in your entire life?

Caller: 5 packs = 100 cigarettes

- 1 Yes
- 2 No
- 3 Never smoked at all
- 98 Don't know / Not sure
- 99 Refused

12.2 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Caller: snus (rhymes with 'goose', Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that is placed under the lip against the gum.

- 1 Every day
- 2 Some days
- 3 Not at all
- 98 Don't know/ Not sure
- 99 Refused

12.3 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 98 Don't know / Not sure
- 99 Refused

12.4 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No
- 98 Don't know / Not sure
- 99 Refused

Section 13: Demographics

13.2a Are you Hispanic or Latino?

- 1 Yes
- 2 No
- 98 Don't know / Not sure
- 99 Refused

13.2b Are you of Arab or Chaldean origin?

- 1 Yes
- 2 No
- 98 Don't know / Not sure
- 99 Refused

13.3 Which one or more of the following would you say is your race?

(Mark all that apply. Please read)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [please specify] _____ **(Do not read)**
- 88 No additional choices **(Do not read)**
- 98 Don't know / Not sure **(Do not read)**
- 99 Refused **(Do not read)**

Caller: If more than one response was given to Race question, ask this question:

13.4 Which one of these groups would you say best represents your race?

Caller: If only one was chosen above, enter it here too.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____
- 98 Don't know / Not sure **(Do not read)**
- 99 Refused **(Do not read)**

13.5 What is your marital status? Are you...? **Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple
- 99 Refused

13.6 How many children less than 18 years of age live in your household?

Caller: please use 0 (zero) for “none” and 99 for “refused”

_____ (textbox)

13.7 What is the highest grade or year of school you completed?

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 99 Refused (**Do not read**)

13.8 Are you currently...?

Caller: If the respondent states they are retired, but still working, please code them as being employed. Only code retired, if they are not working at all.

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work
- 99 Refused (**Do not read**)

13.9 Keeping in mind that your answers are completely confidential, is your annual household income from all sources less than \$25, 000?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

IF YES,

--Is it less than \$20,000? (\$15,000 to less than \$20,000)

- 1 Yes – ask next question
- 2 No
- 98 Don't know
- 99 Refused

--Is it less than \$15,000? (\$10,000 to less than \$15,000)

- 1 Yes – ask next question
- 2 No
- 97 Answered “no”, “don't know”, or “refused” above
- 98 Don't know

99 Refused
--Is it less than \$10,000? (Less than \$10,000)
1 Yes
2 No
3 Answered "no", "don't know", or "refused" above
98 Don't know
99 Refused

IF NO to first income question

--Is it more than \$35,000? (\$25,000 to less than \$35,000)
1 Yes
2 No – ask next question
98 Don't know
99 Refused

--Is it less than \$50,000? (\$35,000 to less than \$50,000)
1 Yes
2 No – ask next question
3 Answered "yes", "don't know", or "refused" above
98 Don't know
99 Refused

--Is it less than \$75,000? (\$50,000 to less than \$75,000)
1 Yes
2 No – ask next question
3 Answered "yes", "don't know", or "refused" above
98 Don't know
99 Refused

--Is it \$75,000 or more?
1 Yes
2 No
3 Answered "yes", "don't know", or "refused" above
98 Don't know
99 Refused

13.10 About how much do you weigh without shoes?

**Caller: Enter whole number only – round fractions UP.
IF answer is in metric (kilograms) check box below
Use 8888 for Don't know/ Not sure, 9999 for Refused**

(If refused or hesitant, try to talk them into giving an answer – anonymous and confidential, necessary to get accurate information on health of county.)

_____ (textbox)

Check box if weight was given in kilograms – otherwise DO NOT CHECK
___ weight in kilograms

13.11 About how tall are you without shoes?

**Caller: Use whole numbers only, round fractions DOWN
IF given in meters/centimeters, check box below
Use 88/88 for Don't know/ Not sure, 99/99 for Refused**

Feet ____

Inches ____

Check box if height was given in meters/centimeters – otherwise DO NOT CHECK
__ height in meters

13.13 Do you own or rent your home?

Caller: "Other arrangement" may include group home or staying with friends or family without paying rent. Home is defined as the place where you live most of the time/ the majority of the year.

