New Immigrant Survey
Child Proxy Codebook
Section D – Health

R00001.00  [PU_ID]  Survey Year: 2003

SAMPLING UNIT IDENTIFICATION CODE - ORIGINAL SAMPLE

Sampling Unit Identification Code

810  000310 TO 938510: Respondent Case Number
-------
810

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL ========>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Min:    000310    Max:    938510    Mean:    494926.54

Lead In: None.
Default Next Question: R00002.00

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R03377.00  [D1]  Survey Year: 2003

HEALTH - R SELF-RATING

{CP, IM, SP - Next I have some questions about your health. Would} {OS - Would} you say your health is excellent, very good, good, fair, or poor?

347       1 EXCELLENT
269       2 VERY GOOD
145       3 GOOD
38        4 FAIR
9         5 POOR
-------
808

Refusal(-1)  2
Don’t Know(-2)  0
TOTAL ========>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Lead In: R03376.00[Default]
Default Next Question: R03378.00

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R03378.00  [D2]  Survey Year: 2003

Due to the requirements of the program used to create the codebook, some variables follow a different naming convention in the codebook and data files. Variables in the questionnaire and data files in the form varname_x, where x=1, 2, 3, etc., have the form varname.0x where x=1,2,3, etc. in the codebook. Similarly, variables in the form varname_xmo and varname_xnu in the data files have the form varnamemo.0x and varnamenu.0x, respectively, in the codebook.

Descriptive statistics were automatically generated for those variables with amounts. Several questions collect information about amounts in different units, periods of time, currencies, etc. Descriptive statistics for these variables won't provide a good description of the data and further calculations will be needed.

1
COMPARISON OF R OVERALL HEALTH CONDITION WITH A YEAR AGO

Compared with your health a year ago, would you say that your health is better now, about the same, or worse?

<table>
<thead>
<tr>
<th></th>
<th>1 BETTER</th>
<th>2 ABOUT SAME</th>
<th>3 WORSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>117</td>
<td>634</td>
<td>57</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>808</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 2
Don’t Know(-2) 0
TOTAL =========> 810 VALID SKIP(-4) 0 NON-INTERVIEW(-5) 0

Lead In: R03377.00[Default]
Default Next Question: R03379.00

--------------------------------------------------------------------------------

COMPARISON OF R OVERALL HEALTH CONDITION BEFORE COMING TO U.S.

Compared with your health right before you most recently came to the United States to live, would you say that your health is better now, about the same, or worse?

<table>
<thead>
<tr>
<th></th>
<th>1 BETTER</th>
<th>2 ABOUT SAME</th>
<th>3 WORSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70</td>
<td>246</td>
<td>65</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>381</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 2
Don’t Know(-2) 8
TOTAL =========> 391 VALID SKIP(-4) 419 NON-INTERVIEW(-5) 0

Lead In: R03378.00[Default]
Default Next Question: R03380.00

--------------------------------------------------------------------------------

HEALTH - DOCTOR EVER TOLD R IF HAD HIGH BLOOD PRESSURE/HYPERTENSION?

Has a doctor ever told you that you have high blood pressure or hypertension?

INTERVIEWER: IT MUST BE A DIAGNOSED CONDITION

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>72</td>
<td>736</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>808</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 2
Don’t Know(-2) 0
TOTAL =========> 810 VALID SKIP(-4) 0 NON-INTERVIEW(-5) 0
HEALTH - HOW LONG HAS R HAD HIGH BLOOD PRESSURE - LENGTH

How long have you had this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<table>
<thead>
<tr>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1-4</td>
<td>32</td>
</tr>
<tr>
<td>5-8</td>
<td>18</td>
</tr>
<tr>
<td>9-14</td>
<td>11</td>
</tr>
<tr>
<td>15-19</td>
<td>5</td>
</tr>
<tr>
<td>20-24</td>
<td>1</td>
</tr>
<tr>
<td>30-34</td>
<td>2</td>
</tr>
<tr>
<td>35-39</td>
<td>1</td>
</tr>
<tr>
<td>40-44</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTAL = 72

Min: 0 Max: 40 Mean: 7.39

HEALTH - HOW LONG HAS R HAD HIGH BLOOD PRESSURE - TIME UNIT

How long have you had this condition? UNIT

<table>
<thead>
<tr>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

TOTAL = 71

Min: 0 Max: 40 Mean: 7.39

HEALTH - HOW MUCH DOES HIGH BLOOD PRESSURE LIMIT NORMAL ACTIVITIES?

How much does this condition limit your normal daily activities? -- A lot,
somewhat, just a little, or not at all?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>A LOT</td>
</tr>
<tr>
<td>4</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>7</td>
<td>JUST A LITTLE</td>
</tr>
<tr>
<td>58</td>
<td>NOT AT ALL</td>
</tr>
</tbody>
</table>

-------

72

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL ======> 72  VALID SKIP(-4) 738  NON-INTERVIEW(-5) 0

Lead In: R03382.00[Default]
Default Next Question: R03384.00

R03384.00 [D7] Survey Year: 2003

HEALTH - TAKING ANY MEDICATION TO LOWER HIGH BLOOD PRESSURE?

In order to lower your blood pressure, are you now taking any medication?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>Yes</td>
</tr>
<tr>
<td>23</td>
<td>No</td>
</tr>
</tbody>
</table>

-------

72

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL ======> 72  VALID SKIP(-4) 738  NON-INTERVIEW(-5) 0

Lead In: R03383.00[Default]
Default Next Question: R03385.00

R03385.00 [D8] Survey Year: 2003

HEALTH - DOCTOR EVER TOLD R IF HAD DIABETES OR HIGH BLOOD SUGAR?

Has a doctor ever told you that you have diabetes or high blood sugar?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Yes</td>
</tr>
<tr>
<td>781</td>
<td>No</td>
</tr>
</tbody>
</table>

-------

808

Refusal(-1) 2
Don’t Know(-2) 0
TOTAL ======> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03384.00[Default]
Default Next Question: R03386.00

R03386.00 [D9] Survey Year: 2003

HEALTH - HOW LONG HAS R HAD DIABETES OR HIGH BLOOD SUGAR - LENGTH

How long have you had this condition?
### INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>1 TO 4</td>
</tr>
<tr>
<td>10</td>
<td>5 TO 8</td>
</tr>
<tr>
<td>2</td>
<td>9 TO 14</td>
</tr>
<tr>
<td>1</td>
<td>15 TO 19</td>
</tr>
<tr>
<td>4</td>
<td>20 TO 24</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Code</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don’t Know(-2) 0

TOTAL =========> 27  VALID SKIP(-4) 783  NON-INTERVIEW(-5) 0

Min: 1  Max: 21  Mean: 7.41

Lead In: R03385.00 [Default]
Default Next Question: R03387.00

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### HEALTH - HOW LONG HAS R HAD DIABETES OR HIGH BLOOD SUGAR - TIME UNIT

How long have you had this condition? UNIT

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>1 YEARS</td>
</tr>
<tr>
<td>2</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>0</td>
<td>3 WEEKS</td>
</tr>
<tr>
<td>0</td>
<td>4 DAYS</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Code</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don’t Know(-2) 0

TOTAL =========> 27  VALID SKIP(-4) 783  NON-INTERVIEW(-5) 0

Lead In: R03386.00 [Default]
Default Next Question: R03388.00

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### HEALTH - HOW MUCH DOES DIABETES OR HIGH BLOOD SUGAR LIMIT NORMAL ACTIVITIES?

How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1 A LOT</td>
</tr>
<tr>
<td>0</td>
<td>3 SOMEWHAT</td>
</tr>
<tr>
<td>6</td>
<td>5 JUST A LITTLE</td>
</tr>
<tr>
<td>19</td>
<td>7 NOT AT ALL</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Code</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
HEALTH - TAKING ANY MEDICATION THAT YOU SWALLOW FOR DIABETES?

In order to treat or control your diabetes, are you now taking medication that you swallow?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>19</td>
<td>8</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =======> 27  VALID SKIP(-4) 783  NON-INTERVIEW(-5) 0

HEALTH - USING INSULIN OR A PUMP FOR DIABETES?

Are you now using insulin shots or a pump?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5</td>
<td>22</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =======> 27  VALID SKIP(-4) 783  NON-INTERVIEW(-5) 0

HAVE CANCER

Has a doctor ever told you that you have cancer or a malignant tumor, excluding minor skin cancers?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>11</td>
<td>797</td>
</tr>
</tbody>
</table>

Refusal(-1) 2
Don't Know(-2) 0
Lead In: R03390.00 [Default]
Default Next Question: R03392.00

R03392.00 [D14] Survey Year: 2003

HOW LONG HAD CANCER

How long have you had or did you have this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1 TO 4</td>
</tr>
<tr>
<td>3</td>
<td>5 TO 8</td>
</tr>
<tr>
<td>2</td>
<td>9 TO 14</td>
</tr>
<tr>
<td>1</td>
<td>20 TO 24</td>
</tr>
</tbody>
</table>

10

Refusal(-1) 0
Don't Know(-2) 1 (Go To R03394.00)

TOTAL =========> 11 VALID SKIP(-4) 799 NON-INTERVIEW(-5) 0

Min: 2 Max: 20 Mean: 6.6

Lead In: R03391.00 [Default]
Default Next Question: R03393.00

R03393.00 [D14A] Survey Year: 2003

TIME UNIT OF CANCER

How long have you had or did you have this condition? UNIT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1 YEARS</td>
</tr>
<tr>
<td>5</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>1</td>
<td>5 WEEKS</td>
</tr>
<tr>
<td>0</td>
<td>6 DAYS</td>
</tr>
</tbody>
</table>

10

Refusal(-1) 0
Don't Know(-2) 0

TOTAL =========> 10 VALID SKIP(-4) 800 NON-INTERVIEW(-5) 0

Lead In: R03392.00 [Default]
Default Next Question: R03394.00

R03394.00 [D15] Survey Year: 2003

LIMIT ACTIVITY CANCER

How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

0 1 A LOT
TREATMENT FOR CANCER ANY

During the last year did you receive treatment for cancer?

INTERVIEWER: QXQ DEFINING TREATMENT

2       1 Yes
9       2 No
-------
11

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========> 11  VALID SKIP(-4)  799  NON-INTERVIEW(-5)  0

Lead In: R03393.00[Default]  R03392.00[-2:-2]
Default Next Question: R03395.00
--------------------------------------------------------------------------------
R03395.00    [D16]                                              Survey Year: 2003

TREATMENT FOR CANCER CHEMOTHERAPY OR MEDICATION

During the last year, what sort of treatments have you received for cancer?

Chemotherapy or medication?

0       1 Yes
2       2 No
-------
2

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========> 2  VALID SKIP(-4)  808  NON-INTERVIEW(-5)  0

Lead In: R03394.00[Default]
Default Next Question: R03396.00
--------------------------------------------------------------------------------
R03396.00    [D17]                                              Survey Year: 2003

TREATMENT FOR CANCER SURGERY OR BIOPSY
During the last year, what sort of treatments have you received for cancer?

Surgery or biopsy?

1 1 Yes
1 2 No
-------
2

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL ======> 2  VALID SKIP(-4)  808  NON-INTERVIEW(-5)  0

Lead In: R03396.00[Default]
Default Next Question: R03398.00

R03396.00  [D17B]  Survey Year: 2003

TREATMENT FOR CANCER RADIATION OR X-RAY

During the last year, what sort of treatments have you received for cancer?

Radiation or X-ray?

