

New Immigrant Survey Section D - Health

Section D: Health

- D1 {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?
1. EXCELLENT [D2; OS: E1a]
 2. VERY GOOD [D2; OS: E1a]
 3. GOOD [D2; OS: E1a]
 4. FAIR [D2; OS: E1a]
 5. POOR [D2; OS: E1a]
 - 2. DK [D2; OS: E1a]
 - 1. RF [D2; OS: E1a]
- D2 Compared with your health a year ago, would you say that your health is better now, about the same, or worse?
1. BETTER [D3]
 2. ABOUT SAME [D3]
 3. WORSE [D3]
 - 2. DK [D3]
 - 1. RF [D3]
- D3 {SP – IF A145_X=UNITED STATES, or CP - If A9A_X = UNITED STATES GO TO D4} 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?
1. BETTER [D4]
 2. ABOUT SAME [D4]
 3. WORSE [D4]
 - 2. DK [D4]
 - 1. RF [D4]
- D4 Has a doctor ever told you that you have high blood pressure or hypertension?
{Interviewer Instruction: It must be a diagnosed condition.}
1. YES [D5]
 2. NO [D8]
 - 2. DK [D8]
 - 1. RF [D8]
- D5 How long have you had this condition? (INTERVIEWER INSTRUCTION: HOW LONG SINCE IT WAS DIAGNOSED)
- ____ [D5a] {four digits maximum}
- 2. DK [D6]
 - 1. RF [D6]
- D5a (unit choice)
1. YEARS [D6]
 2. MONTHS [D6]
 3. WEEKS [D6]
 4. DAYS [D6]
 - 2. DK [D6]
 - 1. RF [D6]
- D6 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

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- 1. A LOT [D7]
- 3. SOMEWHAT [D7]
- 5. JUST A LITTLE [D7]
- 7. NOT AT ALL [D7]
- 2. DK [D7]
- 1. RF [D7]

D7 In order to lower your blood pressure, are you now taking any medication?

- 1. YES [D8]
- 2. NO [D8]
- 2. DK [D8]
- 1. RF [D8]

D8 Has a doctor ever told you that you have diabetes or high blood sugar?

- 1. YES [D9]
- 2. NO [D13]
- 2. DK [D13]
- 1. RF [D13]

D9 How long have you had this condition? (INTERVIEWER INSTRUCTION: HOW LONG SINCE IT WAS DIAGNOSED)

- ____ [D9a] {four digits maximum}
- 2. DK [D10]
- 1. RF [D10]

D9a (unit choice)

- 1. YEARS [D10]
- 2. MONTHS [D10]
- 3. WEEKS [D10]
- 4. DAYS [D10]
- 2. DK [D10]
- 1. RF [D10]

D10 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

- 1. A LOT [D11]
- 3. SOMEWHAT [D11]
- 5. JUST A LITTLE [D11]
- 7. NOT AT ALL [D11]
- 2. DK [D11]
- 1. RF [D11]

D11 In order to treat or control your diabetes, are you now taking medication that you **swallow**?

- 1. YES [D12]
- 2. NO [D12]
- 2. DK [D12]
- 1. RF [D12]

D12 Are you now using insulin shots or a pump?

- 1. YES [D13]
- 2. NO [D13]

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- 2. DK [D13]
- 1. RF [D13]

D13 Has a doctor ever told you that you have cancer or a malignant tumor, excluding minor skin cancers?

- 1. YES [D14]
- 2. NO [D19]
- 2. DK [D19]
- 1. RF [D19]

D14 How long have you had or did you have this condition? (INTERVIEWER INSTRUCTION: HOW LONG SINCE IT WAS DIAGNOSED)

- ____ [D14a] {four digits maximum}
- 2. DK [D15]
- 1. RF [D15]

D14a (unit choice)

- 1. YEARS [D15]
- 2. MONTHS [D15]
- 5. WEEKS [D15]
- 6. DAYS [D15]
- 2. DK [D15]
- 1. RF [D15]

D15 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

- 1. A LOT [D16]
- 3. SOMEWHAT [D16]
- 5. JUST A LITTLE [D16]
- 7. NOT AT ALL [D16]
- 2. DK [D16]
- 1. RF [D16]

D16 During the last year did you receive treatment for cancer? {QxQ defining treatment}

- 1. YES [D17]
- 2. NO [D18]
- 2. DK [D18]
- 1. RF [D18]

D17 During the last year, what sort of treatments have you received for cancer?

