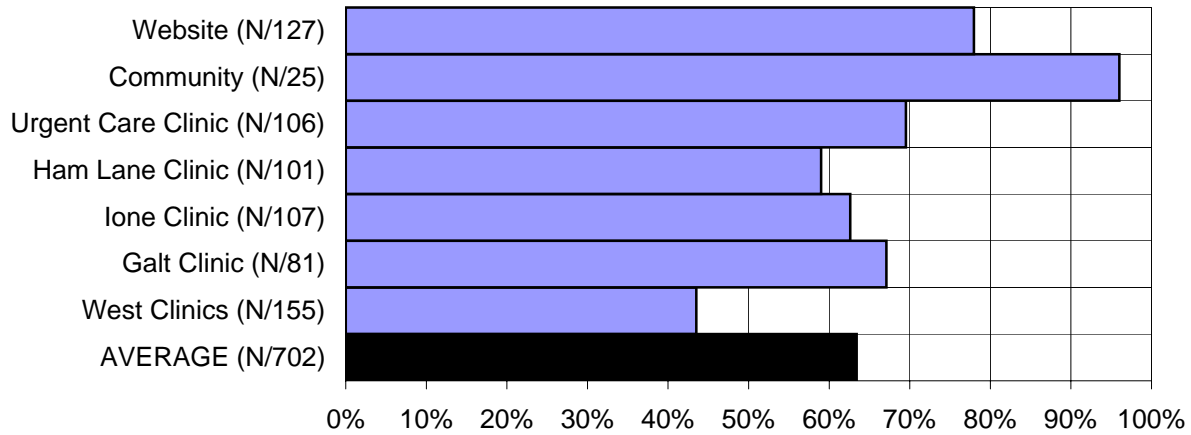
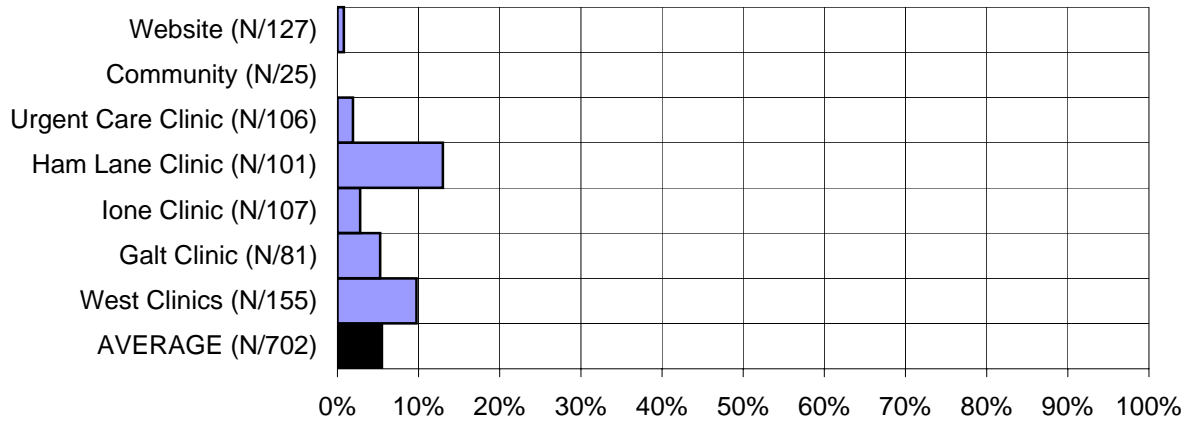


In general, would you say your health is...

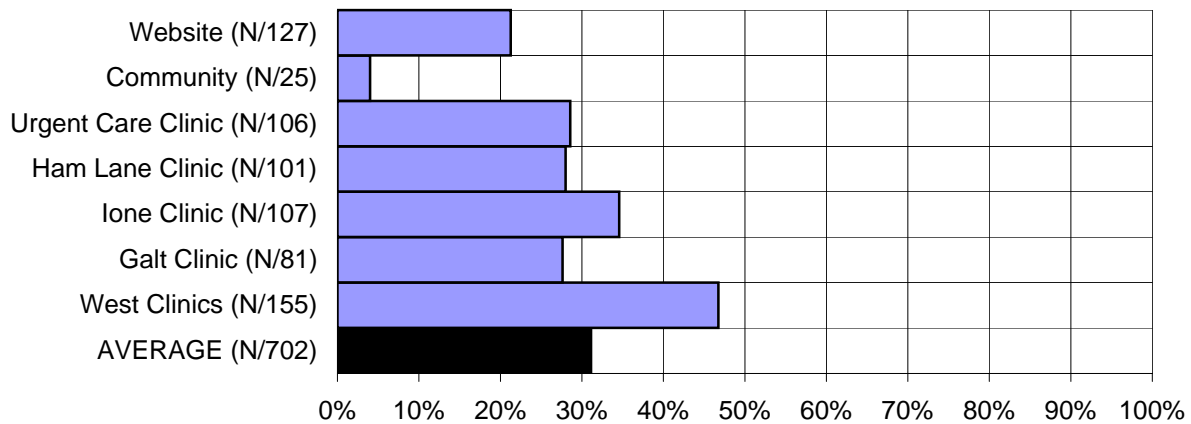
GOOD



POOR

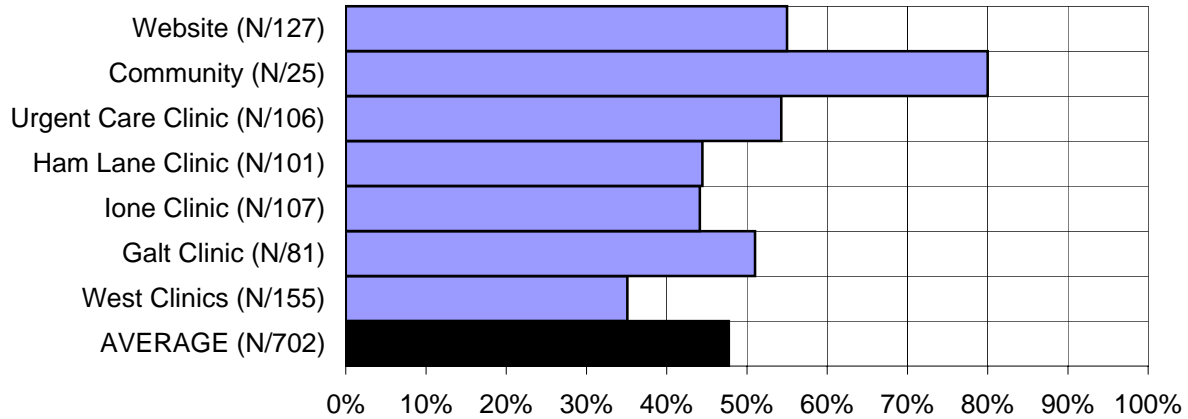


MIDDLE

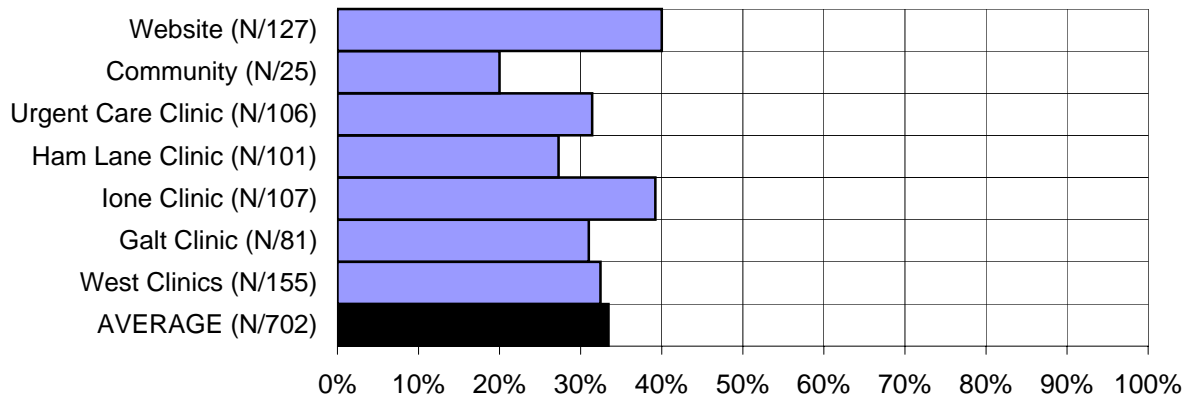


How many days during the past 30 was your health NOT good?

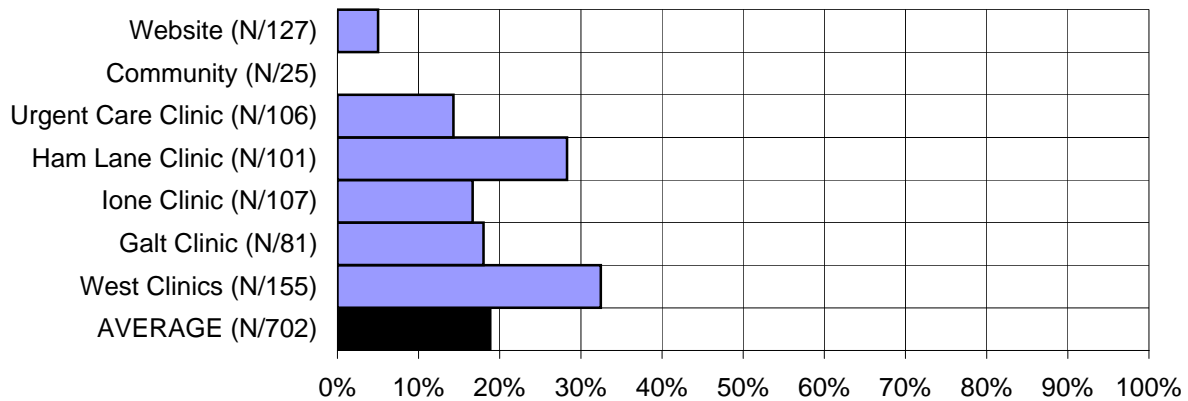
ALL GOOD



1-3 WERE NOT

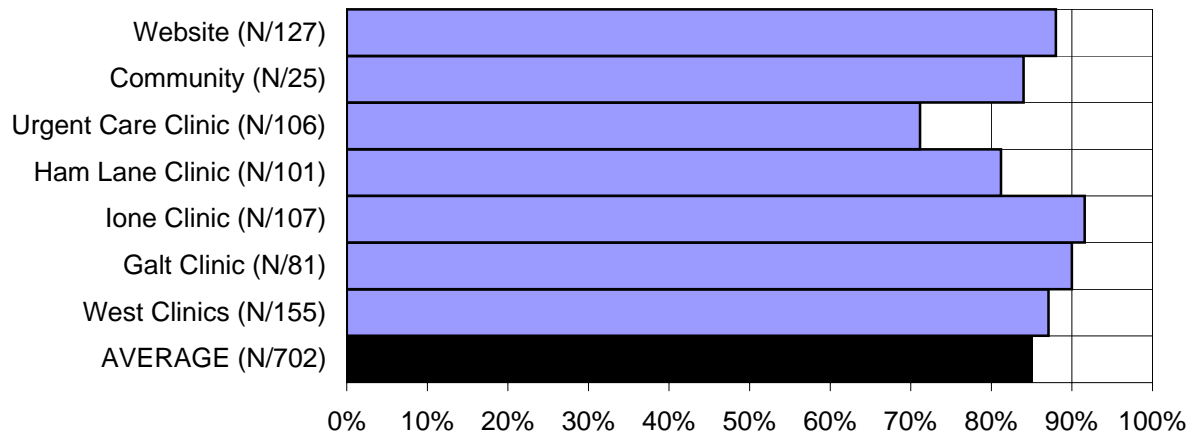


4 OR MORE WERE NOT

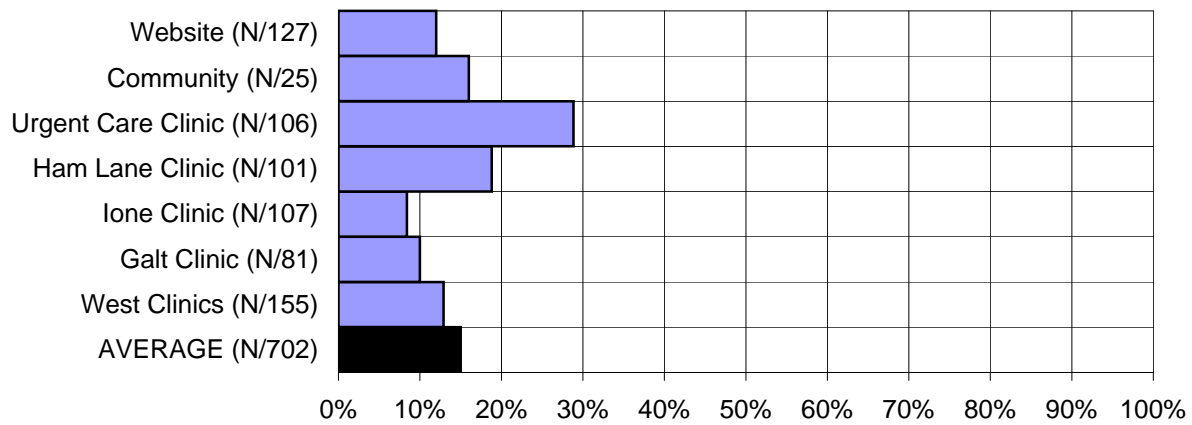


Do you have health-care coverage, either private insurance or a government plan such as Medi-Cal or Medicare?

YES

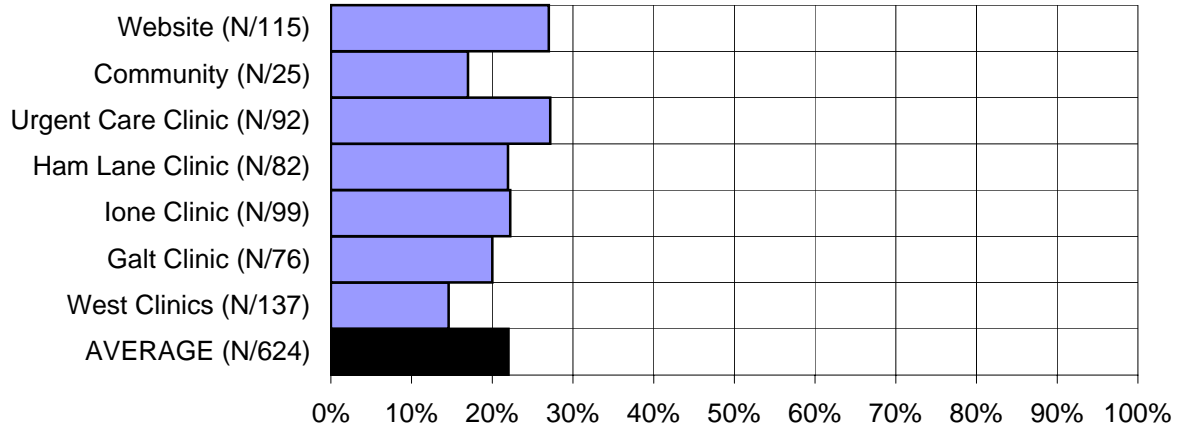


NO

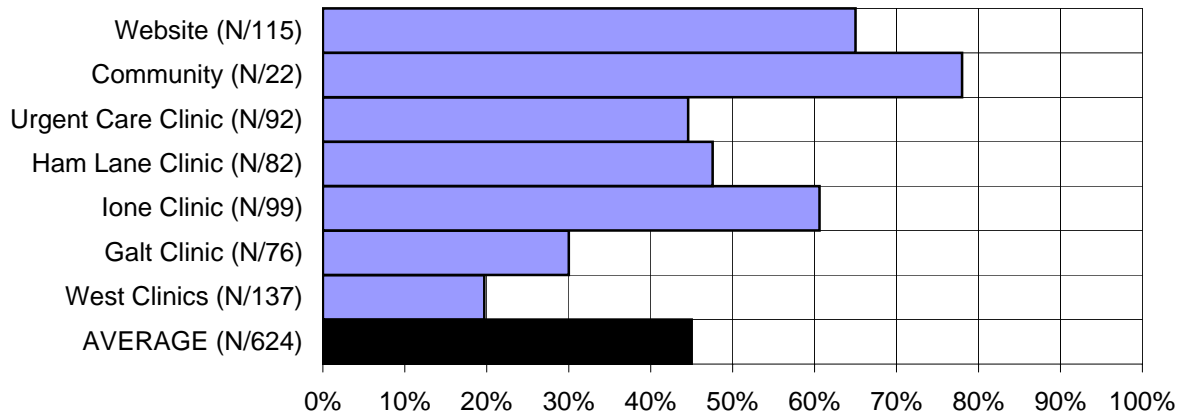


If yes, who pays for your insurance?

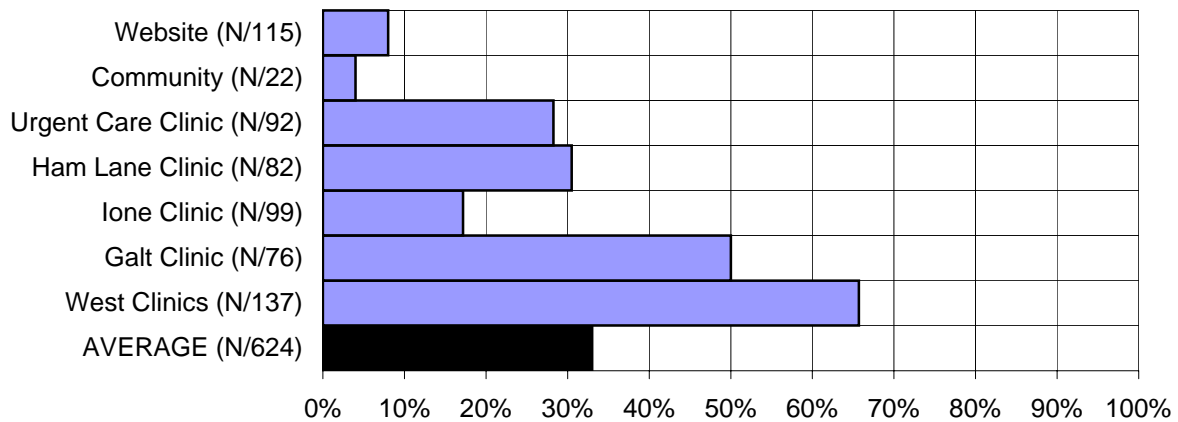
I PAY FOR ALL OF IT



EMPLOYER PAYS

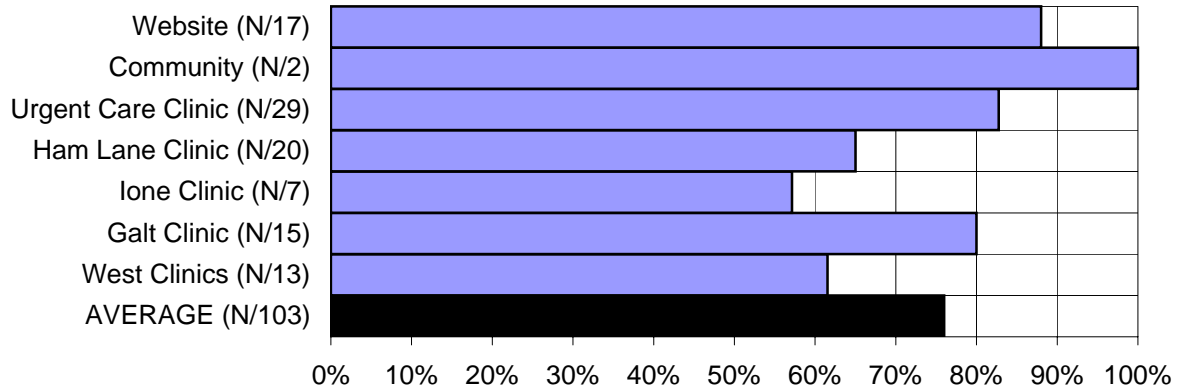


GOVERNMENT SPONSORED

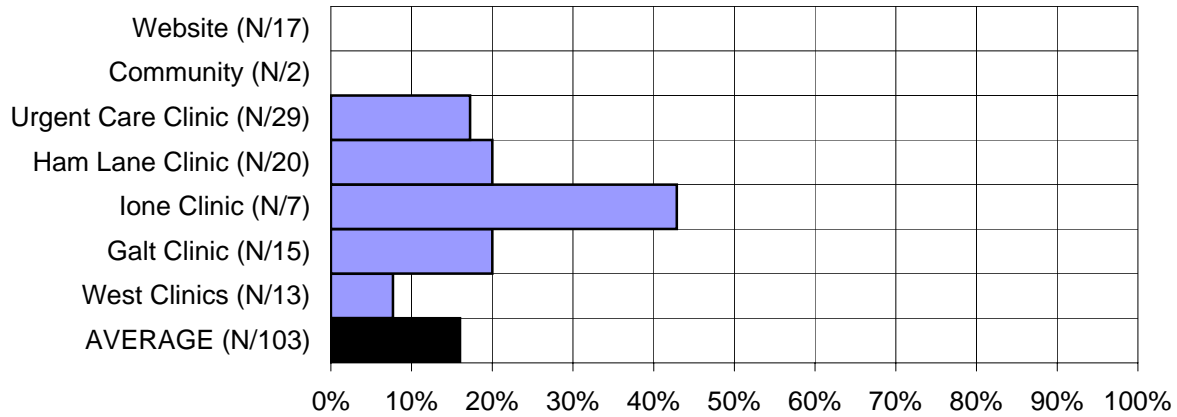


If you have no health-care coverage, why is that?

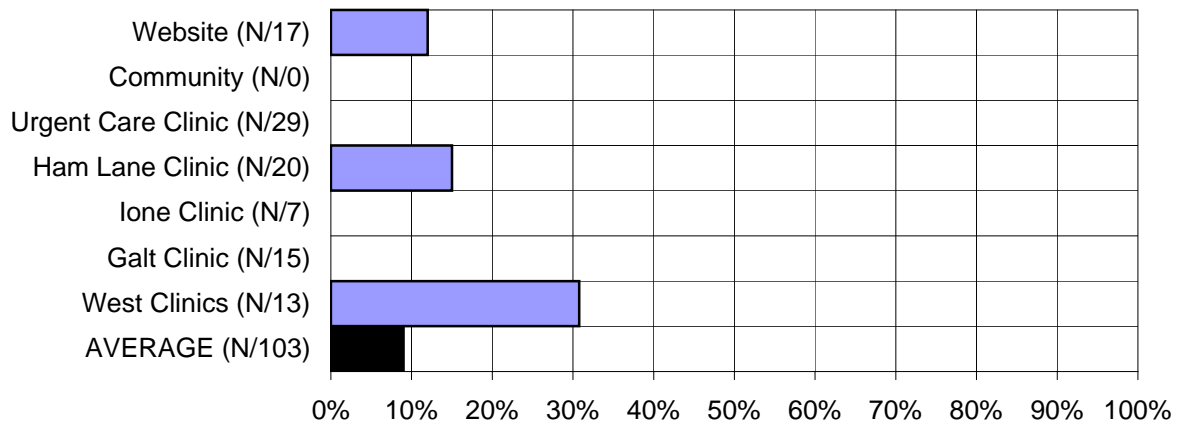
CAN'T AFFORD IT/NOT ELIGIBLE



DON'T KNOW HOW TO GET IT

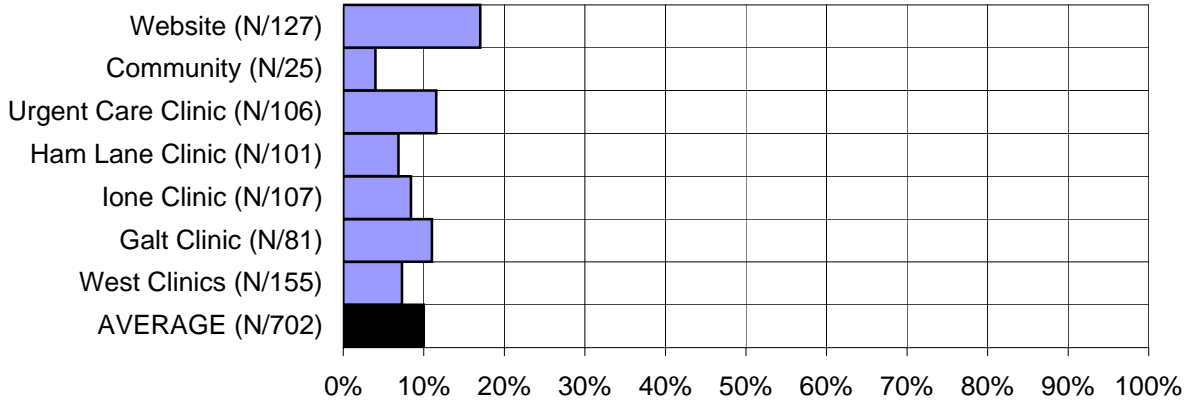


DON'T WANT ANY

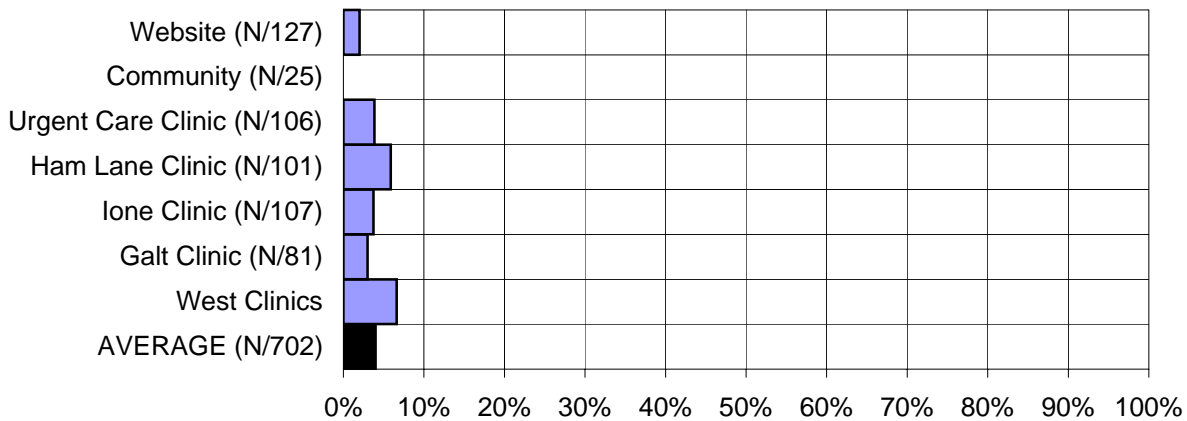


Was there a time during the past 12 months you had trouble seeing a doctor?

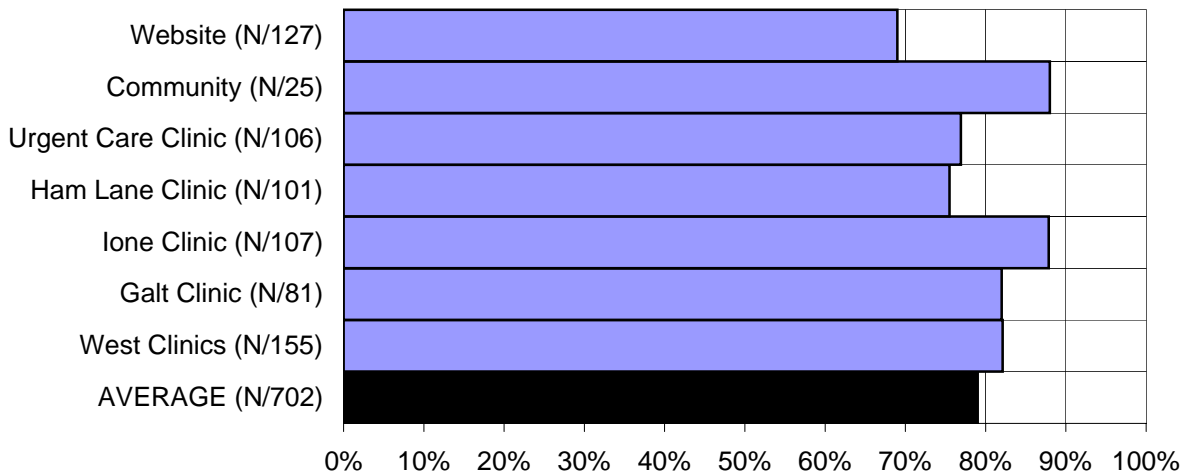
YES, DOCTOR'S SCHEDULE COULDN'T ACCOMMODATE ME



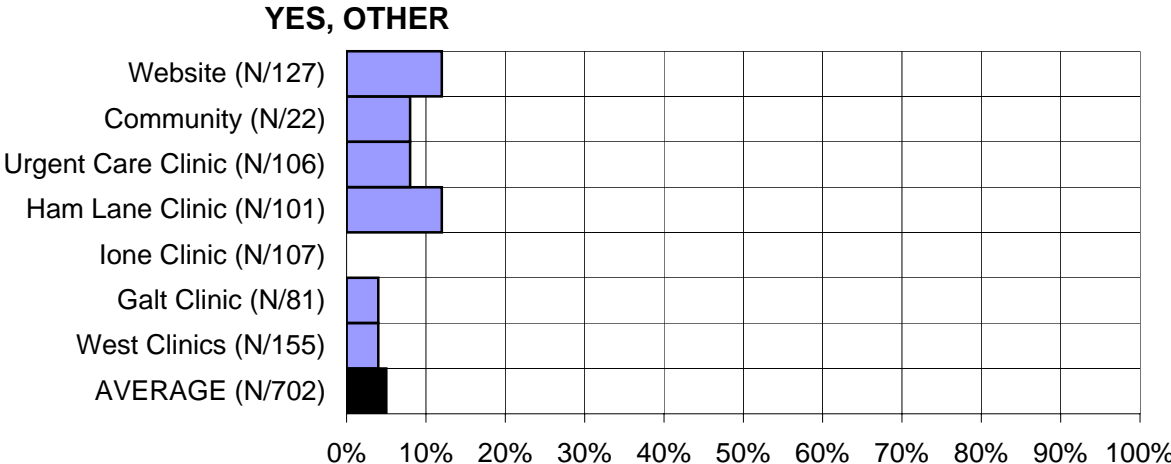
YES, NO TRANSPORTATION TO DOCTOR'S APPOINTMENT



NO PROBLEM

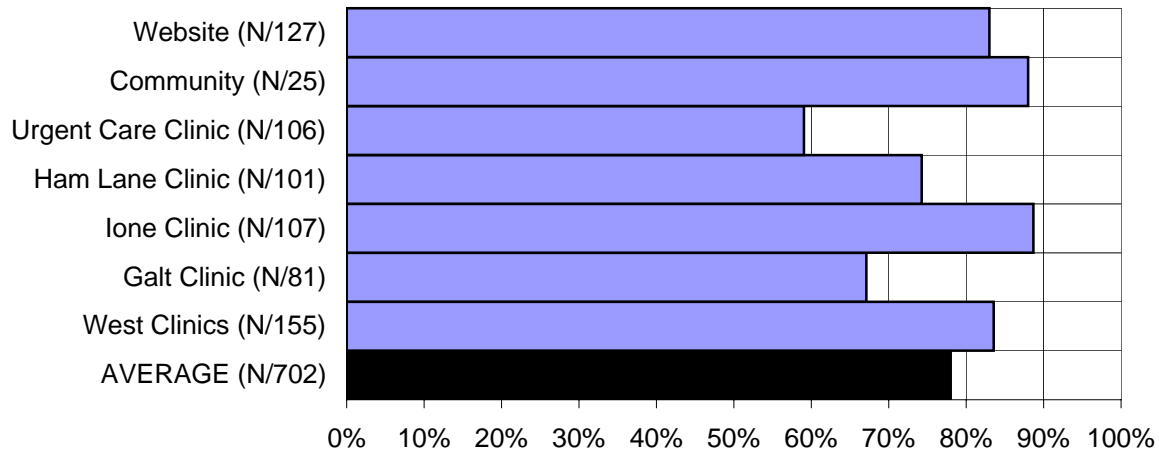


Was there a time during the past 12 months you had trouble seeing a doctor?

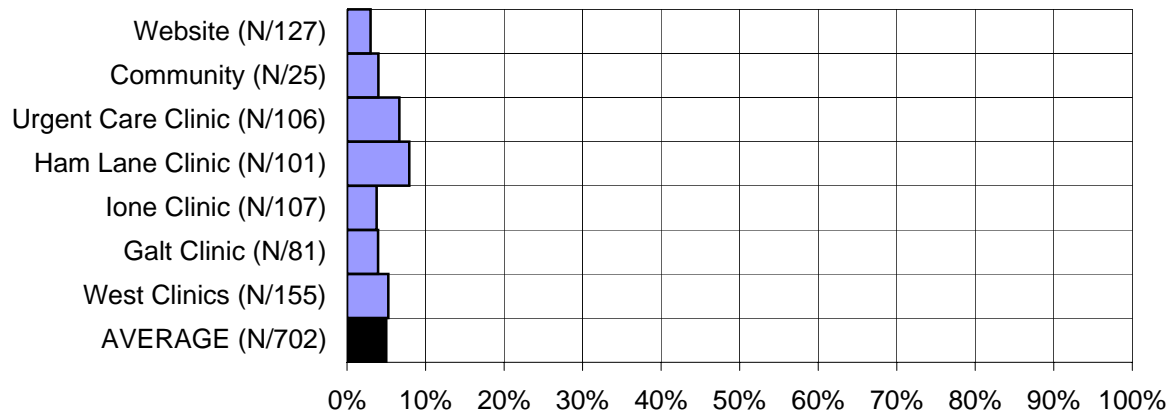


When you need medical care, where do you go most often?

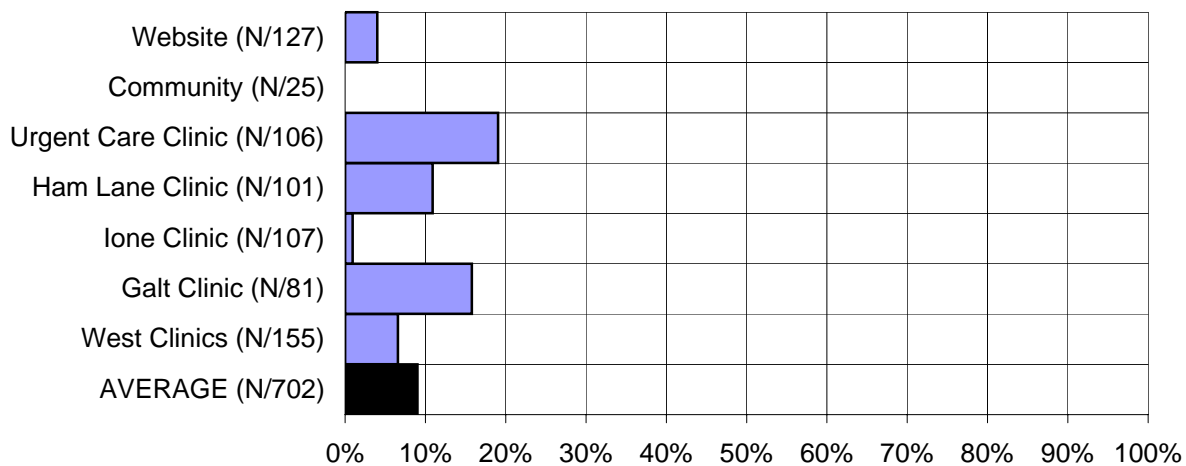
MY DOCTOR'S OFFICE



AN EMERGENCY ROOM

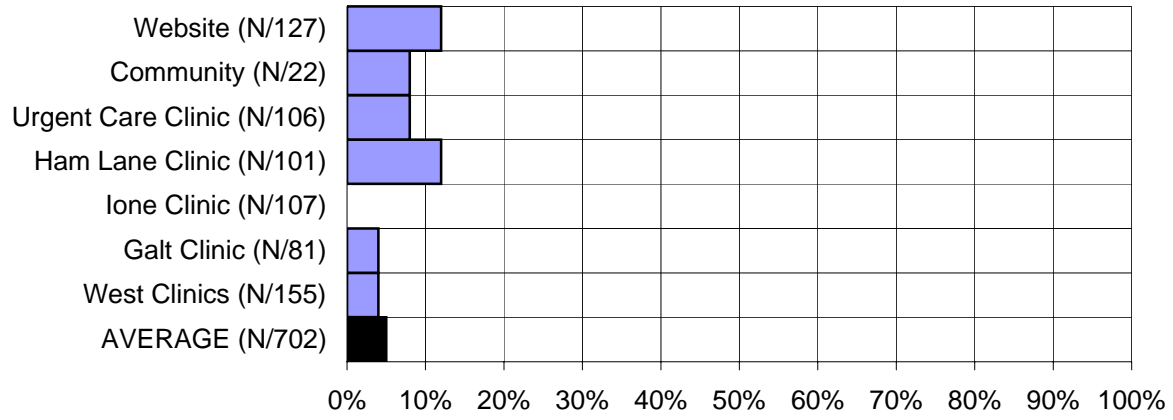


AN URGENT-CARE OR WALK-IN CLINIC



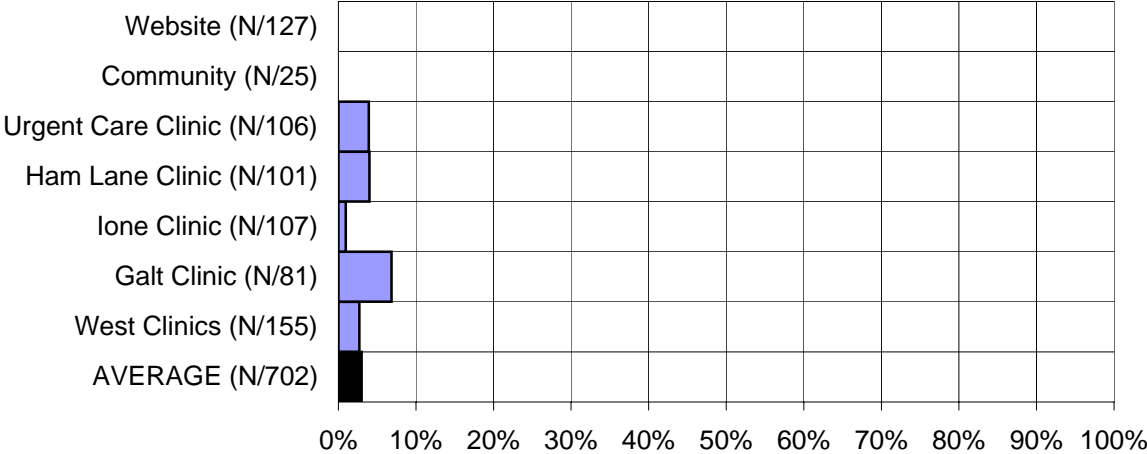
When you need medical care, where do you go most often?

