New Immigrant Survey
Spouse Codebook
Section D – Health

R00001.00    [PU_ID]                                           Survey Year: 2003

SAMPLING UNIT IDENTIFICATION CODE - ORIGINAL SAMPLE

Sampling Unit Identification Code

4915    000220 TO 938520: Respondent Case Number
--------
4915

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========> 4915   VALID SKIP(-4)       0     NON-INTERVIEW(-5)       0

Min:       000220        Max:       938520        Mean:         448582.12

Lead In: None.
Default Next Question: R00003.00
--------------------------------------------------------------------------------

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?

1741       1 EXCELLENT
1544       2 VERY GOOD
1230       3 GOOD
319        4 FAIR
 72        5 POOR
--------
4906

Refusal(-1)            5
Don't Know(-2)         4
TOTAL =========> 4915   VALID SKIP(-4)       0     NON-INTERVIEW(-5)       0

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

R03378.00    [D2]                                              Survey Year: 2003

1 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.

NIS 2003-1 Section D Codebook
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?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTER</td>
<td>827</td>
<td>1</td>
</tr>
<tr>
<td>ABOUT SAME</td>
<td>3790</td>
<td>2</td>
</tr>
<tr>
<td>WORSE</td>
<td>292</td>
<td>3</td>
</tr>
<tr>
<td>Refusal</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Don't Know</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4909</td>
<td>4915</td>
</tr>
</tbody>
</table>

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?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTER</td>
<td>811</td>
<td>1</td>
</tr>
<tr>
<td>ABOUT SAME</td>
<td>2834</td>
<td>2</td>
</tr>
<tr>
<td>WORSE</td>
<td>424</td>
<td>3</td>
</tr>
<tr>
<td>Refusal</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Don't Know</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4069</td>
<td>4097</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>486</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>4422</td>
<td>2</td>
</tr>
<tr>
<td>Refusal</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Don't Know</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4908</td>
<td>4915</td>
</tr>
</tbody>
</table>

Lead In: R03379.00[Default]
Default Next Question: R03380.00

Survey Year: 2003

Survey Year: 2003
How long have you had this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1 TO 4</td>
<td>5 TO 8</td>
<td>9 TO 14</td>
</tr>
<tr>
<td></td>
<td>244</td>
<td>114</td>
<td>59</td>
<td>26</td>
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<td>20</td>
<td>2</td>
<td>3</td>
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<td></td>
<td>3</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>473</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)            0
Don't Know(-2)         13   (Go To R03383.00)
TOTAL ===========> 486   VALID SKIP(-4) 4429   NON-INTERVIEW(-5) 0

Min:              0        Max:             40        Mean:                6.27

How long have you had this condition? UNIT

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>395</td>
<td>71</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1 YEARS</td>
<td>2 MONTHS</td>
<td>3 WEEKS</td>
<td>4 DAYS</td>
</tr>
<tr>
<td></td>
<td>471</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)            0
Don't Know(-2)         0
TOTAL ===========> 471   VALID SKIP(-4) 4444   NON-INTERVIEW(-5) 0

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>Value</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>A LOT</td>
</tr>
<tr>
<td>52</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>99</td>
<td>JUST A LITTLE</td>
</tr>
<tr>
<td>311</td>
<td>NOT AT ALL</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 1
TOTAL = 485

VALID SKIP(-4) 4429
NON-INTERVIEW(-5) 0

Lead In: R03382.00[Default] R03381.00[-2:-2]
Default Next Question: R03384.00

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>328</td>
<td>Yes</td>
</tr>
<tr>
<td>158</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL = 486

VALID SKIP(-4) 4429
NON-INTERVIEW(-5) 0

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

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>180</td>
<td>Yes</td>
</tr>
<tr>
<td>4727</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1) 4
Don't Know(-2) 4
TOTAL = 4907

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

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

---

Survey Year: 2003
How long have you had this condition?

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>81</td>
<td>1 TO 4</td>
</tr>
<tr>
<td>47</td>
<td>5 TO 8</td>
</tr>
<tr>
<td>28</td>
<td>9 TO 14</td>
</tr>
<tr>
<td>11</td>
<td>15 TO 19</td>
</tr>
<tr>
<td>6</td>
<td>20 TO 24</td>
</tr>
<tr>
<td>1</td>
<td>25 TO 29</td>
</tr>
<tr>
<td>2</td>
<td>30 TO 34</td>
</tr>
<tr>
<td>1</td>
<td>35 TO 39</td>
</tr>
</tbody>
</table>

--------

178

Refusal(-1) 0
Don't Know(-2) 2 (Go To R03388.00)

TOTAL =========> 180 VALID SKIP(-4) 4735 NON-INTERVIEW(-5) 0

Min: 0 Max: 35 Mean: 6.67

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

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R03387.00 [D9A] Survey Year: 2003

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>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
<td>1 YEARS</td>
</tr>
<tr>
<td>24</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>1</td>
<td>3 WEEKS</td>
</tr>
<tr>
<td>2</td>
<td>4 DAYS</td>
</tr>
</tbody>
</table>

--------

177

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

TOTAL =========> 177 VALID SKIP(-4) 4738 NON-INTERVIEW(-5) 0

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

---

R03388.00 [D10] Survey Year: 2003

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>Time</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>1 A LOT</td>
</tr>
<tr>
<td>19</td>
<td>3 SOMewhat</td>
</tr>
</tbody>
</table>
50       5 JUST A LITTLE
96       7 NOT AT ALL
-------
178

Refusal(-1)            0
Don't Know(-2)         2
TOTAL =========>     180   VALID SKIP(-4) 4735   NON-INTERVIEW(-5) 0

Lead In: R03387.00[Default]  R03386.00[-2:-2]
Default Next Question: R03389.00

R03389.00    [D11]                                             Survey Year: 2003

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?

123       1 Yes
57        2 No
-------
180

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>     180   VALID SKIP(-4) 4735   NON-INTERVIEW(-5) 0

Lead In: R03388.00[Default]
Default Next Question: R03390.00

R03390.00    [D12]                                             Survey Year: 2003

HEALTH - USING INSULIN OR A PUMP FOR DIABETES?

Are you now using insulin shots or a pump?

26       1 Yes
154       2 No
-------
180

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>     180   VALID SKIP(-4) 4735   NON-INTERVIEW(-5) 0

Lead In: R03389.00[Default]
Default Next Question: R03391.00

R03391.00    [D13]                                             Survey Year: 2003

HAVE CANCER

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

44       1 Yes
4860   2 No
-------
4904

Refusal(-1)   5
Don't Know(-2) 6
TOTAL =======> 4915   VALID SKIP(-4)   0   NON-INTERVIEW(-5)   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

<table>
<thead>
<tr>
<th></th>
<th>1 TO 4</th>
<th>5 TO 8</th>
<th>9 TO 14</th>
<th>15 TO 19</th>
<th>20 TO 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
-------
44

Refusal(-1)   0
Don't Know(-2) 0
TOTAL =======> 44   VALID SKIP(-4) 4871   NON-INTERVIEW(-5)   0

Min:   1   Max: 20   Mean:  5.66

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

<table>
<thead>
<tr>
<th></th>
<th>1 YEARS</th>
<th>2 MONTHS</th>
<th>5 WEEKS</th>
<th>6 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
-------
44

Refusal(-1)   0
Don't Know(-2) 0
TOTAL =======> 44   VALID SKIP(-4) 4871   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?

5       1 A LOT
5       3 SOMEWHAT
7       5 JUST A LITTLE
27       7 NOT AT ALL
-------

Refusal(-1)  0
Don't Know(-2)  0
TOTAL ========> 44  VALID SKIP(-4)  4871  NON-INTERVIEW(-5)  0

Lead In: R03393.00[Default]
Default Next Question: R03395.00

----------------------------------------------------------------------------------------------------
R03395.00  [D16]                               Survey Year: 2003

TREATMENT FOR CANCER ANY

During the last year did you receive treatment for cancer?

INTERVIEWER: QXQ DEFINING TREATMENT

19       1 Yes
25       2 No
-------

Refusal(-1)  0
Don't Know(-2)  0
TOTAL ========> 44  VALID SKIP(-4)  4871  NON-INTERVIEW(-5)  0

Lead In: R03394.00[Default]
Default Next Question: R03396.00

----------------------------------------------------------------------------------------------------
R03396.00  [D17]                               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?

4       1 Yes
15       2 No
-------

19

Refusal(-1)  0
Don't Know(-2)  0
TOTAL ========> 19  VALID SKIP(-4)  4896  NON-INTERVIEW(-5)  0
Lead In: R03395.00[Default]
Default Next Question: R03397.00
--------------------------------------------------------------------------------
R03397.00    [D17A]                                            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?

9       1 Yes
10      2 No
-------
19

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>      19   VALID SKIP(-4)    4896     NON-INTERVIEW(-5)       0

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

5       1 Yes
14      2 No
-------
19

Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>      19   VALID SKIP(-4)    4896     NON-INTERVIEW(-5)       0

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

6       1 Yes
13      2 No
-------
19

Refusal(-1)            0
During the last year, what sort of treatments have you received for cancer?

None?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1 Yes</th>
<th>19</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know(-2)</td>
<td>0</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>TOTAL =========&gt;</td>
<td>19</td>
<td>VALID SKIP(-4)</td>
<td>4896</td>
<td>NON-INTERVIEW(-5)</td>
</tr>
</tbody>
</table>

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

Other?

