

# **SOL Sociocultural Ancillary Study**

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**Study website - <http://www.csc.unc.edu/hchs/>**

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## **FOREWORD**

The purpose of this manual is to outline key procedures and operations for the SOL Sociocultural Ancillary Study. The manual will provide an overview of the study, its background, aims, goals, and relationship with the parent study, as well as specific information regarding procedures for recruitment and conducting the interview. Because high quality of data and a strict standardization of the examination and interview techniques across all field sites are essential, it is important that all SOL Sociocultural Ancillary Study personnel are familiar with this manual of procedures. To meet our scientific goals and to make this study a success, all field center interviewers must be fully trained and certified in the procedures described in this manual, and must remain standardized throughout the data collection phase. A complete knowledge of the procedures detailed in this manual is required so that patterns in the study data can reflect differences between study participants and between groups of Hispanic ancestry, as opposed to differences between study technicians or deviations from study protocol. Strict and sustained adherence to study protocol by all personnel is required for us to be able to meet our obligations to the study participants, to the scientific community and to our funding agencies. Note that all ancillary study personnel are also asked to read and become familiar with the content of Manual of Operations 1 of the HCHS/SOL Parent study.

### **1 STUDY OVERVIEW**

#### **1.1 Aims**

The overall aims of the SOL Sociocultural Ancillary Study are to examine the associations among socioeconomic status (SES), sociocultural, and psychological risk and protective factors in relation to Metabolic Syndrome (MS; an integrated marker of CVD and type 2 diabetes risks) and CVD prevalence in a diverse Hispanic cohort, using a unified theoretical framework. The research will be conducted in 5280 participants (aged 18-74) from the Hispanic Community Health Study (HCHS)/Study of Latinos (SOL). SOL is an epidemiologic study of the prevalence of multiple health conditions and their risk factors, with an emphasis is on CVD. The HCHS/SOL will include 16,000 persons of Cuban, Puerto Rican, Mexican, and Central/South American origin, with varied SES levels, recruited from four U.S. field centers. The study includes a comprehensive clinical exam, but very limited assessment of specific SES, sociocultural, and psychosocial factors. By expanding the assessment of HCHS/SOL, the SOL Sociocultural Ancillary Study will provide a significant complement to the parent study, achieve the goal of examining varied risk and protective factors in Hispanic health, and inform future prevention and intervention efforts for distinct Hispanic subgroups in the US. This study will capitalize on existing resources and infrastructure available to HCHS/SOL (e.g., effective recruitment strategies; significant progress in data collection; large array of behavioral and clinical datapoints; diverse investigator expertise) to carry out the aims in a cost-effective, theoretically-guided, and clinically relevant manner. Moreover, the collected data will become a significant resource to future researchers who can address a myriad of questions regarding psychosocial factors in Hispanic health via the HCHS/SOL dataset in the future.

We will administer a novel, theoretically-guided battery of measures of unique components of SES (e.g., social mobility; childhood SES; cumulative deprivation), sociocultural factors (e.g., acculturation; ethnic identity; gender roles; fatalism), psychosocial risk (e.g., stress; negative emotions) and

protective factors (e.g., social resources; family cohesion) in 5280 participants from HCHS/SOL. This will be achieved through the following specific aims over a 2-year period:

- A) To examine the extent to which unique indicators of SES, sociocultural factors, and psychosocial risk and resilient factors are significantly associated with MS and CVD prevalence.
- B) To systematically and simultaneously examine in one unified and theoretically guided model the relative contribution of multiple determinants (i.e., SES, sociocultural and psychosocial factors) of the MS and CVD prevalence using structural equation modeling (SEM).
- C) To develop measurement models to explore underlying latent constructs (e.g., one factor representing mastery/perceived control, self-esteem & optimism; one factor representing multiple forms of stress) based on multiple indicators of SES, cultural contextual factors, psychosocial risk and protective factors, behavioral pathways (e.g., dietary behaviors, physical activity, alcohol, smoking), and the MS.
- D) To employ model fitting strategies to test possible patterns of inter-relationships (i.e., direct and indirect associations; interactive associations) among SES, cultural context, psychosocial risk and protective factors, behavioral pathways, and MS and CVD prevalence. Multi-group approaches will be used to determine whether SEMs are invariant across the four Hispanic subgroups.
- E) To determine the psychometric properties of the selected measures, by examining their factor structure, validity, and reliability, and invariance across the four Hispanic national origin groups. The study fills important gaps in HCHS/SOL, by implementing a theoretically-guided and clinically relevant analysis of the roles that SES, sociocultural, and psychosocial factors have in CVD risk and prevalence. Using SEM will allow us to systematically test multiple determinants of MS and CVD prevalence and identify significant influences that can be targeted via primary and secondary prevention efforts.

## 1.2 Background

Hispanics are expected to comprise 30% of the total US population by 2050. In terms of national origins, “Hispanics” include persons who trace their roots to Cuba, Mexico, Puerto Rico, Central and South America, and other Spanish cultures. Considerable variability exists among these subgroups in relation to socio-demographic characteristics, nativity, acculturation levels, health behaviors, and health status. Most health-related research has focused on Hispanics as a whole, has examined Mexican-Americans exclusively, or has focused on lower-socioeconomic status (SES) Hispanic subgroups with limited consideration of how SES and sociocultural and psychosocial processes impact health outcomes. Consequently, there is a critical gap in our understanding of how such factors relate to health among Hispanics.

## 1.3 CVD and the Metabolic Syndrome in Hispanics

CVD is a prevalent health condition and the leading cause of death for Hispanics in the US. Although Hispanics have been reported to have high rates of CVD risk factors, such as obesity, dyslipidemia, diabetes, and poor blood pressure (BP) control, some research suggests that they have lower rates of CVD relative to non-Hispanic whites. However, contradictory evidence has been reported and researchers have suggested that limitations of vital statistics data or selective migration patterns may bias conclusions. Furthermore, very few studies have made direct comparisons of CVD risk or protective factors or CVD prevalence rates among Hispanic subgroups, and little research has examined

Central and South Americans, specifically. The Metabolic Syndrome (MS) is a constellation of closely related risk factors of metabolic origin, with features including visceral (abdominal) adiposity, insulin resistance, dyslipidemia, and hypertension, that is associated with future risk for CVD, type 2 diabetes, chronic kidney disease, and all cause mortality. The MS predicts a 2-fold increased risk for CVD mortality, a 3-fold risk for heart attack or stroke, and a 5-fold risk for type-2 diabetes. Although some researchers have called into question the designation of MS as a unitary syndrome, many consider it to be a valuable organizing conceptual framework for CVD and diabetes pathophysiology. Research suggests that the MS confers a greater risk of CVD than do its components so that risk factors combine in a geometric rather than linear manner (i.e., the whole is greater than the sum of its parts). Since lifestyle changes are the first line of treatment for the MS, its identification can facilitate early interventions to prevent more serious clinical conditions in the future. Among all US ethnic groups, Hispanics, especially certain subgroups such as Mexican-Americans are at greatest risk for the MS. High rates of obesity and higher insulin resistance are believed to contribute to these trends. Research performed by the current investigators and other researchers suggests that in addition to biological and behavioral determinants, sociocultural and psychological factors including SES, stress and negative emotions, and acculturation, are relevant to understanding MS risks. However, additional research is needed to explore how these variables shape MS risks among all Hispanics and within different Hispanic subgroups.

#### **1.4 SES and CVD Risk in Hispanics**

An inverse, linear association between SES and morbidity and mortality, including CVD, has been observed consistently in westernized, industrialized populations. SES may affect CVD and other health outcomes by shaping intermediate psychosocial processes, and through many other pathways including health behaviors and healthcare access. Notably, studies of Hispanics have produced inconsistent evidence for a socioeconomic gradient in health, with some showing weak or even paradoxical effects (i.e., worse health with higher SES). To fully understand socioeconomic determinants of Hispanic health, within-group differences must be considered. Socio-demographic factors may have differential effects across ethnic sub-populations due to unique socioeconomic conditions and current and historical social-political contexts. Nativity or acculturation may also moderate the nature of the association between SES and CVD in Hispanics (i.e., interaction effects), and may contribute to ethnic subgroup differences in the nature of SES gradients. Thus, examining differences within the Hispanic population may contribute a more refined understanding of SES-related health disparities in the US Hispanic population.

#### **1.5 Sociocultural & Psychosocial Factors in Hispanics' CVD risk**

Psychosocial risk factors, such as stress and negative emotions, and protective factors, such as social support, predict cardiovascular risks and outcomes, and may play a similar or larger role in CVD relative to traditional risk factors, such as smoking or high BP. However, available evidence addressing psychosocial variables in relation to CVD within Hispanics is sparse. In addition, very limited research has assessed within-group processes such as culturally driven beliefs, attitudes and behaviors that may help explain better health outcomes in the Hispanic population, or in specific Hispanic subgroups, such as those who are less acculturated. Several Hispanic cultural factors may influence a range of health behaviors, and may therefore predict health outcomes. The research in this area is critically lacking and limited by cross sectional designs with restricted applicability to diverse Hispanic subgroups. To this

date, no study has specifically addressed Hispanic cultural factors such as familism (i.e., the culturally-driven emphasis on family support & interconnectedness) or fatalism (i.e., the tendency to view health and other important life outcomes as determined by fate) in relation to CVD. Furthermore, studies are needed to explore how these cultural tendencies relate to other psychosocial factors known to influence CVD (e.g., stress, social support).

## **1.6 Participants**

Recruitment for the HCHS/SOL is based on a two-stage area probability sample of households in target geographic regions near the 4 field centers. The goal is to yield a sample of 16,000 persons of Hispanic origin aged 18-74 years who are representative of a defined community, participate in a comprehensive baseline exam, and are followed over time for disease occurrence. Each of the 4 field centers will enroll 4,000 participants over three years, with a minimum of 2,000 participants of Cuban, Mexican, Puerto-Rican, and Central/South American ancestry across the 4 sites. The sampling strategy is designed to yield a representative sample in terms of sex and SES. The study is oversampling the middle-older age ranges to facilitate examination of target outcomes. Potential participants are excluded only if they are on active military duty, plan to move from the area in the next 6 months, or have health problems or disabilities so severe as to prohibit informed consent and clinic attendance. The SOL Sociocultural Ancillary study will examine a subset of 5280 participants (i.e., 1320 per site) from the HCHS/SOL cohort.

## **1.7 Relation to Parent HCHS/SOL Study**

Participants will be a sub-sample of the HCHS/SOL cohort who agrees to be contacted for ancillary studies. We will begin recruitment with the pool of participants who completed the baseline exam in the preceding 6 months and agreed to be contacted for ancillary research. During our active enrollment phase, parent study participants will be informed of this specific ancillary study at the conclusion of their baseline visit by parent study staff, given a descriptive flyer (Appendices: XV, XVI) and asked for permission to contact. The UNC Collaborative Studies Coordinating Center (CSCC) will randomly select a group for recruitment each week and deliver the list to each site, with close monitoring to ensure adherence to the proposed timeline and desired sample characteristics.

## **1.8 Selection Criteria and Participant Screening**

Participants will be aged 18-74, of Hispanic origin, who completed the baseline assessment for HCHS/SOL within the last 6 months. They will be selected based upon their consent to be contacted for further studies upon enrollment in the parent study. Subjects will not be excluded from the current study based on health status unless there is an underlying health condition, disability or mental impairment so severe as to prohibit completing the assessment. Potential participants will be contacted by phone (Appendices: VII, VIII) by bilingual research health interviewers, within 6 months of their baseline exam but following the telephone-based food frequency assessment (final step of the baseline exam). Bi-lingual health interviewers will provide an overview of the study, and attempt to arrange a 3-hour consenting and assessment appointment at the field center clinics (or in participant homes in some cases). All materials will be made available in English or Spanish to accommodate subjects in their language of preference.



## 1.9 Recruitment Process

Potential participants will be contacted via telephone or another agreed upon method and invited to participate in the ancillary study. A brief description of the study (Appendices: VII, VIII) will be offered, and if the individual is interested, a consenting/assessment appointment will be arranged. HCHS/SOL participants who are enrolled during the ongoing data collection phase of the proposed ancillary research will be told about the specific ancillary study, and given a flyer (Appendices: XV, XVI) briefly describing it. If they express interest and are selected by the CSCC, they will likewise be telephoned for recruitment (Appendices: VII, VIII). Once the subjects agree to participate in the ancillary study, a consenting interview will take place to provide detailed information about the ancillary study and administer the proposed assessment battery (Appendices: V, VI).

## 1.10 Research Design and Method

**1.10.1 Description of the Research Design for the Parent Study.** The research will apply a cross-sectional design in 5280 randomly selected participants from the HCHS/SOL cohort. The HCHS/SOL is a prospective epidemiologic study of 16,000 US-Hispanics that will examine conditions including coronary heart disease (CHD), stroke, diabetes, kidney diseases, liver disease, lung disease, sleep disorders, dental health, hearing, and cognitive impairment. The cardiovascular specific objectives of the HCHS/SOL are to identify the prevalence of CVD and protective or harmful risk factors for CVD in different Hispanic groups. Participants undergo a baseline assessment of risk factors including (but not limited to) dietary behaviors, physical activity, obesity, smoking, alcohol use, blood pressure, lipids, health care access, medication and supplement use, and environmental context. Following the baseline, participants are contacted annually to ascertain incidence of CVD and other major endpoints, including mortality.

**1.10.2 How the Sociocultural Ancillary Study Complements the Parent Study.** The original HCHS RFP emphasized the importance of examining acculturation and sociocultural factors; however, this emphasis was largely eliminated during planning to accommodate the extensive clinical exam. This ancillary study would administer a theoretically-driven battery of novel and unique socioeconomic, sociocultural, and psychosocial measures (Appendices: V, VI) not included in the current HCHS/SOL battery to better address the goal of examining varied risk and protective factors in Hispanic health. Consistent with the parent study, data will be study will be conducted on a separate visit than the baseline, to reduce participant burden. We will draw from HCHS/SOL subjects who have completed their baseline exam within the past 6 months. Collected data will be linked with data from the HCHS/SOL parent study, via assistance from the UNC Collaborative Studies Coordinating Center (CSCC). With the combined data, we will examine associations between SES, sociocultural, and psychosocial factors and CVD and MS prevalence (i.e. Specific Aim 1), and hypotheses concerning complex inter-relationships among latent constructs describing SES, sociocultural, psychosocial factors, behavioral pathways, and MS and CVD prevalence (i.e., Specific Aim 2) as guided by our conceptual framework (see supporting documents/appendices). The sample for the proposed research will follow the distribution of the sample for the parent study, allowing comparisons according to Hispanic subgroup.

## 1.11 Assessments Overview

**1.11.1 Translation and Linguistic Appropriateness of the Study Measures.** We have made every effort to include measures available in Spanish that have been previously translated and shown to be valid in US-Hispanics. Any items that will require a full translation will be submitted to the certified translation service used by the parent study. English and Spanish versions of the measures will then be piloted at each field site (i.e., completed and reviewed by staff and investigators). Minor modifications were made to existing translations (Appendix IV) to accommodate subtle linguistic variations across US Hispanic subgroups; however, measures that had been previously validated and published in Spanish were not adapted in order to maintain the psychometric properties of the established validated translations.

**1.11.2 Assessment of SES, Cultural, and Psychosocial Risk and Resilient Factors.** We have chosen brief measures wherever possible to reduce participant burden. Unless otherwise indicated (Appendix IV), we will not re-administer items that are being administered in the HCHS/SOL parent study baseline exam. Our assessment batteries (Appendices: V, VI) target seven domains and include measures of socioeconomic status, sociocultural factors, stress/psychosocial adversity, cognitive emotional factors, psychosocial reserve/resilient resources, and interpersonal and intrapersonal factors.

## **2 SAMPLING AND RECRUITMENT**

### **2.1 Overview**

The target population for the SOL Sociocultural Ancillary Study consists of study participants who have been examined at the field centers no more than six months ago. The temporal association for the psychological states, and personal traits of the participants will be correlated baseline biometric measurements associated with risk for cardiovascular disease and later outcomes. In order to meet the objectives for measurement close in time to baseline, the study has a goal for approximately 70% of the participants to be seen within 3 months of baseline and 30% seen 4 to 6 months post baseline. The sample size required to support the planned statistical analyses for the ancillary study is 5,280 participants. Recruitment Goals for the ancillary study are as follows:

- Enroll 5,280 participants from 4 centers in 18 months
  - Per center goal: 1320 overall
  - Monthly center goal: 80-85 to finish in 16 months
  - Weekly center goal: 20-22/week to finish in 16 months
  - Daily interview goal: 4-5/day completed over a 5 day period to finish in 16 months.

The assumption is that the demographic make-up in age and gender will mirror that of the main HCHS/SOL study population if all eligible participants identified on the sample frame are screened. Bypassing or omitting from recruitment participants on the sample list will afford the opportunity for introduction of selection bias and will affect assumptions about the individual probability of selection discussed in a later section. Details of the Sampling and Recruitment Plan are described in the following sections.

### **2.2 Sample Selection**

Eligible participants will be selected for recruitment within the first six months after their HCHS/SOL baseline examination visit. The window for eligibility may be expanded out to 9 months if the rate of accrual is not meeting overall goals. Based on the elapsed time since the baseline examination, three strata can be defined.

- Stratum 1 month 1 (or less) through 3 after baseline
- Stratum 2 months 4 through 6
- Stratum 3 months 7 through 9 (if needed)

Dynamic sampling lists of eligible participants sorted by baseline examination date from most recent to latest visits in the window should be downloaded on a monthly basis at each field center through the DMS system. Runs should use the dates between 2 weeks prior to the day the report is run up to 3 months earlier, to ensure that we capture potential participants who might not have met eligibility criteria at the prior months run. For example, if a site runs a report on Friday April 9<sup>th</sup>, the encompassed dates would be March 26<sup>th</sup> (two weeks earlier) to December 26<sup>th</sup> (three months prior to March 26<sup>th</sup>). Preferably one person will be assigned to download the list at the same day/time each month. The person who will generate the lists will go the DMS website: <https://dms.cccc.unc.edu/hchs>, their local data administrator will have to provide this person with the proper login credentials to be able to access the server and run the reports. This consists of 2 different login credentials, one set to enter the site and another set to proceed with the report generation. Once access is granted, the person running the report will select the appropriate dates for running the report as mentioned in the example above. Sites will then link these with the local center's database as needed to confirm eligibility and contact information. Note that the six-month window applies to recruitment calls – i.e., our initial goal is to call everyone within six months of their baseline visit. However, in practice, we may not conduct their interview within six months, since the recruitment process takes some time. Our initial goal is to enroll participants and collect their data within *eight* months of their baseline visit, and as close in time to the baseline visit as possible.

Participant IDs will be included on the recruitment list if their master study database shows they have completed the core elements of the HCHS/SOL baseline examination. There is an additional eligibility requirement of completion of the second HCHS/SOL 24 hour dietary recall interview by each participant before they can complete the interview battery for the ancillary study, which must be verified by center staff at the time of recruitment for the study.

The sample list or frame can be initially divided into the <1-3 month (stratum 1) vs. 4-6 month (stratum 2) strata for recruitment purposes. In order to achieve the desired 70:30 split of more recent to older participant visits a systematic sample will need to be drawn locally from the eligible participant list using the proportions desired. Experience has shown in recruitment for the main study may take many weeks to months to accomplish. This is especially true since the ancillary study draws from a finite, restricted, sample. Once a participant has declined participation or is unable to be reached, the remaining pool of eligible people available to the ancillary is reduced. Consistent implementation of the systematic calling plan across the four Field Centers is important to ensure that comparisons by region, ethnicity, or other demographic subgroup are not influenced by differences in calling procedures at the Field Centers. The following guidelines on systematically using the recruitment list are recommended:

- Field sites should use the DMS to run a monthly report of eligible participants who have completed their baseline exam within the last six months.
- They should then select a number of participant IDs to screen that can be reasonably worked in a 4-6 week period to coincide with advance mailings. This number will vary depending upon local recruiter resources. Batches of 50-100 should be used. Each site should plan to send out at least 100-150 letters (with follow-up calls) every 4-6 weeks as needed to reach enrollment goals of 80-85/month. This target will be adjusted as needed to meet our recruitment goals.
- Sample proportionately with 70% coming from stratum 1 and 30% coming from stratum 2. For instance, if 50 IDs are selected then 35 would come from the 1-3 month group and 15 would come from the 4-6 month group. Within a stratum, participants are to be sorted from least to most recent date of baseline interview. Selection is then performed in an ascending manner, from least recent person within the stratum, to most recent person within the stratum. We anticipate the need to contact every person eligible in stratum 1 and 2, in as brief a time as is manageable, to meet our enrollment goals.
- Attempt to recruit everyone on the participant ID list no matter how long the ID ages. If a selected ID ages out more than six month post baseline, that ID will become eligible to be in a “stratum 3” or 7-9 month sample. Initially, however, we will recruit only participants who have completed their baseline exam within the last 6 months.

The HCHS/SOL sample design is used to provide a representative sample of Hispanics/Latinos living in the four field center communities. However, the representative nature of the sample will not be maintained unless considerable effort is expended to ensure adequate participation rates among sample members, once they are selected and identified as eligible.

### **2.3 Monitoring and Mid-course Corrections**

The ancillary study recruitment period is approximately sixteen months in duration. The sample of participants selected for recruitment is systematically split into three strata based on elapsed time since the participant baseline examination. Consequently, participants in each stratum will be screened on a rolling basis as the time since their baseline examination elapses.

Continued monitoring of recruitment activities takes place on an ongoing basis to compare the results with the assumptions made in developing the sample design for the ancillary study. Modifications to certain aspects of the sampling process can be made as a result of this monitoring and are referred to as mid-course corrections. For example, the order and number of participants on the recruitment list can be adjusted dynamically to meet recruitment goals. At the end of the first three months of recruitment the study will know if there is need to fill the third recruitment strata with participants in the 7-9 month post baseline examination period. Mid-course corrections can be made to the recruitment strategy as needed.

### **2.4 Response Rates and Sampling Weights**

The response rate for the SOL Sociocultural Ancillary Study is defined as the proportion of eligible persons in the sample who participate in the study, where participation is defined as completing the Sociocultural Assessment Battery. Data from the recruitment activities conducted by the ancillary study recruitment staff are vital in being able to compute the response rate for the HCHS/SOL. The

special purpose Ancillary Study Recruitment Form (ANE) (Appendix: IX) is used to collect outcomes of the recruitment process, which enable the disposition of each sampled participant in the study to be tracked (i.e., ineligible, eligible and participating; eligible and not participating; eligibility unknown). These data are then used to compute response rates for the ancillary study.

Through the use of probability sampling, every household selected into the main study sample can be viewed as a representative of some larger number of households in the target area. The inverse of the probability of selection provides a sampling weight that can be used to inflate sample estimates in an unbiased manner in order to make estimates about the population as a whole. For example, if a random sample were selected in which 1 out of 10 households were selected, then each household's sampling weight would be equal to 10. The household sampling weight from the main study design will be used to derive a sampling weight for the ancillary participants. The weight may be the same or differ depending upon any proportionate sub-sampling that is applied during recruitment for the ancillary study.

## 2.5 Recruitment Overview

The Sampling and Recruitment Plan not only specifies the steps required at each stage of probability sampling, it also specifies the recruitment activities required to screen sampled households for eligibility, implement the final stage of sampling to ensure sufficient numbers of older adults, and encourage participation among those identified as eligible and selected for participation. The recruitment protocol and related training materials were prepared by the Recruitment Subcommittee. The project managers for the ancillary study will have the primary responsibility for overseeing recruitment activities locally.

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The recruitment plan consists of two basic steps:

Initial mailings (Appendices: XI, XII) to all HCHS/SOL participants in the eligible sampling window describing the study and inviting the person to be screened

- Telephone contacts to participants available from the sampling frame
- Advertisement of the study via flyers (Appendices: XV, XVI) posted in parent study clinic
- Handing out study fliers (Appendices: XV, XVI) at the conclusion of the baseline study visit, if permitted/required by a specific field center.

Additional mailings (Appendices: XIII, XIV), including informed consent forms sent out prior to the scheduling of the socio-cultural interview, may occur at some field centers if required by local IRB. Once contact is established participant recruitment is conducted, with the end result of scheduling the interview visit to the ancillary study center for eligible participants.

The number of contacts attempted at each step of recruiting and the outcome of those contacts is monitored locally by the field center through the use of the paper based recruitment contact log (Appendix X) and local automated tracking systems that use participant eligibility lists supplied by the coordinating center. This information is used to schedule recruitment activities and manage

workloads. The outcomes of the recruitment process are monitored by the coordinating center throughout recruitment using the Ancillary Study Form (ANE) (Appendix: IX) entered into the central HCHS/SOL study data management system (DMS). These data should be entered into the DMS employed for the HCHS/SOL as soon after the recruitment interview is completed for each participant as soon as possible. The ANE data results will be used to make mid-course corrections to the sample design at periodic intervals and form the basis for study progress reports prepared for the ancillary study investigators, HCHS/SOL Steering Committee (SC) and Observational Study Monitoring Board (OSMB). Prompt data entry of the Ancillary Study Recruitment Form (Appendix: IX) is essential to successful execution of the sampling and recruitment plans.

## **2.6 Recruitment Steps**

The sequence of steps involved in and recruiting participants are discussed below. Note that field centers may choose to skip the telephone recruitment step and go directly from initial mailing to in-person recruitment interviews.

**2.6.1 Initial Mailing.** An initial mailing is sent to each address on the list of sampled households approximately 3-5 days prior to the time that either telephone or in person contact is planned. This advance mailing includes a letter inviting the household to be contacted and describing the study and will also include an ancillary study brochure. The generic template for the invitation letter is provided in Appendices XI and XII. This template is adapted to the specifics of each field center and may contain a toll-free or local telephone number that potential participants can call to find out more about the study. Toll-free numbers are managed at the individual Field Centers. The front page of the study brochure that will be included in the advance mailing is provided in Appendices XV and XVI. This brochure was developed by the ancillary study investigators and is consistent with the key messages provided to the communities for HCHS/SOL. An important objective of the recruitment plan is that all participants on the recruitment list provided are contacted and the results of that contact recorded in the data management system.

### **2.6.2 Telephone Contact**

#### **a) Incoming Calls**

For the most efficient use of staff resources at the field center telephone contacts are made through both incoming and outgoing calls. Field centers that include a phone number in the invitation letter (Appendices: XI, XII) receive incoming calls from a selected participant seeking additional information about the study. Depending upon staff availability, incoming calls are converted to recruitment interviews (Appendices: VII, VIII) and should be recorded on the Recruitment Contact Log Tracking form (Appendix X). Staff should verify that the caller has received the letter of invitation and verifies their contact information. However, even if they have not received the letter, the recruitment call should continue with the recruiter describing the study to the participant. Incoming calls are taken in any order, and participants should be scheduled as soon as possible regardless of the “stratum” from which the participant derives.

#### **b) Outgoing Calls**

These contacts are usually attempted approximately 3-5 days after the initial mailing is sent. The first task is to determine if the telephone number provided on the list is still a valid working number for the HCHS/SOL participant. Calling during the daytime, when there is least likely to be someone at home, is used to determine whether a current working phone number has been provided.

Recruitment attempts are made at *varying* times of the day, night, and during the weekend, however, *evening and weekend* calls are usually most successful in finding someone at home. In particular, evenings, Saturday mornings, and Sunday evenings are believed to be the most productive times for recruitment calls. If the answering machine is reached or no one answers the call, then repeated attempts are made. It is recommended that sites leave a voice message when voice mail is reached. The following script should be used:

*Hi, my name is \_\_\_\_\_ . I am calling to talk to you about the Hispanic Community Health Study/Study of Latinos Sociocultural Study. I will call back at a later date, or if you prefer, please feel free to call me back at 1-800-XXX-XXXX. Thank you and have a nice day.*

*Hola, mi nombre es \_\_\_\_\_ . Estoy llamando para hablar con usted acerca del Estudio de la salud de la comunidad hispana/Estudio Sociocultural de SOL. Voy a llamarle más tarde, o si prefiere, me puede llamar al 1-800-XXX-XXXX. Gracias y tenga un buen día.*

Up to 10-12 attempts should be made before declaring the participant as unable to complete phone contact. Only 2 calls/participant/week should be made, and each call should be separated by 2-3 days. The participant is not considered a non-respondent at this point. Each call attempt, including the date, time of day, and outcome of the call, is recorded on the recruitment contact tracking log form (Appendix X). Potential participants will be closed out following 10-12 call attempts at different days/times, using the above-stated rules, and leaving messages when a voice mail or live person is reached. Up to 7 messages should be left with a live person or voice mail, when reached, but no more than 3 messages in the first week, and 2 messages in subsequent weeks should be left. We should not leave more than 7 messages for a given participant. The full number of recruitment calls and contact attempts can most likely be accomplished in approximately 4-6 weeks, but potential participants should be left open as long as needed to ensure 10-12 recruitment call attempts.

When possible, try to differentiate a refusal from hesitation or uncertainty about participating in the ancillary study. In such cases, it may be possible to convert the participant to a successful recruitment outcome through a careful explanation of the goals of the ancillary study and that there is compensation for the additional interview visit.

### **c) Telephone Recruitment Interview**

When the telephone is answered, ask to speak with the study participant. Once contact is made with the participant or an adult of the household, the telephone recruitment proceeds as follows.

#### **Step 1: Introduction**

- Introduce yourself, your connection to the HCHS/SOL Sociocultural Ancillary Study
- Refer to the letter of invitation (Appendices: XI, XII) that the participant should have received
- Check that you are speaking to the participant or an adult in the household

If you confirm during the phone call that the participant has a different phone number, then try to obtain updated contact information and stop the recruitment interview. Thank the person on the telephone for their time and explain that you are trying to contact participant. The outcome of the call should be recorded on the tracking log. Another recruitment call should be scheduled for the referral phone number.

**Step 2: Determine eligibility of the participant**

- Deliver the recruitment script message about the ancillary study and invite participation
- Answer any questions about time, travel cost, compensation, etc.
- Verify that the second 24hr diet recall interview has occurred using either information from the HCHS/SOL center, or if that information incomplete, ask the participant if you could help to arrange that short interview with the nutrition staff, so they can participate in the ancillary study
- Record the language of preference for the participant based on their response in the introductory script

Record the eligibility of the participant on the recruitment form (ANE) (Appendix IX) and if eligible, proceed with scheduling the interview at the field center.

**2.6.3 Completing the Ancillary Study Recruitment Form (ANE).** The Sociocultural Ancillary Study recruitment form (ANE) (Appendix IX) is completed at the time of recruitment HCHS/SOL study participants for the ancillary study. The form will document individual eligibility and enrollment into the ancillary study. It is important to complete a form for each participant who is screened for the ancillary study in order to estimate refusal rates. Unbiased estimates of refusal rates will enable the investigators to manage recruitment more efficiently and to be able to characterize enrollment.

Once part A of each form is complete, it should be keyed immediately into the HCHS/SOL Sociocultural Ancillary study data management system within 48-72 hours after collection. Note that weekly recruitment and scheduling reports that are being shared with the study investigators and project office based on data from these forms. Part B of the form is automatically filled by the HCHS/SOL DMS using information from the main study baseline files.

Question by Question Instructions

**PART A**

Q1 This question asks the respondent his/her language of preference. If the respondent does not feel comfortable communicating in either Spanish or English, the person is ineligible. Read the closing script and end call/visit with respondent. Continue to Q6 to complete individual participation status.

If a person responds, “It does not matter”, probe further to determine his/her language of preference. Mark either Spanish or English. Continue to Q2.

Q2 The question asks if the second dietary recall interview has been completed. This phone interview occurs within 2-6 weeks after the baseline examination visit. The 2<sup>nd</sup> dietary recall must be completed by protocol before the participant is eligible for ancillary study participation.



If it has not occurred, coordination will be required with the main study nutritionist. Continue to Q3 to complete recording individual participation status.

Q3 This question is for administrative purposes only. It is a status code for the individual level eligibility.

Refuses to participate – respondent is not interested in ancillary study participation

Unable to contact, eligibility not confirmed – NO contact has been made after the required number of attempts to contact this individual, and his/her individual eligibility status is unknown.

Ineligible – respondent may be ineligible due to one of the following criteria for participation:

- (1) second dietary recall interview cannot be completed
- (2) the ancillary study visit cannot be completed within eight months of the baseline examination
- (3) participant was enrolled in two other HCHS/SOL ancillary studies within the past year
- (4) after fully explaining the study, consent to participate was not granted

Agrees to participate – Respondent agrees to participate. Go to 4a to schedule interview.

Q4a Set appointment date and record with two digit month, two-digit day, and four-digit year.

Q4b Set appointment time and record with two-digit hour and two-digit minute. Record “AM/PM” in the spaces provided.

## **PART B**

Q5 – Q8 The demographic characteristics for the participants are automatically filled by the HCHS/SOL data management system. Leave blank; there is no need to enter this information for the ancillary study.

## **3 INTERVIEWS**

Interviewing is a collaboration between SOL Sociocultural Study staff and the study participants to collect study data, using standardized techniques common to each examination site, that are unchanged for the duration of the data collection period. Interviews are administered in English or Spanish – at the preference of the study participant – by trained and certified personnel who are bilingual. Participants need not be consistent in their use of Spanish or English between forms; for each form the language of administration will be recorded in the database for quality assurance purposes. Interviews conducted at each field center are administered using the HCHS/SOL Data Entry and Management System (DMS) which supports the interviewer with automatic skip pattern implementation auto-fill features, and provides quality assurance features such as on-entry editing. The most important factor influencing the study participant’s satisfaction and the quality of the interview data is the interviewer, his/her skills and adherence to the study protocol.

### **3.1 Characteristics of a Good Interview**

Interviews are friendly but businesslike. At the beginning of each encounter the interviewer makes introductions and verifies the participant's name. Participants are always thanked at the conclusion of interview sessions. Interview areas should be as quiet and private as possible.

Interviews are the structured, one-sided transfer of information, not a conversation. The pacing of questions is based on the comfort and comprehension of the participant with each interview; it may vary as the content, complexity or period of recall of the person or subject matter changes. During an interview, questions from the participant are answered with neutral, nonjudgmental responses and questions to the participant are limited to probes to clarify or resolve incomplete, ambiguous or inconsistent responses. Repeating a question is most appropriate when the participant does not appear to understand the intent or meaning of the question. Gently stressing the portion of the question which was not understood when the question is repeated (e.g., "has a doctor ever") is often more efficacious than rereading it in exactly the same manner.

### **3.2 Characteristics of a Good Interviewer**

Interviewers are responsible for being fully familiar with the questions, response categories, and skip patterns of each interview. At the beginning of an interview the study participants may wish to be reassured that of the confidentiality of each response/measurement. Interviewers use a conversational tone and establish a pace consistent with the interest and ability of the participant. A good interviewer projects the importance of the interview to the participant and attempts to gain his/her confidence, while remaining impartial and nonjudgmental. For example, a verbal response (or body language when the interview is being conducted in person) which indicates positive feedback is inappropriate. Participant confidence in the confidentiality of each response/measurement is established.

### **3.3 Communication Traps and Obstacles to Standardization**

Communication traps include: (1) anticipating or answering questions directed to the participant with the interviewer's own thoughts; (2) hearing what one expects to hear; or (3) being drawn into a conversation. The likely sensitivity of a question is often as much a perceptual problem of the interviewer as it is the participant. Questions thought to be "sensitive" should be asked in a neutral manner that does not differ from the normal professional flow of the interview.

The most frequent obstacles to the administration of a standardized interview are: (1) a perceived conflict by the interviewer between the need to standardize the question with the desire to obtain the truth; (2) a conflict between the interviewer's desire to achieve rapport with the participant and adherence to standardization; (3) inadequate training of the interviewer; and (4) inadequate training of the respondent.

### **3.4 Interviewer Bias**

The use of standardized interviewing techniques is employed to reduce one of the many potential sources of misclassification; i.e., interviewer bias, a *systematic* difference between responses obtained by different interviewers. Although introductory scripts may be modified to respond to different situations an interviewer may encounter, administration of each question exactly as written and use of standardized definitions or explanations are critically important to avoid bias.

### 3.5 Conducting the Interview

Interviewers must keep in mind that the interviewee is not familiar with the questions, their sequence and response categories. Many interviews require the interviewer to “train” the respondent, mostly using verbal instructions and at times using response cards handed to the study participant. Response options should be repeated until it is clear that the respondent understands them, and then subsequently offered again as needed. When the pattern of questions in a form changes to another repeated sequence of responses the interviewer should assist the study participant in making this transition by offering a new response card, and pointing out that the response format is changing.

The most important technique for conducting a rigorously standardized interview is to read the question in the exact words and in the exact sequence as printed in the questionnaire. With experience the interviewer can memorize specific questions. This helps in maintaining eye contact with the study participant, but the most important issue is to avoid changing the wording of the question(s), even if this means continuing to read them. The review of taped interviews assists in maintaining standardization in that it can alert interviewers who inadvertently change the wording of a question. Every question must be asked, even if the participant appears to have provided the information in the answer to another question. If based on a previous answer a question is asked out of the printed sequence, a skip pattern instruction is printed on the form (and presented on the DMS monitor screen).

Reading the transition statements exactly as they are worded is equally important in maintaining standardization. The transition statements are designed to inform the participant about the nature of a question or a series of questions, to define a term, establish a time frame or describe what is being asked in the question.

Response styles of an interviewer influence the willingness of the participant to respond to questions and the quality of the response. Inappropriate styles include those that are evaluative or judgmental, interpretive or pedantic. Interrupting responses for reasons other than to focus or channel the participant's answer should be avoided.

Appropriate styles of interviewing include providing neutral noises to reassure, pacify or reduce the intensity of the respondent's feelings. These include general clucking or an understanding murmur, as well as nondirective or understanding statements such as a repetition of what the respondent has just said (in contrast to paraphrasing). These are intended to reassure that participant or show interest without intruding on the flow of the response.

Probing is appropriate to seek further information, provoke further discussion along a certain line of thought or explanation, or to present a question to the respondent. In general, and unless specifically countermanded in the QxQ instructions of the interview (Appendix I), probing is appropriate when an answer is unclear, incomplete, inconsistent or no response is given. The best and most frequently employed probe is silence. In a silent probe, the interviewer pauses or hesitates and looks to the participant for an answer. What appears to be dead time to the interviewer may allow the participant to review a lifetime of events. Other types of probing include repetition of the original question, clarification when the participant provides ambiguous responses or more than one response (e.g., “It’s

between a 3 and a 4” in which case the interviewer would say “please select one”, “which response do you feel stronger about”, etc.).

The most effective, spoken probes are neutral, such as:

"If you had to choose only one response, which would you say?"

The cautions in using probes are similar to those for the other interviewing techniques: do not interrupt; do not give the impression you are not listening; do not paraphrase the respondent's words and do not suggest an answer.

### **3.6 Sensitive Content and Handling Participant Distress**

The survey forms (Appendices: V, VI) include measures that address topics that are sensitive, personal & can be difficult for some participants to answer. It is critical that interviewers adopt a neutral and non-judgmental attitude at all times, and especially during these sections of the battery. Some sections that might elicit discomfort or distress in some participants include those that address stress (e.g., traumatic life experiences, chronic stress, discrimination) or negative emotions. It is difficult to anticipate who may experience an adverse response. If they do occur, adverse responses can range from minor overt discomfort (e.g., some hesitation to respond) to severe distress (e.g., crying, wanting to stop the interview, extreme anxiety). More subtle responses may include disengagement from the interview (e.g., an apparent lack of interest; frequent “I don’t know” responses; seemingly random responses).

Interviewers should be sensitive and aware of the potential for distress as exhibited by verbal or non-verbal behavior. Appropriate responses might include the following:

Give the participant some space. Allow several moments of silence, hand him or her a tissue if necessary, let him/her experience the emotion.

Acknowledge distress. Let the participant know he/she can take a break, restart when ready, or even stop the interview.

Normalize the experience of distress, for example, saying:

- *“I understand this must be very difficult for you”*
- *“Take your time, I realize this is not easy to talk about”*
- *“Just let me know when you are ready to continue”*

### **3.7 Informed Consent**

Two copies of the informed consent form will be used during this process, one to keep on file and one for the person interviewed. Each interviewer will ask the subject if they would like the form to be read to them completely or if they would like to read it themselves. In the case of illiterate subjects or otherwise visually impaired, the consent form will be read completely to them, and the person should initial each page to have a record that each section was explained to them. At the end of the consent

process, the subject will sign the form in whatever way they can sign and recognize as their own, or mark with an X. Then the interviewers will write a note at the end of the consent form to indicate that the subject was illiterate or otherwise visually impaired and that the process was explained out loud.

### **3.8 Administration of the Interviews**

HCHS/SOL Sociocultural questionnaires are interviewer-administered, using a specialized data entry and management system (DMS). The data entry and management system used by HCHS/SOL is designed to enhance data accuracy and security, while minimizing the burden for the participant and staff. The system displays screens that resemble the paper forms. The interviewer reads the items from the screen and keys the response into the computer. As data are entered, they are edited by the system. Values failing the edit checks cause an error message to be displayed prompting the interviewer to confirm the value, correct it, or flag it as in need of further investigation. Additional information about the use of the DMS can be found in Section 6.

## **4 REPORTING AND REFERRAL PROCEDURES**

### **4.1 Participant Safety**

The safety of the HCHS/SOL participants is protected by specific measures taken in the design or conduct of the examination for their safety; by the mechanisms established for handling potential emergencies; the routine notification of participants and their physicians regarding the results of the examination, and procedures used by study personnel to review all potentially medically important results and make the appropriate referrals.

Study staff should familiarize themselves with HCHS/SOL procedures as specified in SOL Manual Field Center Procedures, sections 27 and 28. Emergency alerts and referrals that are relevant to SOL Socio-Cultural Ancillary Study are related to (i) **stopping rules for interviews**, (ii) **mental health emergencies**, and (iii) **referral to community services**.

A list of contact information for the SOL Field Center study physician/nurse and project manager should be available for communicating any alert and seeking action. These contact locators are displayed throughout the SOL clinic.

### **4.2 Stopping Rules for Interviews**

#### **Fatigue/Discomfort**

Interviewers should carefully monitor participants for signs of fatigue or physical and/or emotional discomfort. When any one of these conditions is observed, participants should be offered the opportunity to discontinue the interview or rest before resuming (preferably).

If in the course of the field center visit a participant seems to exhibit anxiety when interviewed or shows a pattern of repetition or empty responses during interviews and/or seeks assistance from others during interviews, the staff person should ask participants how they are doing, whether they would like to take a short break before continuing, or whether they prefer to discontinue the interview. Any requests to discontinue the interview should be documented in the participant's file.

### 4.3 Mental Health Emergency Procedures

In the course of the SOL Sociocultural Study activities there are a number of circumstances that require training and judgment on the part of staff, consultation regarding clinical decision making, and filing of incident reports (Appendix XXVIII). They include medical emergencies, participants who may be suicidal, participants who may be homicidal, participants who appear intoxicated, indications that it may be necessary to file a child abuse report, and circumstances when it may be necessary to file an elder or dependent adult abuse report.

While several of these situations will not be directly assessed in the study, procedures are in place at field center for the eventuality that any of these issues arise during the course of the study. Each of these instances must be handled with caution and sensitivity in a way that ensures that the appropriate clinical decisions are made. Information regarding each of these separate circumstances is presented below.

HCHS/SOL field centers have personnel trained to respond to physical and medical emergencies, and certified according to their institutional policies. As mentioned above, contact and locator information for medical emergencies and physical threats are displayed throughout the field center. In all emergencies and crises study personnel contact the supervisor, consultant or security personnel according to the circumstances. If the situation is associated with potential harm to a study participant, action is taken and resolved prior to the participant's departure from the premises. An incident report (Appendix XXVIII) is filed and documented within 24 hours of an incident in order to provide a record of the actions taken by the staff and supervisors. The study principal investigator is informed of the incident and of any action taken by the study personnel.

#### a. Suicidal Ideation

In instances in which the participant can be assessed to be in moderate or extreme danger of attempting suicide, the medical or study personnel identified at each site as responder for emergencies should be notified to obtain guidance prior to the participant's departure from the building.

Any spontaneous comments or circumstances indicative of suicidal ideation made by the participant (i.e., "life not worth living," "be better off dead," etc.) at any point during the study should be explored with the participant. If suicidal ideation (thoughts of suicide or wanting to take one's life) is present, it is the responsibility of the staff to determine the imminence/ dangerousness of risk. Assessments of imminence/dangerousness can be completed in a number of ways, depending on the degree to which the participant appears to be forthcoming about her or his suicidality.

