New Immigrant Survey
Adult Sample Immigrant Codebook
Section D – Health

R00001.00 [PU_ID]  
Survey Year: 2003

Sampling Unit Identification Code

8573 000110 TO 938410: Respondent Case Number

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 8573  VALID SKIP(-4)  0  NON-INTERVIEW(-5)  0

Min: 000110 Max: 938410 Mean: 466888.35

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

--------------------------------------------------------------------------------
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?

3085 1 EXCELLENT
2446 2 VERY GOOD
2257 3 GOOD
662 4 FAIR
113 5 POOR

8563

Refusal(-1)  8
Don't Know(-2)  1
TOTAL =========> 8572  VALID SKIP(-4)  1  NON-INTERVIEW(-5)  0

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

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

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.
R03378.00 [D2]                                                Survey Year: 2003

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?

1405 1 BETTER
6333 2 ABOUT SAME
504 3 WORSE

---
8242

Refusal(-1) 6
Don't Know(-2) 4
TOTAL =========> 8252
VALID SKIP(-4) 321
NON-INTERVIEW(-5) 0

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

R03379.00 [D3]                                                Survey Year: 2003

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?

1726 1 BETTER
5760 2 ABOUT SAME
739 3 WORSE

---
8225

Refusal(-1) 7
Don't Know(-2) 20
TOTAL =========> 8252
VALID SKIP(-4) 321
NON-INTERVIEW(-5) 0

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

R03380.00 [D4]                                                Survey Year: 2003

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

780 1 Yes
7459 2 No

---
8239

Refusal(-1) 7
Don't Know(-2) 6
R03381.00  [D5]  Survey Year: 2003

HEALTH - HOW LONG HAS R HAD HIGH BLOOD PRESSURE - LENGTH

How long have you had this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<table>
<thead>
<tr>
<th>Time Unit</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 TO 4</td>
<td>378</td>
</tr>
<tr>
<td>5 TO 8</td>
<td>158</td>
</tr>
<tr>
<td>9 TO 14</td>
<td>122</td>
</tr>
<tr>
<td>15 TO 19</td>
<td>36</td>
</tr>
<tr>
<td>20 TO 24</td>
<td>34</td>
</tr>
<tr>
<td>25 TO 29</td>
<td>13</td>
</tr>
<tr>
<td>30 TO 34</td>
<td>9</td>
</tr>
<tr>
<td>35 TO 39</td>
<td>2</td>
</tr>
<tr>
<td>40 TO 44</td>
<td>3</td>
</tr>
<tr>
<td>45 TO 49</td>
<td>2</td>
</tr>
<tr>
<td>50 TO 54</td>
<td>1</td>
</tr>
</tbody>
</table>

-------

762

Refusal(-1) 0
Don't Know(-2) 18 (Go To R03383.00)

TOTAL =========> 780  VALID SKIP(-4) 7793  NON-INTERVIEW(-5) 0

Min: 0 Max: 50 Mean: 6.93

R03382.00  [D5A]  Survey Year: 2003

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

How long have you had this condition? UNIT

<table>
<thead>
<tr>
<th>Time Unit</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YEARS</td>
<td>648</td>
</tr>
<tr>
<td>2 MONTHS</td>
<td>91</td>
</tr>
<tr>
<td>3 WEEKS</td>
<td>12</td>
</tr>
<tr>
<td>4 DAYS</td>
<td>6</td>
</tr>
</tbody>
</table>

-------

757

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

TOTAL =========> 758  VALID SKIP(-4) 7815  NON-INTERVIEW(-5) 0

Lead In: R03381.00[Default]
Default Next Question: R03383.00

Lead In: R03380.00[Default]
Default Next Question: R03382.00

Lead In: R03379.00[Default]
Default Next Question: R03381.00
HEALTH - HOW MUCH DOES HIGH BLOOD PRESSURE LIMIT NORMAL ACTIVITIES?

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>81</td>
<td>SOMEWHAT</td>
<td>3</td>
</tr>
<tr>
<td>179</td>
<td>JUST A LITTLE</td>
<td>5</td>
</tr>
<tr>
<td>468</td>
<td>NOT AT ALL</td>
<td>7</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 3
TOTAL = 780 VALID SKIP(-4) 7793 NON-INTERVIEW(-5) 0

LEAD IN: R03382.00[Default] R03381.00[-2:-2]
Default Next Question: R03384.00

HEALTH - TAKING ANY MEDICATION TO LOWER HIGH BLOOD PRESSURE?

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>510</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>270</td>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL = 780 VALID SKIP(-4) 7793 NON-INTERVIEW(-5) 0

LEAD IN: R03383.00[Default]
Default Next Question: R03385.00

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>319</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>7923</td>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Refusal(-1) 9
Don't Know(-2) 1
TOTAL = 8252 VALID SKIP(-4) 321 NON-INTERVIEW(-5) 0

LEAD IN: R03384.00[Default]
Default Next Question: R03386.00
HEALTH - HOW LONG HAS R HAD DIABETES OR HIGH BLOOD SUGAR - LENGTH

How long have you had this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<table>
<thead>
<tr>
<th>Time</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1-4</td>
<td>166</td>
</tr>
<tr>
<td>5-8</td>
<td>73</td>
</tr>
<tr>
<td>9-14</td>
<td>44</td>
</tr>
<tr>
<td>15-19</td>
<td>19</td>
</tr>
<tr>
<td>20-24</td>
<td>8</td>
</tr>
<tr>
<td>25-29</td>
<td>1</td>
</tr>
<tr>
<td>30-34</td>
<td>1</td>
</tr>
<tr>
<td>35-39</td>
<td>1</td>
</tr>
</tbody>
</table>

Total: 315

Refusal(-1) 0
Don’t Know(-2) 4 (Go To R03388.00)

TOTAL =========> 319
VALID SKIP(-4) 8254
NON-INTERVIEW(-5) 0

Min: 0 Max: 35 Mean: 5.91

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

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

How long have you had this condition? UNIT

<table>
<thead>
<tr>
<th>Time</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>261</td>
<td>1 YEARS</td>
</tr>
<tr>
<td>50</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>0</td>
<td>3 WEEKS</td>
</tr>
<tr>
<td>2</td>
<td>4 DAYS</td>
</tr>
</tbody>
</table>

Total: 313

Refusal(-1) 0
Don’t Know(-2) 0

TOTAL =========> 313
VALID SKIP(-4) 8260
NON-INTERVIEW(-5) 0

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

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?
HEALTH - TAKING ANY MEDICATION THAT YOU SWALLOW FOR DIABETES?

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>216</td>
<td>102</td>
</tr>
</tbody>
</table>

Refusal(-1)  1
Don’t Know(-2)  0
TOTAL =========> 319   VALID SKIP(-4)  8254   NON-INTERVIEW(-5)  0

HEALTH - USING INSULIN OR A PUMP FOR DIABETES?

Are you now using insulin shots or a pump?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28</td>
<td>290</td>
</tr>
</tbody>
</table>

Refusal(-1)  1
Don’t Know(-2)  0
TOTAL =========> 319   VALID SKIP(-4)  8254   NON-INTERVIEW(-5)  0
minor skin cancers?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Yes</td>
</tr>
<tr>
<td>8189</td>
<td>No</td>
</tr>
</tbody>
</table>

---

8234

Refusal(-1)  13
Don’t Know(-2)  4
TOTAL =========>  8251  VALID SKIP(-4)  322  NON-INTERVIEW(-5)  0

Lead In: R03390.00[Default]
Default Next Question: R03392.00

HOW LONG HAD CANCER

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

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>1 TO 4</td>
</tr>
<tr>
<td>10</td>
<td>5 TO 8</td>
</tr>
<tr>
<td>8</td>
<td>9 TO 14</td>
</tr>
<tr>
<td>3</td>
<td>15 TO 19</td>
</tr>
<tr>
<td>1</td>
<td>20 TO 24</td>
</tr>
<tr>
<td>1</td>
<td>25 TO 29</td>
</tr>
<tr>
<td>1</td>
<td>30 TO 34</td>
</tr>
</tbody>
</table>

---

46

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  46  VALID SKIP(-4)  8527  NON-INTERVIEW(-5)  0

Min:  1  Max:  33  Mean:  6.74

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

TIME UNIT OF CANCER

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>1 YEARS</td>
</tr>
<tr>
<td>8</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>0</td>
<td>5 WEEKS</td>
</tr>
<tr>
<td>0</td>
<td>6 DAYS</td>
</tr>
</tbody>
</table>

---

46

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========>  46  VALID SKIP(-4)  8527  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?

| 10 | 1 A LOT |
| 6  | 3 SOMEWHAT |
| 4  | 5 JUST A LITTLE |
| 26 | 7 NOT AT ALL |

-------

46

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 46 VALID SKIP(-4) 8527 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

| 21 | 1 Yes |
| 25 | 2 No |

-------

46

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 46 VALID SKIP(-4) 8527 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?

| 9  | 1 Yes |
| 12 | 2 No |

-------

21
Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  21  VALID SKIP(-4)  8552  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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
</tr>
</tbody>
</table>

21

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  21  VALID SKIP(-4)  8552  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?