1 Own

2 Rent

3 Other arrangement

98 Don't know / Not sure

99 Refused

13.15 To your knowledge, are you now pregnant?

(Only asked of females < 45 years old)

1 Yes

[Go to Q25.1]

2 No

[Go to next section]

98 Don't know / Not sure

[Go to next section]

99 Refused

[Go to next section]

Section 25: Pregnancy

25.1 Are you currently receiving prenatal care?

1 Yes

2 No (Go to 25.3)

98 Don't know / Not sure

99 Refused

25.2 When did you start receiving prenatal care?

1 In your 1st trimester

2 In your 2nd trimester

3 In your 3rd trimester

97 Never

98 Don't know / Not sure

99 Refused

25.3 Are you currently taking a vitamin pill or supplement that contains folic acid?

- 1 Yes
- 2 No
- 98 Don't know / Not sure
- 99 Refused

Section 14: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank in the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

14.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(caller: pick 1 time frame and enter the number of times)

Caller: If respondent only says daily or weekly, probe with "How many times daily/weekly?"

Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8.

Do include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

14.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

Caller: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins or craisins.

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, akee, rambutan, etc.).

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

14.3 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

Caller: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

Each time a vegetable is eaten it counts as one time.

Include all raw leafy green salads including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna, and watercress.

Do not include iceberg (head) lettuce.

Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

14.4 During the past month, how many times per day, week, or month did you eat orange colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

Caller: If respondent only says daily or weekly, probe with "How many times daily/weekly?"

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

14.5 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and with potatoes that are not fried such as baked or mashed potatoes.

Caller: If respondent only says daily or weekly, probe with “How manytimes daily/weekly?”

Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”

Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style coleslaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if you did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

Section 15: Sugar Sweetened Beverages and Menu Labeling

15.1 About how often do you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 97 Never
- 98 Don't know / Not sure

99 Refused

15.2 About how often do you drink sweetened drinks, such as Kool-aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to.

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

15.3 The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?

Please read:

- 1 Always
- 2 Most of the time
- 3 About half the time
- 4 Sometimes
- 5 Never
- 6 Never noticed or never looked for calorie information (**Do not read**)
- 8 Usually cannot find calorie information (**Do not read**)
- 55 Do not eat at fast food or chain restaurants (**Do not read**)
- 98 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

Section 16: Exercise (Physical Activity)

CATI note: If employed for wages or self-employed, continue. Otherwise go to 16.2

16.1 When you are at work, which of the following best describes what you do? Would you say ...

- 1 Mostly sitting
- 4 Mostly standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work
- 98 Don't know/ Not sure (**Do not read**)
- 99 Refused (**Do not read**)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

Caller: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

16.2 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- 1 Yes
- 2 No [Go to Q16.5]
- 98 Don't know / Not sure [Go to Q16.5]
- 99 Refused [Go to Q16.5]

16.3 How many times per week or per month did you take part in physical activity during the past month?

- 1 __ Times per week
- 2 __ Times per month
- 98 Don't know / Not sure
- 99 Refused

16.4 And when you took part in physical activity, for how many minutes or hours did you usually keep at it?

- 1 __ Hours
- 2 __ Minutes
- 98 Don't know / Not sure
- 99 Refused

16.5 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

- 1 __ Times per week
- 2 __ Times per month
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

Section 17: Disability

The following questions are about health problems or impairments you may have.

17.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1 Yes
- 2 No
- 98 Don't know / Not Sure
- 99 Refused

17.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Caller: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 98 Don't know / Not Sure
- 99 Refused

Section 18: Arthritis Burden

You mentioned previously that you have arthritis in some form. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

18.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

Caller: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 Yes
- 2 No
- 98 Don't know / Not sure
- 99 Refused

Section 19: Seatbelt Use

19.1 How often do you use seat belts when you drive or ride in a car? Would you say—

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 88 Don't know / Not sure **(Do not read)**
- 98 Never drive or ride in a car **(Do not read)**
- 99 Refused **(Do not read)**

Section 20: Immunization

20.1 Now I will ask you questions about the seasonal flu. There are two ways to get the season flu vaccine, one is a shot the arm and the other is a spray, mist, or drop in the nose called FLUMIST. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

- 1 Yes
- 2 No **[Go to Q20.3]**
- 98 Don't know / Not sure **[Go to Q20.3]**
- 99 Refused **[Go to Q20.3]**

20.2 At what kind of place did you get your last seasonal flu shot/vaccine?
(Caller: If they say “work” and “hospital” or “doctor’s office” because they work there, choose “work” as answer.)

