| **TOPICS** | **SUBTOPICS** | **SAMPLE QUESTION** | **RESPONSE CATEGORIES/SCALES** |
| --- | --- | --- | --- |
| **DEMOGRAPHICS** | AGE | Date of birth | Month/Day/Year |
|  |  | What is your age? | Age |
|  |  | Age between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older? | 6 categories |
|  | SEX | Male or Female | 3 categories |
|  | ETHNICITY/RACE | Hispanic, Latino, or Spanish origin? | Census 2010 format |
|  |  | Latino or Hispanic ancestry or origin?  | Yes/No |
|  |  | What is your race? | Census 2010 format |
|  | MARITAL STATUS | Whether married, divorced, widowed, separated, never married, or member of an unmarried couple | 6 categories |
|  | EDUCATIONAL ATTAINMENT | Highest grade of education completed | 5 categories |
|  | EMPLOYMENT STATUS | Current employment status | 7 categories |
|  |  | If not working, main reason why not working | 10 categories |
|  |  | Whether usually works | 3 categories |
|  |  | Receiving Social Security Disability Insurance?  | Yes/No |
|  |  | Receiving Worker Compensation? | Yes/No |
|  |  | Hours per week worked at all jobs or businesses | Hours |
|  |  | Time worked at main job | Amount of time |
|  |  | Number of people employed by employer at all locations? | 5 categories |
|  | INCOME | Best estimate of personal yearly earnings before taxes and other deductions from all jobs and businesses  | Amount |
|  |  | Best estimate of spouse's yearly earnings before taxes and other deductions from all jobs and businesses | Amount |
|  |  | Best estimate of household’s total annual income from all sources before taxes in previous year | Amount |
|  |  | Annual household income verification question | Yes/No |
|  |  | Total annual household income before taxes compared to 100% Federal Poverty Level (FPL) | Yes/No |
|  |  | Total annual household income before taxes compared to 130% FPL | Yes/No |
|  |  | Total annual household income before taxes compared to 200% FPL | Yes/No |
|  |  | Total annual household income before taxes compared to 300% FPL | Yes/No |
|  | HOUSEHOLD COMPOSITION | Number of household members 18 years of age or older | Count |
|  |  | How many of these adults are men/women? | Count |
|  |  | Number of children under the age of 18? | Count  |
|  |  | Number of people living in household that are supported by total household income | Count |
|  |  | Whether spouse also living in the household | Yes/No |
|  |  | Names and ages of children | Name/age |
|  |  | Whether parent or legal guardian of the selected child | Yes/No |
|  | COUNTRY OF BIRTH | Country of birth | Open-ended |
|  |  | Country of mother's birth | Open-ended |
|  |  | Country of father's birth | Open-ended |
|  | LANGUAGE | Languages spoken at home | Open-ended |
|  |  | Respondent's opinion of how well he/she speaks English | 4 categories |
|  | CITIZENSHIP | Whether citizen of the United States | 3 categories |
|  |  | Whether permanent resident with a green card | 3 categories |
|  |  | Number of years lived in the United States | Amount  |
| **HEALTH STATUS AND CHRONIC CONDITIONS** | HEALTH STATUS | Whether health is excellent very good, good, fair, or poor | 5 categories |
|  |  | Number of days during the past 30 days that physical health was not good? | Amount  |
|  |  | Number of days during the past 30 days that mental health was not good? | Amount |
|  |  | Number of days during the past 30 days, that poor physical or mental health impeded doing usual activities, such as self-care, work, or recreation | Amount |
|  | DIABETES | Doctor ever diagnosed diabetes or sugar diabetes | 3 categories |
|  |  | Age when doctor first diagnosed diabetes | Age  |
|  |  | Type 1 or Type 2 diabetes | 2 categories |
|  |  | Whether taking insulin | Yes/No |
|  |  | Number of times checking blood for glucose or sugar | Number of times |
|  |  | Number of times checking feet for any sores or irritations | Number of times |
|  |  | Number of times in the past 12 months seen by a doctor, nurse, or other health professional for diabetes | Number of times |