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>1 Yes</th>
<th>17</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know(-2)</td>
<td>0</td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>TOTAL =========&gt;</td>
<td>19</td>
<td>VALID SKIP(-4)</td>
<td>4896</td>
<td>NON-INTERVIEW(-5)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL =========&gt;</td>
<td>43</td>
<td>VALID SKIP(-4)</td>
<td>4896</td>
<td>NON-INTERVIEW(-5)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
MONTH MOST RECENT CANCER DIAGNOSED

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>1 JANUARY</td>
</tr>
<tr>
<td>3</td>
<td>2 FEBRUARY</td>
</tr>
<tr>
<td>3</td>
<td>3 MARCH</td>
</tr>
<tr>
<td>3</td>
<td>4 APRIL</td>
</tr>
<tr>
<td>5</td>
<td>5 MAY</td>
</tr>
<tr>
<td>4</td>
<td>6 JUNE</td>
</tr>
<tr>
<td>6</td>
<td>7 JULY</td>
</tr>
<tr>
<td>1</td>
<td>8 AUGUST</td>
</tr>
<tr>
<td>3</td>
<td>9 SEPTEMBER</td>
</tr>
<tr>
<td>1</td>
<td>10 OCTOBER</td>
</tr>
<tr>
<td>3</td>
<td>11 NOVEMBER</td>
</tr>
<tr>
<td>2</td>
<td>12 DECEMBER</td>
</tr>
<tr>
<td>----</td>
<td>----------------</td>
</tr>
<tr>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)      0
Don't Know(-2)   3
TOTAL =========> 43  VALID SKIP(-4) 4872  NON-INTERVIEW(-5)  0

STILL HAVE CANCER

Do you still have cancer?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>1 Yes</td>
</tr>
<tr>
<td>32</td>
<td>2 No</td>
</tr>
<tr>
<td>----</td>
<td>----------------</td>
</tr>
<tr>
<td>43</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)      0
Don't Know(-2)   1
TOTAL =========> 44  VALID SKIP(-4) 4871  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

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4870</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 5
Don't Know(-2) 5
TOTAL ======> 4915  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

<table>
<thead>
<tr>
<th></th>
<th>1 TO 4</th>
<th>5 TO 8</th>
<th>9 TO 14</th>
<th>15 TO 19</th>
<th>20 TO 24</th>
<th>25 TO 29</th>
<th>30 TO 34</th>
<th>35 TO 39</th>
<th>45 TO 49</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 2 (Go To R03407.00)
TOTAL ======> 35  VALID SKIP(-4) 4880  NON-INTERVIEW(-5) 0

Min: 1  Max: 45  Mean: 12.09

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

UNIT D20

How long have you had this condition? UNIT

<table>
<thead>
<tr>
<th></th>
<th>1 YEARS</th>
<th>2 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
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</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2

3 WEEKS

0

4 DAYS

-------

32

Refusal(-1)          0
Don't Know(-2)       1
TOTAL =========>  33

VALID SKIP(-4)     4882
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?

6
1 A LOT

6
3 SOMEWHAT

7
5 JUST A LITTLE

16
7 NOT AT ALL

-------

35

Refusal(-1)          0
Don't Know(-2)       0
TOTAL =========>  35

VALID SKIP(-4)     4880
NON-INTERVIEW(-5)  0

Lead In: R03406.00[Default]  R03405.00[-2:-2]
Default Next Question: R03408.00

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

R03408.00  [D22]  Survey Year: 2003

TAKE MEDICATION FOR LUNG CONDITION

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

16
1 Yes

19
2 No

-------

35

Refusal(-1)          0
Don't Know(-2)       0
TOTAL =========>  35

VALID SKIP(-4)     4880
NON-INTERVIEW(-5)  0

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

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

R03409.00  [D23]  Survey Year: 2003

LUNG CONDITION LIMIT USUAL ACTIVITY?

Does your lung condition limit your usual activities, such as household chores or work?
12       1 Yes
23       2 No
-------
35
Refusal(-1)    0
Don't Know(-2) 0
TOTAL =========> 35   VALID SKIP(-4) 4880   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
77       1 Yes
4828       2 No
-------
4905
Refusal(-1)    5
Don't Know(-2) 5
TOTAL =========> 4915   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?
11       1 A LOT
9        3 SOMEWHAT
22       5 JUST A LITTLE
35       7 NOT AT ALL
-------
77
Refusal(-1)    0
Don't Know(-2) 0
TOTAL =========> 77   VALID SKIP(-4) 4838   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?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
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<tr>
<td>-------</td>
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</tr>
<tr>
<td>77</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 77  VALID SKIP(-4) 4838  NON-INTERVIEW(-5) 0

Lead In: R03411.00[Default]
Default Next Question: R03413.00

EVER HAD HEART ATTACK

Have you ever had a heart attack or myocardial infarction?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
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</tr>
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<td>-------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>77</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 77  VALID SKIP(-4) 4838  NON-INTERVIEW(-5) 0

Lead In: R03412.00[Default]
Default Next Question: R03414.00

YEAR FIRST HEART ATTACK

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
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<td></td>
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<tr>
<td>-------</td>
<td>--------------</td>
<td>--------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>25</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 1 (Go To R03416.00)
TOTAL =========> 26  VALID SKIP(-4) 4889  NON-INTERVIEW(-5) 0


Lead In: R03413.00[Default]
Default Next Question: R03415.00

YEAR FIRST HEART ATTACK
MONTH FIRST HEART ATTACK

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

1 1 JANUARY
0 2 FEBRUARY
1 3 MARCH
3 4 APRIL
2 5 MAY
2 6 JUNE
5 7 JULY
2 8 AUGUST
0 9 SEPTEMBER
2 10 OCTOBER
3 11 NOVEMBER
2 12 DECEMBER
-------
23

Refusal(-1) 0
Don't Know(-2) 2
TOTAL =========> 25  VALID SKIP(-4) 4890  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?

20 1 Yes
6  2 No
-------
26

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 26  VALID SKIP(-4) 4889  NON-INTERVIEW(-5) 0

Lead In: R03415.00[Default]  R03414.00[-2:-2]
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?

5  1 Yes
21 2 No
-------
26

Refusal(-1) 0
Don't Know(-2) 0
YEAR MOST RECENT HEART ATTACK

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1990 TO 1999</td>
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<td>4</td>
<td>2000 TO 2010: 2000+</td>
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5

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

TOTAL =========> 5  VALID SKIP(-4) 4910  NON-INTERVIEW(-5) 0

Min: 1999 Max: 2003 Mean: 2000.8

MONTH MOST RECENT 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>
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<tr>
<td>1</td>
<td>2 FEBRUARY</td>
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<td>3 MARCH</td>
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<td>1</td>
<td>4 APRIL</td>
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<tr>
<td>0</td>
<td>5 MAY</td>
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<tr>
<td>0</td>
<td>6 JUNE</td>
</tr>
<tr>
<td>0</td>
<td>7 JULY</td>
</tr>
<tr>
<td>0</td>
<td>8 AUGUST</td>
</tr>
<tr>
<td>0</td>
<td>9 SEPTEMBER</td>
</tr>
<tr>
<td>1</td>
<td>10 OCTOBER</td>
</tr>
<tr>
<td>1</td>
<td>11 NOVEMBER</td>
</tr>
<tr>
<td>1</td>
<td>12 DECEMBER</td>
</tr>
</tbody>
</table>

---

5

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

TOTAL =========> 5  VALID SKIP(-4) 4910  NON-INTERVIEW(-5) 0

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
<td>48</td>
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</tbody>
</table>

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

TOTAL =========> 77  VALID SKIP(-4) 4838  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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
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<tr>
<td>No</td>
<td>10</td>
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Refusal(-1) 0
Don't Know(-2) 0

TOTAL =========> 29  VALID SKIP(-4) 4886  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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
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<td>No</td>
<td>13</td>
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</tbody>
</table>

---

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

TOTAL =========> 29  VALID SKIP(-4) 4886  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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
</tr>
</tbody>
</table>
In the last year, have you been admitted to the hospital overnight because of it (congestive heart failure)?

5 1 Yes
6 2 No

---

11

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 11  VALID SKIP(-4) 4904  NON-INTERVIEW(-5) 0

Was this in the United States?

5 1 Yes
0 2 No

---

5

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 5  VALID SKIP(-4) 4910  NON-INTERVIEW(-5) 0

Are you taking or carrying any medication for congestive heart failure?

10 1 Yes
1 2 No

---
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>Yes</td>
<td>17</td>
</tr>
<tr>
<td>No</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>76</td>
</tr>
</tbody>
</table>

IN U.S. HAD TEST OF HEART WITH TUBES

Was this in the United States?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
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<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

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>Yes</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>68</td>
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<tr>
<td></td>
<td>76</td>
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Refusal(-1) 1
Don’t Know(-2) 0
TOTAL ========> 77  VALID SKIP(-4) 4838  NON-INTERVIEW(-5) 0

Lead In: R03429.00[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?

<table>
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<tr>
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<th>No</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Refusal(-1) 1
Don’t Know(-2) 0
TOTAL ========> 8  VALID SKIP(-4) 4906  NON-INTERVIEW(-5) 0

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

R03432a.00  [D42AMO]  Survey Year: 2003

IN WHAT COUNTRY HAD TEST OF HEART WITH TUBES

In what country was that?

