

**New Immigrant Survey – Round 2**  
**Section D - Health**

**Main Adult**

D1 Next I have some questions about your health. Would you say your health is excellent, very good, good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

-2. DK

-1. RF

**ALL RESPONSES: D2 CHECK**

**D2 CHECK: WAS R ASKED D2 IN R1? R1D2=1,2,3,-1,-2?**

1. YES [D2]
2. NO [D2a]

D2 Compared with your health when we talked with you in *R'S R1 IW MONTH, YEAR*, would you say that your health is better now, about the same, or worse?

1. BETTER
2. ABOUT SAME
3. WORSE

-2. DK

-1. RF

**ALL RESPONSES: D4 CHECK**

D2a Compared with your health a year ago, would you say that your health is better now, about the same, or worse?

1. BETTER
2. ABOUT SAME
3. WORSE

-2. DK

-1. RF

**ALL RESPONSES: D4 CHECK**

**High Blood Pressure**

**CHECK D4: DID R HAVE HIGH BLOOD PRESSURE IN ROUND 1? R1D4=1?**

1. YES [D4b]
2. NO [CHECK D4A]

**CHECK D4A: WAS R ASKED QUESTION IN ROUND 1? R1D4=2, -2, OR -1?**

1. YES [D4A]
2. NO [D4C]

D4A. R DID NOT HAVE CONDITION IN ROUND 1:

Since we last talked to you, that is, since *R'S R1 IW MONTH, YEAR*, has a doctor told you that you have high blood pressure or hypertension? INTERVIEWER INSTRUCTION: IT MUST BE A DIAGNOSED CONDITION.

1. YES [D6]
2. NO [D8 CHECK]
- 2. DK [D8 CHECK]

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-1. RF [D8 CHECK]

D4B. R HAD CONDITION IN ROUND 1:  
Our records from your last interview (in *R'S R1 IW MONTH, YEAR*) show that you have had high blood pressure or hypertension. INTERVIEWER INSTRUCTION: IT MUST BE A DIAGNOSED CONDITION.

1. YES [D6]
  2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D6]
  3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D8 CHECK]
- 2. DK [D8 CHECK]  
-1. RF [D8 CHECK]

D4C. R WAS NOT ASKED IF HAD CONDITION IN ROUND 1:  
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 CHECK]
- 2. DK [D8 CHECK]  
-1. RF [D8 CHECK]

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
  2. MONTHS
  3. WEEKS
  4. DAYS
- 2. DK  
-1. RF

**ALL RESPONSES: D6**

D6 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

1. A LOT
  2. SOMEWHAT
  3. JUST A LITTLE
  4. NOT AT ALL
- 2. DK  
-1. RF

**ALL RESPONSES: D7**

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

1. YES
  2. NO
- 2. DK  
-1. RF

**ALL RESPONSES: D7A**

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D7A. Is your blood pressure generally under control?

1. YES
2. NO
- 2. DK
- 1. RF

ALL RESPONSES: D7B CHECK

CHECK D7b: DID R HAVE HIGH BLOOD PRESSURE IN ROUND 1? R1D4=1?

1. YES [D7b]
2. NO [CHECK D8]

D7B. Compared to when we interviewed you (in *R's last iw month, year*), is your high blood pressure better, worse, or is it about the same as it was then?

1. BETTER
2. ABOUT THE SAME
3. WORSE
- 2. DK
- 1. RF

ALL RESPONSES: D8 CHECK

**Diabetes**

CHECK D8: DID RESPONDENT HAVE DIABETES IN ROUND 1? R1D8=1?

1. YES [D8B]
2. NO [CHECK D8A]

CHECK D8A: WAS RESPONDENT ASKED QUESTION IN ROUND 1? R1D8=2, -2, OR -1?

1. YES [D8A]
2. NO [D8C]

D8A R DID NOT HAVE CONDITION IN ROUND 1:

Since we talked last in *R'S R1 IW MONTH, YEAR*, has a doctor told you that you have diabetes or high blood sugar?

1. YES [D10]
2. NO [D13 CHECK]
- 2. DK [D13 CHECK]
- 1. RF [D13 CHECK]

D8B R HAD CONDITION IN ROUND 1:

Our records (from your last interview in *R'S LAST IW MONTH YEAR*) show that you have had diabetes or high blood sugar.