|  |  | Number of times in the past 12 months that a doctor, nurse, or other health professional checked for "A1C"? | 3 categories |
|  |  | Have you ever taken a course or class in how to manage your diabetes yourself? | Yes/No |
|  | CANCER | Ever diagnosed by a doctor, nurse, or other health professional with cancer | Yes/No |
|  |  | Whether currently have cancer | Yes/No |
|  |  | Type of most recent or current cancer  | Open-ended |
|  |  | Age when told that had most recent cancer | Age |
|  |  | Whether received or undergoing any treatment for the most recent cancer | Yes/No |
|  |  | Reason why not received any treatment | 4-6 categories |
|  | CARDIOVASCULAR DISEASE | Ever told by doctor, nurse, or other health professional that had a heart attack | Yes/No |
|  |  | Ever told by doctor, nurse, or other health professional that had angina or coronary heart disease | Yes/No |
|  |  | Ever told by doctor, nurse, or other health professional that had a stroke | Yes/No |
|  | HYPERTENSION | Ever told by doctor, nurse, or other health professional that had high blood pressure? | Yes/No |
|  |  | Taking currently any medications to control high blood pressure? | Yes/No |
| **BEHAVIORAL RISK FACTORS** | SUBSTANCE ABUSE | Ever used or tried marijuana? | 3 categories |
|  |  | Used marijuana in the past 12 months? | Yes/No |
|  |  | Frequency of marijuana use in the past 12 months | 5 categories |
|  | ALCOHOL | Alcohol use in the past 12 months | Yes/No |
|  |  | Number of drinks on typical day | Count |
|  |  | Number of times 5 or more drinks at one time in the past 12 months (if male) | Count |
|  |  | Number of times 4 or more drinks at one time in the past 12 months (if female) | Count |
|  | TOBACCO | Current smoker  | Yes/No |
|  |  | Whether smoked at least 100 cigarettes in entire life | Yes/No |
|  |  | Whether smokes cigarettes every day, some days, or not at all? | 3 categories |
|  | DIET | Daily, weekly, or monthly frequency of drinking soda in the past month | Times/day/wk/mo |
|  |  | Number of times of fast food or take out consumption during last week  | Times/wk |
|  | OBESITY (BMI) | Weight without shoes | Weight |
|  |  | Self opinion regarding personal weight | 3 categories |
|  |  | About how tall are you without shoes? | Height |
| **MENTAL HEALTH** | MENTAL HEALTH ASSESSMENT  | Frequency of feeling nervous in the past 30 days | 5 categories |
|  |  | Frequency of feeling hopeless in the past 30 days | 5 categories |
|  |  | Frequency of feeling restless or fidgety in the past 30 days | 5 categories |
|  |  | Frequency of feeling so depressed that nothing could cheer him/her up in the past 30 days | 5 categories |
|  |  | Frequency of feeling that everything was an effort in the past 30 days | 5 categories |
|  |  | Frequency of feeling worthless in the past 30 days | 5 categories |
|  |  | Whether there was a month in the past 12 months when these feelings occurred more often than they did in the past 30 days? | 5 categories |
|  |  | About the month in the past 12 months when person was at his/her worst emotionally: Did emotions interfere a lot, some, or not at all with performance at work? | 3 categories |
|  |  |  Did emotions interfere a lot, some, or not at all with household chores? | 3 categories |
|  |  |  Did emotions interfere a lot, some, or not at all with social life? | 3 categories |
|  |  |  Did emotions interfere a lot, some, or not at all with relationship with friends and family? | 3 categories |
|  |  | Number of days out of the past 365 days being totally unable to work or carry out normal activities because of feeling nervous, depressed, or emotionally stressed? | Amount |
|  | MENTAL HEALTH ACCESS AND UTILIZATION  | Whether there was ever a time in the past 12 months when felt might need to see a professional because of problems with mental health, emotions, nerves, or your use of alcohol or drugs? | Yes/No |
|  |  | Seen primary care physician or general practitioner for problems with mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months | Yes/No |