<table>
<thead>
<tr>
<th></th>
<th>PHILIPPINES</th>
</tr>
</thead>
<tbody>
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<td>164</td>
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</table>

Refusal(-1) 1
Don’t Know(-2) 0
TOTAL ========> 2  VALID SKIP(-4) 4913  NON-INTERVIEW(-5) 0

Lead In: R03432.00[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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>1</td>
<td>4885</td>
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<tr>
<td>4885</td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1) 5
Don’t Know(-2) 4
TOTAL ========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0
Lead In: R03432.00[Default]
Default Next Question: R03434.00

R03434.00    [D44]                                             Survey Year: 2003

SEEN DOCTOR BECAUSE OF STROKE

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

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========> 21   VALID SKIP(-4) 4894   NON-INTERVIEW(-5) 0

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

R03435.00    [D45]                                             Survey Year: 2003

IN U.S. SEEN DOCTOR

Was this in the United States?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
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<tbody>
<tr>
<td>9</td>
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<td>3</td>
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</tr>
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</tbody>
</table>

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========> 12   VALID SKIP(-4) 4903   NON-INTERVIEW(-5) 0

Lead In: R03434.00[Default]
Default Next Question: R03436.00

R03436.00    [D45AMO]                                          Survey Year: 2003

IN WHAT COUNTRY SEEN DOCTOR

In what country was that?

<table>
<thead>
<tr>
<th></th>
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<th>2</th>
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<tbody>
<tr>
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<td>164</td>
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<tr>
<td>------</td>
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<td>---------</td>
</tr>
<tr>
<td>3</td>
<td>GUATEMALA</td>
<td>PHILIPPINES</td>
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</table>

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========> 3   VALID SKIP(-4) 4912   NON-INTERVIEW(-5) 0

Lead In: R03435.00[Default]
Default Next Question: R03437.00

R03437.00 [D46] Survey Year: 2003

HAD MORE THAN ONE STROKE

Have you had more than one stroke?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>18</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 21 VALID SKIP(-4) 4894 NON-INTERVIEW(-5) 0

Lead In: R03436.00[Default]  R03435.00[1:1]
Default Next Question: R03438.00

R03438.00 [D47] Survey Year: 2003

HAVE REMAINING PROBLEMS DUE TO STROKE

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
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<tr>
<td>No</td>
<td>4</td>
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Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 21 VALID SKIP(-4) 4894 NON-INTERVIEW(-5) 0

Lead In: R03437.00[Default]
Default Next Question: R03439.00

R03439.00 [D48] Survey Year: 2003

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?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 21 VALID SKIP(-4) 4894 NON-INTERVIEW(-5) 0

Lead In: R03438.00[Default]
Default Next Question: R03440.00
R03440.00  [D49]  Survey Year: 2003

YEAR MOST RECENT STROKE

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1970 TO 1979</td>
</tr>
<tr>
<td>1</td>
<td>1980 TO 1989</td>
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<tr>
<td>6</td>
<td>1990 TO 1999</td>
</tr>
<tr>
<td>11</td>
<td>2000 TO 2010: 2000+</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don’t Know(-2) 2  (Go To R03442.00)

TOTAL =======> 21  VALID SKIP(-4) 4894  NON-INTERVIEW(-5) 0


Lead In: R03439.00 [Default]
Default Next Question: R03441.00

R03441.00  [D49A]  Survey Year: 2003

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

Refusal(-1) 0
Don’t Know(-2) 3

TOTAL =======> 19  VALID SKIP(-4) 4896  NON-INTERVIEW(-5) 0

Lead In: R03440.00 [Default]
Default Next Question: R03442.00

R03442.00  [D50]  Survey Year: 2003

HAD EMOTIONAL PROBLEM

Have you ever had or has a doctor ever told you that you have any emotional, nervous, or psychiatric problems?
R03443.00 [D51]                                             Survey Year: 2003

GET PSYCHIATRIC TREATMENT

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>107</td>
<td>42</td>
<td>63</td>
</tr>
</tbody>
</table>

Refusal(-1)  1
Don't Know(-2) 8
TOTAL =========> 107  VALID SKIP(-4) 4808  NON-INTERVIEW(-5) 0

Lead In: R03442.00[Default] R03444.00
Default Next Question: R03444.00

R03444.00 [D52]                                             Survey Year: 2003

HOW LONG HAD PSYCHIATRIC TREATMENT

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

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<table>
<thead>
<tr>
<th></th>
<th>1 TO 4</th>
<th>5 TO 8</th>
<th>9 TO 14</th>
<th>15 TO 19</th>
<th>20 TO 24</th>
<th>25 TO 29</th>
<th>30 TO 34</th>
<th>40 TO 44</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
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<td></td>
<td></td>
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<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>4</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)  1 (Go To R03446.00)
Don't Know(-2) 8 (Go To R03446.00)
TOTAL =========> 107  VALID SKIP(-4) 4808  NON-INTERVIEW(-5) 0

Min: 1  Max: 42  Mean: 7.19

Lead In: R03443.00[Default]
How long have you had or did you have this condition? UNIT

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
<td>1 YEARS</td>
</tr>
<tr>
<td>20</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>

97

Refusal(-1)  1
Don’t Know(-2)  0
TOTAL =========> 98   VALID SKIP(-4)  4817   NON-INTERVIEW(-5)  0

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>A LOT</td>
</tr>
<tr>
<td>14</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>30</td>
<td>JUST A LITTLE</td>
</tr>
<tr>
<td>47</td>
<td>NOT AT ALL</td>
</tr>
</tbody>
</table>

106

Refusal(-1)  0
Don’t Know(-2)  1
TOTAL =========> 107   VALID SKIP(-4)  4808   NON-INTERVIEW(-5)  0

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>Yes</td>
</tr>
<tr>
<td>4817</td>
<td>No</td>
</tr>
</tbody>
</table>

4908

Refusal(-1)  5
Don’t Know(-2)  2
TOTAL =========> 4915   VALID SKIP(-4)  0   NON-INTERVIEW(-5)  0
Have you ever had, or has a doctor ever told you that you have arthritis or rheumatism?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>245</td>
<td>4659</td>
</tr>
</tbody>
</table>

Refusal: 4
Don't Know: 7

TOTAL: 4904

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<table>
<thead>
<tr>
<th>Time</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
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<td>2</td>
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<tr>
<td>1</td>
<td>105</td>
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<tr>
<td>5</td>
<td>64</td>
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<tr>
<td>9</td>
<td>27</td>
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<tr>
<td>15</td>
<td>9</td>
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<tr>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>35</td>
<td>2</td>
</tr>
<tr>
<td>40</td>
<td>2</td>
</tr>
<tr>
<td>55</td>
<td>1</td>
</tr>
</tbody>
</table>

Refusal(-1): 0
Don't Know(-2): 7

TOTAL: 238

Min: 0 Max: 56 Mean: 7.69
How long have you had this condition? UNIT

<table>
<thead>
<tr>
<th>Years</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>219</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

-------

236

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 236
VALID SKIP(-4) 4679
NON-INTERVIEW(-5) 0

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

LIMIT ACTIVITY ARTHRITIS

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>35</td>
</tr>
<tr>
<td>SOMEWHAT</td>
<td>62</td>
</tr>
<tr>
<td>JUST A LITTLE</td>
<td>83</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>65</td>
</tr>
</tbody>
</table>

-------

245

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 245
VALID SKIP(-4) 4670
NON-INTERVIEW(-5) 0

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

TAKE MEDICATION ARTHRITIS

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>111</td>
</tr>
<tr>
<td>No</td>
<td>134</td>
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</tbody>
</table>

-------

245

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 245
VALID SKIP(-4) 4670
NON-INTERVIEW(-5) 0

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

----------------------------------------
R03453.00 [D59]                      Survey Year: 2003

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>183</td>
<td>Yes</td>
</tr>
<tr>
<td>4724</td>
<td>No</td>
</tr>
</tbody>
</table>

4907

Refusal(-1) 4
Don’t Know(-2) 4
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

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

R03454.00 [D60]                      Survey Year: 2003

YEAR ASTHMA

About how many years 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>38</td>
<td>1 TO 4</td>
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<tr>
<td>30</td>
<td>5 TO 8</td>
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<td>32</td>
<td>9 TO 14</td>
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<td>18</td>
<td>15 TO 19</td>
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<td>19</td>
<td>20 TO 24</td>
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<tr>
<td>6</td>
<td>25 TO 29</td>
</tr>
<tr>
<td>15</td>
<td>30 TO 34</td>
</tr>
<tr>
<td>8</td>
<td>35 TO 39</td>
</tr>
<tr>
<td>6</td>
<td>40 TO 44</td>
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<tr>
<td>4</td>
<td>45 TO 49</td>
</tr>
<tr>
<td>1</td>
<td>50 TO 54</td>
</tr>
<tr>
<td>1</td>
<td>55 TO 59</td>
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</table>

178

Refusal(-1) 0
Don’t Know(-2) 4 (Go To R03456.00)
Invalid Skip(-3) 1
TOTAL =========> 183  VALID SKIP(-4) 4732  NON-INTERVIEW(-5) 0

Min: 1  Max: 56  Mean: 15.36

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
169     1 YEARS
9       2 MONTHS
0       3 WEEKS
0       4 DAYS
-------
178

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =======> 178  VALID SKIP(-4)  4737  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?