2 1 Yes
0 2 No
-------
2

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL ======> 2  VALID SKIP(-4)  808  NON-INTERVIEW(-5)  0

Lead In: R03397.00[Default]
Default Next Question: R03399.00

R03397.00  [D17C]  Survey Year: 2003

TREATMENT FOR CANCER MEDICATIONS OR TREATMENT FOR SYMPTOMS

During the last year, what sort of treatments have you received for cancer?

Medications or treatment for symptoms?

0 1 Yes
2 2 No
-------
2

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL ======> 2  VALID SKIP(-4)  808  NON-INTERVIEW(-5)  0

Lead In: R03398.00[Default]
Default Next Question: R03400.00

R03398.00  [D17E]  Survey Year: 2003
TREATMENT FOR CANCER NONE

During the last year, what sort of treatments have you received for cancer?

None?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Refusal(-1)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Don't Know(-2)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL =========> 2   VALID SKIP(-4) 808   NON-INTERVIEW(-5) 0

Lead In: R03399.00[Default]
Default Next Question: R03400a.00

-------------------------------
R03400a.00 [D17F] Survey Year: 2003

YEAR MOST RECENT CANCER DIAGNOSED

In what year and month was your most recent cancer diagnosed? YEAR

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Refusal(-1)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know(-2)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL =========> 11   VALID SKIP(-4) 799   NON-INTERVIEW(-5) 0

MONTH MOST RECENT CANCER DIAGNOSED

In what year and month was your most recent cancer diagnosed? MONTH

<table>
<thead>
<tr>
<th>Month</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 JANUARY</td>
</tr>
<tr>
<td>2</td>
<td>2 FEBRUARY</td>
</tr>
<tr>
<td>3</td>
<td>3 MARCH</td>
</tr>
<tr>
<td>4</td>
<td>4 APRIL</td>
</tr>
<tr>
<td>5</td>
<td>5 MAY</td>
</tr>
<tr>
<td>6</td>
<td>6 JUNE</td>
</tr>
<tr>
<td>7</td>
<td>7 JULY</td>
</tr>
<tr>
<td>8</td>
<td>8 AUGUST</td>
</tr>
<tr>
<td>9</td>
<td>9 SEPTEMBER</td>
</tr>
<tr>
<td>10</td>
<td>10 OCTOBER</td>
</tr>
<tr>
<td>11</td>
<td>11 NOVEMBER</td>
</tr>
<tr>
<td>12</td>
<td>12 DECEMBER</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 1
TOTAL =========> 11
VALID SKIP(-4) 799
NON-INTERVIEW(-5) 0

STILL HAVE CANCER

Do you still have cancer?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 11
VALID SKIP(-4) 799
NON-INTERVIEW(-5) 0

HAVE CHRONIC LUNG DISEASE

Has a doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?

INTERVIEWER: DO NOT INCLUDE ASTHMA
Refusal(-1)  2
Don't Know(-2)  0
TOTAL =========>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Lead In: R03403.00[Default]
Default Next Question: R03405.00

HOW LONG HAD CHRONIC LUNG DISEASE

How long have you had this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

3  1 TO 4
1  9 TO 14
1  15 TO 19

5

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  5  VALID SKIP(-4)  805  NON-INTERVIEW(-5)  0

Min:  2  Max:  16  Mean:  7.4

Lead In: R03404.00[Default]
Default Next Question: R03406.00

R03406.00  [D20A]  Survey Year: 2003

UNIT D20

How long have you had this condition? UNIT

5  1 YEARS
0  2 MONTHS
0  3 WEEKS
0  4 DAYS

5

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  5  VALID SKIP(-4)  805  NON-INTERVIEW(-5)  0

Lead In: R03405.00[Default]
Default Next Question: R03407.00

R03407.00  [D21]  Survey Year: 2003
LIMIT ACTIVITY CHRONIC LUNG DISEASE

How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>A LOT</td>
</tr>
<tr>
<td>1</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>0</td>
<td>JUST A LITTLE</td>
</tr>
<tr>
<td>4</td>
<td>NOT AT ALL</td>
</tr>
</tbody>
</table>

Refusal(-1) 0  Don't Know(-2) 0
TOTAL =========> 5  VALID SKIP(-4) 805  NON-INTERVIEW(-5) 0

Lead In: R03406.00[Default]
Default Next Question: R03408.00

TAKE MEDICATION FOR LUNG CONDITION

Are you now taking medication or other treatment for your lung condition?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1) 0  Don't Know(-2) 0
TOTAL =========> 5  VALID SKIP(-4) 805  NON-INTERVIEW(-5) 0

Lead In: R03407.00[Default]
Default Next Question: R03409.00

LUNG CONDITION LIMIT USUAL ACTIVITY?

Does your lung condition limit your usual activities, such as household chores or work?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1) 0  Don't Know(-2) 0
TOTAL =========> 5  VALID SKIP(-4) 805  NON-INTERVIEW(-5) 0

Lead In: R03408.00[Default]
Default Next Question: R03410.00
R03410.00 [D24]  Survey Year: 2003

HAVE HEART PROBLEM

Has a doctor ever told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

INTERVIEWER: READ SLOWLY

15 1 Yes
793 2 No

-----
808

Refusal(-1) 2
Don’t Know(-2) 0
TOTAL =========> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03409.00[Default]
Default Next Question: R03411.00

R03411.00 [D25]  Survey Year: 2003

LIMIT ACTIVITY HEART PROBLEM

How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

0 1 A LOT
4 3 SOMEWHAT
2 5 JUST A LITTLE
9 7 NOT AT ALL

-----
15

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 15  VALID SKIP(-4) 795  NON-INTERVIEW(-5) 0

Lead In: R03410.00[Default]
Default Next Question: R03412.00

R03412.00 [D26]  Survey Year: 2003

TAKE MEDICATION HEART PROBLEM

Are you now taking or carrying medication for your heart problem?

7 1 Yes
8 2 No

-----
15

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 15  VALID SKIP(-4) 795  NON-INTERVIEW(-5) 0
EVER HAD HEART ATTACK

Have you ever had a heart attack or myocardial infarction?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1 Yes</td>
</tr>
<tr>
<td>10</td>
<td>2 No</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =======> 15 VALID SKIP(-4) 795 NON-INTERVIEW(-5) 0

YEAR FIRST HEART ATTACK

In what year and month was your FIRST heart attack? YEAR

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1990 TO 1999</td>
</tr>
<tr>
<td>2</td>
<td>2000 TO 2010: 2000+</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =======> 5 VALID SKIP(-4) 805 NON-INTERVIEW(-5) 0


MONTH FIRST HEART ATTACK

In what year and month was your FIRST heart attack? MONTH

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 JANUARY</td>
</tr>
<tr>
<td>0</td>
<td>2 FEBRUARY</td>
</tr>
<tr>
<td>1</td>
<td>3 MARCH</td>
</tr>
<tr>
<td>1</td>
<td>4 APRIL</td>
</tr>
<tr>
<td>1</td>
<td>5 MAY</td>
</tr>
<tr>
<td>0</td>
<td>6 JUNE</td>
</tr>
<tr>
<td>0</td>
<td>7 JULY</td>
</tr>
<tr>
<td>1</td>
<td>8 AUGUST</td>
</tr>
<tr>
<td>0</td>
<td>9 SEPTEMBER</td>
</tr>
<tr>
<td>0</td>
<td>10 OCTOBER</td>
</tr>
</tbody>
</table>
0      11 NOVEMBER
0      12 DECEMBER
-------
4

Refusal(-1)            0
Don't Know(-2)         1
TOTAL =========>       5   VALID SKIP(-4)     805     NON-INTERVIEW(-5)       0

Lead In: R03414.00[Default]
Default Next Question: R03416.00
--------------------------------------------------------------------------------
R03416.00    [D29]                                             Survey Year: 2003

NOW TAKE MEDICATION HEART ATTACK

Are you now taking or carrying medication because of your heart attack?

  4       1 Yes
  1       2 No
-------
5

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>       5   VALID SKIP(-4)     805     NON-INTERVIEW(-5)       0

Lead In: R03415.00[Default]
Default Next Question: R03417.00
--------------------------------------------------------------------------------
R03417.00    [D30]                                             Survey Year: 2003

HAD MORE THAN ONE HEART ATTACK

Have you had more than one heart attack?

  1       1 Yes
  4       2 No
-------
5

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>       5   VALID SKIP(-4)     805     NON-INTERVIEW(-5)       0

Lead In: R03416.00[Default]
Default Next Question: R03418.00
--------------------------------------------------------------------------------
R03418.00    [D31]                                             Survey Year: 2003

YEAR MOST RECENT HEART ATTACK

In what year and month was your FIRST heart attack? YEAR

  1        1990 TO 1999
-------
1
R03419.00  [D31A]  Survey Year: 2003

MONTH MOST RECENT HEART ATTACK

In what year and month was your FIRST heart attack? MONTH

0       1 JANUARY
0       2 FEBRUARY
0       3 MARCH
0       4 APRIL
0       5 MAY
0       6 JUNE
0       7 JULY
0       8 AUGUST
0       9 SEPTEMBER
0      10 OCTOBER
0      11 NOVEMBER
0      12 DECEMBER
-------

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>       1   VALID SKIP(-4)     809     NON-INTERVIEW(-5)       0

Lead In: R03418.00[Default]
Default Next Question: R03420.00

R03420.00  [D32]  Survey Year: 2003

HAD ANGINA

During the last year have you had any angina or chest pains due to your heart?

4       1 Yes
11       2 No
-------

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>      15   VALID SKIP(-4)     795     NON-INTERVIEW(-5)       0

Lead In: R03419.00[Default]
Default Next Question: R03421.00

R03421.00  [D33]  Survey Year: 2003
TAKE MEDICATION BECAUSE OF ANGINA

Are you now taking or carrying medications because of angina or chest pain?

<table>
<thead>
<tr>
<th>3</th>
<th>1 Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 No</td>
</tr>
</tbody>
</table>

-------

4

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 4  VALID SKIP(-4) 806  NON-INTERVIEW(-5) 0

Lead In: R03420.00[Default]
Default Next Question: R03422.00

R03422.00 [D34]                                             Survey Year: 2003

LIMIT ACTIVITY ANGINA

Are you limiting your usual activities because of your angina?

<table>
<thead>
<tr>
<th>2</th>
<th>1 Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2 No</td>
</tr>
</tbody>
</table>

-------

4

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 4  VALID SKIP(-4) 806  NON-INTERVIEW(-5) 0

Lead In: R03421.00[Default]
Default Next Question: R03423.00

R03423.00 [D35]                                             Survey Year: 2003

HAVE CONGESTIVE HEART FAILURE

In the last year has a doctor told you that you have congestive heart failure?