|  |  | Seen any other professional, such as a counselor, psychiatrist, or social worker for problems with mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months | Yes/No |
|  |  | Seek help for mental or emotional health or for an alcohol or drug problem | 3 categories |
|  |  | Whether took any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem in the past 12 months | Yes/No |
|  |  | Reasons for not seeking help even when they think they might need it: Concerned about the cost of treatment | Yes/No |
|  |  |  Not feel comfortable talking with a professional about personal problems | Yes/No |
|  |  |  Concerned about what would happen if someone found out about the problem | Yes/No |
|  |  |  Hard time getting an appointment | Yes/No |
| **PREVENTIVE SERVICES** | IMMUNIZATIONS | H1N1 flu question | Yes/No |
|  | INFLUENZA | Had a flu vaccine in the past 12 months? | Yes/No |
|  | PNEUMOCOCCAL  | Ever had a pneumonia shot? | Yes/No |
|  | WOMEN'S PREVENTIVE CARE | Ever had a mammogram? | Yes/No |
|  |  | How long since you last mammogram? | 5 categories |
|  |  | Most important reason why have never/not had a mammogram in the last 3 years | 9 categories |
|  |  | Ever had a Pap test? | Yes/No |
|  |  | How long since had last Pap test? | 5 categories |
|  |  | Most important reason why have NEVER /NOT had a Pap test in the last 3 years? | 11 categories |
|  | MEN'S PREVENTIVE CARE | Ever had a PSA test?  | Yes/No |
|  |  | How long since last PSA test? | 5 categories |
|  |  | Most important reason why have NEVER/NOT had a PSA test in the last 3 years? | 9 categories |
|  |  | Ever had a digital rectal exam? | Yes/No |
|  |  | How long since last digital rectal exam? | 5 categories |
|  |  | Most important reason why have NEVER/NOT had a DRE in the last 3 years? | 9 categories |
|  | COLORECTAL CANCER SCREENING | Ever had a blood stool test using a home kit? | Yes/No |
|  |  | How long since had last blood stool test using a home kit? | 5 categories |
|  |  | Ever had sigmoidoscopy or colonoscopy? | Yes/No |
|  |  | Was most recent exam a sigmoidoscopy or a colonoscopy? | 2 categories |
|  |  | How long has it been since you had your last sigmoidoscopy or colonoscopy? | 5 categories |
|  |  | Most important reason why have NEVER had a sigmoidoscopy or colonoscopy? | 9 categories |
|  | HIV SCREENING | Ever been tested for HIV? Excluding for blood donation reasons (will not ask about the results of any test) | Yes/No |
|  |  | Time when was last HIV test? | Time |
|  |  | Place where had last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? | 8 categories |
|  |  | Any of the situations apply to respondent? No need to tell which one.− have used intravenous drugs in the past year− have been treated for a sexually transmitted disease or venereal disease in the past year − have given or received money or drugs in exchange for sex in the past year− had anal sex without a condom in the past year | Yes/No |
| **HEALTH INSURANCE** |  | Currently covered by any of the following types of health insurance or health coverage plans?  | 9 categories |
|  |  | What type of health insurance do you have? | 11 categories |
|  |  | Any health insurance coverage through another plan | Yes/No |
|  |  | Under which name is the plan obtained  | 4 categories |
|  |  | Name of main health plan | Open-ended |
|  |  | Covered for prescription drugs under main plan?  | Yes/No |
|  |  | Had same insurance (current) for all 12 of the past 12 months? | Yes/No |
|  |  | Had any other insurance when not covered by current one? | Yes/No |
|  |  | What was the other health insurance plan? | 4-5 categories |
|  |  | Any time when had no health insurance at all in the past 12 months? | Yes/No |
|  |  | For how many months had no health insurance at all? | Number of months |
|  |  | Main reason why did not have any health insurance during those months | 11 categories |