111     1 Yes
72       2 No
-------
183

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =======> 183  VALID SKIP(-4)  4732  NON-INTERVIEW(-5)  0

Lead In: R03455.00[Default]  R03454.00[-2:-2]
Default Next Question: R03457.00

R03457.00  [D62]  Survey Year: 2003

LIMIT ACTIVITY ASTHMA

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

5       1 A LOT
17      3 SOMEWHAT
33      5 JUST A LITTLE
55      7 NOT AT ALL
-------
110

Refusal(-1)  0
Don't Know(-2)  1
TOTAL =======> 111  VALID SKIP(-4)  4804  NON-INTERVIEW(-5)  0

Lead In: R03456.00[Default]
Default Next Question: R03458.00

R03458.00  [D63]  Survey Year: 2003

WEAR GLASSES
Do you normally wear glasses or corrective contact lenses?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1893</td>
<td>Yes</td>
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<tr>
<td>3018</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1) 3
Don't Know(-2) 1
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03457.00[Default]
Default Next Question: R03459.00

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)?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1846</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td>1402</td>
<td>VERY GOOD</td>
</tr>
<tr>
<td>1313</td>
<td>GOOD</td>
</tr>
<tr>
<td>297</td>
<td>FAIR</td>
</tr>
<tr>
<td>50</td>
<td>POOR</td>
</tr>
<tr>
<td>1</td>
<td>(VOL) LEGALLY BLIND</td>
</tr>
</tbody>
</table>

Refusal(-1) 3
Don't Know(-2) 3
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03458.00[Default]
Default Next Question: R03460.00

WEAR HEARING AID

Do you ever wear a hearing aid?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
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</tr>
<tr>
<td>4841</td>
<td>No</td>
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</tbody>
</table>

Refusal(-1) 3
Don't Know(-2) 1
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03459.00[Default]
Default Next Question: R03461.00

R03461.00 [D66] Survey Year: 2003
HOW IS HEARING

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

2412  1 EXCELLENT
1387  5 VERY GOOD
 953   6 GOOD
 140   7 FAIR
   19   9 POOR
-------
 4911

Refusal(-1)  3
Don't Know(-2)  1
TOTAL =========> 4915  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Lead In: R03460.00[Default]
Default Next Question: R03462.00

TROUBLED WITH PAIN

Are you often troubled with pain?

  470   1 Yes
 4441   2 No
-------
 4911

Refusal(-1)  3
Don't Know(-2)  1
TOTAL =========> 4915  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

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

HOW BAD IS PAIN

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

  177   1 MILD
  205   2 MODERATE
   86   3 SEVERE
-------
  468

Refusal(-1)  1
Don't Know(-2)  1
TOTAL =========> 470  VALID SKIP(-4)  4445  NON-INTERVIEW(-5)  0

Lead In: R03462.00[Default]
Default Next Question: R03464.00
PAIN MAKES ACTIVITY DIFFICULT

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>233</td>
<td>1</td>
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<tr>
<td>237</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

470

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 470 VALID SKIP(-4) 4445 NON-INTERVIEW(-5) 0

CHECK BREASTS MONTHLY

Do you check your breasts for lumps monthly?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1065</td>
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</tr>
<tr>
<td>1295</td>
<td>2</td>
<td></td>
</tr>
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</table>

2360

Refusal(-1) 4
Don't Know(-2) 3
TOTAL =========> 2367 VALID SKIP(-4) 2548 NON-INTERVIEW(-5) 0

HAVE MAMMOGRAM

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
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<td>1603</td>
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</tbody>
</table>

2359

Refusal(-1) 3
Don't Know(-2) 5
TOTAL =========> 2367 VALID SKIP(-4) 2548 NON-INTERVIEW(-5) 0
HAVE PAP SMEAR

A PAP smear in the last year?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refusal</td>
<td>1</td>
<td></td>
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<tr>
<td>Don't Know</td>
<td>2</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td>2367</td>
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Refusal(-1) 4
Don't Know(-2) 8
TOTAL =========> 2367 VALID SKIP(-4) 2548 NON-INTERVIEW(-5) 0

Lead In: R03466.00[Default]
Default Next Question: R03468.00

HAVE YOU EVER HAD AN EXAMINATION OF PROSTATE

Have you ever had an examination of your prostate to screen for cancer?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refusal</td>
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<td></td>
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<tr>
<td>Don't Know</td>
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<td></td>
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Refusal(-1) 2
Don't Know(-2) 15
TOTAL =========> 2419 VALID SKIP(-4) 2496 NON-INTERVIEW(-5) 0

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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refusal</td>
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<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>4907</td>
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</tr>
</tbody>
</table>

Refusal(-1) 6
Don't Know(-2) 2
TOTAL =========> 4915 VALID SKIP(-4) 0 NON-INTERVIEW(-5) 0

Lead In: R03468.00[Default]
Default Next Question: R03470.00
DO YOU SMOKE CIGARETTES NOW?

Do you smoke cigarettes now?

521 1 Yes
775 2 No

---------
1296

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 1296  VALID SKIP(-4) 3619 NON-INTERVIEW(-5) 0

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

R03471.00 [D76]  Survey Year: 2003

HOW MANY CIGARETTES 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

17 0
128 1
40 2
29 3
25 4
45 5
23 6
15 7
20 8
1 9
109 10
59 11 TO 20
6 21 TO 30
2 31 TO 9999999: 31+

---------
519

Refusal(-1) 0
Don’t Know(-2) 2 (Go To R03473.00)
TOTAL =========> 521  VALID SKIP(-4) 4394 NON-INTERVIEW(-5) 0

Min: 0 Max: 40 Mean: 6.47

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
415  1 CIGARETTES
87  2 PACKS
-------
502

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  502  VALID SKIP(-4)  4413  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'

1175  1 YEARS OLD
31  2 YEAR STARTED SMOKING
76  3 STARTED SMOKING 'X' YEARS AGO
-------
1282

Refusal(-1)  0
Don't Know(-2)  14  (Go To R03475.00)
TOTAL =========>  1296  VALID SKIP(-4)  3619  NON-INTERVIEW(-5)  0

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

R03474.00  [D77A]  Survey Year: 2003

YEARS/D77

About how old were you when you started smoking? DIGITS

INTERVIEWER: ENTER '0' IF LESS THAN ONE YEAR

7  0
10  1 TO 4
13  5 TO 8
160  9 TO 14
610  15 TO 19
312  20 TO 24
87  25 TO 29
34  30 TO 34
11  35 TO 39
7  40 TO 44
5  50 TO 999: 50+
20  1800 TO 9999: Gave Year
-------
1276

Refusal(-1)  1
When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day?

**INTERVIEWER: PROBE FOR A RANGE**

<table>
<thead>
<tr>
<th>Value</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>408</td>
<td>1</td>
</tr>
<tr>
<td>161</td>
<td>2</td>
</tr>
<tr>
<td>92</td>
<td>3</td>
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<td>47</td>
<td>4</td>
</tr>
<tr>
<td>98</td>
<td>5</td>
</tr>
<tr>
<td>35</td>
<td>6</td>
</tr>
<tr>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td>17</td>
<td>8</td>
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<tr>
<td>193</td>
<td>10</td>
</tr>
<tr>
<td>141</td>
<td>11 TO 20</td>
</tr>
<tr>
<td>47</td>
<td>21 TO 30</td>
</tr>
<tr>
<td>10</td>
<td>31 TO 9999999: 31+</td>
</tr>
</tbody>
</table>

**---**

| Total | 1268 |

**Refusal(-1) | 0**  (Go To R03477.00)

**Don't Know(-2) | 0**  (Go To R03477.00)

**TOTAL =========> 1268  VALID SKIP(-4)  3647  NON-INTERVIEW(-5)  0**

**Min: 1 Max: 60 Mean: 6.53**
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'

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 YEARS OLD</td>
</tr>
<tr>
<td>46</td>
<td>2 YEAR STARTED SMOKING</td>
</tr>
<tr>
<td>91</td>
<td>3 STARTED SMOKING &quot;X&quot; YEARS AGO</td>
</tr>
</tbody>
</table>

1250

Refusal(-1)  4
Don't Know(-2)  42
TOTAL =========>  1296  VALID SKIP(-4)  3619  NON-INTERVIEW(-5)  0

YEARS D79

INTERVIEWER: ENTER '0' IF LESS THAN ONE YEAR

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>1 TO 4</td>
</tr>
<tr>
<td>4</td>
<td>5 TO 8</td>
</tr>
<tr>
<td>27</td>
<td>9 TO 14</td>
</tr>
<tr>
<td>246</td>
<td>15 TO 19</td>
</tr>
<tr>
<td>389</td>
<td>20 TO 24</td>
</tr>
<tr>
<td>200</td>
<td>25 TO 29</td>
</tr>
<tr>
<td>140</td>
<td>30 TO 34</td>
</tr>
<tr>
<td>76</td>
<td>35 TO 39</td>
</tr>
<tr>
<td>37</td>
<td>40 TO 44</td>
</tr>
<tr>
<td>20</td>
<td>45 TO 49</td>
</tr>
<tr>
<td>20</td>
<td>50 TO 999: 50+</td>
</tr>
<tr>
<td>32</td>
<td>1800 TO 9999: Gave Year</td>
</tr>
</tbody>
</table>

1236

Refusal(-1)  0
Don't Know(-2)  14
TOTAL =========>  1250  VALID SKIP(-4)  3665  NON-INTERVIEW(-5)  0

Min: 0  Max: 2004  Mean: 74.94

Lead In: R03477.00[Default]  R03475.00[-2:-2]  R03475.00[-1:-1]  R03476.00[Default]  R03475.00[-2:-2]  R03475.00[-1:-1]
**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>249</td>
<td>1 YEARS OLD</td>
</tr>
<tr>
<td>107</td>
<td>2 YEAR STARTED SMOKING</td>
</tr>
<tr>
<td>406</td>
<td>3 STARTED SMOKING &quot;X&quot; YEARS AGO</td>
</tr>
</tbody>
</table>

----------
762

Refusal(-1)  1  (Go To R03481.00)
Don't Know(-2)  12  (Go To R03481.00)
TOTAL =========> 775  VALID SKIP(-4) 4140  NON-INTERVIEW(-5) 0

