

Well Being 96

intro intro1

We are interested in understanding people's opinions and knowledge about health matters. Thank you for taking the time to complete this survey.

IF (GENDER = empty) THEN

|
| **gender** GENDER
| What is your gender?
| 1 Male
| 2 Female
|
ENDIF

IF (CALCULATED AGE = empty) THEN

|
| **calcage** CALCULATED AGE
| What is your age?
| Integer
|
ENDIF

IF (HIGHEST EDUCATION = empty) THEN

|
| **highesteducation** HIGHEST EDUCATION
| What is the highest level of school you have completed or the highest degree you have received?
| 1 Less than 1st grade
| 2 1st,2nd,3rd,or 4th grade
| 3 5th or 6th grade
| 4 7th or 8th grade
| 5 9th grade
| 6 10th grade
| 7 11th grade
| 8 12th grade NO DIPLOMA
| 9 HIGH SCHOOL GRADUATE high school DIPLOMA or the equivalent (For example: GED)
| 10 Some college but no degree
| 11 Associate degree in college Occupational/vocational program
| 12 Associate degree in college Academic program
| 13 Bachelor's degree (For example: BA,AB,BS)
| 14 Master's degree (For example: MA,MS,MEng,MEd,MSW,MBA)
| 15 Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
| 16 Doctorate degree (For example: PhD,EdD)
|
ENDIF

IF (FAMILY INCOME = empty) THEN

|
| **familyincome** FAMILY INCOME
| Which category represents the total combined income of all members of your family (living here)
| during the past 12 months?This includes money from jobs, net income from business, farm or rent,
| pensions, dividends, interest, social security payments and any other money income received by
| members of your family who are 15 years of age or older.
| 1 Less than \$5,000

| 2 \$5,000 to \$7,499
| 3 \$7,500 to \$9,999
| 4 \$10,000 to \$12,499
| 5 \$12,500 to \$14,999
| 6 \$15,000 to \$19,999
| 7 \$20,000 to \$24,999
| 8 \$25,000 to \$29,999
| 9 \$30,000 to \$34,999
| 10 \$35,000 to \$39,999
| 11 \$40,000 to \$49,999
| 12 \$50,000 to \$59,999
| 13 \$60,000 to \$74,999
| 14 \$75,000 or more

| IF FAMILY INCOME = ,000 or more THEN

||

|| **familyincome_part2** HIGHER INCOME FOLLOW UP CATEGORIES

|| You told us that the total combined income of all members of your family (living here) during
|| the preceding 12 months was more than \$75,000. Thinking about the total combined income of your
|| family from all sources, approximately how much did members of your family receive during the
|| previous 12 months?

|| 1 \$75,000-\$99,999
|| 2 \$100,000-\$124,999
|| 3 \$125,000-\$199,999
|| 4 \$200,000 or more

||

| ENDIF

|

ENDIF

IF (RATE HEALTH = empty) THEN

|

| **C001_** RATE HEALTH

| Would you say your health is excellent, very good, good, fair, or poor?

| 1 (EXCELLENT) Excellent
| 2 (VERYGOOD) Very good
| 3 (GOOD) Good
| 4 (FAIR) Fair
| 5 (POOR) Poor

|

ENDIF

IF (WEIGHT IN POUNDS = empty) THEN

|

| **C139_** WEIGHT IN POUNDS

| About how much do you weigh?

| Range: 50..500

|

ENDIF

IF (HEIGHT FEET = empty OR HEIGHT INCHES = empty) THEN

|

| [The following questions are displayed as a table]

|

| **C141_intro** TALL INTRO

| About how tall are you? Record to the quarter of an inch. For example, record 7 1/4 inches as 7.25. Record 7 inches as 7.00

| **C141_** HEIGHT FEET

| Range: 3..7

| **C142_** HEIGHT INCHES

| Range: 0.00..12.00

| [End of table display]

ENDIF

HL001 how confident filling out medical form

How confident are you filling out medical forms by yourself?

- 1 Extremely
- 2 Quite a bit
- 3 Somewhat
- 4 A little bit or not at all
- 5 Never had to complete a medical form

HL006 rate knowledge health matters

How would you rate your knowledge about health matters?

- 1 Very low
- 2 Low
- 3 Intermediate
- 4 Good
- 5 Very good

HL007 how many cups of green beans need to eat

According to HHS Dietary Guidelines for Americans, adults should eat 4-5 servings of vegetables every day. How many cups of green beans would you need to eat to fulfill this requirement? (Please note: one cup = 8 oz.)