|  |  | Unable to pay or had problems paying for medical bills, either for self or any family member in the household? | Yes/No |
|  |  | Whether currently paying off any medical bills | Yes/No |
|  |  | Unable to pay for basic necessities like food, heat or rent, because of medical bills | Yes/No |
|  |  | Because of these medical bills, did you take on credit card debt? | Yes/No |
|  |  | Took out a loan or use up savings? | Yes/No |
|  |  | Declared bankruptcy? | Yes/No |
|  |  | Number of months in the last year that a person had any kind of dental insurance? | Amount |
| **ACCESS AND HC UTILIZATION** | USUAL SOURCE OF CARE | Do you have one person you think of as your personal doctor or health care provider? | 4 categories |
|  |  | Needed to see a doctor in the past 12 months, but could not because of cost? | Yes/No |
|  |  | How long since last visited a doctor for a routine checkup?  | 5 categories |
|  |  | Is there a place that you usually go to when you are sick or need advice about your health? | 5 categories |
|  | EMERGENCY ROOM VISITS | Place person goes to most often—a medical doctor's office, a clinic or hospital clinic, an emergency room, or some other place? | 5 categories  |
|  | DELAYS IN CARE | Delayed or could not get a medicine prescribed by a doctor in the last 12 months  | Yes/No |
|  |  | Was cost or lack of insurance a reason why you delayed or did not get the prescription? | Yes/No |
|  |  | Delayed or did not get any other medical care felt needed—such as seeing a doctor, a specialist or other health professional? | Yes/No |
|  |  | Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed? | Yes/No |
|  | PREGNANCY | To your knowledge, are you now pregnant? | Yes/No |
| **PRENATAL CARE** |  | Whether given birth in the past 5 years? | Yes/No |
|  |  | In what year? | Year |
|  | PRECONCEPTION CARE | Took a folic acid before last pregnancy | Yes/No |
|  | PRENATAL CARE ACCESS, ADEQUACY, ETC. | Place for prenatal care visits? (not including visits for WIC) | 5 categories |
|  |  | Got prenatal care as early in pregnancy as wanted | Yes/No |
|  |  | Any of these kept person from getting prenatal care at all or as early as wanted? | 11 categories |
|  | EARLY ENTRY INTO PRENATAL CARE | Number of weeks or months pregnant when had first visit for prenatal care? (Not counting a visit only for a pregnancy test or only for WIC) | Amount |
|  | BREASTFEEDING | Whether breastfed or tried to breastfeed baby? (For last baby) | Yes/No |
|  | FOLLOW-UP CARE AND SUPPORT | Since new baby was born, did any doctor, nurse, or other health care worker talk with you about any of the things listed below? | 7 categories |
| **NEIGHBORHOOD, ENVIRONMENT & HOUSING** | HOUSING | Live in a house, a duplex, a building with 3 or more units, or in a mobile home? | 4 categories |
|  |  | Own or rent home? | 3 categories |
|  | NEIGHBORHOOD SAFETY | Whether feels safe in the neighborhood? | 4 categories |
|  | PARK AVAILABILITY AND USE | Is there a park, playground, or public open space within walking distance of your home? | Yes/No |
|  |  | In the past 30 days, have you been to a park, playground, or public open space? | Yes/No |
|  |  | The last time you went to a park, playground or public open space, were you physically active while you were there? | Yes/No |
|  | TRANSPORTATION | Do you or members of your household have a car for regular use? | Yes/No |
|  |  | How do you usually get to the doctor’s office or to other medical visits? | 7 categories |
|  |  | How do you usually get to the grocery store? | 7 categories |
|  | COMMUNITY QUESTIONNAIRE  | Opinion on the neighborhood? Do you feel it's very bad, bad, a fairly bad, a fairly good or a very good place to live? | 5 categories |
|  | *Safety* | Most of the people in the neighborhood lived there less than 2 years, 2-5 years, 5-10 years or more than 10 years? | 4 categories |
|  | *Social networking* | Statements best describing the neighborhood?Most people keep to themselves and don’t talk or visit much with the other people who live hereSome people keep to themselves but other talk or visit a lot with the other people that live hereMost people talk or visit a lot with the other people who live here | 3 categories |