<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>13</td>
</tr>
</tbody>
</table>

21

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  21  VALID SKIP(-4)  8552  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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8</td>
</tr>
</tbody>
</table>

1 Yes
R03400.00 [D17E]  Survey Year: 2003

TREATMENT FOR CANCER NONE

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

None?

1  1 Yes
20  2 No

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 21  VALID SKIP(-4)  8552  NON-INTERVIEW(-5)  0

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

R03400a.00 [D17F]  Survey Year: 2003

TREATMENT FOR CANCER OTHER

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

Other?

0  1 Yes
21  2 No

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 21  VALID SKIP(-4)  8552  NON-INTERVIEW(-5)  0

Lead In: R03400.00[Default]
Default Next Question: R03401.00

R03401.00 [D18]  Survey Year: 2003

YEAR MOST RECENT CANCER DIAGNOSED

In what year and month was your most recent cancer diagnosed? YEAR
2        1970 TO 1979
4        1980 TO 1989
18        1990 TO 1999
22        2000 TO 2010: 2000+
-------
46
Refusal(-1)            0
Don't Know(-2)         0
TOTAL =========>      46   VALID SKIP(-4)    8527     NON-INTERVIEW(-5)       0

Lead In: R03400.00[Default]
Default Next Question: R03402.00
--------------------------------------------------------------------------------
R03402.00    [D18A]                                            Survey Year: 2003
MONTH MOST RECENT CANCER DIAGNOSED

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

4       1 JANUARY
1       2 FEBRUARY
7       3 MARCH
3       4 APRIL
5       5 MAY
4       6 JUNE
3       7 JULY
3       8 AUGUST
7       9 SEPTEMBER
3       10 OCTOBER
2       11 NOVEMBER
0       12 DECEMBER
-------
42
Refusal(-1)            0
Don't Know(-2)         4
TOTAL =========>      46   VALID SKIP(-4)    8527     NON-INTERVIEW(-5)       0

Lead In: R03401.00[Default]
Default Next Question: R03403.00
--------------------------------------------------------------------------------
R03403.00    [D18B]                                            Survey Year: 2003
STILL HAVE CANCER

Do you still have cancer?

9       1 Yes
35       2 No
-------
44
Refusal(-1)            0
Don't Know(-2)         2
### 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>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>60</td>
<td>8177</td>
</tr>
</tbody>
</table>

**TOTAL =========> 8237   VALID SKIP(-4) 321   NON-INTERVIEW(-5) 0**

### HOW LONG HAD CHRONIC LUNG DISEASE

How long have you had this condition?

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

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 | 200+ |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 0 | 28 | 11 | 7 | 1 | 3 | 4 | 1 | 3 | 25 | 30 | 40 | 50 | 58 |

**Refusal(-1) 11   Don’t Know(-2) 4**

**TOTAL =========> 60   VALID SKIP(-4) 8513   NON-INTERVIEW(-5) 0**

**Min: 0   Max: 1986   Mean: 43.4**
UNIT D20

How long have you had this condition? UNIT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4 DAYS</td>
</tr>
<tr>
<td>5</td>
<td>3 WEEKS</td>
</tr>
<tr>
<td>4</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>48</td>
<td>1 YEARS</td>
</tr>
</tbody>
</table>

-------

57

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 57  VALID SKIP(-4) 8516  NON-INTERVIEW(-5) 0

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

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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>14</td>
<td>JUST A LITTLE</td>
</tr>
<tr>
<td>9</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>7</td>
<td>A LOT</td>
</tr>
</tbody>
</table>

-------

60

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 60  VALID SKIP(-4) 8513  NON-INTERVIEW(-5) 0

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

TAKE MEDICATION FOR LUNG CONDITION

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

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

-------

60

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 60  VALID SKIP(-4) 8513  NON-INTERVIEW(-5) 0

Lead In: R03407.00[Default]
Default Next Question: R03409.00
LUNG CONDITION LIMIT USUAL ACTIVITY?

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

- **1 Yes**
- **49 No**

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 60  VALID SKIP(-4)  8513  NON-INTERVIEW(-5)  0

Lead In: R03408.00 [Default]
Default Next Question: R03410.00

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

- **134 Yes**
- **8100 No**

Refusal(-1) 11
Don't Know(-2) 7
TOTAL =========> 8234  VALID SKIP(-4)  321  NON-INTERVIEW(-5)  0

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

LIMIT ACTIVITY HEART PROBLEM

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

- **17 A LOT**
- **28 SOMEWHAT**
- **26 JUST A LITTLE**
- **62 NOT AT ALL**

Refusal(-1) 0
Don't Know(-2) 1
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>79</td>
<td>55</td>
<td></td>
</tr>
</tbody>
</table>

Total: 134

Refusal: 0

Don't Know: 0

Total: 134

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>33</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

Total: 132

Refusal: 0

Don't Know: 2

Total: 134

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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>16</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

Total: 32

Refusal: 0

Don't Know: 1

Total: 33
MONTH FIRST HEART ATTACK

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

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

Refusal(-1)  0
Don't Know(-2)  6
TOTAL =========> 32  VALID SKIP(-4)  8541  NON-INTERVIEW(-5)  0

NOW TAKE MEDICATION HEART ATTACK

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
</tr>
</tbody>
</table>

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 33  VALID SKIP(-4)  8540  NON-INTERVIEW(-5)  0

HAD MORE THAN ONE HEART ATTACK

Have you had more than one heart attack?
3       1 Yes
30      2 No
-------
33

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 33  VALID SKIP(-4) 8540  NON-INTERVIEW(-5) 0

Lead In: R03416.00[Default]
Default Next Question: R03416.00

R03418.00 [D31]                                            Survey Year: 2003

YEAR MOST RECENT HEART ATTACK

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

2        1990 TO 1999
1        2000 TO 2010: 2000+
-------
3

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 3  VALID SKIP(-4) 8570  NON-INTERVIEW(-5) 0


Lead In: R03417.00[Default]
Default Next Question: R03419.00

R03419.00 [D31A]                                            Survey Year: 2003

MONTH MOST RECENT HEART ATTACK

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

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

Refusal(-1)  0
Don't Know(-2)  1
TOTAL =========> 3  VALID SKIP(-4) 8570  NON-INTERVIEW(-5) 0
Lead In: R03418.00[Default]
Default Next Question: R03420.00

R03420.00 [D32]                                             Survey Year: 2003

HAD ANGINA

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Yes</td>
<td>2 No</td>
</tr>
<tr>
<td>43</td>
<td>91</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========> 134   VALID SKIP(-4) 8439     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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Yes</td>
<td>2 No</td>
</tr>
<tr>
<td>30</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========> 43   VALID SKIP(-4) 8530     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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Yes</td>
<td>2 No</td>
</tr>
<tr>
<td>22</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1)            0
Don’t Know(-2)         0
TOTAL =========> 43   VALID SKIP(-4) 8530     NON-INTERVIEW(-5) 0

Lead In: R03421.00[Default]
Default Next Question: R03423.00
HAVE CONGESTIVE HEART FAILURE

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

23    1 Yes
110    2 No

133

Refusal(-1)    0  Don't Know(-2)    1
TOTAL =========> 134  VALID SKIP(-4)  8439  NON-INTERVIEW(-5)  0

Lead In: R03422.00[Default]
Default Next Question: R03424.00

ADMITTED TO HOSPITAL OVERNIGHT DUE TO D3

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

11    1 Yes
12    2 No

23

Refusal(-1)    0  Don't Know(-2)    0
TOTAL =========> 23  VALID SKIP(-4)  8550  NON-INTERVIEW(-5)  0

Lead In: R03423.00[Default]
Default Next Question: R03425.00

IN U.S. D35

Was this in the United States?

10    1 Yes  (Go To R03427.00)
1    2 No

11

Refusal(-1)    0  Don't Know(-2)    0
TOTAL =========> 11  VALID SKIP(-4)  8562  NON-INTERVIEW(-5)  0

Lead In: R03424.00[Default]
Default Next Question: R03426.00
IN WHAT COUNTRY WERE YOU ADMITTED TO A HOSPITAL DUE TO D35?

