

- V#1 1. Would you please tell me which ZIP Code area you live in?
- V#2 INTERVIEWER NOTE: Select on the basis of age where "1" means the oldest with "2" through "6" assigned down to the youngest. It is very important for the sampling to follow the direction of the random key. If that person refused, then that household refuses and no one from that household can be interviewed.
2. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?
- V#3 INTERVIEWER NOTE: Select from the random household member key according to age where 1 is the oldest.  
(If Not Available - Make An Appointment and Record Name of Person to be Interviewed \_\_\_\_\_)  
HEALTH STATUS
3. Would you say that in general your health is:
- V#4 4. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- V#5 5. Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?
- V#6 6. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?
- V#7 HEALTH CARE ACCESS
7. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (Health Maintenance Organizations), or government plans such as Medicare?
- V#8 8. About how long has it been since you had health care coverage?

- V#9 9. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?
- V#10 10. About how long has it been since you last visited a doctor for a routine checkup?
- V#11 11. About how long has it been since you last visited a dentist for a routine check-up?
- V#12 12. How many children less than 18 years of age live in your household?
- V#13 13. Thinking about the child who had the most recent birthday, about how long has it been since this child last visited a dentist for a routine check-up?
- V#14 HYPERTENSION AWARENESS
14. About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional?
- V#15 15. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
- V#16 16. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?
- V#17 CHOLESTEROL
17. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?
- V#18 18. About how long has it been since you last had your blood cholesterol checked?
- V#19 19. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?
- V#20 DIABETES
20. Have you ever been told by a doctor that you have diabetes (If female, MENTION: Not counting diabetes during pregnancy)?
- V#21 21. How old were you when you were told you had diabetes?

- V#22 22. Are you currently taking insulin?
- V#23 23. In general, how would you rate your vision when wearing glasses or contacts, if needed? Would you say:
- V#24 SICKLE CELL
24. Have you ever been screened for sickle cell?
- V#25 DISABILITY  
Would you please tell me how many persons in this household are:
25. Hard of Hearing?
- V#26 26. Deaf?
- V#27 27. Speech Impaired?
- V#28 28. Blind?
- V#29 29. Have a Physical Disability Requiring Assistance in Walking or Moving Around?
- V#30 INJURY CONTROL
30. How often do you use seat belts when you drive or ride in a car? Would you say:
- V#31 31. Have you or has anyone in your household had a serious automobile accident in the past 5 years?
- V#32 32. Have you or has anyone in your household been the victim of a violent crime in the past 5 years?
- V#33 33. Are there any handguns in your home?
- V#34 34. Can you swim or tread water for 5 minutes in water that is over your head?
- V#35 35. Do you have a specific plan for how you would escape from your house or apartment in case of fire?
- V#36 36. Do you limit your exposure to the sun, use sunscreen and wear protective clothing?
- V#37 37. How would you rate the quality of your drinking water from the tap? Would you say it is:

## V#38 EXERCISE

38. The next few questions are about exercise, recreation, or physical activities other than your regular job duties. During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

## V#39 INTERVIEWER NOTE: If Respondent answers, Soloflex, NordicTrack, Stairmaster, Stationary Bicycle, Rowing Machine, or Treadmill, code as EXERCISE EQUIPMENT.

39. What type of physical activity or exercise did you spend the most time doing during the past month?

## V#40 40. How many times per week or per month did you take part in this activity during the past month?

## V#41 41. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

## V#42 WEIGHT CONTROL

42. Are you now trying to lose weight?

## V#43 43. Are you eating fewer calories to lose weight?

## V#44 44. Have you increased your physical activity to lose weight?

## V#45 TOBACCO USE

45. Have you smoked at least 100 cigarettes in your entire life? (5 Packs = 100 Cigarettes)

## V#46 46. Do you smoke cigarettes now?

## V#47 47. On the average, about how many cigarettes a day do you now smoke? (1 Pack = 20 Cigarettes)

## V#48 48. Would you like to stop smoking?

## V#49 INTERVIEWER NOTE: SKIP to 50.

49. About how long has it been since you last smoked cigarettes regularly (that is, daily)?

## V#50 ALCOHOL/DRUG CONSUMPTION

50. The next few questions are about alcohol use. For these questions, keep in mind that a drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor. During the past month, on how many days did you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor?

V#51 51. On the day(s) when you drank, about how many drinks did you drink?