<table>
<thead>
<tr>
<th>0</th>
<th>1 Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>2 No</td>
</tr>
</tbody>
</table>

-------

15

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 15  VALID SKIP(-4) 795  NON-INTERVIEW(-5) 0

Lead In: R03422.00[Default]
Default Next Question: R03428.00

R03428.00 [D39]                                             Survey Year: 2003

HAD TEST OF HEART WITH TUBES
In the last year, have you had a special test or treatment of your heart where tubes were inserted into your veins or arteries such as cardiac catheterization, coronary angiogram or angioplasty?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Yes</td>
</tr>
<tr>
<td>15</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1)  0  
Don’t Know(-2)  0  
TOTAL =========> 15  VALID SKIP(-4) 795  NON-INTERVIEW(-5)  0

Lead In: R03423.00[Default]  
Default Next Question: R03431.00

R03431.00  [D41]  
Survey Year: 2003

HAD SURGERY ON HEART

In the last year, have you had surgery on your heart?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>13</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1)  0  
Don’t Know(-2)  0  
TOTAL =========> 15  VALID SKIP(-4) 795  NON-INTERVIEW(-5)  0

Lead In: R03428.00[Default]  
Default Next Question: R03432.00

R03432.00  [D42]  
Survey Year: 2003

IN U.S. HAD SURGERY ON HEART

Was this in the United States?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1)  0  
Don’t Know(-2)  0  
TOTAL =========> 2  VALID SKIP(-4) 808  NON-INTERVIEW(-5)  0

Lead In: R03431.00[Default]  
Default Next Question: R03433.00

R03433.00  [D43]  
Survey Year: 2003

HAD A STROKE

Has a doctor ever told you that you had a stroke?
SEEN DOCTOR BECAUSE OF STROKE

In the last year, have you seen a doctor because of this or any other stroke?

2       1 Yes
0       2 No
-------
2

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========>       2   VALID SKIP(-4)     808     NON-INTERVIEW(-5)       0

Lead In: R03432.00[Default]
Default Next Question: R03434.00

IN U.S. SEEN DOCTOR

Was this in the United States?

2       1 Yes
0       2 No
-------
2

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========>       2   VALID SKIP(-4)     808     NON-INTERVIEW(-5)       0

Lead In: R03433.00[Default]
Default Next Question: R03435.00

HAD MORE THAN ONE STROKE

Have you had more than one stroke?

1       1 Yes
1       2 No
Have Remaining Problems Due to Stroke

Do you still have any remaining problems because of your stroke/strokes?

1 Yes
2 No

Take Medication Due to Stroke

Are you now taking any medications because of your stroke? (text fill: if D46=1: s; i.e. make stroke plural) or its (text fill: if D46=1: their; i.e. "their" in place of "its") complications?

1 Yes
2 No

Year Most Recent Stroke

In what year and month was your most recent stroke?

1 1990 TO 1999
2 2000 TO 2010: 2000+
MONTH MOST RECENT STROKE

In what year and month was your (text fill: if D46=1: most recent) stroke? MONTH

<table>
<thead>
<tr>
<th>Month</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>0</td>
</tr>
<tr>
<td>February</td>
<td>0</td>
</tr>
<tr>
<td>March</td>
<td>0</td>
</tr>
<tr>
<td>April</td>
<td>1</td>
</tr>
<tr>
<td>May</td>
<td>0</td>
</tr>
<tr>
<td>June</td>
<td>0</td>
</tr>
<tr>
<td>July</td>
<td>0</td>
</tr>
<tr>
<td>August</td>
<td>0</td>
</tr>
<tr>
<td>September</td>
<td>0</td>
</tr>
<tr>
<td>October</td>
<td>0</td>
</tr>
<tr>
<td>November</td>
<td>0</td>
</tr>
<tr>
<td>December</td>
<td>0</td>
</tr>
</tbody>
</table>

-------

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

HAD EMOTIONAL PROBLEM

Have you ever had or has a doctor ever told you that you have any emotional, nervous, or psychiatric problems?

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Yes</td>
</tr>
<tr>
<td>776</td>
<td>No</td>
</tr>
</tbody>
</table>

-----

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>807</td>
</tr>
</tbody>
</table>
### GET PSYCHIATRIC TREATMENT

Do you now get psychiatric or psychological treatment for your problems?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Yes</td>
</tr>
<tr>
<td>17</td>
<td>No</td>
</tr>
</tbody>
</table>

---

31

Refusal(-1) 0
Don't Know(-2) 0

**TOTAL =========> 31**

**VALID SKIP(-4) 779**

**NON-INTERVIEW(-5) 0**

---

**Lead In: R03442.00[Default]**

**Default Next Question: R03444.00**

---

### HOW LONG HAD PSYCHIATRIC TREATMENT

How long have you had or did you have this condition?

**INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>1 TO 4</td>
</tr>
<tr>
<td>8</td>
<td>5 TO 8</td>
</tr>
<tr>
<td>4</td>
<td>9 TO 14</td>
</tr>
<tr>
<td>4</td>
<td>20 TO 24</td>
</tr>
<tr>
<td>1</td>
<td>45 TO 49</td>
</tr>
</tbody>
</table>

---

30

Refusal(-1) 0
Don't Know(-2) 1 (Go To R03446.00)

**TOTAL =========> 31**

**VALID SKIP(-4) 779**

**NON-INTERVIEW(-5) 0**

---

Min: 1
Max: 46
Mean: 8.2

**Lead In: R03443.00[Default]**

**Default Next Question: R03445.00**

---

### UNIT D52

How long have you had or did you have this condition? UNIT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>1 YEARS</td>
</tr>
<tr>
<td>4</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>0</td>
<td>3 WEEKS</td>
</tr>
<tr>
<td>1</td>
<td>4 DAYS</td>
</tr>
</tbody>
</table>

---

30
Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>      30   VALID SKIP(-4)     780     NON-INTERVIEW(-5)       0

Lead In: R03444.00[Default]
Default Next Question: R03446.00

R03446.00    [D53]                                             Survey Year: 2003

LIMIT ACTIVITY PSYCHIATRIC CONDITION

How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

<table>
<thead>
<tr>
<th></th>
<th>1 A LOT</th>
<th>2 SOMEWHAT</th>
<th>2 JUST A LITTLE</th>
<th>23 NOT AT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>23</td>
</tr>
</tbody>
</table>

31

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>      31   VALID SKIP(-4)     779     NON-INTERVIEW(-5)       0

Lead In: R03445.00[Default]  R03444.00[-2:-2]
Default Next Question: R03447.00

R03447.00    [D54]                                             Survey Year: 2003

TAKE TRANQUILIZERS

Do you now take tranquilizers, antidepressants, or pills for nerves?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38</td>
<td>769</td>
</tr>
</tbody>
</table>

807

Refusal(-1)            3
Don't Know(-2)         0
TOTAL =========>      810   VALID SKIP(-4)     0     NON-INTERVIEW(-5)       0

Lead In: R03446.00[Default]
Default Next Question: R03448.00

R03448.00    [D55]                                             Survey Year: 2003

HAD ARTHRITIS

Have you ever had, or has a doctor ever told you that you have arthritis or rheumatism?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48</td>
<td>759</td>
</tr>
</tbody>
</table>

807
Refusal(-1)  3
Don’t Know(-2)  0
TOTAL =========> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03447.00[Default]
Default Next Question: R03449.00

R03449.00  [D56]  Survey Year: 2003

HOW LONG HAD ARTHRITIS

How long have you had this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

  1    0
 13   1 TO 4
 11   5 TO 8
 17   9 TO 14
  4   20 TO 24
  1   25 TO 29
-------
 47

Refusal(-1)  0
Don’t Know(-2) 1  (Go To R03451.00)
TOTAL =========> 48  VALID SKIP(-4) 762  NON-INTERVIEW(-5) 0

Min:    0  Max:   26  Mean:  8.15

Lead In: R03448.00[Default]
Default Next Question: R03450.00

R03450.00  [D56A]  Survey Year: 2003

UNIT D56

How long have you had this condition? UNIT

  43  1 YEARS
  2  2 MONTHS
  1  3 WEEKS
  0  5 DAYS
-------
 46

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========> 46  VALID SKIP(-4) 764  NON-INTERVIEW(-5) 0

Lead In: R03449.00[Default]
Default Next Question: R03451.00

R03451.00  [D57]  Survey Year: 2003

LIMIT ACTIVITY ARTHRITIS
How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1 A LOT</td>
</tr>
<tr>
<td>13</td>
<td>3 SOMEWHAT</td>
</tr>
<tr>
<td>14</td>
<td>5 JUST A LITTLE</td>
</tr>
<tr>
<td>19</td>
<td>7 NOT AT ALL</td>
</tr>
</tbody>
</table>

48

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  48  VALID SKIP(-4)  762  NON-INTERVIEW(-5)  0

Lead In: R03450.00[Default]  R03449.00[-2:-2]
Default Next Question: R03452.00

TAKING MEDICATION ARTHRITIS

Are you currently taking any medication or other treatments for your arthritis or rheumatism?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>1 Yes</td>
</tr>
<tr>
<td>37</td>
<td>2 No</td>
</tr>
</tbody>
</table>

48

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  48  VALID SKIP(-4)  762  NON-INTERVIEW(-5)  0

Lead In: R03451.00[Default]
Default Next Question: R03453.00

HAD ASTHMA

Have you ever had, or has a doctor ever told you that you have asthma?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>1 Yes</td>
</tr>
<tr>
<td>756</td>
<td>2 No</td>
</tr>
</tbody>
</table>

806

Refusal(-1)  3
Don't Know(-2)  1
TOTAL =========>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Lead In: R03452.00[Default]
Default Next Question: R03454.00

R03454.00  [D60]  Survey Year: 2003

NIS 2003-1 Section D Codebook
Last Updated July 18, 2013
YEAR ASTHMA

About how many years have you had or did you have this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<table>
<thead>
<tr>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 4</td>
<td>9</td>
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<tr>
<td>5 to 8</td>
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<td>9 to 14</td>
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<td>15 to 19</td>
<td>7</td>
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<td>20 to 24</td>
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<td>30 to 39</td>
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<tr>
<td>45 to 49</td>
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<td>50 to 54</td>
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</tbody>
</table>

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49

Refusal(-1) 0
Don’t Know(-2) 1 (Go To R03456.00)

TOTAL =========> 50

VALID SKIP(-4) 760
NON-INTERVIEW(-5) 0

Min: 1
Max: 54
Mean: 16.53

Lead In: R03453.00 [Default]
Default Next Question: R03455.00

R03455.00 [D60A] Survey Year: 2003

UNIT D60

About how many years have you had or did you have this condition? UNIT

<table>
<thead>
<tr>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 years</td>
<td>49</td>
</tr>
<tr>
<td>2 months</td>
<td>0</td>
</tr>
<tr>
<td>3 weeks</td>
<td>0</td>
</tr>
<tr>
<td>4 days</td>
<td>0</td>
</tr>
</tbody>
</table>

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49

Refusal(-1) 0
Don’t Know(-2) 0

TOTAL =========> 49

VALID SKIP(-4) 761
NON-INTERVIEW(-5) 0

Lead In: R03454.00 [Default]
Default Next Question: R03456.00

R03456.00 [D61] Survey Year: 2003

CURRENTLY HAVE ASTHMA

Do you currently have asthma?

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
</tr>
</tbody>
</table>

-------------

RIS 2003-1 Section D Codebook
Last Updated July 18, 2013
LIMIT ACTIVITY ASTHMA

How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

1       1 A LOT
2       3 SOMEWHAT
13      5 JUST A LITTLE
20      7 NOT AT ALL
-------
36

WEAR GLASSES

Do you normally wear glasses or corrective contact lenses?

385       1 Yes
423       2 No
-------
808

HOW IS EYESIGHT

Is your eyesight excellent, very good, good, fair, or poor (Text Fill: if D63=1: using glasses or corrective lenses as usual)?

326       1 EXCELLENT
249       2 VERY GOOD
WEAR HEARING AID

Do you ever wear a hearing aid?

5  1 Yes
804  2 No

----------
809

Refusal(-1)  1
Don't Know(-2)  0
TOTAL =========>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

HOW IS HEARING

Is your hearing excellent, very good, good, fair, or poor {text fill: if D65=1: using a hearing aid as usual}?