USUALLY I JUST RIDE IT OUT

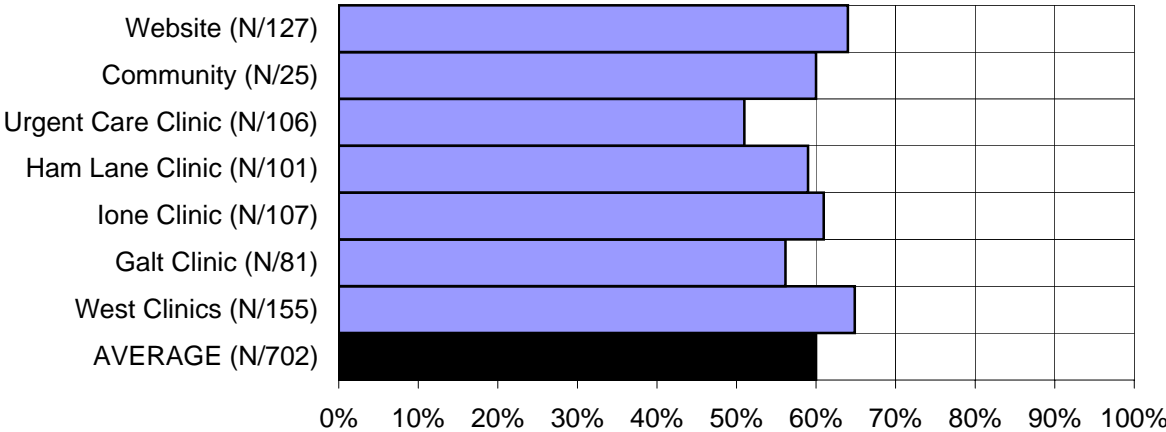


How long has it been since your last routine medical check-up?

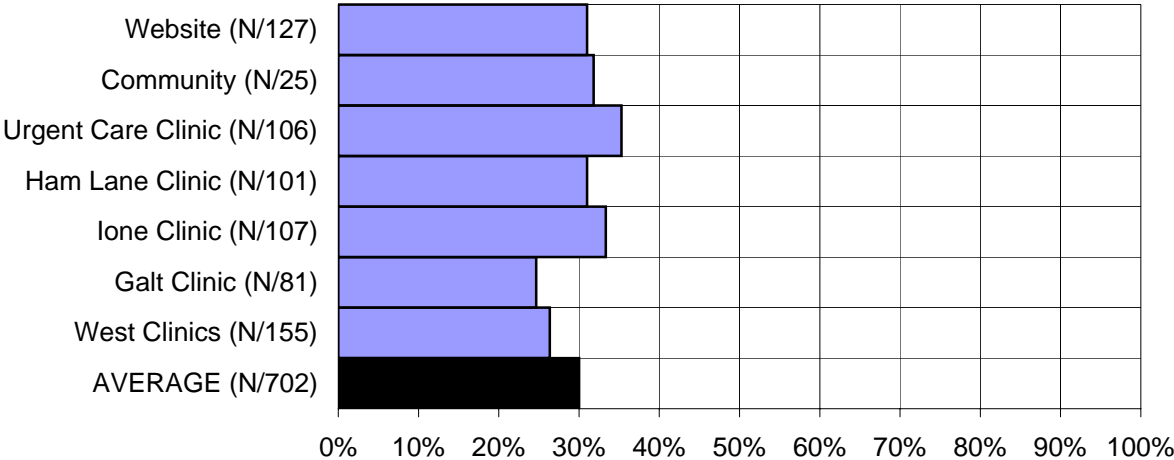
HAVE NEVER HAD ONE



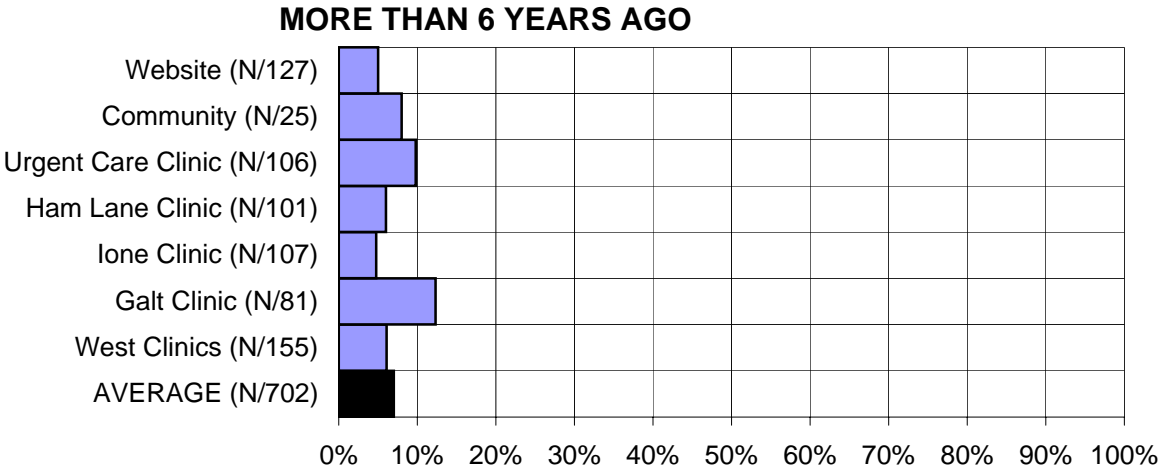
WITHIN THE PAST YEAR



BETWEEN 1-5 YEARS AGO

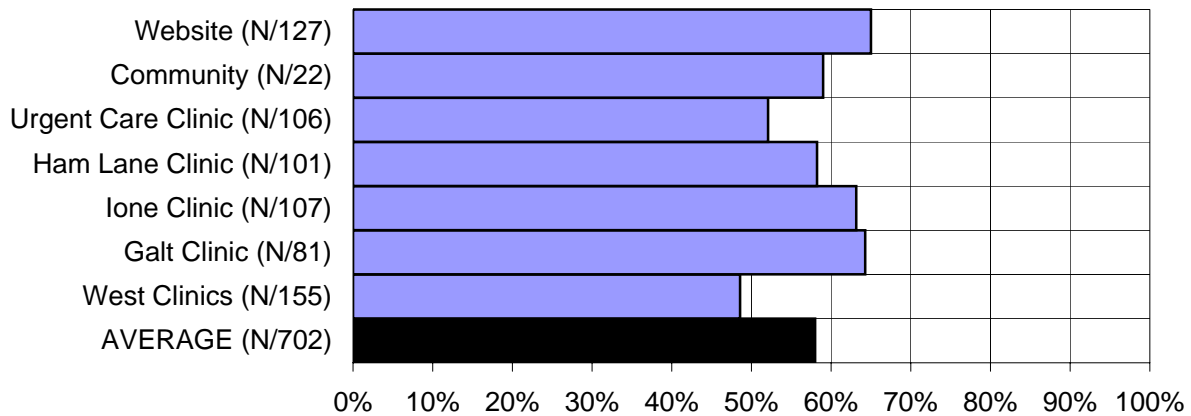


How long has it been since your last routine medical check-up?

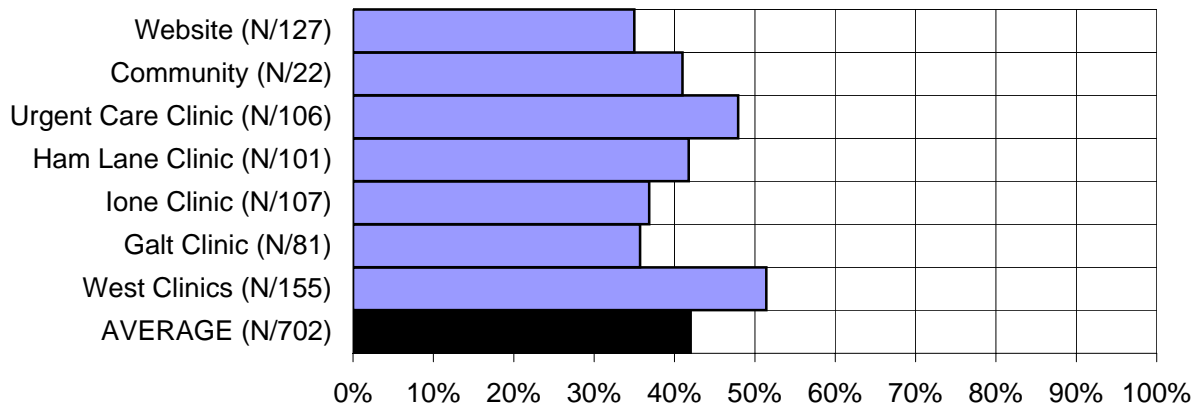


Are additional doctors needed in this area?

YES

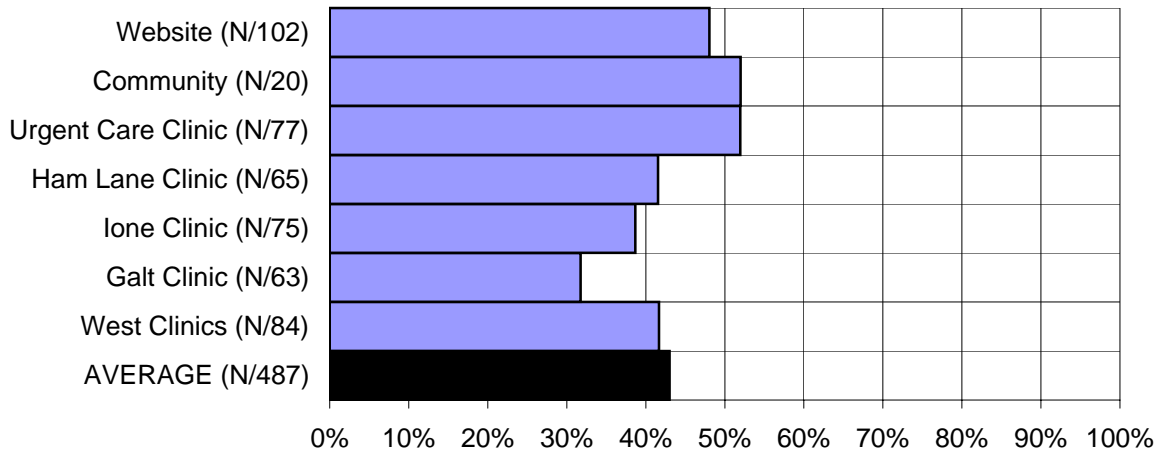


NO

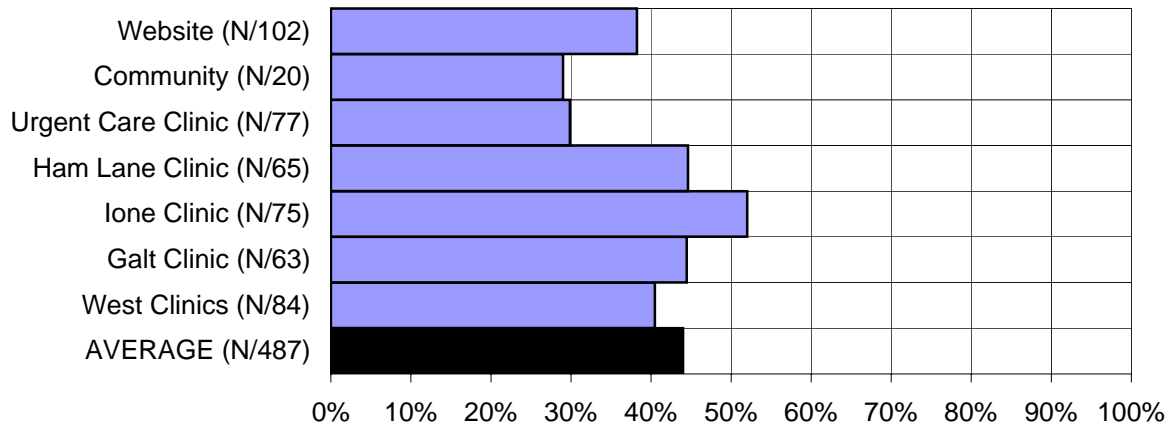


If so, what kinds of doctors are needed?

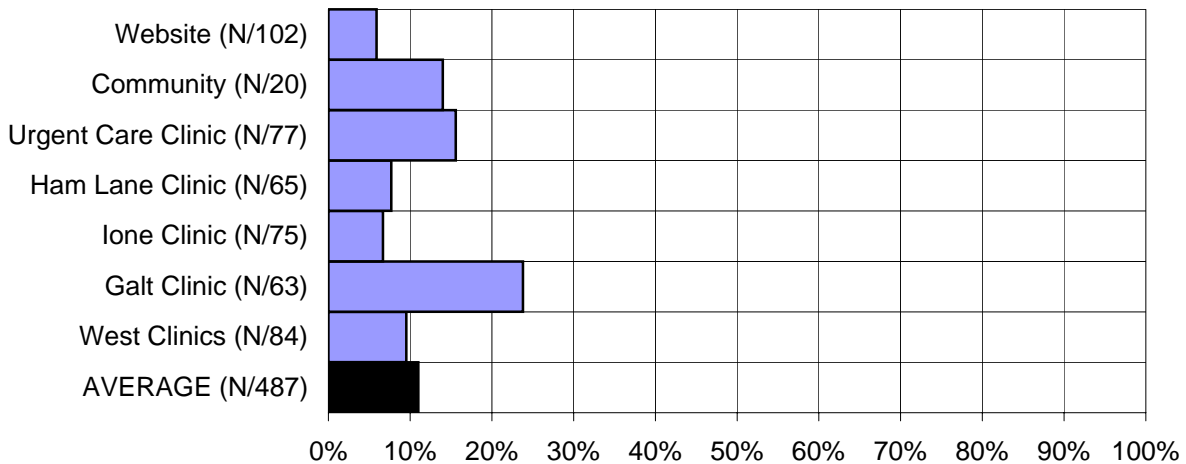
PRIMARY-CARE DOCTORS



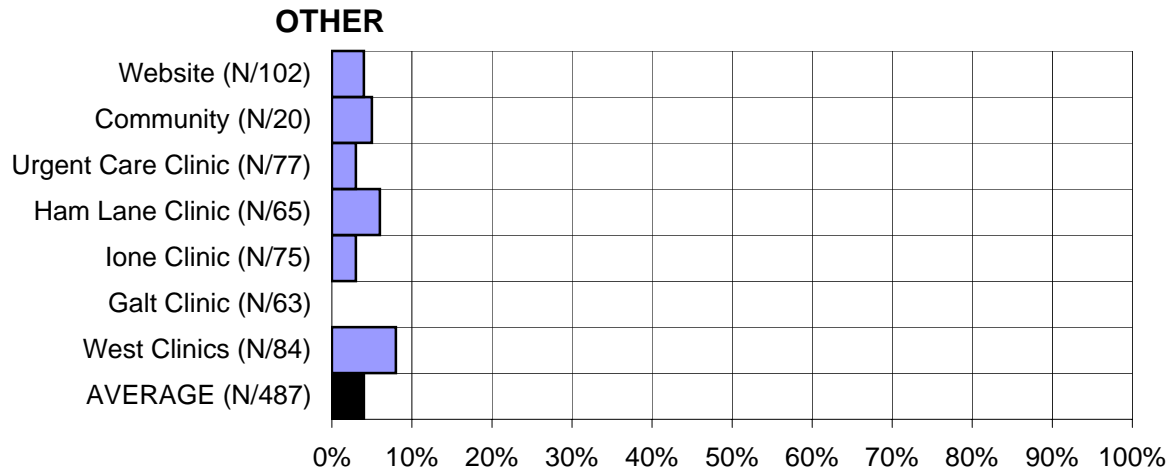
SPECIALIST DOCTORS



PEDIATRICIANS

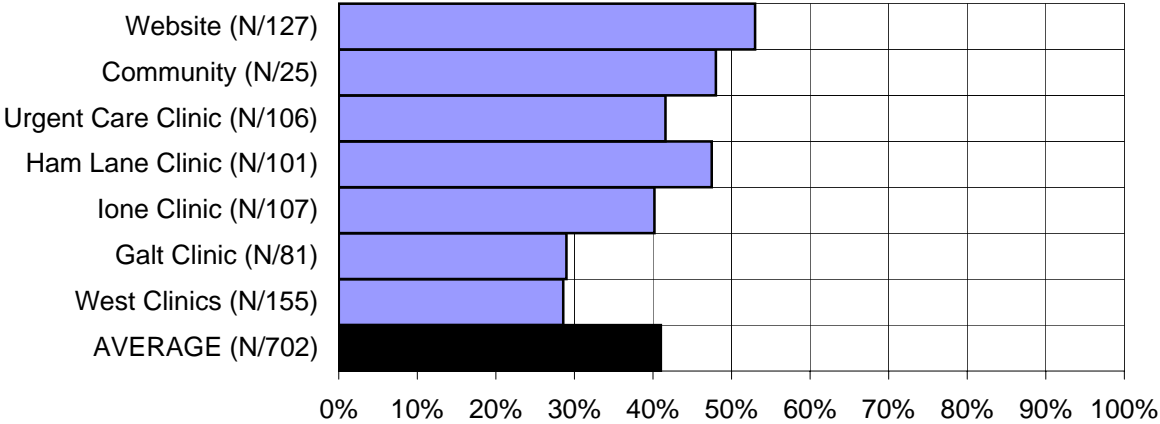


If so, what kinds of doctors are needed?

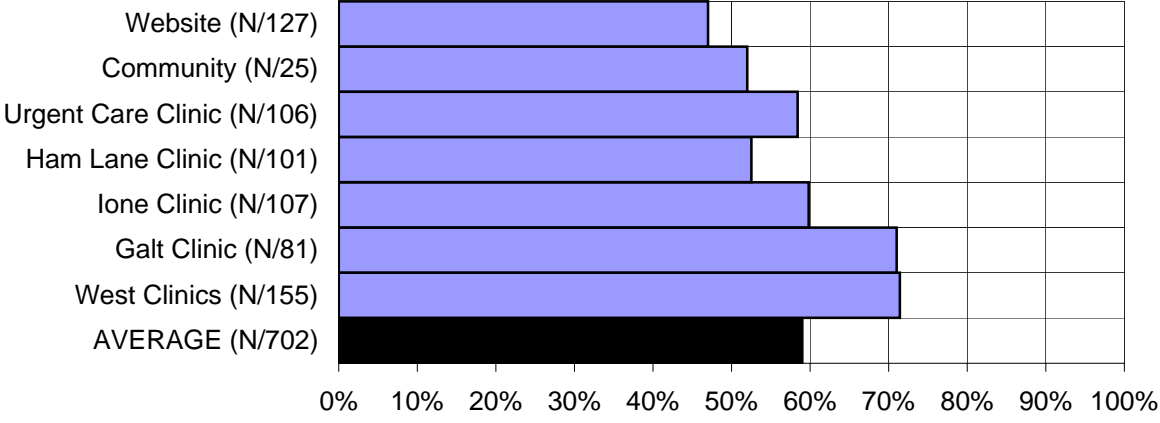


Do you ever seek, or self treat yourself, with so-called non-traditional or alternative methods?

YES

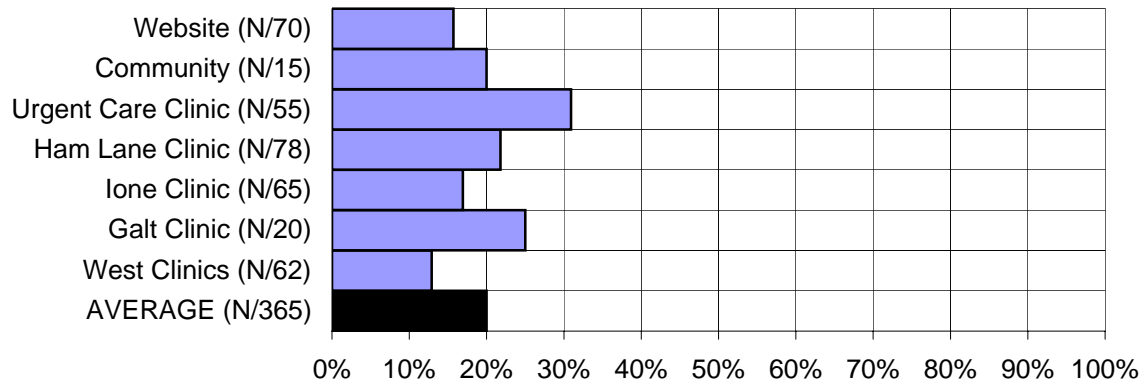


NO

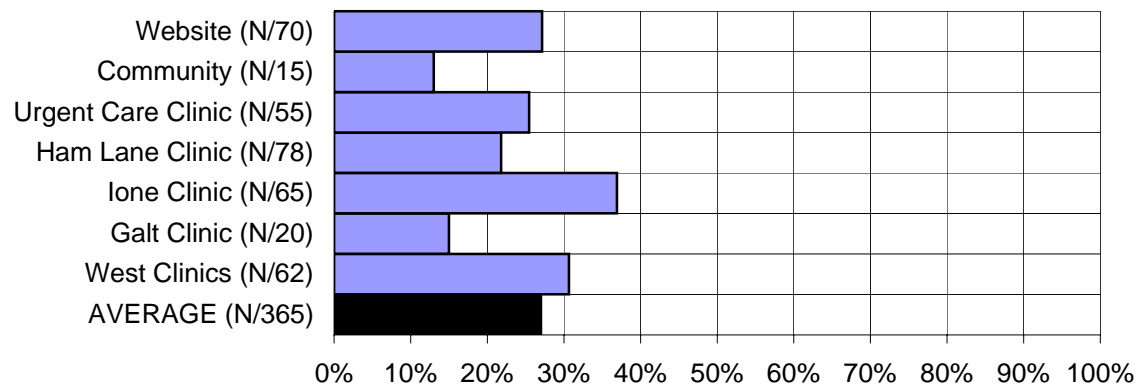


If so, what method?

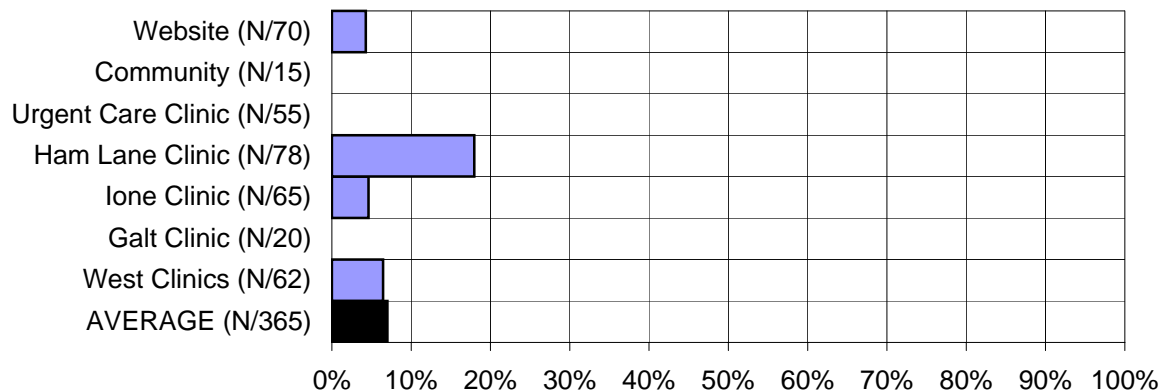
MASSAGE THERAPY



CHIROPRACTOR

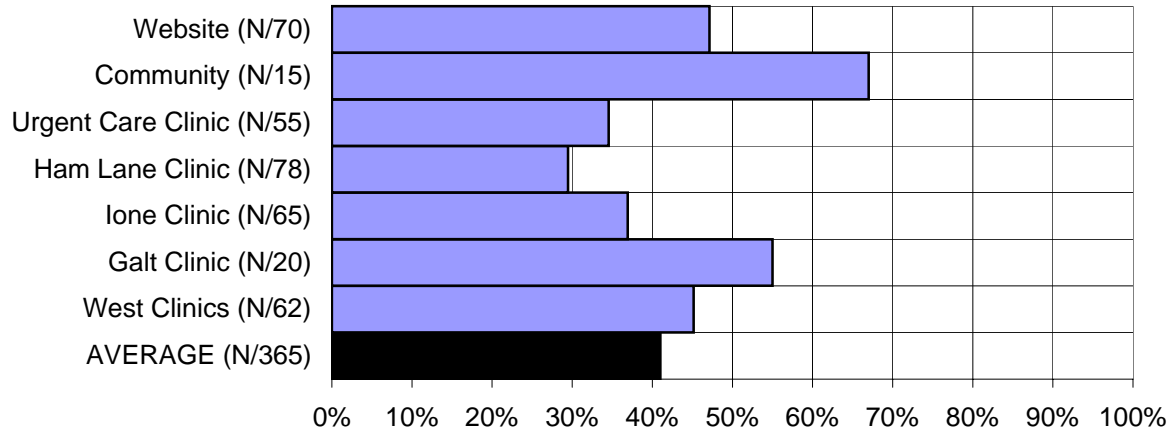


ACUPUNCTURE OR ACUPRESSURE

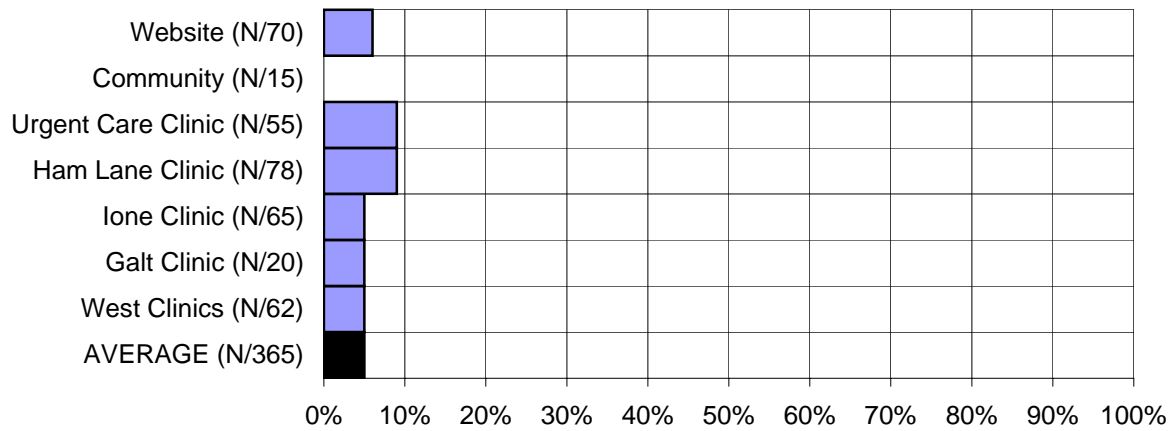


If so, what method?

HERBAL OR MEGA-VITAMIN THERAPY

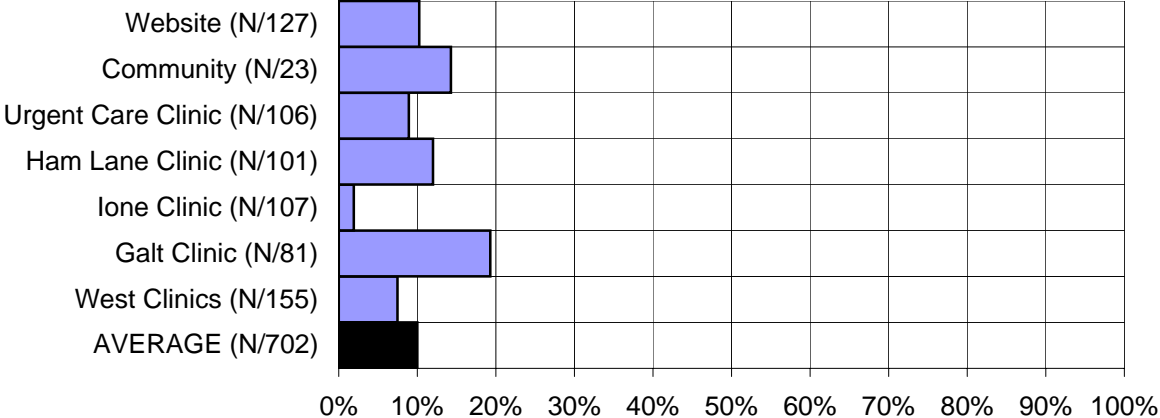


OTHER

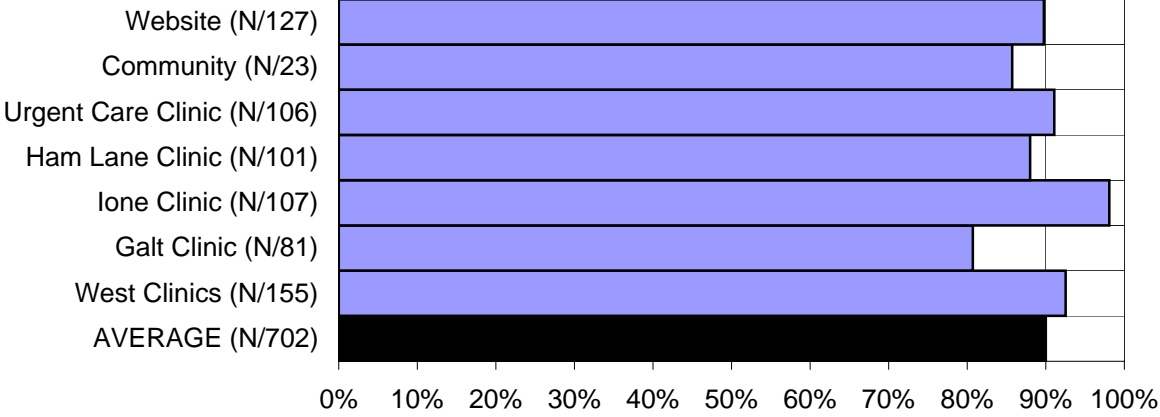


Do you ever have trouble communicating with your doctor because of a language barrier?

YES

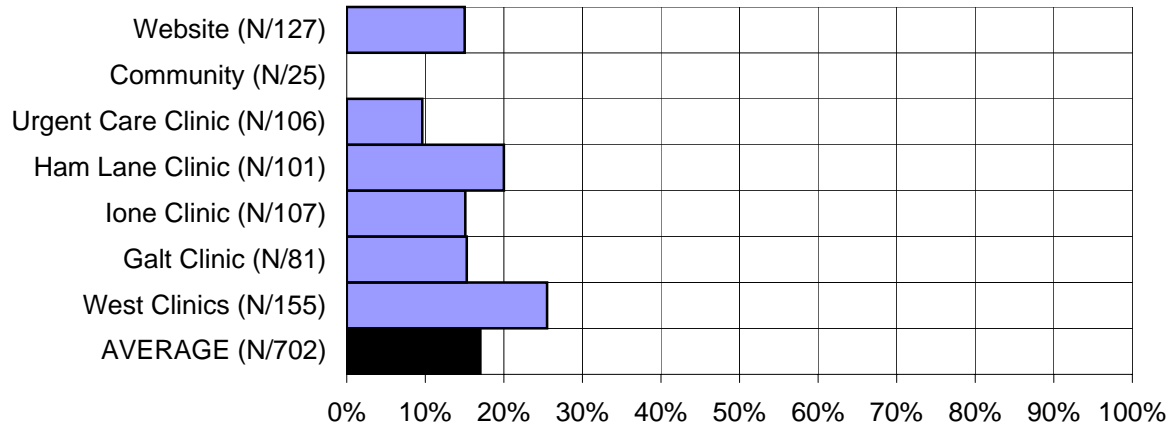


NO

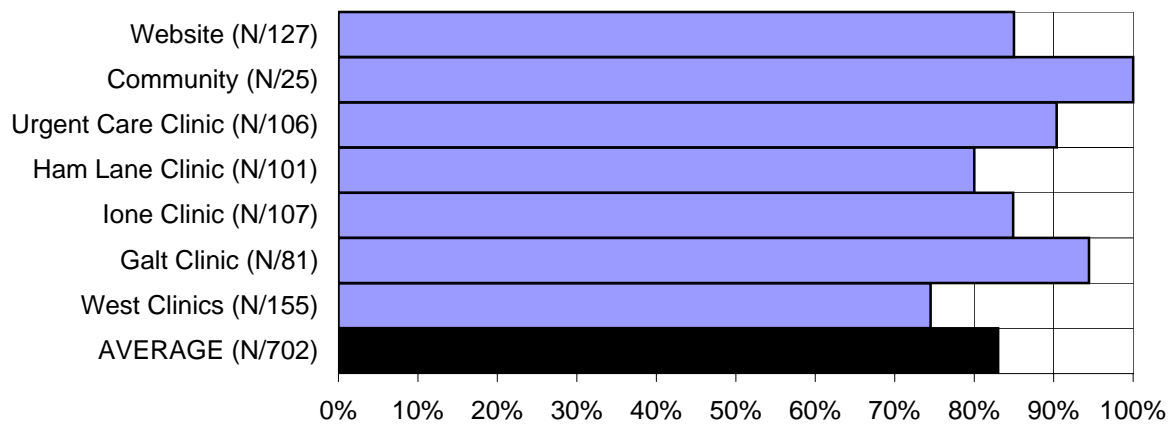


Are you sight impaired or do you have trouble seeing, even with glasses?

YES

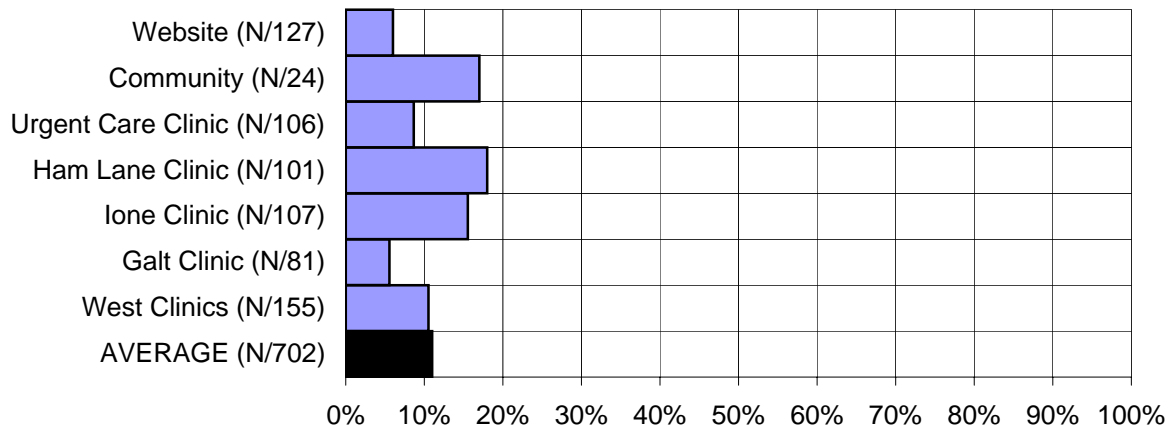


NO

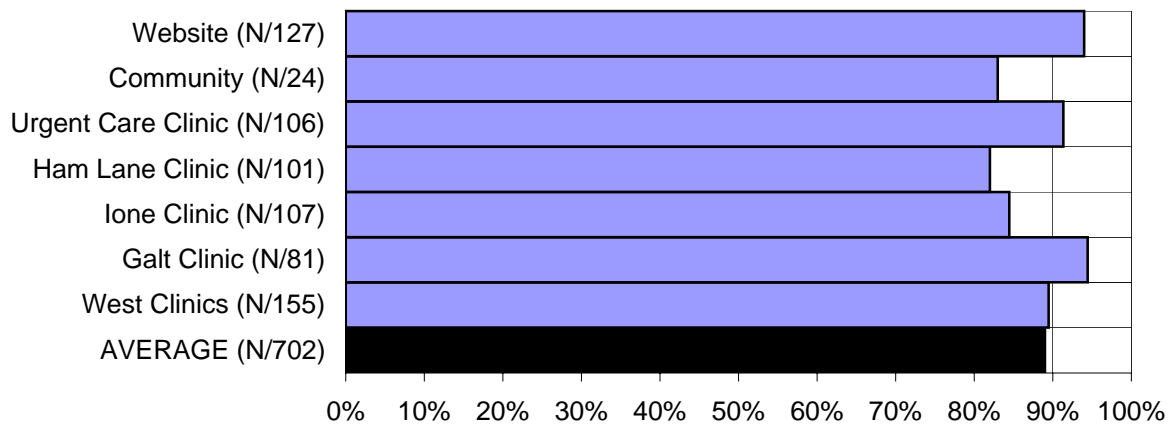


Are you hearing impaired?