First, the participant should be asked directly, "Are you feeling suicidal right now?" This should be followed by another direct question: "Have you felt suicidal in the past?" and then, "When was the last time you felt suicidal?"

The following items may also be used as a general framework in which to formulate questions about suicide for the participant you believe to be potentially at risk.

1. What is her current motivation for suicide? Current level of depression?
2. Does he/she have any prior suicide attempts?

3. What has stopped her from committing suicide up to this point?
4. What is his current affect? (is it blunt or flat?) Current mood?
5. Does she have a plan? Is it well-formulated? Is it lethal? Does it allow for rescue?
6. What environmental support does he have? What's his support network like? What are his perceptions of support from others?
7. What has he done? What arrangements have been made? Has he already begun to follow some type of plan?

If the suicidal threat is judged to be **immediate** (the participant cannot categorically state that he/she will not hurt him/herself), the staff must maintain contact with the participant, ask them for their physician contact information and permission to call immediately. If they do not have a private physician, contact the field center supervising medical director and follow specific procedures for the study site.

Each field center should have on hand a list of crisis mental health facilities and emergency departments in the immediate vicinity of the field center (Appendices: XXIV-XXVII). If the emergency department is not within walking distance, the police department should be contact for transport. A crisis mental health unit or equivalent emergency facility located in proximity to the field center is available at each field center. If this information is conveyed by phone or the participant is unwilling to accept a voluntary evaluation and requires commitment (Baker Act), the police department may be contacted for transport (call 911 or (Security / Police)).

A suicidal threat is judged to be **significant** but not immediate, if it is of concern and questionable risk. In this situation, the staff person must maintain contact with the participant and contact the field center medical supervisor to discuss an assessment and disposition. Recommendations for further action will be made by this individual. In most cases, the participant will be provided with a comprehensive list of community referrals (Appendices: XXIV-XXVII). The following script may be used:

“Mr./Ms. \_\_\_\_\_, I’m concerned to hear that you have been feeling this way. A lot of individuals who have had similar symptoms have found several things helpful – first to talk to their doctor about possible medication to help with your symptoms, and secondly to talk to a mental health service provider to treat these symptoms.

Have you thought about seeking help for this? You should talk to your doctor or contact any of these mental health service providers in your community (hand them community referral list).”

Once the participant leaves, write a clear report of what has occurred immediately, co-signed by the field center medical supervisor. The report should document:

- 1) What the participant initially said to warrant further assessment,
- 2) How the participant was assessed,
- 3) The conclusions that were drawn,
- 4) Who was consulted, and
- 5) What was done to protect the participant's well-being.

## **b. Participant Appears Intoxicated**

Participants who arrive at the field center potentially intoxicated are asked not to participate in the research procedures at that time. The clinic manager is notified of any suspicion of intoxication. The interviewer or clinician will explain to the participant why he or she will be prohibited from completing the interviews and asked to reschedule. Judging the likelihood of intoxication is subjective, but the following signs should be considered plausible signs (e.g. that s/he appears to be intoxicated, smells like alcohol, is staggering). To protect staff and other participants the intoxicated participant, should be dismissed from the facility and secure transportation arranged to get the participant home. Staff should call a taxi to transport participants home. Intoxication must be documented as an incident report (Appendix XXVIII).

### **c. Participant Threatens to Harm Another Person**

Although clinical determinations about the lethality of a person's homicidal ideations are quite inaccurate the following basic rules to follow are suggested:

- If the participant has a plan and a means for carrying out the threat, lethality is considered to be high.
- If the intended victim is in immediate danger, it maybe necessary to contact the intended victim and warn him or her of the threat. It is also necessary to contact police and attempt to have the participant placed on a 72-hour hold. Contact the PI and field center medical supervisor to help you make this determination.
- If the participant indicates that s/he has not formulated a plan, it may only be necessary to establish a contract with the participant to prevent the attack. This decision must be made in consultation with the PI and medical supervisor.

Very rarely will a participant openly state an intent to harm and elaborate on the plan without direct questioning. Instead, s/he might say, "I get so mad I could kill." Rather than assume that the participant was speaking figuratively, it is important to investigate further without making the participant defensive.

For instance, the interviewer might say, "When you feel like killing, who do you want to kill?" Even in the face of denial, interviewers may proceed with this line of questioning by asking, "Have you ever imagined what you might do if you were going to kill someone (or the person's name if known)?" Another question is, "You say that you'd never do it. What keeps you from killing [person's name]?" Then, using the person's response, "How far are you now from losing control and killing [person's name]?"

If the person has a weapon (such as a gun) s/he is planning to use specifically, it may be appropriate to request that the participant arrange for safe keeping of the weapon. Calm, explicit questioning is usually the best way to approach such an assessment, but the interviewer should be continuously gauging the extent to which they might be antagonizing the person and putting him or herself in danger. Be cautious enough to recognize when enough information has been gathered, or when a consultation break is required. It may be necessary to request that a supervisor join the session in order to add comfort and security. Consultation or follow-up with the study Principal Investigator is always required when a lethality assessment has been necessary with a potentially homicidal participant.

When interacting with a homicidal person it is necessary to identify the victim. It may be appropriate to inform the participant that a warning may be required. The interviewer may inform the participant that



s/he will act to prevent harm to the intended victim, but it is not necessary to specifically describe the different courses of action available. Finally, if the interviewer considers the homicidal lethality to be high, the interviewer should always follow the emergency procedure. As stated above, the emergency procedure entails contacting the designated clinical psychologist – and upon recommendation contacting the police and attempt to have the client placed in a 72-hour hold. A detailed documentation of the incident and actions taken by the interviewer should be completed.

#### **d. Procedure for Reporting Child Maltreatment**

Law mandates the report of *any suspicion* of child maltreatment, including abuse and neglect. Failure to report is a felony. Mandated reporters are protected under the law from civil suit, should the report prove to be false. This protects those who are carrying out the law from being sued for false reports.

If study personnel discover information that leads to a concern about child maltreatment (refer to definitions below), several steps are important.

First, consult the Field Center Manager. You will most likely need to ask follow up questions. Second, if you and your supervisor feel the information warrants a report: the law, [Florida Statute Chapter 39], states, “Each report of known or suspected child abuse, abandonment, or neglect pursuant to this section shall be made immediately to the department’s central abuse hotline on the single statewide toll-free telephone number as indicated by specific procedures for your site.”

Third, it is in the best interest of the child and the family if the family does the reporting. If appropriate, the supervisor can determine how to talk with the family about the need for reporting, and the family can be offered the following options.

- The best is for the family to call. Staff is responsible for making sure that they do so, however. Therefore, staff may offer to be in the room with them.
- Most families find it very difficult to self-report. Therefore, another very good option is for staff to call the hotline with the family in the room.
- Staff can also let the family know that if they don’t want to call in that way, staff will be making the call and ask them if there are things they want to make sure you inform DCF about (especially efforts they are making to ameliorate the maltreatment).

Other important issues when calling in an abuse report:

1. Call in the morning when possible – each site has a specific timeline for investigations; a call in the morning makes it more likely that the case is addressed at a time when staff can be reached. However, for our purposes, reporting should be accomplished as soon as possible following discovery of a reporting issue or as soon as reporting service or agency is operational at each site if the assessment occurred after hours or on a weekend.
2. The field center project coordinator should be the “first point of contact” or “a point of contact.” If you are the first point of contact, the agency will contact you first, before contacting the family or child. This may be important if you are worried about retribution to the child or other issues. Asking to be a point of contact allows you to give the information you would like to the reporting agency. This is an important step to remember.

Statutory definitions of child abuse are kept in at a field center, conveniently retrievable by the supervisors and staff.

#### **4.4 Procedures for Referrals to Mental Health or Social Services**

SOL Socio-Cultural study does not diagnose or treat any medical condition. Since the scales used in the study are not of clinical value, participants are not notified of their results. In some circumstance participants may identified identify themselves as in need for mental health, preventive medicine or social services. Field Center staff should have available a list of community services (Appendices: XXIV-XXVII) that participants could use.

### **5 QUALITY ASSURANCE AND QUALITY CONTROL**

Collecting data of high quality is critical to the success of the SOL-Sociocultural Ancillary Study. For this reason, quality assurance and quality control activities are a high priority. Quality assurance activities are those undertaken before the data are collected and include developing and documenting a standard way of performing each study procedure and training technicians to perform procedures in a consistent way. Quality control involves monitoring data collection quality at specified time points during and after data collection, reporting the results of data review to appropriate study personnel, and implementing strategies to remedy deficiencies in measurement quality.

#### **5.1 Quality Assurance**

Quality assurance pertains to all activities to assure the quality of data prior to collection of data. In sum, Quality Assurance includes the following:

1. Develop a detailed, well-documented, standard protocol in the Manual of Operations that clearly describes all data collection procedures.
2. Train study personnel to perform recruitment, interview and data uploads in standardized a way according to the most up-to-date study protocol
3. Develop certification requirements that must be met by all staff members prior to performing study procedures

**5.1.1 Manual of Operations.** The most up-to-date manual of operations (MOP) is maintained on the secure HCHS/SOL Study website:

[http://www.csc.unc.edu/hchs/utilities/docfilter.php?study=hchs&filter\\_type=](http://www.csc.unc.edu/hchs/utilities/docfilter.php?study=hchs&filter_type=) on the password protected page dedicated to the ancillary study, so that all study staff and investigators are able to access the document. The version document is denoted with the date the document was last updated. The study protocol will be finalized or “locked” prior to the start of data collection. Any subsequent changes will be documented in a separate document that should be located in proximity to the MOP so that investigators and staff can easily identify any changes since the last examination.

**5.1.2 Training.** Training in all study procedures and certification to reflect those competencies is an essential aspect of effective quality assurance and quality control in clinical research. In order to maintain proper collection of data despite potential for personnel changes over the study period, the CC is responsible for establishing and providing the requisite minimum criteria, and each field center is

responsible for overseeing training and certification of all personnel to ensure continued adherence to standards. Each field center Principal Investigator is ultimately responsible for making sure that these standards are met. However, field center Study Coordinators are entrusted with the responsibility of training project staff, maintaining all documentation regarding training and certification (Appendices: XVII, XX, XXI, XXIII) and interacting with the investigators and CC regarding training and certification.

### Oversight

Study coordinators are responsible for providing continuity from participant recruitment through study exit. To achieve that goal, coordinators should be routinely involved in all aspects of the study with regard to participant and staff involvement as well as data collection. This includes recruitment and scheduling of participant visits as well as the performance (or supervision) of participant interviews and recruitment calls. Coordinators also serve as the liaison between their clinical site, the other clinical sites and the CC. In the event that physician follow-up is required or emergency procedures are enacted, the study coordinator is responsible for communicating with physicians and participants.

### Training in the Ethical Conduct of Research

To ensure that all study personnel protect the confidentiality and safety of HCHS/SOL study participants, all personnel must demonstrate successful completion of a training course in the ethical conduct of research on human subjects. Requirements of each course may vary across institutions. It is the responsibility of the Principal Investigator and Study Coordinator at each field center to ensure that all staff are properly trained and certified. Each field center must keep Human Subjects' certificates on file for all study personnel.

### Recruiter Training

In December 2009, study investigators and coordinators attended a training Webinar on Recruitment for HCHS/SOL (available on the SOL Sociocultural website link). During that training, the overall recruiting scheme, goals and progress were detailed along with the sampling strategy for the present ancillary study. Details of the recruitment strategy and procedures are described in Chapter 2, but in brief, each field center is charged with recruiting 1,320 participants over approximately 18 months. If recruitment begins in February 2010, approximately 80 participants (i.e., 20 per week) will need to be interviewed per month at each field center. With such an aggressive goal, recruiters play a critical role ensuring that the study succeeds by displaying their enthusiasm, knowledge and customer-service skills when explaining the study to HCHS/SOL participants.

In order to exhibit their knowledge of the study in hopes of encouraging participation, recruiters must be versed in all aspects of the study including the rationale for conducting the study, study protocol and the composition of the questionnaires. Consequently, recruiter training will include the following components:

1. Recruiters review of the protocol and MOP.
2. Recruiters review the study questionnaires (Appendices: V, VI) and interviews. For field centers whose interviewers are already in place, the ideal way to complete this training is for the recruiters in training to serve as the "subjects" in practice interviews for the interviewers in training. These practice sessions will give reviewers a clear picture of what the study entails.
3. Following the above two steps, the Study coordinator should orally quiz the recruiters in training with questions about the protocol including the main goals of the study, how long the

study is expected to take, where the interviews will take place, whether anything the participant discusses will be shared with outside parties, and how much participants will be reimbursed.

4. Recruiters practice with the data scheduling system and log.
5. The Study Coordinator conducts mock recruitment calls with each recruiter.
6. The Study Coordinator rates the recruiter's performance using standard criteria from a Checklist (Appendix XXI) and gives the recruiter immediate feedback.

The Study Coordinator must ensure that all components of recruiter training are fulfilled, and will indicate this by completing the Recruiter Training Checklist shown in Appendix XX.

### Interviewer Training

Chapter 3 details the characteristics of a good interview and a good interviewer. While there is some variation in the personal style of each interviewer, standardization of interview techniques is essential to ensure high quality data. Interview competency is determined using the following criteria:

1. Knowledge of the substantive content of the interview;
2. Use of an even pace and conversational tone;
3. Demonstration of a professional and nonjudgmental demeanor;
4. Use of appropriate probing techniques;
5. Ability to accurately record the participants' responses.

To ensure standardization of interview techniques, all interviewers undergo common training across field centers in interviewer techniques specific to the SOL Sociocultural Study. An interviewer training web conference was held in January 2010 and all field center study coordinators and health interviewers were required to attend. Interview staff were trained using a Powerpoint presentation available on the internal HCHS/SOL website [http://www.csc.unc.edu/hchs/utilities/docfilter.php?study=hchs&filter\\_type=draftform](http://www.csc.unc.edu/hchs/utilities/docfilter.php?study=hchs&filter_type=draftform). In brief, the interviewer training presents an overview of the goals of the current study, an overview of the measures, reviews general guidelines for survey administration, addresses respondent refusals and missing data, details strategies for sensitive items and dealing with participant distress and summarizes some important Hispanic cultural values.

The Study Coordinator from each field center participated in the training conference. Field center coordinators are responsible for training all interview staff that joined the study after the initial training. Training should follow these steps:

1. Study Coordinators will provide training materials to the interviewer-in-training (IIT) including a copy of the MOP, all questionnaires (Appendices: V, VI), and the question by question interview guide (Appendix I).
2. IITs should complete the Self-Guided Practice Interviewer Certification test (available on the study website). The Study Coordinator should score the exam and review responses with the IIT. If the IIT achieves a satisfactory passing score of at least 80%, he/she is ready to complete a mock interview with the study coordinator. If the IIT does not achieve a score of 80%, the coordinator should work with them to address deficits and should consider re-administering the test.

3. The IIT should carry out a “mock” interview with the Study Coordinator. The study coordinator should challenge the IIT by asking for explanations on potentially confusing elements, answering questions in an ambiguous manner and serving as a sometimes “difficult” subject. The IIT and coordinator do not need to complete every survey with the set of questionnaires but should cover at least 50% of it and alternate between Spanish and English language. The purpose of the mock interview is to teach the IIT strategies to handle potentially difficult scenarios in a training environment. When the coordinator feels that the IIT is sufficiently comfortable with the questionnaires, the IIT can complete the steps for certification.

### Data Management System Training

Each staff member will need to become proficient in the use of the data management system (DMS) software used in the study to administer the interview online, facilitate screening, and to produce both recruitment and completeness reports. The coordinating center will conduct a web based training session use of the DMS and provide a user guide for the system. Once staff have attended the online training session and entered forms using practice IDs the coordinating center will support the local study coordinator when additional staff requires DMS training. The DMS related training and resource materials can be found on the ancillary study web page:

[http://www.csc.unc.edu/hchs/utilities/docfilter.php?study=hchs&filter\\_type=draftform](http://www.csc.unc.edu/hchs/utilities/docfilter.php?study=hchs&filter_type=draftform)

**5.1.3 Certification.** Study coordinators will submit a Certification Request Form (Appendix XXIII) to the CC to document that a staff member has completed the necessary requirement for certification. The Certification Request Form (Appendix XXIII) documents how, when and which interviewers were certified. The CC will assign a code number upon receipt of this form. The CC will continually update records of all certifications at each study site and staff code numbers will be compared against the data collection forms to ensure that only certified staff performs data collection. Additional training and supervision will be carried out as individually needed at the field centers. Continued supervision will be the responsibility of the Study Coordinator. If at any time a center is found to be lacking in certification requirements or the quality of data collection is found to be less than optimal by the QC committee, the center will be notified. If the center does not institute corrective action in the time allotted, further follow-up will take place by staff charged with study administration in an attempt to resolve the issues.

### Recruiter Certification

To become certified as a recruiter, the steps detailed above in 5.1.2. should be determined as complete by the Study Coordinator. The recruiter should complete a brief oral quiz about the study goals, participation length, and reimbursement. The Study Coordinator should complete the recruiter training checklist (Appendix XX) to ensure that all components have been fulfilled. Once all training components are fulfilled, the study coordinator will complete a Certification Request Form (Appendix XXIII) for recruiters and submit it to the CC. The CC will then administer a recruiter ID which should be entered into the scheduling and screening system whenever participants are contacted.

### Interview Certification

To become a certified interviewer, interviewers must conduct at least one English and one Spanish interview with two different volunteers. Both interviews should be audiotaped. The audiotapes will be reviewed by the Study Coordinator who will complete the Interviewer Checklist (Appendix XVII). The coordinator will review the checklist with the interviewer and if performance is satisfactory and reflects

the 5 principles outlined above, the Study Coordinator will submit the Certification Request Form (Appendix XXIII) to the CC. The CC will provide an Interviewer ID number that is to be used on each interview form and in the DMS.

Certification for interviewing technique includes the following:

- Reviewing the presentation on Interviewing Techniques provided by the CC
- Successfully complete the short written exam on material for initial certification (sent to the CC for evaluation)
- Checklist (Appendix XVII) review of taped pilot interview

## 5.2 Quality Control

Establishing quality control for interviews is critical in ascertaining whether interviews are conducted according to protocol. If all interviews are not conducted according to protocol, then the information that one interviewer obtains from a participant may be different from the information that another interviewer might have obtained from the same participant.

Quality control procedures involve:

1. Monitoring data collection by audiotaping and observation
2. Quantitative assessment of the completeness of data collection.
3. External review of interviews
4. Addressing irregularities

### 5.2.1 Monitoring Data Collection

#### Recruitment

Once certified, the recruiter will be observed by the study coordinator monthly on at least two recruitment calls while the calls are in progress. Recruiters will not know in advance which day and during which interval they will be observed. The study coordinator will rate the recruiter's performance using standard criteria from a Checklist (Appendix XXI) and give the recruiter immediate feedback. These calls should be documented on the recruitment monitoring log (Appendix XXII), which will be kept on file at each field center and submitted to the CC on a monthly basis.

#### Interview

Due to the sensitive nature of some psychosocial and socio-cultural questionnaires, no more than one interviewer will carry out interviews at a given time. Unlike the parent main study where direct observation of interviews is one aspect of quality control, SOL-Sociocultural will rely on audio-recording of interviews for quality assurance and control. Every interview will be audio recorded and the digital audio files tracked on an inventory list. By recording every interview, any interview can be selected randomly for quality control review and interviewers will not know in advance which interviews will be assessed. In addition, interviews deemed to be problematic by interviewers can be reviewed with Study Coordinators at any point. Thus, interviewers are less likely to conduct the interview differently because they know it is being monitored. Prior to taping, participants have read and signed the consent form authorizing taping of the interview for quality control purposes.

Prior to starting an interview, staff can use a reminder such as:

*“For quality control, all interviews are recorded for review by a supervisor if you agree. All information on the recording will be kept confidential.”*

Each digital file of recordings will contain all interviews for one interviewer for one day. Each will be labeled by interviewer code and date. One audio recorded interview conducted by each interviewer will be randomly selected and reviewed by the study coordinator each month, checking for adherence to the protocol, using the observation checklist (Appendix XVII). These reviews should be summarized on the Checklist for Review of Audio Recorded Interviews (Appendix XVIII), and documented on the interview monitoring log (Appendix XXIX).

**5.2.2 Quantitative Assessment of the Completeness of Study Data.** The DMS will provide each field center with the ability to generate a variety of reports. These include participants contacted and interviewed, indicators of data quality, completion status of participant, and missing form tracking reports, among others. Such reports make it easy for study coordinators to monitor their center’s performance and the timely identification and resolution of problems in data collection. The field center data quality reports are complementary to the monthly investigators reports produced centrally by the coordinating center. The DMS reports can be run in real time by field center staff and access up-to-date data stored in the consolidated data base. The Steering Committee reports will be produced monthly (or a schedule defined by the Steering Committee) and thus reflect the status of the study at the time of the most recent retrieval. Their purpose is to provide the Steering Committee and center investigators with performance information at all sites such as, reviewing all data monthly for completeness and to monitor that skip patterns are properly completed.

**5.2.3 External Review of Audiotapes.** Bi-monthly, the Study Coordinator will select at random two audiotapes per interviewer every two months from a list generated by the Coordinating Center. Those interviews will be uploaded to through the DMS and sent by the CC to another field center to be reviewed using the observation checklist (Appendix XVII). These reviews will be documented on the Bimonthly Checklist for interviews (Appendix XIX). Notes about any inconsistencies in implementing the interview protocol will be documented and sent to the CC. The CC will distribute a summary of the comments, protocol violations and discrepancies in interview methods and the summary will be discussed on a call with investigators, CC personnel and field center study coordinators. Local retraining of interviewers will take place when needed. Interviewers are re-certified after a round robin review of their taped interviews or after the CC receives notification from the field center study coordinator that appropriate retraining has been implemented.

**5.2.4 Addressing Irregularities.** Immediate feedback is given on issues related to protocol adherence and recommendations for improvements are given to the field center Principal Investigator for action. When remedial action is required, reporting must be prompt so that a return to an acceptable level of performance is not unnecessarily delayed.

With conscientious and trained staff, quality control reports provide an opportunity to praise a job well done. On the other hand, a poor performance is the basis for some remedial action. Depending on past performance and the amount of error, the appropriate action may be a simple discussion to encourage better performance. Re-training may also be appropriate at times.

## **6 DATA MANAGEMENT**

The data management for the SOL Sociocultural Ancillary study data collection and processing procedures at the field centers and at the coordinating center are described in this chapter. Topics include identification of participants, data collection forms and procedures, instructions for completion of paper and electronic forms (including corrections), data transfer and naming conventions, revisions to manuals and forms, and general guidelines to ensure data security, accuracy, and accessibility at field centers.

## 6.1 Web-Based Data Management

The HCHS/SOL Data Management System (DMS) is a set of programs which the field centers use to manage data collected in the HCHS/SOL Sociocultural Ancillary study. The DMS runs over the Internet using the Internet Explorer web browser to access and run the software. The system will operate from any computer with a high speed (broadband) internet connection and Microsoft Internet Explorer Versions 6-8. By design the DMS supports data entry either interactively “on screen” during data collection or from paper forms. Direct entry into the DMS is the preferred mode of data collection for the questionnaire battery (Appendices: V, VI). Work station configuration at the field centers should be arranged accordingly to accommodate the interviews. In all circumstances when information is collected on paper, transcription into the DMS should occur before the participant leaves the field center, to allow for clarification and collection of missing items. Where this is not feasible (i.e., in the case of a home visit), data input should be performed as soon as possible so that any problems can be clarified with the participant immediately via telephone.

The separate HCHS/SOL DMS User’s Guide provides specific instructions on using the DMS. Usernames and passwords for the system are provided by the Coordinating Center (CC) in a secure and confidential manner to each site's project and data managers.

In summary, the DMS provides several major functions that are fundamental for management:

**Data Entry:** Allows data collection forms to be keyed, edited and updated, either through the HCHS/SOL internet DMS, or locally on a HCHS / SOL computer system.

**Uploading:** Allows data collection forms entered in ‘local mode’ to be uploaded into the HCHS/SOL ancillary study web database. (Data entered in ‘remote mode’ are stored in the consolidated database immediately, and therefore do not require uploading).

**Reports:** Provides customized reporting based on study needs. The HCHS/SOL Sociocultural DMS will generate participant lists and form inventories, to help the field centers with data management-related tasks. Requests for reports or lists not provided by the DMS can be made by the field centers to the CC. Participant recruitment, scheduling, and other management of participant flow is the responsibility of the field center. Recruitment reports will be generated directly from the DMS using locally entered ancillary study screening forms (Appendix IX) and provide an age/gender/background breakdown for enrolled participants.

## 6.2 HCHS/SOL Participant ID Numbers

ID numbers for participants enrolled in the HCHS/SOL study are created and assigned to each field center by the Coordinating Center as part of the recruitment process for the main study. Participant IDs



will not need to be created for the ancillary study since the valid main study IDs will be used. HCHS/SOL participant ID's are 8 characters long with the following format:

- Character 1: Site Identifier (B, C, M, S for Bronx, Chicago, Miami, San Diego, respectively.)
- Characters 2-8: Participant ID number (pre-assigned from HCHS/SOL main study)

Because the last digit of the ID is a check digit which depends upon the preceding digits, invalid IDs are caught during data entry.

### 6.3 Identification Information on Data Collection Forms

The information that identifies each form as a unique record in the HCHS/SOL DMS is the key field information contained in the “header” box at the top of the first page on all forms (see example below). The following guidelines should be observed in filling out the "header" information located at the top of the first page on all forms.

#### HCHS/SOL Ancillary Study Screening Form

ID NUMBER:									Contact Occasion	01	SEQ#			FORM CODE: ANE VERSION: A 05/07/07
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**6.3.1 HCHS/SOL Participant ID.** See Section 1.2 for description of HCHS/SOL participant ID numbers. When paper forms are used, preprinted, bar-coded participant ID labels should be used in the header of the form whenever possible. ID labels can be generated using the main study DMS “Report” interface. If the 8-digit ID number is handwritten, care must be taken to make sure the number is accurate and legible for data entry.

**6.3.2 Form Code and Version.** The form code is unique for each data collection form in the HCHS / SOL study. Form codes and versions are preprinted on all forms. If form content changes during the study, those changes will result the version being updated from the initial version, “A”, to the next letter in the alphabetic sequence (B, C, D, etc.).

It is the responsibility of the site to make certain it is using the appropriate version of each form at all times. Note that the DMS will load the current version of a form automatically, to the following website location: <https://www.csc.unc.edu/>. For details of the documentation procedures that are designed to facilitate communication to sites about form changes, see Section 6.9.1 below. The following table lists the questionnaire battery and language specific form codes that are used to differentiate between the paper forms and corresponding data entry screens in the DMS. The virtual form code used the entire set of questionnaires as a group in English is “AE1” and for the Spanish versions, “AS1”.

Sociocultural Study Questionnaires	English Form Code	Spanish Form Code
Ancillary Study Screening	ANE	n/a
English / Spanish forms battery	AE1	AS1
Socioeconomic	SEE	SES

Immigration and Ethnicity	IME	IMS
Familism and Fatalism	FME	FMS
Gender Roles	GNE	GNS
Personal Relations	PRE	PRS
Interpersonal Resources	SOE	SOS
Intrapersonal Resources	IPE	IPS
Religion	RLE	RLS
Emotions	EME	EMS
Life, Chronic and Perceived Stress	STE	STS
Discrimination & Neighborhood Stress	DCE	DCS
Acculturation stress	ACE	ACS
Cancer	CNE	CNS

**6.3.3 Contact Occasion.** The Contact number will be used to differentiate a participant ‘contact occasion’ or visit over time. The contact occasion is pre-printed on forms. At present, all interview forms and procedures are collected at contact occasion “01” since the HCHS / SOL Sociocultural Ancillary Study includes only a single data collection point.

**6.3.4 Sequence Number.** The sequence number (Seq #) enumerates and distinguishes multiple forms collected during a specific (i.e. the same) visit number. For all forms at the regularly scheduled contact the sequence number is simply, “01”. Where appropriate, the sequence number has been pre-coded on the form.

## 6.4 Administrative Information

**6.4.1 Code Number IDs.** Certified site staff will be assigned a 3-digit code number by the Coordinating Center. The staff member must use this number on data collection screens that ask for a staff code number ID.

**6.4.2 Date.** The date to be recorded onto a data collection form header is the date of the participant contact or specimen collection (i.e. clinic visit examination date), or the date the form is completed. The date must conform to the month / day / year format as specified and be within the bounds of the time line. Pre-dating and post-dating of forms should not be done.

## 6.5 Data Collection

**6.5.1 Background.** HCHS / SOL uses a combination of data collection methods: direct data entry, recording on paper forms followed by data entry, and forms collected on paper only (with no data entry). The purpose of this section is to provide instructions for completing forms. Prior to working with the forms, both this section and the specific question-by-question set of instructions for each form (QxQ) (Appendix I) should be read carefully. (The QxQ instructions will follow the paper form in the MOP.)

**6.5.2 Form Structure.** The HCHS / SOL Sociocultural Study DMS Data Entry screens are designed to parallel the paper forms on which the data are collected. The general layout of the paper forms is as follows:

First Page of Form:

Form Title

"Header" Information

Participant's ID Number

Form Code and Version

Contact Occasion

Sequence Number

Data collection questions

In the DMS, the header information is entered into the ID screen and subsequently displayed in the header frame during entry of data items.

**6.5.3 Recording Responses to Questions.** Many of the questions in the HCHS/SOL Sociocultural Study forms have a set of pre-coded responses, with instructions to “enter the appropriate response” (code) or “check all that apply” (checkbox). However, a few questions require a written response. Some questions request a textual response. Others request elaboration of an “other” or “specify” response from a previous question. Space is provided on the form for those unstructured written responses.

If a participant’s answer does not logically fit into one of the pre-coded answers, the interviewer must specify the response by recording it on the form beside the pre-coded answers. Data entry personnel are trained to enter the additional data into note logs.

The data collection practices below must be followed at all times to assure that the recorded response accurately reflects the participant’s answers and that questionnaire data can be converted to a computer-readable format.

Guidelines for the interviewer include:

Listen to what the participant says and record the appropriate answer if the response satisfies the objective of the question. In recording answers to open-ended questions or “other” categories, record the response in the participant’s exact words. On paper, record in the white space (below the questions) any responses “that don’t quite fit” in one of the response categories. The interviewer’s notes will help the data analyst to understand points of confusion, difficulty, etc. Notes on paper forms can be entered as “note logs” in the DMS.

On *paper*, print or write legibly.

- If a participant refuses to answer a question, and “refused” is not a value in the response set, write “refused” in the left-hand margin beside the question and enter **equal signs** (“=”) in the response field to signify a double strikethrough.
- A single answer code must be circled / entered for each question to represent the participant’s answer.
- A “select all that apply” answer pattern is indicated with a checkbox, or with instructions to “circle all responses that apply”.

Some of the questions in the study ask about recall of events over time. The interviewer may assist the participant without violating probing rules by working with him/her on converting dates to duration (e.g. “for how long did you...”) or pinpointing dates or events. Another way to help with the collection of more accurate information is to ask the participant to think about the time of year or season when an event occurred.

#### **6.5.4 General Instructions for Completing and Correcting Items on the Forms.**

General guidelines for the interviewer regarding forms:

Review each form and its instructions prior to use. If you are collecting data on a paper form prior to data entry, verify that you are using the appropriate form by checking its 3 letter form code, version, and date, all located in the lower left-hand corner of the page. Each unique form type will have specific instructions for filling out that form in the Procedures Manual. Be familiar with the instructions in the Procedures Manual before attempting to complete a form. Print all text responses legibly; do not use cursive writing if collecting data on paper first. Techniques for completing items, as well as making corrections, are described below. A general rule is to record information only in the spaces provided (except for some error corrections).

Corrections to paper forms should be made in the following manner:

- Cross out the original response with an ‘X’ in such a way that it is still legible.
- Write the correct response above or to the side of the original response.
- Date and initial the correct response.
- In cases where numerous corrections were made to the same response, the final corrected response should be circled.
- Major changes should be documented with a brief explanation in the margin.

Corrections to electronic forms are made using the DMS. The DMS records the date and time of the update and the user who makes the change. Many corrections will be made in response to queries sent to the field center from the CC.

**Do not attempt to correct errors by using correction fluid or erasers at any time. Data collection forms need to maintain the history of data recorded in the event of an audit. The audit log in the DMS maintains this history for forms which have been entered and subsequently corrected (but does not track paper-only corrections).**

When a response is outside the normal limits or seems contradictory based on other data, confirm the data and, if using paper, write “confirmed” in the margin. This will decrease time-consuming queries and help the data entry staff.

Carefully proofread each page of data for legibility, accuracy, and completeness prior to transferring the form to the data entry staff.

**6.5.5 “Fill Ins”: Recording Information.** “Fill Ins” refers to items where the question is given a defined space for recording the answer. Such questions will have a limited amount of space for data entry. In the event that the response contains more characters than there is room for in the space

provide by the form, indicate the correct response in the form margin near the original response, and enter the value into a note log in the DMS.

Numeric fields may have a preprinted number of decimal places. In this case, the QxQ instructions will specify the number of decimal places to be recorded. Instructions on how to round values to the expected number of decimal places are found in the QxQ (Appendix I) instructions.

When a date is recorded, slashes ("/") are used as the separator characters for month, day, and year. These are usually preprinted in the response field on the paper form but must be entered into the DMS. The format to be used to record dates is indicated below the boxes. HCHS/SOL uses the U.S. order for recording dates (month/day/year).

HCHS/SOL usually records time using a 12-hour clock, indicating AM or PM. In most cases, colons (":") are used as the separator character for hours and minutes and are typically preprinted in the response field and must be entered for questions where hours and minutes are not separate questions.

**6.5.6 “Fill Ins”: Correcting Mistakes on Paper Forms.** If a number or letter is entered incorrectly, the person making the correction should first mark through the incorrect entry with an "X". Then, he/she should clearly code the correct entry above the original (incorrect) entry and initialize the correction, using his/her 3 initials, and record the date of the correction.

If a mistake is made and corrected, and then it is discovered that the correction is incorrect, make a second correction using the same rules as above.

**6.5.7 “Fill Ins”: Unknown or Inapplicable Information.** If an item of this type (either alphabetic or numeric) does not apply to the participant being interviewed, leave it blank. For example, if "other" does not apply, that item is left blank.

**6.5.8 Multiple-choice: Recording Information.** In this type of question several alternatives are given for the answer, each having a corresponding letter and/or word. When it is decided which alternative is most appropriate, circle the corresponding letter on paper. Always circle one letter/word only. Key the letter or word into the DMS when entering the data.

**6.5.9 Multiple-choice: Correcting Mistakes on Paper Forms.** If a response is coded incorrectly, mark through the incorrectly coded response with an "X" and circle the correct response. Initialize and date the correction.

**6.5.10 Skip Patterns.** Generally, questions are answered in the order presented, with none omitted.

A skip pattern directs that one or more questions be omitted (skipped) when they are not pertinent to the participant's situation. (For example, if question 1 pertains to gender, and question 2 pertains to pregnancy, a male respondent would be directed to skip question 2.)

Skip patterns occur in some multiple-choice items. This may be indicated on the form by an “If \_\_\_\_\_, go to question #” statement. If response associated with the skip is selected, the next item to be asked is the one indicated in the “go to” statement.

If a skip pattern response is not selected, proceed to the next item in sequence as usual. Occasionally, a skip pattern will occur in a “fill-in” item (such as, “Other, specify”). If the skip criteria are not met, continue to the next item as usual.

**6.5.11 Problem Clarification and Data Queries.** The DMS is programmed to automatically query out-of-range values during the data entry process. However there may be a need to send queries from the CC regarding data values within or across forms. All queries will be sent electronically to the data coordinator at the CC, participants will be identified by ID number, forms will be identified by header information, data items will be identified by question numbers, the original response will be indicated, and the reason for the query will be described. A cover memo will accompany the data queries describing the problem, with suggestions of ways to resolve the problem and a timeline.

**6.5.12 Permanently Missing Forms.** In the event that a participant is unable to complete an exam, all forms for the contact (or visit) which were not completed should be entered into the DMS with the “Permanently Missing” status.

## **6.6 Security of Paper Forms**

Each clinical site is responsible for assuring that participant study data is stored in a secure location that meets participant confidentiality requirements.

## **6.7 Data Management Reporting**

The DMS has numerous reporting programs to facilitate data management at the sites. The HCHS/SOL DMS User’s Guide contains the documentation of the reports available in the DMS. Information on updates and changes to these reports will be provided through notification from the Coordinating Center to the field centers. As these DMS reports are updated or changed, training conference calls with the field center data coordinators or project managers may also be scheduled.

## **6.8 DMS Training and Certification**

Central DMS training will occur in 2010, after the ancillary study enrollment starts. Two members of each site are required to be present for phone and internet based training. Those attending may provide additional training to other staff members at their sites. Follow-up conference call training sessions will be scheduled as needed.

## **6.9 Official Study Documents**

Current versions of all study documents, protocol, data collection forms, MOP, user’s guides, and other important documents are available on the study website at <http://www.csc.unc.edu/hchs>. They are in the Study Members’ area under the “Sociocultural Ancillary Study” page. To access them the user must supply a username and password. Each document exists as an MS Word file and/or a PDF file. It

is recommended that the PDF files be printed at the sites because formatting and special characters are retained. MS Word files are kept on the web site to facilitate working drafts as needed.

### **6.9.1 Instructions for New / Corrected Materials.**

**Forms:** Any new or corrected forms will be available to print from the dedicated Sociocultural ancillary study page on the study website. Forms should be replaced and copied for immediate use. Email confirmation must be sent to the CC ([HCHSAdministration@mail.csc.unc.edu](mailto:HCHSAdministration@mail.csc.unc.edu)) when the revised forms are downloaded from the Internet.

**Manual:** The revised pages/chapters of the HCHS/SOL Manual of Procedures should be printed from the website and filed immediately in the MOP notebook. Email confirmation must be sent to the CC ([HCHSAdministration@mail.csc.unc.edu](mailto:HCHSAdministration@mail.csc.unc.edu)) when the revised pages/chapters are downloaded.

**QxQ's:** Any new or corrected QxQ will be available to print from the website. They should be printed and filed immediately together with the appropriate form in the MOP binder. Email confirmation should be sent to the CC ([HCHSAdministration@mail.csc.unc.edu](mailto:HCHSAdministration@mail.csc.unc.edu)) when the new QxQ's are downloaded.

**6.9.2 Instructions for Outdated Materials.** All outdated pages of the MOP, forms or QxQ's should be removed from the Documents Notebook as instructed in the Numbered Memo. Outdated materials should be archived according to each site's institutional requirements. All study materials are archived at the CC.

**6.9.3 General Filing Instructions.** All participants should have either a binder or file folder filed in alphabetical order by participant ID. If the center prefers to file by last name, there should be a cross-referenced list available with the corresponding ID number. It is important for centers to be able to communicate effectively with the CC by the participant's ID number. Data queries sent to the sites from the CC will only identify a participant by ID number. Remember, if there is a need to send any forms to the CC; blind (or mask) all personal information pertaining to the participant.

The safety and confidentiality of the study data and equipment is the responsibility of each study site. All computers, memory keys, CDs or DVDs, and participant data must be stored in a secure location.

## **6.10 HCHS/SOL Coordinating Center Data Management**

Computers at the UNC CSCC are connected via a Local Area Network. The network includes clustered database servers running the Novell network operating system and is connected to a Storage Area Network (SAN). Clustered servers running the Microsoft network operating system provide web services for the data management system. The web servers are isolated by a router from the servers holding study data.

The consolidated database will be stored in a SQL-server database. Standard transaction validity checks will be applied to all updates to the database (e.g., to prevent the addition of records with duplicate keys, etc.). Audit logs from the DMS provide complete documentation for changes to the consolidated database. Backups of the consolidated database as well as processing reports are made

daily. Once a month, the current backup tape is permanently archived at an off-site data storage facility. Periodically the consolidated database goes through a series of closure checks to ensure the completeness and correctness of data collection and processing. These checks are performed on a 'frozen' version of the database defined by a specific time cut point. Typical closure checks include classifying the universe of IDs, assuring all expected forms were received and assuring all queries generated were resolved.

**6.10.1 Field Center Data.** Field center data, entered via the web-based data management system, will be copied from the web server to the local area network (LAN) every night. From the files on the LAN, data will be retrieved into statistical analysis files for use in study reports for the ancillary study investigators, the HCHS/SOL steering committee and NHLBI.

**6.10.2 Reports.** The DMS will provide each field center with the ability to generate a variety of reports. These include participants contacted and examined, indicators of data quality, completion status of participant result reports and specimen tracking reports, among others. Such reports make it easy for study coordinators to monitor their center's performance and the timely identification and resolution of problems in data collection.

The field center data quality reports are complementary to the monthly monitoring reports. The former can be run in real time by field center staff and access up-to-date data stored in the consolidated data base. The Steering Committee reports will be produced monthly (or a schedule defined by the Steering Committee) and thus reflect the status of the study at the time of the most recent retrieval. Their purpose is to provide the Steering Committee and center investigators with performance information at all sites.

**6.10.3 Data Security and Confidentiality.** Data confidentiality and security will be applied at all levels of data acquisition, transfer and storage, and applied to all study agencies, from field centers to coordinating center. The DMS developed by the UNC CSCC meets exacting data management standards of confidentiality, as well as HIPAA requirements. Beyond the password controlled access to the study equipment and the DMS, data collected at the field centers and in hospital record rooms are encrypted by the system and can only be decrypted for display on-screen by authorized study personnel. Personal identifiers are collected on separate forms (and transferred as separate, encrypted records). The Coordinating Center will be responsive to data confidentiality requirements originating from providers of medical care or IRBs, as needed to enable the work of the field centers. When paper data collection forms are used they will be retained at secure locations at the field centers until the Steering Committee acts on recommendations from the Coordinating Center to dispose of such records (e.g., incremental data closure). The secure storage and disposition of hard copy records at field centers will follow institutional procedures at each site.

The DMS server will be housed at the Coordinating Center and exclusively managed by CSCC personnel. Measures to ensure the security of the data include: restricting access to users with valid IDs and passwords; using a firewall to restrict access to the web server and to shield the UNC CSCC LAN from web users; using the secure sockets layer standard to provide encryption and user authentication. In accordance with CSCC standard operating procedures, system security logs and event logs are monitored daily to detect unauthorized attempts to access the system. The UNC Information Technology Systems group publishes a guide called "ITS Security at UNC Chapel Hill – Securing IIS".



The UNC CSCC follows these guidelines, which include closing unused ports; requiring user passwords to be long and difficult to guess; deleting certain files and subdirectories; and managing file and folder privileges.

All data transferred to the Coordinating Center will be stored, processed, and analyzed within the UNC CSCC office suite. At the CSCC, all access to office space containing data is controlled through locked doors. Visitors may enter only when accompanied by a UNC CSCC escort. All office space remains locked after working hours. Access to computer data files is controlled by passwords released only to the UNC CSCC personnel who use such files. In addition, data files with personal identifiers (and sensitive information per designation by a study's Steering Committee) are encrypted.

As standard practice, output mailed to a field center identifies participants only by ID number. No individually identifiable information will be distributed by the Coordinating Center to any study agency other than the originating field center. Printed material containing confidential information is discarded through supervised loading, transportation, and storage using a chain of custody control process, until the material can be recycled into paper pulp.

It is a requirement for all CSCC staff to complete a confidentiality certification procedure upon employment. Policies regarding the confidential nature of the data collected, processed, and stored at the UNC CSCC are explained to all personnel, who must then sign a "confidentiality certification" to be allowed access to confidential information. The CSCC reinforces the confidential nature of all study data at its staff meetings.

**6.10.4 Data Retrieval and Statistical Computing.** Data will be retrieved from the study database and converted into SAS files on a regular schedule (e.g., monthly). The retrieved files will be stored as SAS datasets within a SAS data library. Most statistical computing will be done using SAS software. All statistical computing performed at the coordinating center will be performed by a dedicated statistical programming staff, using a well-established statistical computing request system that has proven itself through use with many long-term, multi-center research projects managed by the CSCC. This system includes thorough documentation of requested computing, programming standards, naming conventions for datasets, programs and program results, inventorying and tracking of computing requests, procedures for program review, and permanent archival of completed programs, results, and datasets. Analyses that are performed locally by investigators and their colleagues should follow best practices standards of professional statistical associations (e.g. American Statistical Association, Biometrics Society, Society for Clinical Trials, etc.).