382  1 EXCELLENT
235  5 VERY GOOD
164  6 GOOD
26  7 FAIR
2  9 POOR

----------
809

Refusal(-1)  1
Don't Know(-2)  0
TOTAL =========>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

TROUBLED WITH PAIN
Are you often troubled with pain?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>Yes</td>
</tr>
<tr>
<td>728</td>
<td>No</td>
</tr>
</tbody>
</table>

---

| Refusal(-1) | 3 |
| Don't Know(-2) | 0 |
| TOTAL =======> | 810 | VALID SKIP(-4) | 0 | NON-INTERVIEW(-5) | 0 |

Lead In: R03461.00[Default]
Default Next Question: R03463.00

R03463.00 [D68] Survey Year: 2003

HOW BAD IS PAIN

How bad is the pain most of the time: mild, moderate or severe?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>MILD</td>
</tr>
<tr>
<td>36</td>
<td>MODERATE</td>
</tr>
<tr>
<td>12</td>
<td>SEVERE</td>
</tr>
</tbody>
</table>

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| Refusal(-1) | 0 |
| Don't Know(-2) | 1 |
| TOTAL =======> | 79 | VALID SKIP(-4) | 731 | NON-INTERVIEW(-5) | 0 |

Lead In: R03462.00[Default]
Default Next Question: R03464.00

R03464.00 [D69] Survey Year: 2003

PAIN MAKES ACTIVITY DIFFICULT

Does the pain make it difficult for you to do your usual activities such as household chores or work?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>41</td>
<td>Yes</td>
</tr>
<tr>
<td>38</td>
<td>No</td>
</tr>
</tbody>
</table>

---

| Refusal(-1) | 0 |
| Don't Know(-2) | 0 |
| TOTAL =======> | 79 | VALID SKIP(-4) | 731 | NON-INTERVIEW(-5) | 0 |

Lead In: R03463.00[Default]
Default Next Question: R03465.00

R03465.00 [D70] Survey Year: 2003

CHECK BREASTS MONTHLY
Do you check your breasts for lumps monthly?

250       1 Yes
231       2 No
-------
481

Refusal(-1)            3
Don't Know(-2)         2
TOTAL =========>     486   VALID SKIP(-4)     324   NON-INTERVIEW(-5)       0

Lead In: R03464.00[Default]
Default Next Question: R03466.00
--------------------------------------------------------------------------------
R03466.00    [D71]                                             Survey Year: 2003

HAVE MAMMOGRAM

Did you have a mammogram or x-ray of the breast, to search for cancer in the last 12 months?

215       1 Yes
267       2 No
-------
482

Refusal(-1)            4
Don't Know(-2)         0
TOTAL =========>     486   VALID SKIP(-4)     324   NON-INTERVIEW(-5)       0

Lead In: R03465.00[Default]
Default Next Question: R03467.00
--------------------------------------------------------------------------------
R03467.00    [D72]                                             Survey Year: 2003

HAVE PAP SMEAR

A PAP smear in the last year?

385       1 Yes
95        2 No
-------
480

Refusal(-1)            6
Don't Know(-2)         0
TOTAL =========>     486   VALID SKIP(-4)     324   NON-INTERVIEW(-5)       0

Lead In: R03466.00[Default]
Default Next Question: R03468.00
--------------------------------------------------------------------------------
R03468.00    [D73]                                             Survey Year: 2003

HAD EXAMINATION OF PROSTATE

Have you ever had an examination of your prostate to screen for cancer?
123 1 Yes
200 2 No
-
323

Refusal(-1) 0
Don't Know(-2) 1
TOTAL =========> 324  VALID SKIP(-4) 486  NON-INTERVIEW(-5) 0

Lead In: R03467.00[Default]
Default Next Question: R03469.00

R03469.00 [D74] Survey Year: 2003

HAVE YOU EVER SMOKED CIGARETTES?

Have you ever smoked cigarettes?

INTERVIEWER: BY SMOKING WE MEAN MORE THAN 100 CIGARETTES IN YOUR LIFETIME, DO NOT INCLUDE PIPES OR CIGARS

229 1 Yes
577 2 No
-
806

Refusal(-1) 4
Don't Know(-2) 0
TOTAL =========> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03468.00[Default]
Default Next Question: R03470.00

R03470.00 [D75] Survey Year: 2003

DO YOU SMOKE CIGARETTES NOW?

Do you smoke cigarettes now?

59 1 Yes
170 2 No
-
229

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 229  VALID SKIP(-4) 581  NON-INTERVIEW(-5) 0

Lead In: R03469.00[Default]
Default Next Question: R03471.00

R03471.00 [D76] Survey Year: 2003

HOW MANY CIGARETSES OR PACKS DO YOU USUALLY SMOKE IN A DAY NOW?

About how many cigarettes or packs do you usually smoke in a day now?
INTERVIEWER: PROBE FOR A RANGE

15  1
6   2
6   3
4   4
3   5
3   6
2   8
1   9
12  10
4   11 TO 20
1   21 TO 30

57

Refusal(-1)  1 (Go To R03473.00)
Don't Know(-2)  1 (Go To R03473.00)
TOTAL =========> 59  VALID SKIP(-4)  751  NON-INTERVIEW(-5)  0

Min:  1  Max: 30  Mean: 5.81

Lead In: R03470.00[Default]
Default Next Question: R03472.00

R03472.00  [D76A]  Survey Year: 2003

UNIT D76

About how many cigarettes or packs do you usually smoke in a day now? UNIT

46  1 CIGARETTES
11  2 PACKS

57

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 57  VALID SKIP(-4)  753  NON-INTERVIEW(-5)  0

Lead In: R03471.00[Default]
Default Next Question: R03473.00

R03473.00  [D77]  Survey Year: 2003

HOW OLD WERE YOU WHEN YOU STARTED SMOKING?

About how old were you when you started smoking?

INTERVIEWER: IF LESS THAN ONE YEAR, CHOOSE ANSWER 'STARTED SMOKING X YEARS AGO'

200  1 YEARS OLD
7   2 YEAR STARTED SMOKING
18  3 STARTED SMOKING "X" YEARS AGO

225
Refusal(-1)  3  (Go To R03475.00)
Don't Know(-2)  1  (Go To R03475.00)
TOTAL =========>  229  VALID SKIP(-4)  581  NON-INTERVIEW(-5)  0

Lead In: R03472.00[Default]  R03471.00[-1:-1]  R03471.00[-2:-2]
Default Next Question: R03474.00

---------
R03474.00  [D77A]  Survey Year: 2003

YEARS77

About how old were you when you started smoking? DIGITS

INTERVIEWER: ENTER '0' IF LESS THAN ONE YEAR

1  0
  2  5 TO 8
  31  9 TO 14
  113  15 TO 19
  44  20 TO 24
  18  25 TO 29
   7  30 TO 34
    7  1800 TO 9999: Gave Year

---------
  223

Refusal(-1)  0
Don't Know(-2)  2
TOTAL =========>  225  VALID SKIP(-4)  585  NON-INTERVIEW(-5)  0

Min:  0  Max:  1998  Mean:  79.9

Lead In: R03473.00[Default]
Default Next Question: R03475.00

---------
R03475.00  [D78]  Survey Year: 2003

HOW MANY CIGARETTES A DAY WHEN SMOKED MOST

When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day?

INTERVIEWER: PROBE FOR A RANGE

74  1
  28  2
  21  3
   9  4
  15  5
   5  6
   3  7
   3  8
  39 10
  15 11 TO 20
  10 21 TO 30

---------
  222
UNIT D78

When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day? UNIT

148       1 CIGARETTES  
74       2 PACKS  
--------  
222

Refusal(-1)            0  (Go To R03477.00)  
Don't Know(-2)         0  (Go To R03477.00)  
TOTAL =========>     222   VALID SKIP(-4)     588     NON-INTERVIEW(-5)       0

Lead In: R03475.00[Default]  R03474.00[-2:-2] R03474.00[-1:-1]  
Default Next Question: R03477.00

HOW OLD WERE YOU WHEN YOU WERE SMOKING THE MOST?

When you were smoking the most, about how old were you?

INTERVIEWER: IF LESS THAN ONE YEAR, CHOOSE ANSWER 'WAS SMOKING THE MOST X YEARS AGO'

196       1 YEARS OLD  
6       2 YEAR STARTED SMOKING  
22       3 STARTED SMOKING 'X' YEARS AGO  
--------  
224

Refusal(-1)            2  
Don't Know(-2)          3  
TOTAL =========>     229   VALID SKIP(-4)     581     NON-INTERVIEW(-5)       0

Lead In: R03476.00[Default]  R03475.00[-2:-2] R03475.00[-1:-1]  
Default Next Question: R03478.00

YEARS D79

When you were smoking the most, about how old were you? DIGITS
INTERVIEWER: ENTER '0' IF LESS THAN ONE YEAR

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>3</td>
<td>1 T0 4</td>
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<tr>
<td>2</td>
<td>5 T0 8</td>
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<tr>
<td>6</td>
<td>9 T0 14</td>
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<td>45</td>
<td>15 T0 19</td>
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<td>59</td>
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<td>35 T0 39</td>
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<td>4</td>
<td>40 T0 44</td>
</tr>
<tr>
<td>3</td>
<td>45 T0 49</td>
</tr>
<tr>
<td>5</td>
<td>1800 T0 9999: Gave Year</td>
</tr>
</tbody>
</table>

-------

223

Refusal(-1) 1
Don't Know(-2) 0
TOTAL =========> 224 VALID SKIP(-4) 586 NON-INTERVIEW(-5) 0

Min: 0 Max: 2004 Mean: 68.04

Lead In: R03477.00[Default]
Default Next Question: R03479.00

-------------------------------------------------------------------------------

R03479.00 [D80]                                             Survey Year: 2003

HOW MANY YEARS AGO DID YOU STOP SMOKING?

About how many years ago did you stop smoking?

INTERVIEWER: IF LESS THAN ONE YEAR, CHOOSE ANSWER 'STOPPED SMOKING X YEARS AGO'

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>1 YEARS OLD</td>
</tr>
<tr>
<td>16</td>
<td>2 YEAR STARTED SMOKING</td>
</tr>
<tr>
<td>103</td>
<td>3 STARTED SMOKING &quot;X&quot; YEARS AGO</td>
</tr>
</tbody>
</table>

-------

168

Refusal(-1) 1 (Go To R03481.00)
Don't Know(-2) 1 (Go To R03481.00)
TOTAL =========> 170 VALID SKIP(-4) 640 NON-INTERVIEW(-5) 0

Lead In: R03478.00[Default]
Default Next Question: R03480.00

-------------------------------------------------------------------------------

R03480.00 [D80A]                                             Survey Year: 2003

YEARS D80

About how many years ago did you stop smoking? DIGITS

INTERVIEWER: ENTER '0' IF LESS THAN ONE YEAR

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>8</td>
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</tr>
<tr>
<td>25</td>
<td>1 T0 4</td>
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</table>

NIS 2003-1 Section D Codebook
Last Updated July 18, 2013
25           5 TO 8
31           9 TO 14
26          15 TO 19
17          20 TO 24
10          25 TO 29
7           30 TO 34
5           35 TO 39
1           40 TO 44
3           45 TO 49
11        1800 TO 9999: Gave Year

-------

Refusal(-1)          0
Don't Know(-2)       1
TOTAL =========> 170  VALID SKIP(-4) 640  NON-INTERVIEW(-5) 0

Min:              0        Max:           2003        Mean:              142.86

Lead In: R03479.00[Default]
Default Next Question: R03481.00

R03481.00    [D81]                                             Survey Year: 2003

DRINK ALCOHOLIC BEVERAGES

Do you ever drink any alcoholic beverages such as beer, wine, or liquor?