V#52 52. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

V#53 53. During the past month, how many times have you driven when you've had perhaps too much to drink?

V#54 54. During the past month, how many times have you ridden with a driver who has had perhaps too much to drink?

V#55 55. Have you used any prescription drugs not according to your doctor's orders during the past 12 months?

V#56 56. Have you used any illegal drugs during the past 12 months?

## V#57 DEMOGRAPHICS

57. What is your age?

V#58 58. What is your race? Would you say:

V#59 59. Are you or is someone in your family originally from a Spanish-speaking country?

V#60 60. Would you please tell me your religious affiliation? Is it:

V#61 61. Are you:

V#62 62. What is the highest grade or year of school you have completed?

V#63 63. Are you currently:

V#64 64. Is your total family household income under or over \$21,500 per year?

- V#65 65. About how much do you weigh without shoes?
- V#66 66. About how tall are you without shoes?
- V#67 67. Do you have more than one telephone number in your household?
- V#68 68. How many residential telephone numbers do you have?  
(Code "8 or More" as 8)
- V#69 69. Indicate Sex of Respondent. (Do Not Ask - Just Record)
- V#70 WOMEN'S HEALTH
70. A mammogram is an x-ray of the breast to look for cancer. Have you ever had a mammogram?
- V#71 71. How long has it been since you had your last mammogram?
- V#72 72. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?
- V#73 73. How long has it been since you had your last breast exam?
- V#74 74. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
- V#75 75. How long has it been since you had your last Pap smear?
- V#76 76. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?
- V#77 INTERVIEWER NOTE: If Respondent is 45 Years Old or Older,  
SKIP to 78.
77. To your knowledge, are you now pregnant?
- V#78 IMMUNIZATION
78. During the past 12 months, have you had a flu shot?
- V#79 79. Have you ever had a pneumonia vaccination?

- V#80 INTERVIEWER NOTE: If Respondent is 40 Years Old or Older,  
ASK 80,  
Otherwise, SKIP to 84.  
COLORECTAL CANCER SCREENING (AGES 40 AND OLDER)
80. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam?
- V#81 81. When did you have your last digital rectal exam?
- V#82 82. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam?
- V#83 83. When did you have your last proctoscopic exam?
- V#84 ACTIVITY LIMITATIONS  
INTERVIEWER NOTE: If Respondent is 70 Years Old or Older,  
SKIP to 94.  
PART A: Ages 18-69
84. The next questions are about limitations you may have in your daily life. What were you doing most of the past 12 months? Would you say:
- V#85 85. Does any impairment or health problem now keep you from working at a job or business?
- V#86 86. Are you limited in the kind or amount of work you can do because of any impairment or health problem?
- V#87 87. Does any impairment or health problem now keep you from doing any housework at all?
- V#88 88. Are you limited in the kind or amount of housework you can do because of any impairment or health problem?
- V#89 89. Does any impairment or health problem now keep you from working at a job or business?
- V#90 90. Are you limited in the kind or amount of work you could do because of any impairment or health problem?

- V#91 INTERVIEWER NOTE: If "Yes" in Qs 87 or 88,  
Record 'Yes' in 91.
91. Are you limited in any way in any activities because of any impairment or health problem?
- V#92 92. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?
- V#93 93. Because of any impairment or health problem, do you need the help of other persons with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
- V#94 INTERVIEWER NOTE: SKIP to INTERVIEWER NOTE before 97.  
PART B: Ages 70 and Older
94. The next questions are about limitations you may have in your daily life. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?
- V#95 95. Because of any impairment or health problem, do you need the help of other persons with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
- V#96 96. Are you limited in any way in any activities because of any impairment or health problem?
- V#97 INTERVIEWER NOTE: SKIP to 102.  
AIDS KNOWLEDGE AND TESTING (AGES 18-64)  
INTERVIEWER NOTE: If Respondent is 65 Years Old or Older,  
SKIP to 102.
97. The next few questions are about the national health problem of AIDS. Please remember that your answers are strictly confidential. What are your chances of getting the AIDS virus? Would you say:
- V#98 98. Do you practice safe sex?

