Tel#_____ **Name:_____**

Date called_____ Time _____ Date of Birth:_____

Mm/dd/yr

Asian Indian Survey

(Please answer all questions to the best of your ability. There is no right or wrong answer)

2 Additional Contacts

Contact 1: Name_____ **Contact 2:** Name_____

Phone No.-home _____ Phone No.-home _____

Phone No.-work _____ Phone No.-work _____

Address_____ Address_____

Section 1: Background Information

1. Sex: Female Male State/Country of Origin _____

2. About how tall are you without shoes? _____ Feet _____Inches

3. About how much do you weigh without shoes? _____Weight in pounds

4. If your parents are alive how old are they?

   Age (years)

   Mother _____

   If deceased, Yr of death_____ Age at death____

   Father_____

   If deceased, Yr of death_____ Age at death____

   How old was your mother when she had her first child? _____

5. If female, did you have a baby weighing more than nine pounds at birth? Yes no

6. Were you born in the USA?

   Yes → **If yes, skip to question 8**

   No → If No, How many years have you lived in the US? _____years

7. Has your diet changed since you came to the US?

   No

   Yes If Yes, please specify_____

8. What type of food do you consume? (check all that apply)

   ____Home cooked ____Restaurant food ____Fast-food ____Snacks

9. Are you a vegetarian? ____Yes ____No

10. Are you currently taking multiple vitamin supplements?

    ___ Yes (If yes, what brand?_____)

    ___No

11. Are you:
    a. Married
    b. Divorced
    c. Widowed
    d. Separated
    e. Never been married
    f. A member of an unmarried couple

12. How many people live with you now?
    _____Adults (18 years or over) _____Children _____Parents

13. What is the highest grade or year of school you completed?
    a. Grades 1 through 8 (Elementary)
    b. Grades 9 through 11 (some high school)
    c. Grade 12 or GED (High school graduate)
    d. College 1 year to 3 years (Some college or technical school)
    e. College 4 years or more (College graduate)
    f. Post graduate
    g. Professional training (medical school, computer science, engineering, etc)

14. If you are married, what is the highest grade or year of school your spouse has completed?_____

15. Are you currently:
    a. Employed for wages
    b. Self-employed
    c. Out of work
    d. Homemaker
    e. Student
    f. Retired g. Unable to work

Section 2: Language & Culture

In your opinion, how well do you:

1. Understand spoken English?
    a) very well b) pretty well
    c) not too well d) not at all
2. Speak English?
    a) very well b) pretty well
    c) not too well d) not at all
3. Read English?
    a) very well b) pretty well
    c) not too well d) not at all
4. Write in English?
    a) very well b) pretty well
    c) not too well d) not at all

What language do you usually use:

5. With most of your friends?
    a) only English b) mostly English
    c) Indian language and English equally
    d) mostly Indian language e) only Indian language
6. With most of your neighbors?
    a) only English b) mostly English
    c) Indian language and English equally
    d) mostly Indian language e) only Indian language
7. At family gatherings such as birthdays or holidays?
    a) only English b) mostly English
    c) Indian language and English equally
    d) mostly Indian language e) only Indian language

8. What kinds of foods do you eat?
   a) only American b) mostly American
   c) Indian and American equally
   d) only Indian
9. In general, what languages do you speak at home?
   a) only American b) mostly American
   c) Indian and American equally
   d) only Indian
10. What sort of videos and music do you prefer to watch and listen?
   1 = Only Asian
   2 = More Asian than American
   3 = More American than Asian
   5 = Only American
   6 = Don't watch videos

11. What do you consider your national identity?

   a. _____ Very Indian
   b. _____ More Indian than American
   c. _____ Indo-American
   d. _____ More American than Indian
   e. _____ Very American

Please indicate if you strongly agree, agree, disagree or strongly disagree with the following statements:

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Indians should celebrate their Indian religious festivals					
Indians should celebrate American festivals and holidays					
Indians in the US should adhere strictly to their cultural values, customs, religion and rituals					
Indians in the US should preserve their cultural heritage					
Indians in the US should only marry other Indians					