**6.10.5 Database Closure.** Data queries will be generated on a monthly basis, immediately following data retrieval. Typical data checks include classifying the universe of enrolled IDs, assuring all expected forms were received, performing consistency checks between related data fields, assuring all queries generated are resolved, etc. If there are unexpectedly high error rates for a site or a user, we explore the causes of the error and take corrective action, such as retraining personnel or making changes to the data management system. Research indicates that this comprehensive data checking, in combination with extensive real-time edits, can substitute for double data entry for data entered from paper forms.

Periodically the study's consolidated database is subjected to closure checks for completeness and accuracy of data collection and processing. These checks are performed on a "frozen" version of the database defined by a specific time cut point, and precede the use of data for publication. Typical closure checks include classifying the universe of IDs, assuring that all expected forms were received and all queries were resolved, examining the consistency of items across forms and visits, and checking distributions of key variables for possible errors. Current plans entail closing the database in waves, one per examination year so that investigators will have access to interim results for study monitoring, review, and publication.

## Appendix I QxQ

### ANCILLARY STUDY QXQ

**Read the following overview to participants:** *I am going to be asking a variety of questions about your feelings, behaviors, beliefs, economic resources, and both recent and past experiences you may have had. We are interested in how these kinds of factors affect health. Some questions may be sensitive or personal, and may be difficult to answer. You may feel that not all of the questions apply to you, or that some questions sound similar. However, note that we are asking the same questions of all people in this research, and each one is different in some way. Your honest answers are very important to help us understand all the factors that affect health in people like you. Your answers are completely confidential. Your name will not be written on any form and none of the information will ever be linked back to you in any type of report. You do not have to answer any question you don't want to and you can end the interview at any time. (Keep in mind that I need to notify the proper people if you have the intention of harming yourself or others).*

*SPANISH: Le haré un variedad de preguntas sobre sus sentimientos, comportamientos, creencias, recursos económicos y sobre algunas experiencias del presente y del pasado. Nos interesa cómo es que estos factores afectan a la salud. Algunas preguntas podrían ser personales y difíciles de contestar. Usted podría sentir que algunas preguntas no le aplican o que algunas preguntas le parecen similares. Sin embargo, estaremos haciendo estas mismas preguntas a todos los participantes del estudio, y de alguna manera, cada una es diferente. Es muy importante que sus respuestas sean honestas, así nos ayudará a entender los factores que afectan la salud de personas como usted. Sus respuestas son completamente confidenciales. Su nombre no estará escrito en las formas y ninguna información será asociada con usted en ningún tipo de reporte. No tiene que contestar cualquier pregunta que usted no quiere y puede terminar la entrevista en cualquier momento. (Tenga en cuenta que necesito notificar a alguien si usted me dice que tiene intención de herirse a si mismo o a otros).*

*The interview should take somewhere between 1 and 2 hours to complete. Everyone is different and it's difficult to estimate an exact time. Remember that none of the questions have right or wrong answers. We are only interested in your personal experiences, beliefs, feelings and behaviors. If you are not certain about an answer, just pick the one you think is best. There are a lot of questions to get through, and although I encourage you to consider your answers carefully, I don't want you to spend too much time on any one question. We will have a break midway through the interview, so you can stretch your legs and have a snack. However, please let me know if you would like to take a break at any other time.*

*SPANISH: La entrevista tomará entre 1 y 2 horas. Cada persona es diferente y no es fácil saber el tiempo exacto de la entrevista. Recuerde que las preguntas no tienen respuestas ni buenas ni malas. Sólo nos interesa saber sobre sus experiencias personales, creencias, sentimientos, y comportamientos. Si no está segura(o) de alguna respuesta, escoja la mejor para usted. Le haremos muchas preguntas y, aunque debe considerar bien sus respuestas, trate de no tomar mucho tiempo en cualquier pregunta. Tendremos un descanso a la mitad de la entrevista para que pueda estirar sus piernas y tomar un aperitivo. Sin embargo, dígame si le gustaría tomar un descanso en cualquier otro momento.*

*At the conclusion of the interview, you will receive \$60 for your time and effort. Do you have any questions?*

*SPANISH: Al final de la entrevista, recibirá \$60 por su tiempo y esfuerzo. ¿Tiene alguna pregunta?*

**Once all questions are answered:** *Are you ready to get started?*

SPANISH: *¿Está lista(o) para empezar?*

## Immigration & Ethnicity

### Immigration Q1-Q5

Q1 and Q1a Questions ask the participant to indicate whether or not they immigrated to the US, and if so, to state the main reason he/she immigrated. Read the questions and response options exactly as they appear. Emphasize that Q1a is asking about the **main** reason for immigration; only one response will be recorded.

Q2-Q5 Questions ask the participant to specify from where he/she immigrated to the U.S. In addition to the country, make sure the participant specifies the State/Province, Municipality, and City/Town. Use country codes list. Please note that municipalities (or “municipios”) may be relevant to participants from several South American countries, particularly those of Cuban and Puerto Rican origin. Municipalities are somewhat equivalent to counties in the U.S.—that is, a politically and geographically defined region within a province or a state. For instance, Puerto Rico is subdivided into municipalities (not counties) whereas Cuba is divided into provinces, and within each province exists several municipalities. For some participants, there may be a strong sense of identity and pride in belonging to a municipality.

### Ethnicity Q6-Q37

The Scale of Ethnic Experience assesses various ethnicity-related cognitive constructs across ethnic groups. The items ask about the participant’s own ethnic group and how he/she feels about it or reacts to it. Read the instructions exactly as they appear and emphasize that the participant has 5 response choices, which are: strongly agree, agree, neither, disagree, and strongly disagree. Please be sure the participant is given the appropriate response card and you may occasionally point to remind them of the response options.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant’s answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects his/her sentiment towards the statement.

If participants ask for a definition of “ethnicity” or seem confused by the term, you can say the following:

*“There are many different words to describe the different backgrounds or ethnic groups that people come from. You should answer these questions in relation to your ethnicity and your ethnic group as you define it.”*

SPANISH: *“Hay muchas palabras diferentes para describir los diferentes antecedentes, orígenes o grupos étnicos de donde viene la gente. Usted debe contestar estas preguntas en relación a su etnicidad y su grupo étnico según como Usted lo define.”*

Question 9 states: “Ethnicity was not important to my parents.” If the participant points out that his/her parents are still alive, note that they should respond about how their parents feel in general.

## Cultural Factors

### **General Instructions:**

The next set of questions will address beliefs and attitudes related to the participant's ethnicity or cultural group. Some questions will ask about cultural attitudes in general, while others will address the participant's views about specific beliefs and customs. If the participant inquires as to why we are assessing these factors, please inform them that this type of information may help us understand how ethnicity and cultural values are related to health.

Note that this section covers five separate survey forms (for paper administration only).

**Read the following introduction to the participants:** *Next I am going to ask about beliefs, experiences, and behaviors related to your ethnic or cultural group.*

*SPANISH: Ahora, le voy a preguntar sobre sus creencias, experiencias y comportamientos que se relacionan a su grupo étnico o cultural.*

### **Section 1:**

#### **Familism Q1-Q14**

The Familism Scale is a measure of the perceived strength of family bonds and sense of loyalty to family. Read the instructions exactly as they appear and emphasize that the participant has 5 response choices, which are: strongly agree, agree, neither, disagree, and strongly disagree. Please be sure the participant is given the appropriate response card and you may occasionally point to remind them of the response options.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects his/her sentiment towards the statement.

### **Section 2:**

#### **Fatalism Q15-Q22**

The Multiphasic Assessment of Cultural Constructs- Short Form Fatalism Scale is a measure of the extent to which individuals feel their destinies are beyond their control. Read the instructions exactly as they appear and emphasize that the participant has 2 response choices, which are: true and false. Please be sure the participant is given the appropriate response card.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects his/her sentiment towards the statement.

### **Section 3:**

#### **Male Gender Roles Q1-Q10**

The Machismo Scale assesses learned masculine gender role behaviors. Read the instructions exactly as they appear and emphasize that the participant has 4 response choices, which are: strongly disagree, disagree, agree, and strongly agree. Please be sure the participant is given the appropriate response card and you may occasionally point to remind them of the response options.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects his/her sentiment towards the statement.

### **Female Gender Roles Q1-Q24**

The Marianismo Scale assesses learned feminine gender role behaviors. Read the instructions exactly as they appear and emphasize that the participant has 4 response choices, which are: strongly disagree, disagree, agree, and strongly agree. Please be sure the participant is given the appropriate response card and you may occasionally point to remind them of the response options.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects his/her sentiment towards the statement.

## **Section 4 (Personal Relations Form):**

### **Simpatía Q1-Q10**

The Simpatía Scale assesses the pattern of social interaction of a specific cultural group; specifically, the avoidance of interpersonal conflict when in disagreement with others. Read the instructions exactly as they appear and emphasize that the participant should respond in terms of **how important the issue is for him/her when interacting with other people**. There are 5 response choices which are: not important, a little important, somewhat important, very important, and extremely important. Please be sure the participant is given the appropriate response card.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects his/her sentiment towards the statement.

### **Social Desirability Q11-Q20**

The Marlow-Crowne Social Desirability Scale assesses an individual's need to respond in a culturally acceptable manner in order to obtain approval. Read the instructions exactly as they appear and emphasize that the participant has 2 response choices, which are: true and false. Please be sure the participant is given the appropriate response card.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects his/her sentiment towards the statement.

### **Socioeconomic Status**

#### **General Instructions:**

The questions in the following section are designed to assess a variety of socioeconomic characteristics including experiences of financial hardship across the lifespan, accrual of wealth and assets, and economic mobility. The accurate collection of this information is important given that socioeconomic status has repeatedly been shown to influence health outcomes.

**Read the following overview to participants:** *Now, I am going to ask a series of questions about you and your family's resources, both currently and in the past.*

*SPANISH: Ahora, voy a hacerle un serie de preguntas sobre sus recursos y de su familia, hoy en día y en el pasado.*

#### **Wealth and Assets Q1-Q6**

Q1 Question assesses information on home ownership. Read the question and response options exactly as they appear. For participants who are having difficulty understanding the response options, you can query by asking whether the participant's home is owned or rented. If owned, ask if someone in the household is still making payments on the property.

Q2 and Q2a Questions assess information on vehicle ownership and number of vehicles owned. Read the questions and response options exactly as they appear. Do not include motorcycles, mopeds, tractors, snow blowers, and such, or any vehicles owned by a business.

Q3 and Q3a Questions assess computer ownership and number of computers owned. Read the question and response options exactly as they appear. Make sure to verify that the participant is not including electronic gaming systems such as Nintendo or PlayStation in their computer count.

Q4 Question assesses the number of times the participant has traveled for leisure within the past twelve months. Read the question and response options exactly as they appear. Do not include work related travel.

Q5 Question assesses how much money would be available to the participant if he/she lost their current source(s) of income. Read the question and response options exactly as they appear. Emphasize that the question is asking how long he/she could **maintain their current standard of living** in the absence of an income source, that is, without making any changes to their current expenses or lifestyle.

Q6 Question assesses the size of the participant's accrued economic savings. Read the question and response options exactly as they appear. Stocks represent partial ownership of a corporation. Bonds represent loans made to a corporation or government.

### **Immigrant Personal Mobility Q7-Q7b**

Q7 Question asks whether participant worked for income in another country prior to moving to the U.S. Read the question and response options exactly as they appear. If the participant answers yes, proceed to question 7a. If the participant answers no or not applicable (because they did not immigrate) skip to the next section.

Q7a Question asks the participant to compare the level of prestige or status of their current job to that of their last job in their country of origin. Read the question and response options exactly as they appear. Clarify that by prestige we mean of the respect or status associated with the job, rather than amount of monetary compensation.

Q7b Question asks participant to compare their relative income at their current job to that of their last job in their country of origin. Read the question and response options exactly as they appear. If the participant is unclear about the intent of this question, ensure that he/she understands that the question is asking about comparable income, i.e., considering contextual factors such as cost of living. If participant is uncertain of the meaning of Standard of Living, you may tell him/her that it refers to “your ability to obtain necessities and comforts in your daily life”

*SPANISH: “Estándar de Vida” significa su CAPACIDAD para cubrir sus necesidades y comodidades en su vida diaria.*

### **Material Deprivation Q8-Q11d**

Q8 Question asks if there has been a period of time within the last 12 months when the participant was unable to, or experienced difficulty, paying for their **basic** needs. Basic needs refer to the absolute minimum resources necessary for long-term physical well-being. Examples include shelter, clothing, food, medical care, and utilities. Read the question and response options exactly as they appear.

Q9a-f Question asks if the participant has experienced difficulties paying for their basic needs anytime during their adulthood. Read the question and response options exactly as they appear. The participant should specify the time period or periods when he/she experienced such difficulties by answering yes or no for every decade of their adult life. Make sure to mark not applicable for decades extending beyond the participant’s lifespan.

Q10 Question asks if the participant’s family experienced difficulty paying for the participant’s basic needs in childhood. Read the question and response options exactly as they appear. If no, skip to question 11.

Q10a-b Questions intended for participants who endorsed experiencing periods of time during their childhood when their family could not afford their basic needs. Read the question and response options exactly as they appear. The participant should specify the time period or periods when he/she experienced such difficulties by answering yes or no for every decade of their childhood.

Q11a-d Question asks about the participant’s access to basic utilities while he/she was growing up. Read the question and response options exactly as they appear. Participant should specify whether he/she had access to each utility listed by answering yes (had access) or no (did not have access) to each utility listed in the response options.



## Stress 1

### General Instructions:

The goal of this set of questions is to assess the degree to which the participant has stress in various aspects of his/her life. We are asking about several different types of stress such as stress in childhood, stress related to major life experiences, and stress related to everyday annoyances. We want to know how these types of stress are related to each other and how they affect health.

**Read the following introduction to the participants:** *The next set of questions ask about a variety of upsetting or stressful events and experiences you may have had in the past or more recently. Sometimes people can find these types of questions difficult to answer. I would like to remind you that everything you say will be kept confidential. In addition, you do not have to answer any question you would prefer not to. If you would rather not answer a question, just let me know.*

*SPANISH: La siguiente serie de preguntas se relacionan con eventos y experiencias de estrés o de pena que hubiera tenido en el pasado o recientemente. A veces, es difícil para las personas contestar este tipo de preguntas. Quiero recordarle que todo lo que diga se mantendrá confidencial. Además, puede no contestar cualquier pregunta si así lo prefiere. Solo hágame saber si no desea contestar.*

If participant inquires about the rationale for asking these questions, state the following: *We would like to know how life experiences relate to health and well being.*

*Nos gusta saber cómo las experiencias de la vida se relacionan a la salud y bienestar.*

Note that this section comprises two survey forms.

### Acculturation Stress: Hispanic Stress Inventory (HSI) Q1-Q17a

The HSI acculturation stress measure is a 17-item measure created for Latinos that taps stress associated with the process of integrating and existing in a non-native culture. Various aspects of acculturation such as language ability, relationships with children, work opportunities, family conflicts and moral standards are addressed. Note that you should be aware of skip patterns for several of the questions and be sure to follow them as directed.

Read the script exactly as it appears. You may re-read the answer options if the participant requests so. When asking these questions, be careful to not comment on respondent's answers and to record answers in a non-judgmental manner. If you are asked about the meaning of specific questions, you should encourage participants to interpret questions in the way that makes the most sense to them. It is critical that you do not provide definitions or interpretations of these questions.

### Ethnic Discrimination Q1-Q17

The PEDQ is a 17-item measure of perceived ethnic/racial discrimination. The measure asks questions about lifetime experience of racism in many areas of life, and includes questions related to stigmatization, social exclusion, workplace discrimination, and threats or harassment.

Indicate to participants that questions ask about experiences they have **had throughout their lifetime**. If participants inquire, you may tell them that we are referring both to the time they have spent in the US and in their country of origin (i.e., for immigrants). Point out that all questions should be answered by indicating how often each experience has occurred during the participant's lifetime "on a scale of 1

to 5, with 1 being never, 3 sometimes, and 5 very often.” If participants ask about other response choices (2, 4), repeat above, pointing to the response card to note show the idea of a scale from low to high). Proceed by asking each question and then reading each response category. You may re-read the answer options if the participant requests so. When asking these questions, you should be careful to not comment on respondent’s answers and to record answers in a non-judgmental manner.

### **Neighborhood Stress Q18-Q32**

The neighborhood stress scale is a measure of stress associated with conditions of one’s external living environment. These items assess as factors such neighborhood support, safety, cleanliness, noise level, and accessibility to resources. Note that this measure has items with very different response options and multiple parts.

Read the script exactly as it appears. Carefully and slowly read the description of what ‘neighborhood’ refers to in the instructions. If they ask any questions about how they should define neighborhood, you should prompt participants to define neighborhood in whatever way is most meaningful to them. Proceed by asking each question and then reading each response category. Still then proceed to read each statement and each response option. You may re-read the answer options if the participant requests so. When asking these questions, you should be careful to not comment on respondent’s answers and to record answers in a non-judgmental manner.

Q18 Question asks about how many blocks the participant considers to be his or her neighborhood. Participant should define their neighborhood in whatever manner is most meaningful to him/her. Se debe definir ‘barrio’ en cualquier manera que prefiera.

Q19 Participants are asked how long they have lived in their neighborhood in years and months. If the participant only states the answer in years, ask them if they can tell you months as well. For example, if the participant states that they lived in their neighborhood for five years, ask: *And how many months?*  
*SPANISH: ¿Cuántos meses?*

Q20-Q24 Point out to participants that the next five statements will have the same five response categories, which are: strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. Still then proceed to read each statement and each response option.

Q25 Ask participants to rate safety “on a scale of 1 to 5, with 1 being very safe, 3 safe, and 5 not at all safe”. Clarify response items 2 and 4 if asked.

Q26-Q32 Point out to participants that the next seven statements will have the same four response categories, which are: very serious problem, somewhat serious problem, minor problem, and not really a problem. Still then proceed to read each statement and each response option.

## **Intrapersonal Resources**

### **General Instructions:**

The questions in the following section are designed to assess individual characteristics that have been shown to facilitate resilience in the face of hardship. The specific characteristics being measured include self-esteem, optimism, and life engagement. This information will be used to gain a deeper

understanding of how such characteristics influence resiliency to disease among Hispanics in the United States.

**Read the following instructions to participants:** *Now I'll be asking about a number of things that may be helpful to you when experience stress in your life. I'll be asking about things like your view of yourself and your outlook on life. Remember there are no right or wrong answers.*

*SPANISH: Ahora voy a preguntarle una serie de cosas que podrían ser útiles cuando tiene estrés en su vida. Le preguntaré sobre cómo se ve a usted mismo(a) y su perspectiva de la vida. Recuerde que no hay respuestas ni buenas ni malas.*

### **Self Esteem Q1-Q10**

Rosenberg's Self-Esteem Scale is a measure of global self-esteem. Read the instructions exactly as they appear. Emphasize that the participant has 4 response choices, which are: strongly agree, agree, disagree, and strongly disagree. Hand motions to indicate a continuum from low to high can be helpful. Also, you should let the participant see the Likert scale on the response card.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

Q3: This item may be difficult for some participants to understand. If confusion is expressed, repeat the question. If they ask also specifically what is meant by "inclined," tell them it is similar to "tend" (e.g., I tend to feel a certain way).

### **Optimism Q11-Q19**

The Life Orientation Test Revised assesses individual differences in generalized optimism versus pessimism. Read the instructions exactly as they appear. Emphasize that the participant has 5 response choices, which are: I disagree a lot, I disagree, I neither agree nor disagree, I agree a little, and I agree a lot. Hand motions to indicate a continuum from low to high can be helpful. Also ensure that the participant has the appropriate response card.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

### **Life Engagement Q20-Q25**

The Life Engagement Test assesses the extent to which a person engages in activities that are personally valued. Read the instructions exactly as they appear. Emphasize that the participant has 5 response choices, which are: strongly disagree, disagree, neutral, agree, and strongly agree. Ensure that appropriate response card is provided.

After making sure that the participant understands the response categories, read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

## **Interpersonal Resources**

General Instructions:

The next set of questions asks about social resources such as being part of a social network, receiving support from others, and relationships with family. The goal is to determine the types of relationships participants have and their impact on health and well being.

**Read the following to participants:** *Now I'm going to ask some questions about your social relationships and experiences. I'll be asking about your relationships with family, friends, and in other contexts. SPANISH: Ahora, le haré algunas preguntas sobre sus relaciones sociales y experiencias sociales. Le preguntaré sobre relaciones con la familia, amigos y con otros.*

### **Section 1:**

#### **Social Support Q1-Q12**

The ISEL is a 12-item measure of perceived emotional and instrumental support obtained from others. Items include questions related to ability to rely on others for help, companionship, and advice.

Read the script exactly as it appears. Point out to participants that every question has the same four response options, which are: definitely false, probably false, probably true, and definitely true. Then proceed to read each statement and each response option. Be sure the participant has the appropriate response card. When asking these questions, you should be careful to not comment on respondent's answers and to record answers in a non-judgmental manner. If you are asked about the meaning of specific questions, you should encourage participants to interpret questions in the way that makes the most sense to them.

#### **Social Network Index Q13-Q37**

The SNI is a measure of social network diversity, size, and embeddedness. Items include questions about one's frequency and degree of contact with friends, relatives, and work and social acquaintances. Items also assess involvement in social and religious groups. Note that this measure has items with very different response options and multiple parts.

Read the script exactly as it appears. Be aware of skip patterns for several of the questions and be sure to follow them as directed. You should also emphasize time period referred to in each question (e.g., once every two weeks; regular basis). Proceed by asking each question and then reading each response category. Be sure to use the appropriate response card, and point to the correct response area when necessary. When asking these questions, you should be careful to not comment on respondent's answers and to record answers in a non-judgmental manner.

Q30 may be difficult for some participants to understand. If the participant asks for additional clarification repeat the question, and if they are still unclear, suggest that they should answer the question in whatever way is most meaningful to them.

Q35-Q37 If the participant asks for clarification, you could add “such as a club or another organized group.”

## **Section 2:**

### **Family Cohesion and Conflict Q38-Q55**

The FES cohesion and conflict measure is an 18-item measure of social and relationship family characteristics related to cohesion, expressiveness, and conflict. Items include questions regarding familial support, competitiveness, disagreement, and closeness.

Read the script exactly as it appears. Point out to participants that every question has two response options, true and false. Then proceed to read each statement and each response option. You may re-read the response options if requested by the participant. When asking these questions, you should be careful to not comment on the participant’s answers and to record answers in a non-judgmental manner.

Q40 and Q53 may be difficult for some participants to understand. If the participant asks for additional clarification, repeat the question, and if they are still unclear, suggest that they should answer the question in whatever way is most meaningful to them.

## **Cognitive/Emotional Factors**

### **General Instructions:**

The next section will ask about emotional factors including depression, anxiety, and anger. We are interested in these factors because substantial research suggests that negative emotions link to negative health outcomes, and they are often a response to stress.

Be aware of the changing timeframes and response options across the measures, and be sure to remind participants of them. The first measure (CES-D) asks about experiences in **the past 1 week**. The remaining measures seek to understand how participants feel **in general**. Be sure that participants have the correct response card for each measure, and remind them of the response options when necessary.

**Read the following to participants:** *The next questions will ask about how you have been feeling lately or in general, and about concerns and worries that you may have. Some questions may be of a personal or sensitive nature. Please remember that everything you say today will be confidential and that you do not need to answer any question you don’t wish to.*

*SPANISH: Las siguientes preguntas serán sobre cómo se ha sentido últimamente o en general, y también sobre preocupaciones que pudiera tener. Algunas preguntas serán de naturaleza personal. Tenga en cuenta que todo de lo que dice hoy es confidencial y no tiene que contestar cualquiera pregunta que no desee.*

### **CES-D Scale Q1-Q10**

The CES-D is a 10-item scale that measures recent depressive feelings and behaviors. This information is important in order to look at relationships between depression and health. Read the instructions exactly as they appear. Emphasis should be placed on the time frame, **over the past seven days**. Review the 4 response choices, which are: rarely or none of the time, some or a little of the time, occasionally or a moderate amount of the time, and all of the time.

After making sure that the participant understands the response categories and time frame, read each statement exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

### **Spielberger Trait Anxiety Scale Q11-Q20**

The Spielberger Trait Anxiety scale asks how a person **generally feels** and reflects situational factors that may influence anxiety levels. This information is necessary in order to examine the relationship between anxiety and health. Read the instructions exactly as they appear. Review the 4 response choices, which are: almost never, sometimes, often, and almost always.

After making sure that the participant understands the response categories, read each statement exactly as it appears. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

### **Spielberger Trait Anger Measure Q21-Q30**

The Spielberger Trait Anger Scale is used to assess the frequency and degree of anger as well as the general tendency to react angrily to situations. Read the instructions exactly as they appear. Review the 4 response choices, which are: almost never, sometimes, often, and almost always. Be sure the participant has the appropriate response card and point to the response choices if necessary as a reminder.

After making sure that the participant understands the response categories, read each statement exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

### **Cook-Medley Cynicism Scale Q31-Q43**

The Cook-Medley Cynicism scale is a measure of distrust of others. Emphasize that the participant has 2 response choices, which are: true and false. After making sure that the participant understands the response categories, read each statement exactly as it appears. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

### **Loneliness Scale Q44-Q46**

The Loneliness scale measures feelings of loneliness and social isolation. There is no specific time period where these statements may apply. Read the instructions exactly as they appear. Review the 3 response choices, which are: hardly ever, some of the time, and often.

After making sure that the participant understands the response categories, read each statement exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

### **Hopelessness Scale Q47-Q48**

The Hopelessness scale is a 2-item measure of feeling without hope. There is no specific time period where these statements apply. Read the instructions exactly as they appear. Review the 5 response choices, which are: absolutely agree, somewhat agree, cannot say, somewhat disagree, and absolutely disagree.

After making sure that the participant understands the response categories, read each statement exactly as it appears. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

## **Religion and Spirituality**

**Overview.** The next two scales ask participants about their experiences with religion and their sense of spirituality. Being religious or spiritual has been shown in some research to be related to better health outcomes. Because the questions are of a personal nature, it is critical to adopt a neutral tone in reading questions and recording responses.

**Read the following to participants:** *Now I'll be asking about your experiences around religion and spirituality. The questions are of a personal nature, and I would like to remind you that all you say here will be kept confidential. There are no right or wrong answers, we are only interested in your own experiences and opinions.*

**SPANISH:** *Ahora voy a preguntarle sobre sus experiencias religiosas y espirituales. Estas preguntas serán personales y tenga en cuenta que todo de lo que dice hoy es confidencial. No hay respuestas ni correctas ni malas, solo nos interesan sus experiencias y opiniones.*

### **Spiritual Well-being Q1-Q23**

The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale assesses the participant's sense of meaning and peace. Read the instructions exactly as they appear. Emphasis should be placed on the time frame, **over the past seven days**. Review the 5 response choices, which are: not at all, a little bit, somewhat, quite a bit, and very much. Hand motions to indicate a continuum from low to high can be helpful. Also, ensure that the participant has the appropriate response card.

After making sure that the participant understands the response categories and time frame, you should read each question exactly as it appears. If necessary, you may repeat the response choices. You should not comment on the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement.

### **Spirituality Q24-Q25**

The first two questions from the Duke Religion Index assess the participant's involvement in religious organizations and practices. Read the instructions exactly as they appear. Emphasize that there are no right or wrong answers.

Q24 Question assesses the participant's level of involvement in religious organizations. Read the question followed by each of the response options exactly as they appear. The participant should indicate which response choice best captures their level of involvement.

Q25 Question assesses the amount of time the participant engages in **private** religious activities. Such activities do not need to take place at a place of worship. Read the question followed by each of the response options exactly as they appear. The participant should indicate which response choice best captures the amount of time he/she spends engaging in private religious activities.

### **Spirituality Q26-Q28**

The last three questions from the Duke Religion Index assess the religious beliefs and experiences of the participant. Read the instructions exactly as they appear. Emphasize that there are no right or wrong answers.

Q26 Question asks about the participant's experiences with God or a divine presence. Read the question followed by each of the response options exactly as they appear. The participant should indicate which response choice best captures their experience with God or a divine presence.

Q27-Q28 Questions ask about the role of the participant's religious beliefs in their life. Read the question followed by each of the response options exactly as they appear. The participant should indicate which response choice best captures their beliefs regarding the role of religion in their life.

## **Cancer Screening, Knowledge, and Cognitions: HINTS scales**

### **General Instructions:**

In this section we will cover topics that are specific to cancer such as cancer screening tests and opinions about cancer. We are gathering this information in order to find out more about cancer risks and risk reduction behaviors in Latinos.

**Read the following to participants:** *Next I'll be asking a series of questions related to cancer, such as things you might do to screen for cancer, and your own opinions and experiences. These topics may be sensitive to you. However, this information will help us better understand cancer risks in people like you. SPANISH: Ahora voy a hacer una serie de preguntas sobre el cáncer, como por ejemplo, pruebas que puede hacerse para el cáncer, sus propias opiniones y sus experiencias. Estos temas podrían ser sensibles para*



*usted. De cualquier manera, la información podría ayudarnos a entender mejor el riesgo de sufrir cáncer en personas como usted.*

### **Cancer Screening, Knowledge, and Cognitions Q1-Q3 (MALES ONLY)**

The 3 questions from the Cancer Screening, Knowledge, and Cognitions questionnaire ask male participants about PSA tests. If the participant is female, she must continue to question 4. Read the instructions exactly as they appear.

Q1 Question asks whether a participant is familiar with the PSA test and explains what a PSA test is. Read the question and response options exactly as they appear. If the participant answers yes, proceed to question 2. If the participant answers no, skip to question 7.

Q2 Question asks the participant if he has ever had a PSA test. Read the question and response options exactly as they appear. If participant answers no or refused, then he must proceed to question 7. If the participant selects one of the other responses, then continue to question 3.

Q3 Questions asks participant when he had his most recent PSA test. Read the question and response options exactly as they appear. The participant should indicate the approximate timeframe for his most recent PSA test as it would fall into the response items. The participant should proceed to question 7 after answering this question.

### **Cancer Screening, Perceptions and Knowledge Q4-Q6a (FOR FEMALES ONLY)**

The Cancer Screening, Perceptions and Knowledge questions ask about two cancer screening tests specific to women only. If the participant is male, please proceed to question 7. Read the instructions exactly as they appear.

Q4 Question defines what a mammogram is and asks the participant if she has ever had a mammogram. If the participant responds no, then she should skip to question 6. If the participant responds yes, then she should continue to question 5.

Q5 Question asks when the participant had her most recent mammogram. Read the question and response options exactly as they appear. The participant should indicate the approximate timeframe for her most recent mammogram as it would fall into the response items. The participant should then proceed to the next question.

Q6 Question defines what a Pap smear is and asks the participant if she has ever had a Pap smear. If the participant responds no, then she must proceed to question 7. If the participant responds yes, then she should continue to question 6a. Read the question and response options exactly as they appear.

Q6a Question asks participant when she had her most recent Pap smear. The participant should indicate the approximate timeframe for her most recent Pap smear as it would fall into the response items. The participant should then proceed to the next question.

### **Cancer Screening, Perceptions and Knowledge Q7-Q9b**

The Cancer Screening, Perceptions and Knowledge questions refer to cancer screening tests that are given to both men and women.

Q7 Question defines and asks the participant if he/she has ever done a Fecal Occult Blood test at home. If the participant responds no, then he/she must proceed to question 9. If the participant responds yes, then he/she should continue to question 8. Read the question and response options exactly as they appear.

Q8 Question asks the participant approximately when their last Home Stool Blood Test was done. The participant should indicate the approximate timeframe for their most recent Fecal Occult Blood test as it would fall into the response items. The participant should then proceed to the next question.

Q9 Question asks the participant whether he/she has ever had a sigmoidoscopy or a colonoscopy as well as defines what the test is. If the participant responds no, then he/she should proceed to the cancer cognition questionnaire. If the participant responds yes, then he/she should proceed to question 9a.

Q9a Question asks the participant to indicate which test – sigmoidoscopy or colonoscopy - he/she has had done. Read the question and response options exactly as they appear and clarify that he/she could have potentially had both a sigmoidoscopy and colonoscopy done at some point. Then participant should then proceed to question 9b.

Q9b Question asks the approximate time frame when the participant may have had either a sigmoidoscopy or colonoscopy done. Read the question and response options exactly as they appear. Reread the responses as needed, as the response timeframe has changed from previous questions in this section. The participant should then proceed to the Cancer Cognition questionnaire.

### **Cancer Cognition Q10-Q20**

The Cancer Cognition questionnaire asks about what participants think about cancer in general. Read the answer choices carefully, as the first two questions and last question have different response options. Remind the participant we are only interested in their opinion.

Q10 Question asks the participant what their chances of getting cancer are in the future. Read the question and responses exactly as they appear.

Q11 Question asks the participant if he/she worries about getting cancer. Read the question and responses exactly as they appear.

Q12-Q19 Questions ask the participant to answer how much he/she agrees or disagrees with statements about cancer. Ask the participant to think about how strongly he/she agrees or disagrees with a statement before responding. Read the instructions exactly as they appear.

Q20 Question asks participants their opinion on how many people who develop cancer survive at least five years. Read the question and responses exactly as they appear.

### **Cancer Knowledge Q21-Q35**

The Cancer Knowledge questionnaire determines what the participant believes may affect a person's chance of getting cancer. Read the instructions exactly as they appear. Emphasize that the participant has 4 response options, which are: a lot, a little, not at all, and no opinion. You should not comment on

the participant's answers. If the participant asks for help, you can repeat a question, but cannot help the participant figure out the answer. Emphasize that there are no right or wrong answers and the participant should select the response that best reflects their sentiment towards the statement. If the participant does not know the definition of "radon", you may say "a radioactive gas emitted by rocks, soil and by some building materials". SPANISH: "es un gas radioactivo emitido por piedras, tierra y algunos materiales de construcción."

## Stress 2

**Read the following introduction to the participants:** *The next and final set of questions ask about a variety of upsetting or stressful events and experiences you may have had in the past or more recently. Sometimes people can find these types of questions difficult to answer. I would like to remind you that everything you say will be kept confidential. In addition, you do not have to answer any question you would prefer not to. If you would rather not answer a question, just let me know.*

*SPANISH: La serie final de preguntas se relacionan con eventos y experiencias de estrés o de pena que pudo haber tenido en el pasado o más recientemente. A veces, es difícil contestar este tipo de preguntas. Quiero decirle nuevamente que todo de lo que diga será confidencial. Además, si prefiere, no tiene que contestar cualquier pregunta. Solo dígame que no desea contestar.*

### Life Stress: Traumatic Stress Schedule Q1a-Q10c

The TSS is a 10-item measure of life stress as a result of exposure to traumatic events. The measure asks about exposure to traumatic life events such as robberies, natural disasters, sexual and physical assault, death, and one unspecified event. For each event, there are three additional questions about the frequency and timing of the event.

Read the script exactly as it appears. Emphasize to participants that the questions refer to events that occurred when the participant was **18 years of age or older**. Ask participants to answer questions to the best of their recollection. Be aware of skip patterns for several of the questions and be sure to follow them as directed. Proceed by asking each question and then reading each response category. Place emphasis on the underlined word "ever" in question 1. You may re-read the answer options if the participant requests so. When asking these questions, you should be careful to not comment on respondent's answers and to record answers in a non-judgmental manner.

Q7 If participant inquires, you can note that Q #7 refers to natural disasters or hazards (e.g., fire).

### Childhood Stress Exposure: ACE Scale Q11-Q20

The ACE scale is a 10-item measure of cumulative childhood stress as a result of exposure to household abuse, neglect, or dysfunction. The measure asks about childhood exposure to physical, sexual and emotional abuse, emotional and physical neglect, substance abuse, and mental illness.

Read the script exactly as it appears, and emphasize words in bold. Be aware that several questions have multiple parts, and read each question in its entirety before reading response options. Point out to participants that all questions refer to incidents that occurred **while they were growing up, during the first 18 years of their life**. Ask participants to answer questions to the best of their recollection. You may re-read the answer options if the participant requests so. When asking these questions, be careful to not comment on respondent's answers and to record answers in a non-judgmental manner.

Please be sensitive to participant distress while administering the measures in this section. If participants become upset, ask if they would prefer to take a break before continuing.

### **Chronic Stress Q21-Q28b**

The Chronic Stress Scale is a measure of ongoing stress in several life domains. The measure asks about daily stress regarding problems related to health, work, finances, personal relationships, alcohol or drug abuse, and one unspecified domain. For each domain, there are two additional questions about whether the stressor has persisted for six months or more, and how stressful the participant found the stressor to be.

Read the script exactly as it appears. Be aware of skip patterns for several of the questions and be sure to follow them as directed. You may re-read the answer options if the participant requests so. When asking these questions, be careful to not comment on respondent's answers and to record answers in a non-judgmental manner. If you are asked about the meaning of specific questions (e.g., "what classifies as someone close to me"), you should encourage participants to interpret questions in the way that makes the most sense to them.

Questions 21 and 22: If participant asks for further information or an example of a chronic health problem, you can state the following: "this would include problems like a heart attack, or cancer."  
*Esto incluiría problemas como un infarto o cáncer.*

### **Perceived Stress Q29-Q38**

The PSS is a 10-item measure of the degree to which situations in one's life are appraised as stressful. Items tap into how unpredictable, uncontrollable, and overloaded respondents find their lives to be. The scale asks about **current** levels of experienced stress.

Read the script exactly as it appears. Point out to participants that all questions refer to thoughts and feelings they have experienced **within the last month**. You may re-read the answer options if the participant requests so. When asking these questions, you should be careful to not comment on respondent's answers and to record answers in a non-judgmental manner.

### **Conclusion**

At the conclusion of the interview, ask the participant if he/she has any questions. Once all questions have been answered, read the following to participants: *Thank you very much for sharing your valuable time with us today. Your participation in this research study will help us to better understand the factors that influence Latino health.*

*SPANISH: ¿Tiene alguna pregunta? Muchas gracias por compartir sus experiencias y tiempo hoy. Su participación en este estudio nos ayudará a entender mejor los factores que afectan la salud de los latinos.*

Provide the \$60 participation incentive.

## Appendix II Question & Answer Reference (English)

### HCHS/SOL Sociocultural Ancillary Study Question & Answer Reference -- ENGLISH

**Read the following overview to participants:** I am going to be asking a variety of questions about your feelings, behaviors, beliefs, economic resources, and both recent and past experiences you may have had. We are interested in how these kinds of factors affect health. Some questions may be sensitive or personal, and may be difficult to answer. You may feel that not all of the questions apply to you, or that some questions sound similar. However, note that we are asking the same questions of all people in this research, and each one is different in some way. Your honest answers are very important to help us understand all the factors that affect health in people like you. Your answers are completely confidential. Your name will not be written on any form and none of the information will ever be linked back to you in any type of report. You do not have to answer any question you don't want to and you can end the interview at any time. (Keep in mind that I need to notify the proper people if you have the intention of harming yourself or others)

The interview should take somewhere between 1 and 2 hours to complete. Everyone is different and it's difficult to estimate an exact time. Remember that none of the questions have right or wrong answers. We are only interested in your personal experiences, beliefs, feelings and behaviors. If you are not certain about an answer, just pick the one you think is best. There are a lot of questions to get through, and although I encourage you to consider your answers carefully, I don't want you to spend too much time on any one question. We will have a break midway through the interview, so you can stretch your legs and have a snack. However, please let me know if you would like to take a break at any other time.

At the conclusion of the interview, you will receive \$60 for your time and effort. Do you have any questions?

**Once all questions are answered:** Are you ready to get started?

#### Immigration (IME)

Question 1	Card 1
Question 1a	Card 2
Question 2-5	Open ended answer

#### Ethnicity (IME)

Emphasize that the participant has 5 response choices, which are: **strongly agree, agree, neither, disagree, and strongly disagree.**

**If participants ask for a definition of “ethnicity” or seem confused by the term, you can say the following:**  
“There are many different words to describe the different backgrounds or ethnic groups that people come from. You should answer these questions in relation to your ethnicity and your ethnic group as you define it.”

Question 6-37	Card 3
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#### Familism (FME)

**Read the following introduction to the participants:** Next I am going to ask about beliefs, experiences, and behaviors related to your ethnic or cultural group.

Question 1-14	Card 4
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## Fatalism (FME)

Emphasize that the participant has 2 response choices, which are: **true and false**.

Question 15-22	Card 5
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## Gender Roles (GNE)

Question 1-34	Card 6
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## Personal Relations (PRE)

Simpatía- There are 5 response choices which are: **not important, a little important, somewhat important, very important, and extremely important**.

Question 1-10	Card 7
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Social Desirability- Emphasize that the participant has 2 response choices, which are: **true and false**.

Question 11-20	Card 8
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## Socioeconomic Assessments (SEE)

**Read the following overview to participants:** *Now, I am going to ask a series of questions about you and your family's resources, both currently and in the past.*

Question #	Card #
Question 1	Card 9
Question 2	Card 10
Question 2a	Card 11
Question 3	Card 10
Question 3a	Card 11
Question 4	Card 12
Question 5	Card 13
Question 6	Card 14
Question 7	Card 15
Question 7a	Card 16
Question 7b	Card 17
Question 8	Card 10
Question 9a-9f	Card 18
Question 10	Card 10
Question 10a-10b	Card 10
Question 11a-11d	Card 10

## Acculturation Stress (ACE)

**Read the following introduction to the participants:** *The next set of questions ask about a variety of upsetting or stressful events and experiences you may have had in the past or more recently. Sometimes people can find these types of questions difficult to answer. I would like to remind you that everything you say will be kept confidential. In addition, you do not have to answer any question you would prefer not to. If you would rather not answer a question, just let me know.*

Question #	Card #
Question 1	Card 19
Question 1a	Card 20

Question 2	Card 21
Question 2a	Card 20
Question 3	Card 19
Question 3a	Card 20
Question 4	Card 21
Question 4a	Card 20
Question 5	Card 19
Question 5a	Card 20
Question 6	Card 19
Question 6a	Card 20
Question 7	Card 21
Question 7a	Card 20
Question 8	Card 19
Question 8a	Card 20
Question 9	Card 19
Question 9a	Card 20
Question 10	Card 21
Question 10a	Card 20
Question 11	Card 21
Question 11a	Card 20
Question 12	Card 19
Question 12a	Card 20
Question 13	Card 19
Question 13a	Card 20
Question 14	Card 19
Question 14a	Card 20
Question 15	Card 19
Question 15a	Card 20
Question 16	Card 19
Question 16a	Card 20
Question 17	Card 19
Question 17a	Card 20

### Ethnic Discrimination (DCE)

Indicate to participants that questions ask about experiences they have **had throughout their lifetime**. Point out that all questions should be answered by indicating how often each experience has occurred during the participant's lifetime **"on a scale of 1 to 5, with 1 being never, 3 sometimes, and 5 very often."** Proceed by asking each question and then reading each response category.

Question 1-17	Card 22
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### Neighborhood Stress (DCE)

Question 18-19	Open ended answer
Question 20-24	Card 23
Question 25	Card 24

Question 26-32	Card 25
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### Intrapersonal Resources (IPE)

**Read the following instructions to participants:** Now I'll be asking about a number of things that may be helpful to you when experience stress in your life. I'll be asking about things like your view of yourself and your outlook on life. Remember there are no right or wrong answers.

Question #	Card #
Question 1-10	Card 26
Question 11-19	Card 27
Question 20-25	Card 28

### Interpersonal Resources (SOE)

**Read the following to participants:** Now I'm going to ask some questions about your social relationships and experiences. I'll be asking about your relationships with family, friends, and in other contexts.

Question #	Card #
Question 1-12	Card 29
Question 13	Card 30
Question 14-15	Card 31
Question 16-17	Card 32
Question 18	Card 33
Question 19	Card 32
Question 20-23	Card 31
Question 24	Card 34
Question 25	Card 31
Question 26	Card 34
Question 27	Card 31
Question 28	Card 34
Question 28a	Card 35
Question 29-31	Card 31
Question 32	Card 34
Question 33	Card 31
Question 34	Card 34
Question 35-37	Open ended answer
Question 38-55	Card 36

### Emotions Questionnaire (EME)

**Read the following to participants:** The next questions will ask about how you have been feeling lately or in general, and about concerns and worries that you may have. Some questions may be of a personal or sensitive nature. Please remember that everything you say today will be confidential and that you do not need to answer any question you don't wish to.