In what country was that?

1    215  UKRAINE

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  1  VALID SKIP(-4)  8572  NON-INTERVIEW(-5)  0

Lead In: R03425.00[Default]
Default Next Question: R03427.00

TAKE MEDICATION FOR CONGESTIVE HEART FAI

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

19    1 Yes
4    2 No

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  23  VALID SKIP(-4)  8550  NON-INTERVIEW(-5)  0

Lead In: R03426.00[Default]  R03425.00[1:1]
Default Next Question: R03428.00

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?

23    1 Yes
110    2 No

Refusal(-1)  0
Don't Know(-2)  1
TOTAL =========>  133  VALID SKIP(-4)  8439  NON-INTERVIEW(-5)  0

Lead In: R03427.00[Default]
Default Next Question: R03429.00

IN U.S. HAD TEST OF HEART WITH TUBES
Was this in the United States?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>1 Yes</td>
<td>(Go To R03431.00)</td>
</tr>
<tr>
<td>6</td>
<td>2 No</td>
<td></td>
</tr>
</tbody>
</table>

-------

23

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 23 VALID SKIP(-4) 8550 NON-INTERVIEW(-5) 0

Lead In: R03428.00[Default]
Default Next Question: R03430.00

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

R03430.00 [D40AMO]

Survey Year: 2003

IN WHAT COUNTRY HAD TEST OF HEART WITH TUBES

In what country was that?

<table>
<thead>
<tr>
<th></th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COLOMBIA</td>
</tr>
<tr>
<td>1</td>
<td>INDIA</td>
</tr>
<tr>
<td>1</td>
<td>MEXICO</td>
</tr>
<tr>
<td>1</td>
<td>VIETNAM</td>
</tr>
<tr>
<td>2</td>
<td>EAST ASIA, SOUTH ASIA &amp; THE PACIFIC</td>
</tr>
</tbody>
</table>

-------

6

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 6 VALID SKIP(-4) 8567 NON-INTERVIEW(-5) 0

Lead In: R03429.00[Default]
Default Next Question: R03431.00

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

R03431.00 [D41]

Survey Year: 2003

HAD SURGERY ON HEART

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>130</td>
<td>2 No</td>
<td></td>
</tr>
</tbody>
</table>

-------

134

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 134 VALID SKIP(-4) 8439 NON-INTERVIEW(-5) 0

Lead In: R03430.00[Default] R03429.00[1:1]
Default Next Question: R03432.00

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

R03432.00 [D42]

Survey Year: 2003

IN U.S. HAD SURGERY ON HEART
Was this in the United States?

3 1 Yes
1 2 No

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 4 VALID SKIP(-4) 8569 NON-INTERVIEW(-5) 0

Lead In: R03431.00[Default]
Default Next Question: R03432a.00

R03432a.00  [D42AMO]  Survey Year: 2003

IN WHAT COUNTRY HAD TEST OF HEART WITH TUBES

In what country was that?

1 47 COLOMBIA

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =========> 1 VALID SKIP(-4) 8572 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?

34 1 Yes
8202 2 No

Refusal(-1) 11
Don’t Know(-2) 5
TOTAL =========> 8252 VALID SKIP(-4) 321 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?

22 1 Yes
R03433.00 [D45]
IN U.S. SEEN DOCTOR

Was this in the United States?

12       1 Yes   (Go To R03437.00)
10       2 No
-------
22

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========> 22   VALID SKIP(-4) 8551    NON-INTERVIEW(-5) 0

R03434.00 [D45AMO]
IN WHAT COUNTRY SEEN DOCTOR

In what country was that?

<table>
<thead>
<tr>
<th>Country</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHINA, PEOPLES REPUBLIC</td>
<td>2</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>1</td>
</tr>
<tr>
<td>KOREA</td>
<td>1</td>
</tr>
<tr>
<td>MEXICO</td>
<td>4</td>
</tr>
<tr>
<td>EAST ASIA, SOUTH ASIA &amp; THE PACIFIC</td>
<td>2</td>
</tr>
</tbody>
</table>

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========> 10   VALID SKIP(-4) 8563    NON-INTERVIEW(-5) 0

R03435.00 [D46]
HAD MORE THAN ONE STROKE

Have you had more than one stroke?
HAVE REMAINING PROBLEMS DUE TO STROKE

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

17  1 Yes
17  2 No

---

34

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 34  VALID SKIP(-4)  8539  NON-INTERVIEW(-5)  0

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?

16  1 Yes
18  2 No

---

34

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 34  VALID SKIP(-4)  8539  NON-INTERVIEW(-5)  0

YEAR MOST RECENT STROKE

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

1  1970 TO 1979
Refusal(-1) 1 (Go To R03442.00)
Don't Know(-2) 0
Invalid Skip(-3) 1
TOTAL =========> 34 VALID SKIP(-4) 8539 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

4  1 JANUARY
1  2 FEBRUARY
4  3 MARCH
1  4 APRIL
1  5 MAY
4  6 JUNE
1  7 JULY
3  8 AUGUST
1  9 SEPTEMBER
1 10 OCTOBER
3 11 NOVEMBER
3 12 DECEMBER
-------
27

Refusal(-1) 0
Don't Know(-2) 6
TOTAL =========> 33 VALID SKIP(-4) 8540 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?

151  1 Yes
8087  2 No
-------
8238

Refusal(-1) 12
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></td>
<td>46</td>
<td>104</td>
</tr>
<tr>
<td>Totals</td>
<td>150</td>
<td></td>
</tr>
</tbody>
</table>

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

HOW LONG HAD PSYCHIATRIC TREATMENT

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

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
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<tr>
<td>1</td>
<td>84</td>
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<tr>
<td>15</td>
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</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>140</td>
</tr>
</tbody>
</table>

Min: 0 Max: 2003 Mean: 20.37
How long have you had or did you have this condition? UNIT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td>1 YEARS</td>
</tr>
<tr>
<td>25</td>
<td>2 MONTHS</td>
</tr>
<tr>
<td>2</td>
<td>3 WEEKS</td>
</tr>
<tr>
<td>1</td>
<td>4 DAYS</td>
</tr>
</tbody>
</table>

--------

139

Refusal(-1)  0
Don’t Know(-2)  0
TOTAL =========> 139  VALID SKIP(-4)  8434  NON-INTERVIEW(-5)  0

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

LIMIT ACTIVITY PSYCHIATRIC CONDITION

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>A LOT</td>
</tr>
<tr>
<td>24</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>36</td>
<td>JUST A LITTLE</td>
</tr>
<tr>
<td>62</td>
<td>NOT AT ALL</td>
</tr>
</tbody>
</table>

--------

149

Refusal(-1)  0
Don’t Know(-2)  2
TOTAL =========> 151  VALID SKIP(-4)  8422  NON-INTERVIEW(-5)  0

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

TAKE TRANQUILIZERS

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>127</td>
<td>Yes</td>
</tr>
<tr>
<td>8112</td>
<td>No</td>
</tr>
</tbody>
</table>

--------

8239

Refusal(-1)  11
Don’t Know(-2)  2
TOTAL =========> 8252  VALID SKIP(-4)  321  NON-INTERVIEW(-5)  0

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

---
HAD ARTHRITIS

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>357</td>
<td>1</td>
</tr>
<tr>
<td>7872</td>
<td>2</td>
</tr>
</tbody>
</table>

--------

8229

Refusal(-1)  13
Don’t Know(-2)  9
TOTAL =========> 8251
VALID SKIP(-4) 322
NON-INTERVIEW(-5) 0

Lead In: R03448.00[Default]
Default Next Question: R03449.00

HOW LONG HAD ARTHRITIS

How long have you had this condition?