YES

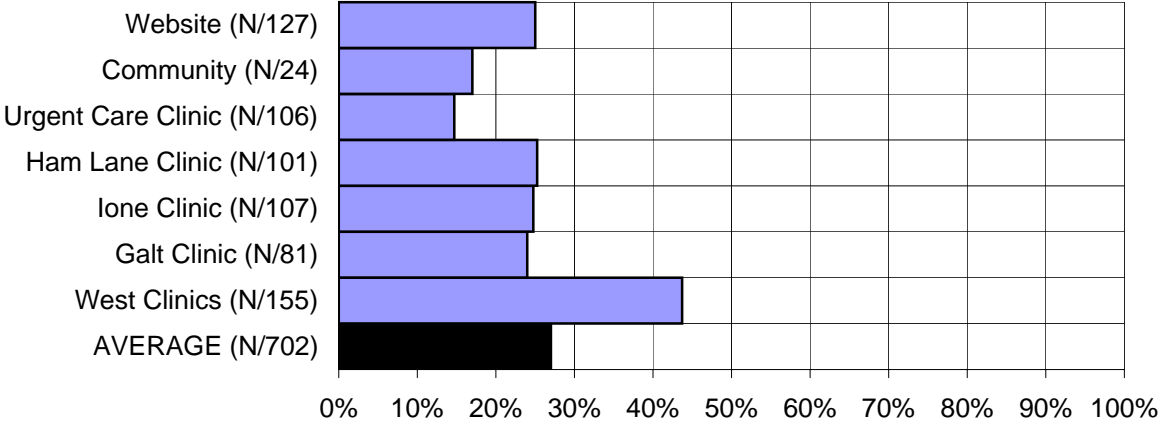


NO

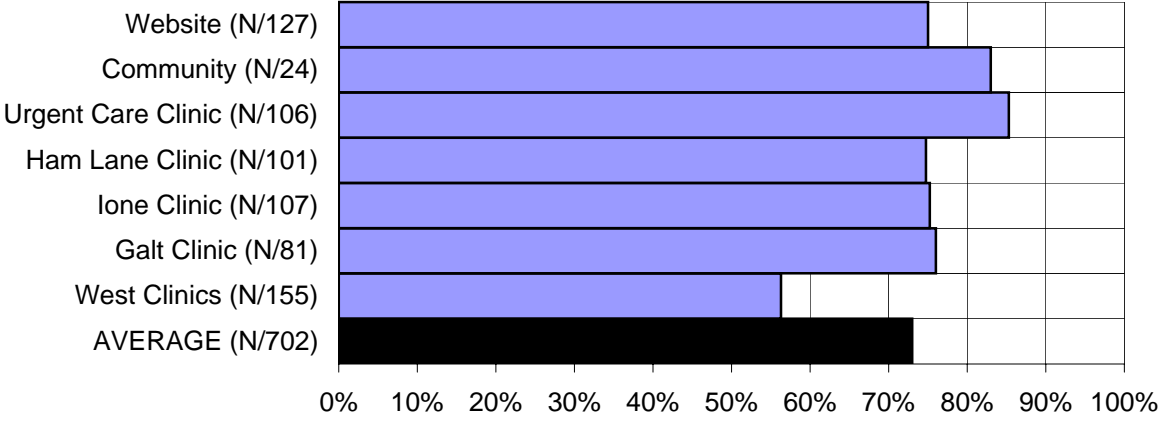


Do you have sciatica or chronic-back pain?

YES

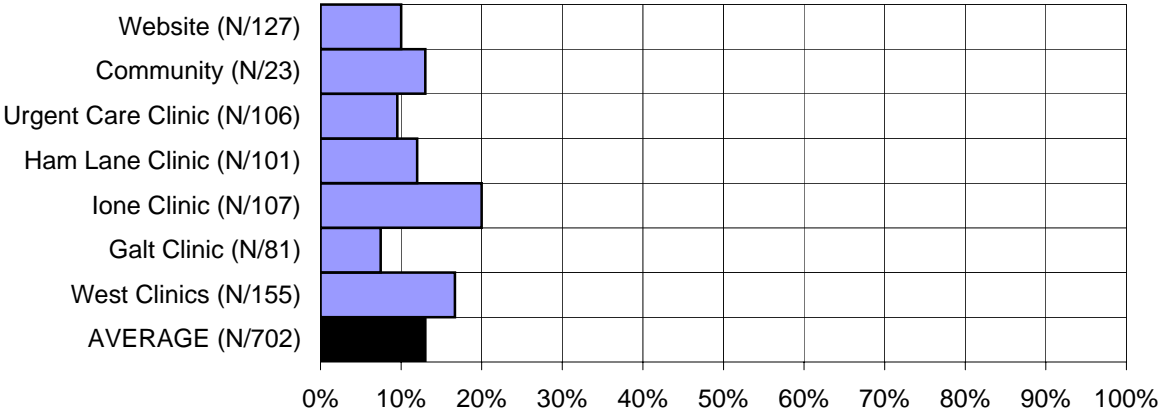


NO

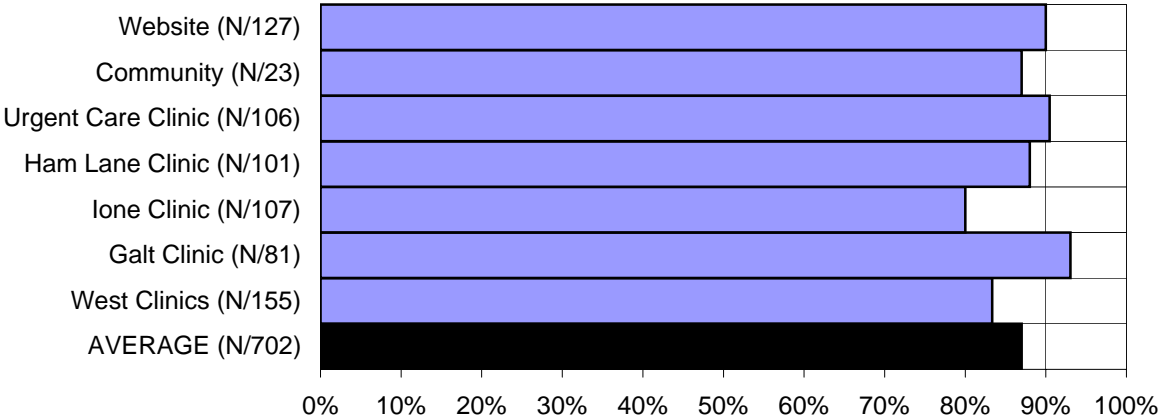


Has a health-care professional ever diagnosed you with heart trouble?

YES

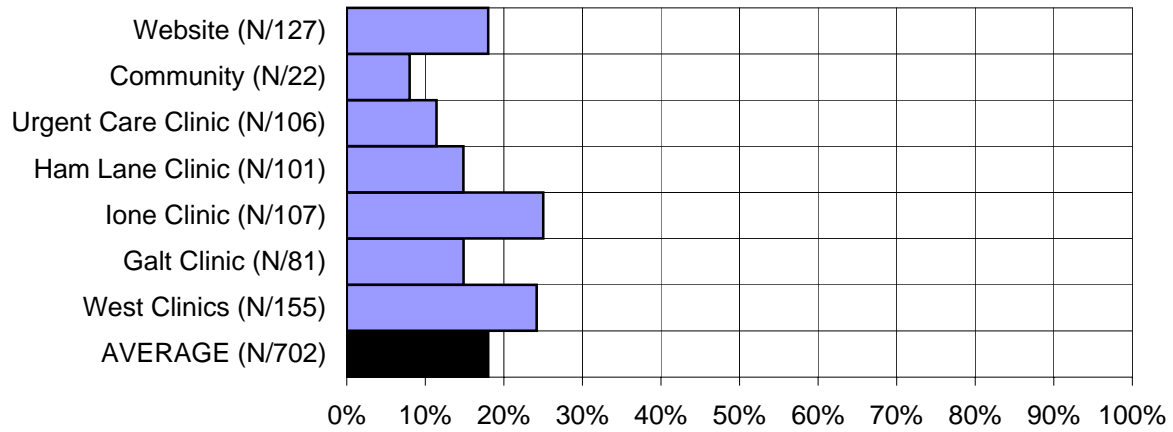


NO

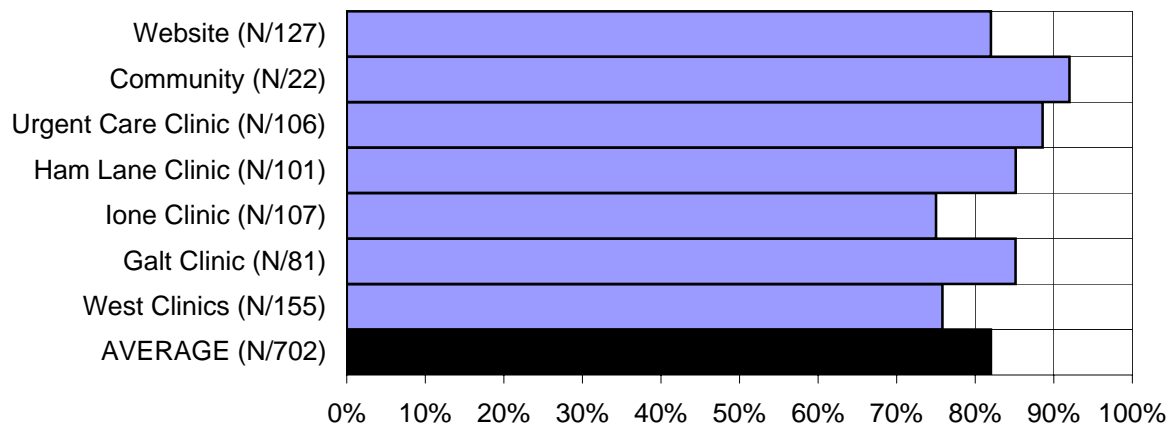


Has a health care professional ever diagnosed you as having asthma?

YES

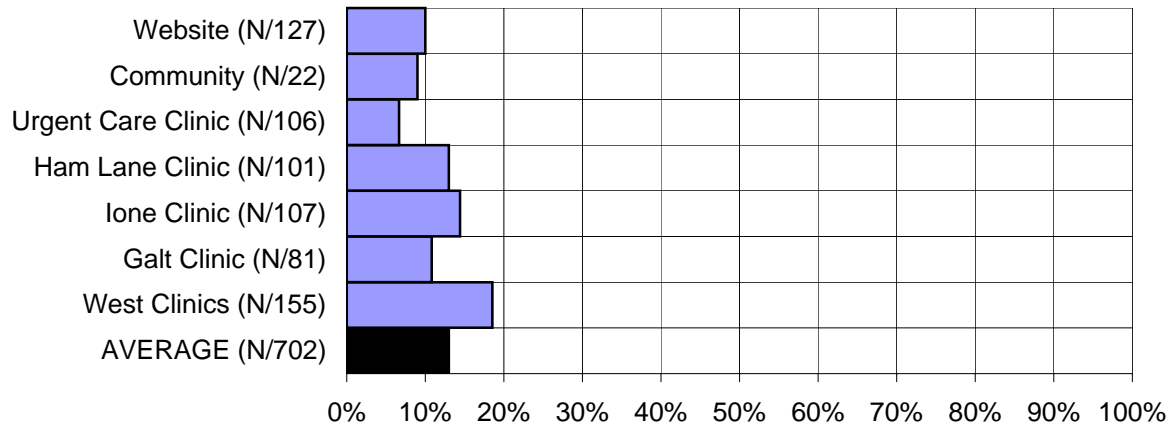


NO

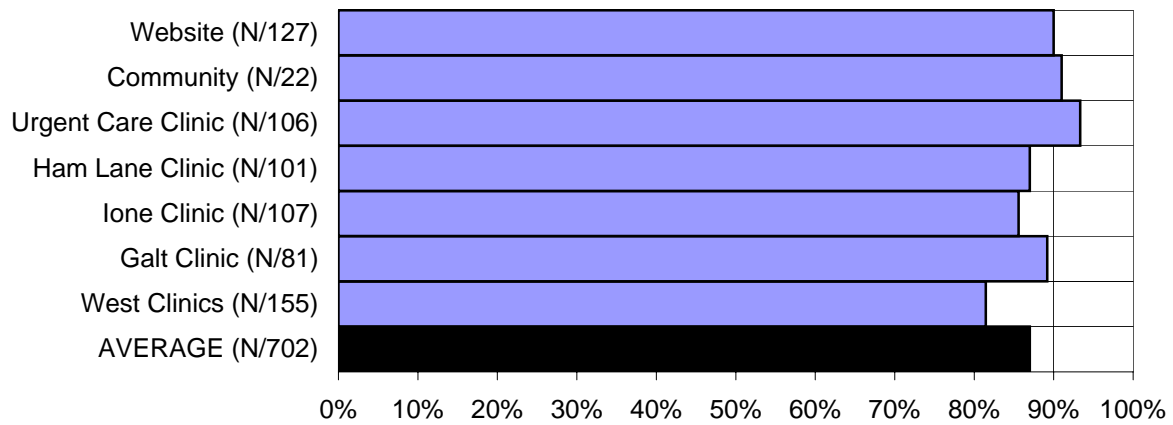


Has a health care professional ever diagnosed you with chronic lung disease including, bronchitis or emphysema?

YES

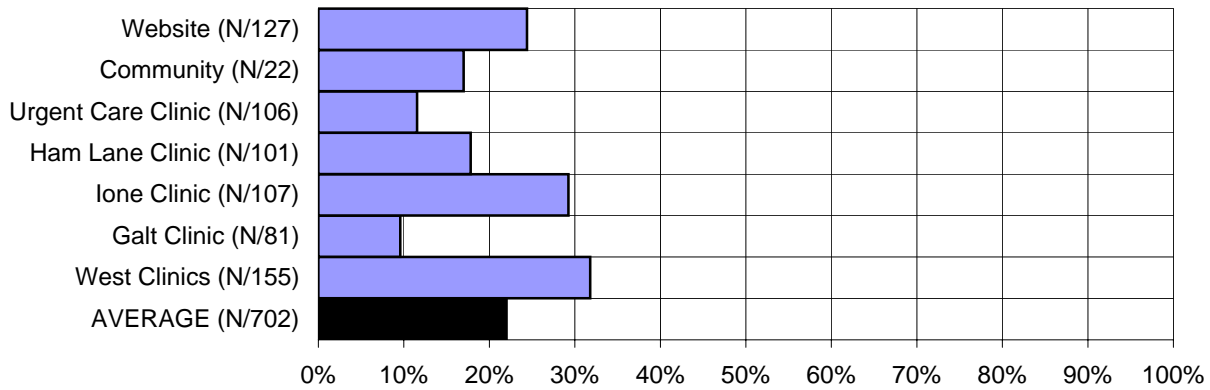


NO

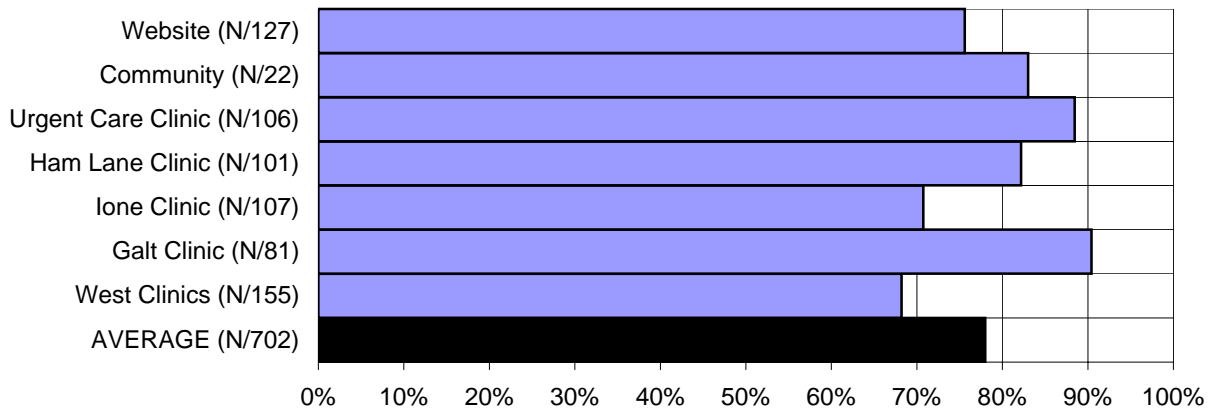


Has a health-care professional ever diagnosed you with arthritis or rheumatism?

YES

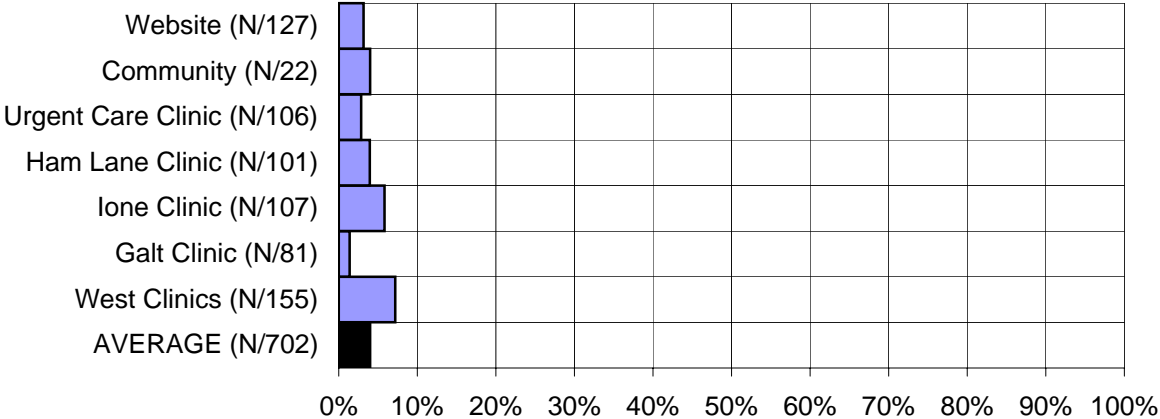


NO

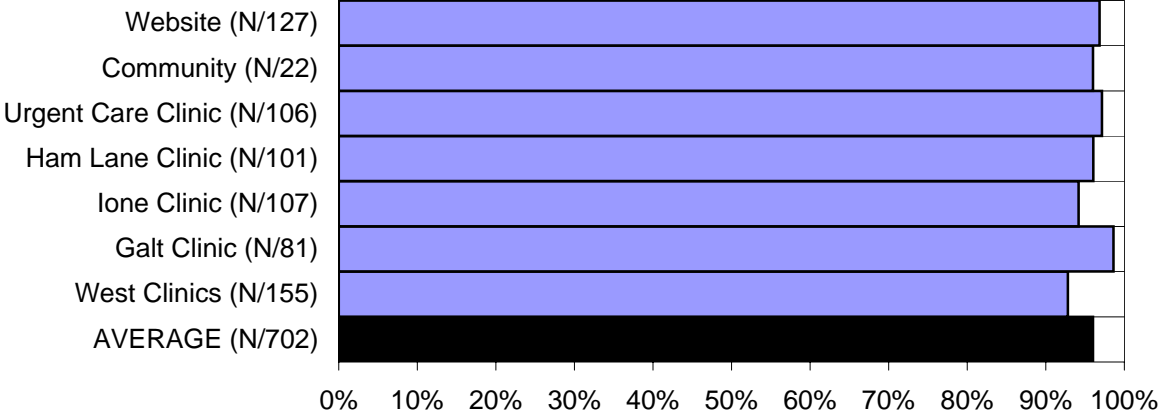


Has a health-care professional ever told you that you had a stroke?

YES

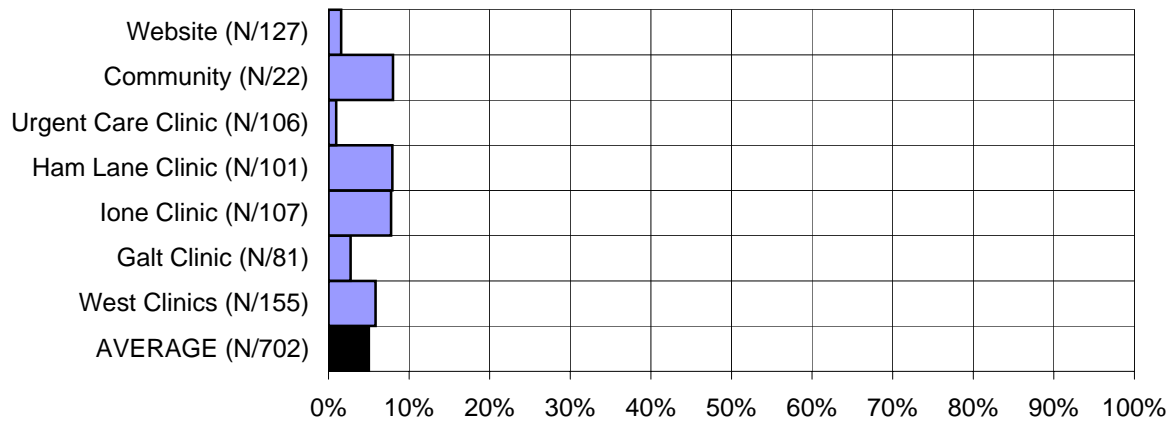


NO

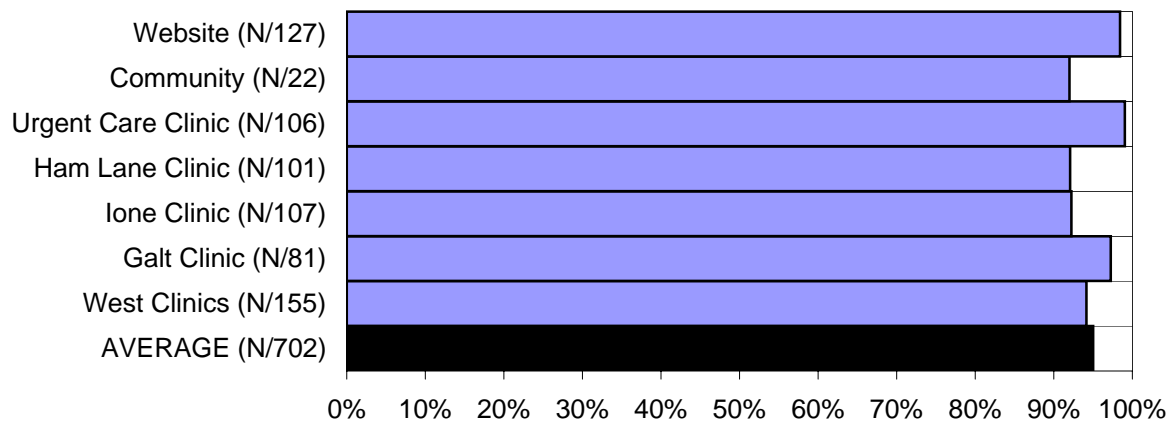


Has a health-care professional ever told you that you had a heart attack?

YES

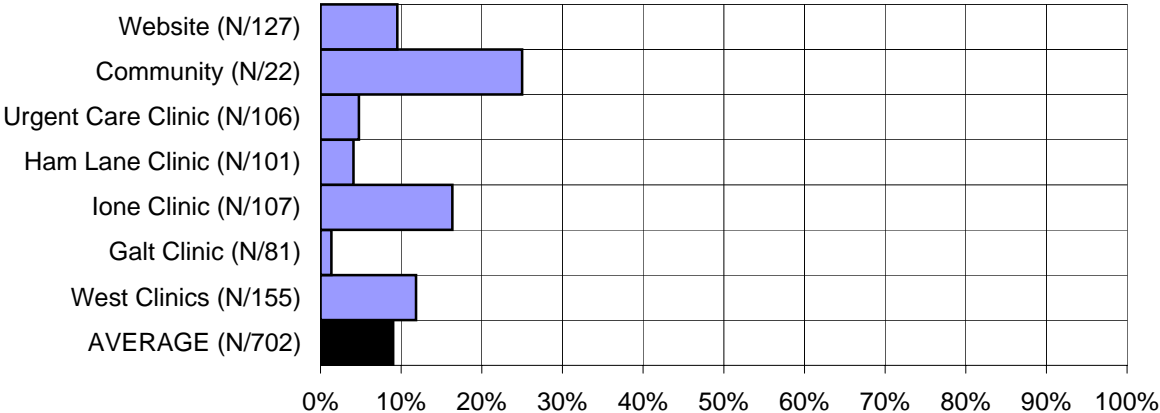


NO

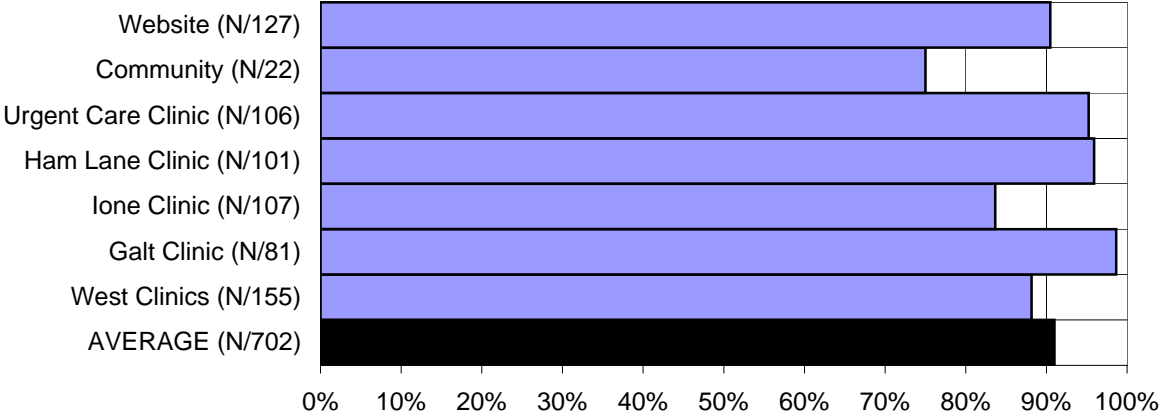


Has a health-care professional ever told you that you had cancer?

YES

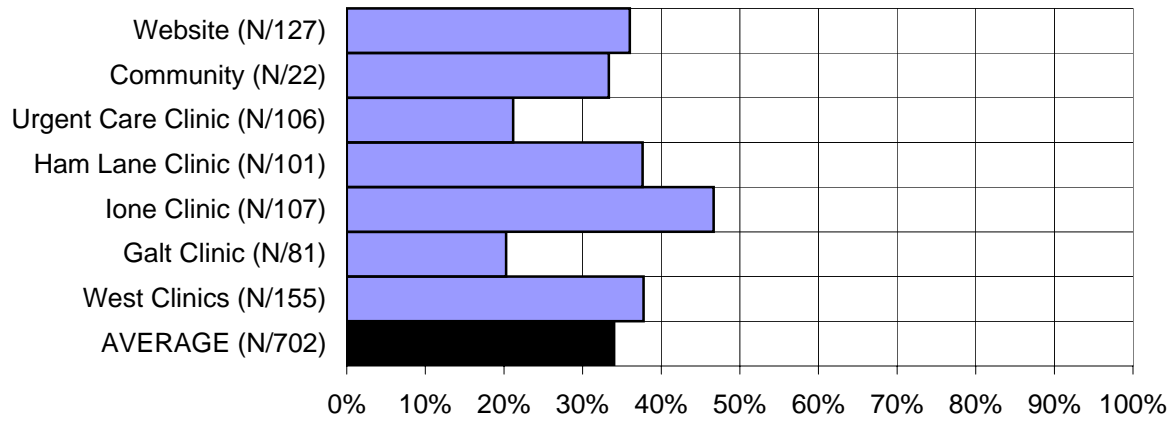


NO

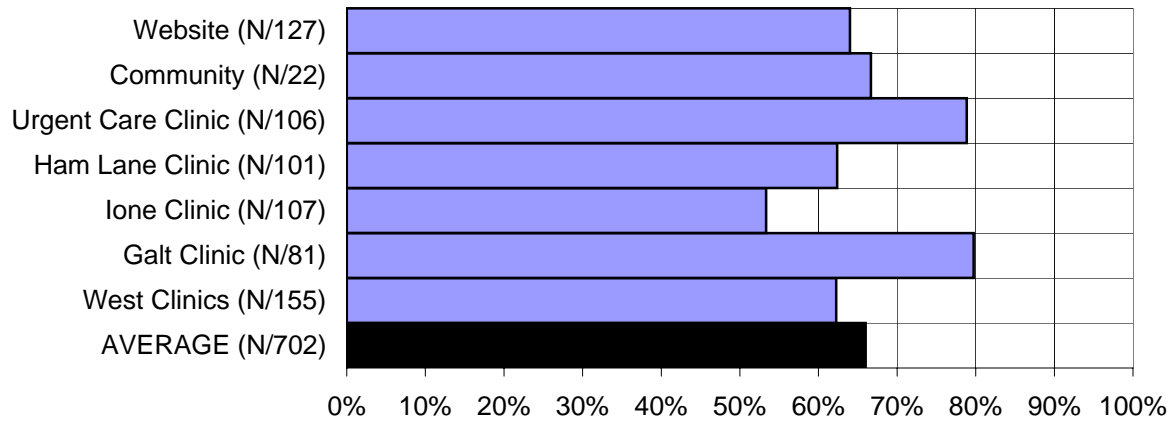


Has a health-care professional ever told you that you had high blood pressure?

YES

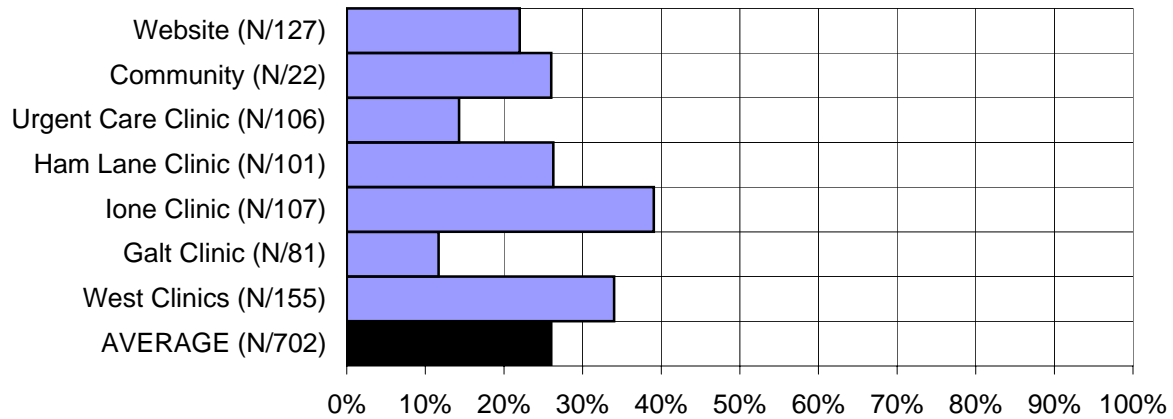


NO

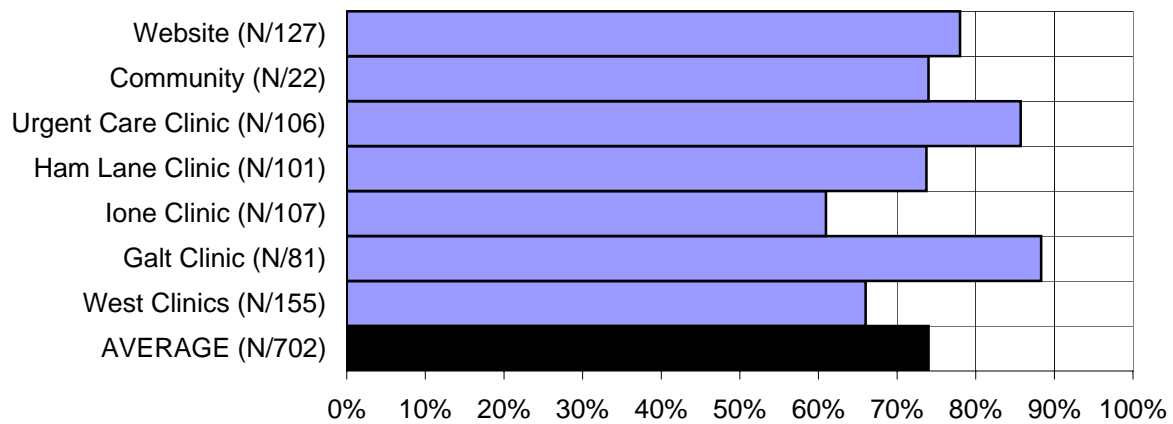


Are you now taking medicine for high blood pressure?

YES

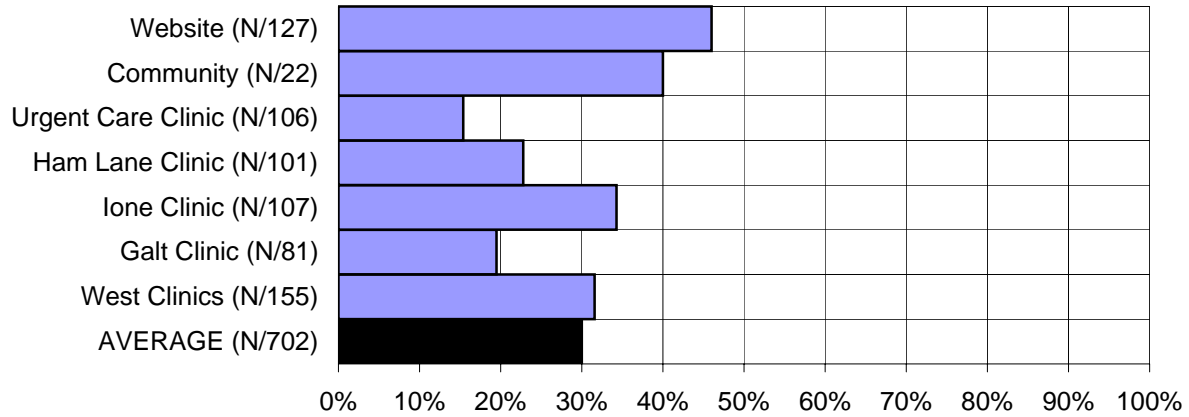


NO

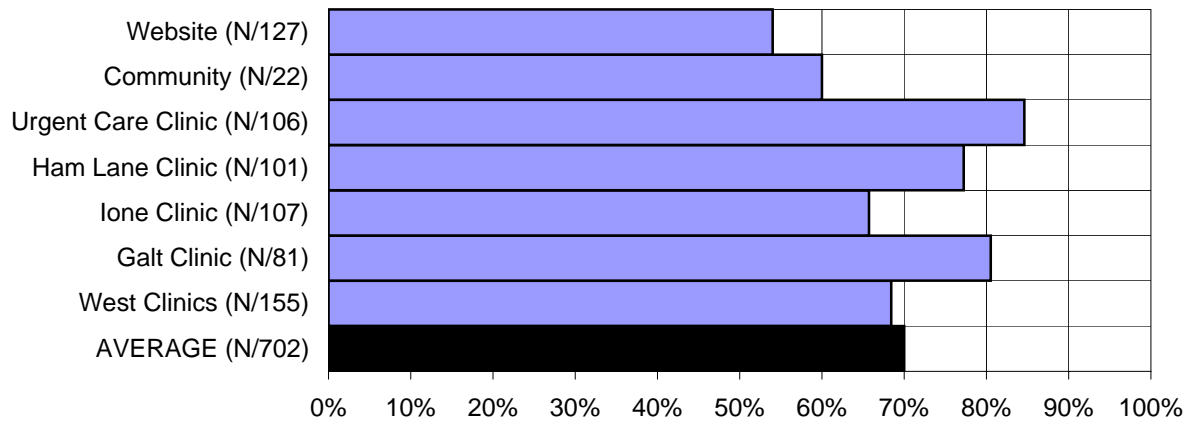


Has a health-care professional ever told you that you had high cholesterol?

YES

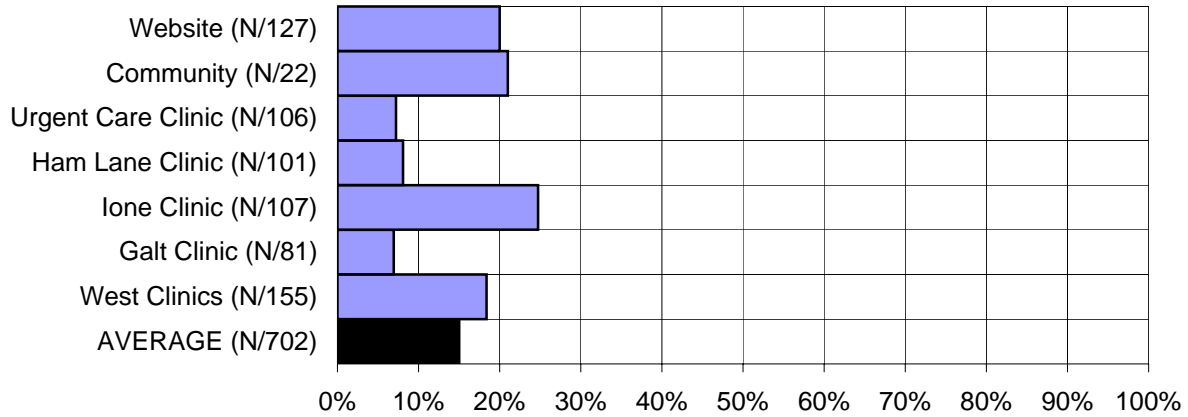


NO

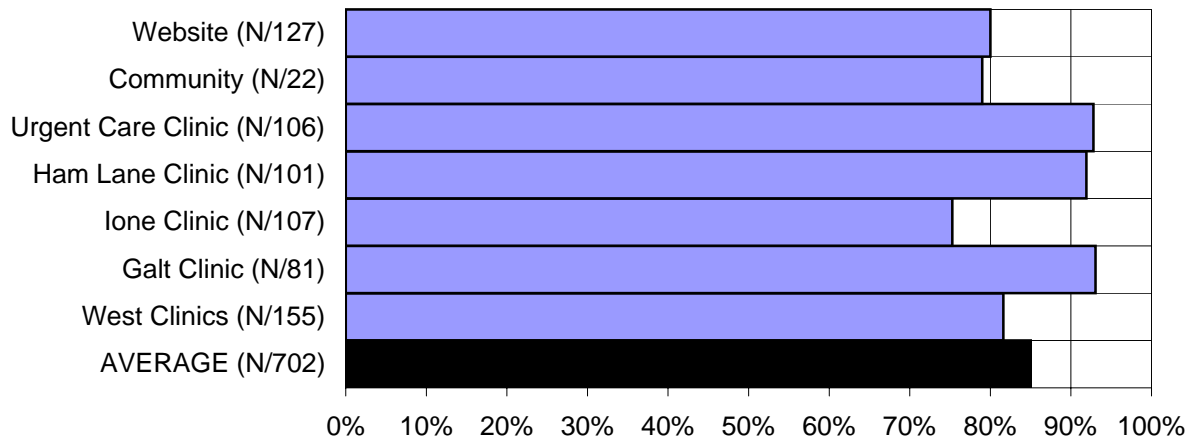


Are you now taking medicine for high cholesterol?