[IWER: CHOOSE ALL THAT APPLY]

- 1. CHEMOTHERAPY OR MEDICATION
- D17a 2. SURGERY OR BIOPSY [D18]
- D17b 3. RADIATION/ X-RAY [D18]
- D17c 4. MEDICATIONS/ TREATMENT FOR SYMPTOMS (PAIN, NAUSEA, RASHES) [D18]
- D17e 5. NONE [D18]
- 2. DK [D18]
- 1. RF [D18]
- D17f 97. OTHER [D17h]

[if "other" is not chosen: D18 after all that apply have been chosen; if "other" is chosen: D17h]

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D17h (SPECIFY) _____ [D18] {text string: 80 characters}
-2. DON'T KNOW [D18]
-1. REFUSED [D18]

D18 In what year and month was your most recent cancer diagnosed?

(year)

_____ [D18a] {4 digits; check: IM, CP: DOB FROM A7 – present; SP: DOB FROM A147_X to present}

-2. DON'T KNOW [D18b]

-1. REFUSED [D18b]

D18a

1. JANUARY [D18b]

2. FEBRUARY [D18b]

3. MARCH [D18b]

4. APRIL [D18b]

5. MAY [D18b]

6. JUNE [D18b]

7. JULY [D18b]

8. AUGUST [D18b]

9. SEPTEMBER [D18b]

10. OCTOBER [D18b]

11. NOVEMBER [D18b]

12. DECEMBER [D18b]

-2. DON'T KNOW [D18b]

-1. REFUSED [D18b]

D18b Do you still have cancer?

1. YES [D19]

2. NO [D19]

-2. DK [D19]

-1. RF [D19]

D19 Has a doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?
[IWER: DO NOT INCLUDE ASTHMA]

1. YES [D20]

2. NO [D24]

-2. DK [D24]

-1. RF [D24]

D20 How long have you had this condition? (INTERVIEWER INSTRUCTION: HOW LONG SINCE IT WAS DIAGNOSED)

_____ [D20a] {4 digits}

-2. DK [D21]

-1. RF [D21]

D20a (unit choice)

1. YEARS [D21]

2. MONTHS [D21]

3. WEEKS [D21]

4. DAYS [D21]

-2. DK [D21]

-1. RF [D21]

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- D21 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?
- 1. A LOT [D22]
 - 3. SOMEWHAT [D22]
 - 5. JUST A LITTLE [D22]
 - 7. NOT AT ALL [D22]
 - 2. DK [D22]
 - 1. RF [D22]
- D22 Are you now taking medication or other treatment for your lung condition?
- 1. YES [D23]
 - 2. NO [D23]
 - 2. DK [D23]
 - 1. RF [D23]
- D23 Does your lung condition limit your usual activities, such as household chores or work?
- 1. YES [D24]
 - 2. NO [D24]
 - 2. DK [D24]
 - 1. RF [D24]
- D24 Has a doctor ever told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems? **[INTERVIEWER INSTRUCTION: READ SLOWLY]**
- 1. YES [D25]
 - 2. NO [D43]
 - 2. DK [D43]
 - 1. RF [D43]
- D25 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?
- 1. A LOT [D26]
 - 3. SOMEWHAT [D26]
 - 5. JUST A LITTLE [D26]
 - 7. NOT AT ALL [D26]
 - 2. DK [D26]
 - 1. RF [D26]
- D26 Are you now taking or carrying medication for your heart problem?
- 1. YES [D27]
 - 2. NO [D27]
 - 2. DK [D27]
 - 1. RF [D27]
- D27 Have you ever had a heart attack or myocardial infarction?
- 1. YES [D28]
 - 2. NO [D32]
 - 2. DK [D32]
 - 1. RF [D32]

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D28 In what year and month was your FIRST heart attack?
(year)
_____ [D28a] {4 digits; check: IM, CP: DOB FROM A7 – present; SP: DOB FROM A147_X to present}

- 2. DON'T KNOW [D29]
- 1. REFUSED [D29]

D28a

- 1. JANUARY [D29]
- 2. FEBRUARY [D29]
- 3. MARCH [D29]
- 4. APRIL [D29]
- 5. MAY [D29]
- 6. JUNE [D29]
- 7. JULY [D29]
- 8. AUGUST [D29]
- 9. SEPTEMBER [D29]
- 10. OCTOBER [D29]
- 11. NOVEMBER [D29]
- 12. DECEMBER [D29]
- 2. DON'T KNOW [D29]
- 1. REFUSED [D29]

D29 Are you now taking or carrying medication because of your heart attack?

- 1. YES [D30]
- 2. NO [D30]
- 2. DK [D30]
- 1. RF [D30]

D30 Have you had more than one heart attack?

- 1. YES [D31]
- 2. NO [D32]
- 2. DK [D32]
- 1. RF [D32]

D31 In what year and month was your most recent heart attack?