Question #	Card #
Question 1-10	Card 37
Question 11-30	Card 38
Question 31-43	Card 39



Question 44-46	Card 40
Question 47-48	Card 41

### Religion Questionnaire (RLE)

**Read the following to participants:** Now I'll be asking about your experiences around religion and spirituality. The questions are of a personal nature, and I would like to remind you that all you say here will be kept confidential. There are no right or wrong answers, we are only interested in your own experiences and opinions.

Question #	Card #
Question 1-23	Card 42
Question 24	Card 43
Question 25	Card 44
Question 26-28	Card 45

### Cancer Questionnaire (CNE)

**Read the following to participants:** Next I'll be asking a series of questions related to cancer, such as things you might do to screen for cancer, and your own opinions and experiences. These topics may be sensitive to you. However, this information will help us better understand cancer risks in people like you.

**If the participant does not know the definition of "radon", you may say:** "a radioactive gas emitted by rocks, soil and by some building materials".

Question #	Card #
Question 1	Card 46
Question 2	Card 47
Question 3	Card 48
Question 4	Card 46
Question 5	Card 48
Question 6	Card 46
Question 6a	Card 48
Question 7	Card 46
Question 8	Card 48
Question 9	Card 46
Question 9a	Card 49
Question 9b	Card 50
Question 10	Card 51
Question 11	Card 52
Question 12-19	Card 53
Question 20	Card 54
Question 21-35	Card 55

### Life, Chronic, and Perceived Stress (STE)

**Read the following introduction to the participants:** The next and final set of questions ask about a variety of upsetting or stressful events and experiences you may have had in the past or more recently. Sometimes people can find these types of questions difficult to answer. I would like to remind you that everything you say will be kept confidential. In addition, you do not have to answer any question you would prefer not to. If you would rather not answer a question, just let me know.

Question #	Card #
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Question 1	Card 56
Question 1a	Card 57
Question 1b-1c	Card 58
Question 2	Card 56
Question 2a	Card 57
Question 2b-2c	Card 58
Question 3	Card 56
Question 3a	Card 57
Question 3b-3c	Card 58
Question 4	Card 56
Question 4a	Card 57
Question 4b-4c	Card 58
Question 4d	Card 59
Question 4e	Card 60
Question 5	Card 56
Question 5a	Card 57
Question 5b-5c	Card 58
Question 6	Card 56
Question 6a	Card 57
Question 6b-6c	Card 58
Question 7	Card 56
Question 7a	Card 57
Question 7b-7c	Card 58
Question 8	Card 56
Question 8a	Card 57
Question 8b-8c	Card 58
Question 9	Card 56
Question 9a	Card 57
Question 9b-9c	Card 58
Question 10	Card 56
Question 10a	Card 57
Question 10b-10c	Card 58
Question 11-20	Card 61
Question 21	Card 61
Question 21a	Card 61
Question 21b	Card 62
Question 22	Card 61
Question 22a	Card 61
Question 22b	Card 62
Question 23	Card 61
Question 23a	Card 61
Question 23b	Card 62
Question 24	Card 61
Question 24a	Card 61

Question 24b	Card 62
Question 25	Card 61
Question 25a	Card 61
Question 25b	Card 62
Question 26	Card 61
Question 26a	Card 61
Question 26b	Card 62
Question 27	Card 61
Question 27a	Card 61
Question 27b	Card 62
Question 28	Card 61
Question 28a	Card 61
Question 28b	Card 62
Question 29-38	Card 63

**Read the following conclusion to participants:** *Do you have any questions?*

**Once all questions are answered:** *Thank you very much for sharing your experiences and time with us today. Your participation in this research study is very valuable as it will help us better understand the factors that influence Latino health.*

Provide the \$60 participation incentive.

## Appendix III Question & Answer Reference (Spanish)

### HCHS/SOL Sociocultural Ancillary Study Question & Answer Reference -- SPANISH

**Read the following overview to participants:** *Le haré un variedad de preguntas sobre sus sentimientos, comportamientos, creencias, recursos económicos y sobre algunas experiencias del presente y del pasado. Nos interesa cómo es que estos factores afectan a la salud. Algunas preguntas podrían ser personales y difíciles de contestar. Usted podría sentir que algunas preguntas no le aplican o que algunas preguntas le parecen similares. Sin embargo, estaremos haciendo estas mismas preguntas a todos los participantes del estudio, y de alguna manera, cada una es diferente. Es muy importante que sus respuestas sean honestas, así nos ayudará a entender los factores que afectan la salud de personas como usted. Sus respuestas son completamente confidenciales. Su nombre no estará escrito en las formas y ninguna información será asociada con usted en ningún tipo de reporte. No tiene que contestar cualquier pregunta si usted no desea y puede terminar la entrevista en cualquier momento. (Tenga en cuenta que necesito notificar a alguien si usted me dice que tiene intención de herirse a si mismo o a otros).*

*La entrevista tomará entre 1 y 2 horas. Cada persona es diferente y no es fácil saber el tiempo exacto de la entrevista. Recuerde que las preguntas no tienen respuestas ni buenas ni malas. Sólo nos interesa saber sobre sus experiencias personales, creencias, sentimientos y comportamientos. Si no está seguro(a) de alguna respuesta, escoja la mejor para usted. Le haremos muchas preguntas y, aunque debe considerar bien sus respuestas, trate de no tomar mucho tiempo en cualquier pregunta. Tendremos un descanso a la mitad de la entrevista para que pueda estirar sus piernas y tomar un aperitivo. Sin embargo, dígame si le gustaría tomar un descanso en cualquier otro momento.*

*Al final de la entrevista, recibirá \$60 por su tiempo y esfuerzo. ¿Tiene alguna pregunta?*

**Once all questions are answered:** *¿Está listo(a) para empezar?*

#### Immigration (IMS)

Question 1	Card 1
Question 1a	Card 2
Question 2-5	Open ended answer

#### Ethnicity (IMS)

Emphasize that the participant has 5 response choices, which are: **totalmente de acuerdo, de acuerdo, ninguno, en desacuerdo, y totalmente en desacuerdo.**

**If participants ask for a definition of “ethnicity” or seem confused by the term, you can say the following:** *“Hay muchas palabras diferentes para describir los diferentes antecedentes, orígenes o grupos étnicos de donde viene la gente. Usted debe contestar estas preguntas en relación a su etnicidad y su grupo étnico según como Usted lo defina.”*

Question 6-37	Card 3
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#### Familism (FMS)

**Read the following to participants:** *Ahora, le voy a preguntar sobre sus creencias, experiencias y comportamientos que se relacionan a su grupo étnico o cultural.*

Question 1-14	Card 4
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## Fatalism (FMS)

Emphasize that the participant has 2 response choices, which are: **verdadera y falsa**.

Question 15-22	Card 5
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## Gender Roles (GNS)

Question 1-10	Card 6
Question 11-34	Card 7

## Personal Relations (PRS)

Simpatía- There are 5 response choices which are: **no es importante, un poco importante, algo importante, muy importante, e extremadamente importante**.

Question 1-10	Card 8
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Social Desirability- Emphasize that the participant has 2 response choices, which are: **verdadera y falsa**.

Question 11-20	Card 9
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## Socioeconomic Assessments (SES)

**Read the following to participants:** *Ahora, voy a hacerle un serie de preguntas sobre sus recursos y los de su familia, hoy en día y en el pasado.*

Question #	Card #
Question 1	Card 10
Question 2	Card 11
Question 2a	Card 12
Question 3	Card 11
Question 3a	Card 12
Question 4	Card 13
Question 5	Card 14
Question 6	Card 15
Question 7	Card 16
Question 7a	Card 17
Question 7b	Card 18
Question 8	Card 19
Question 9a-9f	Card 20
Question 10	Card 19
Question 10a-10b	Card 19
Question 11	Card 19

## Acculturation Stress (ACS)

**Read the following to participants:** *La siguiente serie de preguntas se relacionan con eventos y experiencias de estrés o de pena que hubiera tenido en el pasado o recientemente. A veces, es difícil para las personas contestar este tipo de preguntas. Quiero recordarle que todo lo que diga se mantendrá confidencial. Además, puede no contestar cualquier pregunta si así lo prefiere. Solo hágame saber si no desea contestar.*

Question #	Card #
Question 1	Card 21
Question 1a	Card 22
Question 2	Card 23

Question 2a	Card 22
Question 3	Card 21
Question 3a	Card 22
Question 4	Card 23
Question 4a	Card 22
Question 5	Card 21
Question 5a	Card 22
Question 6	Card 21
Question 6a	Card 22
Question 7	Card 23
Question 7a	Card 22
Question 8	Card 21
Question 8a	Card 22
Question 9	Card 21
Question 9a	Card 22
Question 10	Card 23
Question 10a	Card 22
Question 11	Card 23
Question 11a	Card 22
Question 12	Card 21
Question 12a	Card 22
Question 13	Card 21
Question 13a	Card 22
Question 14	Card 21
Question 14a	Card 22
Question 15	Card 21
Question 15a	Card 22
Question 16	Card 21
Question 16a	Card 22
Question 17	Card 21
Question 17a	Card 22

### Ethnic Discrimination (DCS)

Indicate to participants that questions ask about experiences they have **had throughout their lifetime**. Point out that all questions should be answered by indicating how often each experience has occurred during the participant’s lifetime **“on a scale of 1 to 5, with 1 being nunca, 3 algunas veces, and 5 constantemente.”** Proceed by asking each question and then reading each response category.

Question 1-17	Card 24
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### Neighborhood Stress (DCS)

Question #	Card #
Question 18-19	Open ended answer
Question 20-24	Card 25
Question 25	Card 26

Question 26-32	Card 27
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### Intrapersonal Resources (IPS)

**Read the following to participants:** *Ahora voy a preguntarle una serie de cosas que podrían ser útiles cuando tiene estrés en su vida. Le preguntaré sobre cómo se ve a usted mismo(a) y sobre su perspectiva de la vida. Recuerde que no hay respuestas ni buenas ni malas.*

Question #	Card #
Question 1-10	Card 28
Question 11-19	Card 29
Question 20-25	Card 30

### Interpersonal Resources (SOS)

**Read the following to participants:** *Ahora, le haré algunas preguntas sobre sus relaciones sociales y experiencias sociales. Le preguntaré sobre relaciones con la familia, amigos y con otros.*

Question #	Card #
Question 1-12	Card 31
Question 13	Card 32
Question 14-15	Card 33
Question 16-17	Card 34
Question 18	Card 35
Question 19	Card 34
Question 20-23	Card 33
Question 24	Card 36
Question 25	Card 33
Question 26	Card 36
Question 27	Card 33
Question 28	Card 36
Question 28a	Card 37
Question 29-31	Card 33
Question 32	Card 36
Question 33	Card 33
Question 34	Card 36
Question 35-37	Open ended answer
Question 38-55	Card 38

### Emotions Questionnaire (EMS)

**Read the following to participants:** *Las siguientes preguntas serán sobre cómo se ha sentido en general o últimamente, y también sobre preocupaciones que pudiera tener. Algunas preguntas serán de naturaleza personal. Tenga en cuenta que todo de lo que dice hoy es confidencial y no tiene que contestar cualquier pregunta que no desee.*

Question #	Card #
Question 1-10	Card 39
Question 11-20	Card 40
Question 21-30	Card 41
Question 31-43	Card 42

Question 44-46	Card 43
Question 47-48	Card 44

### Religion Questionnaire (RLS)

**Read the following to participants:** *Ahora voy a preguntarle sobre sus experiencias religiosas y espirituales. Estas preguntas son personales y tenga en cuenta que todo de lo que dice hoy es confidencial. No hay respuestas ni buenas ni malas, solo nos interesa saber sobre sus experiencias y opiniones.*

Question #	Card #
Question 1-23	Card 45
Question 24	Card 46
Question 25	Card 47
Question 26-28	Card 48

### Cancer Questionnaire (CNS)

**Read the following to participants:** *Ahora voy a hacer una serie de preguntas sobre el cáncer, tales como pruebas que puede hacerse para el cáncer, sus propias opiniones y sus experiencias. Estos temas podrían ser sensibles para usted. Sin embargo, la información podría ayudarnos a entender mejor el riesgo de sufrir cáncer en personas como usted.*

**If the participant does not know the definition of “radon”, you may say:** *“es un gas radioactivo emitido por piedras, tierra y algunos materiales de construcción”.*

Question #	Card #
Question 1	Card 49
Question 2	Card 50
Question 3	Card 51
Question 4	Card 49
Question 5	Card 51
Question 6	Card 49
Question 6a	Card 51
Question 7	Card 49
Question 8	Card 51
Question 9	Card 49
Question 9a	Card 52
Question 9b	Card 53
Question 10	Card 54
Question 11	Card 55
Question 12-19	Card 56
Question 20	Card 57
Question 21-35	Card 58

### Life, Chronic, and Perceived Stress (STS)

**Read the following to participants:** *La serie final de preguntas se relacionan con eventos y experiencias de estrés o de pena que pudo haber tenido en el pasado o más recientemente. A veces, es difícil contestar este tipo de preguntas. Quiero decirle nuevamente que todo de lo que diga será confidencial. Además, si prefiere, no tiene que contestar cualquier pregunta. Solo dígame que no desea contestar.*

Question #	Card #
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Question 1	Card 59
Question 1a	Card 60
Question 1b	Card 61
Question 1c	Card 61
Question 2	Card 59
Question 2a	Card 60
Question 2b	Card 61
Question 2c	Card 61
Question 3	Card 59
Question 3a	Card 60
Question 3b	Card 61
Question 3c	Card 61
Question 4	Card 59
Question 4a	Card 60
Question 4b	Card 61
Question 4c	Card 61
Question 4d	Card 62
Question 4e	Card 63
Question 5	Card 59
Question 5a	Card 60
Question 5b	Card 61
Question 5c	Card 61
Question 6	Card 59
Question 6a	Card 60
Question 6b	Card 61
Question 6c	Card 61
Question 7	Card 59
Question 7a	Card 60
Question 7b	Card 61
Question 7c	Card 61
Question 8	Card 59
Question 8a	Card 60
Question 8b	Card 61
Question 8c	Card 61
Question 9	Card 59
Question 9a	Card 60
Question 9b	Card 61
Question 9c	Card 61
Question 10	Card 59
Question 10a	Card 60
Question 10b	Card 61
Question 10c	Card 61
Question 11-20	Card 64
Question 21	Card 64

Question 21a	Card 64
Question 21b	Card 65
Question 22	Card 64
Question 22a	Card 64
Question 22b	Card 65
Question 23	Card 64
Question 23a	Card 64
Question 23b	Card 65
Question 24	Card 64
Question 24a	Card 64
Question 24b	Card 65
Question 25	Card 64
Question 25a	Card 64
Question 25b	Card 65
Question 26	Card 64
Question 26a	Card 64
Question 26b	Card 65
Question 27	Card 64
Question 27a	Card 64
Question 27b	Card 65
Question 28	Card 64
Question 28a	Card 64
Question 28b	Card 65
Question 29-38	Card 66

**Read the following conclusion to participants:** *¿Tiene alguna pregunta?*

**Once all questions are answered:** *Muchas gracias por compartir sus experiencias y tiempo con nosotros el día de hoy. Su participación en este estudio es muy valiosa pues nos ayudará a entender mejor los factores que afectan la salud de los latinos.*

Provide the \$60 participation incentive.

**Appendix IV Table of Measures, Sources of English and Spanish Translations, and Any Changes Made to the Measures for the Current Study**

<b>Construct</b>	<b>Measure</b>	<b>Spanish</b>	<b>Validation</b>
<i>Socioeconomic Status</i>			
<b>Wealth and Assets</b>	1 item from the HCHS/SOL battery	Yes	HCHS/SOL procedure – Currently used in approved HCHS/SOL study; translated by IRB approved translations company
	3 items from a study by Wardle and colleagues	Yes	Forward and backward translation conducted by two bilingual University of Miami staff members; pending Miami IRB approval.
	1 item from a study by Townsend and colleagues	Yes	Forward and backward translation conducted by two bilingual University of Miami staff members; pending Miami IRB approval.
	2 items from the MacArthur Research Network on Socioeconomic Status and Health	Yes	Translated into Spanish by IRB approved translations company for use in PATHS, <b>(R01 CA114412)</b> conducted at the University of Miami
<b>Immigrant Personal Mobility</b>	3 questions comparing status of US occupation relative to former occupation in country of origin	Yes	Created and translated by San Diego State University’s Center for Behavioral and Community Health. <b>(1R01HL081604-01A1)</b>
<b>Material Deprivation</b>	3 items adapted from research conducted at the Pittsburgh Mind-Body Center	Yes	Adapted and translated into Spanish for use in Nuestra Salud, an IRB approved study <b>(1R01HL081604-01A1)</b> conducted at San Diego State University.
	An additional item will be administered to assess childhood access to utilities and basic infrastructure	Yes	Adapted and translated into Spanish for use in Nuestra Salud, an IRB approved study <b>(1R01HL081604-01A1)</b> conducted at San Diego State University.
<i>Cultural Factors</i>			
<b>Reason for Immigration</b>	one item with the following response options: I moved with my parents as a child; To attend school; Financial opportunity/work; Refugee/political exile; To be with my family; Other (specify)	Yes	Translated into Spanish for use in Nuestra Salud, an IRB approved study <b>(1R01HL081604-01A1)</b> conducted at San Diego State University.
<b>Ethnic Experience</b>	32-item Scale of	Yes	Published (Malcarne VL, Chavira

	Ethnic Experience (SEE)		DA, Fernandez S, Liu PJ. The scale of ethnic experience: Development and psychometric properties. J Pers Assess 2006 April;86(2):150-61.)
<b>Familism</b>	14-item Familism scale developed by Sabogal and colleagues	Yes	Published (Sabogal F, Marin G, Otero-Sabogal R, Marin BV. Hispanic familism and acculturation: What changes and what doesn't? Hispanic J Behav Sci 1987;9(4):397-412.)
<b>Fatalism</b>	8-item fatalism scale from the Multiphasic Assessment of Cultural Constructs – Short Form (MACC-SF)	Yes	Published (Cuellar I, Arnold B, Gonzalez G. Cognitive referents of acculturation: Assessment of cultural constructs in Mexican Americans. J Community Psychol 1995;23(4):339-56.) Published (Dettenborn L, DuHamel K, Butts G, Thompson H, Jandorf, M. Cancer fatalism and its demographic correlates among African American and Hispanic women: Effects on adherence to cancer screening. J Psychosocial Oncology 2004; 22(4): 47-60.
<b>Machismo</b>	10-item subscale from the MAN for Health survey <b>3 items from MACC</b> <b>3 items from Neff “Male honor”</b> <b>3 items from Neff “Machismo”</b> <b>1 item about job</b>	Yes	Published (Ayala GX, Ornelas I, Rhodes SD et al. Correlates of Dietary Intake Among Men Involved in the MAN for Health Study. Am J Men's Health 2008 May 19; Published on-line in advance of print publication) MACC-SF published (Gibbons JL, Wilson SL, Rufener CA. Gender attitudes mediate gender differences in attitudes toward adoption in Guatemala. Sex Roles 2006; 54(1/2); 139-145).
<b>Marianismo</b>	a scale adapted from the Bem Sex Role Inventory by Kulis and colleagues	Yes	Published (Kulis S, Marsiglia FF, Lingard EC, Nieri T, Nagoshi J. Gender identity and substance use among students in two high schools in Monterrey, Mexico. Drug Alcohol Depend 2008 June 1;95(3):258-68.; KULIS STEP, Marsiglia FF, Hecht ML. Gender Labels and Gender Identity as Predictors of Drug Use among Ethnically Diverse Middle School Students. Youth Society 2002 March 1;33(3):442-75.)
<b>Folk Beliefs</b>	14-item Folk Beliefs subscale from the Multiphasic Assessment of Cultural Constructs – Short Form	Yes	Published (Cuellar I, Arnold B, Gonzalez G. Cognitive referents of acculturation: Assessment of cultural constructs in Mexican Americans. J Community Psychol 1995;23(4):339-56.)

	(MACC-SF)		
<b>Simpatía</b>	a 10-item version of Griffith and colleagues' simpatía scale, adapted by Gamble and Modry-Mandell	Yes	Published (Gamble WC, Modry-Mandell K. Family Relations and the Adjustment of Young Children of Mexican Descent: Do Family Cultural Values Moderate These Associations? Soc Devel 2008 May 12;17(2):358-79.) Translated into Spanish for use in PATHS, an IRB approved study ( <b>R01 CA114412</b> ) conducted at the University of Miami
<b>Social Desirability</b>	Marlowe Crowne Social Desirability Scale	Yes	Published (Collazo AA. Translation of the Marlowe-Crowne social desirability scale into an equivalent Spanish version. Educational and Psychological Measurement; 2005; 65: 780-806.)
<b>Stress</b>			
<b>Life Stress</b>	TSS	Yes	Published (Norris, F.H. & Hamblen, J.L. Standardized self-report measures of civilian trauma and PTSD. Assessment Methods; 2004; Chapter 3; 63-102.)
<b>Childhood Stress Exposure</b>	ACE	Yes	Forward and backward translation conducted by two bilingual University of Miami staff members; pending Miami IRB approval.
<b>Chronic Stress</b>	MESA measure (5 items from MESA; 3 items from SWAN)		5 items from the IRB-approved Multi-Ethnic Study of Atherosclerosis (MESA), a multi-site medical research study sponsored by the National Heart Lung and Blood Institute of the National Institutes of Health. 3 items from the SWAN measure are being used in Nuestra Salud (an IRB-approved study being conducted at San Diego State Univeristy, <b>1R01HL081604-01A1</b> )
<b>Perceived Stress</b>	10-item Perceived Stress Scale (PSS10)	Yes	Published (Acquadro C., Jambon B., Ellis D., Marquis P. Language and translation issues. In Spilker B, ed. Quality of Life and Pharamcoeconomics in Clinical trials. Philadelphia: Lippincott-Raven Publishers; 1996. p. 575-85.; Acquadro C., Conway K., Giroudet C., Mear I. Linguistic validation Manuel for Patient-Reported Outcomes (PRO) Instruments. Hispanic J Behav Sci 2006 November;28(4):498-515.)
<b>Perceived Ethnic Discrimination</b>	17-item Brief Perceived Ethnic	Yes	Currently being used in Nuestra Salud (an IRB-approved study being

	Discrimination Questionnaire-Community Version		conducted at San Diego State University, <b>1R01HL081604-01A1</b> ) and internal consistency estimates to date are estimated as follows: English $\alpha = .90$ and Spanish $\alpha = .83$ . With respect to the translation of the scale, the authors used an American Translation Association (ATA) accredited translator for the forward translation and another ATA accredited translator for the back translation, and the validation process also included review by native Spanish speakers from Colombia, Puerto Rico, and the Dominican Republic (Brondolo, personal communication, 05/14/08)
<b>Neighborhood Stress</b>	5-item Neighborhood Scale, developed as a part of the Multi-Ethnic Study of Atherosclerosis (MESA)	Yes	Published (Mujahid MS, Diez Roux AV, Morenoff JD, Raghunathan T. Assessing the measurement properties of neighborhood scales: from psychometrics to ecometrics. Am J Epidemiol 2007 April 15;165(8):858-67.) Used as part of the IRB-approved MESA study, a multi-site medical research study sponsored by the National Heart Lung and Blood Institute of the National Institutes of Health.
<b>Acculturation Stress</b>	17-item abbreviated version of the Hispanic Stress Inventory (HSI)	Yes	Published (Cavazos-Rehg PA, Zayas LH, Walker MS, Fisher EB. Evaluating an Abbreviated Version of the Hispanic Stress Inventory for Immigrants. Hispanic J Behav Sci 2006 November 1;28(4):498-515.)
<i>Emotions</i>			
<b>Depression</b>	10-item version of the CES-D	Yes	HCHS/SOL procedure – Currently used in approved HCHS/SOL study; translated by IRB approved translations company
<b>Anxiety</b>	the 10-item Spielberger Trait Anxiety, Short Form	Yes	HCHS/SOL procedure – Currently used in approved HCHS/SOL study; translated by IRB approved translations company
<b>Hostility</b>	6-item Cook-Medley cynicism subscale	Yes	Currently being used in Nuestra Salud, an IRB-approved study ( <b>1R01HL081604-01A1</b> ) conducted at San Diego State University, and reliability coefficients are as follows: English $\alpha = .69$ and Spanish $\alpha = .67$ .
<b>Anger</b>	10-item Spielberger Trait Anger Scale	Yes	Translated into Spanish for use in Nuestra Salud (translation

			procedure outlined above), an IRB approved study ( <b>1R01HL081604-01A1</b> ) conducted at San Diego State University. Reliability coefficients from Nuestra Salud for the total scale score are as follows: English $\alpha = .85$ and Spanish $\alpha = .82$ .
<b>Loneliness</b>	3-item Loneliness Scale developed by Hughes and colleagues	Yes	Translated into Spanish for use in Nuestra Salud (translation procedure outlined above), an IRB approved study ( <b>1R01HL081604-01A1</b> ) conducted at San Diego State University, and has demonstrated good reliability (English $\alpha = .82$ and Spanish $\alpha = .76$ )
<b>Hopelessness</b>	2-item scale assessing respondent's negative expectancies about themselves and the future	Yes	Translated into Spanish for use in Nuestra Salud (translation procedure outlined above), an IRB approved study ( <b>1R01HL081604-01A1</b> ) conducted at San Diego State University, and preliminary analyses suggest adequate reliability for the translation $\alpha = .71$
<i>Reserve Capacity: Interpersonal Resources</i>			
<b>Social Support</b>	12-item version of the Interpersonal Support Evaluation List (ISEL)	Yes	Published (Gallo LC, de los Monteros KE, Ferent V, Urbina J, Talavera G. Education, psychosocial resources, and metabolic syndrome variables in Latinas. <i>Ann Behav Med</i> 2007;34(1):14-25.)
<b>Social Integration</b>	12-item Social Network Index	Yes	Translated into Spanish for use with Hispanic populations by TransPerfect Translations Internation, Inc. using three separate professional linguists and a multi-step approach to ensure linguistic and conceptual validity, and is currently being used in the Ethnicity and Determinants of Quality of Life Following Prostate Cancer Treatment study, an IRB-approved study ( <b>1R01CA11441201A1</b> ) conducted at the University of Miami
<b>Family Cohesion and Conflict</b>	two subscales (Cohesion and Conflict subscales) of the Family Environment Scale (FES)	Yes	Published (Negy C, Snyder DK. Assessing Family-of-Origin Functioning in Mexican American Adults: Retrospective Application of the Family Environment Scale. <i>Assessment</i> 2006 December 1;13(4):396-405.; Santisteban DA, Coatsworth JD, Perez-Vidal A et al. Efficacy of brief strategic family therapy in modifying Hispanic

			adolescent behavior problems and substance use. J Fam Psychol 2003 March;17(1):121-33.)
<i>Reserve Capacity: Intrapersonal Resources</i>			
<b>Self-Esteem</b>	6-item version of Rosenberg's Self-Esteem Scale	Yes	Published (Gallo LC, de los Monteros KE, Ferent V, Urbina J, Talavera G. Education, psychosocial resources, and metabolic syndrome variables in Latinas. Ann Behav Med 2007;34(1):14-25.)
<b>Optimism</b>	Life Orientation Test—Revised (LOT-R)	Yes	Translated into Spanish for use in PATHS, an IRB approved study ( <b>R01 CA114412</b> ) conducted at the University of Miami. published (Perczek R, Carver CS, Price AA, Pozo-Kaderman C. Coping, mood, and aspects of personality in Spanish translation and evidence of convergence with English versions. J Pers Assess 2000 February;74(1):63-87.)
<b>Life Engagement</b>	6-item Life Engagement Test (LET)	Yes	Translated into Spanish for use in Nuestra Salud (translation procedure outlined above), an IRB approved study ( <b>1R01HL081604-01A1</b> ) conducted at San Diego State University. In preliminary analyses, the measure was shown to have good internal constancy, with $\alpha = .84$ for the Spanish version and $\alpha = .78$ for the English version, and was also shown to relate in a theoretically consistent manner with other psychosocial constructs
<b>Religiousness</b>	Functional Assessment in Chronic Illness Therapy—Spiritual Well-Being Scale (FACIT-Sp-12)	Yes	Published (Peterman AH, Fitchett G, Brady MJ, Hernandez L, Cella D. Measuring spiritual well-being in people with cancer: the functional assessment of chronic illness therapy--Spiritual Well-being Scale (FACIT-Sp). Ann Behav Med 2002;24(1):49-58.; Cella D, Hernandez L, Bonomi AE et al. Spanish language translation and initial validation of the functional assessment of cancer therapy quality-of-life instrument. Med Care 1998 September;36(9):1407-18.)
<b>Spirituality</b>	5-item Duke Religion Index (DUREL)	Yes	Published; Good internal consistency for the DUREL has been documented in a sample of low income, primarily Mexican-American women ( $\alpha > .70$ ) (Gallo



			LC, de los Monteros KE, Ferent V, Urbina J, Talavera G. Education, psychosocial resources, and metabolic syndrome variables in Latinas. Ann Behav Med 2007;34(1):14-25.)
<b>Cancer Screening, Knowledge, and Cognitions</b>	HINTS	Yes	<a href="http://hints.cancer.gov/instrument.jsp">http://hints.cancer.gov/instrument.jsp</a> Health Information National Trends Survey – Nationally conducted government study

Appendix V Survey Forms (English)

## Immigration and Ethnicity

### HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: IME  
VERSION: A 10/21/09

Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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**Administrative Information**

0a. Completion Date:  /  /   
Month      Day      Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

**Immigration**

1. Did you immigrate to the U.S.?

No    0  → **GO TO QUESTION 6**  
 Yes   1

1a. What was the main reason you immigrated to the U.S.?

- I moved with my parents as a child      1
- To attend school      2
- Financial opportunity/work      3
- Refugee/political exile      4
- To be with my family      5
- Other      6

*If other, please specify:* \_\_\_\_\_

From where did you immigrate to the U.S.?

2. Country/Territory (Select location code from list)

3. State/Province

4. Municipality

5. City or Town

**Ethnicity**

The following items ask you to identify how you feel about your specific ethnic group(s).

6. Holidays related to my ethnicity are not very important to me.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

7. Generally speaking, my ethnic group is respected in America.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

8. My ethnic group has been treated well in American society.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

9. Ethnicity was not important to my parents.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

10. At a social gathering, I would feel most comfortable if the majority of the people there were members of my own ethnic group.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

11. I feel like I belong to mainstream American culture.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

12. My ethnic background plays a very small role in how I live my life.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

13. I do not feel it is necessary to learn about the history of my ethnic group.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Agree    | 1 | <input type="checkbox"/> |
| Agree             | 2 | <input type="checkbox"/> |
| Neither           | 3 | <input type="checkbox"/> |
| Disagree          | 4 | <input type="checkbox"/> |
| Strongly Disagree | 5 | <input type="checkbox"/> |
14. I'm what most people think of as a typical American.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Agree    | 1 | <input type="checkbox"/> |
| Agree             | 2 | <input type="checkbox"/> |
| Neither           | 3 | <input type="checkbox"/> |
| Disagree          | 4 | <input type="checkbox"/> |
| Strongly Disagree | 5 | <input type="checkbox"/> |
15. I feel most comfortable talking about personal things with people from my own ethnic group.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Agree    | 1 | <input type="checkbox"/> |
| Agree             | 2 | <input type="checkbox"/> |
| Neither           | 3 | <input type="checkbox"/> |
| Disagree          | 4 | <input type="checkbox"/> |
| Strongly Disagree | 5 | <input type="checkbox"/> |
16. I do not feel a part of mainstream American culture.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Agree    | 1 | <input type="checkbox"/> |
| Agree             | 2 | <input type="checkbox"/> |
| Neither           | 3 | <input type="checkbox"/> |
| Disagree          | 4 | <input type="checkbox"/> |
| Strongly Disagree | 5 | <input type="checkbox"/> |
17. Ethnic pride is not very important to a child's upbringing.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Agree    | 1 | <input type="checkbox"/> |
| Agree             | 2 | <input type="checkbox"/> |
| Neither           | 3 | <input type="checkbox"/> |
| Disagree          | 4 | <input type="checkbox"/> |
| Strongly Disagree | 5 | <input type="checkbox"/> |
18. My ethnic group does not have the same opportunities as other ethnic groups.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Agree    | 1 | <input type="checkbox"/> |
| Agree             | 2 | <input type="checkbox"/> |
| Neither           | 3 | <input type="checkbox"/> |
| Disagree          | 4 | <input type="checkbox"/> |
| Strongly Disagree | 5 | <input type="checkbox"/> |
19. I have a strong sense of myself as a member of my ethnic group.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Agree    | 1 | <input type="checkbox"/> |
| Agree             | 2 | <input type="checkbox"/> |
| Neither           | 3 | <input type="checkbox"/> |
| Disagree          | 4 | <input type="checkbox"/> |
| Strongly Disagree | 5 | <input type="checkbox"/> |

20. I think that friendships work best when people are from the same ethnic group.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

21. I believe that my sense of ethnicity was strongly influenced by my parents.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

22. I think of myself as a typical American.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

23. I find it easiest to trust people from my own ethnic group.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

24. I often have to defend my ethnic group from criticism by people outside of my ethnic group.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

25. Being a member of my ethnic group is an important part of who I am.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

26. Discrimination against my ethnic group is not a problem in America.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

27. I prefer my close friends to be from my own ethnic group.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

28. My parents gave me a strong sense of cultural values.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

29. My ethnic group is often criticized in this country.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

30. I believe it is important to take part in holidays that celebrate my ethnic group.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

31. In America, the opinions of people from my ethnic group are treated as less important than those of other ethnic groups.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

32. When I was growing up, ethnicity played a very little part in our family life.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

33. I understand how to get along well in mainstream America.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

34. In my life, I have experienced prejudice because of my ethnicity.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

35. I have taken time to learn about the history of my ethnic group.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

36. I have not felt prejudiced against in American society because of my ethnic background.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

37. The term "American" does not fit me.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

## Familism and Fatalism HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: FME  
VERSION: A 10/21/09

Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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### Administrative Information

0a. Completion Date:  /  /

Month                  Day                  Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Familism

Please indicate how much you agree or disagree with these statements by choosing a number from 1 (very much in agreement) to 5 (very much in disagreement) which best shows how you feel about each statement.

1. One should make great sacrifices in order to guarantee a good education for his/her children.
 

Strongly Agree	1	<input type="checkbox"/>
Agree	2	<input type="checkbox"/>
Neither	3	<input type="checkbox"/>
Disagree	4	<input type="checkbox"/>
Strongly Disagree	5	<input type="checkbox"/>
  
2. One should help economically with the support of younger brothers and sisters.
 

Strongly Agree	1	<input type="checkbox"/>
Agree	2	<input type="checkbox"/>
Neither	3	<input type="checkbox"/>
Disagree	4	<input type="checkbox"/>
Strongly Disagree	5	<input type="checkbox"/>
  
3. I would help within my means if a relative told me that she/he is in financial difficulty.
 

Strongly Agree	1	<input type="checkbox"/>
Agree	2	<input type="checkbox"/>
Neither	3	<input type="checkbox"/>
Disagree	4	<input type="checkbox"/>
Strongly Disagree	5	<input type="checkbox"/>
  
4. One should have the hope of living long enough to see his/her grandchildren grow up.
 

Strongly Agree	1	<input type="checkbox"/>
Agree	2	<input type="checkbox"/>
Neither	3	<input type="checkbox"/>
Disagree	4	<input type="checkbox"/>
Strongly Disagree	5	<input type="checkbox"/>
  
5. Aging parents should live with relatives.
 

Strongly Agree	1	<input type="checkbox"/>
Agree	2	<input type="checkbox"/>
Neither	3	<input type="checkbox"/>
Disagree	4	<input type="checkbox"/>
Strongly Disagree	5	<input type="checkbox"/>
  
6. A person should share his/her home with uncles, aunts, or first cousins if they are in need.
 

Strongly Agree	1	<input type="checkbox"/>
Agree	2	<input type="checkbox"/>
Neither	3	<input type="checkbox"/>
Disagree	4	<input type="checkbox"/>
Strongly Disagree	5	<input type="checkbox"/>
  
7. When someone has problems she/he can count on help from his/her relatives.
 

Strongly Agree	1	<input type="checkbox"/>
Agree	2	<input type="checkbox"/>
Neither	3	<input type="checkbox"/>
Disagree	4	<input type="checkbox"/>
Strongly Disagree	5	<input type="checkbox"/>



8. When one has problems, one can count on the help of relatives.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

9. One can count on help from his/her relatives to solve most problems.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

10. Much of what a son or daughter does should be done to please the parents.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

11. The family should consult close relatives (uncles, aunts) concerning its important decisions.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

12. One should be embarrassed about the bad things done by his/her brothers and sisters.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

13. Children should live in their parents' house until they get married.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

14. One of the most important goals in life is to have children.

- Strongly Agree 1
- Agree 2
- Neither 3
- Disagree 4
- Strongly Disagree 5

## Fatalism

Following are several statements. Please decide whether each statement is true as applied to you or false as applied to you. Respond TRUE if the statement is TRUE or mostly TRUE or FALSE if the statement is FALSE or mostly FALSE. Remember to give YOUR own opinion and try to answer every statement.

- |   | True                       | False                      |
|---|----------------------------|----------------------------|
| 15. It is more important to enjoy life now than to plan for the future.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 16. People die when it is their time and there is not much that can be done about it.                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 17. We must live for the present, who knows what the future may bring.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 18. If my doctor said I was disabled, I would believe it even if I disagreed.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 19. It is not always wise to plan too far ahead because many things turn out to be a matter of good and bad fortune anyway. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 20. It doesn't do any good to try to change the future because the future is in the hands of God.                           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 21. When I make plans, I am almost certain I can make them work.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 22. I sometimes feel that someone controls me.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

## Gender Roles

### HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: GNE	Contact	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
								VERSION: A 10/21/09	Occasion					

### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

## Male Gender Roles

Please let me know how much you agree or disagree with each statement: 1=strongly disagree, 2=disagree, 3=agree, and 4=strongly agree.

1. Wives should respect the man's position as head of the household.
- |                   |                            |
|-------------------|----------------------------|
| Strongly Disagree | 1 <input type="checkbox"/> |
| Disagree          | 2 <input type="checkbox"/> |
| Agree             | 3 <input type="checkbox"/> |
| Strongly Agree    | 4 <input type="checkbox"/> |

2. It is important for a man to be strong.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
3. Boys should not be allowed to play with dolls or other girls' toys.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
4. A man shouldn't show emotions or feelings like fear and sadness.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
5. It is better for a man to give orders than to take orders.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
6. It is better for a man to ask for help with a difficult task.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
7. It is important for a man to be respected by others.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
8. A man's #1 responsibility is his family.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
9. It is important for a man to stick to his beliefs.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
10. A man's job defines who he is.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

## Female Gender Roles

Instructions: The following statements represent some of the different expectations for Hispanic or Latina women. For each statement, please mark the answer that best describes what you believe rather than what you were taught or what you actually practice.

A Hispanic/Latina woman...

1) must be a source of strength for her family.

- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

2) is considered the main source of strength of her family.

- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

3) mother must keep the family unified.

- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

4) should teach her children to be loyal to the family.

- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

5) should do things that make her family happy.

- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

6) should (should have) remain(ed) a virgin until marriage.

- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

7) should wait until after marriage to have children.

- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

8) should be pure.

- Strongly Disagree 1
- Disagree 2
- Agree 3
- Strongly Agree 4

9) should adopt the values taught by her religion.

- Strongly Disagree 1
- Disagree 2
- Agree 3
- Strongly Agree 4

10) should be faithful to her partner.

- Strongly Disagree 1
- Disagree 2
- Agree 3
- Strongly Agree 4

11) should satisfy her partner's sexual needs without argument.

- Strongly Disagree 1
- Disagree 2
- Agree 3
- Strongly Agree 4

12) should not speak out against men.

- Strongly Disagree 1
- Disagree 2
- Agree 3
- Strongly Agree 4

13) should respect men's opinions even when she does not agree.

- Strongly Disagree 1
- Disagree 2
- Agree 3
- Strongly Agree 4

14) should avoid saying no to people.

- Strongly Disagree 1
- Disagree 2
- Agree 3
- Strongly Agree 4

15) should do anything a male in the family asks her to do.

- Strongly Disagree 1
- Disagree 2
- Agree 3
- Strongly Agree 4

- 16) should not discuss birth control.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
- 17) should not express her needs to her partner.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
- 18) should feel guilty about telling people what she needs.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
- 19) should not talk about sex.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
- 20) should be forgiving in all aspects.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
- 21) should always be agreeable to men's decisions.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
- 22) should be the spiritual leader of the family.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |
- 23) is responsible for taking family to religious services.
- |                   |   |                          |
|-------------------|---|--------------------------|
| Strongly Disagree | 1 | <input type="checkbox"/> |
| Disagree          | 2 | <input type="checkbox"/> |
| Agree             | 3 | <input type="checkbox"/> |
| Strongly Agree    | 4 | <input type="checkbox"/> |

24) is responsible for the spiritual growth of the family.

- Strongly Disagree 1   
 Disagree 2   
 Agree 3   
 Strongly Agree 4

## Personal Relations

### HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:

FORM CODE: PRE  
 VERSION: A 10/21/09

Contact  
 Occasion

SEQ #

#### Administrative Information

0a. Completion Date:   /   /      
 Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Simpatía

Listen to the following sentences while thinking of yourself and your personal relationships. Rate each sentence in terms of how important the issue described is for you in your interaction with other people. Please listen to each sentence very carefully, considering its importance to you.

When interacting with other people, how important is it for you:

	Not Important	A little Important	Somewhat Important	Very Important	Extremely Important
1. To be able to openly share your feelings.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. To show respect for others.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. To avoid conflict at all costs.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. To control your emotions.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. To show loyalty.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. To obey or fulfill others' wishes or requests.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. To show agreement with opinions that are different from your own.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. To show good manners and be polite no matter what.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. To make others feel comfortable.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. To avoid being rude or insulting.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## Social Desirability

The following are a number of statements concerning personal attitudes and traits. Please listen to each item and decide whether the statement is true or false as it pertains to you personally.

11. I always try to practice what I preach.

True 1

False 2

12. There have been occasions when I feel like smashing things.

True 1

False 2

13. I have never been annoyed when people expressed ideas very different from my own.

True 1

False 2

14. I never resent being asked to return a favor.

True 1

False 2

15. I like to gossip at times.

True 1

False 2

16. I am always willing to admit it when I make a mistake.

True 1

False 2

17. At times I have really insisted on having things my own way.

True 1

False 2

18. There have been occasions when I took advantage of someone.

True 1

False 2

19. I have never deliberately said something that hurt someone's feelings.

True 1

False 2

20. I sometimes try to get even rather than forgive and forget.

True 1

False 2



# Socioeconomic Assessments

## HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: SEE  
VERSION: A 10/21/09

Contact  
Occasion

<input type="text"/>	<input type="text"/>
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SEQ #

<input type="text"/>	<input type="text"/>
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### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Wealth and Assets

1. Is your house, apartment, or mobile home...?

- Owned by you or someone in the household free and clear---without a mortgage or loan 1
- Owned by you or someone in the household ---with a mortgage or loan 2
- Rented for cash rent 3
- Occupied without payment of cash rent 4

2. Do you (or anyone else in the family living with you) own or lease a car or other vehicle for personal use?

- 1 Yes
- 2 No → **GO TO QUESTION 3**

2a. Altogether, how many vehicles do you (or anyone else in the family living with you) own or lease for personal use?

- 1 One
- 2 Two
- 3 Three or more

3. Do you (or anyone else in the family living with you) have a computer or laptop for personal use at home?

- 1 Yes
- 2 No → **GO TO QUESTION 4**

3a. Altogether, how many computers or laptops do you or others in your family have for personal use?

- 1 One
- 2 Two
- 3 Three or more

4. During the past 12 months, how many times did you travel away on vacation?

- Once 1
- Twice 2
- More than twice 3
- We have not traveled away on vacation 4

in the last twelve months

5. If you lost all your current source(s) of household income (your paycheck, public assistance, or other forms of income), how long could you continue to live at your current address and standard of living?