INTERVIEWER: HOW LONG SINCE IT WAS DIAGNOSED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>157</td>
<td>1 T0 4</td>
</tr>
<tr>
<td>78</td>
<td>5 T0 8</td>
</tr>
<tr>
<td>43</td>
<td>9 T0 14</td>
</tr>
<tr>
<td>25</td>
<td>15 T0 19</td>
</tr>
<tr>
<td>17</td>
<td>20 T0 24</td>
</tr>
<tr>
<td>6</td>
<td>25 T0 29</td>
</tr>
<tr>
<td>4</td>
<td>30 T0 34</td>
</tr>
<tr>
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<td>35 T0 39</td>
</tr>
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<td>40 T0 44</td>
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<td>50 T0 54</td>
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<tr>
<td>1</td>
<td>60 T0 64</td>
</tr>
<tr>
<td>1</td>
<td>70 T0 74</td>
</tr>
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</table>

--------

339

Refusal(-1)  0
Don’t Know(-2) 18 (Go To R03451.00)
TOTAL =========> 357
VALID SKIP(-4) 8216
NON-INTERVIEW(-5) 0

Min: 1 Max: 70 Mean: 7.96

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

UNIT D56

How long have you had this condition? UNIT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>310</td>
<td>1</td>
</tr>
<tr>
<td>25</td>
<td>2</td>
</tr>
</tbody>
</table>
3 3 WEEKS
1 5 DAYS
-------
339

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =====> 339  VALID SKIP(-4)  8234  NON-INTERVIEW(-5)  0

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

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

R03451.00 [D57]  Survey Year: 2003

LIMIT ACTIVITY ARTHRITIS

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

58 1 A LOT
69 3 SOMEWHAT
111 5 JUST A LITTLE
119 7 NOT AT ALL
-------
357

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =====> 357  VALID SKIP(-4)  8216  NON-INTERVIEW(-5)  0

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

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

R03452.00 [D58]  Survey Year: 2003

TAKE MEDICATION ARTHRITIS

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

132 1 Yes
225 2 No
-------
357

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =====> 357  VALID SKIP(-4)  8216  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?
232       1 Yes
8004       2 No

Refusal(-1)        14
Don't Know(-2)      2
TOTAL ===========>  8252   VALID SKIP(-4)  321   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

1       0
58      1 TO 4
40      5 TO 8
41      9 TO 14
25      15 TO 19
15      20 TO 24
7       25 TO 29
13      30 TO 34
7       35 TO 39
9       40 TO 44
2       45 TO 49
5       50 TO 54
1       55 TO 59
1       200 TO 99999: 200+

TOTAL ===========>  225   VALID SKIP(-4)  8341   NON-INTERVIEW(-5)  0

Min:              0        Max:           2002        Mean:               23.04

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

210       1 YEARS
13       2 MONTHS
0        3 WEEKS
1        4 DAYS
CURRENTLY HAVE ASTHMA

Do you currently have asthma?

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

LIMIT ACTIVITY ASTHMA

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

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

WEAR GLASSES

Do you normally wear glasses or corrective contact lenses?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
</tr>
</tbody>
</table>
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)?

<table>
<thead>
<tr>
<th>Quality</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>3117</td>
</tr>
<tr>
<td>VERY GOOD</td>
<td>2284</td>
</tr>
<tr>
<td>GOOD</td>
<td>2165</td>
</tr>
<tr>
<td>FAIR</td>
<td>586</td>
</tr>
<tr>
<td>POOR</td>
<td>83</td>
</tr>
<tr>
<td>LEGALLY BLIND</td>
<td>2</td>
</tr>
</tbody>
</table>

WEAR HEARING AID

Do you ever wear a hearing aid?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>76</td>
</tr>
<tr>
<td>No</td>
<td>8167</td>
</tr>
</tbody>
</table>

HOW IS HEARING

Is your hearing excellent, very good, good, fair, or poor {text fill: if D65=1: using a hearing aid as usual}?
4110 1 EXCELLENT
2269 5 VERY GOOD
1596 6 GOOD
221 7 FAIR
44 9 POOR
-------
8240

Refusal(-1) 9
Don’t Know(-2) 3
TOTAL =========> 8252  VALID SKIP(-4) 321  NON-INTERVIEW(-5) 0

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

R03462.00 [D67] Survey Year: 2003

TROUBLED WITH PAIN

Are you often troubled with pain?

764 1 Yes
7477 2 No
-------
8241

Refusal(-1) 9
Don’t Know(-2) 2
TOTAL =========> 8252  VALID SKIP(-4) 321  NON-INTERVIEW(-5) 0

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

R03463.00 [D68] Survey Year: 2003

HOW BAD IS PAIN

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

279 1 MILD
336 2 MODERATE
143 3 SEVERE
-------
758

Refusal(-1) 1
Don’t Know(-2) 4
TOTAL =========> 763  VALID SKIP(-4) 7810  NON-INTERVIEW(-5) 0

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

R03464.00 [D69] Survey Year: 2003

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>344</td>
<td>Yes</td>
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<tr>
<td>419</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>763</td>
<td></td>
</tr>
</tbody>
</table>

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

TOTAL = 764  VALID SKIP (-4) 7809  NON-INTERVIEW (-5) 0

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

Do you check your breasts for lumps monthly?

<table>
<thead>
<tr>
<th>Number</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1810</td>
<td>Yes</td>
</tr>
<tr>
<td>2430</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>4240</td>
<td></td>
</tr>
</tbody>
</table>

Refusal (-1) 6
Don't Know (-2) 7

TOTAL = 4253  VALID SKIP (-4) 4320  NON-INTERVIEW (-5) 0

Lead In: R03464.00[Default]
Default Next Question: R03466.00

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1222</td>
<td>Yes</td>
</tr>
<tr>
<td>3014</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>4236</td>
<td></td>
</tr>
</tbody>
</table>

Refusal (-1) 7
Don't Know (-2) 10

TOTAL = 4253  VALID SKIP (-4) 4320  NON-INTERVIEW (-5) 0

Lead In: R03465.00[Default]
Default Next Question: R03467.00

A PAP smear in the last year?
HAD 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></td>
<td>650</td>
<td>3325</td>
</tr>
<tr>
<td>Refusal (-1)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Don't Know (-2)</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>3975</td>
<td>VALID SKIP (-4)</td>
</tr>
</tbody>
</table>

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>
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</thead>
<tbody>
<tr>
<td></td>
<td>1989</td>
<td>6258</td>
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<tr>
<td>Refusal (-1)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Don't Know (-2)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>8247</td>
<td>VALID SKIP (-4)</td>
</tr>
</tbody>
</table>

DO YOU SMOKE CIGARETTES NOW?

Do you smoke cigarettes now?
850 1 Yes
1138 2 No
--------
1988

Refusal(-1) 1
Don't Know(-2) 0
TOTAL =========> 1989  VALID SKIP(-4)  6584  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

23 0
165 1
81 2
67 3
34 4
109 5
29 6
31 7
29 8
5 9
191 10
74 11 TO 20
6 21 TO 30
1 31 TO 9999999: 31+
--------
845

Refusal(-1) 1 (Go To R03473.00)
Don't Know(-2) 4 (Go To R03473.00)
TOTAL =========> 850  VALID SKIP(-4)  7723  NON-INTERVIEW(-5)  0

Min: 0 Max: 40 Mean: 6.1

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

718 1 CIGARETTES
104 2 PACKS
--------
822
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'

1762  1 YEARS OLD
56    2 YEAR STARTED SMOKING
137   3 STARTED SMOKING 'X' YEARS AGO

----------
1955

Refusal(-1)  3 (Go To R03475.00)
Don't Know(-2)  31 (Go To R03475.00)
TOTAL =========> 1989 VALID SKIP(-4) 6584 NON-INTERVIEW(-5) 0

YEARSD77

About how old were you when you started smoking? DIGITS

INTERVIEWER: ENTER '0' IF LESS THAN ONE YEAR

5    0
18   1 TO 4
25   5 TO 8
197  9 TO 14
884  15 TO 19
505  20 TO 24
156  25 TO 29
58   30 TO 34
19   35 TO 39
20   40 TO 44
3    45 TO 49
3    50 TO 999: 50+
54   1800 TO 9999: Gave Year

----------
1947

Refusal(-1)  1
Don't Know(-2)  7
TOTAL =========> 1955 VALID SKIP(-4) 6618 NON-INTERVIEW(-5) 0
HOW MANY CIGARETTES A DAY WHEN SMOKED MOST

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

INTERVIEWER: PROBE FOR A RANGE

<table>
<thead>
<tr>
<th>Value</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>632</td>
<td>1</td>
</tr>
<tr>
<td>227</td>
<td>2</td>
</tr>
<tr>
<td>136</td>
<td>3</td>
</tr>
<tr>
<td>82</td>
<td>4</td>
</tr>
<tr>
<td>150</td>
<td>5</td>
</tr>
<tr>
<td>60</td>
<td>6</td>
</tr>
<tr>
<td>31</td>
<td>7</td>
</tr>
<tr>
<td>34</td>
<td>8</td>
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<tr>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>308</td>
<td>10</td>
</tr>
<tr>
<td>218</td>
<td>11 TO 20</td>
</tr>
<tr>
<td>40</td>
<td>21 TO 30</td>
</tr>
<tr>
<td>14</td>
<td>31 TO 9999999: 31+</td>
</tr>
</tbody>
</table>

-------
1939

Refusal(-1)  5  (Go To R03477.00)
Don't Know(-2)  45  (Go To R03477.00)
TOTAL =========> 1989  VALID SKIP(-4)  6584  NON-INTERVIEW(-5)  0

UNIT D78

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1430</td>
<td>1 CIGARETTES</td>
</tr>
<tr>
<td>509</td>
<td>2 PACKS</td>
</tr>
</tbody>
</table>

-------
1939

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========> 1939  VALID SKIP(-4)  6634  NON-INTERVIEW(-5)  0

Lead In: R03473.00[Default]  R03474.00[-2-2]  R03473.00[-1-1]
Default Next Question: R03476.00
HOW OLD WERE YOU WHEN YOU WERE SMOKING THE MOST?