1. YES [D10]
2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D10]
3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D13 CHECK]
- 2. DK [D13 CHECK]
- 1. RF [D13 CHECK]

D8C Has a doctor ever told you that you have diabetes or high blood sugar?

1. YES [D9]
2. NO [D13 CHECK]

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

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
- 2. MONTHS
- 1. WEEKS
- 2. DAYS
- 2. DK
- 1. RF

**ALL RESPONSES: 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
- 2. SOMEWHAT
- 3. JUST A LITTLE
- 4. NOT AT ALL
- 2. DK
- 1. RF

**ALL RESPONSES: D11**

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

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D12**

D12 Are you now using insulin shots or a pump?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D12a**

D12a In order to treat or control your diabetes, have you lost weight since *R's last iw month, year*?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D12b**

D12b Are you following a special diet?

- 1. YES
- 2. NO
- 2. DK

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-1. RF  
ALL RESPONSES: D12c

D12c Is your diabetes generally under control?  
1. YES  
2. NO  
-2. DK  
-1. RF  
ALL RESPONSES: D13 CHECK

Cancer

CHECK D13: DID R HAVE CANCER IN ROUND 1? R1D13=1?

1. YES [D13b]  
2. NO [CHECK D13A]

CHECK D13A: WAS R ASKED QUESTION IN ROUND 1? R1D13=2, -2, OR -1?

1. YES [D13A]  
2. NO [D13C]

D13A R DID NOT HAVE CONDITION IN ROUND 1:  
Since we last talked to you, (that is, since *R'S R1 IW MONTH, YEAR*) has a doctor told you that you have cancer or a malignant tumor, excluding minor skin cancer?

1. YES [D15]  
2. NO [D19 CHECK]  
-2. DK [D19 CHECK]  
-1. RF [D19 CHECK]

D13B R HAD CONDITION IN ROUND 1:  
Our records (from your last interview in *R'S LAST IW MONTH, YEAR*) show that you have had cancer.

1. YES [D14b]  
2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D15]  
3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D19 CHECK]  
-2. DK [D19 CHECK]  
-1. RF [D19 CHECK]

D13C Has a doctor ever told you that you have cancer or a malignant tumor, excluding minor skin cancers?

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

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)

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- 1. YEARS
- 2. MONTHS
- 3. WEEKS
- 4. DAYS

- 2. DK
- 1. RF

**ALL RESPONSES: D14B**

D14b Since *R's LAST IW MONTH, YEAR*, have you seen a doctor about your cancer?

- 3. YES
- 4. NO
- 2. DK
- 1. RF

**ALL RESPONSES: 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
- 2. SOMEWHAT
- 3. JUST A LITTLE
- 4. NOT AT ALL

- 2. DK
- 1. RF

**ALL RESPONSES: D16**

D16 Since *R's LAST IW MONTH, YEAR* did you receive treatment for cancer? {QxQ defining treatment}

- 1. YES [D17]
- 2. NO [D17k]
- 2. DK [D17k]
- 1. RF [D17k]

D17 Since *R's LAST IW MONTH, YEAR*, what sort of treatments have you received for cancer? IWER: SELECT ALL THAT APPLY

- 1. CHEMOTHERAPY OR MEDICATION
- D17a 2. SURGERY OR BIOPSY
- D17b 3. RADIATION/ X-RAY
- D17c 4. MEDICATIONS/ TREATMENT FOR SYMPTOMS (PAIN, NAUSEA, RASHES)
- D17d 5. NONE

- 2. DK
- 1. RF

D17e 97. OTHER [D17h]

[if "other" is not chosen: D17j after all that apply have been chosen; if "other" is chosen: D17h]

D17h (SPECIFY) \_\_\_\_\_ {text string: 80 characters}

- 2. DON'T KNOW
- 1. REFUSED

**ALL RESPONSES: D17j**

**CHECK D17j: DID R REPORT CANCER IN ROUND 1? R1D13=1?**

- 1. YES [D17j]

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**2. NO [D17k]**

D17j. Since *R's last iw month, year* has the cancer gotten worse, better or stayed about the same?

- 1. BETTER
- 2. STAYED THE SAME
- 3. WORSE
- 2. DK
- 1. RF

**ALL RESPONSES: D17k**

D17k. Since *R's LAST IW MONTH, YEAR*, has a doctor told you that you had a new cancer or malignant tumor, excluding minor skin cancer?