- Less than 1 month 1
- More than 1 month, but less than 6 months 2
- More than 6 months, but less than 12 months 3
- 12 months or more 4

6. Suppose you needed money quickly, and you cashed in all of your (and your spouse's) checking and savings accounts, and any stocks and bonds. If you added up what you would get, about how much would this amount to?

- Less than \$500 1
- \$500 to \$4,999 2
- \$5,000 to \$9,999 3
- \$10,000 to \$19,999 4
- \$20,000 to \$49,999 5
- \$50,000 to \$99,999 6
- \$100,000 to \$199,999 7
- \$200,000 to \$499,999 8
- \$500,000 and greater 9

**Immigrant Personal Mobility**

7. Did you work in your country of origin before you moved to the United States?

- No 0  → **GO TO QUESTION 8**
- Yes 1
- N/A (I did not immigrate) 9  → **GO TO QUESTION 8**

7a. Comparing your current or most recent job in the U.S. to your previous job in your country of origin, would you say that...

- This job has/had more prestige or higher status than the job in your country of origin 1
- This job has/had less prestige or lower status than the job in your country of origin 2
- Both jobs are/were about equal in terms of prestige or status 3
- N/A 9

7b. Would you say that...

- This job provides/provided a higher comparable income  
(or standard of living) than the job in your country of origin 1
- This job provides/provided a lower comparable income  
(or standard of living) than the job in your country of origin 2
- Both jobs are/were about equal in terms of  
comparable income/standard of living provided 3
- N/A 9

### Material Deprivation

8. In the **past 12 months**, was there ever a time when you had trouble paying for your basic needs, such as food, housing, medical care, and utilities?

No 0   
Yes 1

9. Did you **ever** experience a period of time when you had trouble paying for your basic needs, such as food, housing, medical care, and utilities? (Choose "no", "yes" or "N/A" as it applies).

No	Yes	N/A			
	a.	When you were 18-29 years	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
	b.	When you were 30-39 years	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
	c.	When you were 40-49 years	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
	d.	When you were 50-59 years	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
	e.	When you were 60-69 years	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
	f.	When you were 70-74 years	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

10. Did your family ever experience a period of time when they had trouble paying for their basic needs, such as food, housing, medical care, and utilities, when you were a child?

No 0  → **GO TO QUESTION 11**  
Yes 1

Was this when you were...? (Mark all that apply)

	No	Yes
10a. 0-12	0 <input type="checkbox"/>	1 <input type="checkbox"/>
10b. 13-18	0 <input type="checkbox"/>	1 <input type="checkbox"/>

11. When you were growing up, did your home have the following basic utilities? (Mark all that apply)

	No	Yes
a. Plumbing	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Electricity	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Phone	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Sewer/septic tank	0 <input type="checkbox"/>	1 <input type="checkbox"/>

# Acculturation Stress HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: ACE  
VERSION: A 10/21/09

Contact  
Occasion

<input type="text"/>	<input type="text"/>
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SEQ #

<input type="text"/>	<input type="text"/>
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## Administrative Information

0a. Completion Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

## Acculturation Stress: Hispanic Stress Inventory

Please answer 'yes' or 'no' to indicate whether the following situations have occurred to you during the last 3 months. Then if it did occur to you, indicate how worried or tense the situation made you feel. Remember there is no right or wrong answer so try and be as honest as you can.

1. Because I do not know enough English, it has been difficult for me to interact with others.

No    0  → **GO TO QUESTION 2**  
Yes    1

1a. How worried or tense have you been about it?

Not at all worried/tense    1   
A little worried/tense        2   
Moderately worried/tense    3   
Very worried/tense            4   
Extremely worried/tense      5

2. My spouse and I have disagreed on how to bring up our children.

No    0  → **GO TO QUESTION 3**  
Yes    1   
N/A    9  → **GO TO QUESTION 3**

2a. How worried or tense have you been about it?

Not at all worried/tense    1   
A little worried/tense        2   
Moderately worried/tense    3   
Very worried/tense            4   
Extremely worried/tense      5

3. Because of my poor English people have treated me badly.

No    0  → **GO TO QUESTION 4**  
Yes    1

3a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

4. My children have not respected my authority the way they should.

No 0  → **GO TO QUESTION 5**

Yes 1

N/A 9  → **GO TO QUESTION 5**

4a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

5. Because I am Latino I have been expected to work harder.

No 0  → **GO TO QUESTION 6**

Yes 1

5a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

6. My income has not been sufficient to support my family or myself.

No 0  → **GO TO QUESTION 7**

Yes 1

6a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

7. I have felt that my children's ideas about sexuality are too liberal.

No 0  → **GO TO QUESTION 8**

Yes 1

N/A 9  → **GO TO QUESTION 8**

7a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

8. There has been physical violence among members of my family.  
No 0  → **GO TO QUESTION 9**  
Yes 1

8a. How worried or tense have you been about it?  
Not at all worried/tense 1   
A little worried/tense 2   
Moderately worried/tense 3   
Very worried/tense 4   
Extremely worried/tense 5

9. Because I am Latino I have had difficulty finding the type of work I want.  
No 0  → **GO TO QUESTION 10**  
Yes 1

9a. How worried or tense have you been about it?  
Not at all worried/tense 1   
A little worried/tense 2   
Moderately worried/tense 3   
Very worried/tense 4   
Extremely worried/tense 5

10. My children have talked about leaving home.  
No 0  → **GO TO QUESTION 11**  
Yes 1   
N/A 9  → **GO TO QUESTION 11**

10a. How worried or tense have you been about it?  
Not at all worried/tense 1   
A little worried/tense 2   
Moderately worried/tense 3   
Very worried/tense 4   
Extremely worried/tense 5

11. My children have received bad school reports (or bad grades).  
No 0  → **GO TO QUESTION 12**  
Yes 1   
N/A 9  → **GO TO QUESTION 12**

11a. How worried or tense have you been about it?  
Not at all worried/tense 1   
A little worried/tense 2   
Moderately worried/tense 3   
Very worried/tense 4   
Extremely worried/tense 5

12. I have had to watch the quality of my work so others do not think I am lazy.  
No 0  → **GO TO QUESTION 13**  
Yes 1

12a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

13. Because I am Latino it has been hard to get promotions or salary raises.

No 0  → **GO TO QUESTION 14**

Yes 1

13a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

14. I had serious arguments with family members.

No 0  → **GO TO QUESTION 15**

Yes 1

14a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

15. I have been forced to accept low paying jobs.

No 0  → **GO TO QUESTION 16**

Yes 1

15a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

16. There have been conflicts among members of my family.

No 0  → **GO TO QUESTION 17**

Yes 1

16a. How worried or tense have you been about it?

Not at all worried/tense 1

A little worried/tense 2

Moderately worried/tense 3

Very worried/tense 4

Extremely worried/tense 5

17. I have felt pressured to learn English.

No 0  → **END QUESTIONNAIRE**  
Yes 1

17a. How worried or tense have you been about it?

- Not at all worried/tense 1
- A little worried/tense 2
- Moderately worried/tense 3
- Very worried/tense 4
- Extremely worried/tense 5

## Discrimination and Neighborhood Stress HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:

FORM CODE: DCE  
VERSION: A 10/21/09

Contact Occasion  SEQ #

### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Ethnic Discrimination

How often have any of the things listed below happened to you, **because of your ethnicity or race?**

	Never	Sometimes	Very Often
1. Have you been treated unfairly by teachers, principals, or other staff at school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
2. Have others thought you couldn't do things or handle a job?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
3. Have others <b>threatened</b> to hurt you (ex: said they would hit you)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
4. Have others <b>actually</b> hurt you or tried to hurt you (ex: kicked or hit you)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
5. Have policemen or security officers been unfair to you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
6. Have others <b>threatened</b> to damage your property?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
7. Have others <b>actually</b> damaged your property?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
8. Have others made you feel like an outsider who doesn't fit in because of your dress, speech, or other characteristics related to your ethnicity?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>



9. Have you been treated unfairly by co-workers or classmates? 1  2  3  4  5
10. Have others hinted that you are dishonest or can't be trusted? 1  2  3  4  5
11. Have people been nice to you to your face, but said bad things about you behind your back? 1  2  3  4  5
12. Have people who speak a different language made you feel like an outsider? 1  2  3  4  5
13. Have others ignored you or not paid attention to you? 1  2  3  4  5
14. Has your boss or supervisor been unfair to you? 1  2  3  4  5
15. Have others hinted that you must not be clean? 1  2  3  4  5
16. Have people not trusted you? 1  2  3  4  5
17. Has it been hinted that you must be lazy? 1  2  3  4  5

Never            Sometimes            Very Often

**Neighborhood Stress**

*Things about people's neighborhoods may be important to their health. Now we would like to ask you some questions about what it is like to live in your neighborhood. By neighborhood we mean the area around where you live and around your house. It may include places you shop, religious or public institutions, or a local business district. It is the general area around your house where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors. Please take the time to answer carefully, but do not spend too much time on any one question. Remember that there are no right or wrong answers.*

18. How many blocks are in the area that you think of as your neighborhood?

19. How long have you lived in this neighborhood? (years OR months)

:   
 Years            or            Months

For each of the following statements, please tell me whether you agree by choosing the best option.

- |   | Strongly Agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly Disagree          |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 20. This is a close-knit neighborhood                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 21. People around here are willing to help their neighbors                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 22. People in this neighborhood generally don't get along with each other | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 23. People in this neighborhood can be trusted                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 24. People in this neighborhood do not share the same values              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

25. How safe from crime do you consider your neighborhood to be? Please rate on a scale from 1 to 5.

- Very safe 1
- 2
- Safe 3
- 4
- Not at all safe 5

Think about your neighborhood as a whole, then please choose the response for each of the following to show how much of a problem each one is in your neighborhood.

	Very serious Problem	Somewhat serious problem	Minor problem	Not really a problem
26. Excessive noise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. Heavy traffic or speeding cars	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
28. Lack of access to adequate food shopping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
29. Lack of parks or playgrounds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. Trash and litter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
31. No sidewalks or poorly maintained sidewalks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
32. Violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## Intrapersonal Resources HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:

FORM CODE: IPE  
VERSION: A 10/21/09

Contact Occasion

SEQ #

### Administrative Information

0a. Completion Date:   /   /

Month                      Day                      Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Self-Esteem

I am now going to read a list of statements dealing with your general feelings about yourself. Please tell me if you **STRONGLY AGREE**, if you **AGREE**, if you **DISAGREE** or if you **STRONGLY DISAGREE**.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel that I'm a person of worth, at least on an equal plane with others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. I feel that I have a number of good qualities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- |   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 3. All in all, I am inclined to feel that I am a failure. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. I am able to do things as well as most other people.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. I feel I do not have much to be proud of.              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. I take a positive attitude toward myself.              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. On the whole, I am satisfied with myself.              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. I wish I could have more respect for myself.           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9. I certainly feel useless at times.                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 10. At times I think I am no good at all.                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**Optimism**

*The following items concern how you see life in general. For each item please indicate whether you agree or disagree. There are no "correct" or "incorrect" answers; we only want to know your opinion.*

- |  | I DISagree<br>a lot        | I<br>DISagree              | I neither agree<br>or disagree | I agree<br>a little        | I agree<br>a lot           |
|--|----------------------------|----------------------------|--------------------------------|----------------------------|----------------------------|
| 11. In uncertain times, I usually expect the best.               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 12. It's easy for me to relax.                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 13. If something can go wrong for me, it will.                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 14. I am always optimistic about my future.                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 15. I enjoy my friends a lot.                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 16. I hardly expect things to go my way.                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 17. It's important to me to keep busy.                           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 18. I rarely count on good things happening to me.               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 19. Overall, I expect more good things to happen to me than bad. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>     | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

**Life Engagement**

*Now I am going to read another list of statements. Please answer about yourself by indicating the extent of your agreement using the following scale: 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree. Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
20. There is not enough purpose in my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. To me, the things I do are all worthwhile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
22. Most of what I do seems trivial and unimportant to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23. I value my activities a lot.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
24. I don't care very much about the things I do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
25. I have lots of reasons for living.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Interpersonal Resources

### HCHS/SOL Sociocultural Ancillary Study

ID NUMBER: <input type="text"/>	FORM CODE: SOE VERSION: A 10/21/09	Contact Occasion <input type="text"/>	SEQ # <input type="text"/>
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#### Administrative Information

0a. Completion Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	0b. Staff ID: <input type="text"/>
Month                  Day                  Year	

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

#### Social Support

*This scale is made up of a **list** of statements each of which may or may not be true about you. For each statement respond "definitely true" if you are sure it is true about you and "probably true" if you think it is true but are not absolutely certain. Similarly, you should respond "definitely false" if you are sure the statement is false and "probably false" if you think it is false but are not absolutely certain.*

1. If I wanted to go on a trip for a day (for example to the beach, the country or mountains), I would have a hard time finding someone to go with me.

- Definitely false      1
- Probably false        2
- Probably true         3
- Definitely true        4

2. I feel that there is no one I can share my most private worries and fears with.

- Definitely false      1
- Probably false        2
- Probably true         3
- Definitely true        4

3. If I were sick, I could easily find someone to help me with my daily chores.
- |                  |   |                          |
|------------------|---|--------------------------|
| Definitely false | 1 | <input type="checkbox"/> |
| Probably false   | 2 | <input type="checkbox"/> |
| Probably true    | 3 | <input type="checkbox"/> |
| Definitely true  | 4 | <input type="checkbox"/> |
4. There is someone I can turn to for advice about handling problems with my family.
- |                  |   |                          |
|------------------|---|--------------------------|
| Definitely false | 1 | <input type="checkbox"/> |
| Probably false   | 2 | <input type="checkbox"/> |
| Probably true    | 3 | <input type="checkbox"/> |
| Definitely true  | 4 | <input type="checkbox"/> |
5. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.
- |                  |   |                          |
|------------------|---|--------------------------|
| Definitely false | 1 | <input type="checkbox"/> |
| Probably false   | 2 | <input type="checkbox"/> |
| Probably true    | 3 | <input type="checkbox"/> |
| Definitely true  | 4 | <input type="checkbox"/> |
6. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.
- |                  |   |                          |
|------------------|---|--------------------------|
| Definitely false | 1 | <input type="checkbox"/> |
| Probably false   | 2 | <input type="checkbox"/> |
| Probably true    | 3 | <input type="checkbox"/> |
| Definitely true  | 4 | <input type="checkbox"/> |
7. I don't often get invited to do things with others.
- |                  |   |                          |
|------------------|---|--------------------------|
| Definitely false | 1 | <input type="checkbox"/> |
| Probably false   | 2 | <input type="checkbox"/> |
| Probably true    | 3 | <input type="checkbox"/> |
| Definitely true  | 4 | <input type="checkbox"/> |
8. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).
- |                  |   |                          |
|------------------|---|--------------------------|
| Definitely false | 1 | <input type="checkbox"/> |
| Probably false   | 2 | <input type="checkbox"/> |
| Probably true    | 3 | <input type="checkbox"/> |
| Definitely true  | 4 | <input type="checkbox"/> |
9. If I wanted to have lunch with someone, I could easily find someone to join me.
- |                  |   |                          |
|------------------|---|--------------------------|
| Definitely false | 1 | <input type="checkbox"/> |
| Probably false   | 2 | <input type="checkbox"/> |
| Probably true    | 3 | <input type="checkbox"/> |
| Definitely true  | 4 | <input type="checkbox"/> |
10. If I was stranded 10 miles from home, there is someone I could call who could come and get me.
- |                  |   |                          |
|------------------|---|--------------------------|
| Definitely false | 1 | <input type="checkbox"/> |
| Probably false   | 2 | <input type="checkbox"/> |
| Probably true    | 3 | <input type="checkbox"/> |
| Definitely true  | 4 | <input type="checkbox"/> |

11. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.

- Definitely false 1
- Probably false 2
- Probably true 3
- Definitely true 4

12. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.

- Definitely false 1
- Probably false 2
- Probably true 3
- Definitely true 4

**Social Network Index**

*These questions are concerned with how many people you see or talk to on a regular basis including family, friends, workmates, neighbors, etc. Please listen to and answer each question carefully. Answer follow-up questions where appropriate.*

13. Which of the following best describes your marital status?

- Currently married and living together or living with someone in a marital-like relationship 1
- Never married and never lived with someone in a marital-like relationship 2
- Separated 3
- Divorced or formerly lived with someone in a marital-like relationship 4
- Widowed 5

14. How many children do you have?

- None 0  → **GO TO QUESTION 16**
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7

15. How many of your children do you see or talk to on the phone at least once every 2 weeks?

- None 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7

16. Are either of your parents living?

- Neither 0  → **GO TO QUESTION 18**
- Mother only 1
- Father only 2
- Both 3

17. Do you see or talk on the phone to either of your parents at least once every 2 weeks?

- Neither 0
- Mother only 1
- Father only 2
- Both 3

18. Are either of your in-laws (or partner's parents) living?

- Neither 0  → **GO TO QUESTION 20**
- Mother only 1
- Father only 2
- Both 3
- Not applicable 9  → **GO TO QUESTION 20**

19. Do you see or talk on the phone to either of your in-laws (or partner's parents) at least once every 2 weeks?

- Neither 0
- Mother only 1
- Father only 2
- Both 3

20. How many other relatives (other than your spouse, parents & children) do you feel close to?

- None 0  → **GO TO QUESTION 22**
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7

21. How many of these relatives do you see or talk to on the phone at least once every 2 weeks?

- None 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7

22. How many close friends do you have? (Meaning people that you feel at ease with, can talk to about private matters, and can call on for help)

- None 0  → **GO TO QUESTION 24**
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7

23. How many of these friends do you see or talk to at least once every 2 weeks?

- None 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7

24. Do you belong to a church, temple or other religious group?

- No 0  → **GO TO QUESTION 26**
- Yes 1

25. How many members of your church or religious group do you talk to at least once every 2 weeks? (This includes at group meetings and services.)

- None 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7

26. Do you attend any classes (school, university, technical training, or adult education) on a regular basis?

- No 0  → **GO TO QUESTION 28**
- Yes 1

27. How many fellow students or teachers do you talk to at least once every 2 weeks? (This includes at class meetings.)

- None 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7



28. Are you currently employed? (either full or part-time)

No 0  → **GO TO QUESTION 31**  
Yes 1

28a. If yes, are you employed by others or self-employed?

Employed by others 0   
Self-employed 1

29. How many people do you supervise?

None 0  → **GO TO QUESTION 31**  
1 1   
2 2   
3 3   
4 4   
5 5   
6 6   
7 or more 7

30. How many people at work (other than those you supervise) do you talk to at least once every 2 weeks?

None 0   
1 1   
2 2   
3 3   
4 4   
5 5   
6 6   
7 or more 7

31. How many of your neighbors do you visit or talk to at least once every 2 weeks?

None 0   
1 1   
2 2   
3 3   
4 4   
5 5   
6 6   
7 or more 7

32. Are you currently involved in regular volunteer work?

No 0  → **GO TO QUESTION 34**  
Yes 1

33. How many people involved in this volunteer work do you talk to about volunteering-related issues at least once every 2 weeks?

- None 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7

34. Do you belong to any groups in which you talk to one or more members of the group about group-related issues at least once every 2 weeks? Examples include social clubs, recreational groups, trade unions, commercial groups, professional organizations, groups concerned with children like the PTA or Boy Scouts, groups concerned with community service, etc.

- No 0  → **GO TO QUESTION 38**
- Yes 1

Consider those **groups in which you talk to a fellow group member at least once every 2 weeks**. Please provide the following information for each such group: the name or type of group and the total number of members in that group that you talk to at least once every 2 weeks.

Name or type of group	Total number of group members
35. _____ _____	35a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
36. _____ _____	36a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
37. _____ _____	37a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Family Cohesion and Conflict**

*The following are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is True or mostly True of your family, please respond True. If you think the statement is False or mostly False of your family, please respond False. You may feel that some of the statements are true for some family members and false for others. Respond True if the statement is true for most members. Respond False if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly. Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.*

- |   | True                       | False                      |
|---|----------------------------|----------------------------|
| 38. Family members really help and support one another. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 39. We fight a lot in our family.                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 40. We often seem to be killing time at home.           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

41. Family members rarely become openly angry. 1  2
42. We put a lot of energy into what we do at home. 1  2
43. Family members sometimes get so angry that they throw things. 1  2
44. There is a feeling of togetherness in our family. 1  2
45. Family members hardly ever lose their tempers. 1  2
46. We rarely volunteer when something has to be done at home. 1  2
47. Family members often criticize each other. 1  2
48. Family members really back each other up. 1  2
49. Family members sometimes hit each other. 1  2
50. There is very little group spirit in our family. 1  2
51. If there is a disagreement in our family, we try hard to smooth things over and keep the peace. 1  2
52. We really get along well with each other. 1  2
53. Family members often try to "one up" or out-do each other. 1  2
54. There is plenty of time and attention for everyone in our family. 1  2
55. In our family, we believe you don't ever get anywhere by raising your voice. 1  2

## Emotions Questionnaire HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:

FORM CODE: EME  
VERSION: A 10/21/09

Contact  
Occasion

SEQ #

### Administrative Information

0a. Completion Date:   /   /

Month                      Day                      Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### CES-D Scale

*Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.*

- |   | Rarely or<br>none of<br>the time<br>(<1 day) | Some or<br>a little of<br>the time<br>(1-2 days) | Occasionally<br>or a moderate<br>amount of time<br>(3-4 days) | All of<br>the time<br>(5-7 days) |
|---|--|--|---|----------------------------------|
| 1. I was bothered by things that usually don't bother me. | 0 <input type="checkbox"/>                   | 1 <input type="checkbox"/>                       | 2 <input type="checkbox"/>                                    | 3 <input type="checkbox"/>       |
| 2. I had trouble keeping my mind on what I was doing.     | 0 <input type="checkbox"/>                   | 1 <input type="checkbox"/>                       | 2 <input type="checkbox"/>                                    | 3 <input type="checkbox"/>       |

- |  |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 3. I felt depressed.                           | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4. I felt that everything I did was an effort. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 5. I felt hopeful about the future.            | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 6. I felt fearful.                             | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 7. My sleep was restless.                      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 8. I was happy.                                | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 9. I felt lonely.                              | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 10. I could not "get going".                   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**Spielberger Trait Anxiety Scale**

*Choose the appropriate response for each statement that indicates how you generally feel. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.*

- |  | Almost<br>never            | Sometimes                  | Often                      | Almost<br>always           |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 11. I feel nervous and restless.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 12. I feel satisfied with myself.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 13. I wish I could be as happy as<br>others seem to be.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 14. I feel like a failure.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15. I worry too much over something<br>that really doesn't matter.                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16. I lack self-confidence.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17. I feel secure.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 18. I feel inadequate.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 19. I am a steady person.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 20. I get in a state of tension or turmoil<br>as I think over my recent concerns<br>and interests. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

### Spielberger Trait Anger Scale\*

Please listen as I read each of the following statements that people have used to describe themselves. Then indicate how you generally feel or react. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer that best describes how you generally feel or react.

	Almost never	Sometimes	Often	Almost always
21. I am quick tempered.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. I have a fiery temper.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. I am a hot headed person.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. I get angry when I'm slowed down by others' mistakes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. I feel annoyed when I am not given recognition for doing good work.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. I fly off the handle.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. When I get mad, I say nasty things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
28. It makes me furious when I am criticized in front of others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
29. When I get frustrated, I feel like hitting someone.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. I feel infuriated when I do a good job and get a poor evaluation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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### Cook-Medley Cynicism Scale

Please listen as I read each of the following statements and decide whether it is true or false as applied to you.

	True	False
31. I have often had to take orders from someone who did not know as much as I did.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
32. I think a great many people exaggerate their misfortunes in order to gain the sympathy and help of others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
33. It takes a lot of argument to convince most people of the truth.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
34. I think most people would lie to get ahead.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
35. Most people are honest chiefly through fear of being caught.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
36. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
37. No one cares much what happens to you.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
38. It is safer to trust nobody.	1 <input type="checkbox"/>	2 <input type="checkbox"/>

39. Most people make friends because friends are likely to be useful to them. 1  2
40. Most people inwardly dislike putting themselves out to help other people. 1  2
41. I have often met people who were supposed to be experts who were not better than I. 1  2
42. People generally demand more respect for their own rights than they are willing to allow for others. 1  2
43. A large number of people are guilty of bad sexual conduct. 1  2

**Loneliness Scale**

*The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.*

- |  | Hardly ever                | Some of the time           | Often                      |
|--|----------------------------|----------------------------|----------------------------|
| 44. How often do you feel that you lack companionship? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 45. How often do you feel left out?                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 46. How often do you feel isolated from others?        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**Hopelessness Scale**

*Please listen as I read each of the following statements and decide how much you agree or disagree with each one.*

- |   | Absolutely Agree           | Somewhat Agree             | Cannot Say                 | Somewhat Disagree          | Absolutely Disagree        |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 47. The future seems to me to be hopeless, and I can't believe that things are changing for the better. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 48. I feel that it is impossible to reach the goals I would like to strive for.                         | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**Religion Questionnaire  
HCHS/SOL Sociocultural Ancillary Study**

ID NUMBER:

FORM CODE: RLE  
VERSION: A 10/21/09

Contact Occasion   SEQ #

**Administrative Information**

0a. Completion Date:   /   /

Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

## Spiritual Well-Being

Below is a list of statements that other people coping with difficult times have said are important. Please choose the number that indicates your response as it applies to the past seven days.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. I feel peaceful	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. I have a reason for living	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. My life has been productive	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. I have trouble feeling peace of mind	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. I feel a sense of purpose in my life	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. I am able to reach down deep into myself for comfort	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. I feel a sense of harmony within myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. My life lacks meaning and purpose	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. I find comfort in my faith or spiritual beliefs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. I find strength in my faith or spiritual beliefs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. Difficult times have strengthened my faith or spiritual beliefs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. Even during difficult times, things will be okay	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. I feel connected to a higher power (or God)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. I feel connected to other people	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. I feel loved	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. I feel love for others	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	Not at all	A little bit	Somewhat	Quite a bit	Very much
17. I am able to forgive others for any harm they have ever caused me	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. I feel forgiven for any harm I may have ever caused	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. Throughout the course of my day, I feel a sense of thankfulness for my life	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. Throughout the course of my day, I feel a sense of thankfulness for what others bring to my life	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. I feel hopeful	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. I feel a sense of appreciation for the					

- beauty of nature 0  1  2  3  4
23. I feel compassion for others in the difficulties they are facing 0  1  2  3  4

### Spirituality

Please answer the following questions about your religious beliefs and/or involvement.

24. How often do you attend church or other religious meetings?

- More than once per week 1   
 Once a week 2   
 A few times a month 3   
 A few times a year 4   
 Once a year or less 5   
 Never 6

25. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

- More than once a day 1   
 Daily 2   
 Two or more times/week 3   
 Once a week 4   
 A few times a month 5   
 Rarely or never 6

The following section contains 3 statements about religious belief or experience. Please decide to what extent each statement is true or not true for you.

26. In my life, I experience the presence of the Divine (e.g., God).

- Definitely true of me 1   
 Tends to be true 2   
 Unsure 3   
 Tends *not* to be true 4   
 Definitely *not* true 5

27. My religious beliefs are what really lie behind my whole approach to life.

- Definitely true of me 1   
 Tends to be true 2   
 Unsure 3   
 Tends *not* to be true 4   
 Definitely *not* true 5

28. I try hard to carry my religion over into all other dealings in life.

- Definitely true of me 1   
 Tends to be true 2   
 Unsure 3   
 Tends *not* to be true 4   
 Definitely *not* true 5



# Cancer Questionnaire

## HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: CNE  
VERSION: A 10/21/09

Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Cancer Screening, Knowledge, and Cognitions: HINTS Scales

**FOR MALES ONLY (FEMALES, GO TO QUESTION 4)**

*The next few questions are about different cancer tests. Please choose the answer that best applies to you.*

1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever heard of a PSA or prostate-specific antigen test?

No 0  → **GO TO QUESTION 7**  
 Yes 1

2. Have you ever had a PSA or Prostate-Specific Antigen test?

No 0  → **GO TO QUESTION 7**  
 Yes 1   
 I had a blood test, but don't know if it checked PSA 2   
 Refused 9

3. When did you have your most recent PSA test?

A year ago or less 1   
 More than 1 but not more than 2 years ago 2   
 More than 2 but not more than 5 years ago 3   
 Over 5 years ago 4

### Cancer Screening, Perceptions and Knowledge

**FOR FEMALES ONLY (MALES, GO TO QUESTION 7)**

*The next few questions are about different cancer tests. Please choose the answer that best applies to you.*

4. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

No 0  → **GO TO QUESTION 6**  
 Yes 1

5. When did you have your most recent mammogram to check for breast cancer?

- A year ago or less 1
- More than 1 but not more than 2 years ago 2
- More than 2 but not more than 5 years ago 3
- Over 5 years ago 4

6. A pap smear is an exam to detect cancer of the neck of the uterus or cervix. Have you ever had a Pap smear?

- No 0  → **GO TO QUESTION 7**
- Yes 1

6a. When did you have your most recent Pap smear?

- A year ago or less 1
- More than 1 but not more than 2 years ago 2
- More than 2 but not more than 5 years ago 3
- Over 5 years ago 4

**(FOR MALES AND FEMALES)**

7. A stool blood test, also known as Fecal Occult Blood Test, is a test done to check for colon cancer. It is done at home using a set of 3 cards to determine whether the stool contains blood. Have you ever done this test using a home kit?

- No 0  → **GO TO QUESTION 9**
- Yes 1

8. When was your last Home Stool Blood Test?

- A year ago or less 1
- More than 1 but not more than 2 years ago 2
- More than 2 but not more than 5 years ago 3
- Over 5 years ago 4

9. A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. Have you ever had either a colonoscopy or a sigmoidoscopy?

- No 0  → **GO TO QUESTION 10**
- Yes 1

9a. Which did you receive?

- A colonoscopy 1
- A sigmoidoscopy 2
- Both 3
- Not sure 9

9b. When did you have your most recent sigmoidoscopy or colonoscopy to check for colon cancer?

- A year ago or less 1
- More than 1 but not more than 5 years ago 2
- More than 5 but not more than 10 years ago 3
- Over 10 years ago 4

## Cancer Cognition

10. How likely do you think it is that you will develop cancer in the future? Would you say your chance of getting cancer is...

- Very Low 1
- Somewhat Low 2
- Moderate 3
- Somewhat High 4
- Very High 5

11. How often do you worry about getting cancer? Would you say...

- Rarely or Never 1
- Sometimes 2
- Often 3
- All the time 4

How much do you agree or disagree with the following statements?

12. When I think of cancer, I automatically think of death.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4

13. Cancer is most often caused by a person's behavior or lifestyle.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4

14. Getting checked regularly for cancer helps find cancer when it's easy to treat.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4

15. People can tell they might have cancer before being diagnosed.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4

16. Cancer is an illness that when detected early can typically be cured.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4

17. It seems like everything causes cancer.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4

18. There's not much you can do to lower your chances of getting cancer.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4

19. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4

20. Overall, how many people who develop cancer do you think survive at least 5 years? Would you say...

- Less than 25% 1
- About 25% 2
- About 50% 3
- About 75% 4
- Nearly All 5

## Cancer Knowledge

How much do you think the following increase a person's chance of getting cancer?

21. Do you think that smoking increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

22. Do you think that eating a high fat diet increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

23. Do you think that exposure to the sun increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

24. Do you think that pesticides or food additives increase a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

25. Do you think that not eating much fiber increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

26. Do you think that not eating many fruits and vegetables increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

27. Do you think that stress increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

28. Do you think that drinking a lot of alcoholic beverages increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

29. Do you think that being hit in the breast increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

30. Do you think that having many sexual partners increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

31. Do you think that having a family history of cancer increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

32. Do you think that being a particular race or ethnicity increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

33. Do you think that not getting much exercise increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

34. Do you think that pollution increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

35. Do you think that radon increases a person's chance of getting cancer...

- A lot 1
- A little 2
- Not at all 3
- No opinion 4

## Life, Chronic, and Perceived Stress HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: STE  
VERSION: A 10/21/09

Contact  
Occasion

<input type="text"/>	<input type="text"/>
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SEQ #

<input type="text"/>	<input type="text"/>
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### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Life Stress: Traumatic Stress Schedule

*The next few questions concern things that may have happened to you **at any time during your life.***

1. Did anyone ever take something from you by force or threat of force, such as in a robbery, mugging or hold up?

- Yes 1
- No 2  → **GO TO QUESTION 2**
- Don't know/refused 9  → **GO TO QUESTION 2**

1a. Did this happen once or more than once?

- Once 1
- More than once 2  → **GO TO QUESTION 1C**
- Don't know/refused 9  → **GO TO QUESTION 2**

1b. *(If once)* When did this happen?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

1c. *(If more than once)* When was the last time this happened?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

2. Did anyone ever beat you up or attack you?

- Yes 1   
No 2  → **GO TO QUESTION 3**  
Don't know/refused 9  → **GO TO QUESTION 3**

2a. Did this happen once or more than once?

- Once 1   
More than once 2  → **GO TO QUESTION 2c**  
Don't know/refused 9  → **GO TO QUESTION 3**

2b. *(If once)* When did this happen?

- Less than 6 months ago 1   
6-12 months ago 2   
1-5 years ago 3   
More than 5 years ago 4   
No response 9

2c. *(If more than once)* When was the last time this happened?

- Less than 6 months ago 1   
6-12 months ago 2   
1-5 years ago 3   
More than 5 years ago 4   
No response 9

3. Did anyone ever make you have sex by using force or threatening to harm you? This includes any type of unwanted sexual activity.

- Yes 1   
No 2  → **GO TO QUESTION 4**  
Don't know/refused 9  → **GO TO QUESTION 4**

3a. Did this happen once or more than once?

- Once 1   
More than once 2  → **GO TO QUESTION 3c**  
Don't know/refused 9  → **GO TO QUESTION 4**

3b. *(If once)* When did this happen?

- Less than 6 months ago 1   
6-12 months ago 2   
1-5 years ago 3   
More than 5 years ago 4   
No response 9

3c. *(If more than once)* When was the last time this happened?

- Less than 6 months ago 1   
6-12 months ago 2   
1-5 years ago 3   
More than 5 years ago 4   
No response 9

4. Did a close friend or family member ever die because of an accident, homicide, or suicide?

- Yes 1   
No 2  → **GO TO QUESTION 5**  
Don't know/refused 9  → **GO TO QUESTION 5**

4a. Did this happen once or more than once?

- Once 1   
More than once 2  → **GO TO QUESTION 4c**  
Don't know/refused 9  → **GO TO QUESTION 5**

4b. (If once) When did this happen?

- Less than 6 months ago 1   
6-12 months ago 2   
1-5 years ago 3   
More than 5 years ago 4   
No response 9

4c. (If more than once) When was the last time this happened?

- Less than 6 months ago 1   
6-12 months ago 2   
1-5 years ago 3   
More than 5 years ago 4   
No response 9

4d. Who was that person that died?

- Spouse 1   
Child 2   
Parent 3   
Other 4   
No response 9

4e. How did that person die? Was it a/an...

- Accident 1   
Homicide 2   
Suicide 3   
No response 9

5. Did you ever suffer injury or property damage because of fire?

- Yes 1   
No 2  → **GO TO QUESTION 6**  
Don't know/refused 9  → **GO TO QUESTION 6**

5a. Did this happen more than once?

- Once 1   
More than once 2  → **GO TO QUESTION 5c**  
Don't know/refused 9  → **GO TO QUESTION 6**

5b. (If once), when did this happen?

- Less than 6 months ago 1   
6-12 months ago 2   
1-5 years ago 3   
More than 5 years ago 4   
No response 9



5c. (If more than once) When was the last time this happened?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

6. Did you ever suffer injury or property damage because of severe weather or either a natural or manmade disaster?

- Yes 1
- No 2  → **GO TO QUESTION 7**
- Don't know/refused 9  → **GO TO QUESTION 7**

6a. Did this happen once or more than once?

- Once 1
- More than once 2  → **GO TO QUESTION 6c**
- Don't know/refused 9  → **GO TO QUESTION 7**

6b. (If once) When did this happen?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

6c. (If more than once) When was the last time this happened?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

7. Were you ever forced to evacuate from your home or did you otherwise learn of an imminent hazard or danger in your environment?

- Yes 1
- No 2  → **GO TO QUESTION 8**
- Don't know/refused 9  → **GO TO QUESTION 8**

7a. Did this happen once or more than once?

- Once 1
- More than once 2  → **GO TO QUESTION 7c**
- Don't know/refused 9  → **GO TO QUESTION 8**

7b. (If once) When did this happen?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

7c. (If more than once) When was the last time this happened?

Less than 6 months ago 1

6-12 months ago 2

1-5 years ago 3

More than 5 years ago 4

No response 9

8. Did you ever serve in combat or were you ever exposed to war?

Yes 1

No 2  → **GO TO QUESTION 9**

Don't know/refused 9  → **GO TO QUESTION 9**

8a. Did this happen once or more than once?

Once 1

More than once 2  → **GO TO QUESTION 8c**

Don't know/refused 9  → **GO TO QUESTION 9**

8b. (If once) When did this happen?

Less than 6 months ago 1

6-12 months ago 2

1-5 years ago 3

More than 5 years ago 4

No response 9

8c. (If more than once) When was the last time this happened?

Less than 6 months ago 1

6-12 months ago 2

1-5 years ago 3

More than 5 years ago 4

No response 9

9. Were you ever in a motor vehicle accident serious enough to cause injury to one or more passengers?

Yes 1

No 2  → **GO TO QUESTION 10**

Don't know/refused 9  → **GO TO QUESTION 10**

9a. Did this happen once or more than once?

Once 1

More than once 2  → **GO TO QUESTION 9c**

Don't know/refused 9  → **GO TO QUESTION 10**

9b. (If once) When did this happen?

Less than 6 months ago 1

6-12 months ago 2

1-5 years ago 3

More than 5 years ago 4

No response 9

9c. (If more than once) When was the last time this happened?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

10. Did you ever have some other terrifying or shocking experience, something I haven't mentioned yet?

- Yes 1
- No 2  → **GO TO QUESTION 11**
- Don't know/refused 9  → **GO TO QUESTION 11**

10a. Did this happen once or more than once?

- Once 1
- More than once 2  → **GO TO QUESTION 10c**
- Don't know/refused 9  → **GO TO QUESTION 11**

10b. (If once) When did this happen?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

10c. (If more than once) When was the last time this happened?

- Less than 6 months ago 1
- 6-12 months ago 2
- 1-5 years ago 3
- More than 5 years ago 4
- No response 9

### Childhood Stress Exposure: ACE Scale

While you were growing up, during your first **18 years of life...**

11. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you?

**Or** Act in a way that made you afraid that you might be physically hurt?

- No 0
- Yes 1

12. Did a parent or other adult in the household **often** or **very often** push, grab, slap, or throw something at you?

**Or Ever** hit you so hard that you had marks or were injured?

- No 0
- Yes 1

13. Did an adult or person at least 5 years older than you **ever** touch or fondle you or have you touch their body in a sexual way?

**Or** Attempt or actually have oral, anal, or vaginal intercourse with you?

- No 0
- Yes 1

14. Did you **often or very often** feel that no one in your family loved you or thought you were important or special?

**Or** Your family didn't look out for each other, feel close to each other, or support each other?

No 0

Yes 1

15. Did you **often or very often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

**Or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No 0

Yes 1

16. Were your parents **ever** separated or divorced?

No 0

Yes 1

17. Was your mother or stepmother:

**Often or very often** pushed, grabbed, slapped, or had something thrown at her?

**Or Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?

**Or Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?

No 0

Yes 1

18. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

No 0

Yes 1

19. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No 0

Yes 1

20. Did a household member go to prison?

No 0

Yes 1

### Chronic Stress

*Many people experience ongoing problems with their everyday lives. Please tell us whether any of the following has been a problem for you.*

21. Have you had a serious ongoing health problem?

No 0  → **GO TO QUESTION 22**

Yes 1

21a. Has this been a problem for six months or more?

No 0

Yes 1

21b. Would you say this problem has been

Not very stressful 1

Moderately Stressful 2

Very Stressful 3

22. Has someone close to you had a serious ongoing health problem?

No 0  → **GO TO QUESTION 23**  
Yes 1

22a. Has this been a problem for six months or more?

No 0   
Yes 1

22b. Would you say this problem has been

Not very stressful 1   
Moderately Stressful 2   
Very Stressful 3

23. Have you had ongoing difficulties with your job or ability to work?

No 0  → **GO TO QUESTION 24**  
Yes 1

23a. Has this been a problem for six months or more?

No 0   
Yes 1

23b. Would you say this problem has been

Not very stressful 1   
Moderately Stressful 2   
Very Stressful 3

24. Have you experienced ongoing financial strain?

No 0  → **GO TO QUESTION 25**  
Yes 1

24a. Has this been a problem for six months or more?

No 0   
Yes 1

24b. Would you say this problem has been

Not very stressful 1   
Moderately Stressful 2   
Very Stressful 3

25. Have you had ongoing difficulties in a relationship with someone close to you?

No 0  → **GO TO QUESTION 26**  
Yes 1

25a. Has this been a problem for six months or more?

No 0   
Yes 1

25b. Would you say this problem has been

Not very stressful 1   
Moderately Stressful 2   
Very Stressful 3

26. Has someone close to you had an ongoing problem with alcohol or drug use?

No 0  → **GO TO QUESTION 27**

Yes 1

26a. Has this been a problem for six months or more?

No 0

Yes 1

26b. Would you say this problem has been

Not very stressful 1

Moderately Stressful 2

Very Stressful 3

27. Have you been helping someone close to you, who is sick, limited or frail?

No 0  → **GO TO QUESTION 28**

Yes 1

27a. Has this been a problem for six months or more?

No 0

Yes 1

27b. Would you say this problem has been

Not very stressful 1

Moderately Stressful 2

Very Stressful 3

28. Have you had another ongoing problem not listed here?

No 0  → **GO TO QUESTION 29**

Yes 1

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

28a. Has this been a problem for six months or more?

No 0

Yes 1

28b. Would you say this problem has been

Not very stressful 1

Moderately Stressful 2

Very Stressful 3

### Perceived Stress

*The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way.*

29. In the last month, how often have you been upset because of something that happened unexpectedly?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

30. In the last month, how often have you felt that you were unable to control the important things in your life?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

31. In the last month, how often have you felt nervous and "stressed"?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

32. In the last month, how often have you felt confident about your ability to handle your personal problems?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

33. In the last month, how often have you felt that things were going your way?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

34. In the last month, how often have you found that you could not cope with all the things that you had to do?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

35. In the last month, how often have you been able to control irritations in your life?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

36. In the last month, how often have you felt that you were on top of things?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

37. In the last month, how often have you been angered because of things that were outside of your control?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4

38. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never 0
- Almost Never 1
- Sometimes 2
- Fairly Often 3
- Very often 4



Appendix VI Survey Forms (Spanish)

## Immigration and Ethnicity\_Spanish

### *HCHS/SOL Sociocultural Ancillary Study*

ID NUMBER:

FORM CODE: IMS  
VERSION: A 10/21/09

Contact Occasion

SEQ #

**Administrative Information**

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

**Immigration**

1. ¿Usted emigró a los Estados Unidos?

No 0  → **GO TO QUESTION 6**  
 Si 1

1a. ¿Cuál fue la razón principal por la cual emigró a Estados Unidos?

- Vine con mis padres de niño(a) 1
- Para asistir a la escuela 2
- Por oportunidad de trabajo/económica 3
- Refugiada/destierro político 4
- Para estar con mi familia 5
- Otro (especifique) 6

*Si otro, por favor especifique:* \_\_\_\_\_

¿De dónde emigró a los E.E.U.U.?

2. País/Territorio (*Select location code from list*)

3. Estado/Provincia

4. Municipalidad

5. Ciudad o Pueblo

**Ethnicity**

Las siguientes declaraciones le preguntan qué tan de acuerdo está usted con estas declaraciones acerca de su grupo étnico.