- V#99 99. In the past 5 years, have your chances of getting the AIDS virus increased, decreased, or stayed the same?
- V#100 100. Do you personally have a friend or relative that has been infected with the AIDS virus?
- V#101 101. Except for donating or giving blood, have you ever had your blood tested for the AIDS virus infection?
- V#102 HEALTH CARE
102. Now, I would like to ask you some questions about health care. In general, how satisfied are you with the health care you currently receive? Would you say:
- V#103 103. Do you see any major trouble with health care in your community?
- V#104 104. Would you please tell me what that is?
- V#105 105. Is there anything else that you would like your local doctors or hospitals to do differently than they do now?
- V#106 106. Would you please tell me what that is?
- V#107 107. This next series of questions deals with various quality of life issues in Broward County and your community. Overall, would you rate Broward County as a place to live as:
- V#108 108. And during the time that you have lived in Broward County, would you say that the quality of life there has:
- V#109 109. Now thinking about your own community, would you say that it is ideal for you as a place to live, it is good for you but could be better in some respects, or it has some major problems as a place to live?
- V#110 110. Overall, how satisfied are you with the community in which you live? Would you say:
- V#111 111. And overall, would you rate the road and highway system where you live as:

- V#112 Now I would like to ask you a few questions about diversity and how you feel your community deals with that. Would you say that (Insert Qs 112-114) in your community are:
112. Race Relations:
- V#113 113. Cultural Relations:
- V#114 114. Religious Relations:
- V#115 115. Now I would like to ask how fair you think things are for people like you in Broward County right now. Do you think a person in Broward County from the same background as you has more opportunities now than in the past, the same kinds of opportunities, or do you think things are more difficult for someone like you?
- V#116 116. And do you think a disabled person in Broward County has more opportunities now than in the past, the same kinds of opportunities, or do you think things are more difficult for disabled people?
- V#117 117. Now I would like to ask you some questions regarding neighborhood and personal safety. Within the past year or two, do you think that the problem of crime in your neighborhood has been:
- V#118 I am going to read a list of different situations and times of day. How safe and secure do you feel: (Insert Qs 118-121)? Would you say:
118. At Home at Night:
- V#119 119. In the Daytime:
- V#120 120. At Night:
- V#121 121. In the Neighborhood Where You Work:
- V#122 122. What age group do you fear the most?
- V#123 123. Now I would like you to think about the educational system in Broward County. Would you rate the job the local public schools are doing as:
- V#124 124. Now thinking about the higher education system in Broward County, would you rate the job the junior colleges and colleges are doing to prepare students for future employment in their fields of training as:

- V#125 125. And would you rate the job Florida's educational system is doing to develop the kind of work force businesses will need in the future as:
- V#126 126. We are also interested in how people are getting along financially these days. Would you say that you (and your family living in this household) are better off or worse off financially than you were a year ago?
- V#127 127. Finally, we would like to ask you a few questions about how you feel about government. How much of the time do you think you can trust the Florida state government to do what is right? Would you say:
- V#128 128. Would you rate the job your local government is doing as:
- V#129 129. In general, would you say that government services where you live are:
- V#130 130. How much of each tax dollar you pay to stage government would you say is wasted?
- V#131 That's my last question. Everyone's answers will be combined to give us information about the health practices of residents in this community. Thank you very much for your time and cooperation.
131. 9-Digit ZIP Code.
- V#132 132. Total Number of Times Exercised Per Week.
- V#133 133. Total Amount of Time Exercised During the Past Month (Hours).
- V#134 134. Total Number of Drinks Per Week.
- V#135 135. BMI.
- V#136 136. Obese.
- V#137 137. Cardiovascular Risk Factor.
- V#138 138. Poverty.
- V#139 139. Women 18 to 44.
- V#140 140. Women 50/Over.

- V#141 141. Women 50/Over Who Had Clinical Breast Examination and Mammogram in Previous Two Years.
- V#142 142. Women Without a Hysterectomy Who Have Had a Pap Smear in the Last Two Years.
- V#143 143. Age Categories.
- V#144 144. North Broward County ZIP Codes.
- V#145 145. South Broward County ZIP Codes.
- V#146 146. Smoking.
- V#147 147. Sedentary (Exercise Less Than 3 Times Per Week for at Least 20 Minutes Per Occasion).
- V#148 148. Current Drinker (1 or More Drinks in Past Month).
- V#149 149. Chronic Drinker (60 or More Drinks in Past Month).
- V#150 150. Binge Drinker (5 or More Drinks on an Occasion).
- V#151 151. Census Tract.