- 1. YES [D18]
- 2. NO [D18b]
- 2. DK [D18b]
- 1. RF [D18b]

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

(year)

\_\_\_\_\_ [D18a] {4 digits; check: DOB FROM R1A7 – present}

- 2. DON'T KNOW [D18b]
- 1. REFUSED [D18b]

D18a 1. JANUARY

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

**ALL RESPONSES: D18b**

D18b Do you still have cancer?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D19 CHECK**

**Lung Disease**

**CHECK D19: DID R HAVE LUNG DISEASE IN ROUND 1? R1D19=1?**

- 1. YES [D19A2]
- 2. NO [CHECK D19A1]

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CHECK D19A1: WAS R ASKED QUESTION IN ROUND 1? R1D19=2, -2, OR -1?

1. YES [D19A1]
2. NO [D19A3]

D19A1 R DID NOT HAVE CONDITION IN ROUND 1:  
Since we last talked to you (that is, since *R'S LAST IW MONTH, YEAR*), has a doctor told you that you have chronic lung disease, such as chronic bronchitis or emphysema?

1. YES [D21]
2. NO [D24 CHECK]
- 2. DK [D24 CHECK]
- 1. RF [D24 CHECK]

D19A2 R HAD CONDITION IN ROUND1:  
Our records from your interview in *R's LAST IW MONTH, YEAR* show that you have had a chronic lung disease, such as chronic bronchitis or emphysema.

1. YES [D19B]
2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D21]
3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D24 CHECK]
- 2. DK [D24 CHECK]
- 1. RF [D24 CHECK]

D19A3 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 CHECK]
- 2. DK [D24 CHECK]
- 1. RF [D24 CHECK]

D19B. IF R HAD CONDITION IN R1 AND DOES NOT DISPUTE IT NOW: Since then, has this condition gotten better, worse, or stayed about the same?

1. BETTER
2. ABOUT THE SAME
3. WORSE
- 2. DK
- 1. RF

ALL RESPONSES: D21

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
2. MONTHS
3. WEEKS
4. DAYS
- 2. DK
- 1. RF



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**ALL RESPONSES: D21**

D21 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

1. A LOT
2. SOMEWHAT
3. JUST A LITTLE
4. NOT AT ALL
- 2. DK
- 1. RF

**ALL RESPONSES: D22**

D22 Are you now taking medication or other treatment for your lung condition?

1. YES
2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D23**

D23 Does your lung condition limit your usual activities, such as household chores or work?

1. YES
2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D24 CHECK**

**Heart Problem**

**CHECK D24: DID R HAVE HEART PROBLEM IN ROUND 1? R1D24=1?**

1. YES [D24b]
2. NO [CHECK D24A]

**CHECK D24A: WAS R ASKED QUESTION IN ROUND 1? R1D24=2, -2, OR -1?**

1. YES [D24A]
2. NO [D24C]

D24A R DID NOT HAVE CONDITION IN ROUND 1:

Since your interview in *R'S LAST IW MONTH, YEAR* has a doctor told you that you have had a heart attack, (have) coronary heart disease, angina, congestive heart failure, or other heart problems?

1. YES [D25]
2. NO [D43 CHECK]
- 2. DK [D43 CHECK]
- 1. RF [D43 CHECK]

D24B R HAD CONDITION IN ROUND 1:

Our records (from your interview in *R'S LAST IW MONTH, YEAR*) show that you had a heart problem.

1. YES [D25]
2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D25]
3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D43 CHECK]
- 2. DK [D43 CHECK]
- 1. RF [D43 CHECK]

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D24C 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 CHECK]
- 2. DK [D43 CHECK]
- 1. RF [D43 CHECK]

D25 How much does this condition limit your normal daily activities? -- A lot, somewhat, just a little, or not at all?

- 1. A LOT
- 2. SOMEWHAT
- 3. JUST A LITTLE
- 4. NOT AT ALL
- 2. DK
- 1. RF

ALL RESPONSES: D26

D26 Are you now taking or carrying medication for your heart problem?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

ALL RESPONSES: D26a CHECK

CHECK D26A: DID R HAVE HEART PROBLEM IN ROUND 1 AND DID NOT DISPUTE IT IN ROUND 2? R1D24=1 AND R2D24B=1?

- 1. YES [D26a]
- 2. NO [CHECK D27]

D26a. {Since R's LAST IW MONTH, YEAR}, have you seen a doctor for your heart problem?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

ALL RESPONSES: D26b

D26b. Since R's LAST IW MONTH, YEAR, has this condition gotten better, worse, or stayed about the same?