YES

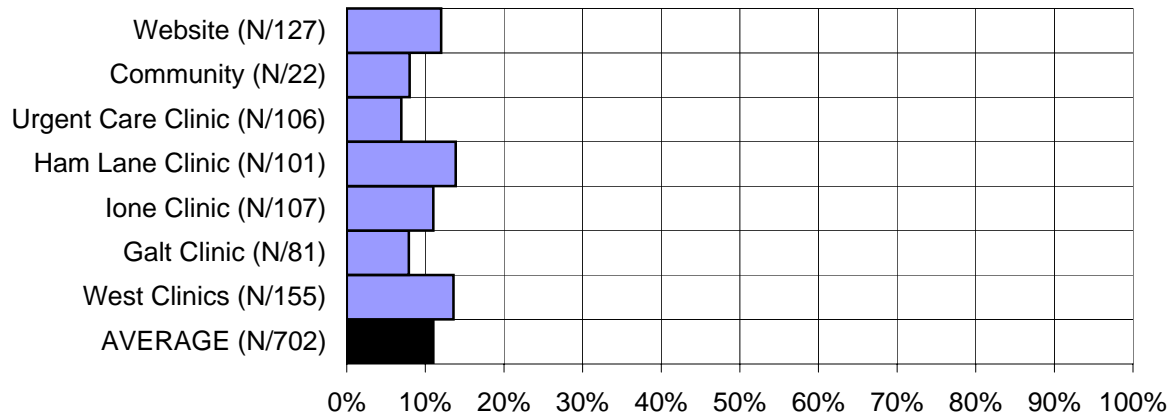


NO

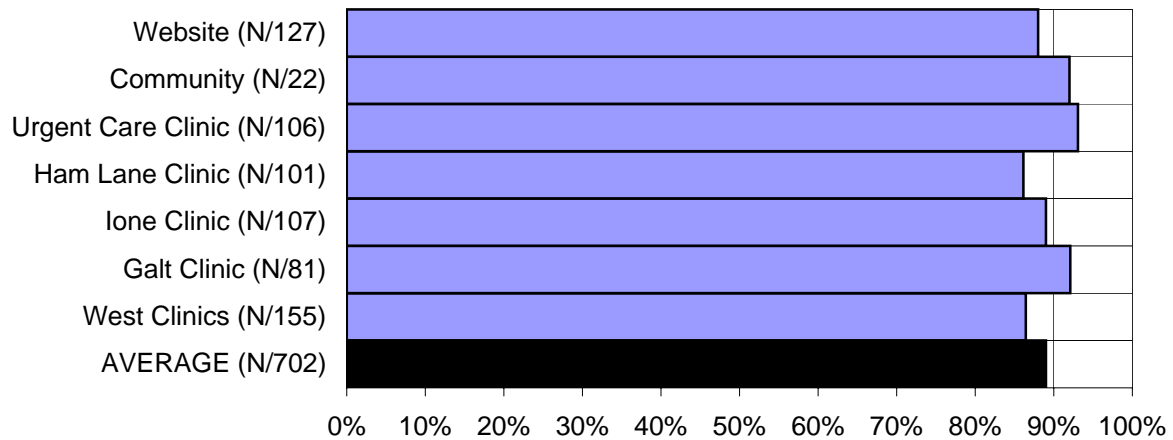


Has a health-care professional ever told you that you had high blood sugar?

YES

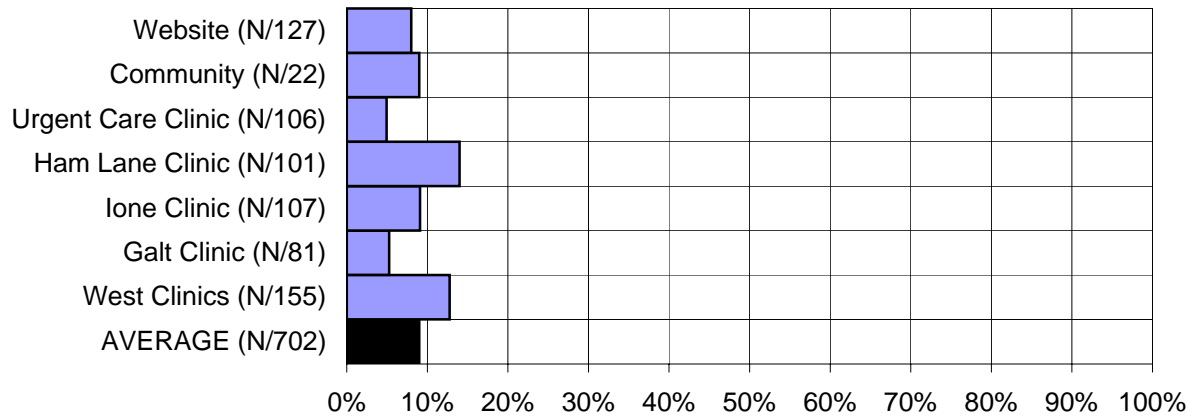


NO

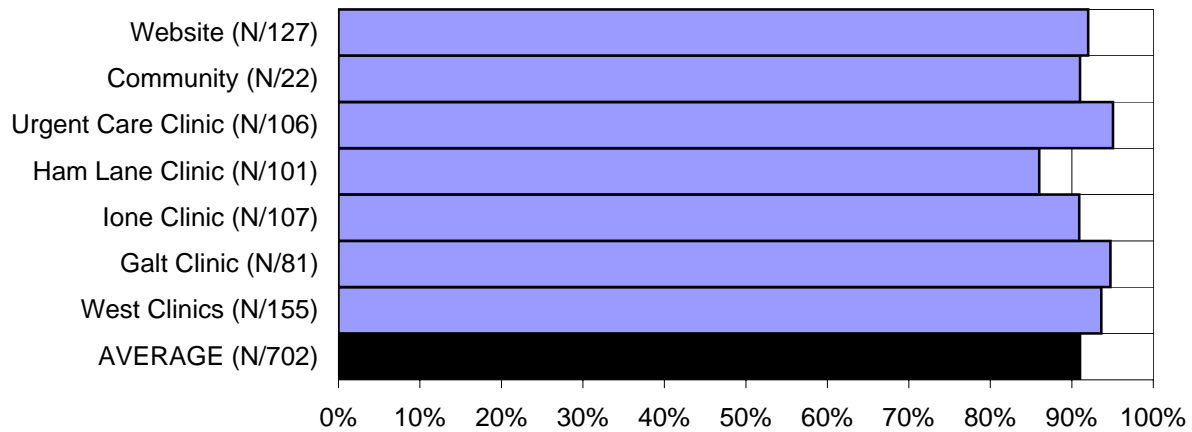


Has a health-care professional ever told you you have diabetes?

YES

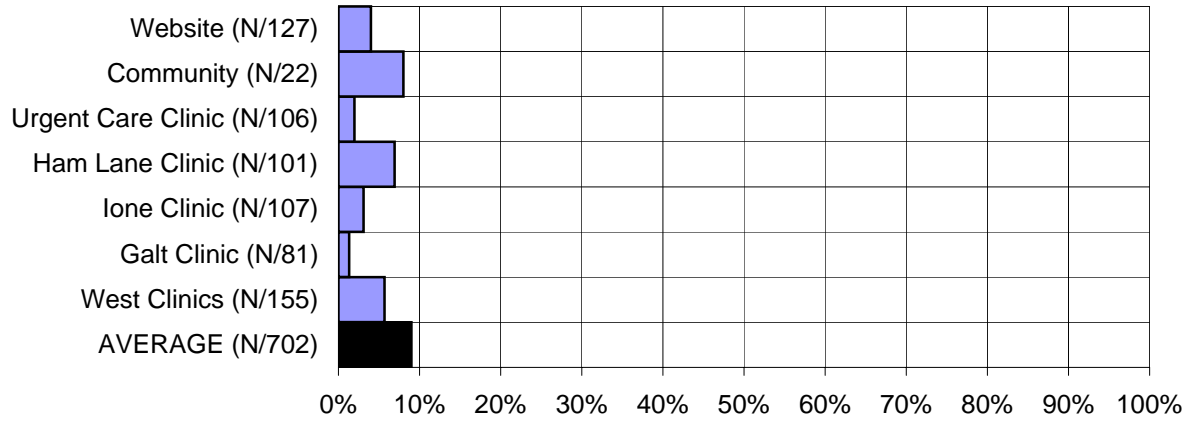


NO

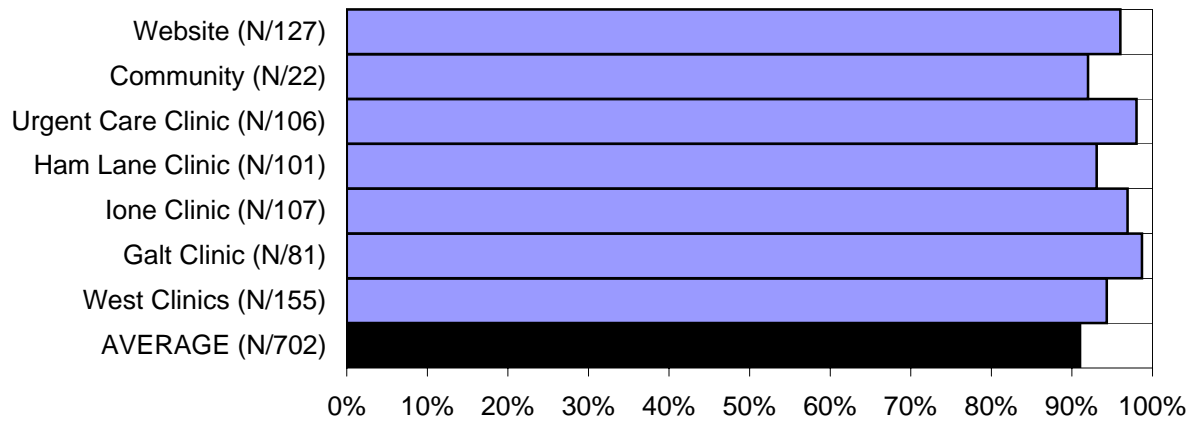


Are you now taking insulin?

YES

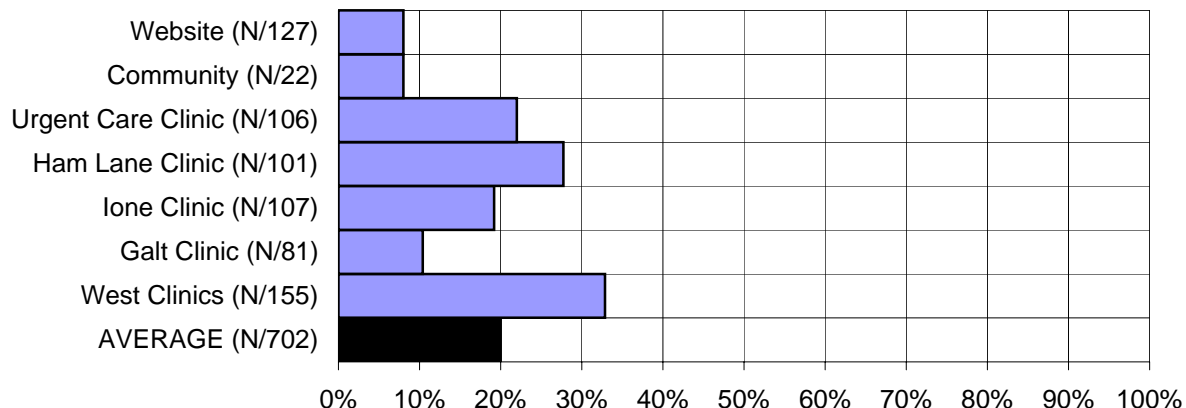


NO

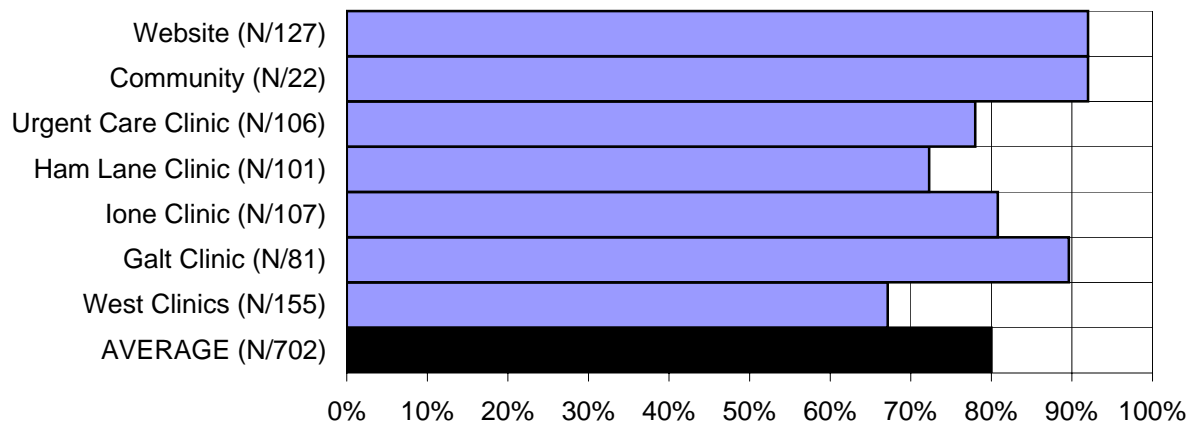


Do you smoke cigarettes now?

YES

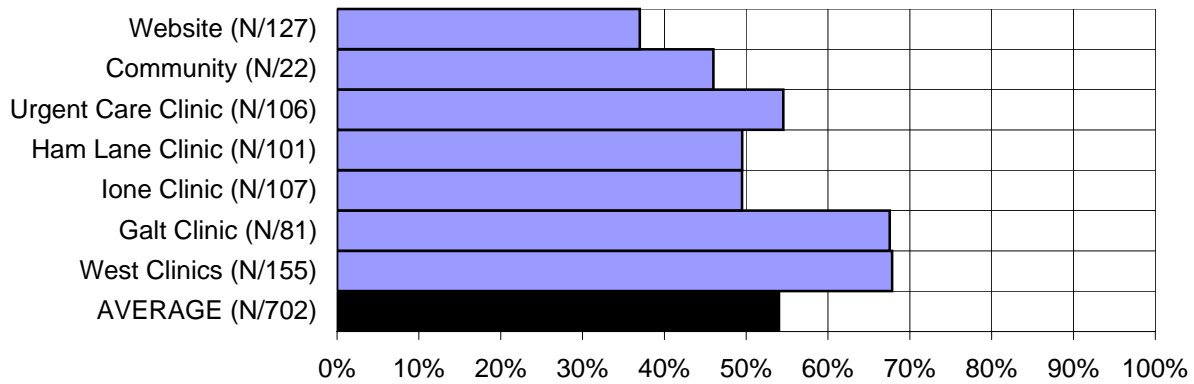


NO

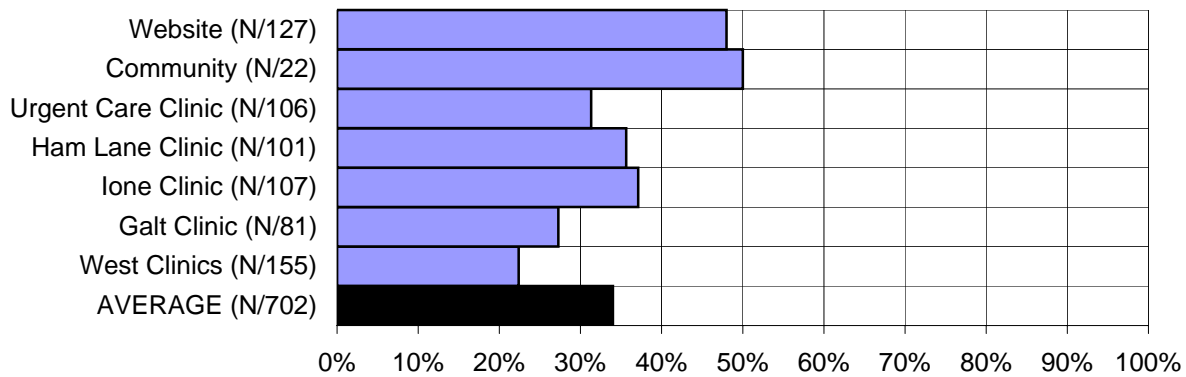


During the last month, on how many days did you drink any alcoholic beverage?

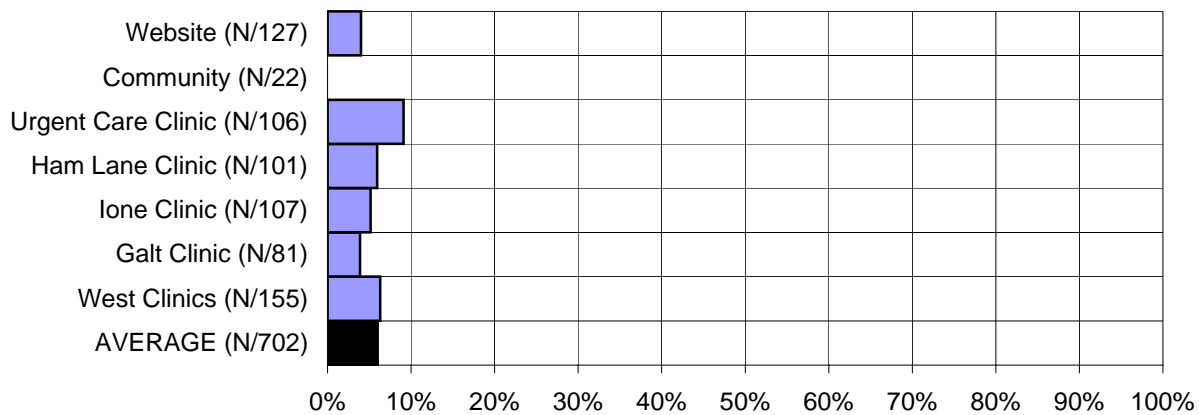
NONE



1-10

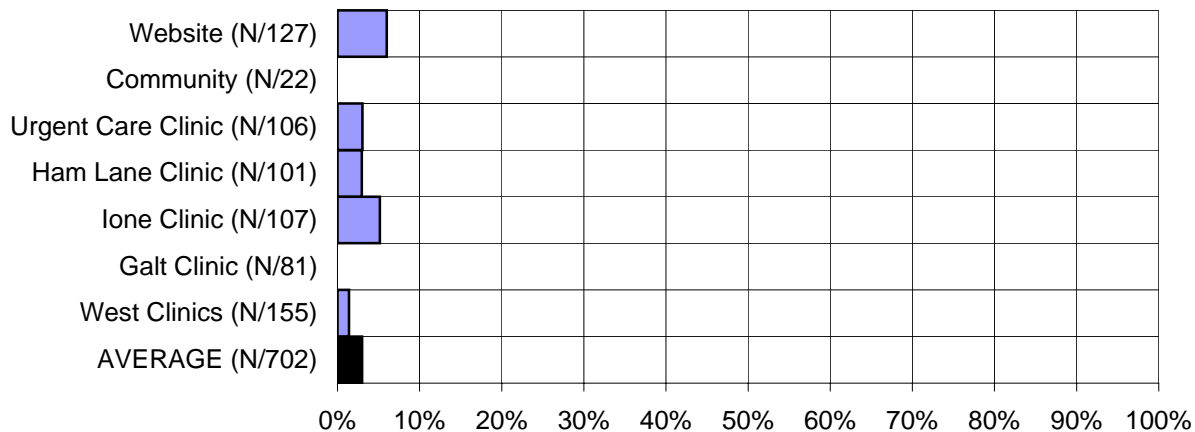


11-20

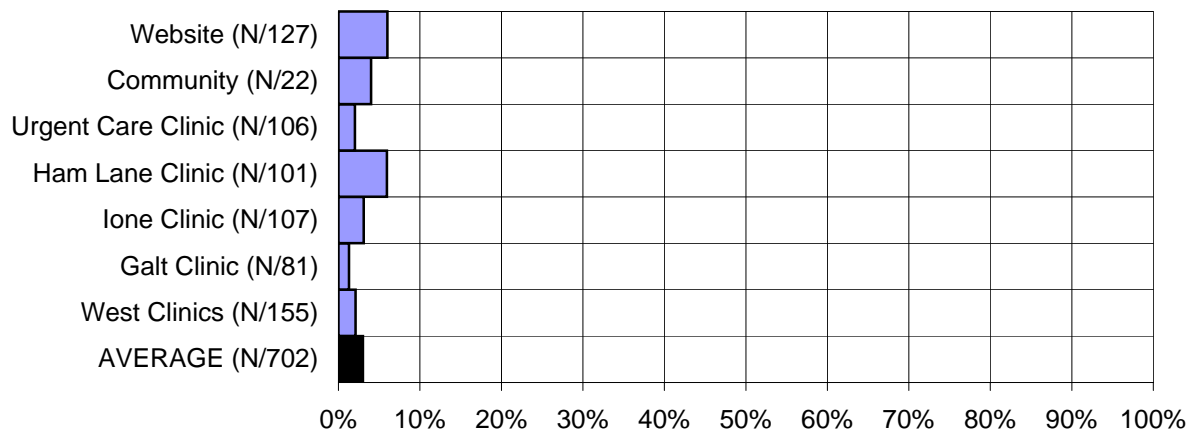


During the last month, on how many days did you drink any alcoholic beverage?

21-29

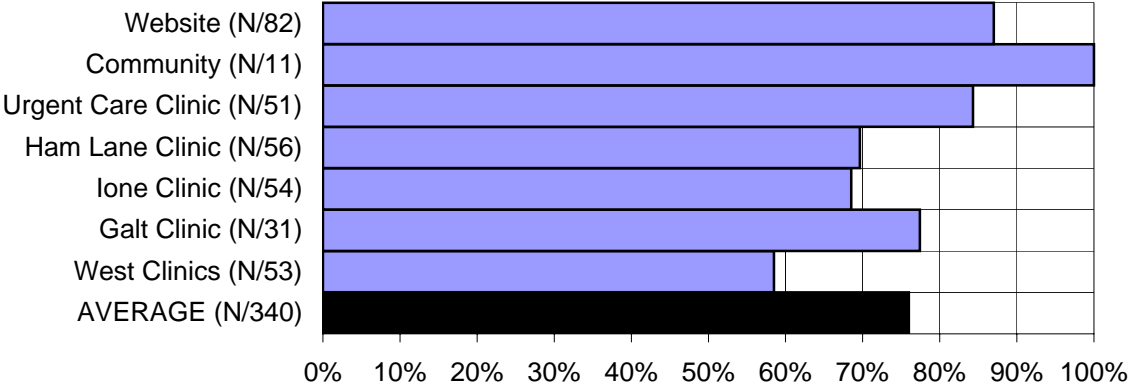


DAILY

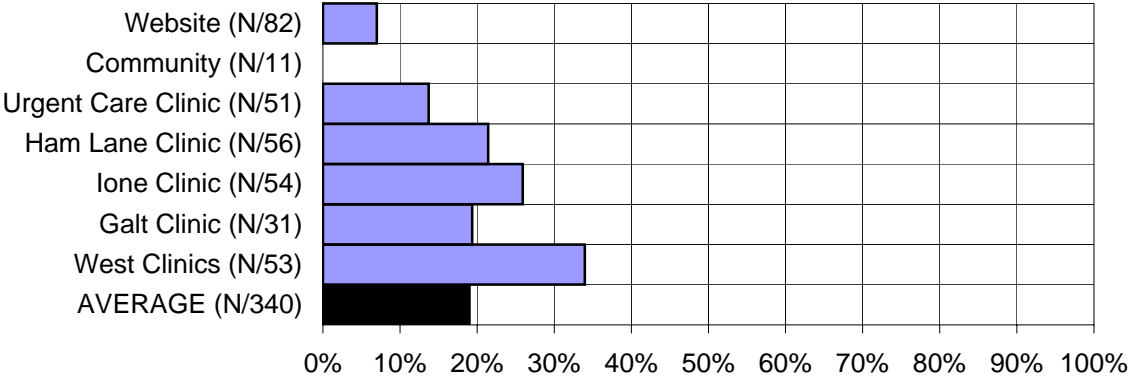


On the days that you drank, about many drinks did you have on average?

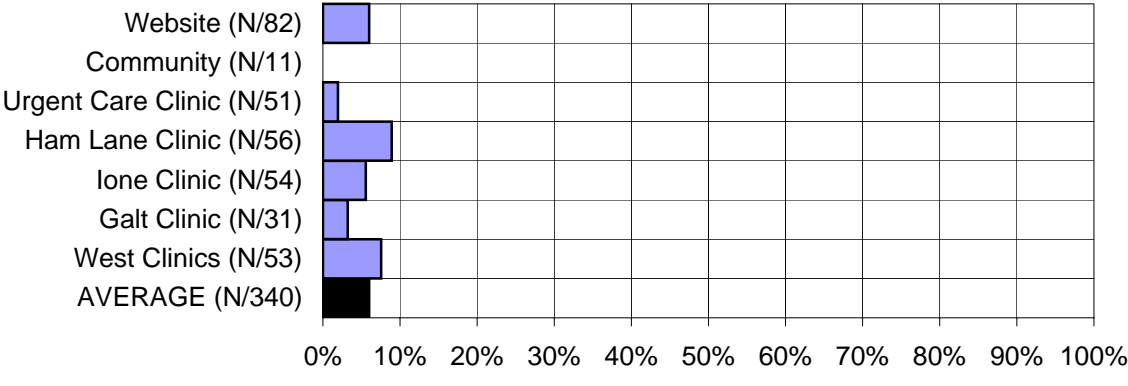
1-2 A DAY



3-4 A DAY

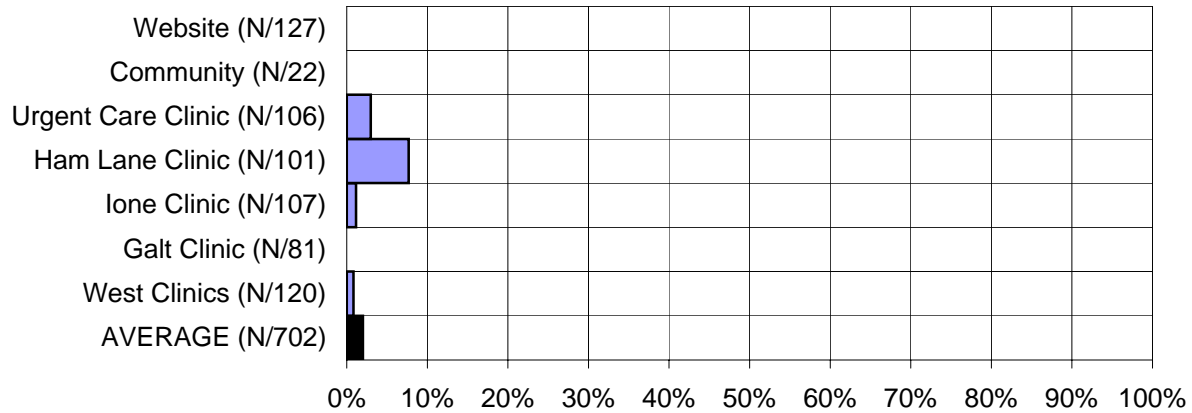


5 OR MORE A DAY

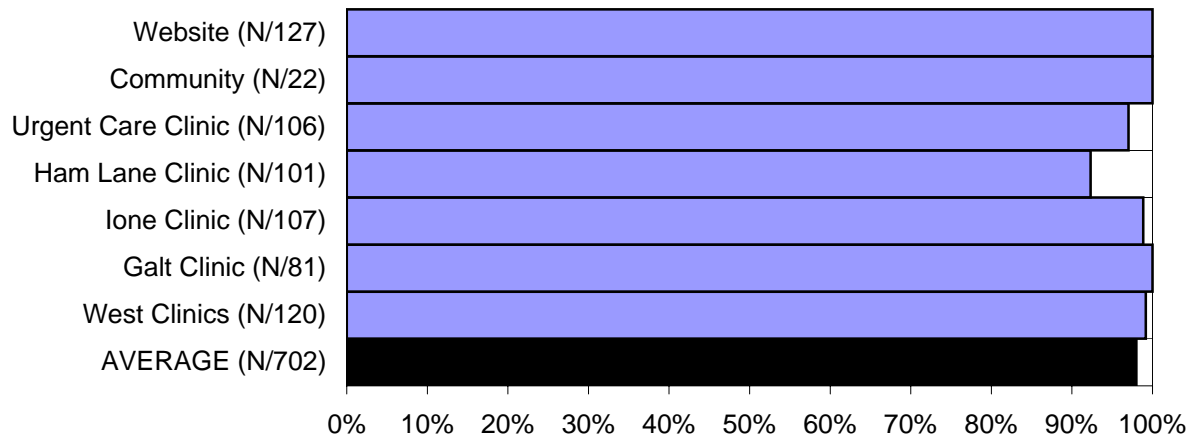


In the last month have you driven when you've had perhaps too much to drink?

YES

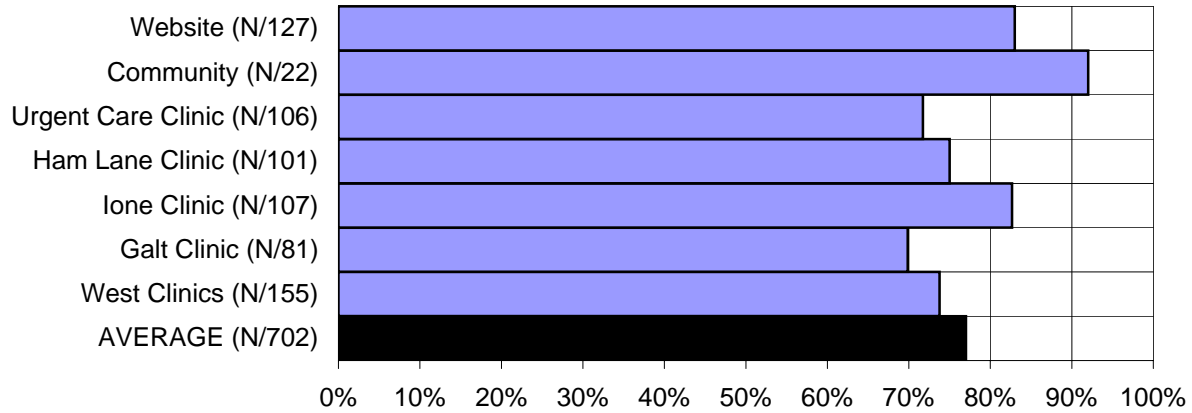


NO

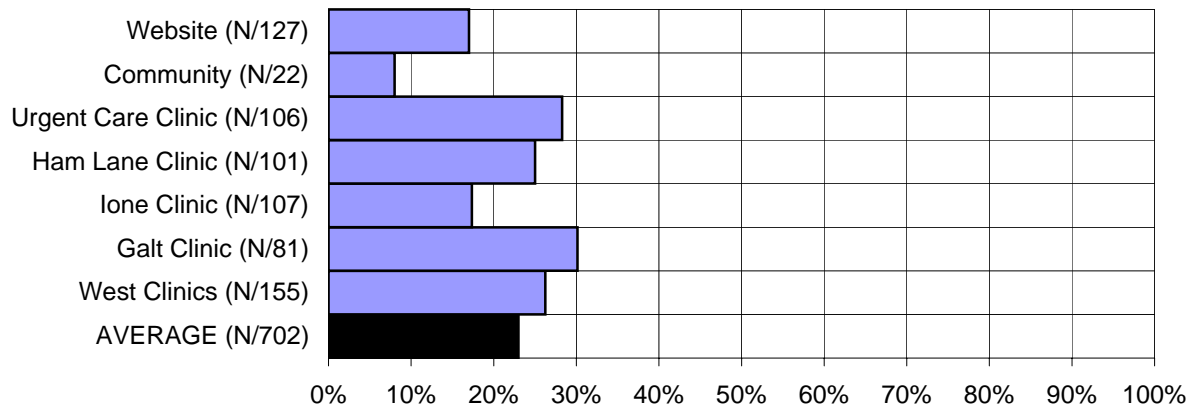


During the past month, did you participate in any physical activity or exercise such as running, walking, golf or gardening?

YES

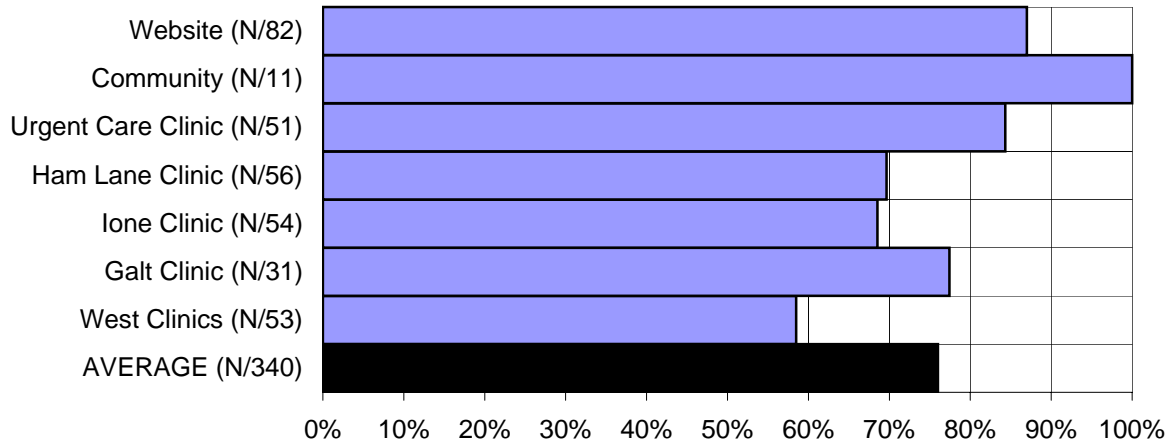


NO

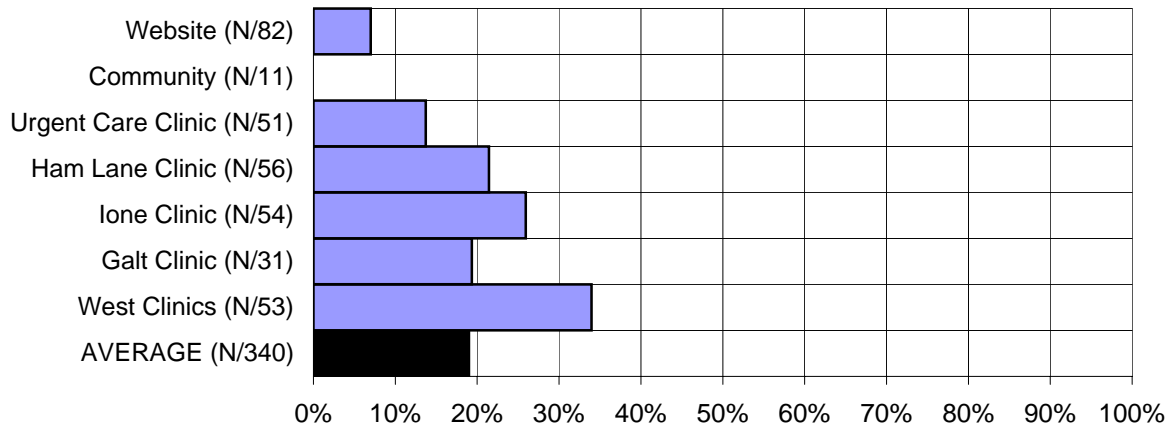


What type of physical exercise did you spend the most time doing during the past month?

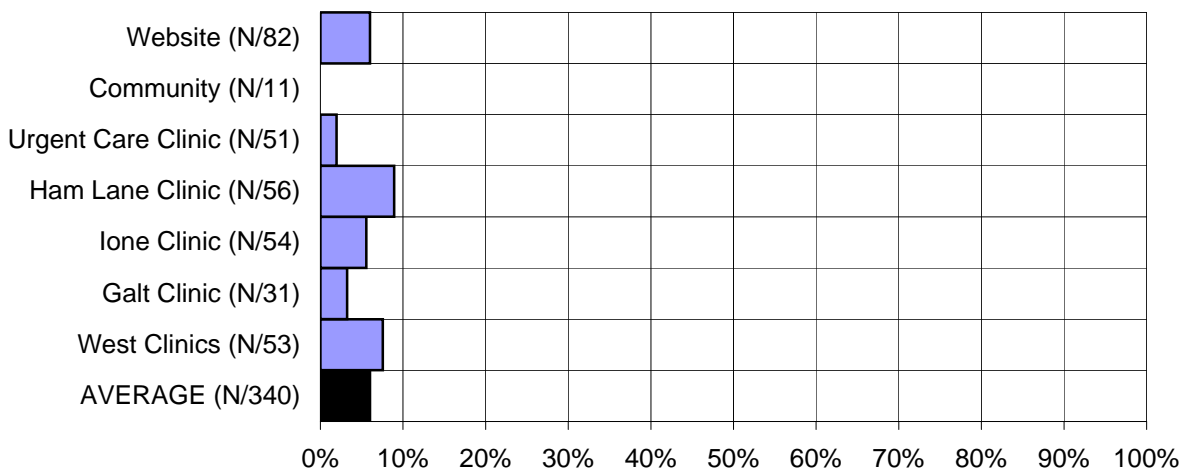
LOW IMPACT



MEDIUM IMPACT

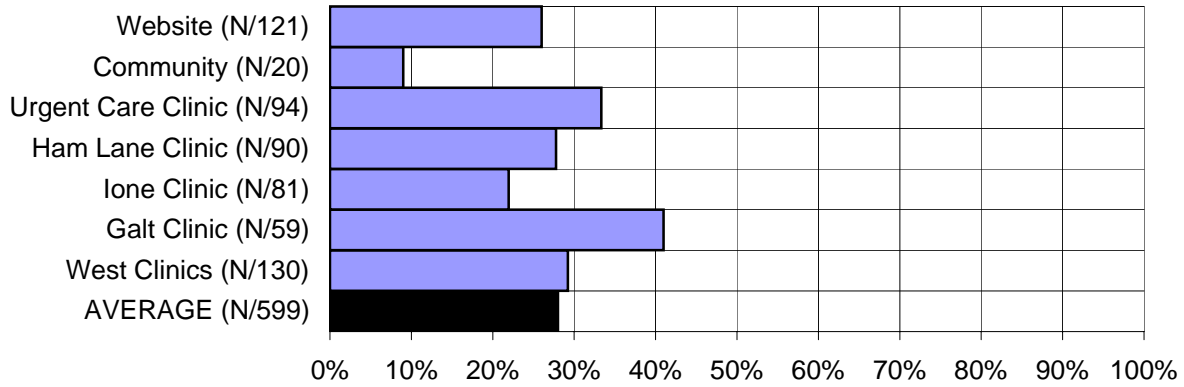


HIGH IMPACT

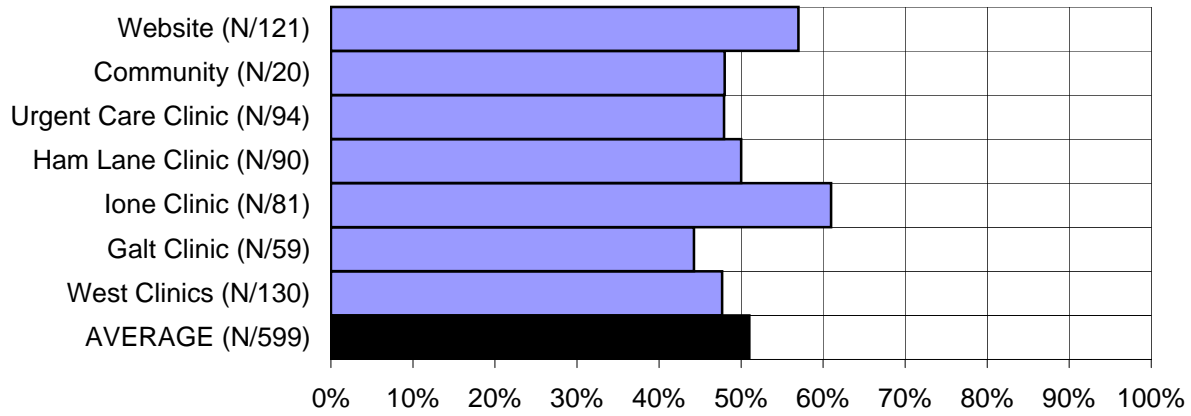


How many times per week did you take part in this activity over the past month?