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

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

1690 1 YEARS OLD
74 2 YEAR STARTED SMOKING
160 3 STARTED SMOKING "X" YEARS AGO

-------

1924

Refusal(-1) 8
Don't Know(-2) 57
TOTAL =========> 1989 VALID SKIP(-4) 6584 NON-INTERVIEW(-5) 0

LEAD IN: R03476.00[Default] R03475.00[-2:-2] R03475.00[-1:-1]
Default Next Question: R03478.00

YEARS D79

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

INTERVIEWER: ENTER '0' IF LESS THAN ONE YEAR

25 0
21 1 TO 4
14 5 TO 8
41 9 TO 14
411 15 TO 19
559 20 TO 24
365 25 TO 29
193 30 TO 34
94 35 TO 39
59 40 TO 44
22 45 TO 49
32 50 TO 999: 50+
59 1800 TO 9999: Gave Year

-------

1895

Refusal(-1) 1
Don't Know(-2) 28
TOTAL =========> 1924 VALID SKIP(-4) 6649 NON-INTERVIEW(-5) 0

Min: 0 Max: 2004 Mean: 85.19

LEAD IN: R03477.00[Default]
Default Next Question: R03479.00

YEARS D80

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

INTERVIEWER: ENTER '0' IF LESS THAN ONE YEAR

25 0
21 1 TO 4
14 5 TO 8
41 9 TO 14
411 15 TO 19
559 20 TO 24
365 25 TO 29
193 30 TO 34
94 35 TO 39
59 40 TO 44
22 45 TO 49
32 50 TO 999: 50+
59 1800 TO 9999: Gave Year

-------

1895

Refusal(-1) 1
Don't Know(-2) 28
TOTAL =========> 1924 VALID SKIP(-4) 6649 NON-INTERVIEW(-5) 0

Min: 0 Max: 2004 Mean: 85.19
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'

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>420</td>
<td>1 YRS OLD</td>
</tr>
<tr>
<td>153</td>
<td>2 YRS STARTED</td>
</tr>
<tr>
<td>546</td>
<td>3 SMOKING &quot;X&quot;</td>
</tr>
<tr>
<td></td>
<td>YEARS AGO</td>
</tr>
</tbody>
</table>

-------

1119

Refusal(-1)  5 (Go To R03481.00)
Don't Know(-2) 15 (Go To R03481.00)
TOTAL =========> 1139  VALID SKIP(-4) 7434  NON-INTERVIEW(-5) 0

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

R03480.00 [D80A] Survey Year: 2003

YEARS D80

About how many years ago did you stop smoking? DIGITS

INTERVIEWER: ENTER "0" IF LESS THAN ONE YEAR

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>69</td>
<td>0</td>
</tr>
<tr>
<td>231</td>
<td>1 TO 4</td>
</tr>
<tr>
<td>136</td>
<td>5 TO 8</td>
</tr>
<tr>
<td>122</td>
<td>9 TO 14</td>
</tr>
<tr>
<td>114</td>
<td>15 TO 19</td>
</tr>
<tr>
<td>125</td>
<td>20 TO 24</td>
</tr>
<tr>
<td>75</td>
<td>25 TO 29</td>
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<tr>
<td>48</td>
<td>30 TO 34</td>
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<tr>
<td>26</td>
<td>35 TO 39</td>
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<tr>
<td>16</td>
<td>40 TO 44</td>
</tr>
<tr>
<td>6</td>
<td>45 TO 49</td>
</tr>
<tr>
<td>15</td>
<td>50 TO 999: 50+</td>
</tr>
<tr>
<td>132</td>
<td>1800 TO 9999: GAVE YEAR</td>
</tr>
</tbody>
</table>

-------

1115

Refusal(-1)  4
Don't Know(-2) 20
TOTAL =========> 1139  VALID SKIP(-4) 7434  NON-INTERVIEW(-5) 0

Min: 0  Max: 2004  Mean: 248.46

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>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>3182</td>
<td>1 Yes</td>
</tr>
<tr>
<td>5062</td>
<td>2 No</td>
</tr>
</tbody>
</table>

----

8244

Refusal(-1) 7
Don't Know(-2) 1
TOTAL =========> 8252 VALID SKIP(-4) 321 NON-INTERVIEW(-5) 0

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

R03482.00 [D82] Survey Year: 2003

**HOW MANY DAYS HAD ALCOHOL LAST 3 MOS**

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>974</td>
<td>0 (Go To R03485.00)</td>
</tr>
<tr>
<td>1237</td>
<td>1</td>
</tr>
<tr>
<td>446</td>
<td>2</td>
</tr>
<tr>
<td>215</td>
<td>3</td>
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<td>89</td>
<td>4</td>
</tr>
<tr>
<td>71</td>
<td>5</td>
</tr>
<tr>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>70</td>
<td>7</td>
</tr>
</tbody>
</table>

----

3134

Refusal(-1) 5 (Go To R03485.00)
Don't Know(-2) 43 (Go To R03485.00)
TOTAL =========> 3182 VALID SKIP(-4) 5391 NON-INTERVIEW(-5) 0

Min: 0 Max: 7 Mean: 1.33

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

R03483.00 [D83] Survey Year: 2003

**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>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1357</td>
<td>0</td>
</tr>
<tr>
<td>307</td>
<td>1</td>
</tr>
<tr>
<td>158</td>
<td>2</td>
</tr>
</tbody>
</table>
EVER DRUNK ALCOHOLIC BEVERAGES

Have you ever drunk alcoholic beverages?

970       1 Yes
4093       2 No

Refusal(-1)            6
Don’t Know(-2)         1
TOTAL =========>  5063   VALID SKIP(-4)  3503     NON-INTERVIEW(-5)       0

EVER FELT SHOULD CUT DOWN ON DRINKING

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

405       1 Yes
3746       2 No

Refusal(-1)            1
Don’t Know(-2)         0
TOTAL =========>  4151   VALID SKIP(-4)  4421     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>DIGIT</th>
<th>CODE</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>1957</td>
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<td>1</td>
<td>787</td>
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<td>2</td>
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<td>399</td>
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<td>656</td>
</tr>
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<td>6</td>
<td>187</td>
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<tr>
<td>7</td>
<td>2388</td>
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<tr>
<td>15</td>
<td>31</td>
</tr>
<tr>
<td>16</td>
<td>31+</td>
</tr>
</tbody>
</table>

**Total:** 8251
**Valid Skip:** 322
**Non-Interview:** 0

Min: 0 Max: 70 Mean: 3.48

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

UNIT D86

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

<table>
<thead>
<tr>
<th>DIGIT</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5997</td>
</tr>
<tr>
<td>2</td>
<td>217</td>
</tr>
<tr>
<td>3</td>
<td>31</td>
</tr>
<tr>
<td>4</td>
<td>32</td>
</tr>
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</table>

**Total:** 6278
**Valid Skip:** 2295
**Non-Interview:** 0

Min: 0 Max: 70 Mean: 3.48

Lead In: R03486.00 [Default]
Default Next Question: R03488.00
R03488.00    [D86B]  Survey Year: 2003

SPECIFY D86A

Other Specify

Refusal(-1)    0
Don’t Know(-2)  0
TOTAL =========> 32  VALID SKIP(-4) 8541  NON-INTERVIEW(-5) 0

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

R03489.00    [D87]  Survey Year: 2003

HOW OFTEN VIGOROUS PHYSICAL ACTIVITY

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

<table>
<thead>
<tr>
<th>DIGITS</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5236</td>
<td>0</td>
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<tr>
<td>810</td>
<td>1</td>
</tr>
<tr>
<td>708</td>
<td>2</td>
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<td>553</td>
<td>3</td>
</tr>
<tr>
<td>237</td>
<td>4</td>
</tr>
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<td>215</td>
<td>5</td>
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<td>66</td>
<td>6</td>
</tr>
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<td>371</td>
<td>7</td>
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<td>2</td>
<td>8</td>
</tr>
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<td>3</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
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<tr>
<td>11</td>
<td>11 TO 20</td>
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<td>5</td>
<td>21 TO 30</td>
</tr>
<tr>
<td>4</td>
<td>31 TO 9999999: 31+</td>
</tr>
</tbody>
</table>

--------

8230

Refusal(-1)    6 (Go To R03492.00)
Don’t Know(-2) 16 (Go To R03492.00)
TOTAL =========> 8252  VALID SKIP(-4) 321  NON-INTERVIEW(-5) 0

Min: 0  Max: 52  Mean: 1.15

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

R03490.00    [D87A]  Survey Year: 2003

UNIT D87

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

<table>
<thead>
<tr>
<th>DIGITS</th>
<th>COUNT</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2562</td>
<td>1</td>
<td>1 PER WEEK</td>
</tr>
<tr>
<td>312</td>
<td>2</td>
<td>2 PER MONTH</td>
</tr>
<tr>
<td>90</td>
<td>3</td>
<td>3 PER YEAR</td>
</tr>
</tbody>
</table>

---
30 OTHER PERIOD (SPECIFY)

-------

2994

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 2994 VALID SKIP(-4) 5579 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 =========> 30 VALID SKIP(-4) 8543 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?