Section 3: Health Background

1. Do you currently use tobacco everyday, some days, or not at all?
   a. Everyday
   b. Some days
   c. Not at all → **Skip to question 4**

2. Do you use: Chewing tobacco____ Cigarettes____ Cigars____ Smokeless tobacco____
   (Check all that apply)

3. On average, about how many cigarettes/cigars/chewing tobacco/smokeless tobacco a day do you now use? Number _____

4. During the <u>past month</u>, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
   a. Yes b. No → **Skip to question 5**

   If YES, how many alcoholic drinks do you consume? (A "drink" is a glass of wine, a wine cooler, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)
   _____ Special occasions only _____< 1 per week _____1 to 6 per week
   _____1 per day _____2 per day _____More than 3 per day

5. Did a doctor or a nurse ever examine you for any of the following conditions? Please answer yes or no. (Read choices)

	Yes	No	Never Heard of Disease	Don't know/ Not sure	Refused
High Blood Cholesterol (fatty substance in blood)					
Breast Cancer					
Cervical Cancer					
Colo-rectal Cancer					
Prostate Cancer					
Diabetes					
Heart Disease					
High Blood Pressure					
Depression					
Arthritis					
Osteoporosis					
Kidney problems					
Thyroid problems					
Back problems					

6. Did a doctor or a nurse ever say you had any of the following conditions? Please answer yes or no. (Read choices)

	Yes	No	Never Heard of Disease	DK/NS	Refused
High Blood Cholesterol (fatty substance in blood)					
Breast Cancer					
Cervical Cancer					
Colo-rectal Cancer					
Prostate Cancer					
Diabetes					
Heart Disease					
High Blood Pressure					
Depression					

Arthritis					
Osteoporosis					
Kidney problems					
Thyroid problems					
Back problems					
Mental problems					

7. Now, I'm going to ask you about your opinions on cancer.

	Yes	No	DK/NS	Refused
Do you think that certain cancers can run in the family?				
Do you think that cancer is contagious?				
Do you think that eating certain food might cause cancer?				
Do you think that getting cancer is in your hands?				
Do you think that some cancers can be cured?				
Do you think cancer can be prevented?				
Do you think that you could have cancer without knowing it?				
Do you worry about getting cancer?				
Do you think that cancer is a topic that shouldn't be discussed?				
Do you believe that all adults should have regular screenings for cancer?				

8. Do you have any family history of illness of any of the following (please do not include spouse and his/her family members)?

Condition	**Brother**	**Sister**	**Father**	**Mother**	**Grand parents/ uncles, aunts, etc)**
Diabetes					
Heart attacks before age 50					
High blood pressure					
Stroke					
Kidney dialysis					
Cancer (please specify what kind)					
Jaundice					
Arthritis					
High Blood Cholesterol					
Depression					

9. Do you have any Dietary Restriction (medical)?

No_____ Yes_____

(If Yes, please specify: _____)

Section 4: Lifestyle Profile

The following questions in this section are about your personal habits. You will answer either Never, Sometimes, Often, or Always to indicate how often you engage in each behavior.

(For interviewers = N for never, **S** for sometimes, **O** for often, or **A** for always)

How often do you…

1) Discuss your problems and concerns with people close to you?	N	S	O	A
2) Choose a diet low in fat, saturated fat, and cholesterol?	N	S	O	A
3) Report any unusual signs or symptoms to a physician or other health professional?	N	S	O	A
4) Follow a planned exercise program?	N	S	O	A
5) Get enough sleep?	N	S	O	A
6) Feel you are growing and changing in positive ways?	N	S	O	A
7) Praise other people easily for their achievements?	N	S	O	A
8) Limit use of sugars and food containing sugar (sweets)?	N	S	O	A
9) Read or watch TV programs about improving health?	N	S	O	A
10) Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber)?	N	S	O	A
11) Take some time for relaxation each day?	N	S	O	A
12) Believe that your life has purpose?	N	S	O	A
13) Maintain meaningful and fulfilling relationships with others?	N	S	O	A
14) Eat 6-11 servings of roti, chapati, idli, rice, or nan each day?	N	S	O	A
15) Question health professionals in order to understand their instructions?	N	S	O	A
16) Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week)?	N	S	O	A
17) Accept those things in your life which you cannot change?	N	S	O	A
18) Look forward to the future?	N	S	O	A