Min: 0  Max: 2004  Mean: 248.09

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>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>156</td>
<td>1 TO 4</td>
</tr>
<tr>
<td>109</td>
<td>5 TO 8</td>
</tr>
<tr>
<td>89</td>
<td>9 TO 14</td>
</tr>
<tr>
<td>83</td>
<td>15 TO 19</td>
</tr>
<tr>
<td>89</td>
<td>20 TO 24</td>
</tr>
<tr>
<td>49</td>
<td>25 TO 29</td>
</tr>
<tr>
<td>34</td>
<td>30 TO 34</td>
</tr>
<tr>
<td>16</td>
<td>35 TO 39</td>
</tr>
<tr>
<td>11</td>
<td>40 TO 44</td>
</tr>
<tr>
<td>3</td>
<td>45 TO 49</td>
</tr>
<tr>
<td>7</td>
<td>50 TO 999: 50+</td>
</tr>
<tr>
<td>90</td>
<td>1800 TO 9999: Gave Year</td>
</tr>
</tbody>
</table>

----------
761

Refusal(-1)  1
Don't Know(-2)  13
TOTAL =========> 775  VALID SKIP(-4) 4140  NON-INTERVIEW(-5) 0

Min: 0  Max: 2004  Mean: 248.09

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2111</td>
<td>Yes</td>
</tr>
<tr>
<td>2795</td>
<td>No</td>
</tr>
<tr>
<td>4906</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 6
Don't Know(-2) 3
TOTAL = 4915
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

---

**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.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>586</td>
<td>0</td>
</tr>
<tr>
<td>766</td>
<td>1</td>
</tr>
<tr>
<td>321</td>
<td>2</td>
</tr>
<tr>
<td>208</td>
<td>3</td>
</tr>
<tr>
<td>73</td>
<td>4</td>
</tr>
<tr>
<td>56</td>
<td>5</td>
</tr>
<tr>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>48</td>
<td>7</td>
</tr>
<tr>
<td>2084</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 5
Don't Know(-2) 22
TOTAL = 2111
VALID SKIP(-4) 2804
NON-INTERVIEW(-5) 0

Min: 0 Max: 7 Mean: 1.49

Lead In: R03481.00[Default]
Default Next Question: R03483.00

---

**HOW MANY DAYS HAD FOUR OR MORE DRINKS**

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>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>914</td>
<td>0</td>
</tr>
</tbody>
</table>
EVER DRUNK ALCOHOLIC BEVERAGES

Have you ever drunk alcoholic beverages?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>581</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2214</td>
<td>2 No</td>
</tr>
</tbody>
</table>

Refusal(-1) 7
Don't Know(-2) 2
TOTAL =========> 2804 VALID SKIP(-4) 2111 NON-INTERVIEW(-5) 0

EVER FELT SHOULD CUT DOWN ON DRINKING

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>306</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2383</td>
<td>2 No</td>
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</tbody>
</table>

Refusal(-1) 1
Don't Know(-2) 2
TOTAL =========> 2689 VALID SKIP(-4) 2223 NON-INTERVIEW(-5) 0
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

<table>
<thead>
<tr>
<th>Digits</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1120</td>
<td>0</td>
</tr>
<tr>
<td>462</td>
<td>1</td>
</tr>
<tr>
<td>526</td>
<td>2</td>
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<tr>
<td>562</td>
<td>3</td>
</tr>
<tr>
<td>289</td>
<td>4</td>
</tr>
<tr>
<td>423</td>
<td>5</td>
</tr>
<tr>
<td>100</td>
<td>6</td>
</tr>
<tr>
<td>1391</td>
<td>7</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>11</td>
<td>10</td>
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<tr>
<td>11</td>
<td>11 TO 20</td>
</tr>
<tr>
<td>1</td>
<td>21 TO 30</td>
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<tr>
<td>3</td>
<td>31 TO 9999999: 31+</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>4901</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 7 (Go To R03489.00)
Don’t Know(-2) 7 (Go To R03489.00)
TOTAL =========> 4915 VALID SKIP(-4) 0 NON-INTERVIEW(-5) 0

Min: 0 Max: 60 Mean: 3.52

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

<table>
<thead>
<tr>
<th>Digits</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>3608</td>
<td>1 PER WEEK</td>
</tr>
<tr>
<td>138</td>
<td>2 PER MONTH</td>
</tr>
<tr>
<td>18</td>
<td>3 PER YEAR</td>
</tr>
<tr>
<td>17</td>
<td>4 OTHER PERIOD (SPECIFY)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3781</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 3781 VALID SKIP(-4) 1134 NON-INTERVIEW(-5) 0
HOW OFTEN VIGOROUS PHYSICAL ACTIVITY

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

<table>
<thead>
<tr>
<th>Digit</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3110</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>539</td>
<td>1</td>
<td>0.03%</td>
</tr>
<tr>
<td>408</td>
<td>2</td>
<td>0.05%</td>
</tr>
<tr>
<td>346</td>
<td>3</td>
<td>0.06%</td>
</tr>
<tr>
<td>154</td>
<td>4</td>
<td>0.08%</td>
</tr>
<tr>
<td>116</td>
<td>5</td>
<td>0.08%</td>
</tr>
<tr>
<td>41</td>
<td>6</td>
<td>0.08%</td>
</tr>
<tr>
<td>165</td>
<td>7</td>
<td>0.08%</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td>0.01%</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>0.02%</td>
</tr>
<tr>
<td>12</td>
<td>11 TO 20</td>
<td>0.09%</td>
</tr>
<tr>
<td>4</td>
<td>21 TO 30</td>
<td>0.06%</td>
</tr>
<tr>
<td>3</td>
<td>31 TO 9999999: 31+</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

4903

Refusal(-1) 8 (Go To R03492.00)
Don't Know(-2) 4 (Go To R03492.00)
TOTAL =========> 4915 VALID SKIP(-4) 0 NON-INTERVIEW(-5) 0

Min: 0 Max: 75 Mean: 1.13
<table>
<thead>
<tr>
<th></th>
<th>63 PER YEAR</th>
<th>17 OTHER PERIOD (SPECIFY)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1793</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 1793 VALID SKIP(-4) 3122 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 =========> 17 VALID SKIP(-4) 4898 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></th>
<th>469 Yes</th>
<th>4421 No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 (VOL) DID NOT FEEL DEPRESSED BECAUSE ON ANTI-DEPRESSANT MEDICATION</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>4897</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 10
Don't Know(-2) 7
TOTAL =========> 4914 VALID SKIP(-4) 1 NON-INTERVIEW(-5) 0

Lead In: R03491.00[Default] R03489.00[-2:-2] R03489.00[-1:-1]
Default Next Question: R03493.00

R03493.00 [D89]  
Survey Year: 2003

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></th>
<th>124 ALL DAY LONG</th>
<th>74 MOST OF THE DAY</th>
<th>122 ABOUT HALF THE DAY</th>
</tr>
</thead>
</table>
145  4 LESS THAN HALF THE DAY

--------

465

Refusal(-1)  0
Don't Know(-2)  4
TOTAL =========> 469  VALID SKIP(-4)  4446  NON-INTERVIEW(-5)  0

Lead In: R03492.00[Default]
Default Next Question: R03494.00

---------------------------------------------------------------------
R03494.00  [D90]  Survey Year: 2003

TWO WEEK PERIOD IN U.S.

Was that two-week period in the United States?

183  1 Yes  (Go To R03496.00)
19   2 No

-------

202

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 202  VALID SKIP(-4)  4713  NON-INTERVIEW(-5)  0

Lead In: R03493.00[Default]
Default Next Question: R03495.00

---------------------------------------------------------------------
R03495.00  [D90AMO]  Survey Year: 2003

IN WHAT COUNTRY FELT SAD

In what country was that?

1   38   CANADA
2   44   CHINA, PEOPLES REPUBLIC
1   55   CUBA
1   69   ETHIOPIA
1   98   INDIA
3  135   MEXICO
2  164   PHILIPPINES
1  217   UNITED KINGDOM
1  218   UNITED STATES
1  224   VIETNAM
2  302   EAST ASIA, SOUTH ASIA & THE PACIFIC
1  305   LATIN AMERICA & THE CARIBBEAN
1  306   AFRICAN SUB-SAHARAN
1  307   MIDDLE EAST & NORTH AFRICA

-------

19

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 19  VALID SKIP(-4)  4896  NON-INTERVIEW(-5)  0

Lead In: R03494.00[Default]
FEEL THIS WAY EVERY DAY

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

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY DAY</td>
<td>89</td>
</tr>
<tr>
<td>ALMOST EVERY DAY</td>
<td>77</td>
</tr>
<tr>
<td>LESS OFTEN THAN THAT</td>
<td>32</td>
</tr>
</tbody>
</table>

198

Refusal(-1)          0
Don’t Know(-2)       4
TOTAL = 202
VALID SKIP(-4) 4713
NON-INTERVIEW(-5) 0

Lead In: R03495.00[Default] R03494.00[1:1]
Default Next Question: R03497.00

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'

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>103</td>
</tr>
<tr>
<td>No</td>
<td>62</td>
</tr>
</tbody>
</table>

165

Refusal(-1)          0
Don’t Know(-2)       1
TOTAL = 166
VALID SKIP(-4) 4749
NON-INTERVIEW(-5) 0

Lead In: R03496.00[Default]

Default Next Question: R03498.00

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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>139</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
</tr>
</tbody>
</table>

165

Refusal(-1)          0
Don’t Know(-2)       1
During those same two weeks, did you lose your appetite?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>113</td>
<td>53</td>
</tr>
</tbody>
</table>

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

**Total**: 166

**Have Trouble Falling Asleep**

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>128</td>
<td>38</td>
</tr>
</tbody>
</table>

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

**Total**: 166

**D95 Happen How Often**

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

<table>
<thead>
<tr>
<th></th>
<th>Every Night</th>
<th>Nearly Every Night</th>
<th>Less Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47</td>
<td>53</td>
<td>28</td>
</tr>
</tbody>
</table>

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

**Total**: 128
Lead In: R03500.00[Default]
Default Next Question: R03502.00

R03502.00 [D97]                                             Survey Year: 2003

HAVE TROUBLE CONCENTRATING

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>124</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-------

166

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

TOTAL =========> 166   VALID SKIP(-4) 4749     NON-INTERVIEW(-5) 0

Lead In: R03501.00[Default]
Default Next Question: R03503.00

R03503.00 [D98]                                             Survey Year: 2003

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></th>
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<tr>
<td>75</td>
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-------

164

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

TOTAL =========> 166   VALID SKIP(-4) 4749     NON-INTERVIEW(-5) 0

Lead In: R03502.00[Default]
Default Next Question: R03504.00

R03504.00 [D99]                                             Survey Year: 2003

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></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
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<tr>
<td>104</td>
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</tbody>
</table>

-------

165

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

171       1 Yes
4731       2 No
-------
4902

Refusal(-1)    8
Don't Know(-2) 5
TOTAL =========> 4915   VALID SKIP(-4)       0     NON-INTERVIEW(-5)       0

CONDITION KEEP FROM DOING SOME WORK

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

146       1 Yes
24        2 No
-------
170

Refusal(-1)    0
Don't Know(-2) 1
TOTAL =========> 171   VALID SKIP(-4) 4744     NON-INTERVIEW(-5)       0

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?

