## ACCESS QUESTIONNAIRE 19

GENERAL INSTRUCTIONS: COMPLETE AN ACCESS QUESTIONNAIRE 19 FOR EACH PARTICIPANT AT BASELINE. GIVE THE PARTICIPANT THE I AND J CARDS NOW.

PARTICIPANT IDENTIFICATION

1. PARTICIPANT'S INITIALS:

2. DATE OF INTERVIEW:

 The following questions ask about what kinds of communities you have lived in, your well-being and your income. If you do not know how many people lived in the towns or cities where you have lived, give the best answer you can.

3. Which of the following best describes the places you lived in as a child (age newborn to ten)?

		Yes	No	
A.	Town (population 1 - 50,000)	(1)	(2)	cpltown
B.	Small city (population 50,000 - 300,000)	(1)	(2)	cplscity
C.	Large city (population over 300,000)	(1)	(2)	cpllcity
D.	Don't know	(1)	(2)	cplunk

4. Which of the following best describes the kind of communities you lived in as a child (age newborn to ten)?

А. В.	Lived within the city (town) limits Lived in a suburban setting (within 15 miles of a small or large city)	Yes (1) (1)	<b>No</b> (2) (2)	ccmcity ccmsub
C.	Lived in a rural setting	(1)	(2)	ccmrurl
D.	Don't know	(1)	(2)	ccmunk

5. Which of the following best describes the places where you have lived during the past three years?

		Yes	No	
Α.	Town (population 1 - 50,000)	(1)	(2)	apltown
В.	Small city (population 50,000 - 300,000)	(1)	(2)	aplscity
C.	Large city (population over 300,000)	(1)	(2)	aplicity
D.	Don't know	(1)	(2)	aplunk

6. Which of the following best describes the kind of communities you have lived during the past three years?

	A. B. C. D.	Lived within the city (town) limits Lived in a suburban setting (within 15 miles of a small or large Lived in a rural setting Don't know	Yes (1) (1) (1) (1)	Nc (2) (2) (2) (2)	acmcity acmsub acmrurl
7.		Do you think you have a physical disability?	<b>Yes</b> (1)	<b>No</b> (2)	disb_phy
8.		Do you think you have a mental or emotional disability?	(1)	(2)	disb_emt
9.		Have you ever applied for disability payments or services?	(1)	(2)	disb_evr
10.		Have you been awarded disability payments or services?	(1)	(2)	disb_awr

Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

11.	Was your total combined FAMILY income	(1)	(2)	income
	during the past 12 months more or less than	\$20,000 or	Less than	
	\$20,000 that is, yours as well as that of all the	more	\$20,000	
	members of your household.	(Use Card I)	(Use Card J)	
	CHECK ONLY ONE.	````	. , ,	

12. Look at cards I and J to find the group in which tot\_inc \_\_\_\_\_ your total FAMILY income falls. Write the number of this group in the blanks.

ADMINISTRATION	
13. INTERVIEWER:	
A. SIGNATURE:	
<b>B. ACCESS STAFF NO.:</b>	
14. RESEARCH COORDINATOR:	
A. SIGNATURE:	
<b>B. ACCESS STAFF NO.:</b>	•
15. DATE FORM COMPLETED:	

## FORM 19 ACCESS Questionnaire 19

<u>ITEM</u>	NAME	TYPE (LENGTH)	CODES OR UNITS
	REV	I(1)	Form revision
	newid	F(5.1)	Patient ID
3a	CPLTOWN	I(1)	Child - lived in town 1=Yes 2=No
3b	CPLSCITY	I(1)	Child - lived in small city 1=Yes 2=No
3c	CPLLCITY	I(1)	Child - lived in large city 1=Yes 2=No
3d	CPLUNK	I(1)	Child - don't know place 1=Yes 2=No
4a	CCMCITY	I(1)	Child - lived in city limits 1=Yes 2=No
4b	CCMSUB	I(1)	Child - lived in suburbia 1=Yes 2=No
4c	CCMRURL	I(1)	Child - lived in rural area 1=Yes 2=No
4d	CCMUNK	I(1)	Child - don't know community 1=Yes 2=No
5a	APLTOWN	I(1)	3 yrs - lived in town 1=Yes 2=No
5b	APLSCITY	I(1)	3 yrs - lived in small city 1=Yes 2=No
5c	APLLCITY	I(1)	3 yrs - lived in large city 1=Yes 2=No
5d	APLUNK	I(1)	3 yrs - don't know place 1=Yes 2=No
ба	ACMCITY	I(1)	3 yrs - lived in city limits 1=Yes 2=No
6b	ACMSUB	I(1)	3 yrs - lived in suburbia 1=Yes 2=No
6c	ACMRURL	I(1)	3 yrs - lived in rural area 1=Yes 2=No
6d	ACMUNK	I(1)	3 yrs - don't know community 1=Yes 2=No

## FORM 19 ACCESS Questionnaire 19 (continued)

<b>ITEM</b>	<u>NAME</u>	TYPE (LENGTH)	CODES OR UNITS
7	DISB_PHY	I(1)	Physical disability 1=Yes 2=No
8	DISB_EMT	I(1)	Mental/emotional disability 1=Yes 2=No
9	DISB_EVR	I(1)	Ever applied for disability 1=Yes 2=No
10	DISB_AWR	I(1)	Ever awarded disability 1=Yes 2=No
11	INCOME	I(1)	Total family income > \$20K 1=Yes 2=No
12	TOT_INC	I(2)	Total family income group 01=Less than 20,000 02=20,000 - 49,999 03=50,000 and over