6. Días festivos relacionados con mi etnia no son muy importantes para mí.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

7. Generalmente, mi grupo étnico es respetado en los Estados Unidos.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

8. Mi grupo étnico ha sido tratado bien en la sociedad Americana.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

9. Etnia no fue importante para mis padres.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

10. En una reunión social, me sentiría más cómodo(a) si la mayoría de las personas fueran miembros de mi grupo étnico.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

11. Siento que pertenezco a la cultura Americana típica.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

12. Mis antecedentes culturales tienen muy poco que ver en mi vida.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

13. Siento que no es necesario aprender acerca de la historia de mi grupo étnico.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

14. Soy un ejemplo de lo que la mayoría de la gente considera un típico Americano(a).

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

15. Me siento más cómodo(a) hablando de cosas personales con personas de mi grupo étnico.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

16. Siento que no soy parte de la típica cultura americana.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

17. El orgullo étnico no es muy importante en la educación de un(a) niño(a).

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

18. Mi grupo étnico no tiene las mismas oportunidades como otros grupos étnicos.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

19. Tengo un sentido fuerte de mí mismo como miembro de mi grupo étnico.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

20. Creo que las amistades funcionan mejor cuando las personas son del mismo grupo étnico.
- |                          |   |                          |
|--------------------------|---|--------------------------|
| Totalmente de Acuerdo    | 1 | <input type="checkbox"/> |
| De Acuerdo               | 2 | <input type="checkbox"/> |
| Ninguno                  | 3 | <input type="checkbox"/> |
| En Desacuerdo            | 4 | <input type="checkbox"/> |
| Totalmente en Desacuerdo | 5 | <input type="checkbox"/> |
21. Creo que mi sentido étnico fue influenciado por mis padres.
- |                          |   |                          |
|--------------------------|---|--------------------------|
| Totalmente de Acuerdo    | 1 | <input type="checkbox"/> |
| De Acuerdo               | 2 | <input type="checkbox"/> |
| Ninguno                  | 3 | <input type="checkbox"/> |
| En Desacuerdo            | 4 | <input type="checkbox"/> |
| Totalmente en Desacuerdo | 5 | <input type="checkbox"/> |
22. Creo que soy un(a) americano(a) típico(a).
- |                          |   |                          |
|--------------------------|---|--------------------------|
| Totalmente de Acuerdo    | 1 | <input type="checkbox"/> |
| De Acuerdo               | 2 | <input type="checkbox"/> |
| Ninguno                  | 3 | <input type="checkbox"/> |
| En Desacuerdo            | 4 | <input type="checkbox"/> |
| Totalmente en Desacuerdo | 5 | <input type="checkbox"/> |
23. Se me hace más fácil confiar en gente de mi mismo grupo étnico.
- |                          |   |                          |
|--------------------------|---|--------------------------|
| Totalmente de Acuerdo    | 1 | <input type="checkbox"/> |
| De Acuerdo               | 2 | <input type="checkbox"/> |
| Ninguno                  | 3 | <input type="checkbox"/> |
| En Desacuerdo            | 4 | <input type="checkbox"/> |
| Totalmente en Desacuerdo | 5 | <input type="checkbox"/> |
24. Con frecuencia tengo que defender mi grupo étnico de las críticas de personas afuera de mi grupo étnico.
- |                          |   |                          |
|--------------------------|---|--------------------------|
| Totalmente de Acuerdo    | 1 | <input type="checkbox"/> |
| De Acuerdo               | 2 | <input type="checkbox"/> |
| Ninguno                  | 3 | <input type="checkbox"/> |
| En Desacuerdo            | 4 | <input type="checkbox"/> |
| Totalmente en Desacuerdo | 5 | <input type="checkbox"/> |
25. Ser parte de mi grupo étnico es importante para quien yo soy.
- |                          |   |                          |
|--------------------------|---|--------------------------|
| Totalmente de Acuerdo    | 1 | <input type="checkbox"/> |
| De Acuerdo               | 2 | <input type="checkbox"/> |
| Ninguno                  | 3 | <input type="checkbox"/> |
| En Desacuerdo            | 4 | <input type="checkbox"/> |
| Totalmente en Desacuerdo | 5 | <input type="checkbox"/> |
26. La discriminación contra mi grupo étnico no es un problema en los Estados Unidos.
- |                          |   |                          |
|--------------------------|---|--------------------------|
| Totalmente de Acuerdo    | 1 | <input type="checkbox"/> |
| De Acuerdo               | 2 | <input type="checkbox"/> |
| Ninguno                  | 3 | <input type="checkbox"/> |
| En Desacuerdo            | 4 | <input type="checkbox"/> |
| Totalmente en Desacuerdo | 5 | <input type="checkbox"/> |

27. Prefiero que mis amistades cercanas sean de mi grupo étnico.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

28. Mis padres me dieron un sentido fuerte de los valores culturales.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

29. Mi grupo étnico es frecuentemente criticado en este país.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

30. Creo que es importante participar en días festivos que celebran mi grupo étnico.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

31. En los Estados Unidos, las opiniones de personas de mi grupo étnico son tratadas como menos importantes comparadas con las opiniones de personas de otros grupos étnicos.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

32. Cuando estaba creciendo, mi etnia tomó una pequeña parte en mi familia.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

33. Entiendo como seguir a la cultura convencional Americana.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

34. He experimentado prejuicio en mi vida por causa de mi etnia.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

35. He tomado el tiempo para aprender la historia de mi grupo étnico.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

36. No he sentido perjuicio en la sociedad americana por causa de mi etnia.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

37. El término "americano(a)" no me aplica.

- Totalmente de Acuerdo 1
- De Acuerdo 2
- Ninguno 3
- En Desacuerdo 4
- Totalmente en Desacuerdo 5

## Familism and Fatalism\_Spanish HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: FMS  
VERSION: A 10/21/09

Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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### Administrative Information

0a. Completion Date: / /

Month                  Day                  Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Familism

*Por favor, demuestre su grado de acuerdo o desacuerdo con estas declaraciones, escogiendo del número 1 (totalmente de acuerdo) al 5 (totalmente en desacuerdo) según su sentir respecto a cada declaración.*

1. Uno debe sacrificarse para garantizar una buena educación para sus hijos.

- Totalmente de acuerdo 1
- De acuerdo 2
- Ni de acuerdo ni en desacuerdo 3
- En desacuerdo 4
- Totalmente en desacuerdo 5

2. Uno debería ayudar económicamente en el sostenimiento de sus hermanos y hermanas pequeños .
- |                                |   |                          |
|--------------------------------|---|--------------------------|
| Totalmente de acuerdo          | 1 | <input type="checkbox"/> |
| De acuerdo                     | 2 | <input type="checkbox"/> |
| Ni de acuerdo ni en desacuerdo | 3 | <input type="checkbox"/> |
| En desacuerdo                  | 4 | <input type="checkbox"/> |
| Totalmente en desacuerdo       | 5 | <input type="checkbox"/> |
3. Yo ayudaría como pudiese a un pariente si me dice que tiene dificultad con finanzas.
- |                                |   |                          |
|--------------------------------|---|--------------------------|
| Totalmente de acuerdo          | 1 | <input type="checkbox"/> |
| De acuerdo                     | 2 | <input type="checkbox"/> |
| Ni de acuerdo ni en desacuerdo | 3 | <input type="checkbox"/> |
| En desacuerdo                  | 4 | <input type="checkbox"/> |
| Totalmente en desacuerdo       | 5 | <input type="checkbox"/> |
4. Uno debe tener la esperanza de vivir el tiempo suficiente para poder ver crecer a sus nietos.
- |                                |   |                          |
|--------------------------------|---|--------------------------|
| Totalmente de acuerdo          | 1 | <input type="checkbox"/> |
| De acuerdo                     | 2 | <input type="checkbox"/> |
| Ni de acuerdo ni en desacuerdo | 3 | <input type="checkbox"/> |
| En desacuerdo                  | 4 | <input type="checkbox"/> |
| Totalmente en desacuerdo       | 5 | <input type="checkbox"/> |
5. Padres ancianos deben vivir con su familia.
- |                                |   |                          |
|--------------------------------|---|--------------------------|
| Totalmente de acuerdo          | 1 | <input type="checkbox"/> |
| De acuerdo                     | 2 | <input type="checkbox"/> |
| Ni de acuerdo ni en desacuerdo | 3 | <input type="checkbox"/> |
| En desacuerdo                  | 4 | <input type="checkbox"/> |
| Totalmente en desacuerdo       | 5 | <input type="checkbox"/> |
6. Una persona debe compartir su hogar con tíos y primos si hay necesidad.
- |                                |   |                          |
|--------------------------------|---|--------------------------|
| Totalmente de acuerdo          | 1 | <input type="checkbox"/> |
| De acuerdo                     | 2 | <input type="checkbox"/> |
| Ni de acuerdo ni en desacuerdo | 3 | <input type="checkbox"/> |
| En desacuerdo                  | 4 | <input type="checkbox"/> |
| Totalmente en desacuerdo       | 5 | <input type="checkbox"/> |
7. Cuando alguien tiene problemas el/ella pueden contar con ayuda de su familia.
- |                                |   |                          |
|--------------------------------|---|--------------------------|
| Totalmente de acuerdo          | 1 | <input type="checkbox"/> |
| De acuerdo                     | 2 | <input type="checkbox"/> |
| Ni de acuerdo ni en desacuerdo | 3 | <input type="checkbox"/> |
| En desacuerdo                  | 4 | <input type="checkbox"/> |
| Totalmente en desacuerdo       | 5 | <input type="checkbox"/> |
8. Cuando uno mismo tiene problemas, puede contar con la ayuda de sus familiares.
- |                                |   |                          |
|--------------------------------|---|--------------------------|
| Totalmente de acuerdo          | 1 | <input type="checkbox"/> |
| De acuerdo                     | 2 | <input type="checkbox"/> |
| Ni de acuerdo ni en desacuerdo | 3 | <input type="checkbox"/> |
| En desacuerdo                  | 4 | <input type="checkbox"/> |
| Totalmente en desacuerdo       | 5 | <input type="checkbox"/> |

9. Uno puede contar con la ayuda de sus familiares para solucionar la mayoría de los problemas.

- Totalmente de acuerdo 1
- De acuerdo 2
- Ni de acuerdo ni en desacuerdo 3
- En desacuerdo 4
- Totalmente en desacuerdo 5

10. La mayoría de lo que hace un hijo o una hija debería hacerse para agradar a sus padres.

- Totalmente de acuerdo 1
- De acuerdo 2
- Ni de acuerdo ni en desacuerdo 3
- En desacuerdo 4
- Totalmente en desacuerdo 5

11. La familia debe consultar con sus parientes (tíos, tías) decisiones importantes.

- Totalmente de acuerdo 1
- De acuerdo 2
- Ni de acuerdo ni en desacuerdo 3
- En desacuerdo 4
- Totalmente en desacuerdo 5

12. Uno debería avergonzarse por las cosas malas hechas por sus hermanos o hermanas.

- Totalmente de acuerdo 1
- De acuerdo 2
- Ni de acuerdo ni en desacuerdo 3
- En desacuerdo 4
- Totalmente en desacuerdo 5

13. Hijos deben vivir en la casa de sus padres hasta que se casen.

- Totalmente de acuerdo 1
- De acuerdo 2
- Ni de acuerdo ni en desacuerdo 3
- En desacuerdo 4
- Totalmente en desacuerdo 5

14. Una de las metas más importantes en la vida es tener hijos.

- Totalmente de acuerdo 1
- De acuerdo 2
- Ni de acuerdo ni en desacuerdo 3
- En desacuerdo 4
- Totalmente en desacuerdo 5

### Fatalism

A continuación hay varias frases. Si la frase es VERDADERA o CASI SIEMPRE VERDADERA, según sea el caso de usted, responda VERDADERA y si la frase es FALSA o NO GENERALMENTE VERDADERA responda FALSA. Recuerde que ha de dar su propia opinión a cerca de usted mismo(a).

- |  | Verdadera                  | Falsa                      |
|--|----------------------------|----------------------------|
| 15. Es más importante disfrutar la vida hoy que hacer planes para el futuro. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 16. La gente se muere cuando le toca y no hay nada que lo pueda remediar.    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 17. Debemos vivir en el presente, uno nunca sabe lo que el futuro traerá.    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |



18. Si mi doctor me dice que estoy deshabilitado, le creo aunque no esté de acuerdo. 1  2
19. No siempre es bueno hacer muchos planes para el futuro porque muchas cosas dependen de la buena o la mala suerte. 1  2
20. De nada sirve tratar de cambiar el futuro porque el futuro está en manos de Dios. 1  2
21. Cada vez que hago planes, casi estoy seguro de que me saldrán bien. 1  2
22. A veces siento que alguien me controla. 1  2

## Gender Roles\_Spanish

### HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: GNS	Contact	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
								VERSION: A 2/10/10	Occasion					

#### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Male Gender Roles

Por favor, indique que tan de acuerdo o en desacuerdo está con las siguientes declaraciones:  
 1=totalmente en desacuerdo, 2=en desacuerdo, 3=de acuerdo y 4=totalmente de acuerdo.

1. Las esposas deben respetar el puesto del hombre como el jefe de la casa.
- Totalmente en Desacuerdo 1
- En Desacuerdo 2
- De Acuerdo 3
- Totalmente de Acuerdo 4
2. Es importante que un hombre sea fuerte.
- Totalmente en Desacuerdo 1
- En Desacuerdo 2
- De Acuerdo 3
- Totalmente de Acuerdo 4
3. No se debe dejar a los niños varones que jueguen con muñecas u otros juguetes de niñas.
- Totalmente en Desacuerdo 1
- En Desacuerdo 2
- De Acuerdo 3
- Totalmente de Acuerdo 4

4. Un hombre no debe mostrar sus emociones o sentimientos como miedo o tristeza.

- Totalmente en Desacuerdo 1   
En Desacuerdo 2   
De Acuerdo 3   
Totalmente de Acuerdo 4

5. Es preferible para un hombre dar órdenes que recibir órdenes.

- Totalmente en Desacuerdo 1   
En Desacuerdo 2   
De Acuerdo 3   
Totalmente de Acuerdo 4

6. Es preferible para un hombre pedir ayuda para una tarea difícil que no pedir ayuda.

- Totalmente en Desacuerdo 1   
En Desacuerdo 2   
De Acuerdo 3   
Totalmente de Acuerdo 4

7. Es importante para un hombre ser respetado por los demás.

- Totalmente en Desacuerdo 1   
En Desacuerdo 2   
De Acuerdo 3   
Totalmente de Acuerdo 4

8. La responsabilidad principal del hombre es su familia.

- Totalmente en Desacuerdo 1   
En Desacuerdo 2   
De Acuerdo 3   
Totalmente de Acuerdo 4

9. Es importante para un hombre que se mantenga sus convicciones.

- Totalmente en Desacuerdo 1   
En Desacuerdo 2   
De Acuerdo 3   
Totalmente de Acuerdo 4

10. El trabajo de un hombre determina realmente quién es.

- Totalmente en Desacuerdo 1   
En Desacuerdo 2   
De Acuerdo 3   
Totalmente de Acuerdo 4

### Female Gender Roles

*Instrucciones: Las siguientes declaraciones representan algunas de las diversas expectativas para Hispanas o Latinas. Para cada declaración, por favor escoja la respuesta que describe mejor lo que usted crea mas bien en vez de lo que le enseñaron o lo que usted practica realmente.*

Una Hispana o Latina...

- 11) Debería de ser una fuente de fortaleza para la familia.
- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |
- 12) Es considerada la fuente principal de fuerza para su familia.
- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |
- 13) Madre debería de mantener a su familia unida.
- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |
- 14) Debería de enseñarles a su niños ser leales a su familia.
- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |
- 15) Debería de hacer cosas que hagan feliz a su familia.
- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |
- 16) Debería (hubiera) permanecer/permanecido virgen hasta el matrimonio.
- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |
- 17) Debe de esperar hasta después del matrimonio para tener hijos.
- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |
- 18) Debería de ser pura.
- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

19) Debería de adoptar los valores inculcados por su religión.

- Fuertemente No De Acuerdo 1
- No De Acuerdo 2
- De Acuerdo 3
- Fuertemente De Acuerdo 4

20) Debería serle fiel a su pareja.

- Fuertemente No De Acuerdo 1
- No De Acuerdo 2
- De Acuerdo 3
- Fuertemente De Acuerdo 4

21) Debería satisfacer las necesidades sexuales de su pareja sin quejarse.

- Fuertemente No De Acuerdo 1
- No De Acuerdo 2
- De Acuerdo 3
- Fuertemente De Acuerdo 4

22) No debería alzar su voz contra los hombres.

- Fuertemente No De Acuerdo 1
- No De Acuerdo 2
- De Acuerdo 3
- Fuertemente De Acuerdo 4

23) Debería respetar las opiniones de los hombres aunque no esté de acuerdo.

- Fuertemente No De Acuerdo 1
- No De Acuerdo 2
- De Acuerdo 3
- Fuertemente De Acuerdo 4

24) Debe de evitar decirle "no" a la gente.

- Fuertemente No De Acuerdo 1
- No De Acuerdo 2
- De Acuerdo 3
- Fuertemente De Acuerdo 4

25) Debería hacer cualquier cosa que le pida un hombre de la familia.

- Fuertemente No De Acuerdo 1
- No De Acuerdo 2
- De Acuerdo 3
- Fuertemente De Acuerdo 4

26) No debe de hablar de métodos anticonceptivos.

- Fuertemente No De Acuerdo 1
- No De Acuerdo 2
- De Acuerdo 3
- Fuertemente De Acuerdo 4

27) No debe expresar sus necesidades a su pareja.

- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

28) Debe de sentirse culpable por decirle a la gente sus necesidades.

- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

29) No debe de hablar del sexo.

- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

30) Debe perdonar en todos aspectos.

- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

31) Siempre debería estar de acuerdo con las decisiones de los hombres.

- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

32) Debería de ser el líder espiritual de la familia.

- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

33) Es responsable de llevar a su familia a servicios religiosos.

- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

34) Es responsable del crecimiento espiritual de su familia.

- |                           |   |                          |
|---------------------------|---|--------------------------|
| Fuertemente No De Acuerdo | 1 | <input type="checkbox"/> |
| No De Acuerdo             | 2 | <input type="checkbox"/> |
| De Acuerdo                | 3 | <input type="checkbox"/> |
| Fuertemente De Acuerdo    | 4 | <input type="checkbox"/> |

# Personal Relations\_Spanish

## HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: PRE  
VERSION: A 10/21/09

Contact  
Occasion

<input type="text"/>	<input type="text"/>
----------------------	----------------------

SEQ #

<input type="text"/>	<input type="text"/>
----------------------	----------------------

### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Simpatía

Escuche a las frases siguientes y piense en sí mismo y sus relaciones personales. Entonces piense en cada frase y la importancia que tiene para usted y sus interacciones con otras personas. Escuche cada frase cuidadosamente, teniendo en cuenta la importancia para usted.

En sus interacciones con otras personas ¿qué tan importante es para usted?:

	No es Importante	Un poco Importante	Algo Importante	Muy Importante	Extremadamente Importante
1. Poder compartir abiertamente sus sentimientos.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Mostrar respeto a otras personas.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Evitar conflicto a toda costa.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Tener control de sus emociones.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Mostrar lealtad.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Obedecer o satisfacer los deseos de otra persona.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Demostrar acuerdo con opiniones que sean diferentes que las suyas.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. Demostrar buenos modales y ser cortés no importe la situación.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. Hacer sentir a gusto a otros.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. Evitar ser irrespetuoso y evitar insultar a alguien.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

### Social Desirability

Escuche cada declaración y decida cual es verdadera o falsa para usted. Si la declaración es verdad o en su mayor parte verdadera, conteste "verdadera". Si es falsa o generalmente falsa, conteste "falsa". Recuerde dar su opinión sobre usted mismo(a). Por favor conteste "verdadera" o "falsa" a las siguientes declaraciones.

11. Trato siempre de practicar lo que predico.

Verdadera 1

Falsa 2

12. Han habido ocasiones cuando me he sentido como si quisiera hazer pedasos alguna cosa.

Verdadera 1

Falsa 2

13. Nunca he sido incomodado cuando gente expresaba ideas muy diferentes a las mias.

Verdadera 1

Falsa 2

14. Nunca me molesta que me pidan devolver un favor.

Verdadera 1

Falsa 2

15. A veces, me gusta chismear.

Verdadera 1

Falsa 2

16. Siempre estoy dispuesto(a) a admitir cuando cometo un error.

Verdadera 1

Falsa 2

17. A veces, realmente he insistido en tener que hacer las cosas a mi manera.

Verdadera 1

Falsa 2

18. Han habido ocasiones cuando me he aprovechado de alguien.

Verdadera 1

Falsa 2

19. Yo nunca he dicho deliberadamente algo que hiriera los sentimientos de alguien.

Verdadera 1

Falsa 2

20. A veces, trato de vengarme en lugar de perdonar y olvidar lo que me han echo.

Verdadera 1

Falsa 2

## Socioeconomic Assessments\_Spanish

### HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:

FORM CODE: SES  
VERSION: A 2/17/10

Contact  
Occasion

SEQ #

#### Administrative Information

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Wealth and Assets

1. ¿Es su casa, apartamento o casa móvil...?

- Propiedad suya o de alguien en su hogar libre y sin deuda, sin una hipoteca o préstamo 1
- Propiedad suya o de alguien en su hogar, con una hipoteca o préstamo 2
- Alquilada 3
- Ocupada sin pago 4

2. ¿Usted (o alguien en la familia viviendo con usted) es dueño de o alquila un carro u otro vehículo para su uso personal?

- No 0  → **GO TO QUESTION 3**
- Sí 1

2a. ¿En total, cuántos vehículos tiene o alquila usted (o cualquier otra persona en la familia que vive con usted)?

- Uno 1
- Dos 2
- Tres o más 3

3. ¿Usted (o alguien en la familia viviendo con usted) tiene una computadora o "laptop" para su uso personal en su casa?

- No 0  → **GO TO QUESTION 4**
- Sí 1

3a. ¿En total, cuántas computadoras o "laptops" tiene en su casa, ya sea de usted o de su familia, para su uso personal?

- Uno 1
- Dos 2
- Tres o más 3

4. Durante los últimos 12 meses, ¿cuántas veces ha viajado de vacaciones?

- Una vez 1
- Dos veces 2
- Más de dos veces 3
- No hemos viajado de vacaciones en los últimos doce meses 4

5. Si usted perdiera todos sus ingresos actuales del hogar (su sueldo, asistencia pública, u otras formas de ingresos), ¿cuánto tiempo podría continuar viviendo en su dirección y nivel de vida actual?

- Menos de 1 mes 1
- Más de 1 mes, pero menos de 6 meses 2
- Más de 6 meses, pero menos de 12 meses 3
- 12 meses o más 4



6. Suponga que usted necesitara dinero rápidamente y cobraría todas sus (de usted y su cónyuge) cuentas de cheques y de ahorros, acciones de la bolsa, y los bonos. Si suma todo lo que puede conseguir, ¿cuánto sería esa cantidad?

- |                       |   |                          |
|-----------------------|---|--------------------------|
| Menos que \$500       | 1 | <input type="checkbox"/> |
| \$500 a \$4,999       | 2 | <input type="checkbox"/> |
| \$5,000 a \$9,999     | 3 | <input type="checkbox"/> |
| \$10,000 a \$19,999   | 4 | <input type="checkbox"/> |
| \$20,000 a \$49,999   | 5 | <input type="checkbox"/> |
| \$50,000 a \$99,999   | 6 | <input type="checkbox"/> |
| \$100,000 a \$199,999 | 7 | <input type="checkbox"/> |
| \$200,000 a \$499,999 | 8 | <input type="checkbox"/> |
| \$500,000 y más       | 9 | <input type="checkbox"/> |

**Immigrant Personal Mobility**

7. ¿Trabajó en su país de origen antes de venirse a vivir a los Estados Unidos?

- |                 |   |                          |                           |
|-----------------|---|--------------------------|---------------------------|
| No              | 0 | <input type="checkbox"/> | → <b>GO TO QUESTION 8</b> |
| Sí              | 1 | <input type="checkbox"/> |                           |
| N/A (no emigró) | 9 | <input type="checkbox"/> | → <b>GO TO QUESTION 8</b> |

7a. Compare su trabajo actual o su último empleo en los Estados Unidos con su trabajo anterior en su país de origen, usted diría que...

- |  |   |                          |
|--|---|--------------------------|
| Este trabajo tiene/tuvo más prestigio o más estatus que su trabajo en su país de origen.     | 1 | <input type="checkbox"/> |
| Este trabajo tiene/tuvo menos prestigio o menos estatus que su trabajo en su país de origen. | 2 | <input type="checkbox"/> |
| Ambos trabajos son/eran iguales en cuanto a prestigio o estatus.                             | 3 | <input type="checkbox"/> |
| N/A  | 9 | <input type="checkbox"/> |

7b. Usted diría que...

- |   |   |                          |
|---|---|--------------------------|
| Este trabajo le proporciona/proporcionó mayores ingresos (o nivel de vida) que su trabajo en su país de origen. | 1 | <input type="checkbox"/> |
| Este trabajo le proporciona/proporcionó menores ingresos (o nivel de vida) que su trabajo en su país de origen. | 2 | <input type="checkbox"/> |
| Ambos empleos son/fueron iguales en cuanto a ingresos comparables (y/o nivel del vida).                         | 3 | <input type="checkbox"/> |
| N/A   | 9 | <input type="checkbox"/> |

**Material Deprivation**

8. En los últimos 12 meses, ¿hubo alguna vez en donde tuvo dificultad para pagar sus necesidades básicas, como comidas, vivienda, cuidados médicos, o servicios públicos?

- |    |   |                          |
|----|---|--------------------------|
| No | 0 | <input type="checkbox"/> |
| Sí | 1 | <input type="checkbox"/> |

9. ¿**Alguna vez** ha pasado por un período de tiempo donde tuvo dificultad para pagar sus necesidades básicas, como comidas, vivienda, cuidados médicos, o servicios públicos? (Por favor indique “sí” o “no” o “N/A” según aplique a usted).

	No	Sí	N/A
a. Cuando tenía 18-29 años	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Cuando tenía 30-39 años	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Cuando tenía 40-49 años	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Cuando tenía 50-59 años	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Cuando tenía 60-69 años	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
f. Cuando tenía 70-74 años	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

10. ¿Su familia alguna vez tuvo dificultades para pagar sus necesidades básicas como comidas, vivienda, cuidados médicos, o servicios públicos, cuando usted era niño(a)?

No 0  → **GO TO QUESTION 11**  
 Sí 1

¿Esto fue cuando usted tenía...? (Indique todo que aplique)

	No	Sí
10a. 0-12	0 <input type="checkbox"/>	1 <input type="checkbox"/>
10b. 13-18	0 <input type="checkbox"/>	1 <input type="checkbox"/>

11. ¿Cuándo usted estaba creciendo, la casa donde vivía tenía los siguientes servicios públicos? (Indique todo que aplique)

	No	Sí
a. Plomería	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Electricidad	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Teléfono	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Drenaje/fosa séptica	0 <input type="checkbox"/>	1 <input type="checkbox"/>

## Acculturation Stress\_Spanish HCHS/SOL Sociocultural Ancillary Study

ID NUMBER: <input type="text"/>	FORM CODE: ACS VERSION: A 10/21/09	Contact Occasion <input type="text"/>	SEQ # <input type="text"/>
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### Administrative Information

0a. Completion Date: / /      
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Acculturation Stress: Hispanic Stress Inventory

*Por favor responda “sí” o “no” para indicar si las siguientes situaciones le han ocurrido a usted en los últimos **3 meses**. Si le ocurrieron, indique que tan preocupado o tenso la situación lo ha hecho sentir. Si la situación mencionada no le ha ocurrido, conteste “no”. Recuerde, no hay respuestas correctas o incorrectas. Por favor trate de ser honesto(a) con sus respuestas.*

1. Por no saber suficiente inglés ha sido difícil para mí socializar con otros.

No 0  → **GO TO QUESTION 2**  
 Sí 1

- 1a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

2. Mi esposo(a) y yo hemos tenido desacuerdos acerca de como criar a nuestros hijos.
- |     |   |                          |   |                         |
|-----|---|--------------------------|---|-------------------------|
| No  | 0 | <input type="checkbox"/> | → | <b>GO TO QUESTION 3</b> |
| Sí  | 1 | <input type="checkbox"/> |   |                         |
| N/A | 9 | <input type="checkbox"/> |   |                         |

- 2a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

3. Debido a mi mal inglés, la gente me ha tratado mal.
- |    |   |                          |   |                         |
|----|---|--------------------------|---|-------------------------|
| No | 0 | <input type="checkbox"/> | → | <b>GO TO QUESTION 4</b> |
| Sí | 1 | <input type="checkbox"/> |   |                         |

- 3a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

4. Mis hijos(as) no han respetado mi autoridad en la forma que deberían.
- |     |   |                          |   |                         |
|-----|---|--------------------------|---|-------------------------|
| No  | 0 | <input type="checkbox"/> | → | <b>GO TO QUESTION 5</b> |
| Sí  | 1 | <input type="checkbox"/> |   |                         |
| N/A | 9 | <input type="checkbox"/> |   |                         |

- 4a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

5. Debido a que soy latino(a) se ha esperado que trabaje más duro.
- |    |   |                          |   |                         |
|----|---|--------------------------|---|-------------------------|
| No | 0 | <input type="checkbox"/> | → | <b>GO TO QUESTION 6</b> |
| Sí | 1 | <input type="checkbox"/> |   |                         |

- 5a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

6. Mis ingresos no han sido suficientes para mantener a mi familia o a mí mismo/a.

No 0  → **GO TO QUESTION 7**  
Sí 1

6a. ¿Que tan preocupado(a) o tenso(a) ha estado?

No preocupado/tenso 1   
Un poco preocupado/tenso 2   
Moderadamente preocupado/tenso 3   
Muy preocupado/tenso 4   
Extremadamente preocupado/tenso 5

7. He sentido que las ideas de mis hijos(as) acerca de la sexualidad son demasiado liberales.

No 0  → **GO TO QUESTION 8**  
Sí 1   
N/A 9

7a. ¿Que tan preocupado(a) o tenso(a) ha estado?

No preocupado/tenso 1   
Un poco preocupado/tenso 2   
Moderadamente preocupado/tenso 3   
Muy preocupado/tenso 4   
Extremadamente preocupado/tenso 5

8. Ha habido violencia física entre miembros de mi familia.

No 0  → **GO TO QUESTION 9**  
Sí 1

8a. ¿Que tan preocupado(a) o tenso(a) ha estado?

No preocupado/tenso 1   
Un poco preocupado/tenso 2   
Moderadamente preocupado/tenso 3   
Muy preocupado/tenso 4   
Extremadamente preocupado/tenso 5

9. Debido a que soy latino(a) he tenido dificultad para encontrar el tipo de trabajo que quiero.

No 0  → **GO TO QUESTION 10**  
Sí 1

9a. ¿Que tan preocupado(a) o tenso(a) ha estado?

No preocupado/tenso 1   
Un poco preocupado/tenso 2   
Moderadamente preocupado/tenso 3   
Muy preocupado/tenso 4   
Extremadamente preocupado/tenso 5

10. Mis hijos(as) han hablado acerca de irse de la casa.

No 0  → **GO TO QUESTION 11**  
Sí 1   
N/A 9

- 10a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

11. Mis hijos(as) han recibido malas calificaciones en la escuela.
- |     |   |                          |                            |
|-----|---|--------------------------|----------------------------|
| No  | 0 | <input type="checkbox"/> | → <b>GO TO QUESTION 12</b> |
| Sí  | 1 | <input type="checkbox"/> |                            |
| N/A | 9 | <input type="checkbox"/> |                            |

- 11a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

12. He tenido que ser cuidadoso(a) con la calidad de mi trabajo para que otros no piensen que soy un(a) perezoso(a).
- |    |   |                          |                            |
|----|---|--------------------------|----------------------------|
| No | 0 | <input type="checkbox"/> | → <b>GO TO QUESTION 13</b> |
| Sí | 1 | <input type="checkbox"/> |                            |

- 12a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

13. Debido a que soy latino(a), ha sido difícil obtener ascensos o aumentos de salario.
- |    |   |                          |                            |
|----|---|--------------------------|----------------------------|
| No | 0 | <input type="checkbox"/> | → <b>GO TO QUESTION 14</b> |
| Sí | 1 | <input type="checkbox"/> |                            |

- 13a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

14. He tenido pleitos serios con miembros de mi familia.
- |    |   |                          |                            |
|----|---|--------------------------|----------------------------|
| No | 0 | <input type="checkbox"/> | → <b>GO TO QUESTION 15</b> |
| Sí | 1 | <input type="checkbox"/> |                            |

- 14a. ¿Que tan preocupado(a) o tenso(a) ha estado?
- |                                 |   |                          |
|---------------------------------|---|--------------------------|
| No preocupado/tenso             | 1 | <input type="checkbox"/> |
| Un poco preocupado/tenso        | 2 | <input type="checkbox"/> |
| Moderadamente preocupado/tenso  | 3 | <input type="checkbox"/> |
| Muy preocupado/tenso            | 4 | <input type="checkbox"/> |
| Extremadamente preocupado/tenso | 5 | <input type="checkbox"/> |

15. Me he visto forzado(a) a aceptar trabajos con salarios bajos.  
 No 0  → **GO TO QUESTION 16**  
 Sí 1

15a. ¿Que tan preocupado(a) o tenso(a) ha estado?  
 No preocupado/tenso 1   
 Un poco preocupado/tenso 2   
 Moderadamente preocupado/tenso 3   
 Muy preocupado/tenso 4   
 Extremadamente preocupado/tenso 5

16. Ha habido pleitos entre miembros de mi familia.  
 No 0  → **GO TO QUESTION 17**  
 Sí 1

16a. ¿Que tan preocupado(a) o tenso(a) ha estado?  
 No preocupado/tenso 1   
 Un poco preocupado/tenso 2   
 Moderadamente preocupado/tenso 3   
 Muy preocupado/tenso 4   
 Extremadamente preocupado/tenso 5

17. Me he sentido presionado(a) para aprender inglés.  
 No 0  → **END QUESTIONNAIRE**  
 Sí 1

17a. ¿Que tan preocupado(a) o tenso(a) ha estado?  
 No preocupado/tenso 1   
 Un poco preocupado/tenso 2   
 Moderadamente preocupado/tenso 3   
 Muy preocupado/tenso 4   
 Extremadamente preocupado/tenso 5

## Discrimination and Neighborhood Stress\_Spanish HCHS/SOL Sociocultural Ancillary Study

ID NUMBER: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	FORM CODE: DCS VERSION: A 10/21/09	Contact Occasion <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	SEQ # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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### Administrative Information

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

## Ethnic Discrimination

¿Cuan a menudo le ha pasado a Ud. lo siguiente, **por su procedencia étnica**?

	Nunca	Algunas veces	Constan- temente		
1. ¿Ha sido usted tratado(a) injustamente por algún(a) profesor(a), director(a) o el personal escolar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. ¿Alguna persona ha subestimado su habilidad de hacer o encargarse de algún trabajo?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. ¿Alguna persona <b>ha amenazado</b> con herirlo(a)? (Por ejemplo: le han dicho que le pegarán)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. ¿Alguna persona la <b>ha llegado</b> a herir o han tratado de hacerlo? (Por ejemplo: alguien le pegó o le pateó)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. ¿Ha sentido usted que algún policía u oficial de seguridad ha sido injusto con usted?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. ¿Alguna persona <b>ha amenazado</b> con dañar su propiedad?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. ¿Alguna persona <b>ha llegado</b> a dañar su propiedad?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. ¿Alguna persona lo(a) ha hecho sentir como un(a) extraño(a) que no pertenece al grupo debido a su forma de vestir, de hablar, o por alguna otra característica relacionada a su procedencia?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. ¿Alguna vez ha sido usted tratado(a) injustamente por sus compañeros(as) de trabajo o de clase?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. ¿Alguna persona lo(a) han categorizado como deshonesto(a) o como una persona en la cual no se puede confiar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. ¿Alguna persona ha sido gentil con usted y luego ha hablado mal de usted a sus espaldas?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. ¿Alguna persona que habla otro idioma lo(a) ha hecho sentir como un(a) extraño(a)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. ¿Alguna persona lo(a) ha ignorado o no le ha prestado atención?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. ¿Su jefe(a) o supervisor(a) ha sido injusto(a) con usted?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. ¿Alguna persona ha insinuado que usted no es una persona limpia?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. ¿Alguna persona ha desconfiado de usted?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. ¿Alguna persona ha insinuado que usted es una persona perezosa?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Neighborhood Stress

Los vecindarios (o barrios) donde vive la gente pueden ser importantes para la salud. Por ello nos gustaría hacerle unas preguntas sobre la vida en su vecindario. Por vecindario nos referimos a los alrededores de su casa, incluyendo por ejemplo los lugares donde hace las compras, instituciones públicas y religiosas, o un distrito de negocios local. Incluya los lugares donde hace cosas de la vida diaria, por ejemplo donde compra, va al parque o visita a los vecinos. Tome el tiempo necesario para responder con exactitud, pero no pase demasiado tiempo en ninguna de las preguntas. Ninguna respuesta es más correcta que las demás.

18. ¿Cuántos bloques o manzanas tiene el área que usted considera su vecindario?

 

19. ¿Cuánto tiempo ha vivido en este vecindario? (años o meses)

  :    
 Años o Meses

Para cada una de las siguientes afirmaciones, díganos si está de acuerdo o no seleccionando la opción más apropiada.

Ni de	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Totalmente en desacuerdo
20. En este vecindario la gente está muy unida	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. Las personas aquí están dispuestas a ayudar a los vecinos	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
22. Las personas de este vecindario en general no se llevan bien entre sí mismo	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23. Se puede confiar en las personas de este vecindario	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
24. Las personas en este vecindario no comparten los mismos valores	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

25. En relación con la delincuencia, ¿es seguro su vecindario? Por favor evalúelo basado en una escala de 1 a 5:

Muy seguro	1 <input type="checkbox"/>
	2 <input type="checkbox"/>
Seguro	3 <input type="checkbox"/>
	4 <input type="checkbox"/>
Muy inseguro	5 <input type="checkbox"/>

Piense en su vecindario, luego indique la opción correspondiente si cada una de las situaciones que aparecen a continuación es un problema en su vecindario

	Problema muy grave	Problema grave	Problema menor	No es realmente un problema
26. Ruido excesivo	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



- |  |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 27. Mucho tráfico o automóviles que van muy rápido         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 28. No hay donde comprar buena comida                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 29. Falta de parques o lugares para jugar o hacer deportes | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 30. Basura y desperdicios                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 31. Falta de aceras o aceras en mal estado                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 32. Violencia  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## Intrapersonal Resources\_Spanish HCHS/SOL Sociocultural Ancillary Study

ID NUMBER: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	FORM CODE: IPS VERSION: A 10/21/09	Contact Occasion <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	SEQ # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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### Administrative Information

0a. Completion Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	0b. Staff ID: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Month                      Day                      Year	

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Self-Esteem

*Ahora voy a leer una lista de declaraciones sobre sus sentimientos en general. Por favor dígame si está TOTALMENTE DE ACUERDO, si está DE ACUERDO, si está EN DESACUERDO, o si está TOTALMENTE EN DESACUERDO.*

- |  | Totalmente de acuerdo      | De acuerdo                 | En desacuerdo              | Totalmente en desacuerdo   |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Tengo la sensación de que soy una persona de valía al menos igual que la mayoría de la gente. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. Tengo la sensación de que poseo algunas buenas cualidades.                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3. En definitiva, tiendo a pensar que soy un fracasado.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. Soy capaz de hacer las cosas tan bien como la mayoría de las personas.                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. Siento que no tengo demasiadas cosas de las que sentirme orgulloso                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. Tengo una actitud positiva hacia mi mismo.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. En general, estoy satisfecho(a) conmigo mismo.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. Ojala me respetara más a mí mismo.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

9. A veces me siento realmente inútil. 1  2  3  4
10. A veces pienso que no soy buena en nada. 1  2  3  4

### Optimism

Las siguientes preguntas se refieren a como usted ve la vida en general. Después de cada pregunta, díganos si usted está de acuerdo o en desacuerdo. No hay respuestas correctas o incorrectas – solo nos interesa su opinión.

- |  | Estoy de acuerdo completamente | Estoy de acuerdo parcialmente | No estoy ni de acuerdo ni en desacuerdo | Estoy parcialmente en desacuerdo | Estoy completamente en desacuerdo |
|--|--------------------------------|-------------------------------|---|----------------------------------|-----------------------------------|
| 11. En tiempos de incertidumbre, generalmente pienso que me va a ocurrir lo mejor. | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |
| 12. Me es fácil relajarme  | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |
| 13. Si algo malo me puede pasar, estoy seguro(a) que me pasará.                    | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |
| 14. Siempre soy optimista en cuanto al futuro                                      | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |
| 15. Yo disfruto de mis amistades   | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |
| 16. Rara vez espero que las cosas salgan a mi manera.                              | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |
| 17. Para mi, es importante estar siempre ocupada(o)                                | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |
| 18. No espero que cosas buenas me sucedan.   | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |
| 19. En general, yo pienso que mas cosas buenas que malas me van a suceder          | 1 <input type="checkbox"/>     | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>       | 5 <input type="checkbox"/>        |

### Life Engagement

Ahora le voy a leer otra lista de declaraciones. Por favor responda sobre sí mismo(a) indicando la medida de acuerdo o desacuerdo usando la siguiente escala: 1= totalmente en desacuerdo; 2= en desacuerdo; 3= neutral; 4= de acuerdo; 5= totalmente de acuerdo.

- |   | Totalmente de desacuerdo   | En desacuerdo              | Neutral                    | De acuerdo                 | Totalmente de acuerdo      |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 20. No hay suficiente sentido en mi vida.                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 21. Para mi, todas las cosas que hago valen la pena.                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 22. La mayoría de lo que hago me parece insignificante o sin importancia. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 23. Yo valoro mucho mis actividades.                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 24. No me importan mucho las cosas que hago.                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

25. Tengo muchos motivos para vivir. 1  2  3  4  5

## Interpersonal Resources\_Spanish

### HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: SOS  
VERSION: A 10/21/09

Contact  
Occasion

<input type="text"/>	<input type="text"/>
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SEQ #

<input type="text"/>	<input type="text"/>
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#### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

#### Social Support

*Este cuestionario se compone de una lista de afirmaciones de las cuales pueden o no ser verdad sobre usted. Para cada frase debe responder "definitivamente verdadera" si usted piensa efectivamente que es verdad sobre usted, y "probablemente verdadera" si piensa que es verdad pero no es absolutamente cierta. Al igual debe responder "definitivamente falsa" si esta seguro(a) de que la afirmación es falsa y "probablemente falsa" si usted piensa que es falsa pero no completamente falsa.*

1. Si yo quisiera hacer una excursión de un día (por ejemplo a la playa, el campo o las montañas) tendría dificultades para encontrar a alguien que fuera conmigo.

Definitivamente falsa 1   
Probablemente falsa 2   
Probablemente verdadera 3   
Definitivamente verdadera 4

2. Siento que no hay nadie con quien pueda compartir mis preocupaciones o miedos más íntimos.

Definitivamente falsa 1   
Probablemente falsa 2   
Probablemente verdadera 3   
Definitivamente verdadera 4

3. Si yo estuviera enfermo(a), podría facilitarme encontrar a alguien para ayudar con mis quehaceres diarios.

Definitivamente falsa 1   
Probablemente falsa 2   
Probablemente verdadera 3   
Definitivamente verdadera 4

4. Hay alguien con quien puedo contar para pedir consejos sobre como manejar los problemas con mi familia.

Definitivamente falsa 1   
Probablemente falsa 2   
Probablemente verdadera 3   
Definitivamente verdadera 4

5. Si decido una tarde que me gustaría ir al cine esa noche podría fácilmente encontrar a alguien para ir conmigo.

- Definitivamente falsa 1
- Probablemente falsa 2
- Probablemente verdadera 3
- Definitivamente verdadera 4

6. Cuando necesito sugerencias sobre como afrontar un problema personal, sé a quien puedo acudir.

- Definitivamente falsa 1
- Probablemente falsa 2
- Probablemente verdadera 3
- Definitivamente verdadera 4

7. No recibo a menudo invitaciones para hacer cosas con otros.

- Definitivamente falsa 1
- Probablemente falsa 2
- Probablemente verdadera 3
- Definitivamente verdadera 4

8. Si tuviera que salir de la ciudad durante unas semanas, tendría dificultad encontrar a alguien que pueda cuidar mi casa o apartamento (las plantas, animales, jardín, etc.).