INTERVIEWER: REFERS TO CURRENT ALCOHOL CONSUMPTION

        459       1 Yes
        346       2 No

-------

805

Refusal(-1)          5
Don't Know(-2)       0
TOTAL =========> 810  VALID SKIP(-4)  0  NON-INTERVIEW(-5) 0

Lead In: R03480.00[Default]  R03479.00[-1:-1]  R03479.00[-2:-2]
Default Next Question: R03482.00

R03482.00    [D82]                                             Survey Year: 2003

HOW MANY DAYS HAD ALCOHOL LAST 3 MOS

In the last three months, on average, how many days per week have you had any alcohol to drink?

(For example, beer, wine, or any drink containing liquor.)

        100          0 (Go To R03485.00)
        154          1
        92           2
        52           3
        19           4
        17           5
In the last three months, on how many days have you had four or more drinks on one occasion?

INTERVIEWER: USE ZERO FOR NONE

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>1</td>
<td>37</td>
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<tr>
<td>2</td>
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<tr>
<td>20</td>
<td>31</td>
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<tr>
<td>21</td>
<td>31+</td>
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</table>

---

353

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 353 VALID SKIP(-4) 457 NON-INTERVIEW(-5) 0

Min: 0 Max: 60 Mean: 1.21

Have you ever drunk alcoholic beverages?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>113</td>
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<tr>
<td>No</td>
<td>233</td>
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</table>

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346
Refusal(-1)  5
Don’t Know(-2)  0
TOTAL =========>  351  VALID SKIP(-4)  459  NON-INTERVIEW(-5)  0

Lead In: R03483.00[Default]
Default Next Question: R03485.00

R03485.00  [D85]  Survey Year: 2003

EVER FELT SHOULD CUT DOWN ON DRINKING

Have you ever felt that you should cut down on drinking?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
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<td>520</td>
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<tr>
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<td>0</td>
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<tr>
<td>Don’t Know</td>
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<td>0</td>
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<tr>
<td>TOTAL</td>
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</table>

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  572  VALID SKIP(-4)  238  NON-INTERVIEW(-5)  0

Lead In: R03484.00[Default]  R03482.00[0:0]  R03482.00[-1:-1]  R03482.00[-2:-2]
Default Next Question: R03486.00

R03486.00  [D86]  Survey Year: 2003

HOW OFTEN LIGHT PHYSICAL ACTIVITY

The next few questions are about exercise. How often do you participate in light physical exercise such as walking, dancing, gardening, golfing, bowling etc.?

DIGITS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tr>
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Refusal(-1)  3  (Go To R03489.00)
Don’t Know(-2)  3  (Go To R03489.00)
TOTAL =========>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Min:  0  Max:  35  Mean:  3.73

Lead In: R03485.00[Default]
Default Next Question: R03487.00
UNIT D86

How often do you participate in light physical exercise such as walking, dancing, gardening, golfing, bowling etc.? UNIT

- 639: 1 PER WEEK
- 26: 2 PER MONTH
- 5: 3 PER YEAR
- 3: 4 OTHER PERIOD (SPECIFY)

TOTAL = 673

Refusal(-1): 0
Don’t Know(-2): 0
VALID SKIP(-4): 137
NON-INTERVIEW(-5): 0

R03488.00 [D86B] Survey Year: 2003

SPECIFY D86A

Other Specify

Refusal(-1): 0
Don’t Know(-2): 0
VALID SKIP(-4): 807
NON-INTERVIEW(-5): 0

Lead In: R03487.00[Default]
Default Next Question: R03489.00

R03489.00 [D87] Survey Year: 2003

HOW OFTEN VIGOROUS PHYSICAL ACTIVITY

How often do you participate in vigorous physical exercise or sports such as aerobics, running, swimming, or bicycling? DIGITS

- 438: 0
- 88: 1
- 104: 2
- 74: 3
- 37: 4
- 29: 5
- 9: 6
- 19: 7
- 1: 10
- 3: 11 TO 20

TOTAL = 802

Refusal(-1): 4 (Go To R03492.00)
Don’t Know(-2): 4 (Go To R03492.00)
TOTAL =======> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Min: 0  Max: 20  Mean: 1.32

Lead In: R03488.00[Default]  R03486.00[-1:-1]  R03486.00[-2:-2]
Default Next Question: R03490.00

R03490.00  [D87A]  Survey Year: 2003

UNIT D87

How often do you participate in vigorous physical exercise or sports such as aerobics, running, swimming, or bicycling? UNIT

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2 PER MONTH</td>
<td>50</td>
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<td>3 PER YEAR</td>
<td>8</td>
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<tr>
<td>4 OTHER PERIOD (SPECIFY)</td>
<td>2</td>
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</tbody>
</table>

--------
364

Refusal(-1) 0
Don’t Know(-2) 0

TOTAL =======> 364  VALID SKIP(-4) 446  NON-INTERVIEW(-5) 0

Lead In: R03489.00[Default]
Default Next Question: R03491.00

R03491.00  [D87B]  Survey Year: 2003

SPECIFY D87A

Other (Specify)

Refusal(-1) 0
Don’t Know(-2) 0

TOTAL =======> 2  VALID SKIP(-4) 808  NON-INTERVIEW(-5) 0

Lead In: R03490.00[Default]
Default Next Question: R03492.00

R03492.00  [D88]  Survey Year: 2003

FELT SAD OR DEPRESSED

During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>99</td>
</tr>
<tr>
<td>No</td>
<td>702</td>
</tr>
<tr>
<td>(VOL) DID NOT FEEL DEPRESSED BECAUSE ON ANTI-DEPRESSANT MEDICATION</td>
<td>4</td>
</tr>
</tbody>
</table>

--------
805

Refusal(-1) 4
Don’t Know(-2) 1

TOTAL =======> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0
TWO WEEK PERIOD WHEN FEELINGS WERE WORST

Please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>1 ALL DAY LONG</td>
</tr>
<tr>
<td>24</td>
<td>2 MOST OF THE DAY</td>
</tr>
<tr>
<td>24</td>
<td>3 ABOUT HALF THE DAY</td>
</tr>
<tr>
<td>25</td>
<td>4 LESS THAN HALF THE DAY</td>
</tr>
<tr>
<td><strong>99</strong></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 99  VALID SKIP(-4) 711  NON-INTERVIEW(-5) 0

TWO WEEK PERIOD IN U.S.

Was that two-week period in the United States?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>1 Yes       (Go To R03496.00)</td>
</tr>
<tr>
<td>2</td>
<td>2 No</td>
</tr>
<tr>
<td><strong>50</strong></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 50  VALID SKIP(-4) 760  NON-INTERVIEW(-5) 0

IN WHAT COUNTRY FELT SAD

In what country was that?

<table>
<thead>
<tr>
<th>Country Code</th>
<th>Country Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>305</td>
<td>LATIN AMERICA &amp; THE CARIBBEAN</td>
</tr>
<tr>
<td>307</td>
<td>MIDDLE EAST &amp; NORTH AFRICA</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 0
FEEL THIS WAY EVERY DAY

During those two weeks, did you feel this way every day, almost every day, or less often than that?

28       1 EVERY DAY
18       2 ALMOST EVERY DAY
 4       3 LESS OFTEN THAN THAT

------
50

LOSE INTEREST

During those two weeks, did you lose interest in most things?

INTERVIEWER: IF R SAYS USUALLY NO INTEREST IN THINGS: REPEAT Q ADDING: 'MORE THAN IS USUAL FOR YOU'

29       1 Yes
16       2 No

------
45

FEEL MORE TIRED

Thinking about those same two weeks, did you ever feel more tired out or low in energy than is usual for you?

33       1 Yes
12       2 No

------
Refusal(-1)          0
Don’t Know(-2)       1
TOTAL ===========> 46   VALID SKIP(-4) 764   NON-INTERVIEW(-5) 0

Lead In: R03497.00[Default]
Default Next Question: R03499.00

R03499.00  [D94]  Survey Year: 2003
LOSE APPETITE

During those same two weeks, did you lose your appetite?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>21</td>
</tr>
</tbody>
</table>

Refusal(-1)          0
Don’t Know(-2)       1
TOTAL ===========> 46   VALID SKIP(-4) 764   NON-INTERVIEW(-5) 0

Lead In: R03498.00[Default]
Default Next Question: R03500.00

R03500.00  [D95]  Survey Year: 2003
HAVE TROUBLE FALLING ASLEEP

Did you have more trouble falling asleep than you usually do during those two weeks?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>15</td>
</tr>
</tbody>
</table>

Refusal(-1)          0
Don’t Know(-2)       1
TOTAL ===========> 46   VALID SKIP(-4) 764   NON-INTERVIEW(-5) 0

Lead In: R03499.00[Default]
Default Next Question: R03501.00

R03501.00  [D96]  Survey Year: 2003
D95 HAPPEN HOW OFTEN

Did that happen every night, nearly every night, or less often during those two weeks?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY NIGHT</td>
<td>NEARLY EVERY NIGHT</td>
</tr>
<tr>
<td>13</td>
<td>14</td>
</tr>
</tbody>
</table>
HAVE TROUBLE CONCENTRATING

During that same two-week period did you have a lot more trouble concentrating than usual?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>13</td>
</tr>
</tbody>
</table>

TOTAL = 44

FEEL DOWN ON SELF

People sometimes feel down on themselves, and no good or worthless. During that two-week period, did you feel this way?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>25</td>
</tr>
</tbody>
</table>

TOTAL = 44

THINK ABOUT DEATH

Did you think a lot about death - either your own, someone else's, or death in general - during those two weeks?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>27</td>
</tr>
</tbody>
</table>

TOTAL = 44
Refusal(-1)  0
Don't Know(-2)  1
TOTAL =========> 46  VALID SKIP(-4)  764  NON-INTERVIEW(-5)  0

Lead In: R03503.00[Default]
Default Next Question: R03505.00

R03505.00  [D100]  Survey Year: 2003

EVER FELT SAD ABOUT IMMIGRATION PROCESS

During the past 12 months, have you ever felt sad, blue, or depressed because of the process of becoming a permanent resident alien?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)  0
Don't Know(-2)  1
TOTAL =========> 2  VALID SKIP(-4)  808  NON-INTERVIEW(-5)  0

Lead In: R03504.00[Default]
Default Next Question: R03507.00

R03507.00  [D102]  Survey Year: 2003

HAVE PHYSICAL CONDITION THAT LIMIT WORK

Do you have any physical or nervous condition that limits the type of work or the amount of work you can do?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>781</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)  4
Don't Know(-2)  0
TOTAL =========> 810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Lead In: R03505.00[Default]
Default Next Question: R03508.00

R03508.00  [D103]  Survey Year: 2003

CONDITION KEEP FROM DOING SOME WORK

Does this condition keep you from doing some types of work?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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46
Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>      25   VALID SKIP(-4)     785     NON-INTERVIEW(-5)       0

Lead In: R03507.00[Default]
Default Next Question: R03509.00

R03509.00    [D104]                                            Survey Year: 2003
HEALTH WHILE GROWING UP

Consider your health while you were growing up, from birth to age 16. Would you
say that your health during that time was excellent, very good, good, fair, or
poor?