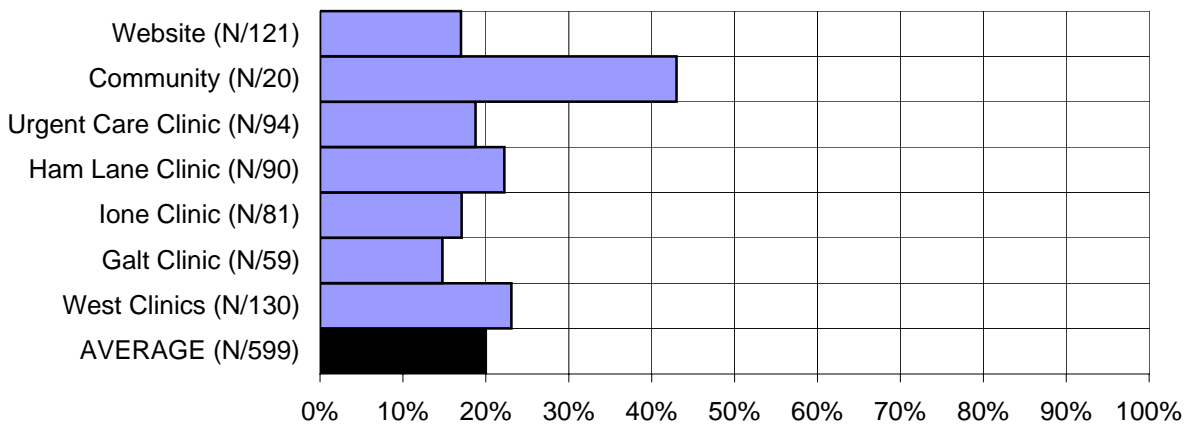
1 OR LESS



3 TO 5

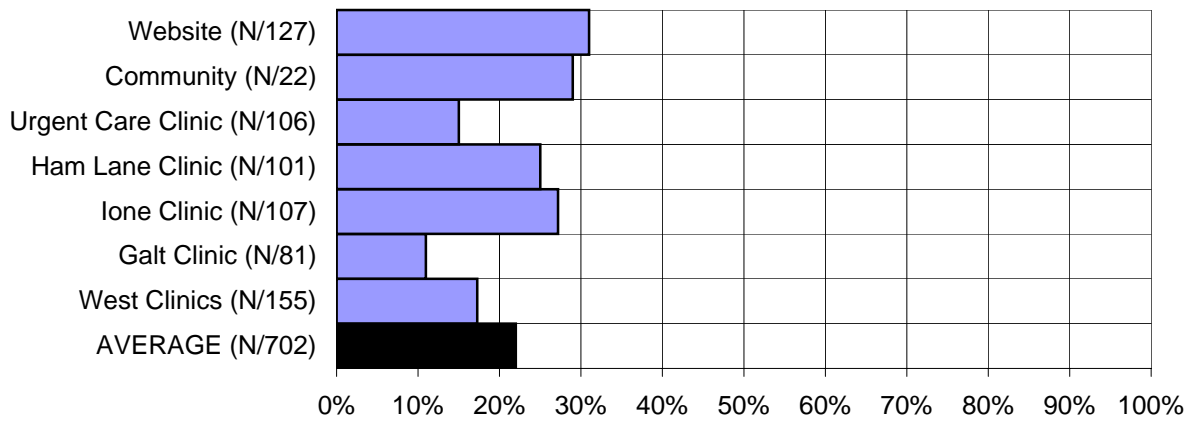


6 TO 7

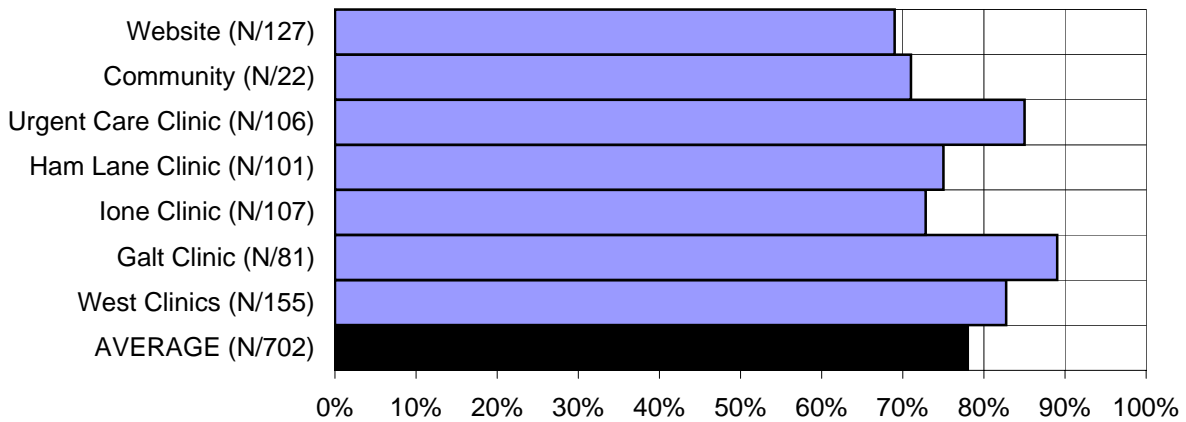


Are you currently on a low-fat, low-cholesterol diet?

YES

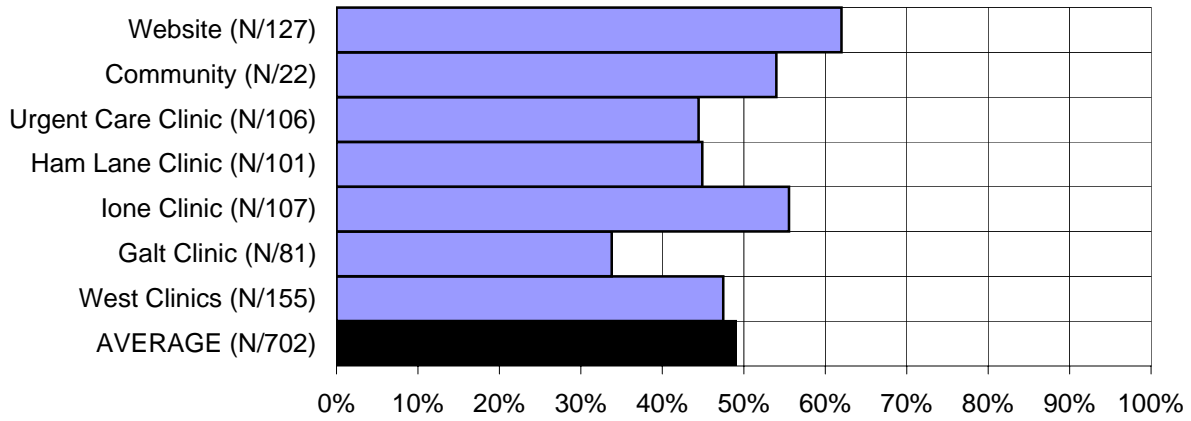


NO

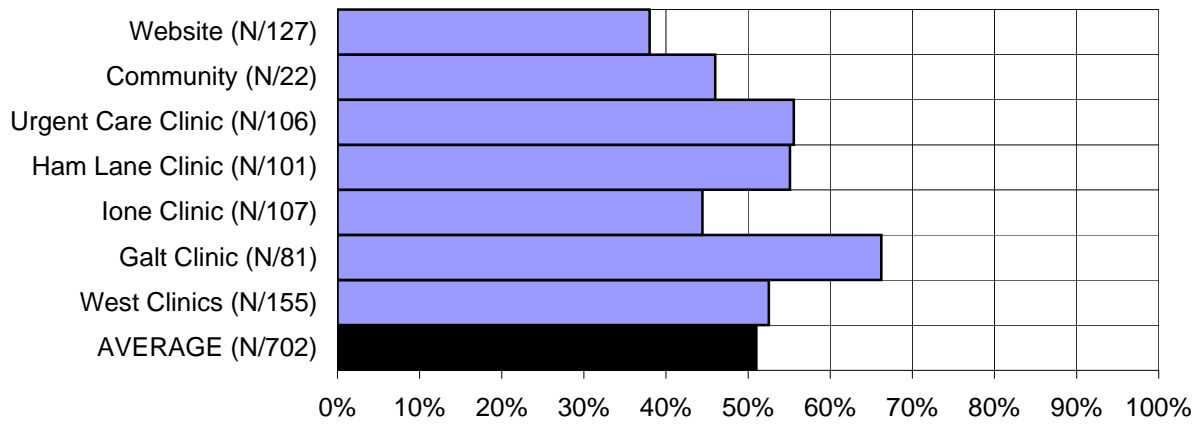


Are you trying to lose weight right now?

YES

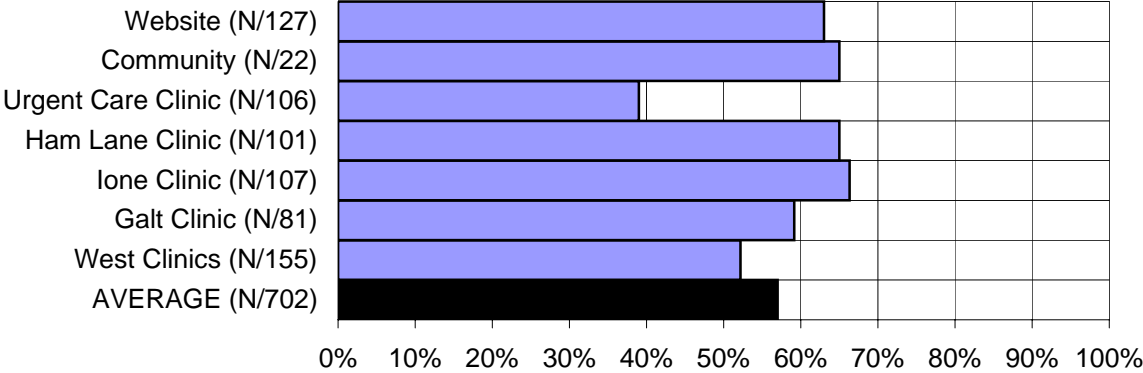


NO

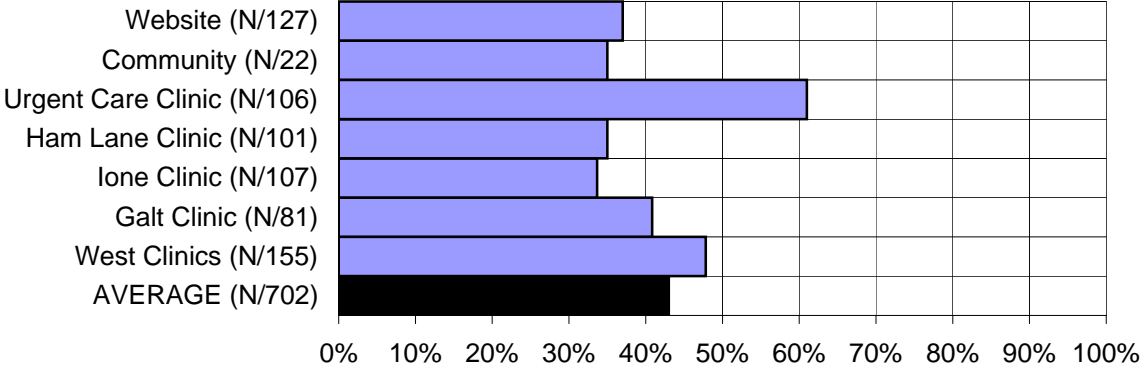


Overall would you say you eat a balanced diet?

YES

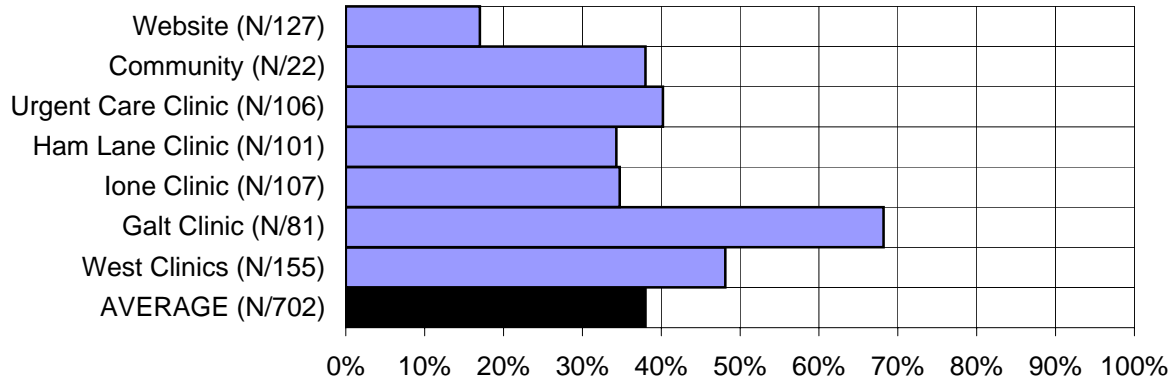


NO

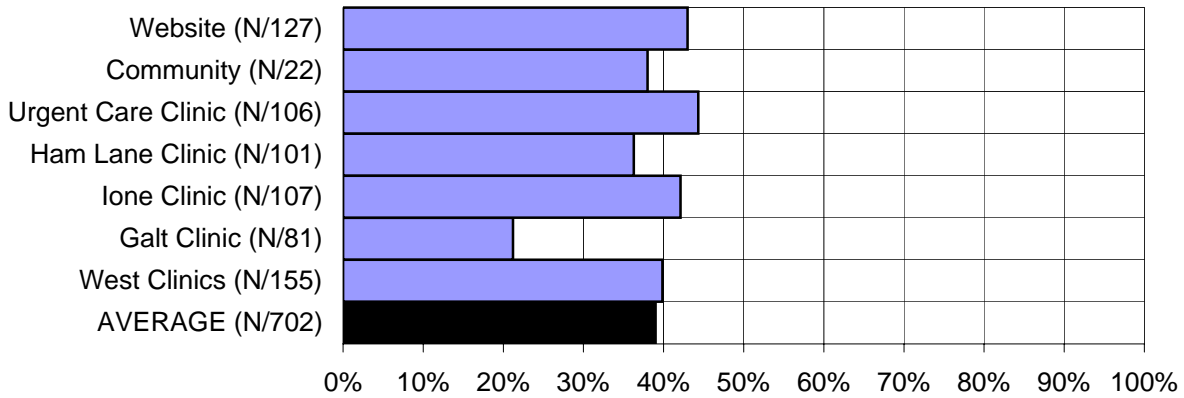


How much schooling have you had?

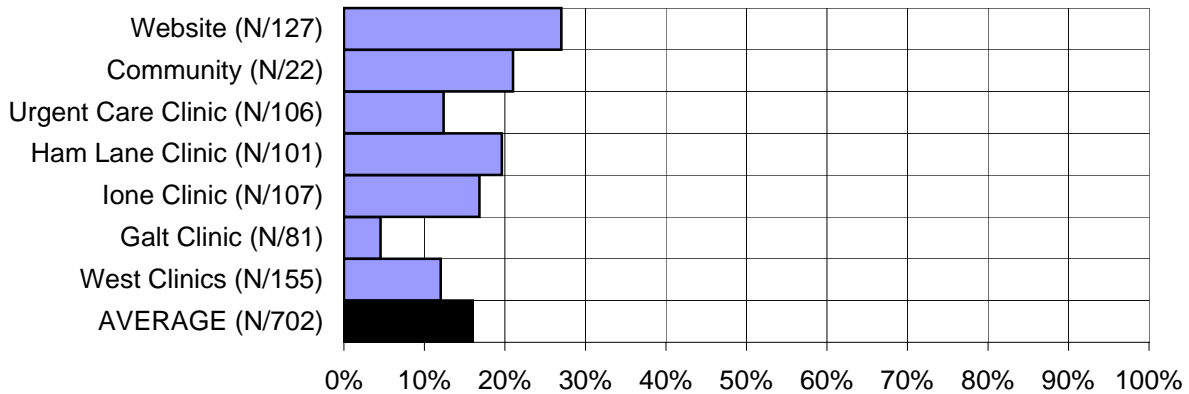
HIGH SCHOOL GRAD OR LESS



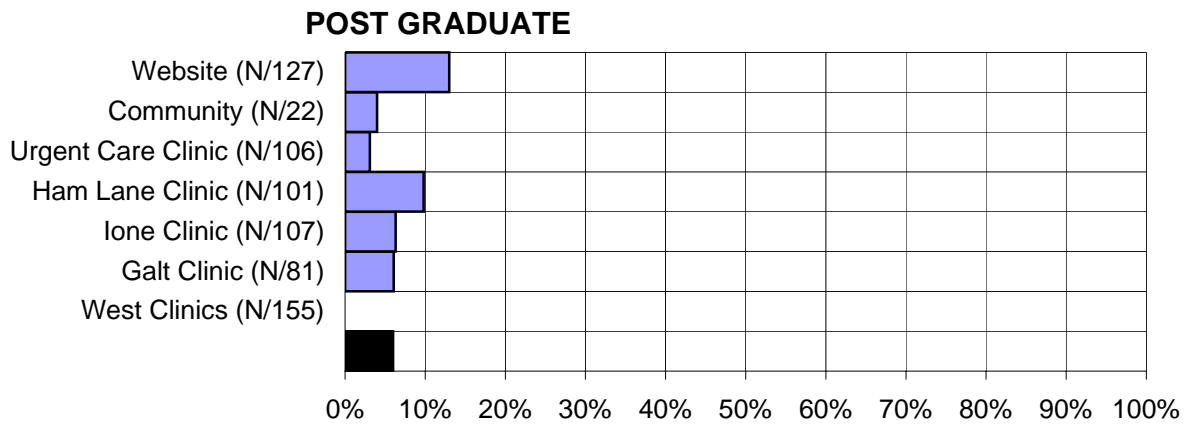
SOME COLLEGE



COLLEGE GRAD

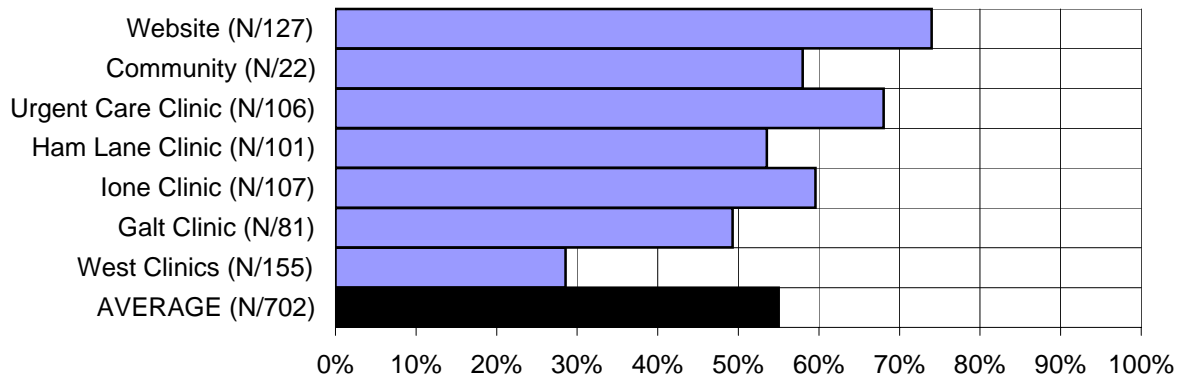


How much schooling have you had?

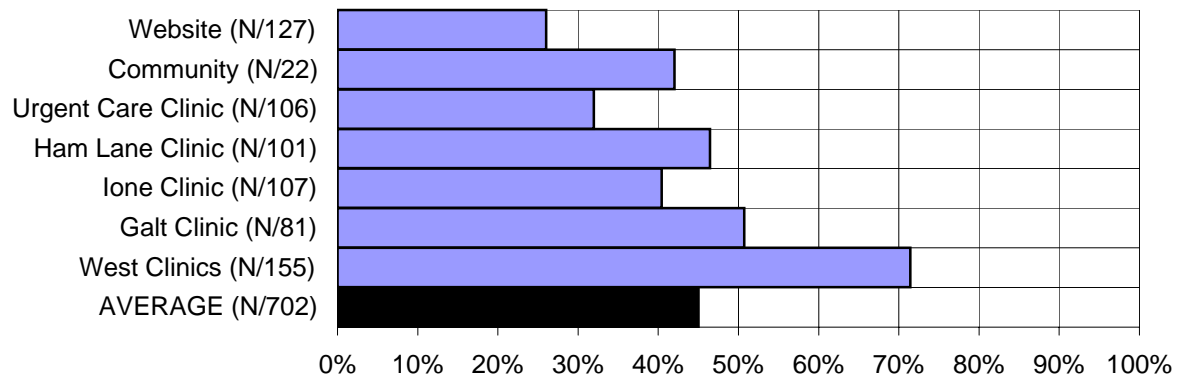


Are you employed all year long?

YES

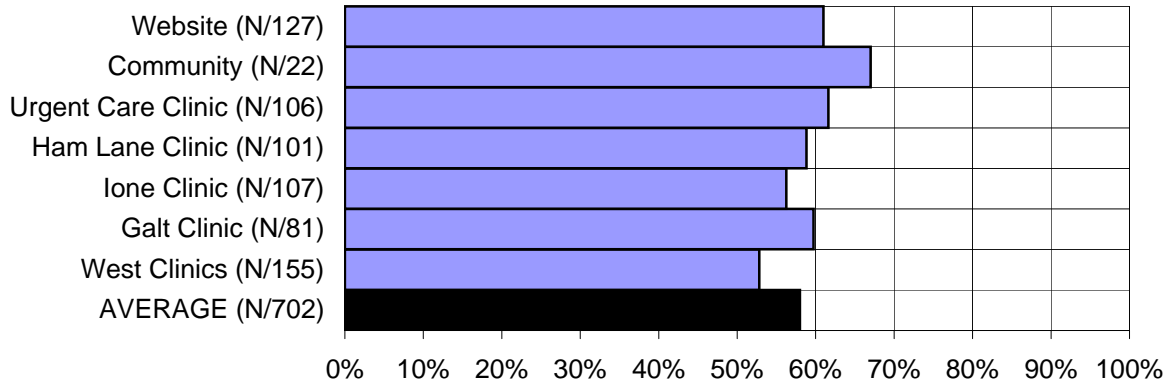


NO

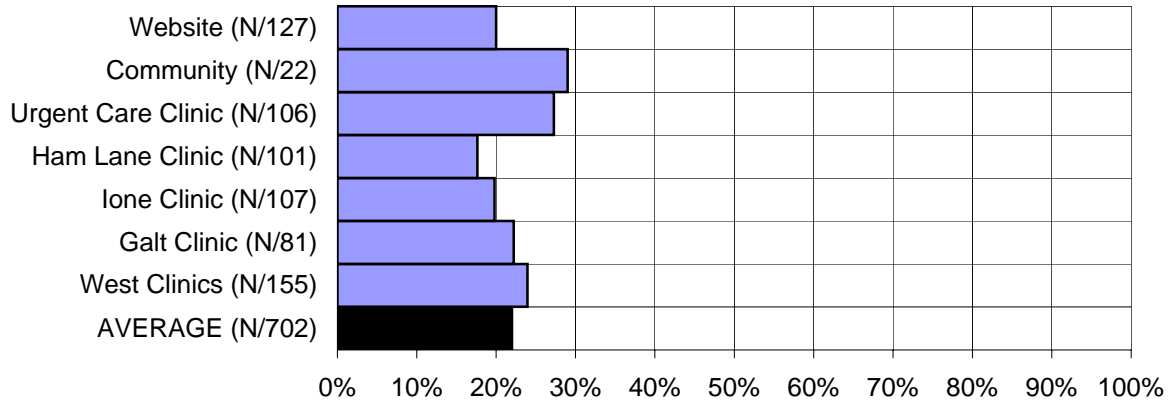


Have you had a tetanus shot in the past 10 years?

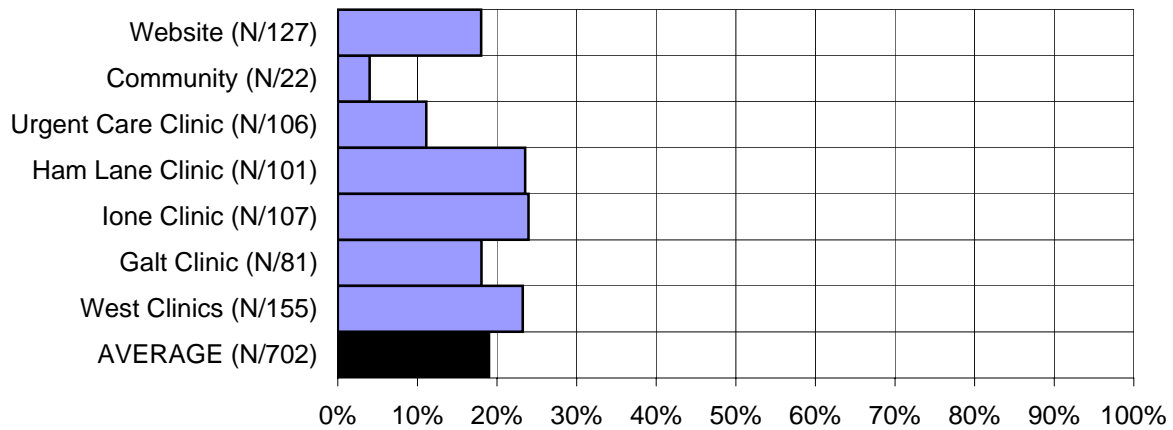
YES



NO

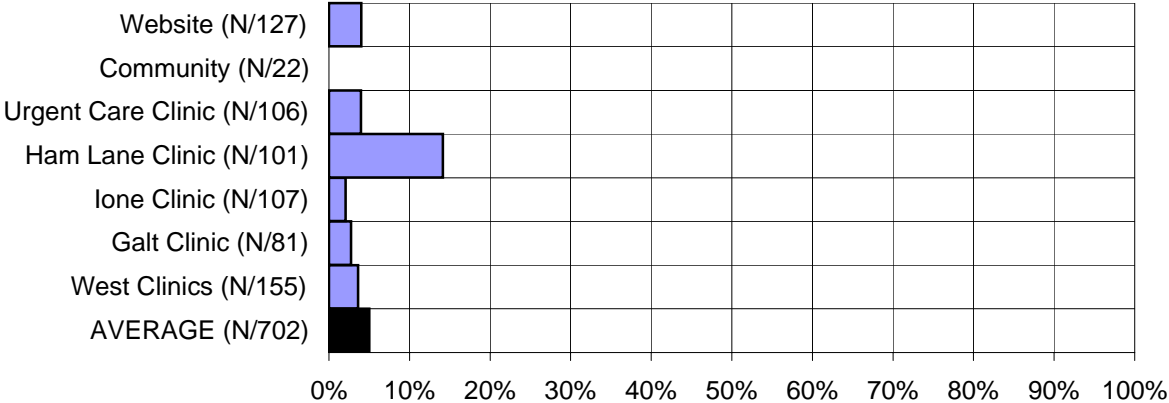


DON'T REMEMBER

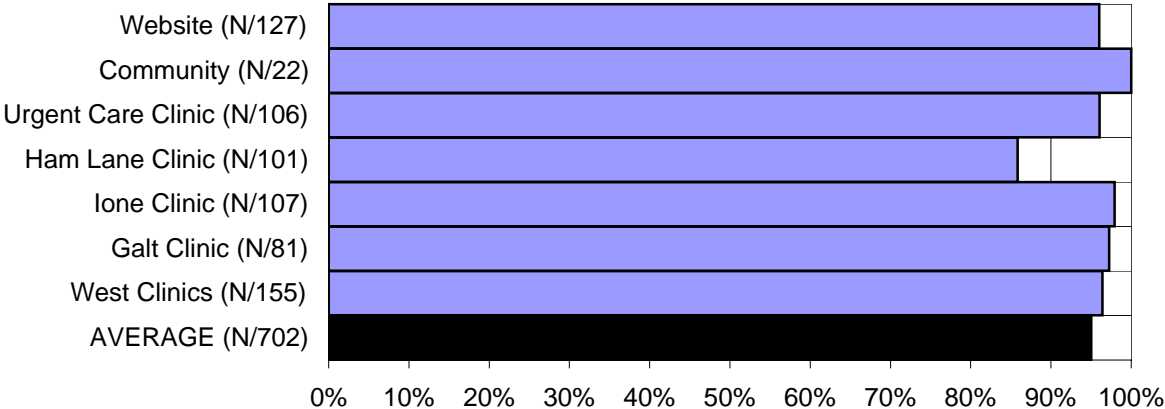


Do you consider yourself at risk for sexually transmitted diseases like HIV or Hepatitis C?

YES

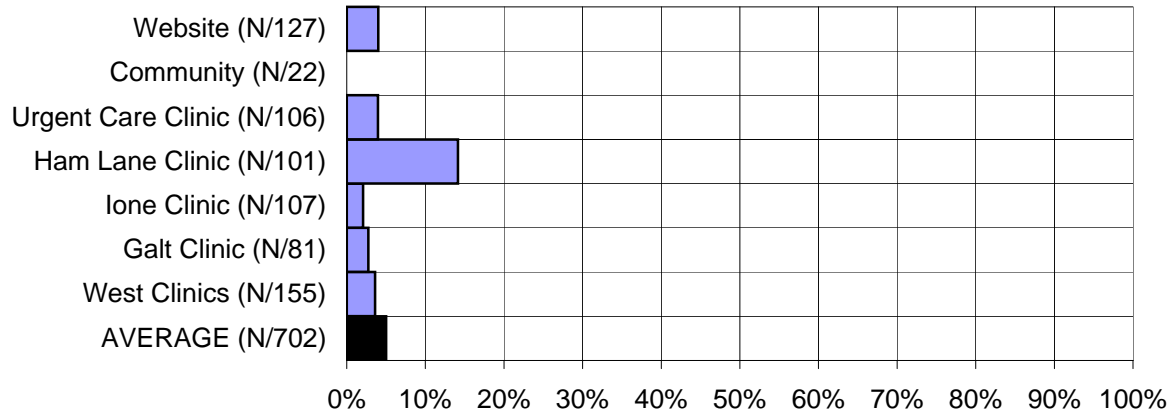


NO

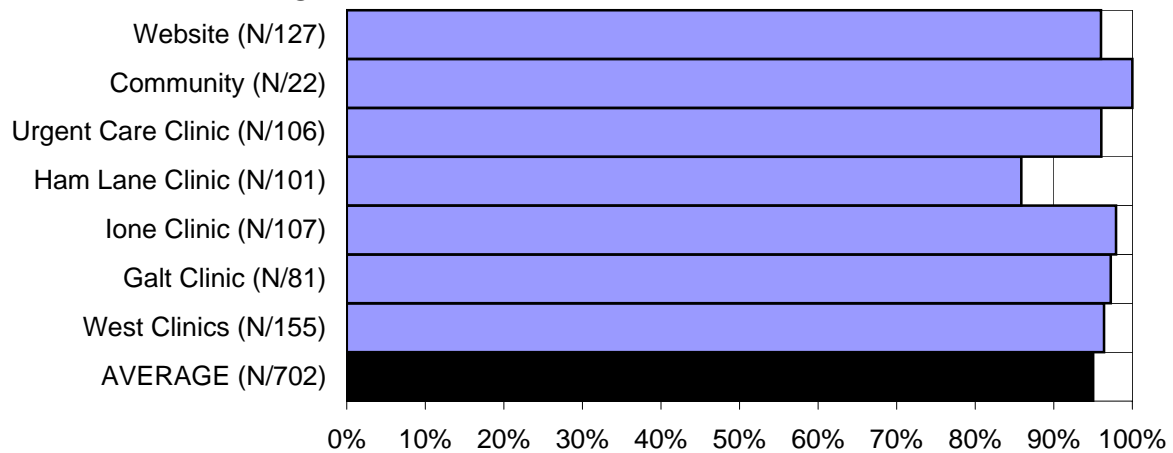


In the past year have you had two weeks or more during which you felt sad, blue, or depressed or when you lost all interest or pleasure in the things you usually care about and enjoy?

YES

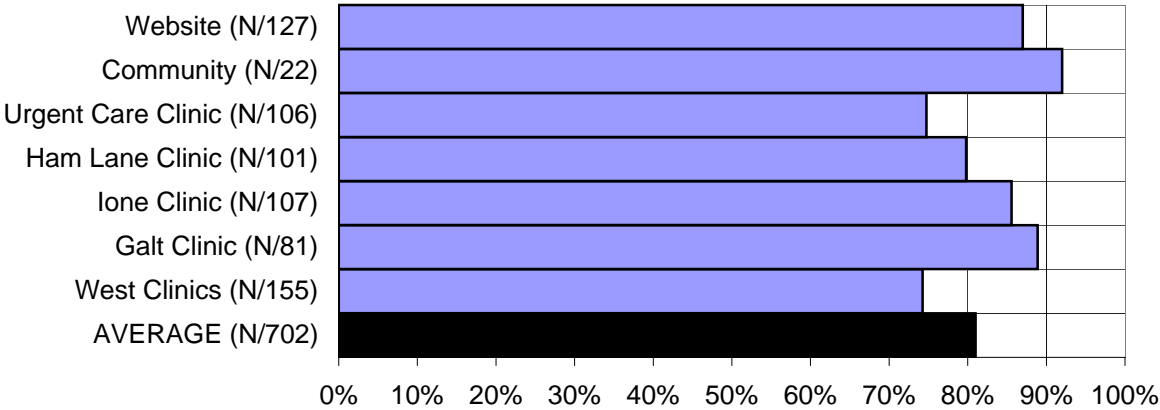


NO

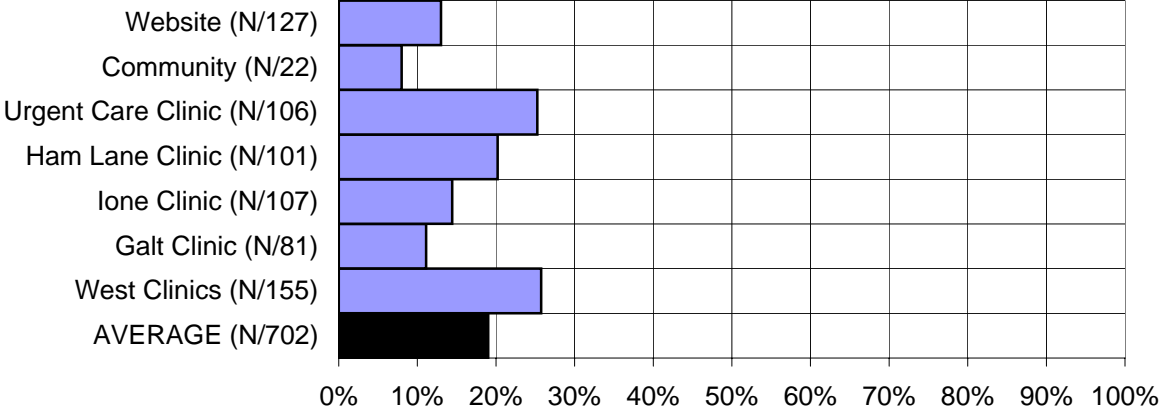


Do you have one or more people in your life who you feel you can tell just about anything? People you can count on for understanding or support?