(year)
_____ [D31a] {4 digits; check: IM, CP: DOB FROM A7 – present; SP: DOB FROM A147_X to present}

- 2. DON'T KNOW [D32]
- 1. REFUSED [D32]

D31a

- 1. JANUARY [D32]
- 2. FEBRUARY [D32]
- 3. MARCH [D32]
- 4. APRIL [D32]
- 5. MAY [D32]
- 6. JUNE [D32]
- 7. JULY [D32]
- 8. AUGUST [D32]
- 9. SEPTEMBER [D32]
- 10. OCTOBER [D32]
- 11. NOVEMBER [D32]
- 12. DECEMBER [D32]
- 2. DON'T KNOW [D32]

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-1. REFUSED [D32]

D32 During the last year have you had any angina or chest pains due to your heart?

- 1. YES [D33]
- 2. NO [D35]
- 2. DK [D35]
- 1. RF [D35]

D33 Are you now taking or carrying medications because of angina or chest pain?

- 1. YES [D34]
- 2. NO [D34]
- 2. DK [D34]
- 1. RF [D34]

D34 Are you limiting your usual activities because of your angina?

- 1. YES [D35]
- 2. NO [D35]
- 2. DK [D35]
- 1. RF [D35]

D35 In the last year has a doctor told you that you have congestive heart failure?

- 1. YES [D36]
- 2. NO [D39]
- 2. DK [D39]
- 1. RF [D39]

D36 In the last year, have you been admitted to the hospital overnight because of it (congestive heart failure)?

- 1. YES [D37]
- 2. NO [D38]
- 2. DK [D38]
- 1. RF [D38]

D37 Was this in the United States?

- 1. YES [D38]
- 2. NO [D37a]
- 2. DK [D37a]
- 1. RF [D37a]

D37a In what country was that?

{country picklist, country of origin on top; SP: A145 on top}

97. other (specify) [D37b]

- 2. DK [D38]
- 1. RF [D38]

D37b (Specify) [D38] {30 character max}

- 2. DK [D38]
- 1. RF [D38]

D38 Are you taking or carrying any medication for congestive heart failure?

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- 1. YES [D39]
- 2. NO [D39]
- 2. DK [D39]
- 1. RF [D39]

D39 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?

- 1. YES [D40]
- 2. NO [D41]
- 2. DK [D41]
- 1. RF [D41]

D40 Was this in the United States?

- 1. YES [D41]
- 2. NO [D40a]
- 2. DK [D40a]
- 1. RF [D40a]

D40a In what country was that?

- {country picklist, country of origin on top; SP: A145 on top}**
- 97. other (specify) [D40b]
- 2. DK [D41]
- 1. RF [D41]

D40b (Specify) [D41] {30 character max}

- 2. DK [D41]
- 1. RF [D41]

D41 In the last year, have you had surgery on your heart?

- 1. YES [D42]
- 2. NO [D43]
- 2. DK [D43]
- 1. RF [D43]

D42 Was this in the United States?

- 1. YES [D43]
- 2. NO [D42a]
- 2. DK [D42a]
- 1. RF [D42a]

D42a In what country was that?

- {country picklist, country of origin on top; SP: A145 on top}**
- 97. other (specify) [D42b]
- 2. DK [D43]
- 1. RF [D43]

D42b (Specify) [D43] {30 character max}

- 2. DK [D43]
- 1. RF [D43]

D43 Has a doctor ever told you that you had a stroke?

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- 1. YES [D44]
- 2. NO [D50]
- 2. DK [D50]
- 1. RF [D50]

D44 In the last year, have you seen a doctor because of this or any other stroke?

- 1. YES [D45]
- 2. NO [D46]
- 2. DK [D46]
- 1. RF [D46]

D45 Was this in the United States?

- 1. YES [D46]
- 2. NO [D40a]
- 2. DK [D40a]
- 1. RF [D40a]

D45a In what country was that?

- {country picklist, country of origin on top; SP: A145 on top}
- 97. other (specify) [D45b]
- 2. DK [D46]
- 1. RF [D46]

D45b (Specify) [D46] {30 character max}

- 2. DK [D46]
- 1. RF [D46]

D46 Have you had more than one stroke?

- 1. YES [D47]
- 2. NO [D47]
- 2. DK [D47]
- 1. RF [D47]

D47 Do you still have any remaining problems because of your stroke? (text fill: if D46=1: s; i.e. make stroke plural)

- 1. YES [D48]
- 2. NO [D48]
- 2. DK [D48]
- 1. RF [D48]

D48 Are you now taking any medications because of your stroke (text fill: if D46=1: s; i.e. make stroke plural) or its (text fill: if D46=1: *their*; i.e. "their" in place of "its") complications?

- 1. YES [D49]
- 2. NO [D49]
- 2. DK [D49]
- 1. RF [D49]

D49 In what year and month was your (text fill: if D46=1: *most recent*) stroke?