2682       1 EXCELLENT
1326       2 VERY GOOD
716        3 GOOD
138        4 FAIR
36         5 POOR
-------
4898
MISS SCHOOL DUE TO HEALTH

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

227    1 Yes
4666    2 No
-------
4893

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

5       1 ACCIDENT RESULTING IN INJURY
0       2 ALLERGIES
1       3 ANEMIA
11      4 APPENDICITIS
0       5 ARTHRITIS/RHEUMATISM/GOUT
12      6 ASTHMA/BRONCHITIS
1       7 BACK PROBLEMS
1       8 BLOOD CLOT SYMPTOMS/DVT
19      9 BROKEN LIMB
1       10 BURN OR SCALD
0      11 OTHER BROKEN BONE
1       12 CANCER/TUMOR
12      13 COLD OR FLU
0      14 CUT/LACERATIONS CUT/LACERATIONS
1      15 CYST OR BOIL
0      16 CYSTITIS/BLADDER DISEASE
1      17 DERMATITIS/RASH
1      18 DIABETES
2      19 EAR/HEARING PROBLEMS
0      20 EPILEPSY/PALSY
2      21 EYE/VISION PROBLEM
1      22 FAINTING
0      23 FEMALE REPRODUCTIVE PROBLEMS
3      24 FOOT PROBLEMS/INJURIES
0      25 GUNSHOT WOUND
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<td>Hand Problems/Injuries</td>
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<td>Head Trauma/Injury</td>
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<td>Headache/Migraines</td>
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<td>Heart/Cardiovascular Problems</td>
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<td>Hepatitis</td>
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<td>Other Liver Disease</td>
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<td>801</td>
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<td>Hernia</td>
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<td>Herpes</td>
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<td>Intestinal Infection/Digestive Problems</td>
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<td>Kidney Disease</td>
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<td>Lupus</td>
<td>0</td>
<td>47</td>
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<tr>
<td>Malaria/ Yellow Fever</td>
<td>5</td>
<td>44</td>
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<tr>
<td>Other Liver Disease</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Measles/Chicken Pox/Mumps</td>
<td>11</td>
<td>40</td>
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<tr>
<td>Meningitis</td>
<td>2</td>
<td>39</td>
</tr>
<tr>
<td>Mental Health Problems</td>
<td>1</td>
<td>37</td>
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<td>Mononucleosis</td>
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<td>36</td>
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<td>Paralysis</td>
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<td>Pleurisy</td>
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<td>Pneumonia</td>
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<td>Other Respiratory Infection</td>
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<td>29</td>
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<td>Poisoning</td>
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<td>27</td>
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<td>Polio</td>
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<td>26</td>
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<td>Rheumatic Fever</td>
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<td>24</td>
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<td>Smallpox</td>
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<td>23</td>
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<tr>
<td>Sprain/Tear/Dislocation</td>
<td>15</td>
<td>22</td>
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<td>Surgery</td>
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<td>19</td>
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<td>Tonsillitis</td>
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<td>18</td>
</tr>
<tr>
<td>Typhoid/Typhus</td>
<td>9</td>
<td>17</td>
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<tr>
<td>Ulcers</td>
<td>0</td>
<td>16</td>
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<tr>
<td>Other</td>
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<td>15</td>
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<td></td>
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</tbody>
</table>

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

SPORTS RESTRICTED FOR THREE MONTHS

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
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</thead>
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<tr>
<td>Yes</td>
<td>155</td>
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<tr>
<td>No</td>
<td>4739</td>
</tr>
<tr>
<td>Total</td>
<td>4894</td>
</tr>
</tbody>
</table>

Refusal (-1) 10
Don't Know (-2) 11
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03511.00 [Default]
Default Next Question: R03513.00

R03513.00  [D108MO]  Survey Year: 2003

MOST SERIOUS HEALTH CONDITION CAUSE D107

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

<table>
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<th>Code</th>
<th>Condition</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
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<td>ACCIDENT RESULTING IN INJURY</td>
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<td>ALLERGIES</td>
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<td>0</td>
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<td>5</td>
<td>APPENDICITIS</td>
<td>4</td>
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<tr>
<td>3</td>
<td>ARTHRITIS/RHEUMATISM/GOUT</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>ASTHMA/BRONCHITIS</td>
<td>6</td>
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<td>5</td>
<td>BACK PROBLEMS</td>
<td>7</td>
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<tr>
<td>0</td>
<td>BLOOD CLOT SYMPTOMS/DVT</td>
<td>8</td>
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<tr>
<td>18</td>
<td>BROKEN LIMB</td>
<td>9</td>
</tr>
<tr>
<td>0</td>
<td>BURN OR SCALD</td>
<td>10</td>
</tr>
<tr>
<td>1</td>
<td>OTHER BROKEN BONE</td>
<td>11</td>
</tr>
<tr>
<td>1</td>
<td>CANCER/TUMOR</td>
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<td>COLD OR FLU</td>
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<td>CUT/LACERATIONS/CUT/LACERATIONS</td>
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<td>15</td>
<td>CYST OR BOIL</td>
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<td>DIABETES</td>
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<td>3</td>
<td>EYE/VISION PROBLEM</td>
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<td>FAINTING</td>
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<td>FOOT PROBLEMS/INJURIES</td>
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<td>OTHER LIVER DISEASE</td>
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<td>PARALYSIS</td>
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<td>3</td>
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<td>2</td>
<td>OTHER RESPIRATORY INFECTION</td>
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</table>
0  47 POISONING
4  48 POLIO
2  49 RHEUMATIC FEVER
0  50 SMALLPOX
18  51 SPRAIN/TEAR/DISLOCATION
15  52 SURGERY
2  53 THYROID PROBLEM
1  54 TONSILLITIS
1  55 TUBERCULOSIS/TB
4  56 TYPHOID/TYPHUS
0  57 ULCERS
4  99 UNKNOWN

-------
151

Refusal(-1)  0
Don’t Know(-2)  1
TOTAL =========>  152  VALID SKIP(-4)  4763  NON-INTERVIEW(-5)  0

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

R03514.00  [D109]  Survey Year: 2003

HOW OLD HAD HEALTH CONDITION D107

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

6  1 TO 4
22  5 TO 8
55  9 TO 14
43  15 TO 19
8  20 TO 24
6  25 TO 29
4  30 TO 34
2  35 TO 39
1  40 TO 44
3  45 TO 49
1  50 TO 54
1  60 TO 64
1  65 TO 69
1  70 TO 74

-------
154

Refusal(-1)  0
Don’t Know(-2)  1
TOTAL =========>  155  VALID SKIP(-4)  4760  NON-INTERVIEW(-5)  0

Min:  1  Max:  72  Mean:  16.19

Lead In: R03513.00[Default]
Default Next Question: R03515.00

R03515.00  [D110]  Survey Year: 2003

CONFINE TO BED DUE TO HEALTH
Because of a health condition, were you ever confined to bed or home one month or more?