Integer

HL010 reducing salt intake high blood pressure

Reducing salt intake [can/cannot] help control high blood pressure. True or false?

- 1 True
- 2 False

HL011 someone like you considered overweight

For someone of your height and sex, over what weight would they be considered overweight?

Integer

HL012 someone like you considered obese

For someone of your height and sex, over what weight would they be considered obese?

Integer

HL013 what age screening for colon cancer

At what age should someone of average risk start getting screened for colon cancer?

Range: 0..120

HL014 children age seasonal flu shot

Children under what age should get a seasonal flu shot once a year?

Range: 0..120

HL015 people age seasonal flu shot

Adults over what age should get a seasonal flu shot once a year?

Range: 0..120

HL016 never - used to - currently smoking

Which of the following describes you?

1 I have never smoked.

2 I used to smoke, but do not currently smoke.

3 I am currently a smoker.

IF GENDER = Male THEN

|

| **HL017_male** someone same age and sex most likely death male

| For someone of your age and sex[, who has never smoked/, who formerly smoked/, who currently smokes], which of the following is most likely to result in death over the next 10 years?

| 1 Accidents

| 2 Heart disease

| 3 Lung cancer

| 4 Prostate cancer

| 5 Stroke

|

| **HL018_male** someone same age and sex least likely death male

| For someone of your age and sex[, who has never smoked/, who formerly smoked/, who currently smokes], which of the following is least likely to result in death over the next 10 years?

| 1 Accidents

| 2 Heart disease

| 3 Lung cancer

| 4 Prostate cancer

| 5 Stroke

|

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|

| **HL017_female** someone same age and sex most likely death female

| For someone of your age and sex[, who has never smoked/, who formerly smoked/, who currently smokes], which of the following is most likely to result in death over the next 10 years?

| 1 Accidents

| 2 Breast cancer

| 3 Heart disease

| 4 Lung cancer

| 5 Stroke

|

| **HL018_female** someone same age and sex least likely death female

| For someone of your age and sex[, who has never smoked/, who formerly smoked/, who currently smokes], which of the following is least likely to result in death over the next 10 years?

| 1 Accidents

| 2 Breast cancer

| 3 Heart disease

| 4 Lung cancer

| 5 Stroke

|

ENDIF

HL019 signs of heart attack

Which of the following in isolation or combination with others can be signs of a heart attack?

Please check all that apply.

- 1 Chest pain or discomfort
- 2 Pain in the arm, jaw or neck
- 3 Headache
- 4 Breaking out in a cold sweat
- 5 Extreme weakness/feeling faint

[The following questions are displayed as a table]

HL002time what time take prescription

Consider the following prescription label: Doxycycline 100 MG 20/0 Take medication on empty stomach one hour before or two hours after a meal unless otherwise directed by your doctor. If you eat lunch at 12:00 noon and you want to take this medicine before lunch, what time should you take it?

- 1 1:00
- 2 1:15
- 3 1:30
- 4 1:45
- 5 2:00
- 6 2:15
- 7 2:30
- 8 2:45
- 9 3:00
- 10 3:15
- 11 3:30
- 12 3:45
- 13 4:00
- 14 4:15
- 15 4:30
- 16 4:45
- 17 5:00
- 18 5:15
- 19 5:30
- 20 5:45
- 21 6:00
- 22 6:15
- 23 6:30
- 24 6:45
- 25 7:00
- 26 7:15
- 27 7:30
- 28 7:45
- 29 8:00
- 30 8:15
- 31 8:30
- 32 8:45
- 33 9:00
- 34 9:15
- 35 9:30
- 36 9:45

37 10:00
38 10:15
39 10:30
40 10:45
41 11:00
42 11:15
43 11:30
44 11:45
45 12:00
46 12:15
47 12:30
48 12:45

HL002 am/pm take prescription

Consider the following prescription label: Doxycycline 100 MG 20/0 Take medication on empty stomach one hour before or two hours after a meal unless otherwise directed by your doctor. If you eat lunch at 12:00 noon and you want to take this medicine before lunch, what time should you take it?

1 am
2 pm

[End of table display]

HL003 intro container ice cream

For the next two questions, refer to the following nutrition label from a container of a pint of ice cream.

HL004 how many calories container ice cream

If you eat the entire container, how many calories will you eat?

String

HL005 stop eating reduce grams fat container ice cream

Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

String

CS_001 HOW PLEASANT INTERVIEW

Could you tell us how interesting or uninteresting you found the questions in this interview?

1 Very interesting
2 Interesting
3 Neither interesting nor uninteresting
4 Uninteresting
5 Very uninteresting