19) Spend time with close friends?	N	S	O	A
20) Eat 2-4 servings of fruit each day?	N	S	O	A
21) Get a second opinion when you question your health care provider's advice?	N	S	O	A
22) Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling)?	N	S	O	A
23) Concentrate on pleasant thoughts at bedtime?	N	S	O	A
24) Feel content and at peace with yourself?	N	S	O	A
25) Find it easy to show concern, love, and warmth to others?	N	S	O	A
26) Eat 3-5 servings of vegetables each day?	N	S	O	A
27) Discuss your health concerns with health professionals?	N	S	O	A
28) Do stretching exercises or yoga at least 3 times per week?	N	S	O	A
29) Use specific methods to control your stress?	N	S	O	A
30) Work toward long-term goals in your life?	N	S	O	A
31) Touch and be touched by people you care about?	N	S	O	A
32) Eat 2-3 servings of milk, buttermilk, or curd each day?	N	S	O	A
33) Inspect your body at least monthly for physical changes/danger signs?	N	S	O	A
34) Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking the car away from destination and walking)?	N	S	O	A
35) Balance time between work and play?	N	S	O	A
36) Find each day interesting and challenging?	N	S	O	A
37) Find ways to meet your needs for intimacy?	N	S	O	A
38) Eat only 2-3 servings from the meat, poultry, fish, dhal, eggs, and nuts group each day?	N	S	O	A

39) Ask for information from health professionals about how to take good care of yourself?	N	S	O	A
40) Check your pulse rate when exercising?	N	S	O	A
41) Practice relaxation or meditation for 15-20 minutes daily?	N	S	O	A
42) Aware of what is important to you in life?	N	S	O	A
43) Get support from a network of caring people?	N	S	O	A
44) Read labels to identify nutrients, fats, and sodium content in packaged food?	N	S	O	A
45) Attend educational programs on personal health care?	N	S	O	A
46) Reach your target heart rate when exercising?	N	S	O	A
47) Pace yourself to prevent tiredness?	N	S	O	A
48) Feel connected with some force greater than yourself?	N	S	O	A
49) Settle conflicts with others through discussion and compromise?	N	S	O	A
50) Eat breakfast?	N	S	O	A
51) Seek guidance when necessary?	N	S	O	A
52) Expose yourself to new experiences and challenges?	N	S	O	A

Section 5: Physical Activity

Can you tell me how often you participate in the following physical activities in an average week.

	Less than twice per week	Three or four times per week	Five or more times per week	never
Muscle strengthening exercises or weight lifting				
Flexibility exercises, such as yoga				
Aerobic exercise, such as walking, jogging, swimming, playing tennis, for at least 20 minutes at a time				

Section 6: Healthcare

1. Now I am going to ask you some questions regarding your experiences with receiving health care. Thinking of your experiences with receiving health care in the past 12 months, have you felt uncomfortable or been treated badly by your health care provider?

a. Yes_____
b. No_____ **Skip to Question 3**
c. Unsure_____

2. i.) Do you think you felt uncomfortable or were treated badly because of your (Check all that apply)
   a. Race/ethnicity i.e., you were Indian
   b. Gender
   c. Age
   d. Health or disability
   e. Income level

   ii.) Do you think you would receive better health care if you were a different race?
   a. Yes b. No c. Unsure

3. In the past 12 months, how many times did you go to a doctor's office or clinic to get care for yourself? Would you say:
   a. None – **Skip to Question 6**
   b. Once
   c. Twice Specify reason(s) for your visit_____
   d. 3 times
   e. 4 times
   f. 5 to 9 times
   g. 10 or more times

4. Do you have one person you think of as your personal doctor or healthcare provider?
   a. Yes, only one
   b. More than one
   c. No

4. What is the your doctor's race?
   a. Asian
   b. Indian
   c. African American
   d. White
   e. Hispanic

In the past …	Never	Sometimes	Usually	Always
5. How often did doctors or other health providers listen carefully to you?				
6. How often did doctors or other health providers explain things in a way you could understand?				
7. How often did doctors or other health providers show respect for what you had to say?				
8. How often did doctors or other health providers spend enough time with you?				