- 1. BETTER
- 2. ABOUT THE SAME
- 3. WORSE
- 2. DK
- 1. RF

ALL RESPONSES: D27 CHECK

CHECK D27: WAS R ASKED QUESTION IN ROUND 1? R1D24=1, 2, -2, OR -1?

- 1. YES [D27A]
- 2. NO [D27B]

D27A Since R'S LAST IW MONTH, YEAR, have you had a heart attack or myocardial infarction?

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- 1. YES [D28 CHECK]
- 2. NO [D32]
- 2. DK [D32]
- 1. RF [D32]

D27B Have you ever had a heart attack or myocardial infarction?

- 1. YES [D28 CHECK]
- 2. NO [D32]
- 2. DK [D32]
- 1. RF [D32]

**CHECK D28: DID R REPORT HEART ATTACK IN ROUND 1? R1D27=1?**

- 1. YES [D29]
- 2. NO [D28]

D28 In what year and month was your FIRST heart attack?

- (year)
- \_\_\_\_\_ [D28a] {4 digits; check: DOB FROM R1A7 – present}
- 2. DON'T KNOW [D29]
  - 1. REFUSED [D29]

- D28a
- 1. JANUARY
  - 2. FEBRUARY
  - 3. MARCH
  - 4. APRIL
  - 5. MAY
  - 6. JUNE
  - 7. JULY
  - 8. AUGUST
  - 9. SEPTEMBER
  - 10. OCTOBER
  - 11. NOVEMBER
  - 12. DECEMBER
  - 2. DON'T KNOW
  - 1. REFUSED
- ALL RESPONSES: D29**

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

- 1. YES
  - 2. NO
  - 2. DK
  - 1. RF
- ALL RESPONSES: D30 CHECK**

**CHECK D30: DID R REPORT HEART ATTACK IN ROUND 1? R1D27=1?**

- 1. YES [D32]
- 2. NO [D30]

D30 Have you had more than one heart attack?

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

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- 2. DK [D32]
- 1. RF [D32]

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

(year)

\_\_\_\_\_ [D31a] {4 digits; check: DOB FROM R1A7 – present}

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

- D31a
1. JANUARY
  2. FEBRUARY
  3. MARCH
  4. APRIL
  5. MAY
  6. JUNE
  7. JULY
  8. AUGUST
  9. SEPTEMBER
  10. OCTOBER
  11. NOVEMBER
  12. DECEMBER

- 2. DON'T KNOW
- 1. REFUSED

**ALL RESPONSES: D32**

D32 Since R's LAST IW MONTH, 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
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D34**

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

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D35**

D35 Since we last talked to you (that is, since R's LAST IW MONTH, YEAR) has a doctor told you that you have congestive heart failure?

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

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- 2. DK [D39]
- 1. RF [D39]

D36 Since R's LAST IW MONTH, 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 }  
97. other (specify) [D37b]  
-2. DK [D38]  
-1. RF [D38]

D37b (Specify) {30 character max}  
-2. DK  
-1. RF  
**ALL RESPONSES: D38**

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

- 1. YES
  - 2. NO
  - 2. DK
  - 1. RF
- ALL RESPONSES: D39**

D39 Since R's LAST IW MONTH, 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}  
97. other (specify) [D40b]  
-2. DK [D41]

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-1. RF [D41]

D40b (Specify) {30 character max}

-2. DK

-1. RF

**ALL RESPONSES: D41**

D41 Since R's LAST IW MONTH, YEAR, have you had surgery on your heart?

1. YES [D42]

2. NO [D43 CHECK]

-2. DK [D43 CHECK]

-1. RF [D43 CHECK]

D42 Was this in the United States?

1. YES [D43 CHECK]

2. NO [D42a]

-2. DK [D42a]

-1. RF [D42a]

D42a In what country was that?

**{country picklist, country of origin on top}**

97. other (specify) [D42b]

-2. DK [D43 CHECK]

-1. RF [D43 CHECK]

D42b (Specify) {30 character max}

-2. DK

-1. RF

**ALL RESPONSES: CHECK D43**

**Stroke**

**CHECK D43: DID R REPORT STROKE IN ROUND 1? R1D43=1?**

1. YES [D43B]

2. NO [CHECK D43A]

**CHECK D43A: WAS R ASKED QUESTION IN ROUND 1? R1D43=2, -2, OR -1?**

1. YES [D43A]

2. NO [D43C]

D43A R DID NOT HAVE CONDITION IN ROUND 1:

Since your interview (in [R'S LAST IW MONTH, YEAR] has a doctor told you that you have had a stroke?