- Definitivamente falsa 1
- Probablemente falsa 2
- Probablemente verdadera 3
- Definitivamente verdadera 4

9. Si quisiera almorzar con alguien, podría encontrar fácilmente a alguien con quien hacerlo.

- Definitivamente falsa 1
- Probablemente falsa 2
- Probablemente verdadera 3
- Definitivamente verdadera 4

10. Si yo me encontrara a 10 millas de mi casa, hay alguien a quien yo podría llamar para que me recogiera.

- Definitivamente falsa 1
- Probablemente falsa 2
- Probablemente verdadera 3
- Definitivamente verdadera 4

11. Si tuviera problemas familiares (una crisis) tendría dificultad de encontrar a alguien que me aconsejara.

- Definitivamente falsa 1
- Probablemente falsa 2
- Probablemente verdadera 3
- Definitivamente verdadera 4

12. Si fuera a necesitar ayuda en mudarme de casa, tendría dificultad de encontrar a alguien que me ayudara.

- Definitivamente falsa 1
- Probablemente falsa 2
- Probablemente verdadera 3
- Definitivamente verdadera 4

### Social Network Index

Estas preguntas se refieren a la cantidad de personas que usted ve o con quienes habla regularmente, incluyendo familiares, amigos, compañeros de trabajo, vecinos, etc. Escuche y responda cada pregunta con sumo cuidado. Responda las siguientes preguntas como le corresponda.

13. ¿Cuál de las siguientes afirmaciones describe mejor su estado civil?

Actualmente casado y en convivencia o en convivencia con alguien en una relación similar a la del matrimonio 1

Jamás se casó y jamás vivió con alguien en una relación similar a la del matrimonio 2

Separado 3

Divorciado o que vivió anteriormente con alguien en una relación similar a la del matrimonio 4

Viudo(a) 5

14. ¿Cuántos hijos tiene?

Ninguno 0  → **GO TO QUESTION 16**

1 1

2 2

3 3

4 4

5 5

6 6

7 o más 7

15. ¿A cuántos de sus hijos ve o con cuántos de sus hijos habla por teléfono al menos una vez cada 2 semanas?

Ninguno 0

1 1

2 2

3 3

4 4

5 5

6 6

7 o más 7

16. ¿Vive alguno de sus padres?

Ninguno 0  → **GO TO QUESTION 18**

Madre solamente 1

Padre solamente 2

Ambos 3

17. ¿Ve o habla por teléfono con alguno de sus padres al menos una vez cada 2 semanas?

Ninguno 0

Madre solamente 1

Padre solamente 2

Ambos 3

18. ¿Vive alguno de sus padres políticos (o padres de su pareja)?

- |                 |   |                          |   |                          |
|-----------------|---|--------------------------|---|--------------------------|
| Ninguno         | 0 | <input type="checkbox"/> | → | <b>GO TO QUESTION 20</b> |
| Madre solamente | 1 | <input type="checkbox"/> |   |                          |
| Padre solamente | 2 | <input type="checkbox"/> |   |                          |
| Ambos           | 3 | <input type="checkbox"/> |   |                          |
| No es aplicable | 9 | <input type="checkbox"/> | → | <b>GO TO QUESTION 20</b> |

19. ¿Ve usted o habla por teléfono a alguno de los padres de su pareja al menos una vez cada 2 semanas?

- |                 |   |                          |
|-----------------|---|--------------------------|
| Ninguno         | 0 | <input type="checkbox"/> |
| Madre solamente | 1 | <input type="checkbox"/> |
| Padre solamente | 2 | <input type="checkbox"/> |
| Ambos           | 3 | <input type="checkbox"/> |

20. ¿A cuantos otros parientes usted se siente cercano que no sea su pareja, padres, e hijos??

- |         |   |                          |   |                          |
|---------|---|--------------------------|---|--------------------------|
| 0       | 0 | <input type="checkbox"/> | → | <b>GO TO QUESTION 22</b> |
| 1       | 1 | <input type="checkbox"/> |   |                          |
| 2       | 2 | <input type="checkbox"/> |   |                          |
| 3       | 3 | <input type="checkbox"/> |   |                          |
| 4       | 4 | <input type="checkbox"/> |   |                          |
| 5       | 5 | <input type="checkbox"/> |   |                          |
| 6       | 6 | <input type="checkbox"/> |   |                          |
| 7 o más | 7 | <input type="checkbox"/> |   |                          |

21. ¿A cuántos de esos parientes usted ve o les habla por teléfono al menos una vez cada 2 semanas?

- |         |   |                          |
|---------|---|--------------------------|
| 0       | 0 | <input type="checkbox"/> |
| 1       | 1 | <input type="checkbox"/> |
| 2       | 2 | <input type="checkbox"/> |
| 3       | 3 | <input type="checkbox"/> |
| 4       | 4 | <input type="checkbox"/> |
| 5       | 5 | <input type="checkbox"/> |
| 6       | 6 | <input type="checkbox"/> |
| 7 o más | 7 | <input type="checkbox"/> |

22. ¿Cuántos amigos íntimos tiene? (es decir, personas con quienes usted se siente cómodo(a), puede hablar de temas privados y llamar para pedirles ayuda)

- |         |   |                          |   |                          |
|---------|---|--------------------------|---|--------------------------|
| 0       | 0 | <input type="checkbox"/> | → | <b>GO TO QUESTION 24</b> |
| 1       | 1 | <input type="checkbox"/> |   |                          |
| 2       | 2 | <input type="checkbox"/> |   |                          |
| 3       | 3 | <input type="checkbox"/> |   |                          |
| 4       | 4 | <input type="checkbox"/> |   |                          |
| 5       | 5 | <input type="checkbox"/> |   |                          |
| 6       | 6 | <input type="checkbox"/> |   |                          |
| 7 o más | 7 | <input type="checkbox"/> |   |                          |

23. ¿A cuántos de esos amigos usted ve o les habla al menos una vez cada 2 semanas?

- |         |   |                          |
|---------|---|--------------------------|
| 0       | 0 | <input type="checkbox"/> |
| 1       | 1 | <input type="checkbox"/> |
| 2       | 2 | <input type="checkbox"/> |
| 3       | 3 | <input type="checkbox"/> |
| 4       | 4 | <input type="checkbox"/> |
| 5       | 5 | <input type="checkbox"/> |
| 6       | 6 | <input type="checkbox"/> |
| 7 o más | 7 | <input type="checkbox"/> |

24. ¿Pertenece usted a una iglesia, templo u otro grupo religioso?

- |    |   |                          |                            |
|----|---|--------------------------|----------------------------|
| No | 0 | <input type="checkbox"/> | → <b>GO TO QUESTION 26</b> |
| Sí | 1 | <input type="checkbox"/> |                            |

25. ¿A cuántos miembros de su iglesia o grupo religioso les habla al menos una vez cada 2 semanas? (Incluido en reuniones sociales y servicios)

- |         |   |                          |
|---------|---|--------------------------|
| 0       | 0 | <input type="checkbox"/> |
| 1       | 1 | <input type="checkbox"/> |
| 2       | 2 | <input type="checkbox"/> |
| 3       | 3 | <input type="checkbox"/> |
| 4       | 4 | <input type="checkbox"/> |
| 5       | 5 | <input type="checkbox"/> |
| 6       | 6 | <input type="checkbox"/> |
| 7 o más | 7 | <input type="checkbox"/> |

26. ¿Asiste a alguna clase (escuela, universidad, capacitación técnica o educación para adultos) regularmente?

- |    |   |                          |                            |
|----|---|--------------------------|----------------------------|
| No | 0 | <input type="checkbox"/> | → <b>GO TO QUESTION 28</b> |
| Sí | 1 | <input type="checkbox"/> |                            |

27. ¿A cuántos compañeros o profesores les habla al menos una vez cada 2 semanas? (Incluido en reuniones en clase.)

- |         |   |                          |
|---------|---|--------------------------|
| 0       | 0 | <input type="checkbox"/> |
| 1       | 1 | <input type="checkbox"/> |
| 2       | 2 | <input type="checkbox"/> |
| 3       | 3 | <input type="checkbox"/> |
| 4       | 4 | <input type="checkbox"/> |
| 5       | 5 | <input type="checkbox"/> |
| 6       | 6 | <input type="checkbox"/> |
| 7 o más | 7 | <input type="checkbox"/> |

28. ¿Se encuentra actualmente empleado(a) en un trabajo de jornada parcial o completa?

- |     |   |                          |                            |
|-----|---|--------------------------|----------------------------|
| No  | 0 | <input type="checkbox"/> | → <b>GO TO QUESTION 31</b> |
| Yes | 1 | <input type="checkbox"/> |                            |

28a. Si es así, está empleado por otros o independiente?

- |                            |   |                          |
|----------------------------|---|--------------------------|
| Sí, empleado por otros     | 0 | <input type="checkbox"/> |
| Sí, autónomo/independiente | 1 | <input type="checkbox"/> |

29. ¿A cuántas personas supervisa?

0	0	<input type="checkbox"/>	→ <b>GO TO QUESTION 31</b>
1	1	<input type="checkbox"/>	
2	2	<input type="checkbox"/>	
3	3	<input type="checkbox"/>	
4	4	<input type="checkbox"/>	
5	5	<input type="checkbox"/>	
6	6	<input type="checkbox"/>	
7 o más	7	<input type="checkbox"/>	

30. ¿A cuántas personas en el trabajo (distintas de aquéllas a las que supervisa) les habla al menos una vez cada 2 semanas?

0	0	<input type="checkbox"/>
1	1	<input type="checkbox"/>
2	2	<input type="checkbox"/>
3	3	<input type="checkbox"/>
4	4	<input type="checkbox"/>
5	5	<input type="checkbox"/>
6	6	<input type="checkbox"/>
7 o más	7	<input type="checkbox"/>

31. ¿A cuántos de sus vecinos visita o les habla al menos una vez cada 2 semanas?

0	0	<input type="checkbox"/>
1	1	<input type="checkbox"/>
2	2	<input type="checkbox"/>
3	3	<input type="checkbox"/>
4	4	<input type="checkbox"/>
5	5	<input type="checkbox"/>
6	6	<input type="checkbox"/>
7 o más	7	<input type="checkbox"/>

32. ¿Participa actualmente en un voluntariado regularmente?

No	0	<input type="checkbox"/>	→ <b>GO TO QUESTION 34</b>
Sí	1	<input type="checkbox"/>	

33. ¿A cuántas personas que participan en ese voluntariado les habla acerca de cuestiones relacionadas con dicha tarea al menos una vez cada 2 semanas?

0	0	<input type="checkbox"/>
1	1	<input type="checkbox"/>
2	2	<input type="checkbox"/>
3	3	<input type="checkbox"/>
4	4	<input type="checkbox"/>
5	5	<input type="checkbox"/>
6	6	<input type="checkbox"/>
7 o más	7	<input type="checkbox"/>

34. ¿Pertenece a algún grupo en el cual usted le habla a uno o varios integrantes acerca de cuestiones relacionadas con el grupo al menos una vez cada 2 semanas? Por ejemplo, clubes sociales, grupos recreativos, sindicatos, grupos comerciales, organizaciones profesionales, grupos relacionados con niños como PTA o los Boy Scouts, grupos dedicados a servicios a la comunidad, etc. (Si usted no pertenece a ninguno de dichos grupos, escriba '0' en el recuadro provisto y vaya a la sección que sigue más abajo.)

No	0	<input type="checkbox"/>	→ <b>GO TO QUESTION 38</b>
Sí	1	<input type="checkbox"/>	



Considere esos **grupos en los cuales usted habla con un compañero(a) integrante al menos una vez cada 2 semanas**. Indique la siguiente información para cada uno de esos grupos: Nombre o tipo de grupo y total de integrantes a los cuales les habla al menos una vez cada 2 semanas.

Nombre o tipo de grupo	número total de miembros del grupo
35. _____ _____	35a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
36. _____ _____	36a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
37. _____ _____	37a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Family Cohesion and Conflict

Las siguientes declaraciones son sobre las familias. Usted tendrá que decidir cuales de estas declaraciones son verdaderas respecto a su familia y cuales son falsas. Si usted piensa que la declaración es Verdadera o casi siempre Verdadera respecto a su familia, diga Verdadera. Si usted piensa que la declaración es Falsa o casi siempre Falsa respecto a su familia, diga Falsa. Usted podrá pensar que algunas de las declaraciones sobre algunos miembros de su familia son verdaderas y respecto a otros miembros que son falsas. Diga Verdadera si la declaración es verdadera respecto a la mayoría de los miembros. Diga Falsa si la declaración es falsa respecto a la mayoría de los miembros. Si los miembros se dividen por igual, decida cual es la impresión mas fuerte en general y responda de acuerdo a eso. Recuerde, **a usted le gustaría saber que su familia se parece a usted**. Por eso no trate de figurar como otros miembros ven a su familia, pero sí dénos **su impresión general** respecto a su familia en cada declaración.

	Verdadera	Falsa
38. Los miembros de la familia realmente ayudan y se apoyan unos a otros.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
39. Peleamos mucho en nuestra familia.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
40. Con frecuencia parece que estamos perdiendo el tiempo en la casa.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
41. Los miembros de la familia raramente se enojan abiertamente.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
42. Ponemos mucho esfuerzo en lo que hacemos en casa.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
43. Los miembros de la familia algunas veces se enojan tanto que avientan cosas.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
44. Hay sentimiento de unidad en nuestra familia.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
45. Los miembros de la familia difícilmente pierden su temperamento.	1 <input type="checkbox"/>	2 <input type="checkbox"/>

46. Raramente nos ofrecemos cuando se necesita hacer algo en casa. 1  2
47. Los miembros de la familia con frecuencia se critican unos a otros. 1  2
48. Los miembros de la familia realmente se apoyan mutuamente. 1  2
49. Los miembros de la familia algunas veces se golpean unos a otros. 1  2
50. Hay muy poco espíritu de grupo en nuestra familia. 1  2
51. Si hay un desacuerdo en nuestra familia, hacemos todo lo posible por resolverlo y conservar la paz. 1  2
52. Realmente todos nos llevamos muy bien. 1  2
53. Los miembros de la familia con frecuencia tratan de superar a los demás 1  2
54. Hay bastante tiempo y atención para todos en nuestra familia. 1  2
55. En nuestra familia, creemos que no se llega a nada levantando la voz. 1  2

## Emotions Questionnaire\_Spanish HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FORM CODE: EMS VERSION: A 10/21/09	Contact Occasion	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SEQ #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
------------	--	---------------------------------------	------------------	---	-------	---

### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### CES-D Scale

*Las siguientes declaraciones describen algunas de las maneras de cómo pudo haberse sentido o comportado. Por favor, indique con qué frecuencia se ha sentido de esta manera durante la semana pasada.*

	Raramente o ninguna vez (<1 día)	Algunas o pocas veces (1-2 días)	Ocasionalmente o una cantidad de tiempo moderado (3-4 días)	La mayor parte del tiempo (5-7 días)
1. Me molestaron cosas que usualmente no me molestan.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Tuve dificultad en mantener mi mente en lo que hacía.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Me sentí deprimido(a).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Sentí que todo lo que hacía				

- |   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| era un esfuerzo.                        | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 5. Me sentí con esperanza en el futuro. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 6. Me sentí con miedo.                  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 7. Mi sueño fue inquieto.               | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 8. Estuve contento(a).                  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 9. Me sentí solo(a).                    | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 10. No tuve ganas de hacer nada.        | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

### Spielberger Trait Anxiety Scale

Escoja la respuesta apropiada que indica como usted generalmente se siente No tome mucho tiempo en cada frase pero escoja la respuesta que describa cómo usted generalmente se siente.

- |  | Casi nunca                 | A veces                    | A menudo                   | Casi siempre               |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 11. Me siento nervioso(a) e intranquilo(a).  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 12. Me siento satisfecho(a) conmigo mismo(a).  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 13. Desearía ser tan feliz como otros parecen serlo.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 14. Me siento como si fuera un fracasado(a).   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15. Me preocupo demasiado por cosas que no tienen ninguna importancia.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16. No tengo confianza en mi mismo(a).   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17. Me siento seguro(a).   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 18. Me siento inadecuado(a).   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 19. Soy una persona estable.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 20. Cuando pienso en mis preocupaciones y en lo que tengo que hacer entro en un estado de tensión y agitación. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

### Spielberger Trait Anger Scale\*

Por favor escuche cuando yo lea las siguientes declaraciones que personas han usado para describirse. Después indique cómo generalmente reacciona o se siente usted. No hay ninguna respuesta mas correcta que otra. No le dedique demasiado tiempo a una declaración, pero proporcione la respuesta que mejor describa como usted generalmente reacciona o se siente.

	Casi nunca	A veces	Con frecuencia	Casi siempre
21. Me molesto fácilmente.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. Me molesto mucho.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. Soy una persona colérica.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. Me enoja cuando me hacen perder tiempo los errores de los demás.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. Me molesta mucho cuando no me dan reconocimiento por hacer un buen trabajo.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. Pierdo los estribos.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. Cuando estoy enfadado/a, digo cosas desagradables.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
28. Me pone furioso/a que me critiquen delante de los demás.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
29. Cuando me frustró, me dan ganas de golpear a alguien.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. Me molesta mucho cuando hago un buen trabajo y recibo una mala evaluación.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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### **Cook-Medley Cynicism Scale**

*Cuando yo lea las siguientes declaraciones, por favor escuche cada una y decida si es falsa o verdadera según le aplique a usted.*

	Verdadera	Falsa
31. Con frecuencia he tenido que recibir órdenes de alguien que no sabía tanto como yo.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
32. Creo que muchísimas personas exageran sus desgracias para ganarse la compasión y ayuda de los demás.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
33. Se necesita discutir mucho para convencer a la mayoría de la gente de la verdad.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
34. Creo que la mayoría de la gente mentiría para salir adelante.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
35. La mayoría de la gente es honrada principalmente por temor a ser descubierta.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
36. La mayoría de la gente se valdría de medios algo injustos para obtener una ganancia o ventaja.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
37. A nadie le importa mucho lo que le suceda a uno.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
38. Es más seguro no confiar en nadie.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
39. La mayoría de la gente se hace de amigos porque es probable les puedan ser útiles.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
40. A la mayoría de la gente, en su fuero interno, le disgusta esforzarse para ayudar a los demás.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
41. A menudo he conocido personas a quienes se suponía expertas y que no eran mejores que yo.	1 <input type="checkbox"/>	2 <input type="checkbox"/>

42. Generalmente la gente exige más respeto para sus propios derechos, que lo que está dispuesta a concederle a los demás. 1  2
43. Un gran número de personas son culpables de mala conducta sexual. 1  2

### Loneliness Scale

Las siguientes preguntas se tratan de cómo usted se siente sobre diferentes aspectos de su vida. Para cada una, dígame con que frecuencia usted se siente así.

- |   | Casi nunca                 | Algunas veces              | A menudo                   |
|---|----------------------------|----------------------------|----------------------------|
| 44. ¿Qué tan seguido siente que le falta compañía?          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 45. ¿Qué tan seguido se siente excluida/o?                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 46. ¿Qué tan seguido se siente aislada/o de otras personas? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

### Hopelessness Scale

Por favor, escuche mientras leo cada una de las siguientes declaraciones y decida su grado de acuerdo o desacuerdo.

- |  | Totalmente de acuerdo      | Algo de acuerdo            | No puedo decir             | Algo en desacuerdo         | Totalmente en desacuerdo   |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 47. El futuro parece sin esperanza, y es difícil creer que las cosas cambiarán para bien | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 48. Siento que es imposible lograr las metas que me gustaría proponerme.                 | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## Religion Questionnaire\_Spanish HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:

FORM CODE: RLS  
VERSION: A 2/22/10

Contact Occasion

SEQ #

### Administrative Information

0a. Completion Date:   /   /

Month                      Day                      Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Spiritual Well-Being

A continuación encontrará una lista de declaraciones que personas pasando por tiempos difíciles han dicho que son importantes. Escoja un número por cada declaración para indicar la respuesta que corresponde a los últimos siete días.

- |                                      | Nada                       | Un poco                    | Algo                       | Mucho                      | Muchísimo                  |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Me siento en paz.                 | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. Tengo una razón para vivir.       | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3. Mi vida ha sido productiva.       | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. Tengo dificultades para conseguir |                            |                            |                            |                            |                            |

- |   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| paz mental.   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. Siento que mi vida tiene sentido.  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. Soy capaz de encontrar consuelo dentro de mí mismo(a).   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. Tengo un sentimiento de armonía interior.  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. A mi vida le falta sentido y propósito.  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9. Encuentro consuelo en mi fe o mis creencias espirituales.  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 10. Encuentro fuerza en mi fe o mis creencias espirituales.   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 11. Tiempos difíciles han fortalecido mi fe o mis creencias espirituales.                             | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 12. Aun durante tiempos difíciles, todo va a ir bien.   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 13. Me siento conectado(a) a un poder superior (o Dios).  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 14. Me siento conectado(a) con otras personas.  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15. Me siento amado(a).   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16. Siento amor por otras personas.   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17. Puedo perdonar a otros(as) que me han hecho daño.   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 18. Me siento perdonado(a) por cualquier daño que yo pude haber causado en alguna vez.                | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 19. Durante el transcurso del día, me siento agradecido(a) por mi vida.                               | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 20. Durante el transcurso del día, me siento agradecido(a) por lo que otras personas traen a mi vida. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 21. Me siento con esperanza.  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 22. Siento apreciación por la belleza de la naturaleza.   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 23. Siento compasión por aquellos(as) que enfrentan dificultades.                                     | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

### Spirituality

Por favor escoja el número que sea más adecuado acerca de sus creencias religiosas y su participación.

24. ¿Con cuanta frecuencia atiende usted a la iglesia u otros encuentros religiosos?

- Más de una vez a la semana 1
- Una vez a la semana 2
- Unas pocas veces al mes 3
- Unas pocas veces al año 4
- Una vez al año o menos 5
- Nunca 6

25. ¿Con cuanta frecuencia dedica usted tiempo a actividades religiosas privadas, como por ejemplo rezar, meditar, o estudiar la Biblia?

- Más de una vez al día 1
- Diariamente 2
- Dos veces o más por semana 3
- Una vez a la semana 4
- Unas pocas veces al mes 5
- Raras veces o nunca 6

*La siguiente sección tiene tres frases acerca de las creencias religiosas o experiencias religiosas. Por favor indique hasta qué punto cada una de las frases es cierta o no cierta para usted.*

26. En mi vida, yo siento la presencia de lo Divino (e.g., Dios).

- Definitivamente cierto para mí 1
- Tiende a ser cierto 2
- No estoy segura(o) 3
- Tiende a *no* ser cierto 4
- Definitivamente *no* es cierto 5

27. Mis creencias religiosas son lo que realmente está detrás de mi enfoque hacia la vida.

- Definitivamente cierto para mí 1
- Tiende a ser cierto 2
- No estoy segura(o) 3
- Tiende a *no* ser cierto 4
- Definitivamente *no* es cierto 5

28. Trato de llevar mis fundamentos religiosos a todos los demás aspectos de mi vida.

- Definitivamente cierto para mí 1
- Tiende a ser cierto 2
- No estoy segura(o) 3
- Tiende a *no* ser cierto 4
- Definitivamente *no* es cierto 5

## Cancer Questionnaire\_Spanish HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: CNS  
VERSION: A 10/21/09

Contact  
Occasion

<input type="text"/>	<input type="text"/>
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SEQ #

<input type="text"/>	<input type="text"/>
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### Administrative Information

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Cancer Screening, Knowledge, and Cognitions: HINTS Scales

#### FOR MALES ONLY (FEMALES, GO TO QUESTION 4)

*Las siguientes preguntas tienen que ver con diferentes pruebas de cáncer. Por favor escoja la respuesta que le aplique mejor.*

1. El examen de antígeno específico de la próstata, también llamado prueba PSA, es un examen usado para hombres a para ver si tienen cáncer de la próstata. ¿Ha oído hablar alguna vez de la prueba PSA o examen de antígeno específico de la próstata?

No 0  → **GO TO QUESTION 7**

Sí 1

2. ¿Le han hecho alguna vez la prueba PSA?

No 0  → **GO TO QUESTION 7**

Sí 1

Hice la prueba de sangre pero no sé si hicieron el PSA 2

Negó 9

3. ¿Cuándo fue la última vez que se le hizo una prueba PSA?

Hace un año o menos 1

Más de un año pero no más de dos años 2

Más de dos años pero no más de cinco años 3

Más de cinco años 4

#### (MALES, GO TO QUESTION 7)

### Cancer Screening, Perceptions and Knowledge

#### FOR FEMALES ONLY

*Las siguientes preguntas tienen que ver con diferentes pruebas de cáncer. Por favor escoja la respuesta que le aplique lo mejor.*

4. Una mamografía es una radiografía de cada seno para ver si hay cáncer del seno. ¿Se ha hecho usted alguna vez una mamografía?

No 0  → **GO TO QUESTION 6**

Sí 1

5. ¿Cuándo fue la última vez que se le hizo una mamografía para ver si tenía cáncer del seno?

Hace un año o menos 1

Más de un año pero no más de dos años 2

Más de dos años pero no más de cinco años 3

Más de cinco años 4



6. El frotis de Papanicolaou, conocido como Pap, es un examen para detectar cáncer en el cuello uterino o cerviz. ¿Se ha hecho usted alguna vez una prueba Pap?

No 0  → **GO TO QUESTION 7**  
Sí 1

6a. ¿Cuándo se le hizo su última prueba Pap para detectar el cáncer cervical?

Hace un año o menos 1   
Más de un año pero no más de dos años 2   
Más de dos años pero no más de cinco años 3   
Más de cinco años 4

### **(FOR MALES AND FEMALES)**

7. La prueba de sangre en las heces, conocida también como Prueba de Sangre Fecal Oculta, es una prueba que se hace para detectar el cáncer del colon. ¿Se ha hecho alguna vez la prueba de sangre fecal con su médico, en alguna clínica o usando un equipo para hacerse la prueba en casa?

No 0  → **GO TO QUESTION 9**  
Sí 1

8. ¿Cuándo fue la última vez que se hizo una prueba de sangre fecal con su médico, en alguna clínica o usando un equipo para hacerse la prueba en casa?

Hace un año o menos 1   
Más de un año pero no más de dos años 2   
Más de dos años pero no más de cinco años 3   
Más de cinco años 4

9. La sigmoidoscopia y la colonoscopia son pruebas para examinar el intestino mediante la inserción de un tubo en el recto. ¿Se ha hecho alguna vez una sigmoidoscopia o una colonoscopia?

No 0  → **GO TO QUESTION 10**  
Sí 1

9a. ¿Cuál se le hizo?

La colonoscopia 1   
La sigmoidoscopia 2   
Ambos 3   
No estoy seguro(a) 9

9b. ¿Cuándo se le hizo la última sigmoidoscopia o colonoscopia para detectar el cáncer del colon?

Hace un año o menos 1   
Más de un año pero no más de cinco años 2   
Más de cinco años pero no más de diez años 3   
Más de diez años 4

## Cancer Cognition

10. ¿Cuál es la probabilidad de que a usted le dé cáncer en el futuro? ¿Diría que la probabilidad de que a usted le dé cáncer es . . . .

- Muy baja 1
- Moderadamente baja 2
- Moderada 3
- Moderadamente alta 4
- Muy alta 5

11. ¿Con qué frecuencia se preocupa usted de que le pueda dar cáncer? ¿Diría usted que. . .

- Raramente o nunca 1
- Algunas veces 2
- A menudo 3
- Todo el tiempo 4

¿Cuánto está usted de acuerdo o en desacuerdo con las siguientes afirmaciones?

12. Cuando pienso en el cáncer, automáticamente pienso en la muerte.

- Totalmente de acuerdo 1
- Algo de acuerdo 2
- Algo en desacuerdo 3
- Totalmente en desacuerdo 4

13. La mayoría de las veces, el cáncer es ocasionado por el comportamiento o el modo de vida de una persona.

- Totalmente de acuerdo 1
- Algo de acuerdo 2
- Algo en desacuerdo 3
- Totalmente en desacuerdo 4

14. Hacerse chequeos regularmente para detectar cáncer ayuda a que el cáncer se descubra cuando es fácil de tratar.

- Totalmente de acuerdo 1
- Algo de acuerdo 2
- Algo en desacuerdo 3
- Totalmente en desacuerdo 4

15. La gente sabe que posiblemente tiene cáncer antes de que le sea diagnosticado.

- Totalmente de acuerdo 1
- Algo de acuerdo 2
- Algo en desacuerdo 3
- Totalmente en desacuerdo 4

16. El cáncer es una enfermedad que normalmente puede ser curada si se detecta a tiempo.

- Totalmente de acuerdo 1
- Algo de acuerdo 2
- Algo en desacuerdo 3
- Totalmente en desacuerdo 4

17. Parece que todo causa cáncer.

- Totalmente de acuerdo 1
- Algo de acuerdo 2
- Algo en desacuerdo 3
- Totalmente en desacuerdo 4

18. No es mucho lo que uno puede hacer para reducir la posibilidad de que a uno le dé cáncer.

- Totalmente de acuerdo 1
- Algo de acuerdo 2
- Algo en desacuerdo 3
- Totalmente en desacuerdo 4

19. Hay tantas recomendaciones diferentes sobre cómo prevenir el cáncer, que es difícil saber cuáles seguir.

- Totalmente de acuerdo 1
- Algo de acuerdo 2
- Algo en desacuerdo 3
- Totalmente en desacuerdo 4

20. En general, ¿cuántas personas que se enferman de cáncer cree usted que sobreviven al menos 5 años?

- Menos de 25% 1
- Como 25% 2
- Como 50% 3
- Como 75% 4
- Casi todo 5

### Cancer Knowledge

¿Cuánto usted cree que las siguientes cosas puedan afectar las posibilidades de que una persona le dé cáncer?

21. Cree usted que el fumar aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

22. Cree usted que comer una dieta alta en grasas aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

23. Cree usted que el exponerse al sol aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

24. Cree usted que los pesticidas o aditivos aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

25. Cree usted que el no comer muchos alimentos que contienen fibra aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

26. Cree usted que el no comer muchas frutas y verduras aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

27. Cree usted que el estrés aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

28. Cree usted que el tomar muchas bebidas alcohólicas aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

29. Cree usted que el recibir un golpe en el pecho aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

30. Cree usted que el tener relaciones sexuales con varias personas aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

31. Cree usted que el que haya habido cáncer en la familia aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

32. Cree usted que el pertenecer a una cierta raza o grupo étnico aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

33. Cree usted que el no hacer mucho ejercicio aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

34. Cree usted que la contaminación aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

35. Cree usted que el radón aumenta las posibilidades de que a una persona le dé cáncer...

- Mucho 1
- Un poco 2
- Nada 3
- Sin opinión 4

## Life, Chronic, and Perceived Stress\_Spanish HCHS/SOL Sociocultural Ancillary Study

ID NUMBER:

FORM CODE: STS  
VERSION: A 10/21/09

Contact  
Occasion

SEQ #

### Administrative Information

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

### Life Stress: Traumatic Stress Schedule

Las próximas preguntas se tratan de lo que puede haberle sucedido a usted a través de su vida.

1. ¿Alguna vez alguien le quitó algo por la fuerza o por amenaza de fuerza, es decir, en un robo o asalto?

- Sí 1   
No 2  → **GO TO QUESTION 2**  
No sé/ negó a contestar 9  → **GO TO QUESTION 2**

1a. Esto pasó...

- Una vez 1   
Más de una vez 2  → **GO TO QUESTION 1c**  
No sé/ negó a contestar 9  → **GO TO QUESTION 2**

1b. (Si sucedió una vez) ¿Cuándo pasó?

- Hace menos de 6 meses 1   
Hace 6-12 meses 2   
Hace 1-5 años 3   
Hace más de 5 años 4   
Sin respuesta 9

1c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

- Hace menos de 6 meses 1   
Hace 6-12 meses 2   
Hace 1-5 años 3   
Hace más de 5 años 4   
Sin respuesta 9

2. ¿Alguna vez alguien lo(a) golpeó o atacó?

- Sí 1   
No 2  → **GO TO QUESTION 3**  
No sé/ negó a contestar 9  → **GO TO QUESTION 3**

2a. Esto pasó...

- Una vez 1   
Más de una vez 2  → **GO TO QUESTION 2c**  
No sé/ negó a contestar 9  → **GO TO QUESTION 3**

2b. (Si sucedió una vez) ¿Cuándo pasó?

- Hace menos de 6 meses 1   
Hace 6-12 meses 2   
Hace 1-5 años 3   
Hace más de 5 años 4   
Sin respuesta 9

2c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

- Hace menos de 6 meses 1   
Hace 6-12 meses 2   
Hace 1-5 años 3   
Hace más de 5 años 4   
Sin respuesta 9

3. ¿Alguna vez alguien le obligó a tener sexo por la fuerza, o amenazándole que le haría daño? Esto incluye cualquier tipo de actividad sexual con la cual usted no estuviera de acuerdo.

- Sí 1   
No 2  → **GO TO QUESTION 4**  
No sé/ negó a contestar 9  → **GO TO QUESTION 4**

3a. Esto pasó...

- Una vez 1   
Más de una vez 2  → **GO TO QUESTION 3c**  
No sé/ negó a contestar 9  → **GO TO QUESTION 4**

3b. (Si sucedió una vez) ¿Cuándo pasó?

- Hace menos de 6 meses 1   
Hace 6-12 meses 2   
Hace 1-5 años 3   
Hace más de 5 años 4   
Sin respuesta 9

3c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

- Hace menos de 6 meses 1   
Hace 6-12 meses 2   
Hace 1-5 años 3   
Hace más de 5 años 4   
Sin respuesta 9

4. ¿Algún miembro de su familia o amigo cercano ha muerto a consecuencia de un accidente, un homicidio, o un suicidio?

- Sí 1   
No 2  → **GO TO QUESTION 4**  
No sé/ negó a contestar 9  → **GO TO QUESTION 5**

4a. Esto pasó...

- Una vez 1   
Más de una vez 2  → **GO TO QUESTION 4c**  
No sé/ negó a contestar 9  → **GO TO QUESTION 5**

4b. (Si sucedió una vez) ¿Cuándo pasó?

- Hace menos de 6 meses 1   
Hace 6-12 meses 2   
Hace 1-5 años 3   
Hace más de 5 años 4   
Sin respuesta 9

4c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

- Hace menos de 6 meses 1   
Hace 6-12 meses 2   
Hace 1-5 años 3   
Hace más de 5 años 4   
Sin respuesta 9

- 4d. ¿Qué persona murió?
- |               |   |                          |
|---------------|---|--------------------------|
| Esposo/pareja | 1 | <input type="checkbox"/> |
| Hijo(a)       | 2 | <input type="checkbox"/> |
| Padre/Madre   | 3 | <input type="checkbox"/> |
| Otros         | 4 | <input type="checkbox"/> |
| Sin respuesta | 9 | <input type="checkbox"/> |

- 4e. ¿Cómo murió? Fué a causa de ...
- |               |   |                          |
|---------------|---|--------------------------|
| Accidente     | 1 | <input type="checkbox"/> |
| Homicidio     | 2 | <input type="checkbox"/> |
| Suicidio      | 3 | <input type="checkbox"/> |
| Sin respuesta | 9 | <input type="checkbox"/> |

5. ¿Alguna vez sufrió usted una lesión o sostuvo daños a su propiedad como consecuencia de un incendio?

- |                         |   |  |
|-------------------------|---|--|
| Sí                      | 1 | <input type="checkbox"/>                           |
| No                      | 2 | <input type="checkbox"/> → <b>GO TO QUESTION 6</b> |
| No sé/ negó a contestar | 9 | <input type="checkbox"/> → <b>GO TO QUESTION 6</b> |

- 5a. Esto pasó...
- |                         |   |   |
|-------------------------|---|---|
| Una vez                 | 1 | <input type="checkbox"/>                            |
| Más de una vez          | 2 | <input type="checkbox"/> → <b>GO TO QUESTION 5c</b> |
| No sé/ negó a contestar | 9 | <input type="checkbox"/> → <b>GO TO QUESTION 6</b>  |

- 5b. (Si sucedió una vez) ¿Cuándo pasó?
- |                       |   |                          |
|-----------------------|---|--------------------------|
| Hace menos de 6 meses | 1 | <input type="checkbox"/> |
| Hace 6-12 meses       | 2 | <input type="checkbox"/> |
| Hace 1-5 años         | 3 | <input type="checkbox"/> |
| Hace más de 5 años    | 4 | <input type="checkbox"/> |
| Sin respuesta         | 9 | <input type="checkbox"/> |

- 5c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?
- |                       |   |                          |
|-----------------------|---|--------------------------|
| Hace menos de 6 meses | 1 | <input type="checkbox"/> |
| Hace 6-12 meses       | 2 | <input type="checkbox"/> |
| Hace 1-5 años         | 3 | <input type="checkbox"/> |
| Hace más de 5 años    | 4 | <input type="checkbox"/> |
| Sin respuesta         | 9 | <input type="checkbox"/> |

6. ¿Alguna vez sufrió usted una lesión o sostuvo daños a su propiedad debido a las condiciones atmosféricas, a un desastre natural o causado por los hombres?

- |                         |   |  |
|-------------------------|---|--|
| Sí                      | 1 | <input type="checkbox"/>                           |
| No                      | 2 | <input type="checkbox"/> → <b>GO TO QUESTION 7</b> |
| No sé/ negó a contestar | 9 | <input type="checkbox"/> → <b>GO TO QUESTION 7</b> |

- 6a. Esto pasó...
- |                         |   |   |
|-------------------------|---|---|
| Una vez                 | 1 | <input type="checkbox"/>                            |
| Más de una vez          | 2 | <input type="checkbox"/> → <b>GO TO QUESTION 6c</b> |
| No sé/ negó a contestar | 9 | <input type="checkbox"/> → <b>GO TO QUESTION 7</b>  |



6b. (Si sucedió una vez) ¿Cuándo pasó?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

6c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

7. ¿Alguna vez tuvo usted que evacuar su casa o supo usted de otro peligro inminente en sus alrededores?

Sí 1

No 2  → **GO TO QUESTION 8**

No sé/ negó a contestar 9  → **GO TO QUESTION 8**

7a. Esto pasó...

Una vez 1

Más de una vez 2  → **GO TO QUESTION 7c**

No sé/ negó a contestar 9  → **GO TO QUESTION 8**

7b. (Si sucedió una vez) ¿Cuándo pasó?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

7c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

8. ¿Alguna vez sirvió en combate o fue expuesto(a) a la guerra?

Sí 1

No 2  → **GO TO QUESTION 9**

No sé/ negó a contestar 9  → **GO TO QUESTION 9**

8a. Esto pasó...

Una vez 1

Más de una vez 2  → **GO TO QUESTION 8c**

No sé/ negó a contestar 9  → **GO TO QUESTION 9**

8b. (Si sucedió una vez) ¿Cuándo pasó?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

8c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

9. ¿Alguna vez estuvo en un accidente de tránsito lo suficientemente serio como para causar lesiones a uno o más pasajeros?

Sí 1

No 2  → **GO TO QUESTION 10**

No sé/ negó a contestar 9  → **GO TO QUESTION 10**

9a. Esto pasó...

Una vez 1

Más de una vez 2  → **GO TO QUESTION 9c**

No sé/ negó a contestar 9  → **GO TO QUESTION 10**

9b. (Si sucedió una vez) ¿Cuándo pasó?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

9c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

10. ¿Alguna vez tuvo usted otra experiencia aterradora o espantosa, algo que todavía yo no he mencionado?

Sí 1

No 2  → **GO TO QUESTION 11**

No sé/ negó a contestar 9  → **GO TO QUESTION 11**

10a. Esto pasó...

Una vez 1

Más de una vez 2  → **GO TO QUESTION 10c**

No sé/ negó a contestar 9  → **GO TO QUESTION 11**

10b. (Si sucedió una vez) ¿Cuándo pasó?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

10c. (Si sucedió mas de una vez) ¿Cuándo sucedió la última vez?

Hace menos de 6 meses 1

Hace 6-12 meses 2

Hace 1-5 años 3

Hace más de 5 años 4

Sin respuesta 9

### Childhood Stress Exposure: ACE Scale

Durante su niñez, en sus primeros **18 años de vida**:

11. ¿**A menudo o muy a menudo** unos de sus padres u otro adulto en el hogar lo(a) maltrató verbalmente, insultó, despreció, o humilló?

Actuó de una manera que le dio miedo de ser lastimado(a) físicamente?

No 0

Sí 1

12. ¿**A menudo o muy a menudo** uno de sus padres u otro adulto en el hogar lo(a) empujó, agarró, golpeó o le tiró algo?

Le pegó tan fuerte que tenía marcas o fue herido(a)?

No 0

Sí 1

13. ¿**Alguna vez** un adulto o persona por lo menos 5 años mayor que usted lo(a) tocó o acarició o hizo que tocara parte de su cuerpo en una manera sexual?

Intentó o tuvo sexo oral, anal o vaginal con usted?

No 0

Sí 1

14. ¿**A menudo o muy a menudo** sintió que nadie en su familia lo(a) quería o pensaba que era importante o especial?

Su familia no estuvo pendiente uno del otro, no se sentían acompañados o no se apoyaban?

No 0

Sí 1

15. ¿**A menudo o muy a menudo** sintió que no tenía suficiente para comer, tenía que ponerse ropa sucia, y no tenía a nadie que lo(a) protegiera?

Sus padres estaban demasiado borrachos o drogados para cuidarlo(a) o llevarlo(a) al médico sí lo necesitara?

No 0

Sí 1

16. ¿**Alguna vez** sus padres fueron separados o divorciados?

No 0

Sí 1

17. ¿Su madre o madrastra fue:  
**a menudo o muy a menudo** empujada, agarrada, golpeada, o le tiraron algo?  
**O A veces, a menudo o muy a menudo** pateada, mordida, golpeada con el puño, o golpeada con  
algo duro?  
**O ¿Alguna vez** golpeada repetidamente por lo menos unos minutos o amenazada con una pistola o  
cuchillo ?

No 0

Sí 1

18. ¿Usted vivió con alguien que era un bebedor problemático o alcohólico o usaba drogas ilegales?

No 0

Sí 1

19. ¿Un miembro de su familia estuvo deprimido o enfermo mentalmente, o un miembro de su familia intentó suicidarse?

No 0

Sí 1

20. ¿Un miembro de su familia fue encarcelado?

No 0

Sí 1

### Chronic Stress

*Muchas personas tienen algún problema persistente en su vida cotidiana. Por favor díganos si alguna de las situaciones que se indican a continuación ha representado un problema para usted.*

21. ¿Ha tenido usted alguna enfermedad continua?

No 0  → **GO TO QUESTION 22**

Sí 1

21a. ¿Ha sido un problema durante seis meses o más?

No 0

Sí 1

21b. Diría que este problema le ha causado

Cierto estrés 1

Bastante estrés 2

Mucho estrés 3

22. ¿Ha tenido alguien cercano a usted alguna enfermedad prolongada?

No 0  → **GO TO QUESTION 23**

Sí 1

22a. ¿Ha sido un problema durante seis meses o más?

No 0

Sí 1

22b. Diría que este problema le ha causado a usted

Cierto estrés 1

Bastante estrés 2

Mucho estrés 3

23. ¿Ha tenido recientemente dificultades persistentes en su trabajo o problemas en su capacidad para trabajar?

No 0  → **GO TO QUESTION 24**  
Sí 1

23a. ¿Ha sido un problema durante seis meses o más?

No 0   
Sí 1

23b. Diría que este problema le ha causado

Cierto estrés 1   
Bastante estrés 2   
Mucho estrés 3

24. ¿Ha tenido recientemente problemas importantes de dinero?

No 0  → **GO TO QUESTION 25**  
Sí 1

24a. ¿Ha sido un problema durante seis meses o más?

No 0   
Sí 1

24b. Diría que este problema le ha causado

Cierto estrés 1   
Bastante estrés 2   
Mucho estrés 3

25. ¿Ha tenido recientemente problemas en una relación personal con alguien cercano a usted?

No 0  → **GO TO QUESTION 26**  
Sí 1

25a. ¿Ha sido un problema durante seis meses o más?

No 0   
Sí 1

25b. Diría que este problema le ha causado

Cierto estrés 1   
Bastante estrés 2   
Mucho estrés 3

26. ¿Alguien cercano a usted ha tenido un problema continuo con alcohol o uso de drogas?

No 0  → **GO TO QUESTION 27**  
Sí 1

26a. ¿Ha sido un problema durante seis meses o más?