- 1 A doctor’s office or health maintenance organization (HMO)
- 2 A health department
- 3 Another type of clinic or health center (Example: a community health center)
- 4 A senior, recreation, or community center
- 5 A store (Examples: supermarket, drug store)
- 6 A hospital (Example: inpatient)
- 7 An emergency room
- 8 Workplace
- 9 Some other kind of place
- 10 Received vaccination in Canada/Mexico (**Do not read**)
- 11 A school
- 98 Don’t know / Not sure (**Probe: “How would you describe the place where you went to get your most recent flu vaccine?”**)
- 99 Refused (**Do not read**)

20.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1 Yes
- 2 No
- 98 Don’t know / Not sure
- 99 Refused

Section 21: Alcohol Consumption

21.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 __ Days per week
- 2 __ Days in past 30 days
- 97 No drinks in past 30 days **[Go to next section]**
- 98 Don’t know / Not sure **[Go to next section]**
- 99 Refused **[Go to next section]**

21.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Caller: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- __ Number of drinks
- 98 Don’t know / Not sure
- 99 Refused

21.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X (X = 5 for men, X = 4 for women)** or more drinks on an occasion?

__ Number of times

97 None

98 Don't know / Not sure

99 Refused

21.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

__ Number of drinks

98 Don't know / Not sure

99 Refused

21.5 During the past 30 days, have you ever driven when you've had too much to drink?

1 Yes

2 No

98 Don't know / Not sure

99 Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need?

Caller: If asked, say "please include support from any source."

Please read:

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

98 Don't know / Not sure (**Do not read**)

99 Refused (**Do not read**)

22.2 In general, how satisfied are you with your life?

Please read:

1 Very satisfied

2 Satisfied

3 Dissatisfied

4 Very dissatisfied

98 Don't know / Not sure (**Do not read**)

99 Refused (**Do not read**)

Section 23: Anxiety/Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

23.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- __ __ 01–14 days (specify)
- 97 None
- 98 Don't know / Not sure
- 99 Refused

23.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

- __ __ 01–14 days (specify)
- 97 None
- 98 Don't know / Not sure
- 99 Refused

23.3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

- __ __ 01–14 days (specify)
- 97 None
- 98 Don't know / Not sure
- 99 Refused

23.4 Over the last 2 weeks, how many days have you felt tired or had little energy?

- __ __ 01–14 days (specify)
- 97 None
- 98 Don't know / Not sure
- 99 Refused

23.5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

- __ __ 01–14 days (specify)
- 97 None
- 98 Don't know / Not sure
- 99 Refused

23.6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

- __ __ 01–14 days (specify)
- 97 None
- 98 Don't know / Not sure
- 99 Refused

23.7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

- __ __ 01–14 days (specify)
- 97 None
- 98 Don't know / Not sure
- 99 Refused

23.8 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

- 1 Yes
- 2 No
- 98 Don't know / Not sure
- 99 Refused

23.9 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No
- 98 Don't know / Not sure
- 99 Refused

Section 24: Oral Health

24.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read answers only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 97 Never **(Do not read)**
- 98 Don't know / Not sure **(Do not read)**
- 99 Refused **(Do not read)**

24.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

Caller: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

Caps and Crowns do not count as being removed.

- 1 1 to 5
- 2 6 or more but not all
- 3 All

- 97 None
- 98 Don't know / Not sure
- 99 Refused

24.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Read answers only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 97 Never **(Do not read)**
- 98 Don't know / Not sure **(Do not read)**
- 99 Refused **(Do not read)**

24.4 In the past 12 months , have you had problems getting needed dental care?

- 1 Yes **[Go to Q24.5]**
- 2 No **[Go to closing]**
- 98 Don't know / Not sure
- 99 Refused

24.5 Please provide the reason(s) for the difficulty in getting dental care. (Mark all that apply)

- 1 Dentist or dental hygienist not available
- 2 Lack of insurance
- 3 Dental care provider would not accept your insurance
- 4 Insurance would not approve/pay for care
- 5 Cannot afford co-pay or deductible
- 6 Lack of transportation
- 7 Language barriers
- 8 Cannot afford to pay for dental care
- 9 Cannot understand my dentist
- 97 None
- 10 Other _____
- 98 Don't know / Not sure
- 99 Refused

Closing Statement: That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this county. Would you like to have the telephone number at the Ottawa County Health Department to get more information about this survey?

If yes: It is 616-494-5598.

Thank you very much for your time and cooperation.