1. YES [D44]

2. NO [D50 CHECK]

-2. DK [D50 CHECK]

-1. RF [D50 CHECK]

D43B R HAD CONDITION IN ROUND 1:

Our records (from your interview in *R'S LAST IW MONTH, YEAR*) show that you had a stroke.

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- 1. YES [D44]
- 2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D44]
- 3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D50 CHECK]
- 2. DK [D50 CHECK]
- 1. RF [D50 CHECK]

D43C Has a doctor ever told you that you had a stroke?

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

D44 Since *R's LAST IW MONTH, 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 [D45a]
- 2. DK [D45a]
- 1. RF [D45a]

D45a In what country was that?

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

D45b (Specify) {30 character max}

- 2. DK
- 1. RF

**ALL RESPONSES: D46 CHECK**

**CHECK D46: R REPORTED MORE THAN ONE STROKE IN ROUND 1? R1D46=1?**

- 1. YES [D47]
- 2. NO [D46]

D46 Have you had more than one stroke?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D47**

D47 Do you still have any remaining problems because of your stroke? (text fill: if R1D46=1 OR R2D46=1: s; i.e. make stroke plural)

- 1. YES
- 2. NO
- 2. DK

**New Immigrant Survey – Round 2**  
**Section D - Health**

-1. RF

ALL RESPONSES: D48

D48 Are you now taking any medications because of your stroke (text fill: if R1D46=1 OR R2D46=1: s; i.e. make stroke plural) or its (text fill: if R1D43=1 OR R2D46=1: *their*; i.e. "their" in place of "its") complications?

1. YES

2. NO

-2. DK

-1. RF

ALL RESPONSES: D48A CHECK

CHECK D48A: R REPORTED STROKE IN ROUND 1? R1D43=1?

1. YES [D48A]

2. NO [D49]

D48A R HAD STROKE IN ROUND 1:

Since R's LAST IW MONTH, YEAR, has a doctor told you that you had another stroke?

1. YES [D49]

2. NO [D50 CHECK]

-2. DK [D50 CHECK]

-1. RF [D50 CHECK]

D49 In what year and month was your (text fill: if R1D43=1 OR R2D46=1: *most recent*) stroke?

(year)

\_\_\_\_\_ [D49a] {4 digits; DOB FROM R1A7 – present}

-2. DON'T KNOW [D50]

-1. REFUSED [D50]

D49a 1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

-2. DON'T KNOW

-1. REFUSED

ALL RESPONSES: D50 CHECK

Psychiatric Problems

CHECK D50: R REPORTED PSYCHIATRIC PROBLEMS IN ROUND 1? R1D50=1?

1. YES [D50B]

2. NO [CHECK D50A]

CHECK D50A: WAS R ASKED QUESTION IN ROUND 1? R1D50=2, -2, OR -1?

1. YES [D50A]



**New Immigrant Survey – Round 2**  
**Section D - Health**

2. NO [D50C]

D50A R DID NOT HAVE CONDITION IN ROUND 1:  
(Since R'S LAST IW MONTH, YEAR) have you had or has a doctor told you that you have any emotional, nervous, or psychiatric problems?

- 1. YES [D51]
- 2. NO [D54]
- 2. DK [D54]
- 1. RF [D54]

D50B R HAD CONDITION IN ROUND 1:  
When we talked with you (in R's LAST IW MONTH, YEAR) you said that you have had some emotional, nervous, or psychiatric problems.

- 1. YES [D50D]
- 2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D51]
- 3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D54]
- 2. DK [D54]
- 1. RF [D54]

D50C 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]

D50D Since R's LAST IW MONTH, YEAR, have these problems gotten better, worse, or stayed about the same?