515       1 EXCELLENT
177       2 VERY GOOD
93        3 GOOD
21        4 FAIR
 2        5 POOR
-------
808

Refusal(-1)            2
Don't Know(-2)         0
TOTAL =========>     810   VALID SKIP(-4)       0     NON-INTERVIEW(-5)       0

Lead In: R03508.00[Default]
Default Next Question: R03510.00

R03510.00    [D105]                                            Survey Year: 2003
MISS SCHOOL DUE TO HEALTH

Because of a health condition, did you ever miss school for one month or more?

40       1 Yes
768       2 No
-------
808

Refusal(-1)            2
Don't Know(-2)         0
TOTAL =========>     810   VALID SKIP(-4)       0     NON-INTERVIEW(-5)       0

Lead In: R03509.00[Default]
Default Next Question: R03511.00

R03511.00    [D106MO]                                          Survey Year: 2003
MOST SERIOUS HEALTH CONDITION CAUSE D106

What was the most serious health condition that caused this problem?

1       1 ACCIDENT RESULTING IN INJURY
1       2 ALLERGIES
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>ANEMIA</td>
</tr>
<tr>
<td>1</td>
<td>APPENDICITIS</td>
</tr>
<tr>
<td>0</td>
<td>ARTHRITIS/RHEUMATISM/GOUT</td>
</tr>
<tr>
<td>4</td>
<td>ASTHMA/BRONCHITIS</td>
</tr>
<tr>
<td>1</td>
<td>BACK PROBLEMS</td>
</tr>
<tr>
<td>0</td>
<td>BLOOD CLOT SYMPTOMS/DVT</td>
</tr>
<tr>
<td>1</td>
<td>BROKEN LIMB</td>
</tr>
<tr>
<td>0</td>
<td>BURN OR SCALD</td>
</tr>
<tr>
<td>0</td>
<td>OTHER BROKEN BONE</td>
</tr>
<tr>
<td>2</td>
<td>CANCER/TUMOR</td>
</tr>
<tr>
<td>2</td>
<td>COLD OR FLU</td>
</tr>
<tr>
<td>0</td>
<td>CUT/LACERATIONS CUT/LACERATIONS</td>
</tr>
<tr>
<td>1</td>
<td>CYST OR BOIL</td>
</tr>
<tr>
<td>0</td>
<td>CYSTITIS/BLADDER DISEASE</td>
</tr>
<tr>
<td>0</td>
<td>DERMATITIS/RASH</td>
</tr>
<tr>
<td>0</td>
<td>DIABETES</td>
</tr>
<tr>
<td>0</td>
<td>EAR/HEARING PROBLEMS</td>
</tr>
<tr>
<td>1</td>
<td>EPILEPSY/PALSY</td>
</tr>
<tr>
<td>0</td>
<td>EYE/VISION PROBLEM</td>
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<td>0</td>
<td>FAINTING</td>
</tr>
<tr>
<td>0</td>
<td>FEMALE REPRODUCTIVE PROBLEMS</td>
</tr>
<tr>
<td>0</td>
<td>FOOT PROBLEMS/INJURIES</td>
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<tr>
<td>0</td>
<td>GUNSHOT WOUND</td>
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<td>1</td>
<td>HAND PROBLEMS/INJURIES</td>
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<td>0</td>
<td>HEAD TRAUMA/INJURY</td>
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<tr>
<td>0</td>
<td>HEADACHE/MIGRAINES</td>
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<tr>
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<td>HEART/CARDIOVASCULAR PROBLEMS</td>
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<td>2</td>
<td>HEPATITIS</td>
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<td>0</td>
<td>OTHER LIVER DISEASE</td>
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<td>0</td>
<td>HERNIA</td>
</tr>
<tr>
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<td>HERPES</td>
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<td>0</td>
<td>INTESTINAL INFECTION/DIGESTIVE PROBLEMS</td>
</tr>
<tr>
<td>0</td>
<td>KIDNEY DISEASE</td>
</tr>
<tr>
<td>0</td>
<td>LUPUS</td>
</tr>
<tr>
<td>0</td>
<td>MALARIA/YELLOW FEVER</td>
</tr>
<tr>
<td>0</td>
<td>MALNUTRITION</td>
</tr>
<tr>
<td>1</td>
<td>MEASLES/CHICKEN POX/MUMPS</td>
</tr>
<tr>
<td>0</td>
<td>MENINGITIS</td>
</tr>
<tr>
<td>0</td>
<td>MENTAL HEALTH PROBLEMS</td>
</tr>
<tr>
<td>6</td>
<td>MONONUCLEOSIS</td>
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<tr>
<td>1</td>
<td>PARALYSIS</td>
</tr>
<tr>
<td>1</td>
<td>PLEURISY</td>
</tr>
<tr>
<td>2</td>
<td>PNEUMONIA</td>
</tr>
<tr>
<td>1</td>
<td>OTHER RESPIRATORY INFECTION</td>
</tr>
<tr>
<td>0</td>
<td>POISONING</td>
</tr>
<tr>
<td>0</td>
<td>POLIO</td>
</tr>
<tr>
<td>0</td>
<td>RHEUMATIC FEVER</td>
</tr>
<tr>
<td>0</td>
<td>SMALLPOX</td>
</tr>
<tr>
<td>0</td>
<td>SPRAIN/TEAR/DISLOCATION</td>
</tr>
<tr>
<td>4</td>
<td>SURGERY</td>
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<td>0</td>
<td>THYROID PROBLEM</td>
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<td>1</td>
<td>TONSILLITIS</td>
</tr>
<tr>
<td>0</td>
<td>TUBERCULOSIS/TB</td>
</tr>
<tr>
<td>0</td>
<td>TYPHOID/TYPHUS</td>
</tr>
<tr>
<td>0</td>
<td>ULCERS</td>
</tr>
<tr>
<td>4</td>
<td>UNKNOWN</td>
</tr>
</tbody>
</table>
SPORTS RESTRICTED FOR THREE MONTHS

Because of a health condition, were your sports or physical activities ever restricted for three months or more?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37</td>
</tr>
<tr>
<td>No</td>
<td>769</td>
</tr>
<tr>
<td></td>
<td>------</td>
</tr>
<tr>
<td>Total</td>
<td>806</td>
</tr>
</tbody>
</table>

Refusal(-1) 2
Don’t Know(-2) 2
TOTAL =========> 810 VALID SKIP(-4) 0 NON-INTERVIEW(-5) 0

Lead In: R03510.00[Default]
Default Next Question: R03512.00

MOST SERIOUS HEALTH CONDITION CAUSE D107

What was the most serious health condition that caused this problem?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCIDENT RESULTING IN INJURY</td>
<td>4</td>
</tr>
<tr>
<td>ALLERGIES</td>
<td>0</td>
</tr>
<tr>
<td>ANEMIA</td>
<td>0</td>
</tr>
<tr>
<td>APPENDICITIS</td>
<td>0</td>
</tr>
<tr>
<td>ARTHRITIS/RHEUMATISM/GOUT</td>
<td>0</td>
</tr>
<tr>
<td>ASTHMA/BRONCHITIS</td>
<td>3</td>
</tr>
<tr>
<td>BACK PROBLEMS</td>
<td>0</td>
</tr>
<tr>
<td>BLOOD CLOT SYMPTOMS/DVT</td>
<td>0</td>
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<tr>
<td>BROKEN LIMB</td>
<td>7</td>
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<tr>
<td>BURN OR SCALD</td>
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<tr>
<td>OTHER BROKEN BONE</td>
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</tr>
<tr>
<td>CANCER/TUMOR</td>
<td>2</td>
</tr>
<tr>
<td>COLD OR FLU</td>
<td>0</td>
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<tr>
<td>CUT/LACERATIONS CUT/LACERATIONS</td>
<td>0</td>
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<td>CYST OR BOIL</td>
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<td>CYSTITIS/BLADDER DISEASE</td>
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<td>DERMATITIS/RASH</td>
<td>0</td>
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<tr>
<td>DIABETES</td>
<td>0</td>
</tr>
<tr>
<td>EAR/HEARING PROBLEMS</td>
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<td>EPILEPSY/PALSY</td>
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<td>EYE/VISION PROBLEM</td>
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<tr>
<td>FAINTING</td>
<td>0</td>
</tr>
<tr>
<td>FEMALE REPRODUCTIVE PROBLEMS</td>
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<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
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<td>--------------------------------------------------</td>
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<tr>
<td>0</td>
<td>24 FOOT PROBLEMS/INJURIES</td>
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<td>27 HEAD TRAUMA/INJURY</td>
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<td>30 HEPATITIS</td>
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<td>31 OTHER LIVER DISEASE</td>
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<td>32 HERNIA</td>
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<tr>
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<td>33 HERPES</td>
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<td>34 INTESTINAL INFECTION/DIGESTIVE PROBLEMS</td>
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<td>35 KIDNEY DISEASE</td>
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<td>36 LUPUS</td>
</tr>
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<td>0</td>
<td>37 MALARIA/YELLOW FEVER</td>
</tr>
<tr>
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<td>38 MALNUTRITION</td>
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<td>39 MEASLES/CHICKEN POX/MUMPS</td>
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<td>40 MENINGITIS</td>
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<td>41 MENTAL HEALTH PROBLEMS</td>
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<tr>
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<td>42 MONONUCLEOSIS</td>
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<tr>
<td>0</td>
<td>43 PNEUMONIA</td>
</tr>
<tr>
<td>0</td>
<td>44 PLEURISY</td>
</tr>
<tr>
<td>0</td>
<td>45 PNEUMONIA</td>
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<tr>
<td>0</td>
<td>46 OTHER RESPIRATORY INFECTION</td>
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<tr>
<td>0</td>
<td>47 POISONING</td>
</tr>
<tr>
<td>0</td>
<td>48 POLIO</td>
</tr>
<tr>
<td>1</td>
<td>49 RHEUMATIC FEVER</td>
</tr>
<tr>
<td>0</td>
<td>50 SMALLPOX</td>
</tr>
<tr>
<td>8</td>
<td>51 SPRAIN/TEAR/DISLOCATION</td>
</tr>
<tr>
<td>8</td>
<td>52 SURGERY</td>
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<tr>
<td>0</td>
<td>53 THYROID PROBLEM</td>
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<tr>
<td>0</td>
<td>54 TONSILLITIS</td>
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<tr>
<td>0</td>
<td>55 TUBERCULOSIS/TB</td>
</tr>
<tr>
<td>0</td>
<td>56 TYPHOID/TYPHUS</td>
</tr>
<tr>
<td>0</td>
<td>57 ULCERS</td>
</tr>
<tr>
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<td>99 UNKNOWN</td>
</tr>
</tbody>
</table>

37

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  37  VALID SKIP(-4)  773  NON-INTERVIEW(-5)  0

Lead In: R03512.00[Default]
Default Next Question: R03514.00

HOW OLD HAD HEALTH CONDITION D107

About how old were you when you had this serious health condition?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 TO 4</td>
<td>2</td>
</tr>
<tr>
<td>5 TO 8</td>
<td>6</td>
</tr>
<tr>
<td>9 TO 14</td>
<td>14</td>
</tr>
<tr>
<td>15 TO 19</td>
<td>13</td>
</tr>
<tr>
<td>25 TO 29</td>
<td>1</td>
</tr>
<tr>
<td>40 TO 44</td>
<td>1</td>
</tr>
</tbody>
</table>
CONFINE TO BED DUE TO HEALTH

Because of a health condition, were you ever confined to bed or home one month or more?