9. We want to know your rating of all your health care in the last 12 months from all doctors and other health providers. Use any number from 1 to 5 where 1 is the worst heath care possible, and 5 is the best health care possible. How would you rate all your health care?

   a. 1, worst health care possible

b. 2
c. 3
d. 4
e. 5, best health care possible

10. Do you use any alternative medicine (ex- herbal, homeopathy, ayurvedy, etc.)?
    a. Yes→If yes, please specify_____
    b. No

11. Compared to others your age, how would you rate your overall physical health?
    Poor Fair Good Very Good Excellent

13. Compared to others your age, how would you rate your overall mental health?

    Poor Fair Good Very good Excellent

14. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
    a. Yes
    b. No

15. As I read each of the following kinds of health plans, please tell me whether or not you yourself are (currently) covered by that plan.

	Yes	No	DK/NS	Refused
Health insurance through your work or union				
Health insurance through someone else's work or union				
Health insurance bought directly by yourself or by your family				
Medicare, a government plan that pays health care bills for people 65 years of age and older and for some disabled people				
Medicaid or public aid				
Health insurance through some other group				

16. About how long have you had health care coverage?
    a. Within the past 6 months (1to 6 months ago)
    b. Within the past year (6 to 12 months ago)
    c. Within the past 2 years (1to 2 years ago)
    d. Within the past 5 years (2 to 5 years ago)
    e. 5 or more years ago

17. Was there a time during the last 12 months when you needed to see a doctor, but could not because of cost?
    a. Yes
    b. No
18. About how long ago has it been since you last visited a doctor for a routine checkup?
    a. Within the past year (1 to 12 months ago)
    b. Within the past 2 years (1 to 2 years ago)
    c. Within the past 5 years (2 to 5 years ago)
    d. 5 or more years ago

Section 7: Diabetes

1. Have you ever been told by a doctor that you have diabetes?
   a. Yes
   b. If female told only during pregnancy→**Please skip to Section 8**
   c. No→**If No, please skip to Section 8**

2. How old were you when you were told you have diabetes?
   Years of age when you were told_____

3. Are you now taking insulin?
   a. Yes b. No

4. Are you taking diabetes pills?
   a. Yes b. No

5. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.
   a. Times per day
   b. Times per week
   c. Times per month
   d. Times per year
   e. Never

6. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.
   a. Times per day
   b. Times per week
   c. Times per month
   d. Times per year
   e. Never
   f. I have no feet

7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?
   a. Yes
   b. No

8. About how many times in the <u>past 12 months</u> have you seen a doctor, nurse, or other health professional for your diabetes?
   a. Number of times_____
   b. None

9. A test for hemoglobin "HbA1c" measures he average level of blood sugar over the past three months. About how many times in the <u>past 12 months</u> has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?
   a. Number of times_____
   b. None
   c. Never heard of hemoglobin "HbA1c" test

10. About how many times in the <u>past 12 months</u> has a health professional checked your feet for any sores of irritation?
    a. Number of time_____
    b. None

11. When was the last time you had an eye exam in which the pupils wee dilated? This would have made you temporarily sensitive to bright light.
    a. Within the past month (0 to 1 month ago)
    b. Within the past year (1 to 12 months ago)
    c. Within the pat 2 years (1 to 2 years ago)
    d. 2 or more years ago
    e. Never

12. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
    a. Yes b. No

13. Have you ever taken a course or class in how to manage your diabetes yourself?
    a. Yes
    b. No

Section 8: Beliefs about Diabetes & Cardiovascular Disease

1. Do you believe that getting diabetes is due completely to God's will?
   1 = Yes 8 = Don't know
   2 = No
2. Do you believe that diabetes can be controlled/managed if detected early?
   1 = Yes 8 = Don't know
   2 = No
3. Do you believe getting diabetes is a matter of fate or karma?
   1 = Yes 8 = Don't know
   2 = No
4. Do you believe that all adults should have regular exams or tests for diabetes?
   1 = Yes 8 = Don't know
   2 = No
5. How likely do you feel you are to get diabetes?
   1 = Very likely 8 = Don't know
   2 = Maybe
   3 = Not likely
6. How would you rate your risk of developing diabetes in the future?
   1 = No risk at all 5 = Extremely high
   2 = Low 8 = Don't know
   3 = Moderate
   4 = High
7. Do you believe that getting cardiovascular disease is due completely to God's will?
   1 = Yes 8 = Don't know
   2 = No
8. Do you believe that cardiovascular disease can be controlled/managed if detected early?
   1 = Yes 8 = Don't know
   2 = No
9. Do you believe that all adults should have regular exams or tests for cardiovascular disease?
   1 = Yes 8 = Don't know
   2 = No
10. How likely do you feel you are to get cardiovascular disease?
    1 = Very likely 8 = Don't know
    2 = Maybe
    3 = Not likely

11. How would you rate your risk of developing cardiovascular disease in the future?
    1 = No risk at all
    2 = Low
    3 = Moderate
    4 = High
    5 = Extremely high
    8 = Don't know
12. Do you believe that one can be sick but not have symptoms?
    1 = Yes
    2 = No
    8 = Don't know
13. How important is it to you personally to eat a healthy diet?
    1 = Very Important
    2 = Somewhat Important
    3 = Not Important
    8 = Don't know
14. How important is it to your personally to exercise regularly?
    1 = Very Important
    2 = Somewhat Important
    3 = Not Important
    8 = Don't know

Section 9: Knowledge of Diabetes & Cardiovascular Disease

This section asks about your knowledge of diabetes and cardiovascular disease. Answer True, False or unsure to the following questions.

1. Type 2 diabetes is a disease in which blood glucose levels are below normal. True False Unsure
2. People develop Type 2 diabetes because the cells in the muscles, liver, and fat do not use insulin properly. True False Unsure
3. Type 1 diabetes is more common than Type 2 diabetes. True False Unsure
4. Some women develop gestational diabetes during pregnancy. True False Unsure
5. It is important to find out early if you have diabetes because treatment can prevent damage to the body from diabetes True False Unsure
6. Which of the following do you think are risk factors for diabetes? (Check all that apply)
    ____Being overweight
    ____Lack of exercise
    ____Obesity
    ____Excessive fat or calorie intake
    ____Being over the age for 45
    ____Having a baby weighing over 9lbs.
    ____Having a family member with diabetes
7. Which of the following do you think are risk factors for cardiovascular disease (heart attack, stroke, etc.)? (Check all that apply)
    ____High cholesterol
    ____Getting older
    ____Diabetes
    ____Eating high fat foods
    ____Being male
    ____Menopause
    ____Obesity
    ____Heart disease among family members
    ____Lack of exercise
    ____Smoking
    ____emotional stress

Section 10: Health Screenings

1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
    a. Yes
    b. No

2. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? a. Yes (Cholesterol=_____) b. No c. Never Been Screened

3. To lower your risk of developing heart disease or stroke, has a doctor advised you to…
   a. Eat fewer high fat or high cholesterol foods Yes No
   b. Exercise more Yes No

4. To lower your risk of developing heart disease or stroke, are you…
   a. Eating fewer high fat or high cholesterol foods? Yes No
   b. Exercising more? Yes No

5. Has a doctor ever told you that you had any of the following?
   a. Heart attack or myocardial infarction Yes No
   b. Angina or coronary heart disease Yes No
   c. Stroke Yes No

6. Do you take aspirin daily or every other day?
   a. Yes
   b. No

7. A sigmoidoscopy or colonoscopy is an exam in which your doctor inserts a tube in the rectum to view the bowel for signs of cancer and other health problems. Have you EVER HAD a sigmoidoscopy or a colonoscopy?