210   1 Yes
4685   2 No
-------
4895

Refusal(-1)  12  
Don’t Know(-2)  8  
TOTAL =========>  4915  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Lead In: R03514.00[Default]
Default Next Question: R03516.00

R03516.00    [D111MO]                                          Survey Year: 2003

MOST SERIOUS HEALTH CONDITION CAUSE D110

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

14   1 ACCIDENT RESULTING IN INJURY
 0   2 ALLERGIES
 1   3 ANEMIA
 11   4 APPENDICITIS
 1   5 ARTHRITIS/RHEUMATISM/GOUT
 6   6 ASTHMA/BRONCHITIS
 4   7 BACK PROBLEMS
 1   8 BLOOD CLOT SYMPTOMS/DVT
 20   9 BROKEN LIMB
 1   10 BURN OR SCALD
 0   11 OTHER BROKEN BONE
 3   12 CANCER/TUMOR
 8   13 COLD OR FLU
 1   14 CUT/LACERATIONS CUT/LACERATIONS
 1   15 CYST OR BOIL
 0   16 CYSTITIS/BLADDER DISEASE
 0   17 DERMATITIS/RASH
 0   18 DIABETES
 1   19 EAR/HEARING PROBLEMS
 0   20 EPILEPSY/PALSY
 0   21 EYE/VISION PROBLEM
 0   22 FAINTING
13   23 FEMALE REPRODUCTIVE PROBLEMS
 5   24 FOOT PROBLEMS/INJURIES
 0   25 GUNSHOT WOUND
 0   26 HAND PROBLEMS/INJURIES
 1   27 HEAD TRAUMA/INJURY
 1   28 HEADACHE/MIGRAINES
 5   29 HEART/CARDIOVASCULAR PROBLEMS
 9   30 HEPATITIS
 4   31 OTHER LIVER DISEASE
 0   32 HERNIA
 0   33 HERPES
 5   34 INTESTINAL INFECTION/DIGESTIVE PROBLEMS
 5   35 KIDNEY DISEASE
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<tr>
<th>Code</th>
<th>Disease/Condition</th>
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<tr>
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<td>MALARIA/YELLOW FEVER</td>
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<tr>
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<tr>
<td>6</td>
<td>MEASLES/CHICKEN POX/MUMPS</td>
<td>39</td>
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<td>2</td>
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<td>2</td>
<td>PARALYSIS</td>
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<td>SPRAIN/TEAR/DISLOCATION</td>
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<td>SURGERY</td>
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<td>25</td>
<td>SMALLPOX</td>
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<td>SPRAIN/TEAR/DISLOCATION</td>
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<td>TONSILLITIS</td>
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<td>2</td>
<td>TUBERCULOSIS/ TB</td>
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<td>9</td>
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<td>2</td>
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Refusal(-1) 0
Don't Know(-2) 1
TOTAL =========> 204 VALID SKIP(-4) 4711 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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Rating</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>1405</td>
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<td>1012</td>
<td>GOOD</td>
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<td>FAIR</td>
<td>4</td>
</tr>
<tr>
<td>38</td>
<td>POOR</td>
<td>5</td>
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Refusal(-1) 16
Don't Know(-2) 52
TOTAL =========> 4029 VALID SKIP(-4) 811 NON-INTERVIEW(-5) 0

Lead In: R03516.00[Default]
Default Next Question: R03518.00
--------------------------------------------------------------------------------
R03518.00 [D113] Survey Year: 2003
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?

- 811 1 MORE THAN ONCE A YEAR
- 1304 2 ABOUT ONCE A YEAR
- 249 3 ABOUT ONCE EVERY TWO YEARS
- 1144 4 SELDOM
- 508 5 NEVER

-------
4016

Refusal(-1) 21
Don’t Know(-2) 60
TOTAL = 4097 VALID SKIP(-4) 818 NON-INTERVIEW(-5) 0

Lead In: R03517.00[Default]
Default Next Question: R03519.00

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?

- 526 1
- 105 2
- 200 3
- 191 4
- 723 5
- 219 6
- 328 7
- 532 8
- 364 9
- 838 10 TO 99999999999: 10+

-------
4026

Refusal(-1) 16
Don’t Know(-2) 50
Invalid Skip(-3) 5
TOTAL = 4097 VALID SKIP(-4) 818 NON-INTERVIEW(-5) 0

Min: 1 Max: 10 Mean: 6.27

Lead In: R03518.00[Default]
Default Next Question: R03520.00

RARELY ATE BEFORE U.S.
Is there something you eat a lot now that you rarely ate before you came to the United States?

<p>| | |</p>
<table>
<thead>
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<th></th>
<th></th>
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</thead>
<tbody>
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<td>No</td>
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Refusal(-1) 17  Don't Know(-2) 35  TOTAL =======> 4097  VALID SKIP(-4) 818  NON-INTERVIEW(-5) 0

Lead In: R03519.00[Default]
Default Next Question: R03521.00

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

R03521.00 [D116] Survey Year: 2003

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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refusal(-1)</td>
<td>0</td>
</tr>
<tr>
<td>Don't Know(-2)</td>
<td>0</td>
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<tr>
<td>TOTAL =======&gt;</td>
<td>1781  VALID SKIP(-4) 3134  NON-INTERVIEW(-5) 0</td>
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</tbody>
</table>

Lead In: R03520.00[Default]
Default Next Question: R03522.00

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

R03522.00 [D117] Survey Year: 2003

ATE REGULARLY BEFORE US

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1472</td>
</tr>
<tr>
<td>No</td>
<td>2565</td>
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Refusal(-1) 17  Don't Know(-2) 43  TOTAL =======> 4097  VALID SKIP(-4) 818  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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refusal(-1)</td>
<td>0</td>
</tr>
<tr>
<td>Don't Know(-2)</td>
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TOTAL =========> 1472   VALID SKIP(-4) 3443   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 =========> 4915   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 =========> 3207   VALID SKIP(-4) 1708   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

371       1 Yes
4531       2 No
-------
4902

Refusal(-1)            6
Don't Know(-2)         7
TOTAL =========> 4915   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

693       1 Yes
4210       2 No
-------
4903

Refusal(-1)    6
Don't Know(-2) 6
TOTAL =========> 4915   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

687       1 Yes
4218       2 No
-------
4905

Refusal(-1)    7
Don't Know(-2) 3
TOTAL =========> 4915   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

42       1 Yes
4853       2 No
-------
4895

Refusal(-1)    7
Don't Know(-2) 13
TOTAL =========> 4915   VALID SKIP(-4) 0   NON-INTERVIEW(-5) 0

Lead In: R03529.00[Default]
Default Next Question: R03531.00

R03531.00    [D122.05]                                         Survey Year: 2003

NIS 2003-1 Section D Codebook
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>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
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<tr>
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<td>4904</td>
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Refusal(-1) 8  
Don’t Know(-2) 3  
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03530.00[Default]  
Default Next Question: R03532.00

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>1 Yes</th>
<th>2 No</th>
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<td>4896</td>
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Refusal(-1) 7  
Don’t Know(-2) 12  
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03531.00[Default]  
Default Next Question: R03533.00

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

Have you ever received... spiritual healing or prayer?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
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<tr>
<td>463</td>
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<td>4904</td>
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</table>

Refusal(-1) 7  
Don’t Know(-2) 4  
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

Lead In: R03532.00[Default]
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>
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<tr>
<td>52</td>
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4906

Refusal(-1)  7
Don't Know(-2)  2
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

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>
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<tr>
<td>443</td>
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<tr>
<td>4462</td>
<td>2 No</td>
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4905

Refusal(-1)  7
Don't Know(-2)  3
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0

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>
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<tbody>
<tr>
<td>142</td>
<td>1 Yes</td>
</tr>
<tr>
<td>227</td>
<td>2 No</td>
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</table>

369

Refusal(-1)  2
Don't Know(-2)  0
TOTAL =========>     371   VALID SKIP(-4)    4544     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>
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</thead>
</table>
| 1 | Yes
| 2 | No
<table>
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<tr>
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<tr>
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TOTAL =========>     693   VALID SKIP(-4)    4222     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>
</table>
| 1 | Yes
| 2 | No
<table>
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TOTAL =========>     683   VALID SKIP(-4)    4228     NON-INTERVIEW(-5)       0

Lead In: R03537.00 [Default]
Default Next Question: R03539.00
-----------------------------------------------------------------------------------------------
R03539.00 [D123.04] Survey Year: 2003

R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?

BIO-FEEDBACK TRAINING

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>
</table>
| 1 | Yes
| 2 | No
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<tr>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>36</td>
</tr>
</tbody>
</table>

TOTAL =========>     41
R RECEIVED HEALTH TREATMENT DURING LAST YEAR IN OTHER COUNTRY?
TRAINED OR PRACTICE OF MEDITATION, IMAGERY, OR RELAXATION TECHNIQUES

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>117</td>
<td>231</td>
</tr>
<tr>
<td></td>
<td>348</td>
<td></td>
</tr>
</tbody>
</table>

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

Did you receive HOMEOPATHIC TREATMENT 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>181</td>
<td>153</td>
</tr>
<tr>
<td></td>
<td>334</td>
<td></td>
</tr>
</tbody>
</table>

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>234</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
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?

10  1 Yes
41  2 No

51

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?

259  1 Yes
184  2 No

443

R RECEIVED HEALTH TREATMENT IN U.S.? ACUPUNCTURE

Did you ever receive ACUPUNCTURE in the United States?
196        1 Yes
175        2 No
----------
371

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 371   VALID SKIP(-4)  4544   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?

595        1 Yes
98        2 No
----------
693

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 693   VALID SKIP(-4)  4222   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?

509        1 Yes
178        2 No
----------
687

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 687   VALID SKIP(-4)  4228   NON-INTERVIEW(-5)  0

Lead In: R03546.00[Default]
Default Next Question: R03548.00

R03548.00  [D124.04]  Survey Year: 2003

DID R RECEIVED HEALTH TREATMENT IN U.S.? BIO-FEEDBACK TRAINING

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

35        1 Yes
7        2 No
----------
Refusal(-1)          0
Don’t Know(-2)       0
TOTAL =========> 42   VALID SKIP(-4) 4873   NON-INTERVIEW(-5)       0

Lead In: R03547.00[Default]
Default Next Question: R03549.00
---------------------------------------------------------------------------------------------------------------------
R03549.00    [D124.05]                                                 Survey Year: 2003
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?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td></td>
<td>352</td>
<td></td>
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</table>

Refusal(-1)          0
Don’t Know(-2)       0
TOTAL =========> 352   VALID SKIP(-4) 4563   NON-INTERVIEW(-5)       0

Lead In: R03548.00[Default]
Default Next Question: R03550.00
---------------------------------------------------------------------------------------------------------------------
R03550.00    [D124.06]                                                 Survey Year: 2003
DID R RECEIVED HEALTH TREATMENT IN U.S.? HOMEOPATHIC TREATMENT
Did you ever receive HOMEOPATHIC TREATMENT in the United States?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
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<tbody>
<tr>
<td></td>
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Refusal(-1)          0
Don’t Know(-2)       0
TOTAL =========> 335   VALID SKIP(-4) 4580   NON-INTERVIEW(-5)       0

Lead In: R03549.00[Default]
Default Next Question: R03551.00
---------------------------------------------------------------------------------------------------------------------
R03551.00    [D124.07]                                                 Survey Year: 2003
DID R RECEIVED HEALTH TREATMENT IN U.S.?
Did you ever receive SPIRITUAL HEALING OR PRAYER in the United States?