40 1 Yes
768 2 No

What was the most serious health condition that caused this problem?

3 1 ACCIDENT RESULTING IN INJURY
0 2 ALLERGIES
0 3 ANEMIA
1 4 APPENDICITIS
0 5 ARTHRITIS/RHEUMATISM/GOUT
1 6 ASThma/BRONCHITIS
1 7 BACK PROBLEMS
1 8 BLOOD CLOT SYMPTOMS/DVT
3 9 BROKEN LIMB
2 10 BURN OR SCALD
1 11 OTHER BROKEN BONE
1 12 CANCER/TUMOR
1 13 COLD OR FLU
1 14 CUT/LACERATIONS CUT/LACERATIONS
0 15 CYST OR BOIL
0 16 CYSTITIS/BLADDER DISEASE
0 17 DERMATITIS/RASH
0 18 DIABETES
0 19 EAR/HEARING PROBLEMS
0 20 EPILEPSY/PALSy
0 21 EYE/VISION PROBLEM
0 22 FAINTING
1 23 FEMALE REPRODUCTIVE PROBLEMS
0 24 FOOT PROBLEMS/INJURIES
0 25 GUNSHOT WOUND
0 26 HAND PROBLEMS/INJURIES
0 27 HEAD TRAUMA/INJURY
0 28 HEADACHE/MIGRAINES
1 29 HEART/CARDIOVASCULAR PROBLEMS
2 30 HEPATITIS
0 31 OTHER LIVER DISEASE
0 32 HERNIA
0 33 HERPES
1 34 INTESTINAL INFECTION/DIGESTIVE PROBLEMS
1 35 KIDNEY DISEASE
0 36 LUPUS
0 37 MALARIA/YELLOW FEVER
0 38 MALNUTRITION
1 39 MEASLES/CHICKEN POX/MUMPS
0 40 MENINGITIS
1 41 MENTAL HEALTH PROBLEMS
4 42 MONONUCLEOSIS
1 43 PARALYSIS
0 44 PLEURISY
2 45 PNEUMONIA
0 46 OTHER RESPIRATORY INFECTION
0 47 POISONING
0 48 POLIO
1 49 RHEUMATIC FEVER
0 50 SMALLPOX
2 51 SPRAIN/TEAR/DISLOCATION
4 52 SURGERY
0 53 THYROID PROBLEM
0 54 TONSILLITIS
0 55 TUBERCULOSIS/TB
1 56 TYPHOID/TYPHUS
0 57 ULCERS
1 99 UNKNOWN

40

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 40  VALID SKIP(-4) 770  NON-INTERVIEW(-5) 0

Lead In: R03515.00[Default]
Default Next Question: R03517.00

R03517.00  [D112]  Survey Year: 2003

COMPARE CURRENT HEALTH TO PEOPLE IN HOME

If you compared your current health to people in your home country, how would
you rate it - excellent, very good, good, fair, or poor?

159 1 EXCELLENT
107 2 VERY GOOD
HOW OFTEN SEE DOCTOR BEFORE TO U.S.

Before you most recently came to the United States to live, about how often did you see a doctor? Was it more than once a year, about once a year, about once every two years, seldom, or never?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MORE THAN ONCE A YEAR</td>
<td>72</td>
</tr>
<tr>
<td>2 ABOUT ONCE A YEAR</td>
<td>117</td>
</tr>
<tr>
<td>3 ABOUT ONCE EVERY TWO YEARS</td>
<td>15</td>
</tr>
<tr>
<td>4 SELDOM</td>
<td>118</td>
</tr>
<tr>
<td>5 NEVER</td>
<td>50</td>
</tr>
</tbody>
</table>

Refusal(-1): 2
Don't Know(-2): 7
TOTAL: 391
VALID SKIP(-4): 419
NON-INTERVIEW(-5): 0

COMPARE SIMILARITY IN DIET

Using a scale from one to ten where 10 indicates exactly the same and 1 means completely different, how would you compare the similarity in the diet in the food you now normally eat in the United States with the food you normally ate in your home country?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>71</td>
</tr>
<tr>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>5</td>
<td>54</td>
</tr>
<tr>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>10</td>
<td>79</td>
</tr>
<tr>
<td>10+</td>
<td>1</td>
</tr>
</tbody>
</table>

Refusal(-1): 8
Don't Know(-2): 11
TOTAL: 391
VALID SKIP(-4): 419
NON-INTERVIEW(-5): 0
RARELY ATE BEFORE U.S.

Is there something you eat a lot now that you rarely ate before you came to the United States?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>176</td>
<td>200</td>
</tr>
</tbody>
</table>

```
Refusal(-1)  8
Don't Know(-2)  7
TOTAL =========> 391  VALID SKIP(-4) 419  NON-INTERVIEW(-5) 0
Min: 1  Max: 10  Mean: 5.81
```

R03521.00  [D116]

MOST IMPORTANT THING EAT A LOT NOW

Please tell me the most important thing that you eat a lot now that you rarely ate before you came to the United States?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>150</td>
<td>226</td>
</tr>
</tbody>
</table>

```
Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 176  VALID SKIP(-4) 634  NON-INTERVIEW(-5) 0
```

ATE REGULARLY BEFORE US

Is there something you ate regularly before coming to the United States that you rarely eat now?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>150</td>
<td>226</td>
</tr>
</tbody>
</table>

```
Refusal(-1)  8
```
Don't Know(-2)    7
TOTAL =========> 391 VALID SKIP(-4) 419 NON-INTERVIEW(-5) 0

Lead In: R03521.00[Default]
Default Next Question: R03523.00

R03523.00    [D118]                                            Survey Year: 2003

MOST IMPORTANT THING RARELY EAT NOW

Please tell me the most important thing that you ate regularly before coming to
the United States that you rarely eat now?

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>     149   VALID SKIP(-4) 661 NON-INTERVIEW(-5) 0

Lead In: R03522.00[Default]
Default Next Question: R03524.00

R03524.00    [D119]                                            Survey Year: 2003

USUAL SOURCE OF HEALTH CARE IN U.S.

What is your usual source of your health care in the United States?

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>     810   VALID SKIP(-4) 0 NON-INTERVIEW(-5) 0

Lead In: R03523.00[Default]
Default Next Question: R03526.00

R03526.00    [D121]                                            Survey Year: 2003

USUAL SOURCE OF HEALTH CARE BEFORE PERMA

What was your usual source of health care before you became a permanent
resident?

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>     318   VALID SKIP(-4) 492 NON-INTERVIEW(-5) 0

Lead In: R03524.00[Default]
Default Next Question: R03527.00

R03527.00    [D122.01]                                         Survey Year: 2003

HAS R EVER RECEIVED HEALTH TREATMENT - ACUPUNCTURE?

Have you ever received... acupuncture?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

  94       1 Yes
 715       2 No
--

809

Refusal(-1)   1
Don't Know(-2) 0
TOTAL =========> 810   VALID SKIP(-4) 0   NON-INTERVIEW(-5) 0

Lead In: R03526.00[Default]
Default Next Question: R03528.00

--------------------------------------------------------------
R03528.00    [D122.02]                                         Survey Year: 2003

HAS R EVER RECEIVED HEALTH TREATMENT - CHIROPRACTIC CARE?

Have you ever received... chiropractic care?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

222       1 Yes
586       2 No

---

808

Refusal(-1)   1
Don't Know(-2) 1
TOTAL =========> 810   VALID SKIP(-4) 0   NON-INTERVIEW(-5) 0

Lead In: R03527.00[Default]
Default Next Question: R03529.00

--------------------------------------------------------------
R03529.00    [D122.03]                                         Survey Year: 2003

HAS R EVER RECEIVED HEALTH TREATMENT - MASSAGE THERAPY?

Have you ever received... massage therapy?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

211       1 Yes
598       2 No

---

809

Refusal(-1)   1
Don't Know(-2) 0
TOTAL =========> 810   VALID SKIP(-4) 0   NON-INTERVIEW(-5) 0

Lead In: R03528.00[Default]
Default Next Question: R03530.00

--------------------------------------------------------------
R03530.00    [D122.04]                                         Survey Year: 2003

HAS R EVER RECEIVED HEALTH TREATMENT - BIO-FEEDBACK TRAINING?

Have you ever received... bio-feedback training?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY
HAS R EVER RECEIVED HEALTH TREATMENT - TRAINING OR PRACTICE OF MEDITATION, IMAGERY, OR RELAXATION TECHNIQUES?

Have you ever received... training or practice of meditation, imagery, or relaxation techniques?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>107</td>
<td>702</td>
</tr>
</tbody>
</table>

HAS R EVER RECEIVED HEALTH TREATMENT - HOMEOPATHIC TREATMENT?

Have you ever received... homeopathic treatment?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>74</td>
<td>734</td>
</tr>
</tbody>
</table>

HAS R EVER RECEIVED HEALTH TREATMENT - SPIRITUAL HEALING OR PRAYER?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>74</td>
<td>734</td>
</tr>
</tbody>
</table>
Have you ever received... spiritual healing or prayer?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>153</td>
</tr>
<tr>
<td>No</td>
<td>655</td>
</tr>
<tr>
<td></td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>808</td>
</tr>
</tbody>
</table>

Refusal(-1)       1
Don’t Know(-2)    1
TOTAL =========> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03532.00[Default]
Default Next Question: R03534.00

HAS R EVER RECEIVED HEALTH TREATMENT - HYPNOSIS?

Have you ever received... hypnosis?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>35</td>
</tr>
<tr>
<td>No</td>
<td>773</td>
</tr>
<tr>
<td></td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>808</td>
</tr>
</tbody>
</table>

Refusal(-1)       2
Don’t Know(-2)    0
TOTAL =========> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03533.00[Default]
Default Next Question: R03535.00

HAS R EVER RECEIVED HEALTH TREATMENT - TRADITIONAL MEDICINE?

Have you ever received... traditional medicine, such as Chinese, Ayurvedic, American Indian, etc.?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60</td>
</tr>
<tr>
<td>No</td>
<td>748</td>
</tr>
<tr>
<td></td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>808</td>
</tr>
</tbody>
</table>

Refusal(-1)       1
Don’t Know(-2)    1
TOTAL =========> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03534.00[Default]
Default Next Question: R03536.00
R03536.00 [D123.01] Survey Year: 2003

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?
ACUPUNCTURE

Did you receive ACUPUNCTURE during your last year in another country before coming to the United States to live?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 41 VALID SKIP(-4) 769 NON-INTERVIEW(-5) 0

Lead In: R03535.00[Default]
Default Next Question: R03537.00

R03537.00 [D123.02] Survey Year: 2003

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?
CHIROPRACTIC CARE

Did you receive CHIROPRACTIC CARE during your last year in another country before coming to the United States to live?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>59</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 67 VALID SKIP(-4) 743 NON-INTERVIEW(-5) 0

Lead In: R03536.00[Default]
Default Next Question: R03538.00

R03538.00 [D123.03] Survey Year: 2003

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?
MASSAGE THERAPY

Did you receive MASSAGE THERAPY during your last year in another country before coming to the United States to live?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>53</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 69 VALID SKIP(-4) 741 NON-INTERVIEW(-5) 0
R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?

Did you receive BIO-FEEDBACK TRAINING during your last year in another country before coming to the United States to live?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 Yes</td>
</tr>
<tr>
<td>4</td>
<td>2 No</td>
</tr>
</tbody>
</table>

---

4

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 4  VALID SKIP(-4)  806  NON-INTERVIEW(-5)  0

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?