- (year)
- _____ [D49a] {4 digits; check: IM, CP: DOB FROM A7 – present; SP: DOB FROM A147_X to present}
- 2. DON'T KNOW [D50]

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- D49a
- 1. REFUSED [D50]
 - 1. JANUARY [D50]
 - 2. FEBRUARY [D50]
 - 3. MARCH [D50]
 - 4. APRIL [D50]
 - 5. MAY [D50]
 - 6. JUNE [D50]
 - 7. JULY [D50]
 - 8. AUGUST [D50]
 - 9. SEPTEMBER [D50]
 - 10. OCTOBER [D50]
 - 11. NOVEMBER [D50]
 - 12. DECEMBER [D50]
 - 2. DON'T KNOW [D50]
 - 1. REFUSED [D50]
- D50 Have you ever had or has a doctor ever told you that you have any emotional, nervous, or psychiatric problems?
- 1. YES [D51]
 - 2. NO [D54]
 - 2. DK [D54]
 - 1. RF [D54]
- D51 Do you now get psychiatric or psychological treatment for your problems?
- 1. YES [D52]
 - 2. NO [D52]
 - 2. DK [D52]
 - 1. RF [D52]
- D52 How long have you had or did you have this condition? (INTERVIEWER INSTRUCTION: HOW LONG SINCE IT WAS DIAGNOSED)
- _____ [D52a] {4 digits}
- 2. DK [D53]
 - 1. RF [D53]
- D52a (unit choice)
- 1. YEARS [D53]
 - 2. MONTHS [D53]
 - 3. WEEKS [D53]
 - 3. DAYS [D53]
 - 2. DK [D53]
 - 1. RF [D53]
- D53 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?
- 1. A LOT [D54]
 - 3. SOMEWHAT [D54]
 - 5. JUST A LITTLE [D54]
 - 7. NOT AT ALL [D54]
 - 2. DK [D54]
 - 1. RF [D54]

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D54 Do you now take tranquilizers, antidepressants, or pills for nerves?

- 1. YES [D55]
- 2. NO [D55]
- 2. DK [D55]
- 1. RF [D55]

D55 Have you ever had, or has a doctor ever told you that you have arthritis or rheumatism?

- 1. YES [D56]
- 2. NO [D59]
- 2. DK [D59]
- 1. RF [D59]

D56 How long have you had this condition? (INTERVIEWER INSTRUCTION: HOW LONG SINCE IT WAS DIAGNOSED)

- _____ [D56a] {four digits}
- 2. DK [D57]
- 1. RF [D57]

D56a (unit choice)

- 1. YEARS [D57]
- 2. MONTHS [D57]
- 3. WEEKS [D57]
- 5. DAYS [D57]
- 2. DK [D57]
- 1. RF [D57]

D57 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

- 1. A LOT [D58]
- 3. SOMEWHAT [D58]
- 5. JUST A LITTLE [D58]
- 7. NOT AT ALL [D58]
- 2. DK [D58]
- 1. RF [D58]

D58 Are you currently taking any medication or other treatments for your arthritis or rheumatism?

- 1. YES [D59]
- 2. NO [D59]
- 2. DK [D59]
- 1. RF [D59]

D59 Have you ever had, or has a doctor ever told you that you have asthma?

- 1. YES [D60]
- 2. NO [D63]
- 2. DK [D63]
- 1. RF [D63]

D60 About how many years have you had or did you have this condition? (INTERVIEWER INSTRUCTION: HOW LONG SINCE IT WAS DIAGNOSED)

- _____ [D60a] {4 digits}

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-2. DK [D61]

-1. RF [D61]

D60a (unit choice)

1. YEARS [D61]

2. MONTHS [D61]

3. WEEKS [D61]

4. DAYS [D61]

-2. DK [D61]

-1. RF [D61]

D61 Do you currently have asthma?

1. YES [D62]

2. NO [D63]

-2. DK [D63]

-1. RF [D63]

D62 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

1. A LOT [D63]

3. SOMEWHAT [D63]

5. JUST A LITTLE [D63]

7. NOT AT ALL [D63]

-2. DK [D63]

-1. RF [D63]

D63 Do you normally wear glasses or corrective contact lenses?

1. YES [D64]

2. NO [D64]

-2. DK [D64]

-1. RF [D64]

D64 Is your eyesight excellent, very good, good, fair, or poor
(Text Fill: if D63=1: *using glasses or corrective lenses as usual*)?

1. EXCELLENT [D65]

2. VERY GOOD [D65]

3. GOOD [D65]

4. FAIR [D65]

5. POOR [D65]

6. [VOL] LEGALLY BLIND [D65]

-2. DK [D65]

-1. RF [D65]

D65 Do you ever wear a hearing aid?

1. YES [D66]

2. NO [D66]

-2. DK [D66]

-1. RF [D66]

D66 Is your hearing excellent, very good, good, fair, or poor {text fill: if D65=1: *using a hearing aid as usual*}?