1017 1 Yes
7208 2 No
11 3 (VOL) DID NOT FEEL DEPRESSED BECAUSE ON ANTI-DEPRESSANT MEDICATION

-------

8236

Refusal(-1) 7
Don't Know(-2) 8
TOTAL =========> 8251 VALID SKIP(-4) 322 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?

278 1 ALL DAY LONG
175 2 MOST OF THE DAY
241 3 ABOUT HALF THE DAY
307 4 LESS THAN HALF THE DAY
---

1001

Refusal(-1)            3
Don't Know(-2)        13
TOTAL =========>    1017   VALID SKIP(-4)    7556     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?

401       1 Yes   (Go To R03496.00)
68       2 No

TOTAL =========>     469   VALID SKIP(-4)    8104     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        44    CHINA, PEOPLES REPUBLIC
3        47    COLOMBIA
1        55    CUBA
2        62    DOMINICAN REPUBLIC
1        65    EL SALVADOR
11       69    ETHIOPIA
1        88    GUATEMALA
4        98    INDIA
1        105    JAMAICA
6       135    MEXICO
2       152    NIGERIA
3       163    PERU
5       164    PHILIPPINES
1       172    RUSSIA
4       218    UNITED STATES
2       301    EUROPE & CENTRAL ASIA
3       302    EAST ASIA, SOUTH ASIA & THE PACIFIC
7       305    LATIN AMERICA & THE CARIBBEAN
2       306    AFRICAN SUB-SAHARAN
7       307    MIDDLE EAST & NORTH AFRICA
1       308    OCEANIA

-------
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>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>199</td>
<td>1 EVERY DAY</td>
</tr>
<tr>
<td>157</td>
<td>2 ALMOST EVERY DAY</td>
</tr>
<tr>
<td>106</td>
<td>3 LESS OFTEN THAN THAT</td>
</tr>
<tr>
<td><strong>462</strong></td>
<td></td>
</tr>
</tbody>
</table>

LOSE INTEREST

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

INTERVIEWER: IF 

<table>
<thead>
<tr>
<th>Frequency</th>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>239</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>116</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>355</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>Frequency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>356</strong></td>
<td></td>
</tr>
</tbody>
</table>
**LOSE APPETITE**

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

<table>
<thead>
<tr>
<th>216</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>137</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 3
TOTAL =========> 353
VALID SKIP(-4) 8217
NON-INTERVIEW(-5) 0

**HAVE TROUBLE FALLING ASLEEP**

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

<table>
<thead>
<tr>
<th>249</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>105</td>
<td>No</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 2
TOTAL =========> 354
VALID SKIP(-4) 8217
NON-INTERVIEW(-5) 0

**D95 HAPPEN HOW OFTEN**

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

| 109 | EVERY NIGHT |
87       2 NEARLY EVERY NIGHT
52       3 LESS OFTEN
-------
248
Refusal(-1)            0
Don’t Know(-2)         1
TOTAL =========>     249   VALID SKIP(-4)    8324     NON-INTERVIEW(-5)       0

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?

257       1 Yes
97        2 No
-------
354
Refusal(-1)            0
Don’t Know(-2)         2
TOTAL =========>     356   VALID SKIP(-4)    8217     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?

177       1 Yes
176       2 No
-------
353
Refusal(-1)            0
Don’t Know(-2)         3
TOTAL =========>     356   VALID SKIP(-4)    8217     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?
EVER FELT SAD ABOUT IMMIGRATION PROCESS

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

1419 1 Yes
6817 2 No

---
8236

Refusal(-1) 7
Don't Know(-2) 7
TOTAL =========> 8250 VALID SKIP(-4) 323 NON-INTERVIEW(-5) 0

DID PERIOD FELT SAD LAST TWO WEEKS

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?

595 1 Yes
819 2 No

---
1414

Refusal(-1) 0
Don't Know(-2) 5
TOTAL =========> 1419 VALID SKIP(-4) 7154 NON-INTERVIEW(-5) 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?
254       1 Yes
7987       2 No
-------
8241

Refusal(-1)          6
Don’t Know(-2)       4
TOTAL ===========> 8251   VALID SKIP(-4) 322   NON-INTERVIEW(-5) 0

Lead In: R03506.00[Default]
Default Next Question: R03508.00

R03508.00 [D103]                                           Survey Year: 2003

CONDITION KEEP FROM DOING SOME WORK

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

210       1 Yes
42        2 No
-------
252

Refusal(-1)          1
Don’t Know(-2)       1
TOTAL ===========> 254   VALID SKIP(-4) 8319   NON-INTERVIEW(-5) 0

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

R03509.00 [D104]                                           Survey Year: 2003

HEALTH WHILE GROWING UP

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

4353       1 EXCELLENT
2259       2 VERY GOOD
1297       3 GOOD
284        4 FAIR
47         5 POOR
-------
8240

Refusal(-1)          4
Don’t Know(-2)       7
TOTAL ===========> 8251   VALID SKIP(-4) 322   NON-INTERVIEW(-5) 0

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

R03510.00 [D105]                                           Survey Year: 2003

MISS SCHOOL DUE TO HEALTH
Because of a health condition, did you ever miss school for one month or more?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>376</td>
<td>7838</td>
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<tr>
<td>TOTAL</td>
<td>8214</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 9
Don't Know(-2) 28
TOTAL =========> 8251 VALID SKIP(-4) 322 NON-INTERVIEW(-5) 0

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

R03511.00 [D106MO]
Survey Year: 2003

MOST SERIOUS HEALTH CONDITION CAUSE D106

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

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

-------
371

Refusal(-1)  1
Don't Know(-2)  2
TOTAL =========>  374  VALID SKIP(-4)  8199  NON-INTERVIEW(-5)  0

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

--------------------------------------------------------------------------------
R03512.00    [D107]                                            Survey Year: 2003

SPORTS RESTRICTED FOR THREE MONTHS

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

257       1 Yes
7976       2 No

-------
8233

Refusal(-1)  5
Don't Know(-2)  13
TOTAL =========>  8251  VALID SKIP(-4)  322  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?

21       1 ACCIDENT RESULTING IN INJURY
2       2 ALLERGIES
2       3 ANEMIA
13      4 APPENDICITIS
19      5 ARTHRITIS/RHEUMATISM/GOUT
10      6 ASTHMA/BRONCHITIS
0       7 BACK PROBLEMS
41      8 BLOOD CLOT SYMPTOMS/DVT
1       9 BROKEN LIMB
10      10 BURN OR SCALD
5       11 OTHER BROKEN BONE
4       12 CANCER/TUMOR
8       13 COLD OR FLU
1       14 CUT/LACERATIONS CUT/LACERATIONS
15      15 CYST OR BOIL
0       16 CYSTITIS/BLADDER DISEASE
1       17 DERMATITIS/RASH
2       18 DIABETES
1       19 EAR/HEARING PROBLEMS
2       20 EPILEPSY/PALSY
2       21 EYE/VISION PROBLEM
1       22 FAINTING
6       23 FEMALE REPRODUCTIVE PROBLEMS
3       24 FOOT PROBLEMS/INJURIES
0       25 GUNSHOT WOUND
1       26 HAND PROBLEMS/INJURIES
1       27 HEAD TRAUMA/INJURY
2       28 HEADACHE/MIGRAINES
12      29 HEART/CARDIOVASCULAR PROBLEMS
6       30 HEPATITIS
3       31 OTHER LIVER DISEASE
0       32 HERNIA
0       33 HERPES
4       34 INTESTINAL INFECTION/DIGESTIVE PROBLEMS
8       35 KIDNEY DISEASE
0       36 LUPUS
2       37 MALARIA/YELLOW FEVER
1       38 MALNUTRITION
1       39 MEASLES/CHICKEN POX/MUMPS
1       40 MENINGITIS
0       41 MENTAL HEALTH PROBLEMS
3       42 MONONUCLEOSIS
1       43 PARALYSIS
0       44 PLEURISY
3       45 PNEUMONIA
4       46 OTHER RESPIRATORY INFECTION
0       47 POISONING
3       48 POLIO
2       49 RHEUMATIC FEVER
0       50 SMALLPOX
21      51 SPRAIN/TEAR/DISLOCATION
16      52 SURGERY
5       53 THYROID PROBLEM
0       54 TONSILITIS
0       55 TUBERCULOSIS/TB
0       56 TYPHOID/TYPHUS
0       57 ULCERS
3       99 UNKNOWN
Refusal(-1) 2
Don’t Know(-2) 0
TOTAL ========== 257  VALID SKIP(-4) 8316  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?