- 1. BETTER
- 2. STAYED THE SAME
- 3. WORSE
- 2. DK
- 1. RF

**ALL RESPONSES: D51**

D51 Do you now get psychiatric or psychological treatment for your problems?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D52 CHECK**

**CHECK D52: DID R REPORT PSYCH PROBLEMS IN ROUND 1? R1D50=1?**

- 1. YES [D53]
- 2. NO [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]

**New Immigrant Survey – Round 2**  
**Section D - Health**

D52a (unit choice)

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

**ALL RESPONSES: 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
2. SOMEWHAT
3. JUST A LITTLE
4. NOT AT ALL
- 2. DK
- 1. RF

**ALL RESPONSES: D54**

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

1. YES
2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D55 CHECK**

**Arthritis/Rheumatism**

**CHECK D55: DID R REPORT ARTHRITIS/RHEUMATISM IN ROUND 1? R1D55=1?**

1. YES [D55b]
2. NO [CHECK D55A]

**CHECK D55A: WAS R ASKED QUESTION IN ROUND 1? R1D55=2, -2, OR -1?**

1. YES [D55A]
2. NO [D55C]

D55A R DID NOT HAVE CONDITION IN ROUND 1:

Since your interview in *R'S LAST IW MONTH, YEAR*, have you had, or has a doctor told you that you have arthritis or rheumatism?

1. YES [D57]
2. NO [D59 CHECK]
- 2. DK [D59 CHECK]
- 1. RF [D59 CHECK]

D55B R HAD CONDITION IN ROUND 1:

Our records (from your last interview in [R'S LAST IW MONTH, YEAR]) show that have had, or a doctor has told you that you have arthritis or rheumatism.

1. YES [D57]
2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D57]
3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D59 CHECK]
- 2. DK [D59 CHECK]

**New Immigrant Survey – Round 2**  
**Section D - Health**

-1. RF [D59 CHECK]

D55C R WAS NOT ASKED ABOUT CONDITION IN ROUND 1:  
Have you ever had, or has a doctor ever told you that you have arthritis or rheumatism?

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

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
  - 2. MONTHS
  - 3. WEEKS
  - 4. DAYS
  - 2. DK
  - 1. RF
- ALL RESPONSES: 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
  - 2. SOMEWHAT
  - 3. JUST A LITTLE
  - 4. NOT AT ALL
  - 2. DK
  - 1. RF
- ALL RESPONSES: D58**

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

- 1. YES
  - 2. NO
  - 2. DK
  - 1. RF
- ALL RESPONSES: D59 CHECK**

**Asthma**

**CHECK D59: DID R REPORT ASTHMA IN ROUND 1? R1D59=1?**

- 1. YES [D59B]
- 2. NO [CHECK D59A]

**CHECK D59A: WAS R ASKED QUESTION IN ROUND 1? R1D59=2, -2, OR -1?**

- 1. YES [D59A]
- 2. NO [D59C]

**New Immigrant Survey – Round 2**  
**Section D - Health**

D59A R DID NOT HAVE CONDITION IN ROUND 1:  
Since your interview in [R'S LAST IW MONTH, YEAR] have you had or has a doctor told you that you have asthma?

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

D59B R HAD CONDITION IN ROUND 1:  
Our records (from your interview in [R'S LAST IW MONTH, YEAR]) show that you have had asthma.

- 1. YES [D61]
- 2. DISPUTES PREVIOUS WAVE RECORD, BUT NOW HAS CONDITION [D62]
- 3. DISPUTES PREVIOUS WAVE RECORD, DOES NOT HAVE CONDITION [D63]
- 2. DK [D63]
- 1. RF [D63]

D59C R WAS NOT ASKED IF HAD CONDITION IN ROUND 1:  
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}

- 2. DK [D61]
- 1. RF [D61]

D60a (unit choice)

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

**ALL RESPONSES: 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
- 2. SOMEWHAT
- 3. JUST A LITTLE
- 4. NOT AT ALL
- 2. DK

**New Immigrant Survey – Round 2**  
**Section D - Health**

-1. RF  
**ALL RESPONSES: D63**

**Eyesight**

D63 Do you normally wear glasses or corrective contact lenses?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D64**

D64 Is your eyesight excellent, very good, good, fair, or poor  
(Text Fill: if R2D63=1: *using glasses or corrective lenses as usual*)?

- 1. EXCELLENT
- 2. VERY GOOD
- 3. GOOD
- 4. FAIR
- 5. POOR
- 6. [VOL] LEGALLY BLIND
- 2. DK
- 1. RF

**ALL RESPONSES: D65**

**Hearing**

D65 Do you ever wear a hearing aid?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D66**

D66 Is your hearing excellent, very good, good, fair, or poor {text fill: if R2D65=1: *using a hearing aid as usual*}?