<table>
<thead>
<tr>
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<th>2 No</th>
</tr>
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<tbody>
<tr>
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Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  463 VALID SKIP(-4)  4452 NON-INTERVIEW(-5)  0

Lead In: R03550.00[Default]
Default Next Question: R03552.00

R03552.00  [D124.08]  Survey Year: 2003

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

Did you ever receive HYPNOSIS in the United States?

37  1 Yes
15  2 No
-------
52

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  52 VALID SKIP(-4)  4863 NON-INTERVIEW(-5)  0

Lead In: R03551.00[Default]
Default Next Question: R03553.00

R03553.00  [D124.09]  Survey Year: 2003

**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?

169  1 Yes
274  2 No
-------
443

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  443 VALID SKIP(-4)  4472 NON-INTERVIEW(-5)  0

Lead In: R03552.00[Default]
Default Next Question: R03554.00

R03554.00  [D125]  Survey Year: 2003

**EVER TESTED FOR TB**

Have you ever been tested for Tuberculosis?

3384  1 Yes
1455  2 No
-------
4839
Refusal(-1)            6
Don’t Know(-2)        70
TOTAL =========>    4915   VALID SKIP(-4)       0     NON-INTERVIEW(-5)       0

Lead In: R03553.00[Default]
Default Next Question: R03555.00
--------------------------------------------------------------------------------
R03555.00 [D126]  Survey Year: 2003

TEST POSITIVE FOR TB

Did you ever test positive for Tuberculosis?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
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Refusal(-1)            0
Don’t Know(-2)        5
TOTAL =========>    3384   VALID SKIP(-4)    1531     NON-INTERVIEW(-5)       0

Lead In: R03554.00[Default]
Default Next Question: R03556.00
--------------------------------------------------------------------------------
R03556.00 [D127]  Survey Year: 2003

RECEIVE TREATMENT FOR TB

Did you receive any treatment for Tuberculosis?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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Refusal(-1)            0
Don’t Know(-2)        0
TOTAL =========>     199   VALID SKIP(-4)    4716     NON-INTERVIEW(-5)       0

Lead In: R03555.00[Default]
Default Next Question: R03557.00
--------------------------------------------------------------------------------
R03557.00 [D128]  Survey Year: 2003

COMPLETE TREATMENT FOR TB

Did you complete your course of treatment for Tuberculosis?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
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Refusal(-1)            0
Don’t Know(-2)        0
TOTAL =========>     112   VALID SKIP(-4)    4803     NON-INTERVIEW(-5)       0
HOW MUCH WEIGH

About how much do you weigh? DIGITS

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<th>Weight Range</th>
<th>Count</th>
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<tbody>
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<td>101 TO 150</td>
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<td>151 TO 200</td>
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</tr>
<tr>
<td>201 TO 250</td>
<td>303</td>
</tr>
<tr>
<td>251 TO 300</td>
<td>44</td>
</tr>
<tr>
<td>301 TO 350</td>
<td>6</td>
</tr>
<tr>
<td>351 TO 400</td>
<td>1</td>
</tr>
</tbody>
</table>

---

4794

Refusal(-1) 42 (Go To R03560.00)
Don't Know(-2) 79 (Go To R03560.00)

TOTAL =========> 4915 VALID SKIP(-4) 0 NON-INTERVIEW(-5) 0

Min: 2 Max: 360 Mean: 142.67

UNIT WEIGH

About how much do you weigh? UNIT

<table>
<thead>
<tr>
<th>Weight Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 POUNDS</td>
<td>3898</td>
</tr>
<tr>
<td>2 KILOGRAMS</td>
<td>896</td>
</tr>
</tbody>
</table>

---

4794

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

TOTAL =========> 4794 VALID SKIP(-4) 121 NON-INTERVIEW(-5) 0

HOW TALL

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
8           0
526           1 TO 4
3522           5 TO 8
 1           50 TO 54
 1           55 TO 59
 2           60 TO 64
 3           65 TO 69
 1           70 TO 74
 1           110 TO 114
 1           115 TO 119
 1           125 TO 129
 1           135 TO 139
 2           140 TO 144
 4           145 TO 149
 47           150 TO 154
 89           155 TO 159
 159          160 TO 164
 139          165 TO 169
 132          170 TO 174
 82           175 TO 179
 49           180 TO 184
 13           185 TO 189
 4            190 TO 194
 1            195 TO 199
-------
 4789

Refusal(-1)            19
Don’t Know(-2)         89
TOTAL =========>    4897   VALID SKIP(-4)     18     NON-INTERVIEW(-5)       0

Min:              0        Max:            196        Mean:               29.22

Lead In: R03559.00[Default]  R03558.00[-2:-2]  R03558.00[-1:-1]
Default Next Question: R03561.00

UNIT TALL

INTERVIEWER: PLEASE SELECT ALL THAT APPLY.

717       1 CENTIMETERS
448       2 METERS
3623       3 FEET
8       4 INCHES
-------
 4796

Refusal(-1)            1
Don’t Know(-2)         2
TOTAL =========>    4799   VALID SKIP(-4)     116     NON-INTERVIEW(-5)       0

Lead In: R03560.00[Default]
Default Next Question: R03562.00

UNIT TALL

INTERVIEWER: PLEASE SELECT ALL THAT APPLY.
HOW TALL METERS AND FEET

About how tall are you? DIGITS

INTERVIEWER: ADDITIONAL CENTIMETERS OR INCHES

<table>
<thead>
<tr>
<th>Height</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>387</td>
<td>0</td>
</tr>
<tr>
<td>1228</td>
<td>1 to 4</td>
</tr>
<tr>
<td>1442</td>
<td>5 to 8</td>
</tr>
<tr>
<td>580</td>
<td>9 to 14</td>
</tr>
<tr>
<td>2</td>
<td>15 to 19</td>
</tr>
<tr>
<td>1</td>
<td>20 to 24</td>
</tr>
<tr>
<td>3</td>
<td>25 to 29</td>
</tr>
<tr>
<td>2</td>
<td>40 to 44</td>
</tr>
<tr>
<td>5</td>
<td>45 to 49</td>
</tr>
<tr>
<td>43</td>
<td>50 to 54</td>
</tr>
<tr>
<td>52</td>
<td>55 to 59</td>
</tr>
<tr>
<td>80</td>
<td>60 to 64</td>
</tr>
<tr>
<td>79</td>
<td>65 to 69</td>
</tr>
<tr>
<td>75</td>
<td>70 to 74</td>
</tr>
<tr>
<td>34</td>
<td>75 to 79</td>
</tr>
<tr>
<td>24</td>
<td>80 to 84</td>
</tr>
<tr>
<td>8</td>
<td>85 to 89</td>
</tr>
<tr>
<td>1</td>
<td>90 to 94</td>
</tr>
<tr>
<td>1</td>
<td>95 to 99</td>
</tr>
</tbody>
</table>

-------

4047

Refusal(-1) 0
Don't Know(-2) 8
TOTAL =======> 4055 VALID SKIP(-4) 860 NON-INTERVIEW(-5) 0

Min: 0 Max: 97 Mean: 11.05

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</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>456</td>
<td>1 CM</td>
</tr>
<tr>
<td>3211</td>
<td>2 IN</td>
</tr>
</tbody>
</table>

-------

3667

Refusal(-1) 0
Don't Know(-2) 1
TOTAL =======> 3668 VALID SKIP(-4) 1247 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

12  1 TO 100
38  101 TO 200
51  201 TO 300
104  301 TO 400
133  401 TO 500
215  501 TO 600
258  601 TO 700
305  701 TO 800
297  801 TO 900
296  901 TO 1000
3116  1001 TO 5000
90  5001 TO 9999999999: >5001

--------

4915

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  4915  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Min:          1  Max:          30509  Mean:             1530.31

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

----------------------------------------
niswgtample
Sampling weight

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

type: numeric (float)

range: [.23602062,2.5823875]  units:  1.000e-08
unique values:  32  missing .:  0/4915

tabulation:  Freq.  Value
44  0.23602062
119  0.24143620
52  0.27566460
67  0.32041535
29  0.32550880
87  0.32864949
47  0.35605043
118  0.35652420
75  0.37241024
93  0.38723035
125  0.39542306
43  0.40081794
23  0.40088567
88  0.44192622
113  0.45099287
45  0.46146971
43  0.47498704
48  0.47724485
70  0.49351124
57  0.54470610
21  0.57269382
45  0.58522467
45  0.67768204
295 0.69191042
168 0.81567534
37  0.83160832
43  0.93188336
136 0.93785933
305 0.95846973
333 1.02464741
247 1.05436017
19  1.06500955
151 1.11227361
21  1.13031674
242 1.16404894
32  1.30964340
49  1.40667284
291 1.41268990
39  1.47779389
36  1.56212314
84  1.82976978
74  1.86117080
160 1.99846583
134 2.16400537
143 2.25423319
37  2.29263796
179 2.32384169
163 2.58238754

Refusal(-1)  0
Don't Know(-2) 0
TOTAL =========> 4915  VALID SKIP(-4) 0  NON-INTERVIEW(-5) 0
-----------------------------------------------------------------------------------------------