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- 1. EXCELLENT [D67]
- 5. VERY GOOD [D67]
- 6. GOOD [D67]
- 7. FAIR [D67]
- 9. POOR [D67]
- 2. DK [D67]
- 1. RF [D67]

D67 Are you often troubled with pain?

- 1. YES [D68]
- 2. NO [if male (IM, CP: A6=1 SP: A6=2); D73; if female (IM: A6=2, SP: A6=1): D70]
- 2. DK [if male (IM, CP: A6=1 SP: A6=2); D73; if female (IM: A6=2, SP: A6=1): D70]
- 1. RF [if male (IM, CP: A6=1 SP: A6=2); D73; if female (IM: A6=2, SP: A6=1): D70]

D68 How bad is the pain most of the time: mild, moderate or severe?

- 1. MILD [D69]
- 2. MODERATE [D69]
- 3. SEVERE [D69]
- 2. DK [D69]
- 1. RF [D69]

D69 Does the pain make it difficult for you to do your usual activities such as household chores or work?

- 1. YES [if male (IM, CP: A6=1 SP: A6=2); D73; if female (IM: A6=2, SP: A6=1): D70]
- 2. NO [if male (IM, CP: A6=1 SP: A6=2); D73; if female (IM: A6=2, SP: A6=1): D70]
- 2. DK [if male (IM, CP: A6=1 SP: A6=2); D73; if female (IM: A6=2, SP: A6=1): D70]
- 1. RF [if male (IM, CP: A6=1 SP: A6=2); D73; if female (IM: A6=2, SP: A6=1): D70]

D70 Do you check your breasts for lumps monthly?

- 1. YES [D71]
- 2. NO [D71]
- 2. DK [D71]
- 1. RF [D71]

D71 Did you have a mammogram or x-ray of the breast, to search for cancer in the last 12 months?

- 1. YES [D72]
- 2. NO [D72]
- 2. DK [D72]
- 1. RF [D72]

D72 A PAP smear in the last year?

- 1. YES [D74]
- 2. NO [D74]
- 2. DK [D74]
- 1. RF [D74]

D73 Have you ever had an examination of your prostate to screen for cancer?

- 1. YES [D74]
- 2. NO [D74]
- 2. DK [D74]

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-1. RF [D74]

D74 Have you ever smoked cigarettes? [Interviewer Instructions: BY SMOKING WE MEAN MORE THAN 100 CIGARETTES IN YOUR LIFETIME. DO NOT INCLUDE PIPES OR CIGARS.]

1. YES [D75]

2. NO [D81]

-2. DK [D81]

-1. RF [D81]

D75 Do you smoke cigarettes now?

1. YES [D76]

2. NO [D77]

-2. DK [D77]

-1. RF [D77]

D76 About how many cigarettes or packs do you usually smoke in a day now?

[IWER: PROBE A RANGE]

_____ [D76a] (number of cigarettes or packs per day) {soft check check: 60 maximum}

-2. DK [D77]

-1. RF [D77]

D76a (unit)

1. CIGARETTES [D77]

2. PACKS [D77] {soft check: if D76a=2 maximum for D76=3}

-2. DK [D77]

-1. RF [D77]

D77 About how old were you when you started smoking?

[IWER: IF LESS THAN ONE YEAR, CHOOSE ANSWER "STARTED SMOKING X YEARS AGO"]

1. YEARS OLD [D77a]

2. YEAR STARTED SMOKING [D77a]

3. STARTED SMOKING "X" YEARS AGO [D77a]

-2. DK [D78]

-1. RF [D78]

D77a (digits from D77) [IWER: ENTER "0" IF LESS THAN ONE YEAR] _____ [D78] {if D77=1, 2 digit limit; if D77=2, 4 digit limit and check IM, CP: DOB FROM A7 – present; SP: DOB FROM A147_X to present; if D77=3, 2 digit limit}

-2. DK [D78]

-1. RF [D78]

D78 When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day?

[IWER: PROBE A RANGE]

_____ [D78a] (number of cigarettes or packs per day) {soft check check: 60 maximum}

-2. DK [D79]

-1. RF [D79]

D78a (unit)

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1. CIGARETTES [D79]
2. PACKS [D79] {soft check: if D78a=2 maximum for D78=3}
- 2. DK [D79]
- 1. RF [D79]

D79 When you were smoking the most, about how old were you?
[IWER: IF LESS THAN ONE YEAR, CHOOSE ANSWER "STOPPED SMOKING THE MOST X YEARS AGO"]

1. YEARS OLD [D79a]
2. YEAR SMOKING THE MOST [D79a]
3. WAS SMOKING THE MOST "X" YEARS AGO [D79a]
- 2. DK [D80; unless D75=1: D81]
- 1. RF [D80; unless D75=1: D81]

D79a (digits from D79) [IWER: ENTER "0" IF LESS THAN ONE YEAR]

_____ [D80; unless D75=1: D81] {if D79=1, 2 digit limit; if D79=2, 4 digit limit and check IM, CP: DOB FROM A7 – present; SP: DOB FROM A147_X to present; if D79=3, 2 digit limit}

- 2. DK [D80; unless D75=1: D81]
- 1. RF [D80; unless D75=1: D81]

D80 About how many years ago did you stop smoking?