|  |  | Number of neighbors person knows well enough to visit or call on | 5 category |
|  |  | Frequency of getting together with neighbors, either visiting at each other’s home or going places together?  | 6 categories |
|  | *Services availability* | Satisfied with police protection in the neighborhood | Likert-like |
|  |  | Satisfied with garbage collection | Likert-like |
|  |  | Satisfied with the schools | Likert-like |
|  |  | Satisfied with the transportation  | Likert-like |
|  | *Crime* | Frequency of problems with muggings, burglaries, assaults or anything like that around here?  | Likert-like |
|  |  | How much of a problem is the selling and using of drugs around here?  | Likert-like |
|  |  | How well do the police and the people in this neighborhood get along?  | Likert-like |
|  | *Social involvement in the neighborhood* | How involved are you in the neighborhood?  | 4 categories |
|  |  | Are there any groups in this neighborhood – things like block clubs, community associations, social clubs, helping groups and so forth?  | Yes/No |
|  |  | How many of these groups are you involved in?  | Open-ended |
|  | ENVIRONMENTAL TOBACCO SMOKE | Best statement describing the rules about smoking in home | 4 categories |
|  | ENVIRONMENTAL RISKS | Are you aware of any possible harmful or undesirable effects on human health because of air pollution? | Yes/No |
|  | *Air pollution* | Rate the control of air pollution, in terms of living in the Houston area  | 4 categories |
|  |  | How concerned about the effects of air pollution on family's health?  | 3 categories |
|  |  | Whether air pollution in the Houston area has changed over the last 3 years | 3 categories |
| **PUBLIC PROGRAMS** | TANF | Whether receiving TANF  | Yes/No |
|  | FOOD STAMPS | Whether receiving Food Stamp benefits | Yes/No |
|  | SUPPLEMENTAL SECURITY INCOME | Whether receiving SSI  | Yes/No |
|  | WIC | Is the person on WIC?  | Yes/No |
|  | ASSETS | Are family assets worth more than $5,000? | Yes/No |
|  | ALIMONY/CHILD SUPPORT | Whether (the person/spouse) received any money last month for alimony, child support, or money from a government or veteran program? | Yes/No |
|  |  | Total amount received from all these sources last month | Amount |
|  |  | Whether (the person/spouse/both) paid any alimony or child support last month | 4 categories |
|  |  | Total amount paid in alimony or support last month | Amount |
|  | SOCIAL SECURITY / PENSIONS | Total amount received last month from Social Security and Pensions? | Amount |
|  | 211 KNOWLEDGE | Ever heard of the 2-1-1 number before? | Yes/No |
|  |  | Ever dialed 2-1-1 before? | Yes/No |
|  |  | When dialed 2-1-1, did the person receive the information he/she was looking for? | Yes/No |
|  |  | Would you dial 2-1-1 again? | Yes/No |
|  | GOLD CARD KNOWLEDGE | Ever heard of Gold Card before (*Note: Harris County Hospital District financial assistance)* | Yes/No |
|  |  | Whether applied for the Gold Card | Yes/No |
| **INTERPERSONAL VIOLENCE** | FAMILY VIOLENCE | Whether in a safe place to answer violence questions | Yes/No |
|  |  | Been frightened for the safety of self, children or friends because of the anger or threats of an intimate partner In the past 12 months? | Yes/No |
|  |  | Ever hit, slapped, pushed, kicked, or hurt in any way by an intimate partner | Yes/No |
|  |  | Ever experienced any unwanted sex by a current or former intimate partner? | Yes/No |
|  |  | Experienced any physical violence or had unwanted sex with an intimate partner in the past 12 months? *Toll free number given for assistance* | Yes/No |
|  |  | Had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex in the past 12 months | Yes/No |
|  |  | This person’s relationship to respondent (most current incident) | 11 categories |
| **CHILDREN’S QUESTIONS** |  | TO BE DETERMINED |  |
|  |  |  |  |