YES

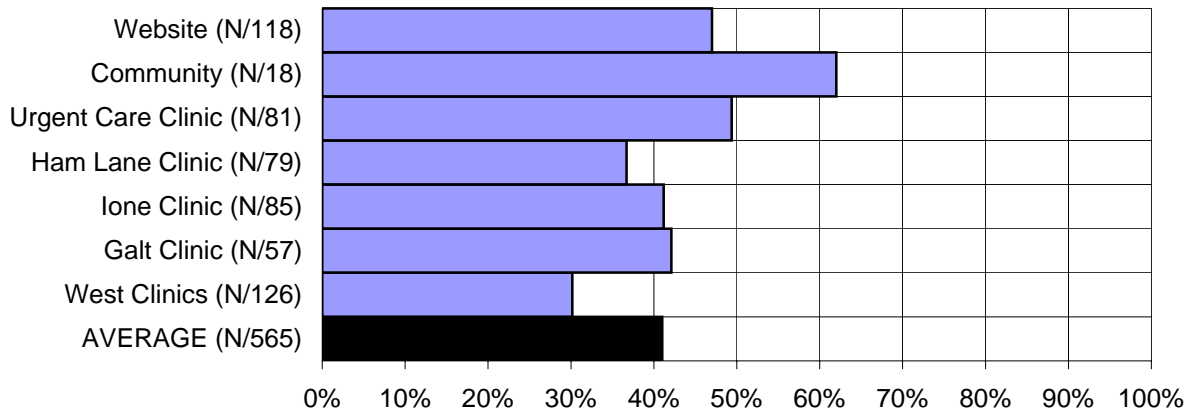


NO

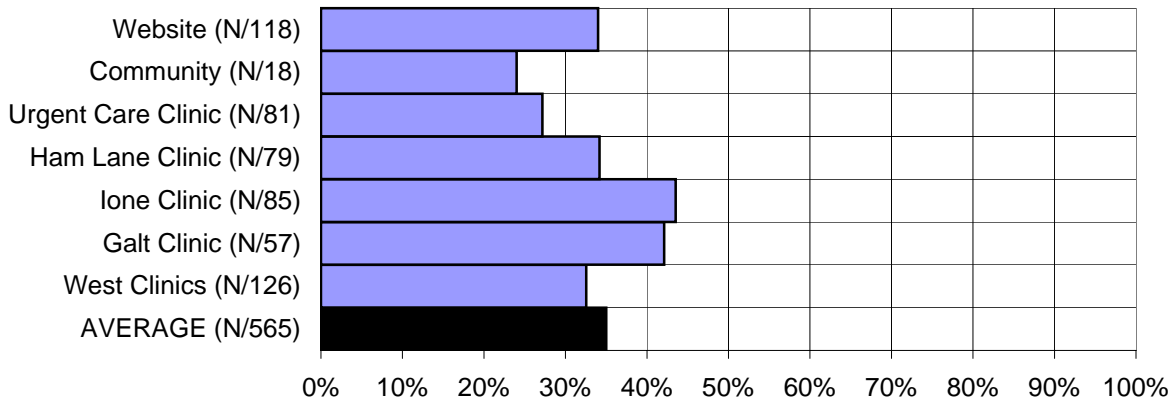


Thinking about your mental health – which includes stress, depression, and problems with emotions, how many days during the past 30 days, was your mental health not good?

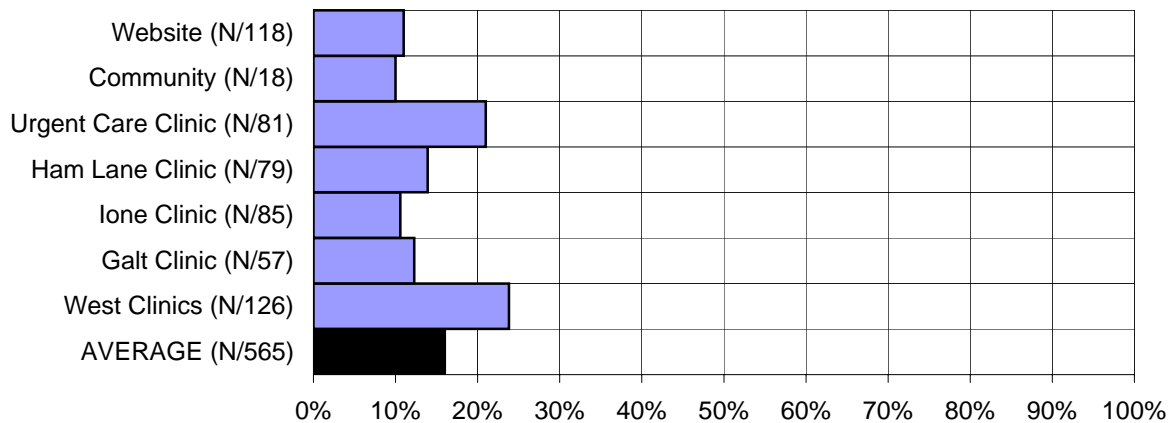
1



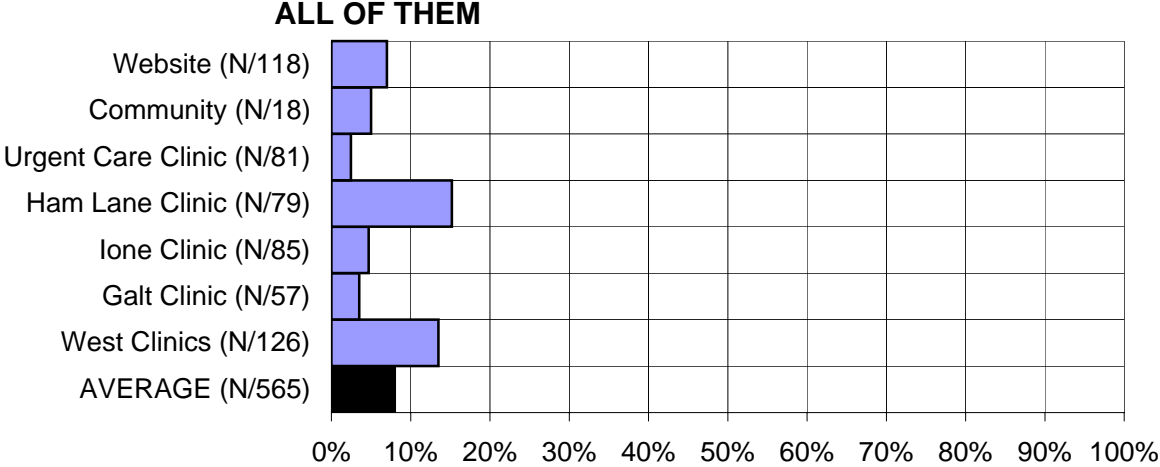
2 TO 5



5 TO 29

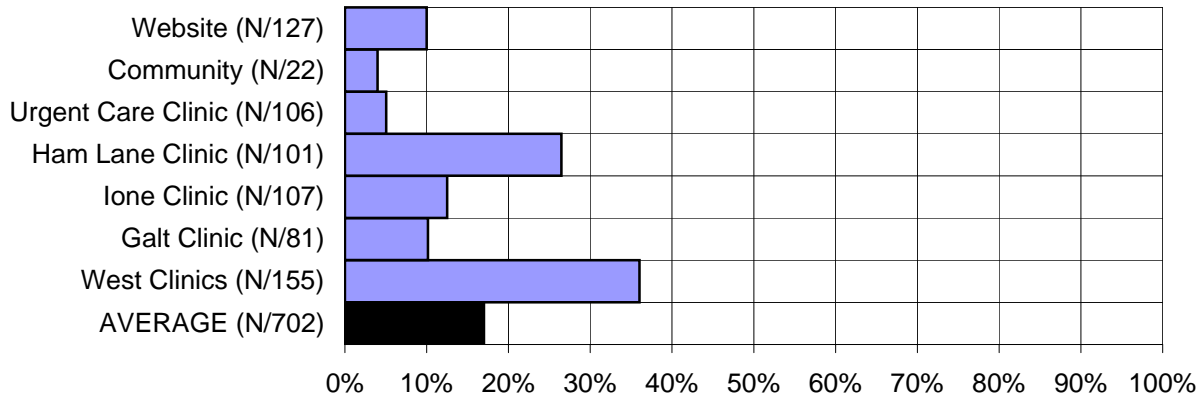


Thinking about your mental health – which includes stress, depression, and problems with emotions, how many days during the past 30 days, was your mental health not good?

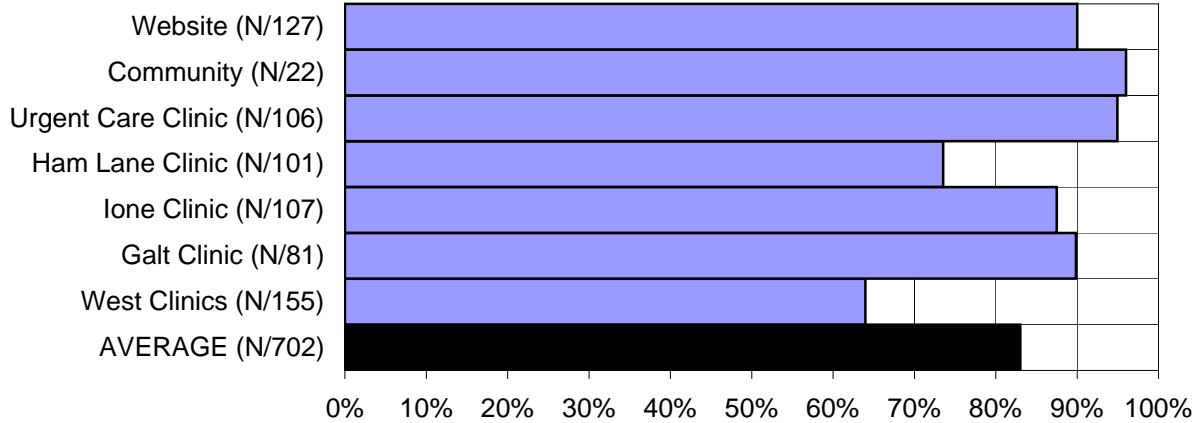


Does any health problem keep you from working regularly?

YES

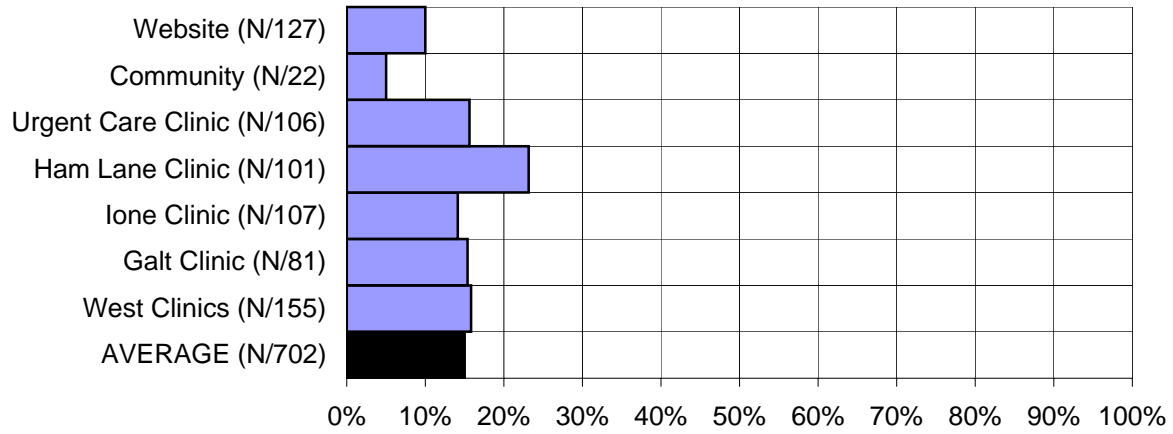


NO

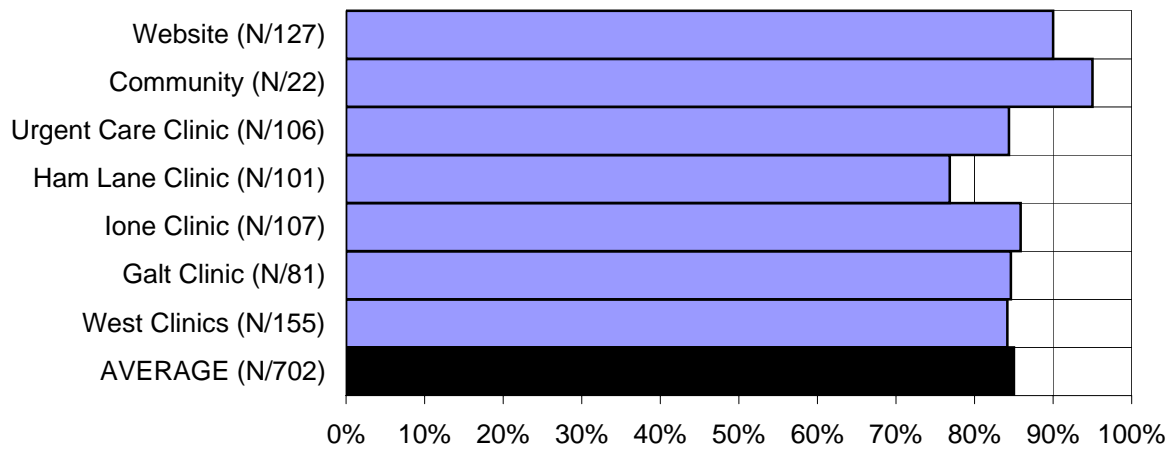


In the past year, did you miss work because of personal problems?

YES

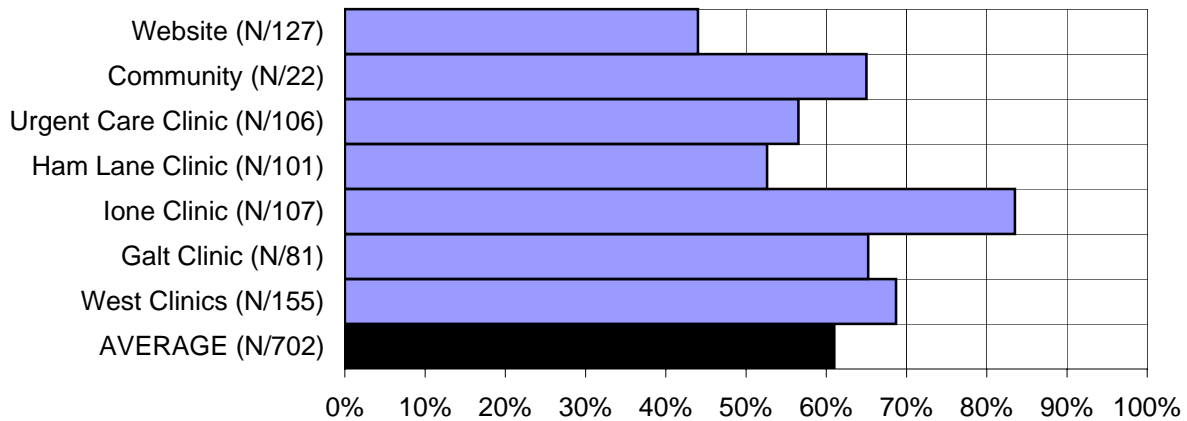


NO

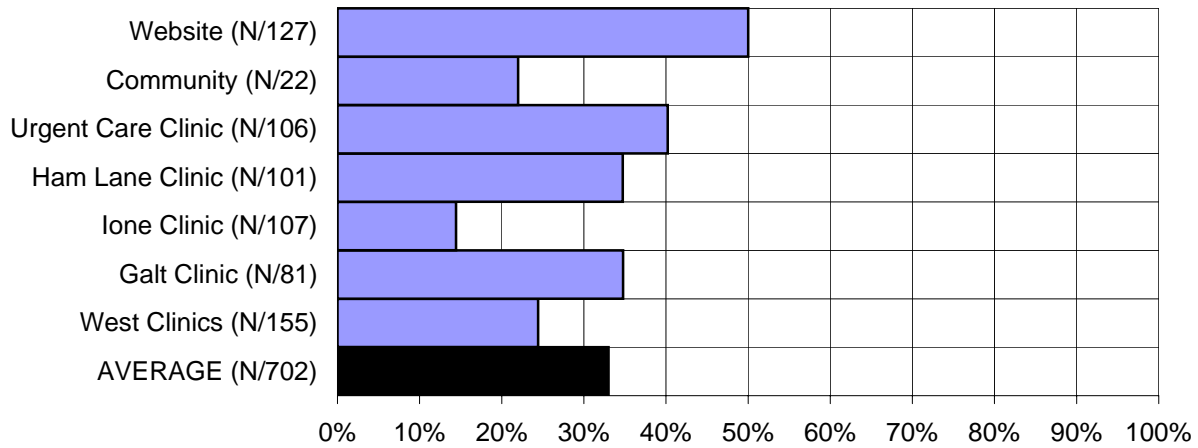


In general how satisfied are you with the health care you currently receive?

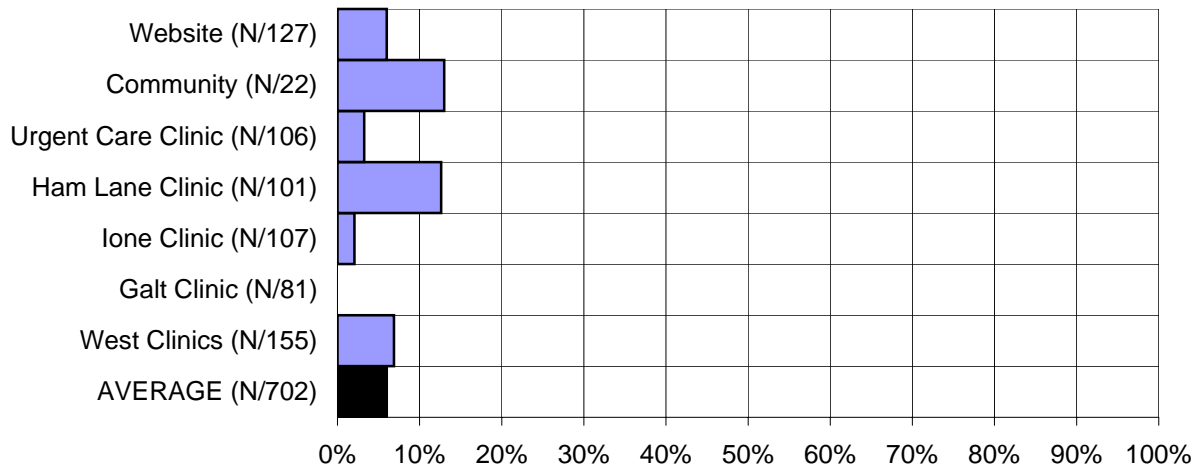
VERY



SOMEWHAT

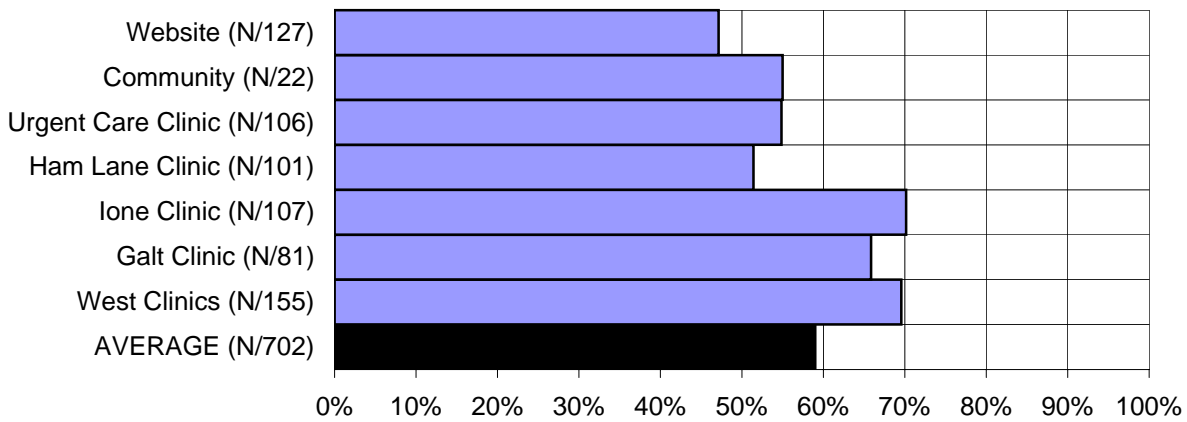


NOT AT ALL

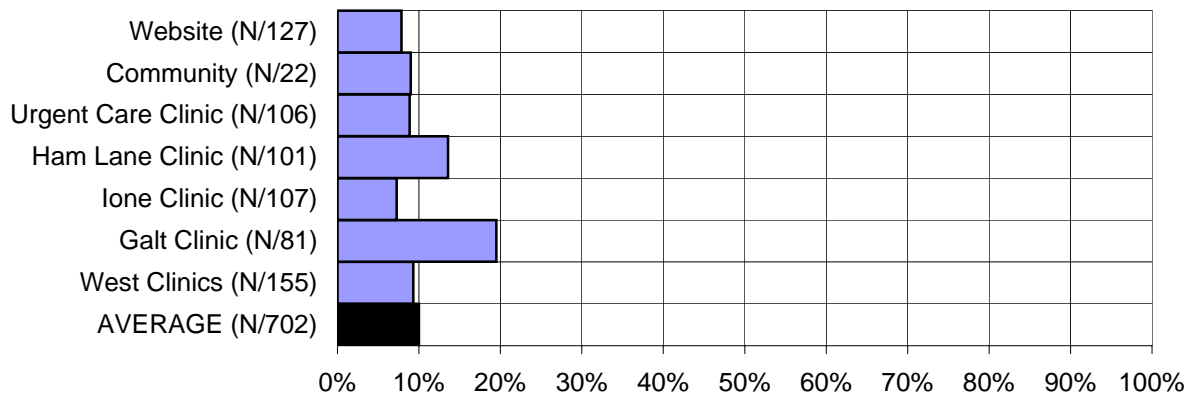


From where do you get most of your health information?

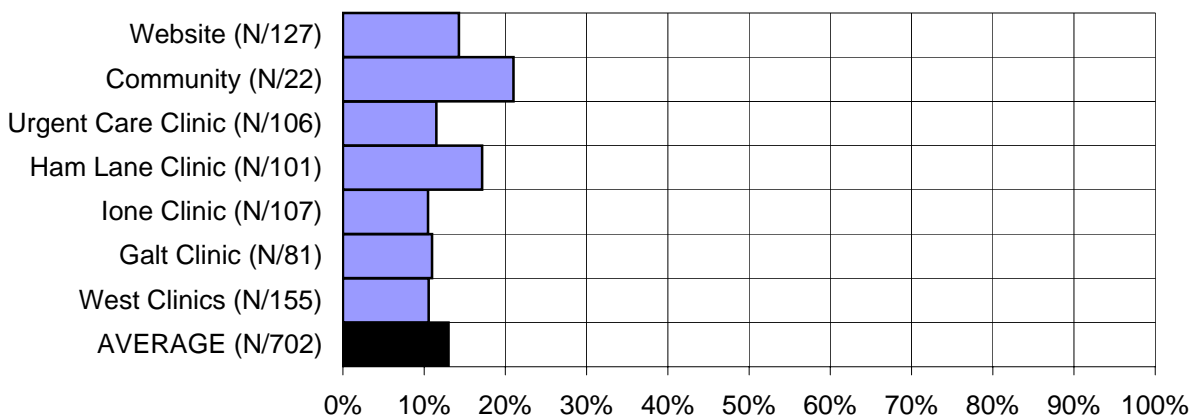
DOCTOR



TV/RADIO

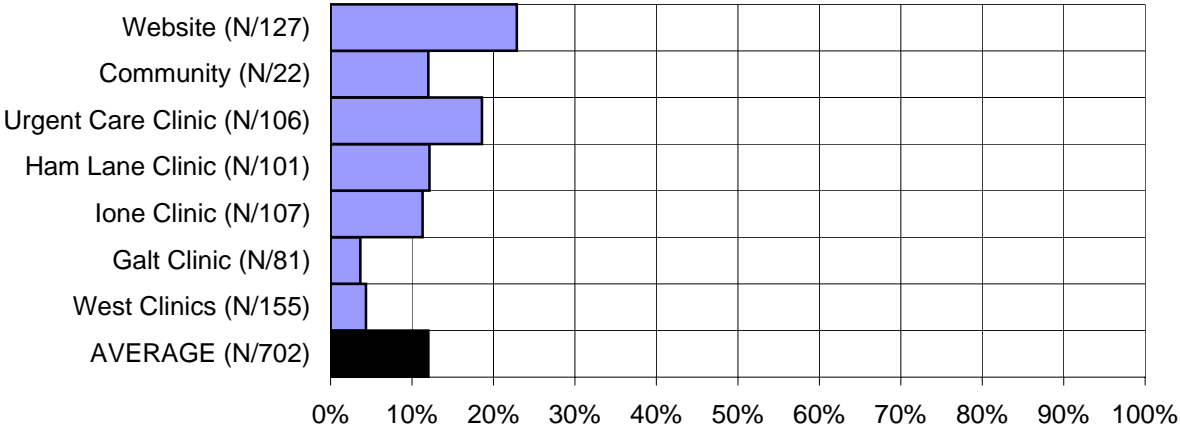


NEWSPAPERS/MAGAZINES

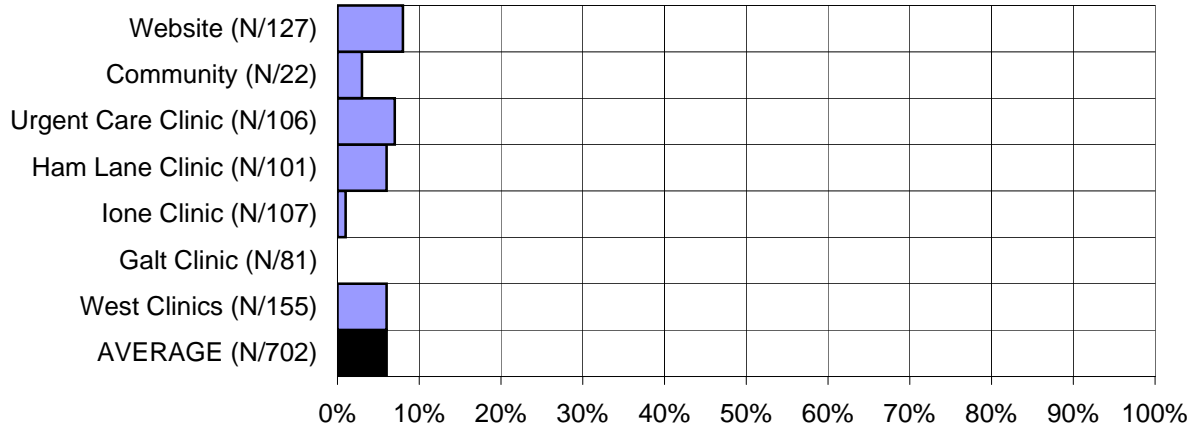


From where do you get most of your health information?

INTERNET

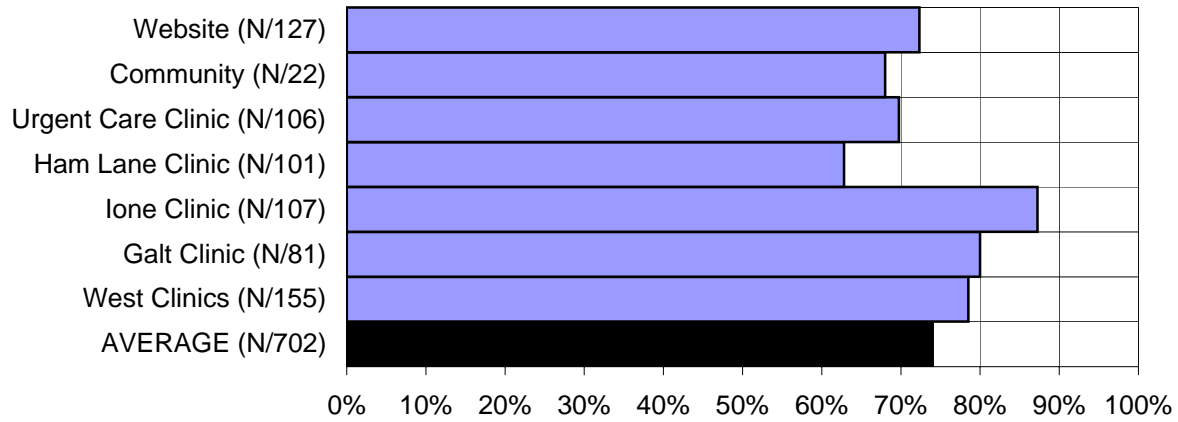


OTHER

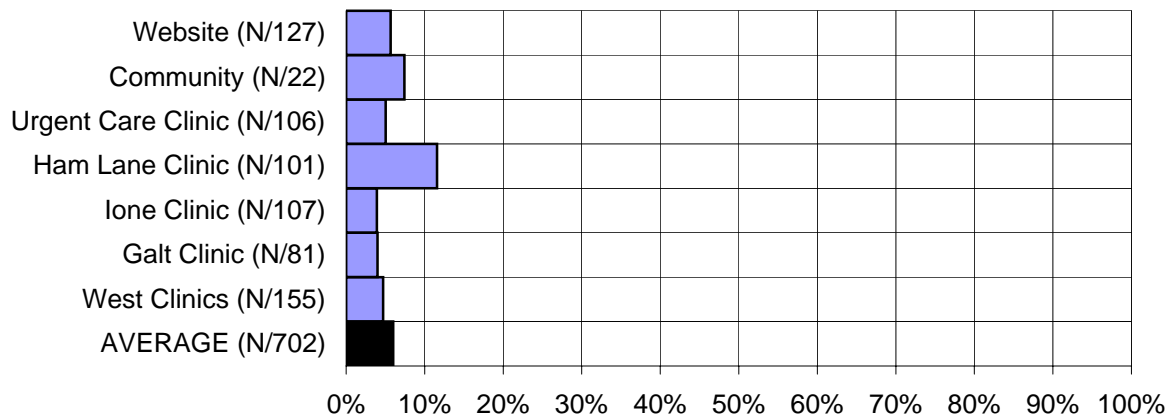


What do you feel is the most reliable source of health information?

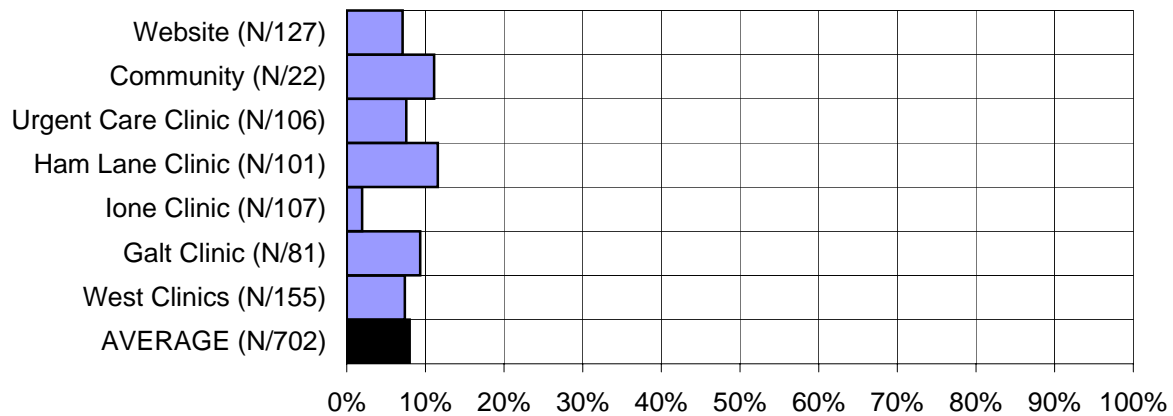
DOCTOR



TV/RADIO

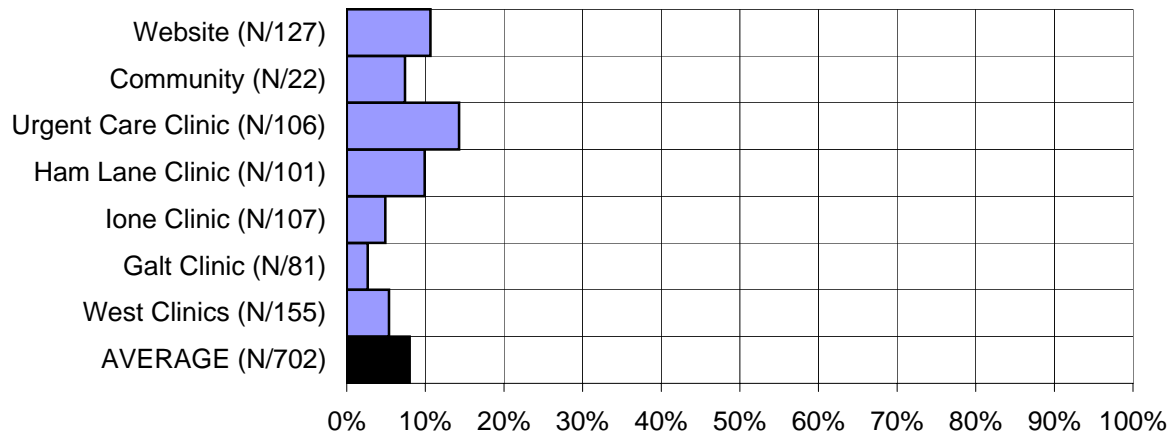


NEWSPAPERS/MAGAZINES

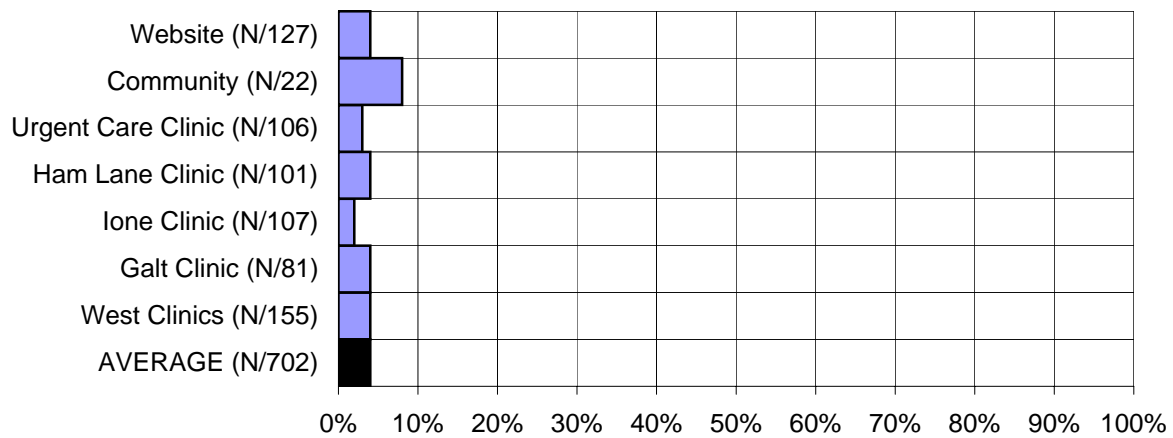


What do you feel is the most reliable source of health information?

INTERNET

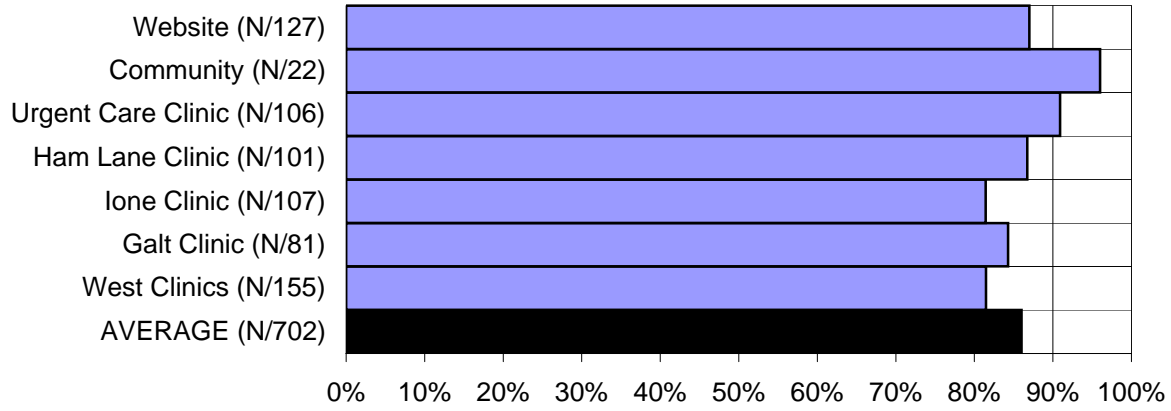


OTHER

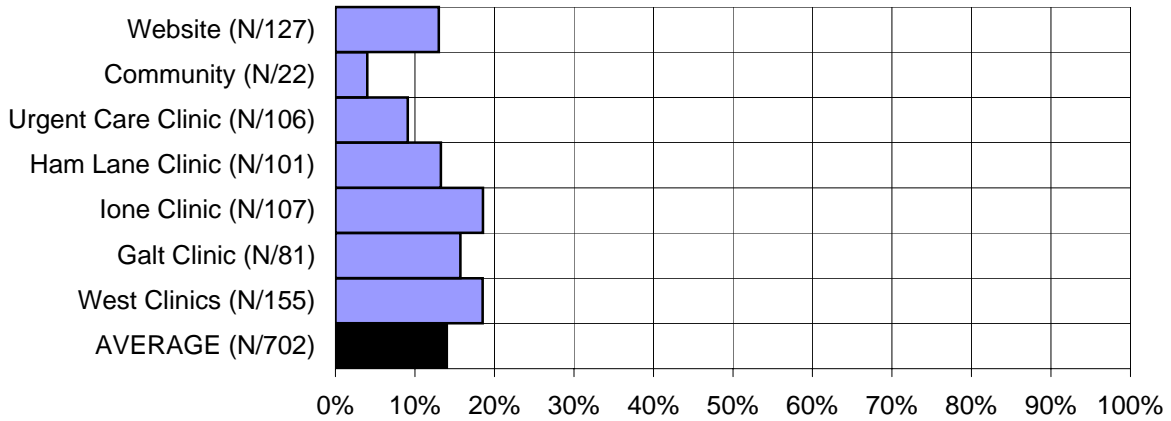


Are health services in your area conveniently located?