   YES..... ☐01
   NO ..... ☐02 (GO TO 9)
   DON'T KNOW ..... ☐08

8. When did you have your last sigmoidoscopy or colonoscopy?
   a. Within the past year (1 to 12 months ago)
   b. Within the past 2 years (1 to 2 years ago)
   c. Within the past 5 years (2 to 5 years ago)
   b. 5 or more years ago

9. **Fecal occult blood tests (FOBTs)** are done either at home or in your health care provider's office using a kit to determine whether you have blood in your stool or bowel movement.
   Have you EVER HAD an FOBT?

   YES..... ☐01
   NO ..... ☐02 (GO TO 11)
   DON'T KNOW ..... ☐08

10. When did you have your MOST RECENT FOBT?

   |___|___| / |___|___|___|___|
   MONTH YEAR
   DON'T KNOW ..... ☐08

11. A **Digital Rectal Exam (DRE)** is when your doctor or other health care provider inserts a gloved, lubricated finger into the rectum to feel for any type of growth.
   Have you EVER HAD a DRE test?

   YES..... ☐01
   NO ..... ☐02 (GO TO 13)
   DON'T KNOW ..... ☐08

12. When did you have your MOST RECENT DRE test?

|___|___| / |___|___|___|___|
MONTH YEAR
DON'T KNOW ..... ☐08

If you are a woman, please skip to question 16.

13. A **Prostate Specific Antigen (PSA)** test is a blood test to detect prostate cancer.

(a) Has your doctor or other health care provider recommended that you have a PSA test?

YES..... ☐01
NO ..... ☐02
DON'T KNOW ..... ☐08

(b) Have you EVER HAD a PSA test?

YES..... ☐01
NO ..... ☐02 (GO TO 14)
DON'T KNOW ..... ☐08

(c) When did you have your MOST RECENT PSA test?

|___|___| / |___|___|___|___|
MONTH YEAR
DON'T KNOW ..... ☐08

14. A **Clinical Testicular Exam** is done as a routine part of cancer screening by your health care provider. The health care provider carefully feels the testicles to look for swelling, tenderness, and the size or location of any growth.

a) Have you EVER HAD a clinical testicular exam?

YES..... ☐01
NO ..... ☐02 (GO TO 15)
DON'T KNOW ..... ☐08

(b) How old were you when you had your first clinical testicular exam?

Under 18? ..... ☐01
18 – 25 ..... ☐02
26 – 30 ..... ☐03
31 – 35 ..... ☐04
36 – 40 ..... ☐05
41 – 45 ..... ☐06
46 – 50 ..... ☐07
50 or older..... ☐08
DON'T KNOW ..... ☐09

(c) When did you have your MOST RECENT clinical testicular exam?

|___|___| / |___|___|___|___|
MONTH YEAR
DON'T KNOW ..... ☐08

15. **Testicular Self-Examination (TSE)** is when a man checks himself for any abnormalities (for cancer) in his testicles.

(a) Did your doctor or other health care provider recommend that you perform TSE?

YES..... ☐01

NO ..... ☐02
DON'T KNOW ..... ☐08

(b) Do you perform TSE?

YES..... ☐01
NO ..... ☐02 (GO TO Section 11)
DON'T KNOW ..... ☐08

(c) In one year how often do you perform TSE?

More than once a month ..... ☐01
Once a month..... ☐02
Less than once a month..... ☐03
I do not practice testicular self exam ..... ☐04

(d) Who taught you how to perform TSE?

My doctor or other health care provider ..... ☐01
Learned in school ..... ☐02
Other (Specify) _____ ☐05

If you are a man, please skip to Section 11.