[IWER: IF LESS THAN ONE YEAR, CHOOSE ANSWER "STOPPED SMOKING X YEARS AGO"]

1. YEARS OLD [D80a]
2. YEAR STOPPED SMOKING [D80a]
3. STOPPED SMOKING "X" YEARS AGO [D80a]
- 2. DK [D81]
- 1. RF [D81]

D80a (digits from D80) [IWER: ENTER "0" IF LESS THAN ONE YEAR]

_____ [D81] {if D80=1, 2 digit limit; if D80=2, 4 digit limit and check IM, CP: DOB FROM A7 – present; SP: DOB FROM A147_X to present; if D80=3, 2 digit limit}

- 2. DK [D81]
- 1. RF [D81]

D81 Do you ever drink any alcoholic beverages such as beer, wine, or liquor?
(INTERVIEWER INSTRUCTION: REFERS TO CURRENT ALCOHOL CONSUMPTION)

1. YES [D82]
2. NO [D84]
- 2. DK [D84]
- 1. RF [D84]

D82 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.)

(INTERVIEWER INSTRUCTION: EXACT NUMBER OF DAYS)

_____ [if 1-7: D83; if 0: D85]

- 2. DK [D85]
- 1. RF [D85]

D83 In the last three months, on how many days have you had four or more drinks on one occasion?

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[IWER: USE ZERO FOR NONE]

_____ [D85] {check: 93 days is the maximum}

-2. DK [D85]

-1. RF [D85]

D84 Have you ever drunk alcoholic beverages?

1. YES [D85]

2. NO [D86]

-2. DK [D86]

-1. RF [D86]

D85 Have you ever felt that you should cut down on drinking?

1. YES [D86]

2. NO [D86]

-2. DK [D86]

-1. RF [D86]

D86 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) [D86a]

-2. DK [D87]

-1. RF [D87]

D86a (UNIT FROM D86)

1. PER WEEK [D87]

2. PER MONTH [D87]

3. PER YEAR [D87]

4. OTHER PERIOD (SPECIFY) [D86b]

-2. DK [D87]

-1. RF [D87]

D86b _____ [D87] {30 character max}

-2. DK [D87]

-1. RF [D87]

D87 How often do you participate in vigorous physical exercise or sports such as Aerobics, running, swimming, or bicycling.

_____ (digits) [D87a]

-2. DK [D88]

-1. RF [D88]

D87a (UNIT FROM D87)

1. PER WEEK [D88]

2. PER MONTH [D88]

3. PER YEAR [D88]

4. OTHER PERIOD (SPECIFY) [D87b]

-2. DK [D88]

-1. RF [D88]

D87b _____ [D88] {30 character max}

-2. DK [D88]

-1. RF [D88]

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D88 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?

- 1. YES [D89]
- 2. NO [D100]
- 3. [VOL] DID NOT FEEL DEPRESSED BECAUSE ON ANTI-DEPRESSANT MEDICATION [D100]
- 2. DK [D100]
- 1. RF [D100]

D89 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?

- 1. ALL DAY LONG [D90]
- 2. MOST OF THE DAY [D90]
- 3. ABOUT HALF THE DAY [D100]
- 4. LESS THAN HALF THE DAY [D100]
- 2. DK [D100]
- 1. RF [D100]

D90 Was that two-week period in the United States

- 1. YES [D91]
- 2. NO [D90a]
- 2. DK [D90a]
- 1. RF [D90a]

D90a In what country was that?

{country picklist, country of origin on top; SP: A145 on top}

- 97. other (specify) [D90b]
- 2. DK [D91]
- 1. RF [D91]

D90b (Specify) [D91] {30 character max}

- 2. DK [D91]
- 1. RF [D91]

D91 During those two weeks, did you feel this way every day, almost every day, or less often than that?

- 1. EVERY DAY [D92]
- 2. ALMOST EVERY DAY [D92]
- 3. LESS OFTEN THAN THAT [D100]
- 2. DK [D100]
- 1. RF [D100]

D92 During those two weeks, did you lose interest in most things?

[IWER: IF R SAYS USUALLY NO INTEREST IN THINGS: REPEAT Q ADDING: "...MORE THAN IS USUAL FOR YOU."]