YES

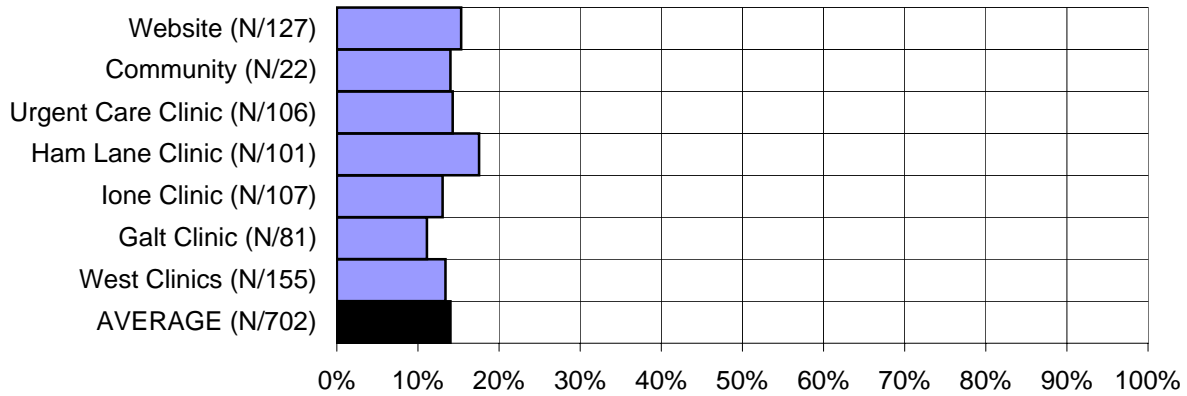


NO

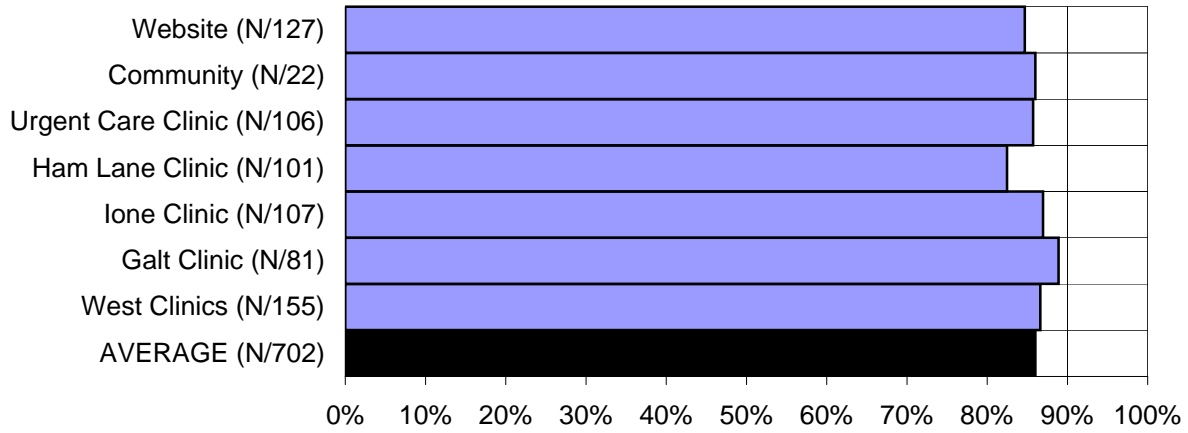


In the past year did you not go, or take a child to the doctor because you felt you could not afford it?

YES

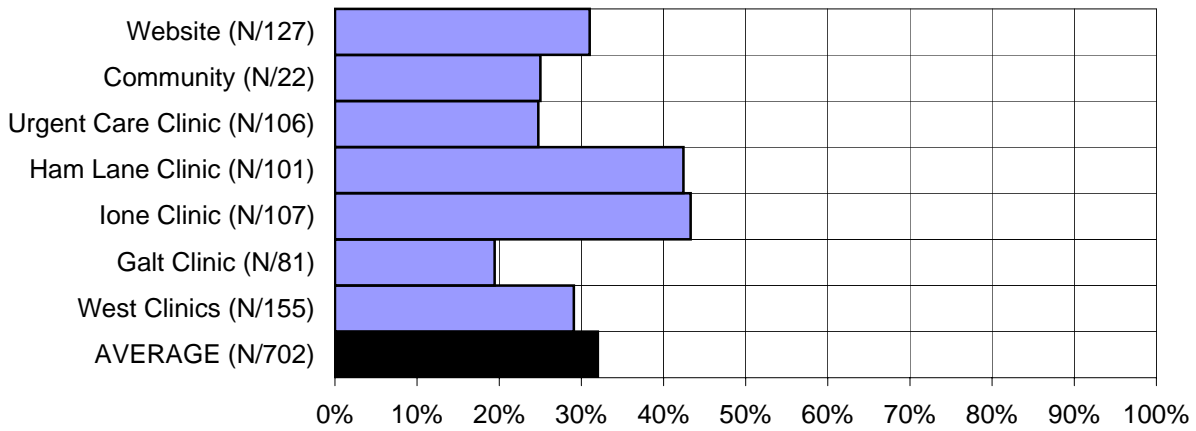


NO

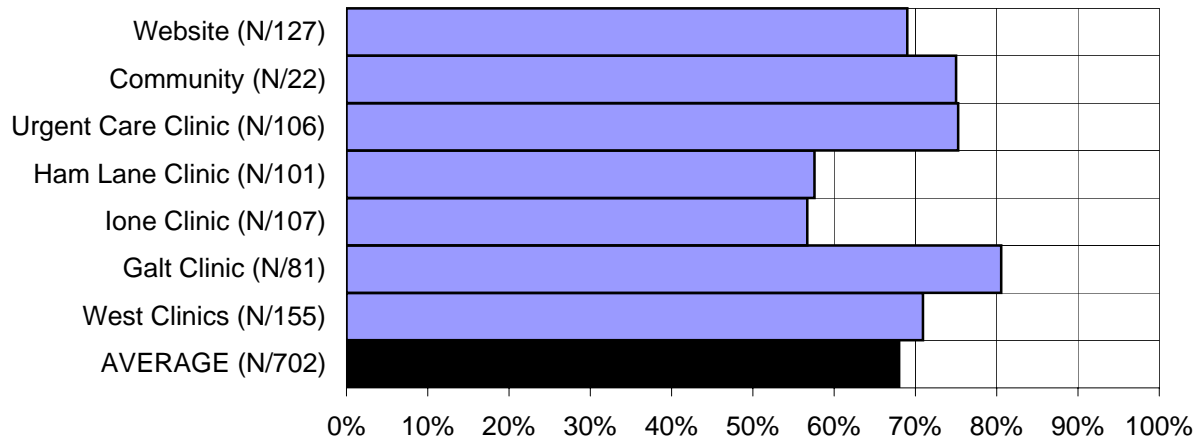


Are you?

MALE

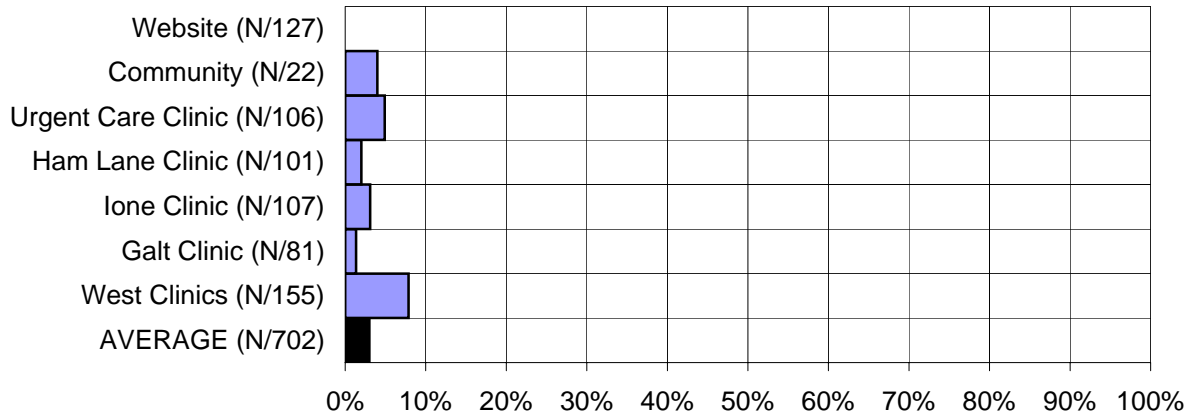


FEMALE

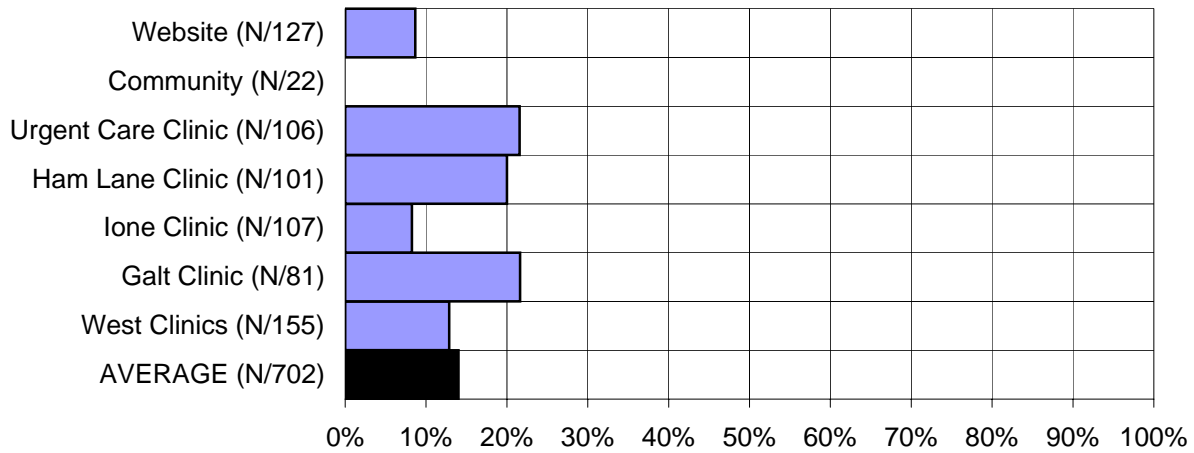


Are you?

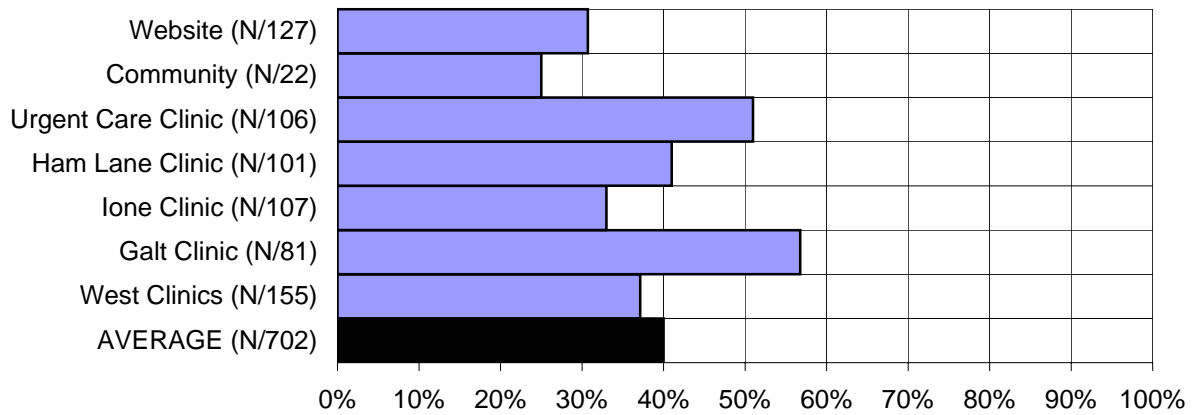
UNDER 18



18 TO 25

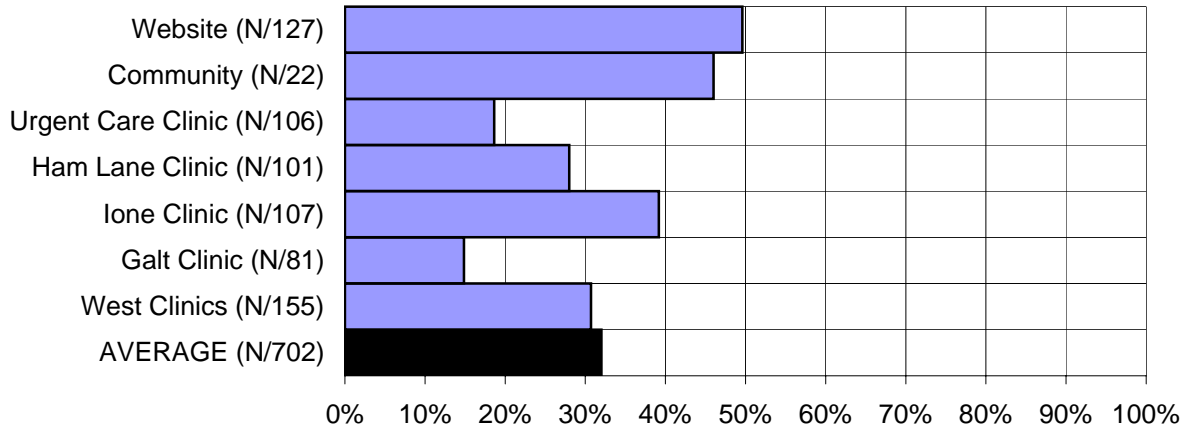


26 TO 45

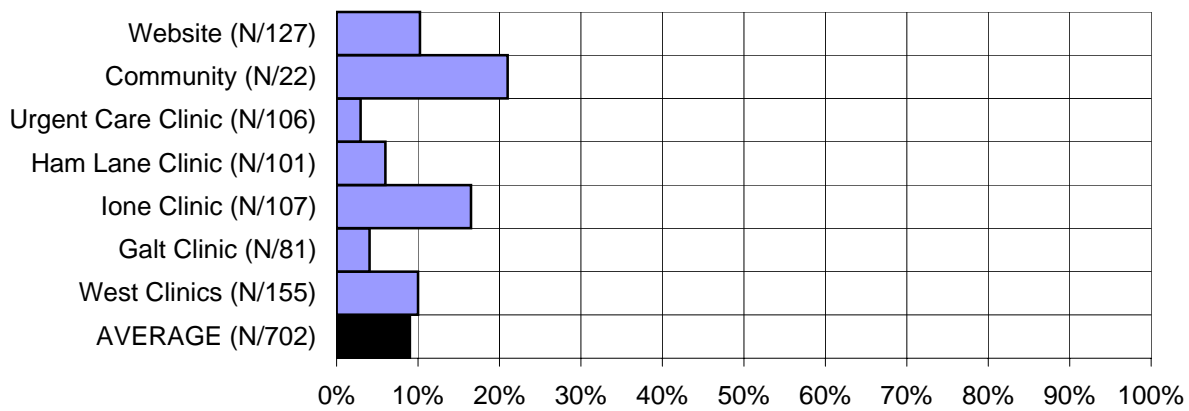


Are you?

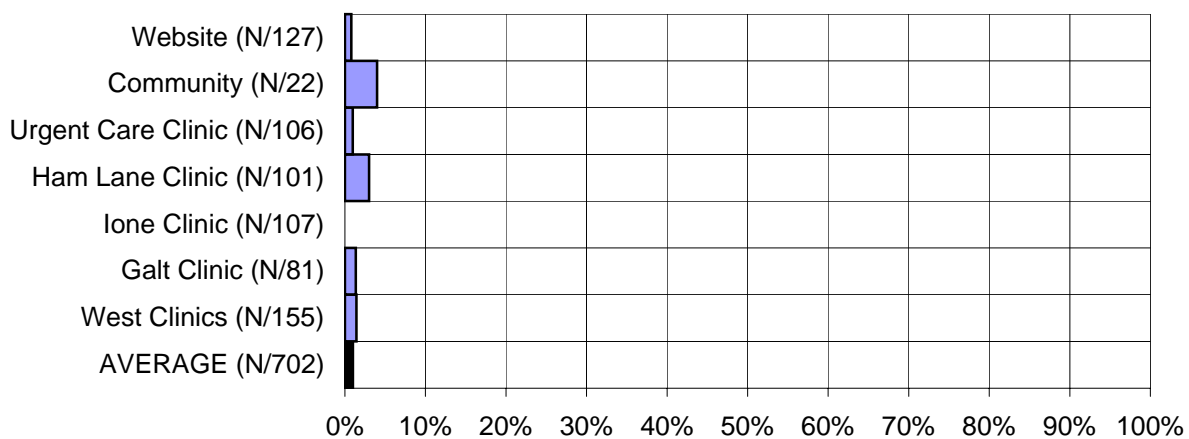
46 TO 65



66 TO 85

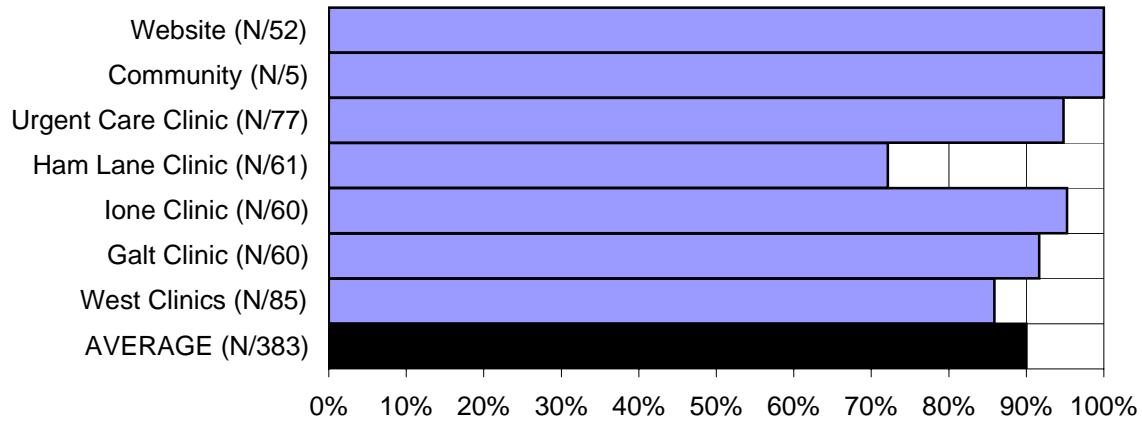


86 OR OLDER

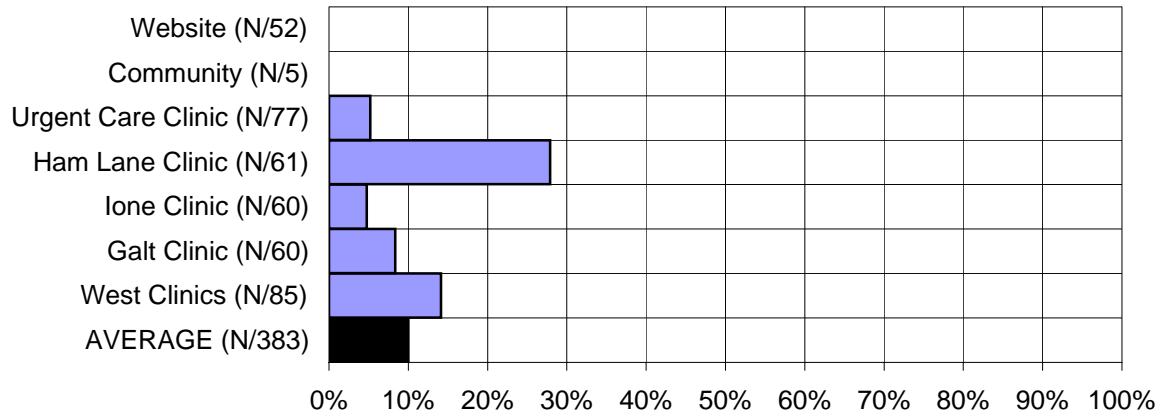


How many children under 18 are living in your household?

1 TO 4

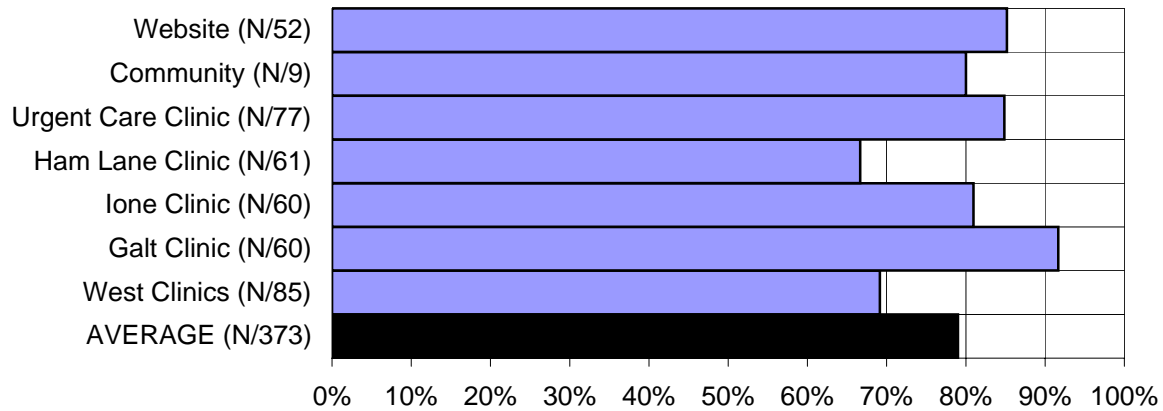


5 OR MORE

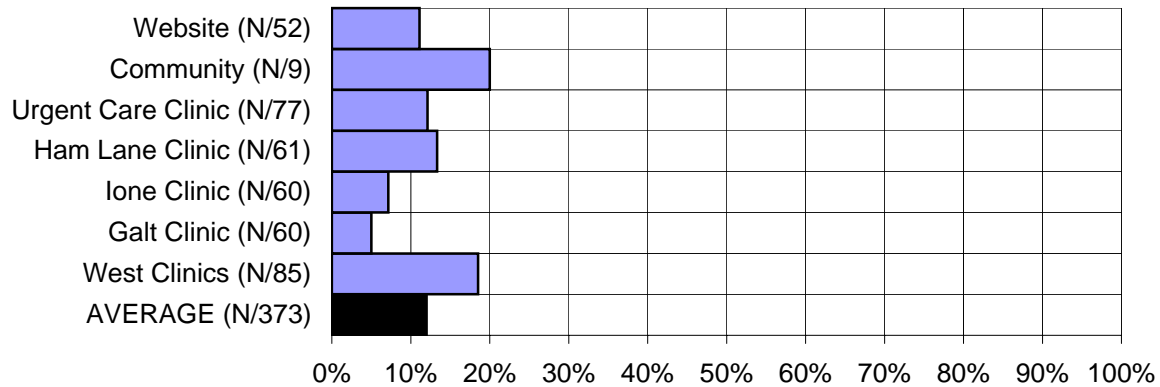


What is your relationship to the children?

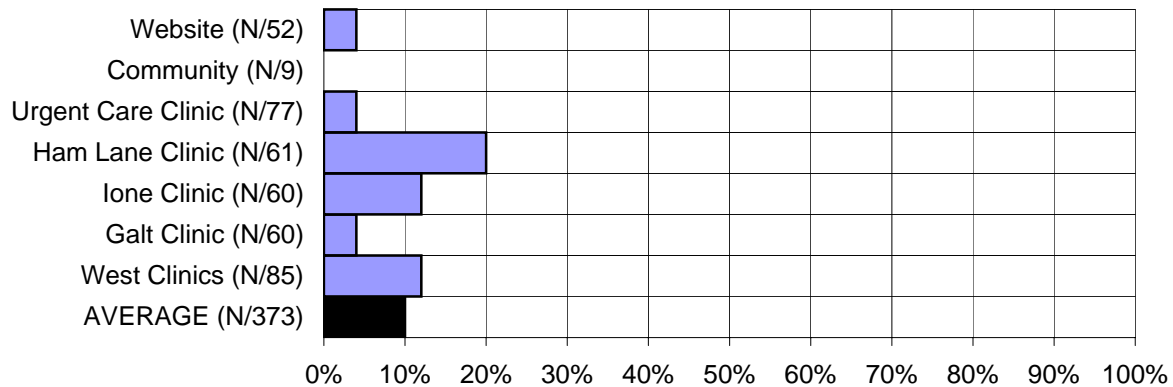
PARENT



GRANDPARENT

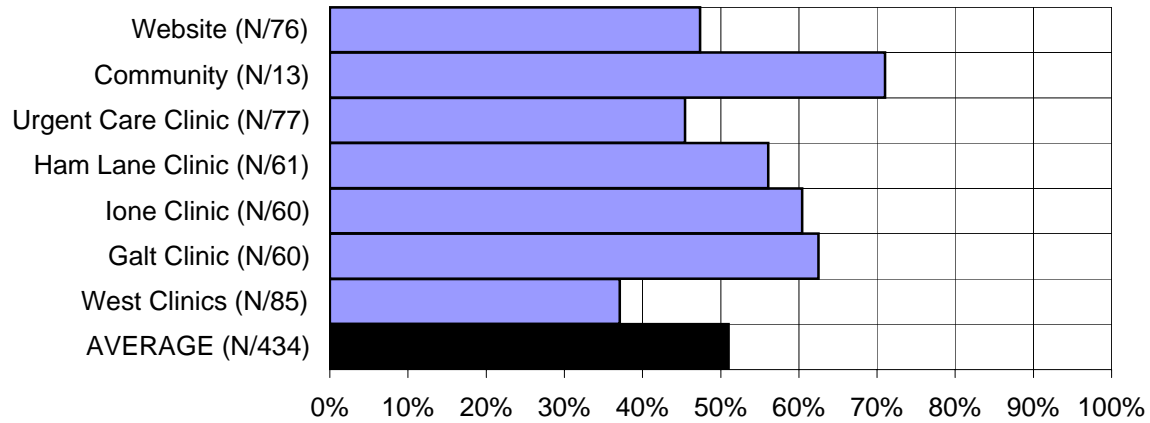


OTHER

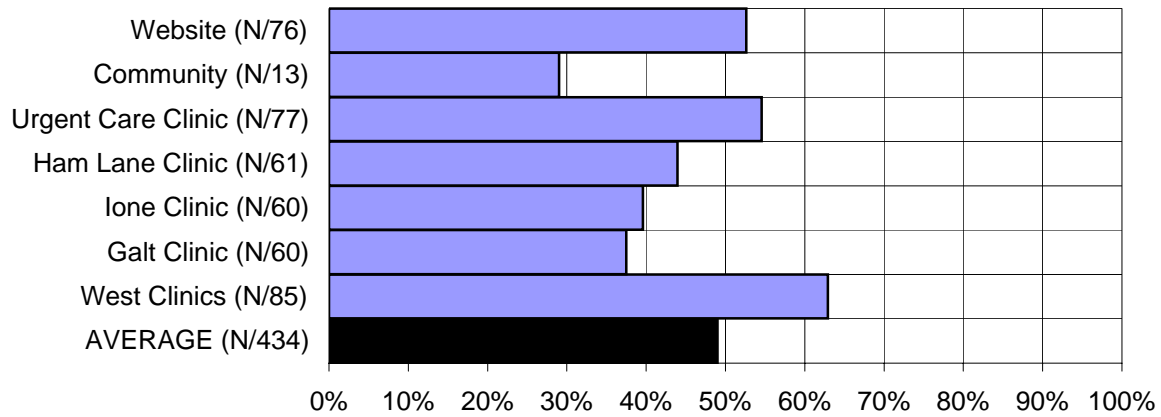


Is there a need for additional children's health services in the area?

YES

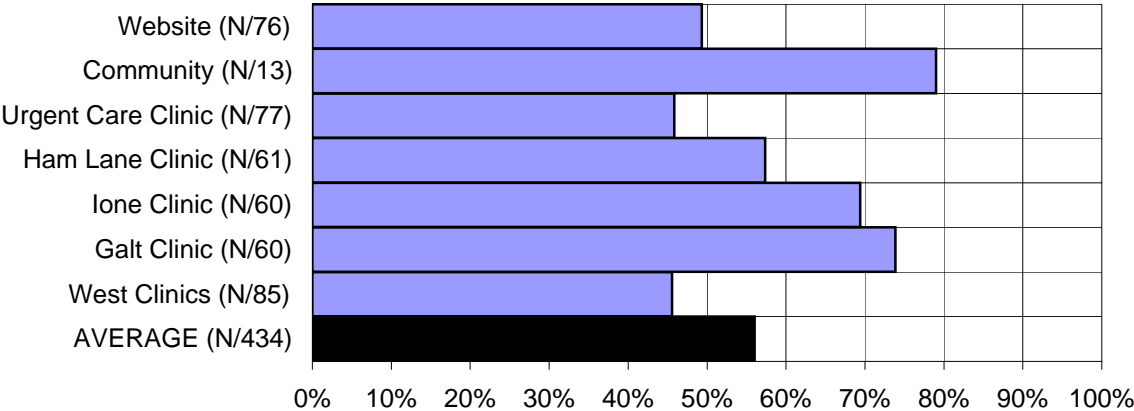


NO

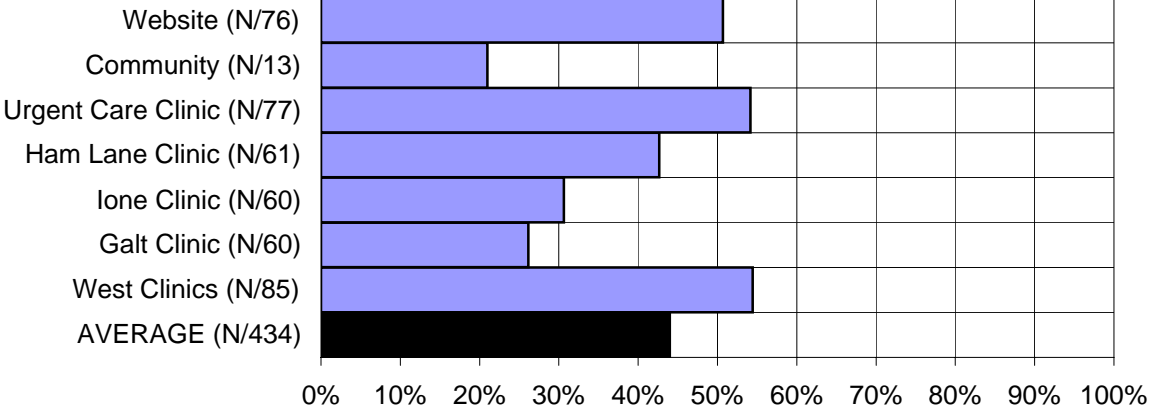


Is there a need for additional children’s dental services in the area?

YES

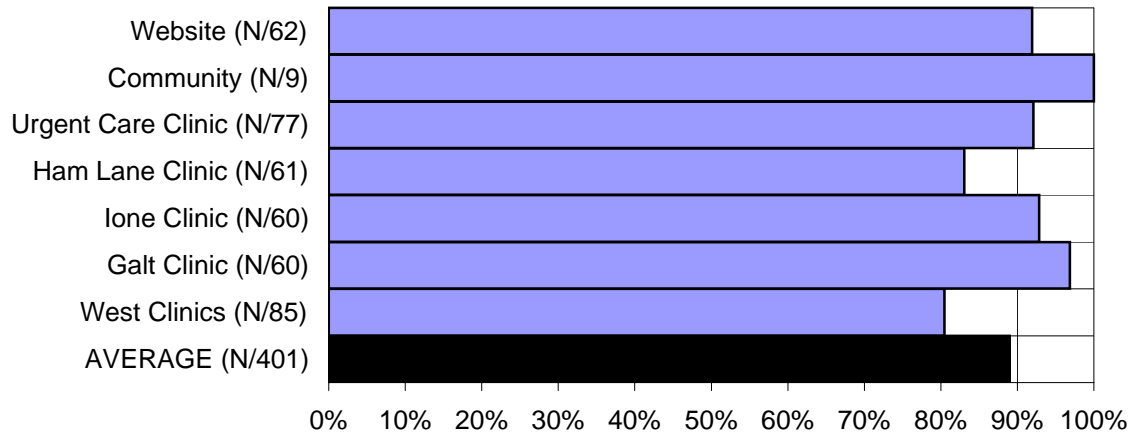


NO

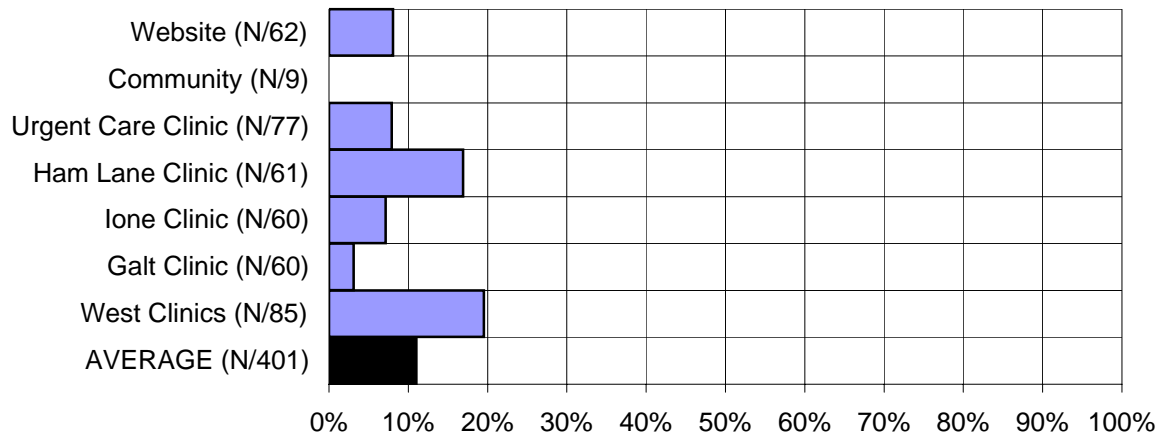


Have the children in your household received all the required immunizations for their age?

YES

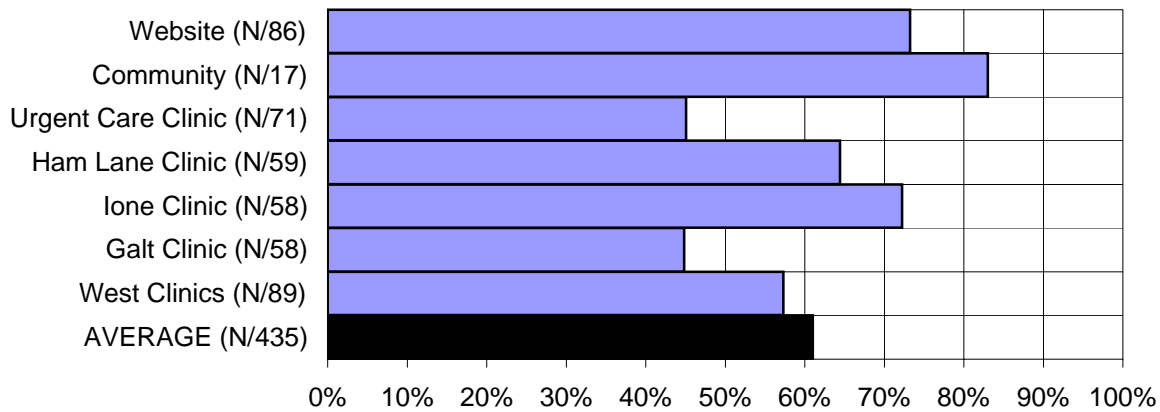


NO

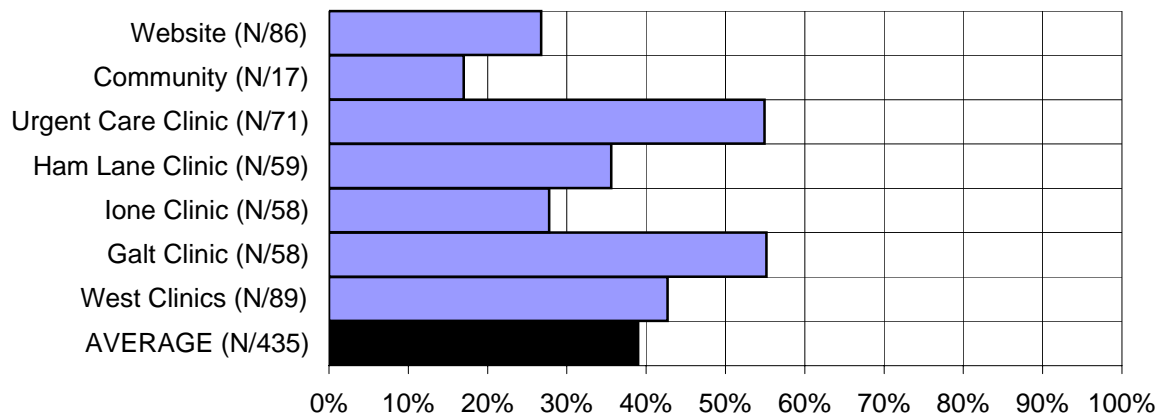


Have you ever had a mammogram?