16. Have you gone through or are you now going through menopause?
    a. Yes, have gone through menopause
    b. Yes, now going through menopause
    c. No→If No, skip to question 21

17. Hormone Replacement Therapy (HRT) e.g., estrogen androgen, progestins, and estrogen/androgen combination may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor discussed the benefits and risks of these with you?
    a. Yes
    b. No

18. Has your doctor ever prescribed Hormone Replacement Therapy for you?
    a. Yes
    b. No

19. Are you currently taking pills, patch, or gel?
    a. Yes
    b. No→If No, skip to question 21

20. Why are you taking or did you take estrogen pills? <u>(Check all that apply)</u>
    a. To prevent a heart attack
    b. To treat or prevent bone thinning, bone loss, or osteoporosis
    c. To treat symptoms of menopause such as hot flashes

21. A **Pap Smear** is a routine test for women in which your doctor or other health care provider takes a cell sample from the cervix with a small stick or brush, and sends it to the lab to look for signs of cancer.

    (a) Has your doctor or other health care provider recommended that you have a PAP SMEAR?

    YES..... ☐01
    NO ..... ☐02
    DON'T KNOW ..... ☐08

    (b) Have you EVER HAD a Pap smear?

YES..... ☐01
NO ..... ☐02 (GO TO 22)
DON'T KNOW ..... ☐08

(c) When did you have your MOST RECENT PAP SMEAR?

|___|___| / |___|___|___|___|
MONTH YEAR
DON'T KNOW ..... ☐08

22. A **Mammogram** is an x-ray taken only of the breast by a machine.

(a) Has your doctor or other health care provider recommended that you have a Mammogram?

YES..... ☐01
NO ..... ☐02
DON'T KNOW ..... ☐08

(b) Have you EVER HAD a mammogram?

YES..... ☐01
NO ..... ☐02 (GO TO 23)
DON'T KNOW ..... ☐08

(c) When did you have your MOST RECENT MAMMOGRAM?

|___|___| / |___|___|___|___|
MONTH YEAR
DON'T KNOW ☐08

23. A **Clinical Breast Exam (CBE)** is when the breasts are felt by a doctor or other health care provider to check for lumps or other signs of breast cancer.

a) Have you EVER HAD a CBE?

YES..... ☐01
NO ..... ☐02 (GO TO 24)
DON'T KNOW ..... ☐08

(b) When did you have your MOST RECENT CBE?

|___|___| / |___|___|___|___|
MONTH YEAR
DON'T KNOW ..... ☐08

24. **Breast Self-Examination (BSE)** is when a woman examines herself to check for abnormalities in the breast.

(a) Did your doctor or other health care provider recommend that you perform BSE?

YES..... ☐01
NO ..... ☐02
DON'T KNOW ..... ☐08

(b) Do you perform BSE?

YES..... ☐01
NO ..... ☐02 (GO TO Section 11)
DON'T KNOW ..... ☐08

(c) In one year, how often do you perform BSE?

More than once a month ..... ☐01
Once a month..... ☐02
Less than once a month..... ☐03
I do not practice breast self exam ..... ☐04

(d) Who taught you how to perform BSE?
My doctor or other health care provider ..... ☐01
Learned in school..... ☐02
Other (Specify) _____ ☐05

Section 11: Well Being

Now I will ask about how you felt during the past week. Please answer Yes or No for each of the following statements:

		Yes	No
	You had a lot of energy		
	You enjoyed life		
	You felt sad		
	You could not get going		
	You were happy		
	You felt that everything you did was an effort		
	You felt lonely		
	Your sleep was restless		
	You felt 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?		

Section 12: Income

Is your annual household income from all sources:

g. Less than $10,000
h. $10,001 to $20,000
i. $20,001 to $25,000
j. $25,001 to $35,000
k. $35,001 to $50,000
l. $50,001 to $75,000
m. $75,001 to $100,000
n. $100,000 to $150,000
o. More than $150,000

Thank you for filling out this important survey.
Your participation is greatly appreciated!