- 1. YES [D93]
- 2. NO [D93]
- 2. DK [D93]
- 1. RF [D93]

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- D93 Thinking about those same two weeks, did you ever feel more tired out or low in energy than is usual for you?
- 1. YES [D94]
 - 2. NO [D94]
 - 2. DK [D94]
 - 1. RF [D94]
- D94 During those same two weeks, did you lose your appetite?
- 1. YES [D95]
 - 2. NO [D95]
 - 2. DK [D95]
 - 1. RF [D95]
- D95 Did you have more trouble falling asleep than you usually do during those two weeks?
- 1. YES [D96]
 - 2. NO [D97]
 - 2. DK [D97]
 - 1. RF [D97]
- D96 Did that happen every night, nearly every night, or less often during those two weeks?
- 1. EVERY NIGHT [D97]
 - 2. NEARLY EVERY NIGHT [D97]
 - 3. LESS OFTEN [D97]
 - 2. DK [D97]
 - 1. RF [D97]
- D97 During that same two-week period did you have a lot more trouble concentrating than usual?
- 1. YES [D98]
 - 2. NO [D98]
 - 2. DK [D98]
 - 1. RF [D98]
- D98 People sometimes feel down on themselves, and no good or worthless. During that two-week period, did you feel this way?
- 1. YES [D99]
 - 2. NO [D99]
 - 2. DK [D99]
 - 1. RF [D99]
- D99 Did you think a lot about death — either your own, someone else's, or death in general — during those two weeks?
- 1. YES [D100]
 - 2. NO [D100]
 - 2. DK [D100]
 - 1. RF [D100]
- D100 {SP} {CP} During the past 12 months, have you ever felt sad, blue, or depressed because of the process of becoming a permanent resident alien?
- 1. YES [D101]

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- 2. NO [D102]
- 2. DK [D102]
- 1. RF [D102]

D101 {SP}{CP} Did this period when you felt sad, blue, or depressed as a result of the process of becoming a resident alien last for 2 weeks or more in a row?

- 1.YES [D102]
- 2. NO [D102]
- 2. DK [D102]
- 1. RF [D102]

D102 Do you have any physical or nervous condition that limits the type of work or the amount of work you can do?

- 1.YES [D103]
- 2. NO [D104]
- 2. DK [D104]
- 1. RF [D104]

D103 Does this condition keep you from doing some types of work?

- 1.YES [D104]
- 2. NO [D104]
- 2. DK [D104]
- 1. RF [D104]

D104 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?

- 1.EXCELLENT [D105]
- 2. VERY GOOD [D105]
- 3. GOOD [D105]
- 4. FAIR [D105]
- 5. POOR [D105]
- 2. DK [D105]
- 1. RF [D105]

D105 Because of a health condition, did you ever miss school for one month or more?

- 1.YES [D106]
- 2. NO [D107]
- 2. DK [D107]
- 1. RF [D107]

D106 What was the most serious health condition that caused this problem?

_____ (verbatim) [D107] {80 characters}

- 2. DK [D107]
- 1. RF [D107]

D107 Because of a health condition, were your sports or physical activities ever restricted for three months or more?

- 1.YES [D108]
- 2. NO [D110]
- 2. DK [D110]
- 1. RF [D110]

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D108 What was the most serious health condition that caused this problem?

_____ (verbatim) [D109] {80 characters}

-2. DK [D109]

-1. RF [D109]

D109 About how old were you when you had this serious health condition?

_____ [D110] (years old) {3 digits maximum; soft check IM, CP: DOB FROM A7 – present; SP: DOB FROM A147_X to present}

-2. DK [D110]

-1. RF [D110]

D110 Because of a health condition, were you ever confined to bed or home one month or more?

1. YES [D111]

2. NO [D112]

-2. DK [D112]

-1. RF [D112]

D111 What was the most serious health condition that caused this problem?

_____ (verbatim) [D112] {80 characters}

-2. DK [D112]

-1. RF [D112]

D112 {SP – IF A145_X=UNITED STATES, or CP - IF A9A_X = UNITED STATES GO TO D119} If you compared your current health to people in your home country, how would you rate it- excellent, very good, good, fair, or poor?

1. EXCELLENT [D113]

2. VERY GOOD [D113]

3. GOOD [D113]

4. FAIR [D113]

5. POOR [D113]

-2. DK [D113]

-1. RF [D113]

D113 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?

1. MORE THAN ONCE A YEAR [D114]

2. ABOUT ONCE A YEAR [D114]

3. ABOUT ONCE EVERY TWO YEARS [D114]

4. SELDOM [D114]

5. NEVER [D114]

-2. DK [D114]

-1. RF [D114]

D114 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?

_____ [D115] {range: 1-10; 2 digits maximum}

-2. DK [D115]

-1. RF [D115]

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D115 Is there something you eat a lot now that you rarely ate before you came to the United States?

- 1. YES [D116]
- 2. NO [D117]
- 2. DK [D117]
- 1. RF [D117]

D116 Please tell me the most important thing that you eat a lot now that you rarely ate before you came to the United States?