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

**ALL RESPONSES: D67**

**Pain**

D67 Are you often troubled with pain?

- 1. YES [D68]
- 2. NO [D69a]
- 2. DK [D69a]
- 1. RF [D69a]

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

**New Immigrant Survey – Round 2**  
**Section D - Health**

- 1. MILD
- 2. MODERATE
- 3. SEVERE
- 2. DK
- 1. RF

**ALL RESPONSES: D69**

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

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D69a**

**Conditions**

D69a [Since we talked to you last in *R's LAST IW MONTH, YEAR*], have you had any of the following medical tests or procedures?

A flu shot?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D69b**

D69b [[Since we talked to you last in *R's LAST IW MONTH, YEAR*], have you had any of the following medical tests or procedures?]

A blood test for cholesterol?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D70 CHECK**

**Female**

**CHECK D70: IS R FEMALE? R1A6=2?**

- 1. YES [D70]
- 2. NO [D73]

D70 Do you check your breasts for lumps monthly?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D71**

D71 Did you have a mammogram or x-ray of the breast, to search for cancer since R'S LAST IW MONTH, YEAR?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D72**

**New Immigrant Survey – Round 2**  
**Section D - Health**

D72 [Since we talked to you last in *R'S LAST IW MONTH, YEAR*, have you had any of the following medical tests or procedures?]

A PAP smear?

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D74 CHECK**

Male

D73 Since we talked to you last in *R'S LAST IW MONTH, YEAR*, have you had any of the following medical tests or procedures?

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

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D74 CHECK**

Cigarettes

**CHECK D74: WAS R ASKED QUESTION D74 IN ROUND 1? R1D74=1,2,-2,-1?**

- 1. YES [D75]
- 2. NO [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 CHECK]
- 2. DK [D77 CHECK]
- 1. RF [D77 CHECK]

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)

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**Section D - Health**

1. CIGARETTES
2. PACKS {soft check: if D76a=2 maximum for D76=3}
- 2. DK
- 1. RF

ALL RESPONSES: D77 CHECK

CHECK D77: WAS R ASKED QUESTION D74 IN ROUND 1? R1D74=1,2,-2,-1?

1. YES [D81]
2. NO [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 DOB FROM R1A7 – 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)

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 DOB FROM R1A7 – present; if D79=3, 2 digit limit}  
-2. DK [D80; unless D75=1: D81]  
-1. RF [D80; unless D75=1: D81]



**New Immigrant Survey – Round 2**  
**Section D - Health**

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]

\_\_\_\_\_ {if D80=1, 2 digit limit; if D80=2, 4 digit limit and check DOB FROM R1A7 – present; if D80=3, 2 digit limit}

- 2. DK
- 1. RF

**ALL RESPONSES: D81**

**Alcohol**

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 CHECK]
- 2. DK [D84 CHECK]
- 1. RF [D84 CHECK]

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?

[IWER: USE ZERO FOR NONE]

\_\_\_\_\_ {check: 93 days is the maximum}

- 2. DK
- 1. RF

**ALL RESPONSES: D85**

**CHECK D84: WAS R ASKED QUESTION D81 IN ROUND 1? R1D81=1,2,-1,-2?**

1. YES [D86]
2. NO [D84]

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?

**New Immigrant Survey – Round 2**  
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- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D86**

**Exercise**

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 \_\_\_\_\_ {30 character max}

- 2. DK
- 1. RF

**ALL RESPONSES: 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 \_\_\_\_\_ {30 character max}

- 2. DK
- 1. RF

**ALL RESPONSES: D88**

**Depression**

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 [D102]
- 3. [VOL] DID NOT FEEL DEPRESSED BECAUSE ON ANTI-DEPRESSANT MEDICATION [D102]

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**Section D - Health**

- 2. DK [D102]
- 1. RF [D102]

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 [D102]
- 4. LESS THAN HALF THE DAY [D102]
- 2. DK [D102]
- 1. RF [D102]

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

D90b (Specify) {30 character max}

- 2. DK
- 1. RF

**ALL RESPONSES: 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 [D102]
- 2. DK [D102]
- 1. RF [D102]

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
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D93**

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
- 2. NO

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-2. DK  
-1. RF  
**ALL RESPONSES: D94**

D94 During those same two weeks, did you lose your appetite?