Did you receive TRAINING OR PRACTICE OF MEDITATION, IMAGERY, OR RELAXATION TECHNIQUES during your last year in another country before coming to the United States to live?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1 Yes</td>
</tr>
<tr>
<td>21</td>
<td>2 No</td>
</tr>
</tbody>
</table>

---

25

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 25  VALID SKIP(-4)  785  NON-INTERVIEW(-5)  0

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?

Did you receive HOMEOPATHIC TREATMENT during your last year in another country before coming to the United States to live?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>1 Yes</td>
</tr>
<tr>
<td>16</td>
<td>2 No</td>
</tr>
</tbody>
</table>

---

26

Refusal(-1) 0
R03542.00  [D123.07]  Survey Year: 2003

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?
SPIRITUAL HEALING OR PRAYER

Did you receive SPIRITUAL HEALING OR PRAYER during your last year in another country before coming to the United States to live?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14</td>
<td>19</td>
</tr>
</tbody>
</table>

33

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========>      33   VALID SKIP(-4)     777     NON-INTERVIEW(-5)       0

Lead In: R03541.00[Default]
Default Next Question: R03543.00

R03543.00  [D123.08]  Survey Year: 2003

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?
HYPNOSIS

Did you receive HYPNOSIS during your last year in another country before coming to the United States to live?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

2

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========>       2   VALID SKIP(-4)     808     NON-INTERVIEW(-5)       0

Lead In: R03542.00[Default]
Default Next Question: R03544.00

R03544.00  [D123.09]  Survey Year: 2003

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?
TRADITIONAL MEDICINE, SUCH AS CHINESE, AYURVEDIC, AMERICAN INDIAN, ETC.

Did you receive TRADITIONAL MEDICINE, SUCH AS CHINESE, AYURVEDIC, AMERICAN INDIAN, ETC. during your last year in another country before coming to the United States to live?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11</td>
<td>16</td>
</tr>
</tbody>
</table>

27
Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  27   VALID SKIP(-4)  783   NON-INTERVIEW(-5)  0

Lead In: R03543.00[Default]
Default Next Question: R03545.00

R03545.00    [D124.01]                                         Survey Year: 2003

DID R RECEIVED HEALTH TREATMENT IN U.S.? ACUPUNCTURE

Did you ever receive ACUPUNCTURE in the United States?

77       1 Yes
17       2 No
-------
94

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  94   VALID SKIP(-4)  716   NON-INTERVIEW(-5)  0

Lead In: R03544.00[Default]
Default Next Question: R03546.00

R03546.00    [D124.02]                                         Survey Year: 2003

DID R RECEIVED HEALTH TREATMENT IN U.S.? CHIROPRACTIC CARE

Did you ever receive CHIROPRACTIC CARE in the United States?

215       1 Yes
7       2 No
-------
222

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  222   VALID SKIP(-4)  588   NON-INTERVIEW(-5)  0

Lead In: R03545.00[Default]
Default Next Question: R03547.00

R03547.00    [D124.03]                                         Survey Year: 2003

DID R RECEIVED HEALTH TREATMENT IN U.S.? MASSAGE THERAPY

Did you ever receive MASSAGE THERAPY in the United States?

197       1 Yes
14       2 No
-------
211

Refusal(-1)  0
DID R RECEIVED HEALTH TREATMENT IN U.S.? BIO-FEEDBACK TRAINING

Did you ever receive BIO-FEEDBACK TRAINING in the United States?

16  1 Yes
0   2 No
-------
16

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 16   VALID SKIP(-4)  794   NON-INTERVIEW(-5)  0

DID R RECEIVED HEALTH TREATMENT IN U.S.? TRAINING OR PRACTICE OF MEDITATION, IMAGERY. OR RELAXATION

Did you ever receive TRAINING OR PRACTICE OF MEDITATION, IMAGERY. OR RELAXATION in the United States?

92  1 Yes
15  2 No
-------
107

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 107   VALID SKIP(-4)  703   NON-INTERVIEW(-5)  0

DID R RECEIVED HEALTH TREATMENT IN U.S.? HOMEOPATHIC TREATMENT

Did you ever receive HOMEOPATHIC TREATMENT in the United States?

53  1 Yes
21  2 No
-------
74

Refusal(-1)  0
Don't Know(-2)  0
**DID R RECEIVED HEALTH TREATMENT IN U.S.? SPIRITUAL HEALING OR PRAYER**

Did you ever receive SPIRITUAL HEALING OR PRAYER in the United States?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>142</td>
<td>11</td>
</tr>
</tbody>
</table>

TOTAL: 153

**DID R RECEIVED HEALTH TREATMENT IN U.S.? HYPNOSIS**

Did you ever receive HYPNOSIS in the United States?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTAL: 35

**DID R RECEIVED HEALTH TREATMENT IN U.S.? TRADITIONAL MEDICINE, SUCH AS CHINESE, AYURVEDIC, AMERICAN INDIAN, ETC.**

Did you ever receive TRADITIONAL MEDICINE, SUCH AS CHINESE, AYURVEDIC, AMERICAN INDIAN, ETC. in the United States?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42</td>
<td>18</td>
</tr>
</tbody>
</table>

TOTAL: 60
Ever Tested for TB

Have you ever been tested for Tuberculosis?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>620</td>
<td>173</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Refusal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

Total = 810

Test Positive for TB

Did you ever test positive for Tuberculosis?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36</td>
<td>583</td>
</tr>
<tr>
<td>No</td>
<td>619</td>
<td></td>
</tr>
<tr>
<td>Refusal</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Total = 620

Receive Treatment for TB

Did you receive any treatment for Tuberculosis?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Refusal</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Total = 774
**R03557.00 [D128]**  
**Survey Year: 2003**

**COMPLETE TREATMENT FOR TB**

Did you complete your course of treatment for Tuberculosis?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

---

20

Refusal(-1) 0
Don't Know(-2) 0

TOTAL =========> 20  VALID SKIP(-4) 790  NON-INTERVIEW(-5) 0

Lead In: R03556.00[Default]
Default Next Question: R03558.00

**R03558.00 [D129MO]**  
**Survey Year: 2003**

**HOW MUCH WEIGH**

About how much do you weigh? DIGITS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1 TO 50</td>
</tr>
<tr>
<td>32</td>
<td>51 TO 100</td>
</tr>
<tr>
<td>337</td>
<td>101 TO 150</td>
</tr>
<tr>
<td>313</td>
<td>151 TO 200</td>
</tr>
<tr>
<td>80</td>
<td>201 TO 250</td>
</tr>
<tr>
<td>12</td>
<td>251 TO 300</td>
</tr>
</tbody>
</table>

---

776

Refusal(-1) 18 (Go To R03560.00)
Don't Know(-2) 16 (Go To R03560.00)

TOTAL =========> 810  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Min: 50  Max: 300  Mean: 159

Lead In: R03557.00[Default]
Default Next Question: R03559.00

**R03559.00 [D129AMO]**  
**Survey Year: 2003**

**UNIT WEIGH**

About how much do you weigh? UNIT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>750</td>
<td>1 POUNDS</td>
</tr>
<tr>
<td>26</td>
<td>2 KILOGRAMS</td>
</tr>
</tbody>
</table>

---

776

Refusal(-1) 0
Don't Know(-2) 0

TOTAL =========> 776  VALID SKIP(-4) 34  NON-INTERVIEW(-5) 0
About how tall are you? DIGITS

INTERVIEWER: IF ANSWER IN FEET AND INCHES OR METERS AND CENTIMETERS, FIRST COLLECT FEET/METERS AND INCHES/CENTIMETERS NEXT

3           0
45           1 TO 4
713          5 TO 8
3           150 TO 154
4           155 TO 159
6           160 TO 164
7           165 TO 169
5           170 TO 174
3           175 TO 179
2           180 TO 184
1           185 TO 189
-------
792

Refusal(-1)  8
Don't Know(-2)  10
TOTAL =========>  810   VALID SKIP(-4)  0   NON-INTERVIEW(-5)  0

Min:              0        Max:            185        Mean:               11.22

UNIT TALL

INTERVIEWER: PLEASE SELECT ALL THAT APPLY.

31       1 CENTIMETERS
33       2 METERS
724       3 FEET
0       4 INCHES
-------
788

Refusal(-1)  0
Don't Know(-2)  1
TOTAL =========>  789   VALID SKIP(-4)  21   NON-INTERVIEW(-5)  0
HOW TALL METERS AND FEET

About how tall are you? DIGITS

INTERVIEWER: ADDITIONAL CENTIMETERS OR INCHES

<table>
<thead>
<tr>
<th>Height Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>69</td>
</tr>
<tr>
<td>1 to 4</td>
<td>238</td>
</tr>
<tr>
<td>5 to 8</td>
<td>301</td>
</tr>
<tr>
<td>9 to 14</td>
<td>125</td>
</tr>
<tr>
<td>15 to 19</td>
<td>1</td>
</tr>
<tr>
<td>20 to 54</td>
<td>3</td>
</tr>
<tr>
<td>55 to 59</td>
<td>7</td>
</tr>
<tr>
<td>60 to 64</td>
<td>6</td>
</tr>
<tr>
<td>65 to 69</td>
<td>3</td>
</tr>
<tr>
<td>70 to 74</td>
<td>1</td>
</tr>
<tr>
<td>75 to 79</td>
<td>1</td>
</tr>
<tr>
<td>80 to 84</td>
<td></td>
</tr>
</tbody>
</table>

----------

756

Refusal(-1) 0
Don't Know(-2) 1
TOTAL =========> 757 VALID SKIP(-4) 53 NON-INTERVIEW(-5) 0

Min: 0 Max: 80 Mean: 6.9

Lead In: R03561.00[Default]
Default Next Question: R03563.00

R03563.00 [D130CMO] Survey Year: 2003

ABOUT HOW TALL ARE YOU? UNITS IN CENTIMETERS OR INCHES

About how tall are you? UNIT

<table>
<thead>
<tr>
<th>Height Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 centimeters</td>
<td>39</td>
</tr>
<tr>
<td>2 inches</td>
<td>649</td>
</tr>
</tbody>
</table>

----------

688

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 688 VALID SKIP(-4) 122 NON-INTERVIEW(-5) 0

Lead In: R03562.00[Default]
Default Next Question: R03564.00

R03564.00 [DTIMEEND] Survey Year: 2003

END SECTION D ELAPSED TIME

END SECTION D ELAPSED TIME

<table>
<thead>
<tr>
<th>Time Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 100</td>
<td>12</td>
</tr>
<tr>
<td>101 to 200</td>
<td>17</td>
</tr>
</tbody>
</table>
8         201 TO 300
3         301 TO 400
3         401 TO 500
1         501 TO 600
1         601 TO 700
1         801 TO 900
613        1001 TO 5000
151        5001 TO 9999999999: >5001

-------

810

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =======>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Min:              3        Max:          27096        Mean:             3565.25

Lead In: R03563.00[Default]
Default Next Question: R03565.00

------------------------------------------------------------------------

niswgtsamp1
Sampling weight

------------------------------------------------------------------------
type: numeric (float)
range:  [.40081793,2.2926381]        units:  1.000e-08
unique values:  16                       missing .:  0/810

tabulation:  Freq.  Value
58  .40081793
30  .40088567
62  .47498703
67  .47724485
28  .57269382
56  .58522469
64  .67768204
51  .8316083
60  1.0650096
26  1.1303167
47  1.3096434
65  1.4066728
56  1.4777939
57  1.5621232
54  2.2926381

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =======>  810  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

------------------------------------------------------------------------