_____ [D117] {80 characters}
-2. DK [D117]
-1. RF [D117]

D117 Is there something you ate regularly before coming to the United States that you rarely eat now?

- 1. YES [D118]
- 2. NO [D119]
- 2. DK [D119]
- 1. RF [D119]

D118 Please tell me the most important thing that you ate regularly before coming to the United States that you rarely eat now?

_____ [D119] {80 characters}
-2. DK [D119]
-1. RF [D119]

D119 What is your usual source of your health care in the United States?

_____ [if R is an adjustee: D120; if R is not an adjustee: D122] {80 characters}
-2. DK [if R is an adjustee: D120; if R is not an adjustee: D122]
-1. RF [if R is an adjustee: D120; if R is not an adjustee: D122]

D120 {CP} {SP} {IM – FROM PRELOAD, ASK ONLY IF ADJUST=1} Did you change your usual source of your health care in the United States when you became a permanent resident?

- 1. YES [D121]
- 2. NO [D122]
- 2. DK [D122]
- 1. RF [D122]

D121 {SP, CP – ASK ONLY IF B2S=1} What was your usual source of health care before you became a permanent resident?

_____ [D122] {80 characters}
-2. DK [D122]
-1. RF [D122]

D122_X Have you ever received (Text fill: treatment from list below—i.e. D122_1: *Acupuncture*; D122_2: *Chiropractic Care*, etc...)?

{X = NUMBER OF TREATMENTS, LOOP ITERATIONS=9}

- 1. Acupuncture
- 2. Chiropractic Care
- 3. Massage Therapy
- 4. Bio-Feedback Training

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5. Training or Practice of Meditation, Imagery, or Relaxation Techniques
6. Homeopathic Treatment
7. Spiritual Healing or Prayer
8. Hypnosis
9. Traditional Medicine, such as Chinese, Ayurvedic, American Indian, etc.

1. YES [D123_X]
2. NO [D122_X FOR NEXT TREATMENT, OR IF D122_9: D125]
- 2. DK [D122_X FOR NEXT TREATMENT, OR IF D122_9: D125]
- 1. RF [D122_X FOR NEXT TREATMENT, OR IF D122_9: D125]

D123_X (CP: IF A9A_X = UNITED STATES GO TO D124) Did you receive (Text fill: treatment from list below—i.e. D123_1: *Acupuncture*; D123_2: *Chiropractic Care*, etc...) during your last year in another country before coming to the United States to live?

1. YES [D124_X]
2. NO [D124_X]
- 2. DK [D124_X]
- 1. RF [D124_X]

D124_X Did you ever receive (Text fill: treatment from list below—i.e. D124_1: *Acupuncture*; D124_2: *Chiropractic Care*, etc...) in the United States?

1. YES [D122_X FOR NEXT TREATMENT, OR IF D124_9: D125]
2. NO [D122_X FOR NEXT TREATMENT, OR IF D124_9: D125]
- 2. DK [D122_X FOR NEXT TREATMENT, OR IF D124_9: D125]
- 1. RF [D122_X FOR NEXT TREATMENT, OR IF D124_9: D125]

D125 Have you ever been tested for Tuberculosis?

1. YES [D126]
2. NO [D129]
- 2. DK [D129]
- 1. RF [D129]

D126 Did you ever test positive for Tuberculosis?

1. YES [D127]
2. NO [D129]
- 2. DK [D129]
- 1. RF [D129]

D127 Did you receive any treatment for Tuberculosis?

1. YES [D128]
2. NO [D129]
- 2. DK [D129]
- 1. RF [D129]

D128 Did you complete your course of treatment for Tuberculosis?

1. YES [D129]
2. NO [D129]
- 2. DK [D129]
- 1. RF [D129]

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D129 About how much do you weigh?

###.## [D129a] {3 digits plus two decimal places maximum}

-2. DK [D130]

-1. RF [D130]

D129a (unit)

1. POUNDS [D130]

2. KILOGRAMS [D130]

-2. DK [D130]

-1. RF [D130]

D130 About how tall are you? (IWER: IF ANSWER IN FEET AND INCHES OR METERS AND CENTIMETERS, FIRST COLLECT FEET/METERS AND INCHES/CENTIMETERS NEXT)

###.## [D130a] {3 digits plus 2 decimal places maximum}

-2. DK [next module]

-1. RF [next module]

D130a (unit)

1. CENTIMETERS [next module]

2. METERS [D130b]

3. FEET [D130b]

4. INCHES [next module]

-2. DK [next module]

-1. RF [next module]

D130b ####.## [D130c](if additional centimeters or inches) {4 digits plus 2 decimal places maximum}

-2. DK [next module]

-1. RF [next module]

D130c (unit)

1. CENTIMETERS [next module]

2. INCHES [next module]