1. YES  
2. NO  
-2. DK  
-1. RF  
**ALL RESPONSES: 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  
2. NEARLY EVERY NIGHT  
3. LESS OFTEN  
-2. DK  
-1. RF  
**ALL RESPONSES: D97**

D97 During that same two-week period did you have a lot more trouble concentrating than usual?

1. YES  
2. NO  
-2. DK  
-1. RF  
**ALL RESPONSES: 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  
2. NO  
-2. DK  
-1. RF  
**ALL RESPONSES: 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  
2. NO  
-2. DK  
-1. RF  
**ALL RESPONSES: D102**

**New Immigrant Survey – Round 2**  
**Section D - Health**

**Physical/Nervous Condition**

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 CHECK]
- 2. DK [D104 CHECK]
- 1. RF [D104 CHECK]

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

- 1. YES
- 2. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D104 CHECK**

**CHECK D104: WAS R ASKED D104 IN ROUND 1? R1D104=1,2,3,4,5,-2,-1?**

- 1. YES [D112]
- 2. NO [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
- 2. VERY GOOD
- 3. GOOD
- 4. FAIR
- 5. POOR
- 2. DK
- 1. RF

**ALL RESPONSES: 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) {80 characters}

- 2. DK
- 1. RF

**ALL RESPONSES: 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]

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

**New Immigrant Survey – Round 2**  
**Section D - Health**

\_\_\_\_\_ (verbatim) {80 characters}

-2. DK

-1. RF

**ALL RESPONSES: D109**

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

\_\_\_\_\_ (years old) {3 digits maximum; soft check DOB FROM R1A7 – present }

-2. DK

-1. RF

**ALL RESPONSES: 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) {80 characters}

-2. DK

-1. RF

**ALL RESPONSES: D112**

D112 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

2. VERY GOOD

3. GOOD

4. FAIR

5. POOR

-2. DK

-1. RF

**ALL RESPONSES: D114**

**Diet**

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?

\_\_\_\_\_ {range: 1-10; 2 digits maximum}

-2. DK

-1. RF

**ALL RESPONSES: D115**

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]

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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?

\_\_\_\_\_ {80 characters}

-2. DK

-1. RF

**ALL RESPONSES: 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?

\_\_\_\_\_ {80 characters}

-2. DK

-1. RF

**ALL RESPONSES: D119**

**Source of Healthcare**

[STILL DRAFT VERSION OF QUESTION]

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

1. CLINIC, HEALTH CENTER, HMO

2. DOCTOR'S OFFICE

3. HOSPITAL EMERGENCY ROOM

4. HOSPITAL OUT-PATIENT

5. SOMETHING ELSE

6. NOTHING ELSE

-2. DK

-1. RF

**ALL RESPONSES: D122\_X**

**Complementary Medicine**

D122\_X Since we last spoke (on R'S IW YEAR MONTH), have you received acupuncture, chiropractic care, massage therapy or training or practice of meditation, imagery, or relaxation techniques? **(WHICH ONES- SELECT ALL THAT APPLY?)**

**IWER: READ SLOWLY**

1. ACUPUNCTURE

2. CHIROPRACTIC CARE

3. MASSAGE THERAPY

5. TRAINING OR PRACTICE OF MEDITATION, IMAGERY, OR RELAXATION TECHNIQUES

**ALL RESPONSES: D122A\_X**

D122A\_X Since we last spoke (on R'S IW YEAR MONTH), have you received homeopathic treatment, spiritual healing or prayer, or traditional message, such as Chinese, Ayurvedic, American Indian, etc.? **(WHICH ONES- SELECT ALL THAT APPLY?)**

6. HOMEOPATHIC TREATMENT

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7. SPIRITUAL HEALING OR PRAYER  
9. TRADITIONAL MEDICINE, SUCH AS CHINESE, AYURVEDIC, AMERICAN INDIAN, ETC.  
**ALL RESPONSES: D129**

**Weight**

D129 About how much do you weigh?

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

- 2. DK [D129b]
- 1. RF [D129b]

D129a (unit)

- 1. POUNDS
- 2. KILOGRAMS
- 2. DK
- 1. RF

**ALL RESPONSES: D129b**

D129b. Have you gained or lost ten or more pounds in the last 2 years?

- 1. YES, GAINED
- 2. YES, LOST
- 3. YES, GAINED AND LOST
- 5. NO
- 2. DK
- 1. RF

**ALL RESPONSES: D130**

**Height**

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)



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1. CENTIMETERS [next module]
2. INCHES [next module]