1\n11 1 T0 4\n34 5 T0 8\n98 9 T0 14\n59 15 T0 19\n23 20 T0 24\n9 25 T0 29\n9 30 T0 34\n4 35 T0 39\n3 40 T0 44\n1 45 T0 49\n1 65 T0 69

Refusal(-1) 0
Don’t Know(-2) 4
TOTAL ========== 257  VALID SKIP(-4) 8316  NON-INTERVIEW(-5) 0

Min: 0 Max: 65 Mean: 15

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

CONFINE TO BED DUE TO HEALTH

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

381 1 Yes\n7855 2 No

Refusal(-1) 5
Don’t Know(-2) 10
TOTAL ========== 8251  VALID SKIP(-4) 322  NON-INTERVIEW(-5) 0

Lead In: R03514.00[Default]
### MOST SERIOUS HEALTH CONDITION CAUSE D110

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>ACCIDENT RESULTING IN INJURY</td>
</tr>
<tr>
<td>3</td>
<td>ALLERGIES</td>
</tr>
<tr>
<td>2</td>
<td>ANEMIA</td>
</tr>
<tr>
<td>24</td>
<td>APPENDICITIS</td>
</tr>
<tr>
<td>3</td>
<td>ARTHRITIS/RHEUMATISM/GOUT</td>
</tr>
<tr>
<td>8</td>
<td>ASTHMA/BRONCHITIS</td>
</tr>
<tr>
<td>10</td>
<td>BACK PROBLEMS</td>
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<tr>
<td>1</td>
<td>BLOOD CLOT SYMPTOMS/DVT</td>
</tr>
<tr>
<td>39</td>
<td>BROKEN LIMB</td>
</tr>
<tr>
<td>6</td>
<td>BURN OR SCALD</td>
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<tr>
<td>1</td>
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<tr>
<td>8</td>
<td>CANCER/TUMOR</td>
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<tr>
<td>13</td>
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<tr>
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<td>MALNUTRITION</td>
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<tr>
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<td>MEASLES/CHICKEN POX/MUMPS</td>
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<td>RHEUMATIC FEVER</td>
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</table>
0 50 SMALLPOX
9 51 SPRAIN/TEAR/DISLOCATION
27 52 SURGERY
2 53 THYROID PROBLEM
2 54 TONSILITIS
0 55 TUBERCULOSIS/TB
11 56 TYPHOID/TYPHUS
1 57 ULCERS
9 99 UNKNOWN

-------
377

Refusal(-1) 0
Don’t Know(-2) 3
TOTAL =========> 380
VALID SKIP(-4) 8193
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?

2923 1 EXCELLENT
2750 2 VERY GOOD
2046 3 GOOD
357 4 FAIR
63 5 POOR

-------
8139

Refusal(-1) 10
Don’t Know(-2) 102
TOTAL =========> 8251
VALID SKIP(-4) 322
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?

1771 1 MORE THAN ONCE A YEAR
2672 2 ABOUT ONCE A YEAR
494 3 ABOUT ONCE EVERY TWO YEARS
2297 4 SELDOM
967 5 NEVER

-------
8201
Refusal(-1)  6
Don’t Know(-2)  44
TOTAL =========>  8251  VALID SKIP(-4)  322  NON-INTERVIEW(-5)  0

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

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

R03519.00  [D114]  Survey Year: 2003

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?

1461    1
269     2
502     3
346     4
1516    5
443     6
652     7
956     8
605     9
1420   10 TO 99999999999: 10+

--------

8170

Refusal(-1)  9
Don’t Know(-2)  59
Invalid Skip(-3)  13
TOTAL =========>  8251  VALID SKIP(-4)  322  NON-INTERVIEW(-5)  0

Min:  1  Max:  10  Mean:  5.75

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

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

R03520.00  [D115]  Survey Year: 2003

RARELY ATE BEFORE U.S.

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

4010  1 Yes
4194  2 No

--------

8204

Refusal(-1)  8
Don’t Know(-2)  39
TOTAL =========>  8251  VALID SKIP(-4)  322  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?

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 4010 VALID SKIP(-4) 4563 NON-INTERVIEW(-5) 0

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>3509</td>
<td>4693</td>
</tr>
</tbody>
</table>

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8202

Refusal(-1) 11
Don't Know(-2) 38
TOTAL =========> 8251 VALID SKIP(-4) 322 NON-INTERVIEW(-5) 0

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

R03523.00 [D118] Survey Year: 2003

MOST IMPORTANT THING RARELY EAT NOW

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

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 3508 VALID SKIP(-4) 5065 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 =========> 8251 VALID SKIP(-4) 322 NON-INTERVIEW(-5) 0
R03525.00    [D120]                                            Survey Year: 2003

CHANGE USUAL SOURCE OF HEALTH CARE

Did you change your usual source of your health care in the United States when you became a permanent resident?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>401</td>
<td>1 Yes</td>
</tr>
<tr>
<td>3919</td>
<td>2 No</td>
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<tr>
<td>------</td>
<td></td>
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<tr>
<td>4320</td>
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</tr>
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</table>

Refusal(-1) 4
Don't Know(-2) 23
TOTAL =========> 4347   VALID SKIP(-4) 4226   NON-INTERVIEW(-5) 0

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?

<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>4304   VALID SKIP(-4)</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td>1 Yes</td>
</tr>
<tr>
<td>7717</td>
<td>2 No</td>
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<tr>
<td>------</td>
<td></td>
</tr>
<tr>
<td>8217</td>
<td></td>
</tr>
</tbody>
</table>

Refusal(-1) 9
Don't Know(-2) 25
TOTAL =========> 8251   VALID SKIP(-4) 322   NON-INTERVIEW(-5) 0
HAS R EVER RECEIVED HEALTH TREATMENT - CHIROPRACTIC CARE?

Have you ever received... chiropractic care?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>748</td>
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<tr>
<td>7480</td>
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</tr>
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</table>

TOTAL = 8228

Refusal(-1) 9
Don't Know(-2) 14

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

HAS R EVER RECEIVED HEALTH TREATMENT - MASSAGE THERAPY?

Have you ever received... massage therapy?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1014</td>
<td>Yes</td>
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<tr>
<td>7223</td>
<td>No</td>
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</table>

TOTAL = 8237

Refusal(-1) 10
Don't Know(-2) 4

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

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

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

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
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</tr>
<tr>
<td>8150</td>
<td>No</td>
</tr>
</tbody>
</table>

TOTAL = 8203

Refusal(-1) 11
Don't Know(-2) 37

Leads In: R03529.00 [Default]
Default Next Question: R03530.00
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

| 488 | 1 Yes |
| 7739 | 2 No |
|-------|
| 8227 |

Refusal(-1) 11
Don't Know(-2) 13
TOTAL ======> 8251 VALID SKIP(-4) 322 NON-INTERVIEW(-5) 0

HAS R EVER RECEIVED HEALTH TREATMENT - HOMEOPATHIC TREATMENT?

Have you ever received... homeopathic treatment?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

| 497 | 1 Yes |
| 7717 | 2 No |
|-------|
| 8214 |

Refusal(-1) 10
Don't Know(-2) 27
TOTAL ======> 8251 VALID SKIP(-4) 322 NON-INTERVIEW(-5) 0

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

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

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

| 794 | 1 Yes |
| 7428 | 2 No |
|-------|
| 8222 |
Refusal(-1)           10
Don't Know(-2)        19
TOTAL =========>    8251   VALID SKIP(-4)     322     NON-INTERVIEW(-5)       0

Lead In: R03532.00[Default]
Default Next Question: R03534.00
--------------------------------------------------------------------------------
R03534.00    [D122.08]                                         Survey Year: 2003

HAS R EVER RECEIVED HEALTH TREATMENT - HYPNOSIS?