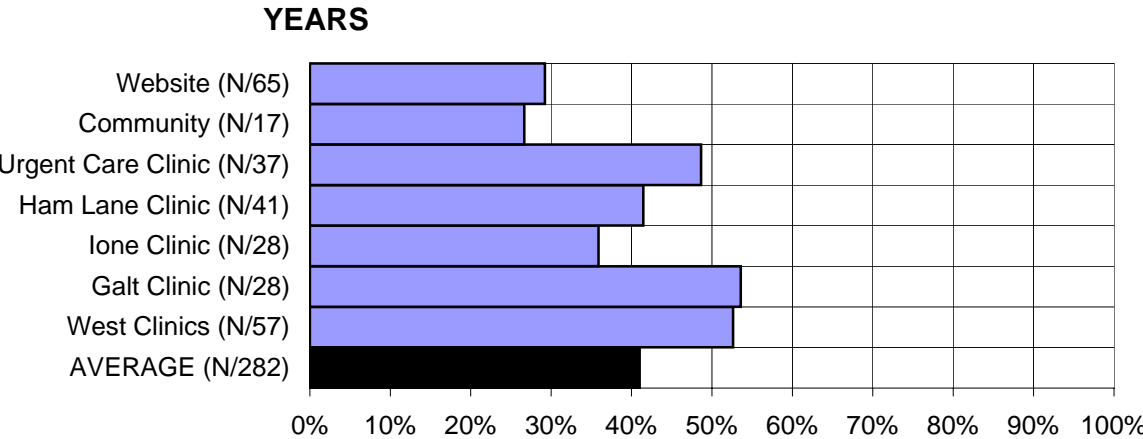
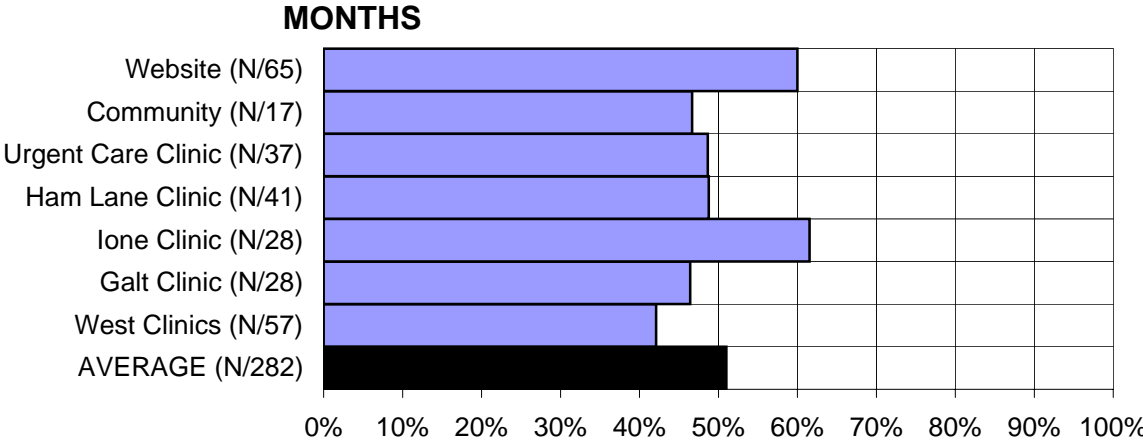
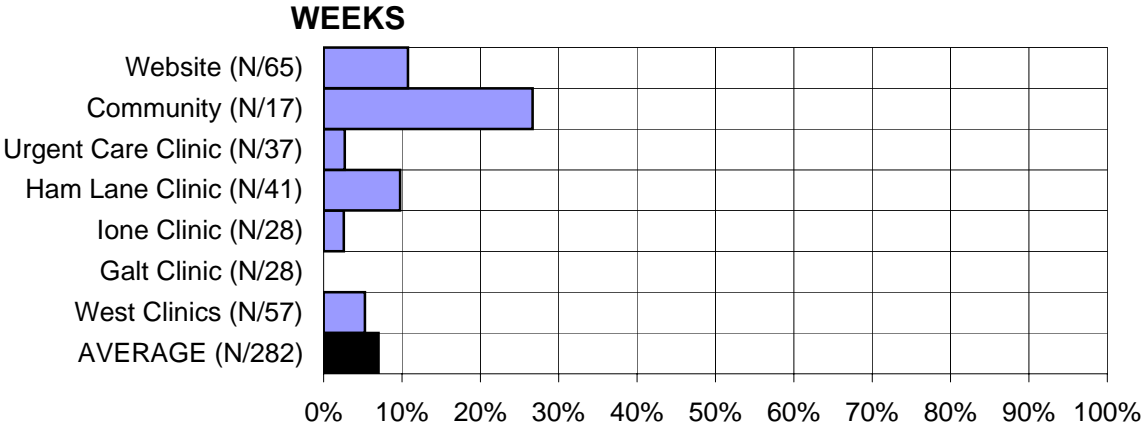
YES



NO

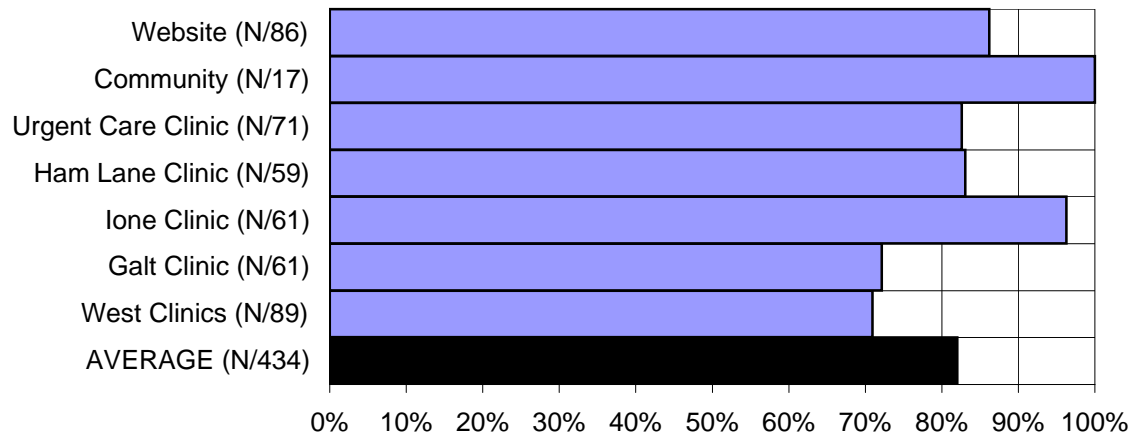


How long has it been since your last mammogram?

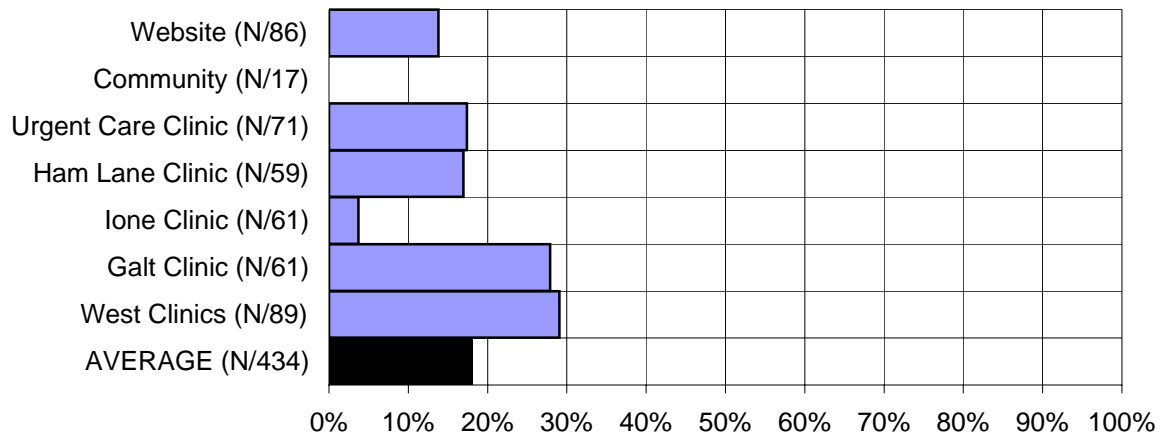


Do you know how to perform a self-breast exam?

YES

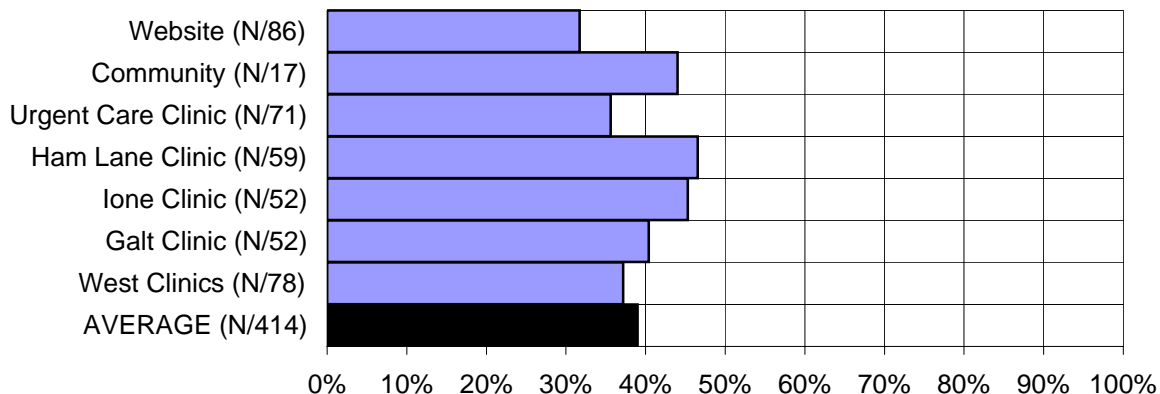


NO

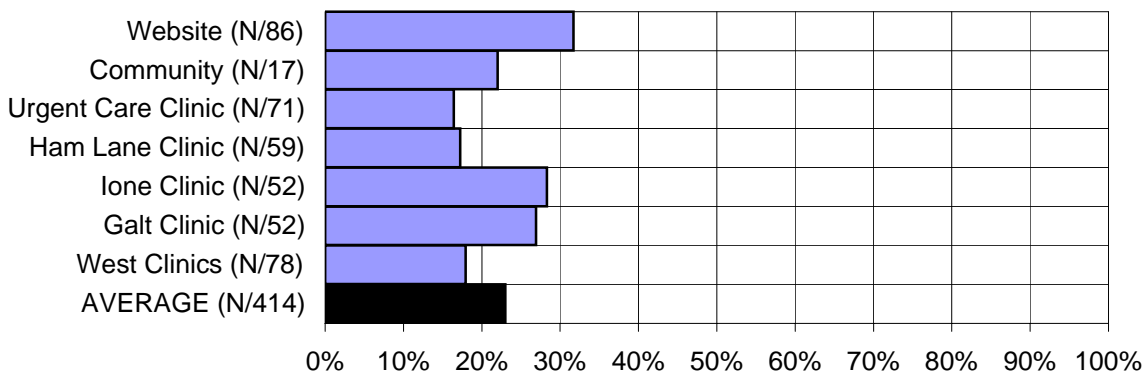


If so, how often do you perform a breast self-exam?

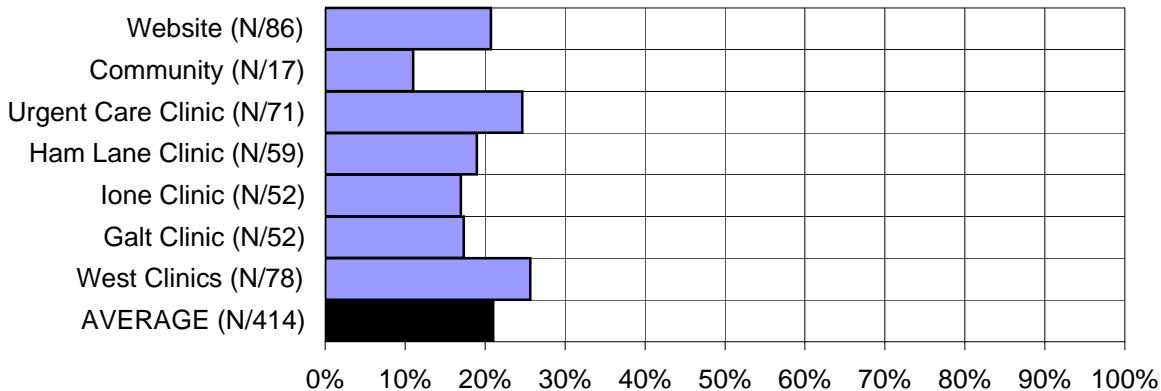
MONTHLY



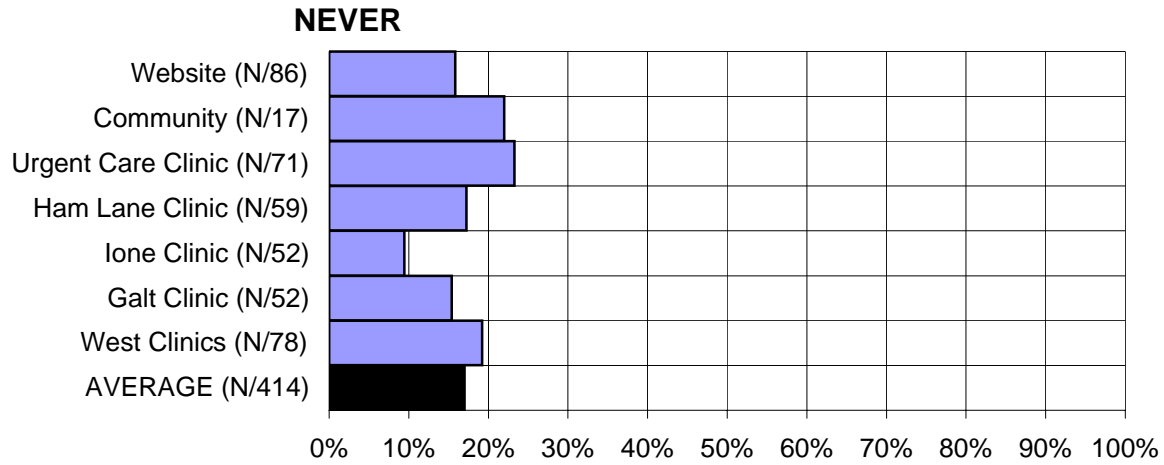
QUARTERLY



YEARLY

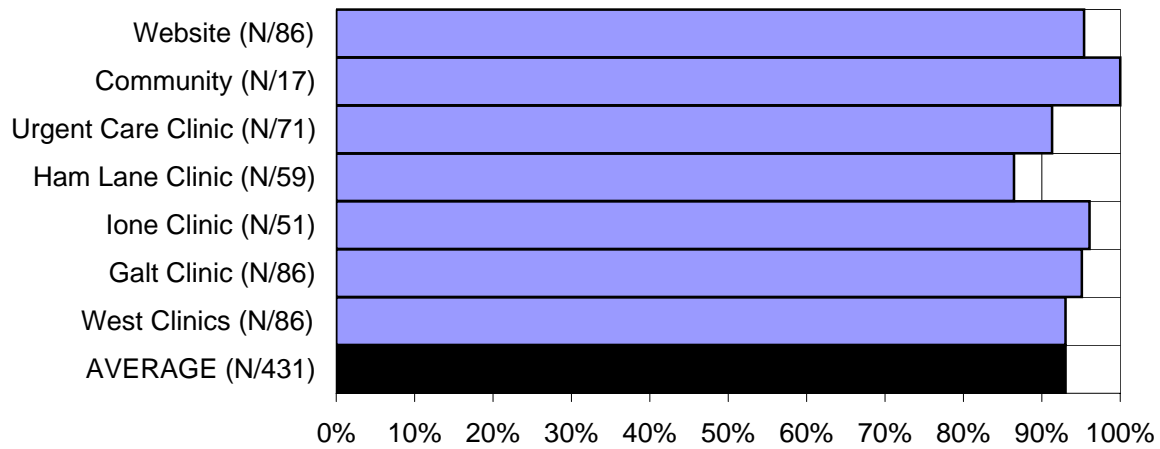


If so, how often do you perform a breast self-exam?

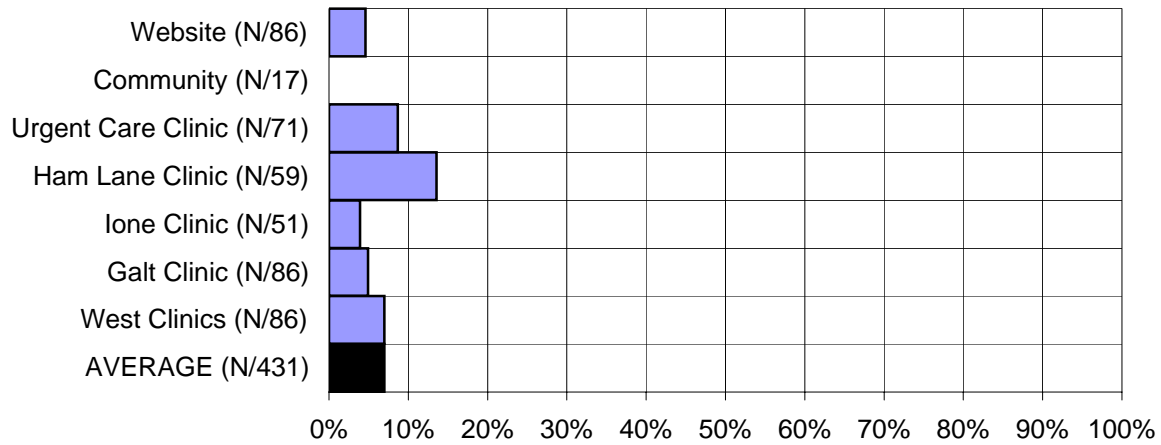


Have you ever had a Pap smear?

YES

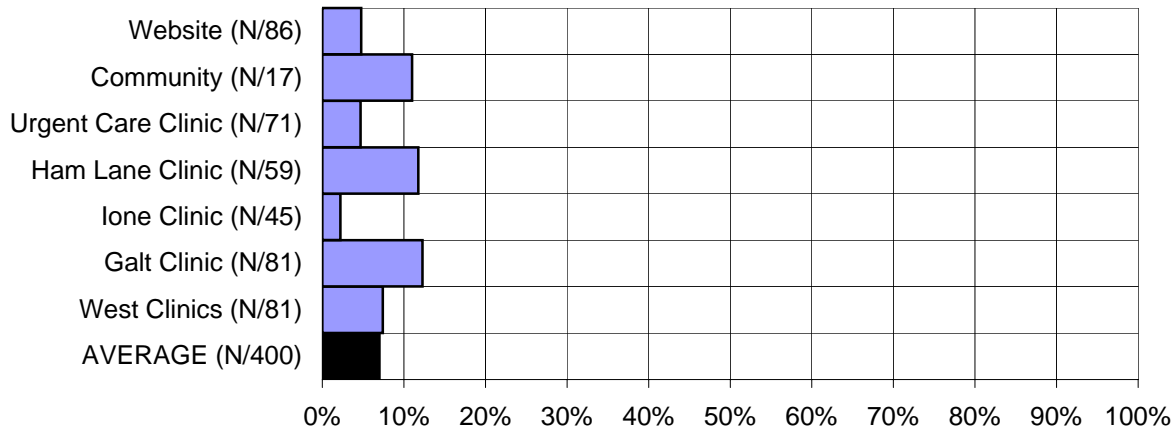


NO

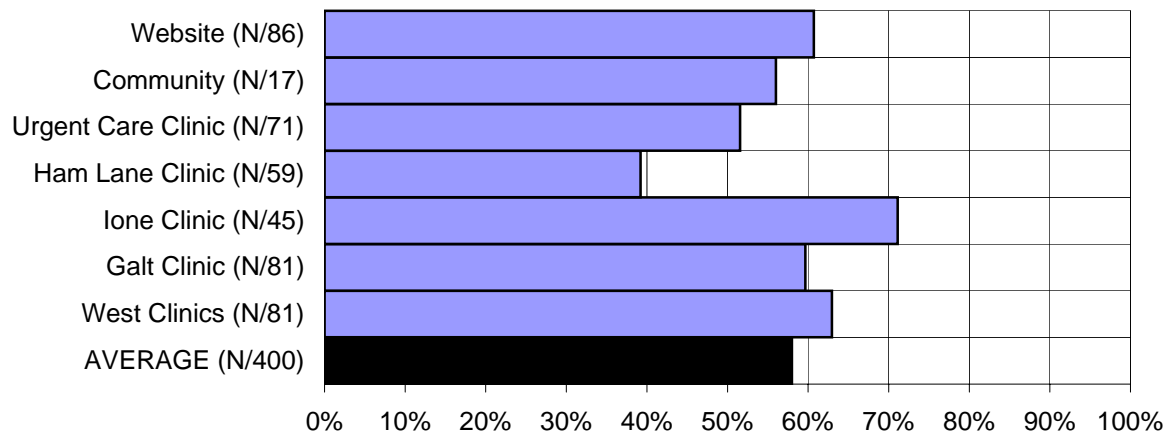


How long has it been since your last Pap smear?

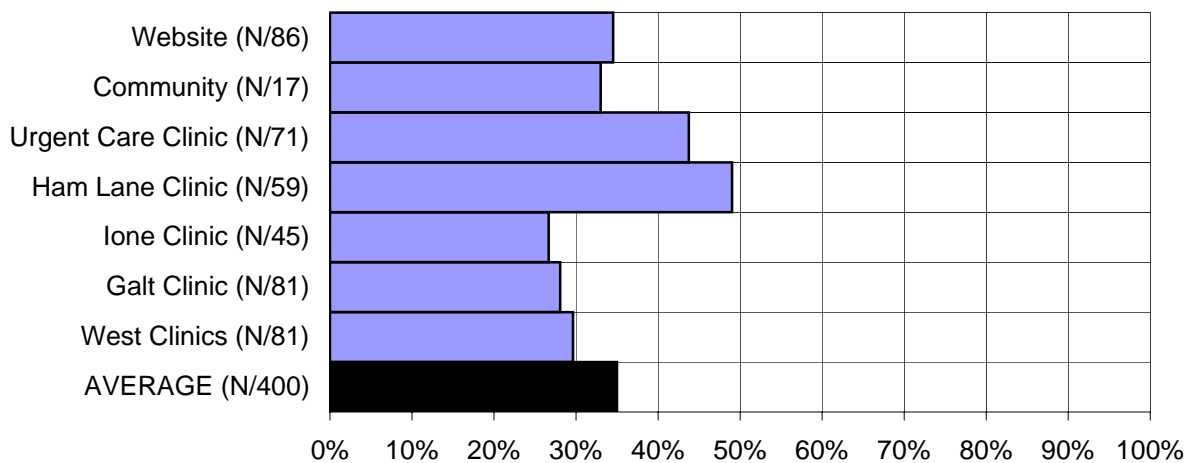
WEEKS



MONTHS

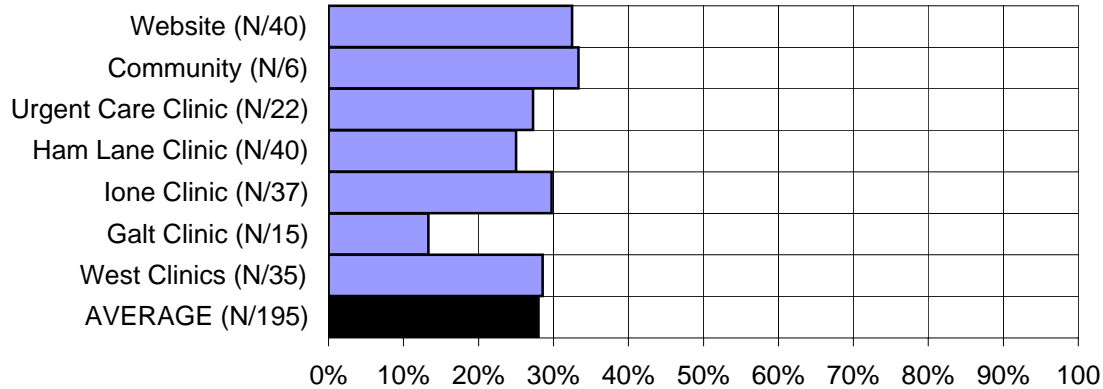


YEARS

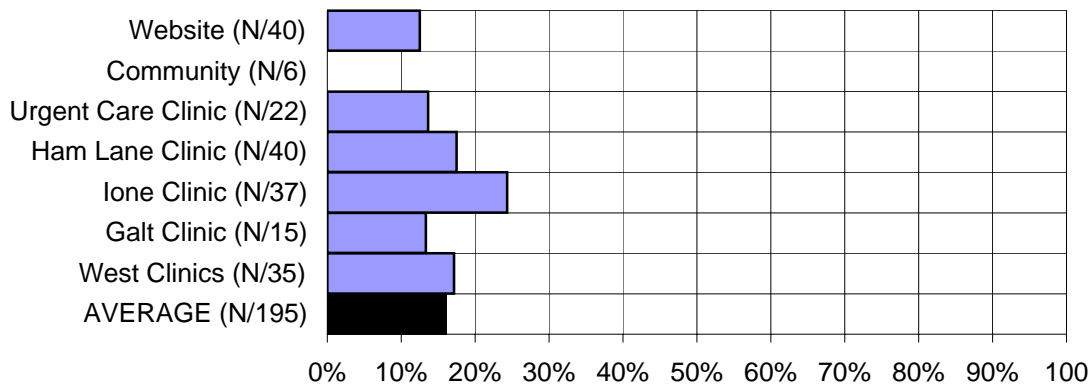


How long has it been since you've had rectal or prostate exam?

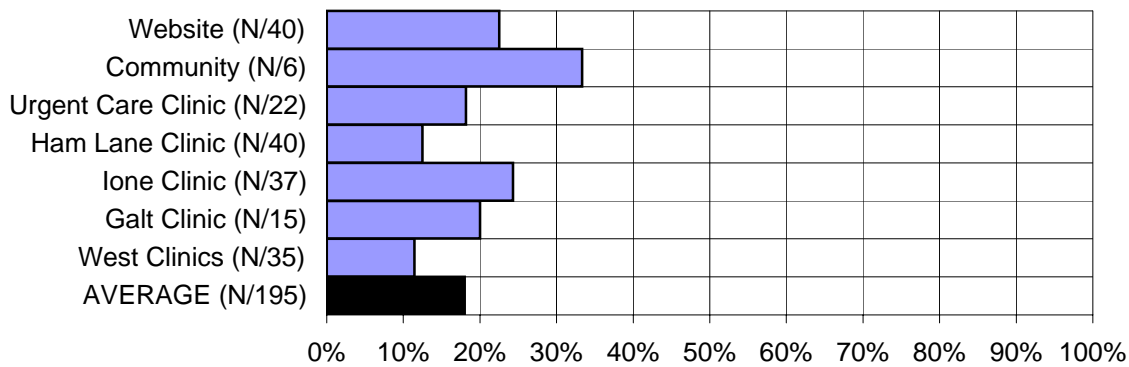
WITHIN THE LAST YEAR



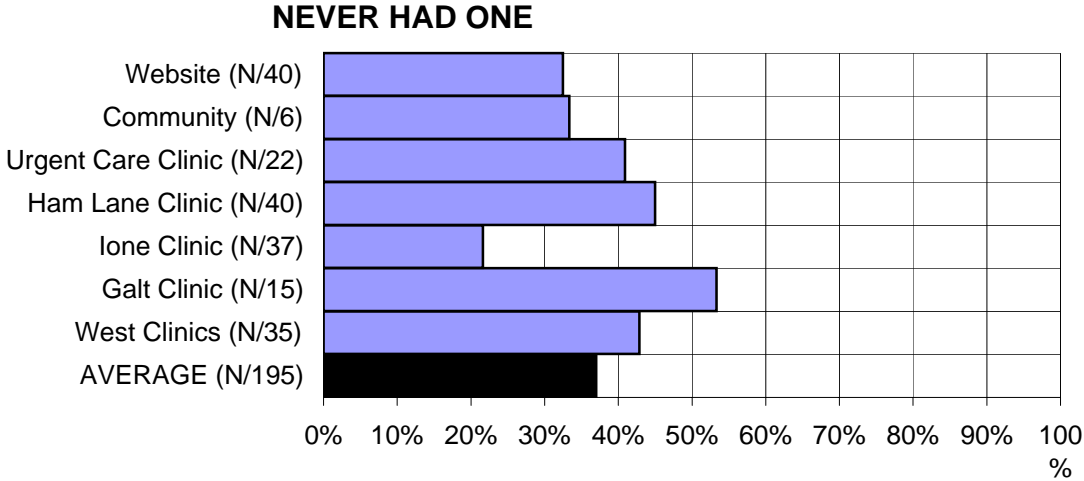
WITHIN THE LAST 1-2 YEARS



MORE THAN 2 YEARS AGO

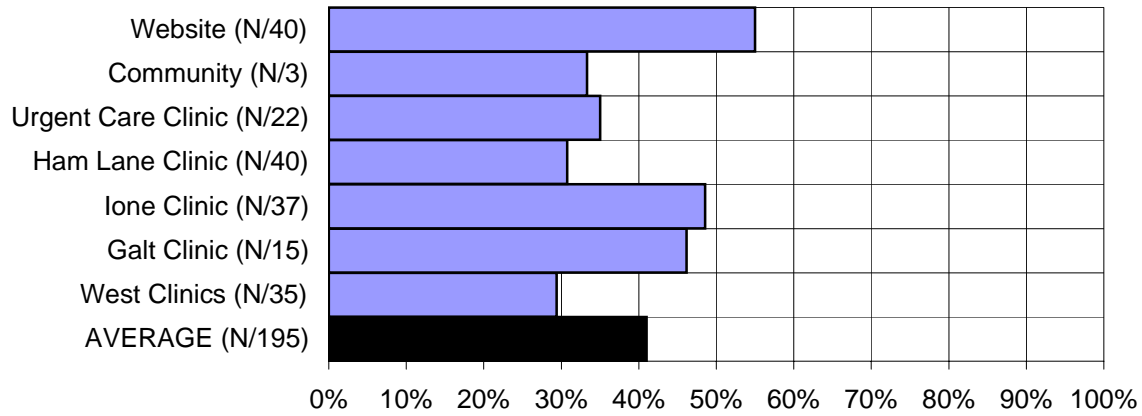


How long has it been since you've had rectal or prostate exam?

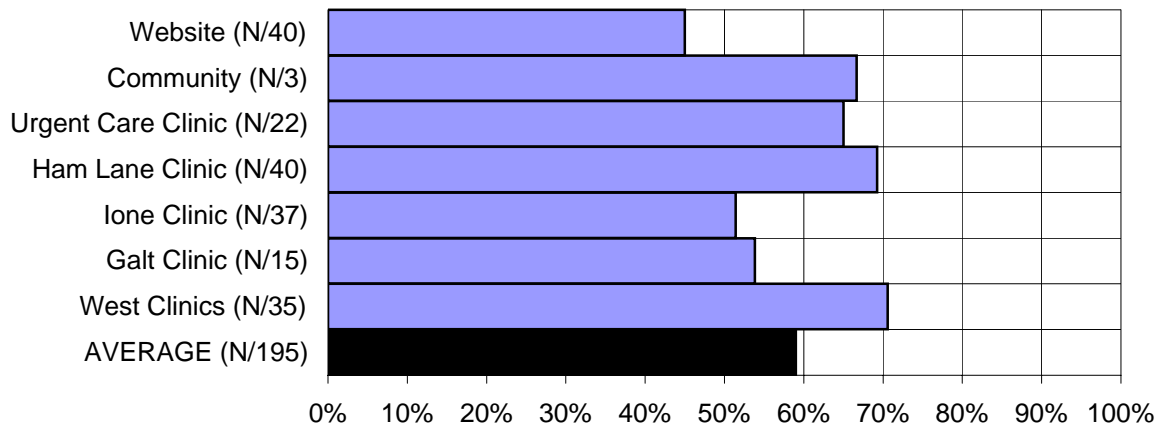


Do you know how to perform a testicular self-exam?

YES

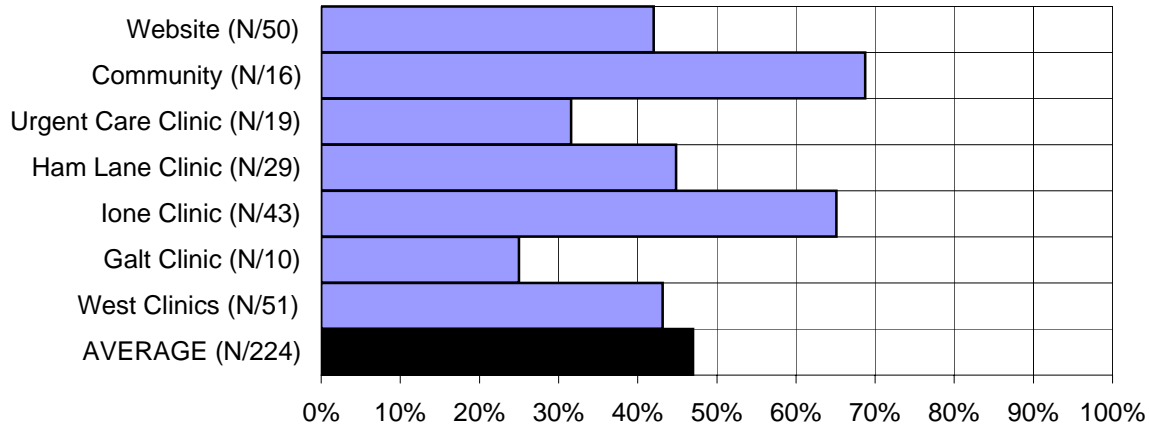


NO

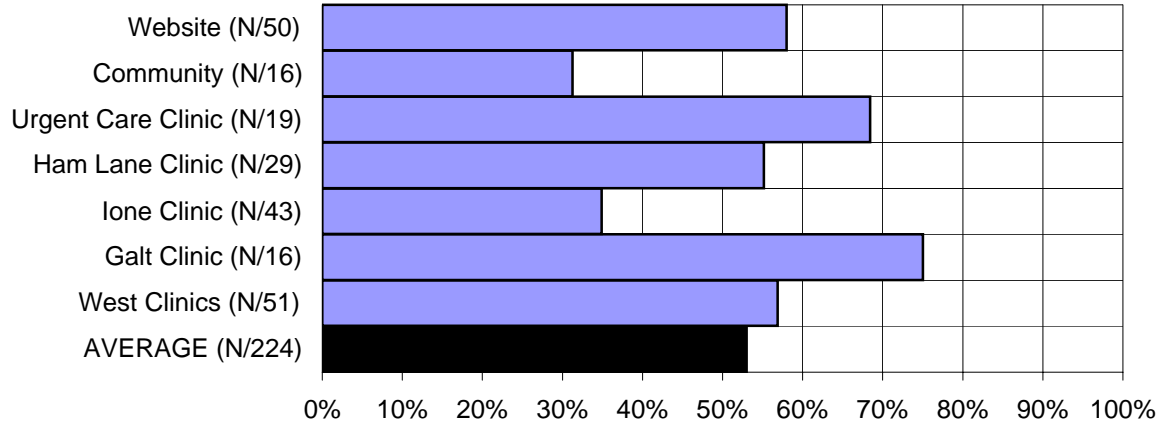


Have you ever had a colonoscopy?

YES

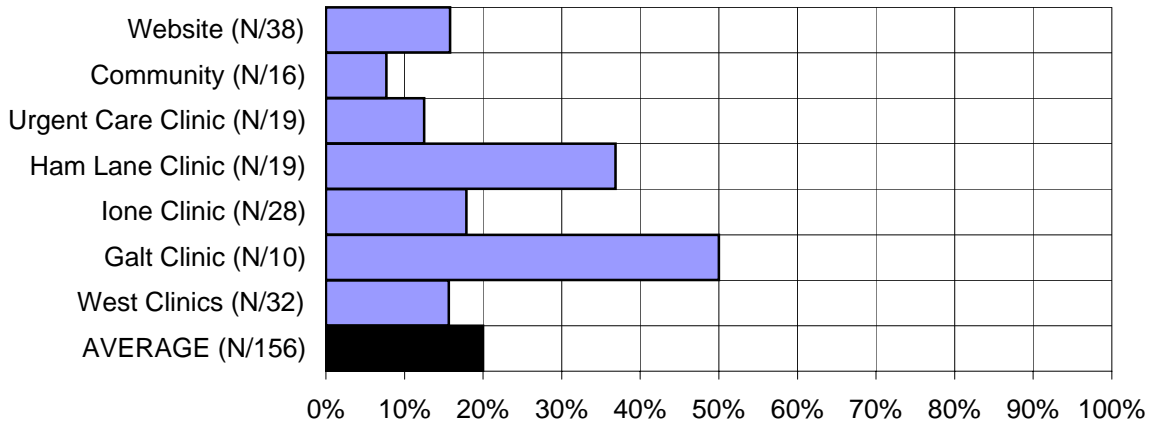


NO

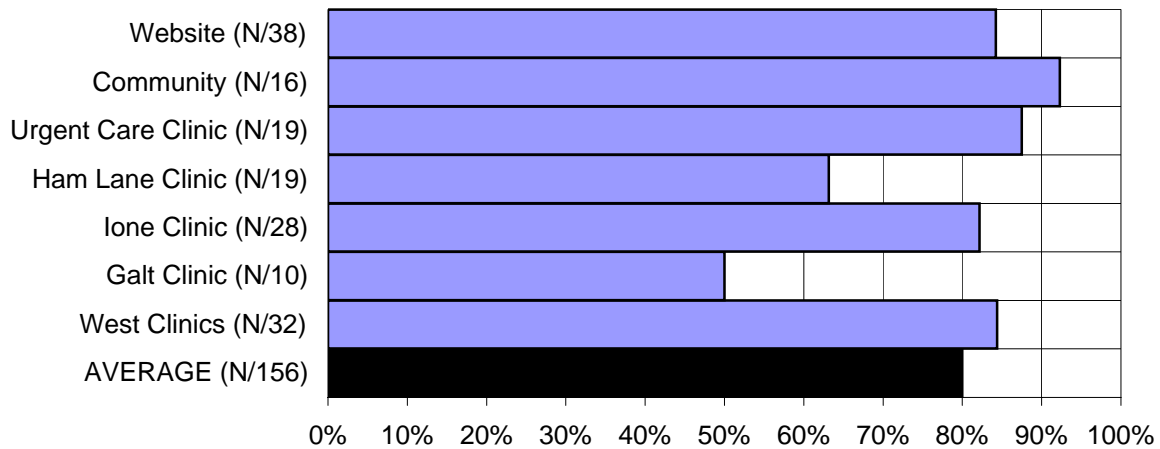


If so, do you, or do you plan to have one yearly?

YES

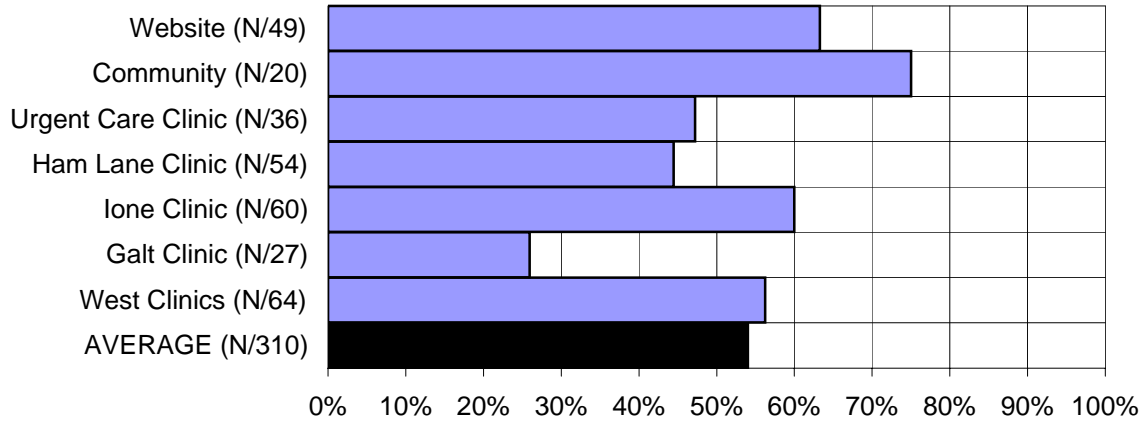


NO



Have you had a flu shot in the past year?

YES



NO