Have you ever received... hypnosis?

INTERVIEWER: PLEASE SELECT ALL THAT APPLY

59       1 Yes
8173       2 No
-------
8232

Refusal(-1)           10
Don't Know(-2)        9
TOTAL =========>    8251   VALID SKIP(-4)     322     NON-INTERVIEW(-5)       0

Lead In: R03533.00[Default]
Default Next Question: R03535.00
--------------------------------------------------------------------------------
R03535.00    [D122.09]                                         Survey Year: 2003

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

721       1 Yes
7508       2 No
-------
8229

Refusal(-1)           10
Don't Know(-2)        12
TOTAL =========>    8251   VALID SKIP(-4)     322     NON-INTERVIEW(-5)       0

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

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

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

240       1 Yes
260       2 No
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?

174   1 Yes
574   2 No

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?

444   1 Yes
569   2 No

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?
28       1 Yes
25       2 No
-------
53

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  53  VALID SKIP(-4)  8520  NON-INTERVIEW(-5)  0

Lead In: R03538.00[Default]
Default Next Question: R03540.00

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

268       1 Yes
220       2 No
-------
488

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  488  VALID SKIP(-4)  8085  NON-INTERVIEW(-5)  0

Lead In: R03539.00[Default]
Default Next Question: R03541.00

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?

307       1 Yes
187       2 No
-------
494

Refusal(-1)  0
Don't Know(-2)  2
TOTAL =========>  496  VALID SKIP(-4)  8077  NON-INTERVIEW(-5)  0

Lead In: R03540.00[Default]
Default Next Question: R03542.00

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>1 Yes</th>
<th>2 No</th>
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</thead>
<tbody>
<tr>
<td>Result</td>
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<td></td>
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<tr>
<td>Don’t Know(-2)</td>
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<td>TOTAL</td>
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</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result</td>
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<td>Refusal(-1)</td>
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<td></td>
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<tr>
<td>Don’t Know(-2)</td>
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<td>TOTAL</td>
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<td>VALID SKIP(-4) 8514 NON-INTERVIEW(-5) 0</td>
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Lead In: R03542.00[Default]
Default Next Question: R03544.00

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

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result</td>
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<td></td>
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<td>Don’t Know(-2)</td>
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Lead In: R03543.00[Default]
Default Next Question: R03545.00
DID R RECEIVED HEALTH TREATMENT IN U.S.? ACUPUNCTURE

Did you ever receive ACUPUNCTURE in the United States?

```
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>No</td>
<td>293</td>
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<tr>
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Refusal(-1) 0
Don't Know(-2) 0

TOTAL =========> 500
VALID SKIP(-4) 8073
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?

```
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>No</td>
<td>173</td>
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<tr>
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<td>-----</td>
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</table>
```

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

TOTAL =========> 748
VALID SKIP(-4) 7825
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?

```
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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</tr>
<tr>
<td>No</td>
<td>441</td>
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Refusal(-1) 0
Don't Know(-2) 0

TOTAL =========> 1014
VALID SKIP(-4) 7559
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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>34</td>
<td>53</td>
</tr>
</tbody>
</table>

Refusal(-1) 0
Don't Know(-2) 0
TOTAL 53

VALID SKIP(-4) 8520 NON-INTERVIEW(-5) 0

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>225</td>
<td>263</td>
<td>488</td>
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Refusal(-1) 0
Don't Know(-2) 0
TOTAL 488

VALID SKIP(-4) 8085 NON-INTERVIEW(-5) 0

Did you ever receive HOMEOPATHIC TREATMENT in the United States?

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Refusal(-1) 0
Don't Know(-2) 0
TOTAL 497

VALID SKIP(-4) 8076 NON-INTERVIEW(-5) 0

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

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

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

Lead In: R03547.00[Default]  
Default Next Question: R03549.00

---

Lead In: R03548.00[Default]  
Default Next Question: R03550.00

---

Lead In: R03549.00[Default]  
Default Next Question: R03551.00

---

Lead In: R03549.00[Default]  
Default Next Question: R03551.00

---

Lead In: R03549.00[Default]  
Default Next Question: R03551.00

---

Lead In: R03549.00[Default]  
Default Next Question: R03551.00

---
438       1 Yes
355       2 No
-------
793

Refusal(-1)  0
Don't Know(-2)  1
TOTAL =========>  794  VALID SKIP(-4)  7779  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?

26       1 Yes
33       2 No
-------
59

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  59  VALID SKIP(-4)  8514  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?

230       1 Yes
491       2 No
-------
721

Refusal(-1)  0
Don't Know(-2)  0
TOTAL =========>  721  VALID SKIP(-4)  7852  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?
5737  1 Yes
2400  2 No
-------
8137

Refusal(-1)  10
Don't Know(-2)  104
TOTAL =========>  8251  VALID SKIP(-4)  322  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?

430  1 Yes
5290  2 No
-------
5720

Refusal(-1)  2
Don't Know(-2)  15
TOTAL =========>  5737  VALID SKIP(-4)  2836  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?

233  1 Yes
196  2 No
-------
429

Refusal(-1)  0
Don't Know(-2)  1
TOTAL =========>  430  VALID SKIP(-4)  8143  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?

206  1 Yes
27  2 No
-------
233

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =======> 233 VALID SKIP(-4) 8340 NON-INTERVIEW(-5) 0

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

R03560.00 [D130MO] Survey Year: 2003

HOW TALL

About how much do you weigh? DIGITS

173 1 T0 50
1727 51 T0 100
3156 101 T0 150
2612 151 T0 200
338 201 T0 250
26 251 T0 300
4 301 T0 350
1 351 T0 400
-------
8038

Refusal(-1) 58 (Go To R03560.00)
Don’t Know(-2) 155 (Go To R03560.00)
TOTAL =======> 8251 VALID SKIP(-4) 322 NON-INTERVIEW(-5) 0

Min: 0 Max: 375 Mean: 134.4

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

R03559.00 [D129AMO] Survey Year: 2003

UNIT WEIGH

About how much do you weigh? UNIT

6254 1 POUNDS
1784 2 KILOGRAMS
-------
8038

Refusal(-1) 0
Don’t Know(-2) 0
TOTAL =======> 8038 VALID SKIP(-4) 535 NON-INTERVIEW(-5) 0

Lead In: R03558.00[Default]
Default Next Question: R03560.00
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

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7976

Refusal(-1)  40
Don't Know(-2)  235
TOTAL =========>  8251  VALID SKIP(-4)  322  NON-INTERVIEW(-5)  0

Min: 0  Max: 195  Mean: 33.86

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.

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7957
Refusal(-1) 0
Don't Know(-2) 6
TOTAL =======> 7963 VALID SKIP(-4) 610 NON-INTERVIEW(-5) 0

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

R03562.00 [D130BMO] Survey Year: 2003

HOW TALL METERS AND FEET

About how tall are you? DIGITS

INTERVIEWER: ADDITIONAL CENTIMETERS OR INCHES

727 0
1937 1 TO 4
2163 5 TO 8
883 9 TO 14
 1 15 TO 19
 2 20 TO 24
 3 25 TO 29
 1 35 TO 39
 5 40 TO 44
 7 45 TO 49
 75 50 TO 54
 87 55 TO 59
131 60 TO 64
127 65 TO 69
117 70 TO 74
 86 75 TO 79
 43 80 TO 84
 17 85 TO 89
 3 90 TO 94
 1 95 TO 99
 1 160 TO 164
 1 170 TO 174

-------
6418

Refusal(-1) 1
Don't Know(-2) 21
TOTAL =======> 6440 VALID SKIP(-4) 2133 NON-INTERVIEW(-5) 0

Min: 0 Max: 170 Mean: 11.54

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

757 1 CENTIMETERS
4962 2 INCHES
5719

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 5719 VALID SKIP(-4) 2854 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

1 0
42 1 TO 100
39 101 TO 200
10 201 TO 300
9 301 TO 400
4 401 TO 500
7 501 TO 600
7 601 TO 700
7 701 TO 800
11 801 TO 900
20 901 TO 1000
6742 1001 TO 5000
1672 5001 TO 9999999999: >5000

8571

Refusal(-1) 0
Don't Know(-2) 0
TOTAL =========> 8571 VALID SKIP(-4) 2 NON-INTERVIEW(-5) 0

Min: 0 Max: 29152 Mean: 3792.15

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

niswgtsamp!
Sampling weight

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NIS 2003-1 Section D Codebook