No 0   
Sí 1

26b. Diría que este problema le ha causado

Cierto estrés 1   
Bastante estrés 2   
Mucho estrés 3

27. ¿Usted ha ayudado al menos a alguien cercano que tiene limitaciones, enfermedades o alguna debilidad, en forma regular?

No 0  → **GO TO QUESTION 28**  
Sí 1

27a. ¿Ha sido un problema durante seis meses o más?

No 0   
Sí 1

27b. Diría que este problema le ha causado

Cierto estrés 1   
Bastante estrés 2   
Mucho estrés 3

28. ¿Ha tenido algún otro problema continuo?

No 0  → **GO TO QUESTION NEXT SECTION**  
Sí 1

Si contestó sí, por favor explique: \_\_\_\_\_

\_\_\_\_\_

28a. ¿Ha sido un problema durante seis meses o más?

No 0   
Sí 1

28b. Diría que este problema le ha causado

Cierto estrés 1   
Bastante estrés 2   
Mucho estrés 3

### Perceived Stress

*Las preguntas de esta escala son sobre sus sentimientos y pensamientos durante los últimos 30 días. Para cada pregunta, por favor indique con qué frecuencia se sintió o pensó de esa manera.*

29. Durante los últimos 30 días, ¿con qué frecuencia se sintió molesto(a) por algo que ocurrió inesperadamente?

Nunca 0   
Casi nunca 1   
De vez en cuando 2   
Con bastante frecuencia 3   
Con mucha frecuencia 4

30. Durante los últimos 30 días, ¿con qué frecuencia sintió que no podía controlar las cosas importantes en su vida?

Nunca 0   
Casi nunca 1   
De vez en cuando 2   
Con bastante frecuencia 3   
Con mucha frecuencia 4

31. Durante los últimos 30 días, ¿con qué frecuencia se sintió nervioso(a) o estresado(a)?

- Nunca 0
- Casi nunca 1
- De vez en cuando 2
- Con bastante frecuencia 3
- Con mucha frecuencia 4

32. Durante los últimos 30 días, ¿con qué frecuencia sintió confianza en poder manejar sus problemas personales?

- Nunca 0
- Casi nunca 1
- De vez en cuando 2
- Con bastante frecuencia 3
- Con mucha frecuencia 4

33. Durante los últimos 30 días, ¿con qué frecuencia sintió que las cosas estaban sucediendo de manera favorable para usted?

- Nunca 0
- Casi nunca 1
- De vez en cuando 2
- Con bastante frecuencia 3
- Con mucha frecuencia 4

34. Durante los últimos 30 días, ¿con qué frecuencia descubrió que no podía hacer frente a todas las cosas que tenía que hacer?

- Nunca 0
- Casi nunca 1
- De vez en cuando 2
- Con bastante frecuencia 3
- Con mucha frecuencia 4

35. Durante los últimos 30 días, ¿con qué frecuencia pudo controlar los disgustos en su vida?

- Nunca 0
- Casi nunca 1
- De vez en cuando 2
- Con bastante frecuencia 3
- Con mucha frecuencia 4

36. Durante los últimos 30 días, ¿con qué frecuencia sintió que tenía todo bajo control?

- Nunca 0
- Casi nunca 1
- De vez en cuando 2
- Con bastante frecuencia 3
- Con mucha frecuencia 4

37. Durante los últimos 30 días, ¿con qué frecuencia se enojó por cosas que estaban fuera de su control?

- Nunca 0
- Casi nunca 1
- De vez en cuando 2
- Con bastante frecuencia 3
- Con mucha frecuencia 4

38. Durante los últimos 30 días, ¿con qué frecuencia sintió que tenía tantas dificultades que no podía superarlas?

- |                         |   |                          |
|-------------------------|---|--------------------------|
| Nunca                   | 0 | <input type="checkbox"/> |
| Casi nunca              | 1 | <input type="checkbox"/> |
| De vez en cuando        | 2 | <input type="checkbox"/> |
| Con bastante frecuencia | 3 | <input type="checkbox"/> |
| Con mucha frecuencia    | 4 | <input type="checkbox"/> |



## Appendix VII Recruitment Script (English)

### PHONE SCRIPT

Participant ID # \_\_\_\_\_

Date: \_\_\_\_\_

#### INTRODUCTION

Hello, my name is (recruiter/interviewer's name), I am calling from San Diego State University and the HCHS/SOL, may I speak with \_\_ (Name of participant)\_\_\_\_\_?

1. [ ] **Not available** ->When would it be a good time to call him/her back? \_\_ (Date/time)\_\_\_\_\_ Thank You, I will call again.

2. [ ] **Participant is available:**

Hello, Mr/Ms \_\_ (participant name)\_\_\_\_\_, my name is \_\_ (recruiter name)\_\_\_\_\_. I work with the Hispanic Community Health Study/Study of Latinos (SOL), the study you participated in back in <insert date>

3. I'm calling you to invite you to participate in a new study that is available to SOL participants. We recently mailed you a letter with a brochure describing the SOL Sociocultural Study. Did you receive the letter?

**Yes** – Great. I'd like to tell you more about the study and see if you are interested in participating. Would you like to hear more about our study?

**Yes** – proceed to 4

**No** – Is this a bad time? May I call at a different time?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**No, I'm not interested.** -> May I ask you why?

\_\_\_\_\_ To keep your records updated, can I confirm that your current address is < INSERT ADDRESS>? Thanks for your time.

**No** – I am sorry you didn't receive the letter. Is your current address still < INSERT ADDRESS>?

I can quickly explain what the study is about and see if you want to participate.

4. This study will look at how personal relationships, culture, the experiences people have and their feelings influence the risk of heart disease in the Hispanic/Latino community. We expect that some factors will lower your risk of heart disease while other factors, like stress, will raise your risk. The study is important because it will help develop future studies to prevent heart disease in the Hispanic/Latino community.

We are inviting people to join who have participated in the Study Of Latinos. If you choose to participate, you will come to the SOL clinic at 450 4<sup>th</sup> Ave., Suite 400 at a time that is convenient for you. During this visit, we will ask you questions about some social aspects in your life, the

beliefs and practices of your culture, and some questions about your thoughts and feelings in different situations. We expect your visit to last between 2-3 hours. Participating in this study is voluntary. If you choose not to participate, the relationship you have with the SOL study will not change. You will still be a SOL participant and part of all SOL activities. If you do volunteer to participate, you will receive \$60 for your time.

5. Are you interested in participating?

**No.** -> To keep your records updated, can I confirm that your current address is < INSERT ADDRESS>? Thank you for your time.

**Not sure.** -> If you need more time to think about it, I can call you back next week.

*If they agree, then*

When is a good day and time to call you back?

Date: \_\_\_\_\_ Time \_\_\_\_\_ am/pm

6.  **Yes.** Great! When would be a good time for you to come to the clinic?

Date: \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Your appointment is on: \_\_\_\_\_(date)\_\_\_\_ at \_\_\_\_\_ am/pm.

7. What language do you prefer for answering the questionnaires?

English

Spanish

Let me remind you that our clinic is located at 450 4<sup>th</sup> Ave., Suite 400, Chula Vista. Our phone number is (619) 594-8384. We will call you the day before the appointment to remind you.

8. Is this still your address: < INSERT ADDRESS>?

Thank you and we look forward to seeing you again.

- NOTE: If subjects state that they have difficulty getting transportation to the clinic, or seem hesitant to participate due to transportation issues, we can offer to see them in their homes instead or taxi fare can be offered.

## Appendix VIII Recruitment Script (Spanish)

### PHONE SCRIPT

Participant ID # \_\_\_\_\_

Date: \_\_\_\_\_

#### INTRODUCTION

Buenas(os) tardes(días), mi nombre es (recruiter/interviewer's name) y le llamo de la Universidad Estatal de San Diego y el estudio SOL. ¿Puedo hablar con\_\_ (Name of participant)\_\_\_\_\_?

4. [ ] **Not available** -> ¿Cuándo sería un buen momento para volver a llamarle?  
\_\_(Date/time)\_\_\_\_\_

Gracias, volveré a llamar.

5. [ ] **Participant is available:**

Buenos días/Buenas tardes, Sr./Sra.\_\_(participant name)\_\_\_\_\_, me llamo \_\_(recruiter name)\_\_\_\_. Trabajo para el Estudio de la Salud de la Comunidad Hispana/Estudio de los Latinos (SOL), el estudio en el que usted participó en <insert date>.

6. Le llamo para invitarlo(a) a que participe en un nuevo estudio, que sólo es para los participantes de SOL. Hace poco le enviamos una carta con un folleto que describe el Estudio Sociocultural de SOL. ¿Recibió la carta?

**Sí** – ¡Muy bien! Quisiera decirle más acerca del estudio y saber si está interesado(a) en participar. ¿Desearía saber más de nuestro estudio?

**Sí** – *proceed to 4*

**No** – ¿No es un buen momento para hablar? ¿Puedo llamar en otro momento?

Date\_\_\_\_\_ Time\_\_\_\_\_

**No, no estoy interesado(a).** -> ¿Puedo preguntarle por qué?  
\_\_\_\_\_ Para mantener su información actualizada, puedo confirmar que su dirección es < INSERT ADDRESS>? Gracias por su tiempo.

**No** – Siento que no haya recibido su carta. ¿Su dirección actual sigue siendo < INSERT ADDRESS>?

Puedo explicarle rápidamente de qué trata el estudio y saber si quiere participar.

7. Este estudio examinará como las relaciones personales, la cultura, las experiencias de las personas y sus sentimientos, influyen sobre el riesgo de enfermedades del corazón en la comunidad Hispana/Latina, Nosotros anticipamos que algunos factores disminuyen el riesgo de enfermedades del corazón mientras que otros factores, como el estrés, aumentan el riesgo. El estudio es importante porque ayudará a desarrollar estudios en el futuro para prevenir las enfermedades del corazón en la comunidad Hispana/Latina.

Estamos invitando a las personas que han participado en el estudio SOL. Si decide participar, vendrá a la clínica del estudio SOL en 450 4th Ave., Suite 400, Chula Vista

cuando sea conveniente para usted. Durante esta visita, le haremos algunas preguntas sobre algunos aspectos sociales en su vida, las creencias y las prácticas de su cultura y algunas preguntas sobre sus ideas y sentimientos en diferentes situaciones. Se espera que su visita dure de 2 a 3 horas. Su participación en este estudio es voluntaria. Si usted elige no participar, la relación que tiene con SOL no cambiará. Usted continuará siendo un participante de SOL y parte de todas las actividades de SOL. Si usted se ofrece para participar, recibirá \$60 por su tiempo.

8. ¿Está interesado(a) en participar?

**No.** -> Para mantener su información actualizada, puedo confirmar que su dirección es < INSERT ADDRESS>? Gracias por su tiempo.

**No estoy seguro(a).** -> Si necesita más tiempo para pensarlo, puedo volver a llamar la próxima semana.

*If they agree, then*

¿Qué día y a qué hora es bueno llamarlo(a)?

Date: \_\_\_\_\_ Time \_\_\_\_\_ am/pm

9.  **Sí.** ¡Muy bien! ¿Cuándo sería bueno para usted venir a la clínica?

Date: \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Su cita es el \_(date)\_\_\_\_\_ a las \_\_\_\_\_ a.m./p.m.

10. ¿En qué idioma prefiere contestar el cuestionario?

Inglés

Español

Déjeme recordarle que nuestra clínica está en: 450 4th Ave., Suite 400, Chula Vista. Nuestro número es (619) 594-8385. Le/la llamaremos un día antes de la cita para hacerle recordar.

11. ¿Su dirección sigue siendo ... < INSERT ADDRESS>?

Gracias y esperamos verlo/a pronto otra vez.

- **NOTE:** If subjects state that they have difficulty getting transportation to the clinic, or seem hesitant to participate due to transportation issues, we can offer to see them in their homes instead or taxi fare can be offered.

### HCHS/SOL Ancillary Study Screening Form

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: ANE  
VERSION: A  
12/14/09

Contact Occasion	0	1	SEQ #	0	1
------------------	---	---	-------	---	---

o **Administrative Information**

0a. Completion Date (mm/dd/yyyy):   /   /

0b. Staff ID:

**Instructions:** This individual eligibility screening form must be completed before the participant can be scheduled for their ancillary study interview. Enter one form per person screened for the ancillary study.

**NOTE TO STAFF:** Use appropriate ancillary study recruitment or scheduling script when completing this form.

**A. Eligibility Screening Status for Individuals in Sociocultural Ancillary Study**

1. Does the participant prefer Spanish or English?      Neither language 0  → **INELIGIBLE**  
Spanish 1   
English 2

2. Has second 24 Hour Dietary Recall Interview been completed?  
No 0  **Must complete before ancillary study interview**  
Yes 1

3. Individual Participation Status: Refuses to participate 1   
Unable to contact, status unknown 2   
Ineligible 3  → **INELIGIBLE, closing script**  
Agrees to participate 4  → **ELIGIBLE, schedule visit**

4a. Appointment Date (mm/dd/yyyy):   /   /

4b. Appointment Time:   :   \_ \_ (am/pm)

**B. Demographic Information Pre-filled by HCHS/SOL Data Management System**

5. Gender: Male 1  Female 2

6. Age:

7. Hispanic/Latino background from PIE/PIS  
Dominican or Dominican Descent 0   
Central American or Central American descent 1   
Cuban or Cuban descent 2   
Mexican or Mexican descent 3

- Puerto - Rican or Puerto Rican descent 4
  - South American or South American descent 5
  - More than one heritage 6
  - Other 7
- If other, please specify:* \_\_\_\_\_

8. Self identification of racial group from PIE/PIS
- American Indian or Alaskan Native 1
  - Asian 2
  - Native Hawaiian or Other Pacific Islander 3
  - Black or African – American 4
  - White 5
  - More than one race 6
  - Unknown or Not reported 7

**Appendix X Screening Contact Worksheet**

**Ancillary Study Screening Contact Worksheet**

HCHS/SOL PARTICIPANT ID Number:

Date of initial screening contact //  
MM / DD / YYYY

Day of Week Date (MM/DD/YY)	Time	Notes	Result Code	Interviewer Code
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			

**\*Enter the *final* result of screening attempts on the Ancillary Study Screening form (ANE)**

- (1) Refuses to participate in ancillary study
- (2) Unable to contact, status unknown
- (3) Ineligible for ancillary study
- (4) Agrees to participate in ancillary study

## Appendix XI Cover Letter (English)

<INSERT DATE>

<INSERT NAME>

<INSERT ADDRESS>

Dear <INSERT TITLE>.<INSERT LAST NAME>,

Greetings! We are writing to you because you recently participated in the **Hispanic Community Health Study / Study of Latinos (HCHS/SOL)**. We are inviting people who participated in the SOL study to take part in a separate but related research study on Latino health. Our goal is to study the role of social, cultural, and psychological factors on heart disease in the Hispanic/Latino community.

The new study involves coming to the SOL clinic only once at a time that is convenient for you. During this visit, we will ask you questions about some social aspects of your life, the beliefs and practices of your culture, and your thoughts and feelings in different situations. The visit will take between **2** and 3 hours. You will receive \$60 for sharing your valuable time with us **and we will reimburse for transportation expenses.**

In about 2 weeks, one of our study recruiters will call your home at <INSERT NUMBER> to describe the study. If you would like to contact us before then about your interest or to tell us that you do not wish to participate, we welcome you to do so between the hours **of 9 am and 5 pm at (619) 594-8384.**

Thank you for considering participating in our very exciting new study!

Sincerely,

Name

Principal Investigator

Name

Project Manager



## Appendix XII Cover Letter (Spanish)

<INSERT DATE>

<INSERT NAME>

<INSERT ADDRESS>

Querido/a<INSERT TITLE>.<INSERT LAST NAME>,

Hola! Nosotros le estamos escribiendo porque usted recientemente tomó parte en el **Estudio de la Salud de la Comunidad Hispana/Estudio de los Latinos (HCHS/SOL)**. Estamos invitando a personas que participaron en SOL a tomar parte en una investigación distinta pero relacionada **con** la salud de Latinos. Nuestra meta consiste en estudiar el papel de los factores sociales, culturales, y psicológicos en las enfermedades del corazón en la comunidad Hispana/Latina.

El nuevo **estudio** consiste en venir a la clínica sólo una vez, a una hora y fecha que sea conveniente para usted. Durante esta visita, nosotros le preguntaremos sobre **aspectos sociales** de su vida, sus creencias y prácticas de su cultura, y también sobre sus pensamientos y sentimientos en diferentes situaciones. La visita durará entre **2-3 horas**. Usted recibirá \$60 por compartir con nosotros su valioso tiempo, y **los costos de transporte le serán reembolsados**.

En las siguientes 2 semanas, uno de nuestros reclutadores del estudio le llamará a su casa <INSERT NUMBER>para describirle en más detalle el estudio. Si usted quisiera contactarnos antes de ese tiempo sobre su interés o quisiera avisarnos que no está interesado en participar, usted está invitado a llamarnos entre las **9 am y las 5 pm** al siguiente número: 619-594-8384.

Muchas gracias por considerar participar en nuestro muy excitante nuevo estudio.

Sinceramente,

Name

Investigador(a) Principal

Name

Coordinador(a) de Proyecto

## Appendix XIII Reminder Letter (English)

<INSERT DATE>

<INSERT NAME>

<INSERT ADDRESS>

Dear «FName» «LName»,

Thank you for your participation in the SOL Sociocultural Study. Please come to the Clinic located at **450 Fourth Ave., Suite 400**, at the date and time printed below.

**Your appointment is scheduled for:** «DateTime»

This clinic visit will take approximately **2-3** hrs.

During this visit, you will be asked a series of **questions about some social aspects of your life, the beliefs and practices of your culture, and your thoughts and feelings in different situations.** The questions will be read to you by a trained interviewer.

A copy of the study consent form is enclosed. Please read and bring it to your exam but **do not sign or date** the consent form until you come to the clinic.

If you take a taxi, please, remember to ask for a receipt. We will reimburse you for your transportation expenses.

**If you have any questions or a problem with your scheduled appointment time, please call the research staff at (619) 594-8384.**

Sincerely,

SOL Sociocultural Study Team

## Appendix XIV Reminder Letter (Spanish)

<INSERT DATE>

<INSERT NAME>

<INSERT ADDRESS>

Estimado <PNombre> <Apellido>,

Gracias por su participación en el Estudio SOL Socio-Cultural. Por favor venga a la clínica localizada en: **450 Fourth Ave, Suite 400**, en la fecha y hora indicada abajo.

**Su cita esta programada para : << Fecha, hora>>**

La visita será de aproximadamente 2-3 horas.

Durante su visita, le haremos una serie de preguntas sobre algunos aspectos sociales de su vida, creencias y prácticas de su cultura, y sus pensamientos y sentimientos en diferentes situaciones. Uno de nuestros entrevistadores le leerá las preguntas.

Una copia de consentimiento para el estudio esta incluido. Por favor leer y traerlo a su cita pero **no firme ni escriba la fecha** hasta que usted llegue a la clínica.

Si usted toma un taxi, por favor, acuérdesese de pedir el recibo. Nosotros le reembolsaremos por sus gastos de transporte.

**Si usted tiene alguna pregunta o problema con la hora de su cita por favor llamar al personal del estudio al siguiente número: (619) 594-8384**

Atentamente,

El personal del Estudio SOL Socio-Cultural



## YOU MAY BE SELECTED TO PARTICIPATE IN AN EXTENSION OF THE HCHS/SOL STUDY



For more  
information please  
call  
(619) 594-8384  
or go to  
[www.saludsol.net](http://www.saludsol.net)

The Hispanic Community Health Study (HCHS/SOL) Study of Latinos is conducting an extended investigation of the role of social, cultural and psychological factors on heart disease in the Hispanic/Latino community. Our staff may be contacting you to invite you to this study. Participation is strictly voluntary and does not interfere with your current participation in HCHS/SOL.

To participate in this new study, you must:

- have completed your first visit with the Hispanic Community Health Study/SOL
- be contacted by a staff member
- agree to a 1-3 hour visit
- agree to complete a psychosocial and cultural interview





## **USTED PUEDE SER SELECCIONADO(A) PARA PARTICIPAR EN UNA EXTEN- SION DEL ESTUDIO HCHS/SOL**



**Para más información  
por favor llame al  
(619) 594-8384  
O puede ir a  
[www.saludsol.net](http://www.saludsol.net)**

El Hispanic Community Health Study (HCHS/SOL) Study of Latinos está llevando a cabo un estudio extendido sobre el papel de los factores sociales, culturales y psicológicos en las enfermedades del corazón en la comunidad Latina/Hispana. Es posible que nuestro personal lo/la contacte para invitarle a participar. La participación es estrictamente voluntaria y no interfiere con su participación actual con HCHS/SOL.

Para participar en este estudio nuevo, debe:

- Haber completado su primera visita con Hispanic Community Health Study/SOL
- Ser contactado(a) por algún miembro del personal del estudio
- Acudir a una visita de 1-3 horas
- Aceptar completar una entrevista para llenar un cuestionario psicológico y cultural



## Appendix XVII Checklist for Training of General Interviewing Techniques, and Observation of Study Interviews

The following checklist should be completed by the Study Coordinator for each interviewer at a given field center. All components of the checklist must be completed successfully before certification is requested. In addition, this checklist should also be used during data collection when audio-recorded interviews are reviewed either internally or externally.

Field Center: \_\_\_\_\_ Interviewer ID: \_\_\_\_\_ Coordinator ID: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Item	Yes	No	Comments
1. Introduces her/himself at the beginning of the interview; thanks participant at the end			
2. Verifies participant's name.			
3. Explains purpose of interview when appropriate, e.g., reads introductions or transition statements when included on form.			
4. Reads questions exactly as written, stressing time frame and key elements.			
5. Demonstrates familiarity with content, flow, definitions and skip patterns.			
6. Uses standardized tone of voice with supportive, non-judgmental statements.			
7. Paces interview in response to participants' level of comprehension and comfort.			
8. Trains participant in response patterns when appropriate (i.e., presents response cards to participants).			
9. Refrains from probing except to clarify ambiguous, unclear, untrue or inconsistent responses.			
10. Uses standardized definitions when asked for clarifications.			
11. Repeats questions stressing portions of question which were misunderstood.			
12. Selects appropriate type of probe.			
13. Accurately records participants' responses.			
14. Responds appropriately with probing questions to all responses that trigger emergency alert protocol.			

Comments:

## Appendix XVIII Checklist for Review of Audio Recorded Interviews (During Data Collection)

**Instructions:** This checklist documents the monthly checks regarding the interviews. There should be one such log done each month.

Month/Year: \_\_\_\_ / \_\_\_\_

Interviewer ID	Coordinator ID	Date (mm/dd/yyyy)

## Appendix XIX Bimonthly Checklist for Interviews

**Instructions:** This checklist documents the bimonthly checks of the interviews. There should be one such log done every two months.

Month/ Year \_\_\_\_/ \_\_\_\_\_ and \_\_\_\_/ \_\_\_\_\_

Two interviews randomly selected by CC and sent to another field center:

Interviewer ID	Coordinator ID	Date (mm/dd/yyyy)



## Appendix XX Checklist for Recruiter Training

Field Center: \_\_\_\_\_ Interviewer ID: \_\_\_\_\_ Coordinator ID: \_\_\_\_\_ Date:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

The following checklist should be completed by the Study Coordinator for each interviewer at a given field center. All components of the checklist must be completed successfully before certification is requested.

<b>Recruitment Certification Checklist</b>		
1. Has attended a recruitment training session either locally or centrally	YES	NO
2. Has read the Manual of Operations	YES	NO
3. Has read the study protocol manual	YES	NO
4. Has read the letter of invitation, brochure, and return participant letter (if applicable) to be mailed to individuals	YES	NO
5. Is familiar with the FAQs	YES	NO
6. Is familiar with the prepared scripts	YES	NO
7. Is familiar with the sampled household address list	YES	NO
8. Understands the ancillary study sampling scheme	YES	NO
9. Knows the definition of an eligible participant and understand the reasons why a person may be ineligible for participation in the study	YES	NO
10. Has completed role-playing exercises using the scripts, screening forms, and FAQs.	YES	NO
11. Is familiar with the steps involved in recruitment	YES	NO
12. Have received training on the completion of recruitment forms, i.e. Screen Contact Tracking log sheet, Ancillary Study Eligibility Form	YES	NO
13. Have received training on the study data management system (DMS)	YES	NO
14. Is able to answer the following questions when queried:  What is the primary purpose of the study? How long will the interview take? What will participants receive to offset their investment of time and effort? Who will have access to the data collected?	YES	NO

## Appendix XXI Checklist for Observation of Recruitment Calls

The following checklist should be completed for each recruitment call observed during training and data collection. Study Coordinators should review at least two calls per month for each interviewer, and document this review on the Recruitment Call Observation Log.

Field Center: \_\_\_\_\_ Interviewer ID: \_\_\_\_\_ Coordinator ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Item	Yes	No	Comments
1. Introduces her/himself appropriately at the beginning of the call.			
2. Asks to speak with and introduces her/himself appropriately to the actual potential participant.			
3. Follows the recruitment script.			
4. Is able to answer questions raised by potential participant.			
5. Effectively deals with initial resistance by offering transportation, flexible scheduling, etc., to encourage participation.			
6. Uses appropriate tone – friendly yet professional.			
7. Confirms participant address.			
8. Accurately records information in the DMS screening document.			
9. Appropriately closes recruitment call			

Comments:

## Appendix XXII Checklist for Observation of Recruitment Calls (During Data Collection)

**Instructions:** This checklist documents the monthly checks regarding the recruitment calls. Study coordinators should listen to at least two calls per month for each interviewer. There should be one such log done each month.

Month/Year: \_\_\_\_/\_\_\_\_

Interviewer ID	Coordinator ID	Date of call (mm/dd/yyyy)

## Appendix XXIII Certification Request Form

**Instructions:** This form documents which procedures/interviews a staff member is certified for and how they received certification. It is submitted by the **trainer** or **Study Coordinator (SC)** to Marston Youngblood at the Coordinating Center (CC) to receive a code number once a staff member is certified. A new form is submitted to the CC for additional procedures/interviews a staff member is trained and certified on after the original submission.

1. Submitted by \_\_\_\_\_ at the \_\_\_\_\_ field center on \_\_\_\_\_  
(name of trainer) (date)

2. Requesting a staff code number for \_\_\_\_\_  
(name of the staff)

3. Assigned staff code number by Coordinating Center 

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 (3-digit number)  
(Leave this field blank if the staff does not have an existing code number)

4. Specify for which procedure/interviews the staff member has completed certification or quality control requirements and describe specific actions that were taken to achieve these steps (including supervisors or certified staff members who observed the process).

Techniques or Interview Component	Date Certified	Certification Method (select ALL that applies)
		1 = Attended central training presentation
		2 = Certified by central trainer
		3 = Direct observation by the local certified lead staff member in specified area
		4 = Completed written exam
		5 = Completed practice. Specify how many sets of practice were performed, the local trainer's for certification at field center
		6 = Other (specify)
		7 = N/A (not applicable to the staff member)

- A. General Interviewing Techniques
- B. Recruitment
- C. Questionnaire Delivery
- D. Data Management
- E. Emergent Referrals

Coordinating Center Use Only	
Assigned staff code number: _____	
Certified for procedures/interviews (circle ALL that apply) A, B, C, D, E	
Date Received: _____, Processed by _____ (Staff initial) _____	

Appendix XXIV Community Resource Lists (Bronx)

**METAL HEALTH REFERRALS - BRONX**

CENTER/PROVIDER	REFERRAL DETAILS	PHONE NUMBER
<b>Psychiatry and Psychology Referrals</b>		
Outpatient at Montefiore	<ul style="list-style-type: none"> <li>-Functions according to catchment area (location)</li> <li>-Bertha-receptionist will refer accordingly</li> </ul>	(718) 920-4295
Sexual Assault Treatment Program Dr. Elaine Garbaty	-Coordinator of sexual assault	(718) 519-5722
Dr. Brodey	-Adult geriatric intake line	(718) 918-3462
Karen Staffeld	<ul style="list-style-type: none"> <li>-Coordinator of domestic violence at N. Central Bronx Hospital</li> <li>-Crisis-centered short-term, free-help</li> <li>-Group for sexual and other abuse</li> <li>-Short and long-term follow-up care</li> </ul>	(718) 519-3100
The Max and Celia Parnes Family Psychological and Psychoeducational Services Clinic	<ul style="list-style-type: none"> <li>-Full range of psychological and psychoeducational evaluation services</li> <li>-Child/adolescent therapy</li> <li>-Individual adult psychotherapy</li> <li>-Family and couples therapy</li> <li>-Career counseling</li> </ul>	(718) 430-3852

<b>Domestic Violence Referral</b>		
NYC 24-hour hotline		(1800) 621-4673 (English)
Violence intervention bilingual hotline		(1800) 810-7444
Bronx day shelter		(718) 617-8762
National Domestic Violence Hotline	<a href="http://www.ndvh.org">www.ndvh.org</a>	(1800) 799-7233

## Appendix XXV Community Resource Lists (Chicago)

### **Community Referrals List**

Pilsen Wellness Center  
2015 W Cermak Road  
Chicago, Illinois 60608  
(773) 890-0645

Latino Family Institute  
Dr. Walter Pedemonte  
Dr. Doris Ayala  
6551 North Avenue  
Oak Park, IL 60302  
(708) 445-0488

Casa Central  
1343 N. California Ave.  
Chicago, IL 60622.  
(773) 645-2300

Association House of Chicago  
Community Center  
1116 North Kedzie Avenue  
Chicago, IL 60651  
Main phone: (773) 772-7170

Mujeres Latinas en Accion  
2124 West 21st Place  
Chicago, IL 60608  
(773) 890-7676  
(312) 738-5358

Counseling Center of Lakeview  
3225 N. Sheffield  
Chicago, IL 60657  
(773) 549-5886  
<http://www.cclakeview.org/vision.html>

Connections for Abused Women and their Children  
1116 N. Kedzie, 5th Floor  
Chicago, IL 60647-7916  
(773) 278-4566  
<http://www.cawc.org/programs/humboldtpark.html>

## Appendix XXVI Community Resource Lists (Miami)

### Catchment Areas/Emergency Referrals

Center	Address	Phone Number
<b>Jackson Memorial North (Catchment Area 1)</b> <a href="http://www.jhsmiami.org">www.jhsmiami.org</a> Provides individual, group and family counseling, psychiatric evaluations, medication management and information and referral services. * Centralized intake unit on site.	15055 NW 27th Avenue Opa Locka, FL 33054  * 33054 33055 33056 33160 33162 33169 33179 33180	(786)466-2800  *Crisis: (786)466-2834
<b>Citrus Health 24 Hours Stabilization (Catchment Area 2)</b> <a href="http://www.citrushealth.org">www.citrushealth.org</a> Provides a 24-hour crisis hotline, psychiatric evaluation and screening, and short-term crisis hospitalization for individuals assessed to be a danger to themselves or others, under the provisions of the Baker Act. *Citrus Health- Adult Case Management Program	4175 W 20th Ave Hialeah, FL 33012 33010 33012 33013 33014 33015 33016 33018 33122 33126 33166 33172 33178 33182 33192	(305)823-0080  *(305)825-0300
<b>BayView Crisis Stabilization Unit (Catchments Area 3 and 5)</b> <a href="http://www.bayviewcenter.com">www.bayviewcenter.com</a> Emergency psychiatric services; Baker Act receiving facility, intensive inpatient crisis stabilization; case management, discharge planning and crisis screening.	9198 NW 8th Avenue Miami, FL 33150 *Adult residents of: (33147 33150 33161 33167 33168 33181 33109 33139 33140 33141 33149 33154)	Crisis: (305)691-4357
<b>New Horizons Adult Outpatient Services (Catchment Area 4)</b> <a href="http://www.nhcmhc.org">www.nhcmhc.org</a> Provides intake, psychiatric and psychological evaluations & testing, individual, family and group counseling, medication maintenance, consultation, and information and referral services. * Centralized intake unit on site.	1469 NW 36th St Miami, FL 33142 *Covers all zip codes including: 33128 33130 33131 33132 33136 33137 33142 33147	(305)635-7444
<b>Douglas Gardens CMHC (Catchment Area 5)</b> Wide range of mental health services including medication management, crisis intervention, case management, counseling, psychiatric services, and mental health day treatment. On-site pharmacy. * Centralized intake unit on site.	5200 NE 2nd Avenue Miami, FL 33137  *33109 33139 33140 33141 33149 33154	(305)531-5341
<b>Miami Behavioral 24 Hours Stabilization (Catchment Area 6)</b> <a href="http://www.mbhc.org">www.mbhc.org</a> This 24-hour unit provides a 10-bed receiving facility offering emergency psychiatric services to walk-in clients and Baker Act patients.	3850 W Flagler St Miami, FL 33134 33125 33129 33133 33134 3313533143 33144 33145 33146 33155 33165 33174 33175 33184 33185 33194	Crisis 305-744-3616
<b>Community Health of South Dade (CHI) (Catchment Area 7)</b> Provides short-term intensive psychiatric services to stabilize patients who are considered a danger to themselves or others (Baker Act). Also offers screening, referral and emergency treatment for adults who are experiencing a mental health crisis.	10300 SW 216 St Miami, FL 33190 *33030, 33031, 33032, 33033, 33034, 33035, 33039, 33156, 33157, 33158, 33170, 33176, 33177, 33187, 33189, 33190, 33196	(305)252-4800
<b>BayView Outpatient Services</b> Variety of outpatient services including counseling/psycho-therapy, medication management, emergency services, crisis intervention, walk-in clinic, evaluation, information and referral.	111 NW 183 Street, Suite 500 Miami, FL 33169	(305)892-4600
<b>Miami Behavioral Children and Family Services</b> Provides outpatient family support and preservation services to children ages 0-17 and their families, through individual and family therapy, case management and referral for psychiatric evaluation.	701 SW 27th Avenue Suite 920 Miami, FL 33134	(305)643-7800
<b>Family Counseling Service of Greater Miami</b> <a href="http://www.familycounseling.org">www.familycounseling.org</a> Provides social and psychological services to families, individuals	7412 Sunset Drive Miami, FL 33143	(305)740-8998



and offers outreach, prevention and educational services.		
<b>Goodman Psychological Center Carlos Albizu University</b> <a href="http://www.mia.albizu.edu/web/goodman_center.asp">www.mia.albizu.edu/web/goodman_center.asp</a> Offers psychotherapeutic treatment to children, adolescents, adults and the geriatric population. Offers training in areas such as parenting skills, stress management, attention deficit disorder, etc. Provides group, couple and family therapy.	2173 NW 99th Ave, Miami, FL 33172	(305)592-7860
<b>Forensic Family Services</b> Licensed marriage and family therapist with a Ph.D. in clinical psychology. Trained and qualified to handle a number of mental and emotional health issues. Contact: Dr. Barry Brody	15600 SW 288 <sup>th</sup> St Suite 205 Homestead, FL 33033	(305)247-6767
<b>Institute for Individual and Family Counseling -UM Counseling Program</b> Currently the following services are available at the IIFC in English and Spanish: Children, adolescents, family, individual, marital and couples counseling. Testing and Assessment.	5665 Ponce De Leon Blvd Flipse Building Coral Gables, FL 33146	(305)284-6949
<b>Jackson Memorial Mental Health Service</b> This center is a single point of access for screening for depression; also provides FREE ASSESSMENT and referrals. Will also accept patients from community mental health centers who have medical conditions. * Centralized intake unit on site.	1695 NW 9th Ave, Miami, Florida 33136	305-324-4357
<b>Barry Family Enrichment Center</b> <a href="http://www.barry.edu/counselingservices/default.htm">http://www.barry.edu/counselingservices/default.htm</a> Services are offered to clients from preschool through late adulthood. Services include individual, family, marital, couples, and group counseling. They do not provide emergency services or acute mental illness counseling.	11300 NE 2nd Ave (NE Shores) 33161	305-899-3726
<b>Jewish Family Services (Miami Dade)</b> <a href="http://www.jcsfl.org">www.jcsfl.org</a> Offers the community a vast array of services and programs. Behavioral Health Services, Kosher Food Service, Rehabilitation and Employment Services, Senior Adult Services, including Senior Kosher Meals on Wheels	9700 South Dixie Highway Miami, FL 33156	305-576-6550
<b>Miami Children's Hospital Dpt. Of Psychiatry</b> <a href="http://www.mch.com">http://www.mch.com</a> Miami Children's offers comprehensive psychiatric and psychological services for children, adolescents, and their families. Mental Health services are provided to patients who range from 4-17 years of age.	3100 SW 62nd Avenue Miami, FL 33155	305-666-6511 Ext 2465
<b>Northwest Dade Center/Citrus Health</b> <a href="http://www.citrushealth.org">www.citrushealth.org</a> Provides primary and preventive health care services. Primary care services include health/mental health screenings, primary care, cardio-vascular risk assessments, eye and ear screening for adults and children, and family planning services,	4175 W 20th Ave Hialeah, FL 33012	305-825-0300
<b>Miami Mental Health Center University of Miami Department of Psychological Services Center</b> <a href="http://www.psy.miami.edu/psc/">http://www.psy.miami.edu/psc/</a> Provides high quality, low cost psychological services including individual therapy for children, families, adults and couples, psychological testing and assessments, and groups to address various problems in living. Psychological Services are personal, confidential, and individualized.	5665 Ponce De Leon Blvd 2nd Floor, Flipse Building Coral Gables, FL 33146	305-284- 4265 ext. 0
<b>University of Miami Institute for Individual and Family Counseling</b> <a href="http://www.education.miami.edu/Organization/">http://www.education.miami.edu/Organization/</a> Provides affordable therapeutic counseling services for children, adolescents and adults. Individual, couples, marital and family counseling. English and Spanish.	5665 Ponce De Leon Blvd Flipse Building Coral Gables, FL 33146	305-284-6949
<b>Nova Southeastern University Psychological Service Center</b> <a href="http://www.nova.edu/healthcare/psychology/index.html">http://www.nova.edu/healthcare/psychology/index.html</a>	Maltz Psychology Building 3301 College Avenue	954-678-2273

Provides counseling services to all residents of the South Florida area including children, adolescents, adults, and elderly clients. 800-541-6682 x5730	Ft. Lauderdale-Davie, FL 33314	
<b>Brief Therapy Institute (Nova)</b> Focuses on client's strengths and resources. Provides counseling and family therapy.	3301 College Ave Davie, FL 33314	954-262-3030

## Child Abuse Community Resources

### **Child Welfare Services**

Phone: 858-694-5191

Who They Help: Child abuse victims,

Who They Help: CWS investigates reports of suspected child abuse and neglect and intervenes with families who do not meet the minimum community standards of health and safety as required by law.

### **Rady Children's Hospital Chadwick Center for Children and Families**

3020 Children's Way, MC 5016

San Diego, CA 92123

Phone: (858) 966-5814

Fax: (858) 966-8535

E-mail: ChadwickCenter@rchsd.org

Family support services, Forensic and Medical services

Trauma Counseling Services, Professional Education Services

National Call to Action, Kids and Teens In Court Program

Child Maltreatment Research Center

### **Hotline**

#### **Child Abuse Family Violence**

##### **Childhelp®**

National Domestic Violence Hotline

Phone: 800.4.A.CHILD (800.422.4453)

Phone: 800.799.SAFE (800.799.7233)

Who They Help: Child abuse victims,

Who They Help: Children, parents,

parents, concerned individuals

friends, offenders

#### **Child sexual abuse**

Mental illness

Stop It Now!

National Alliance on Mental Illness

Phone: 888.PREVENT (888.773.8368)

Phone: 800.950.NAMI (800.950.6264)

Who They Help: Adults, parents, offenders,

Who They Help: Individuals, families,

concerned individuals professionals

#### **Crime Victims**

National Center for Victims of Crime

Phone: 800.FYI.CALL (800.394.2255)

Who They Help: Families, communities, and individuals harmed by crime Child

### **Missing/abducted Children**

#### **Child Find of America**

Phone: 800.I.AM.LOST (800.426.5678) Who They Help: Parents reporting lost or abducted children

#### **Child Find of America – Mediation**

Phone: 800.A.WAY.OUT (800.292.9688) Who They Help: Parents (abduction, prevention, child custody issues)

#### **National Center for Missing and Exploited Children**

Phone: 800.THE.LOST (800.843.5678) Who They Help: Families and professionals (social services, law enforcement)

## **Where to File a Child Abuse Case San Diego County Child Welfare Service Agency**

### **In Person:**

#### **SD County WSA**

1700 Pacific Highway, M.S. P501

San Diego, CA 92101

858-560-2191

[www.co.san-diego.ca.us](http://www.co.san-diego.ca.us)

### **By Phone**

#### **SD County WSA**

858-560-2191

**Child Abuse Hotline** (1-800-344-6000 or 858-560-2191)

### **Fax Form**

#### **SD County Health and Human Services Agency/ CPS**

858-694-5240

858-694- 5241

858-694-5725

SDHHSA will cross reference with SD Police.

**2. Keep the original in a confidential locked file**

*Note: The fax machines are only available from 8:00am until 5:00pm, Monday through Friday*

### **Mail Form**

**1. Send Original to SD County Health and Human Services Agency/CPS,**

6950 Levant St. SD,

CA 92111

**2. Send a copy to SD Police Department,**

(MS) 719, Child Abuse Team,

1401 Broadway, SD,

CA 92101

**3. Keep a copy in a confidential locked file**

# SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**  
Pursuant to Penal Code Section 11166

CASE NAME: \_\_\_\_\_

PLEASE PRINT OR TYPE

CASE NUMBER: \_\_\_\_\_

<b>A. REPORTING PARTY</b>	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY		
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS				Street	City	Zip
	REPORTER'S TELEPHONE (DAYTIME)		SIGNATURE		DID MANDATED REPORTER WITNESS THE INCIDENT?		
<b>B. REPORT NOTIFICATION</b>	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> COUNTY WELFARE / OPS (Child Protective Services)		ADDRESS		DATE/TIME OF PHONE CALL		
	ADDRESS		Street	City	Zip	TELEPHONE ( )	
<b>C. VICTIM</b> <small>One report per victim</small>	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY
	ADDRESS			Street	City	Zip	TELEPHONE ( )
	PRESENT LOCATION OF VICTIM			SCHOOL		CLASS	GRADE
	<input type="checkbox"/> YES <input type="checkbox"/> NO	PHYSICALLY DISABLED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN FOSTER CARE?	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:			TYPE OF ABUSE (CHECK ONE OR MORE)	
	<input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND		<input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME		<input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)		
	RELATIONSHIP TO SUSPECT			PHOTOS TAKEN?		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
<b>D. INVOLVED PARTIES</b>	<small>VICTIMS</small>		<small>SIBLINGS</small>				
	1. _____		3. _____				
	2. _____		4. _____				
	<small>VICTIMS</small>		<small>PARENTS/GUARDIANS</small>				
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY
	ADDRESS			Street	City	Zip	HOME PHONE ( )   BUSINESS PHONE ( )
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY
	ADDRESS			Street	City	Zip	HOME PHONE ( )   BUSINESS PHONE ( )
	<small>SUSPECT</small>						
	SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY
ADDRESS			Street	City	Zip	TELEPHONE ( )	
OTHER RELEVANT INFORMATION							
<b>E. INCIDENT INFORMATION</b>	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____						
	DATE / TIME OF INCIDENT		PLACE OF INCIDENT				
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)						

SS 8572 (Rev. 12/02)

### DEFINITIONS AND INSTRUCTIONS ON REVERSE

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.

WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY-District Attorney's Office; YELLOW COPY-Reporting Party

# Domestic Violence Resources

## San Ysidro Health Center Resources

### **San Ysidro Health Center Resource Specialist**

Location: SYHC Maternal Health Center

4050 Beyer Blvd, San Ysidro 92173

Phone: 619-662-4100 Ext 1970

## Shelter Information:

### **Becky's House Programs**

619) 239-0355 ext. 216

YWCA of San Diego County

1012 C Street

San Diego, CA 92101

619-239-0355

24 hour emergency hotline: 619.234.3164

The Becky's House Emergency Shelter is a confidential domestic violence shelter offering safety for women and children in immediate danger, providing them with 30 days in a safe environment to determine their next steps

### **Rachel's Women's Center & Night Shelter**

Phone: (619) 696-0873

### **Center for Community Solutions- Project Safehouse**

Phone: (619) 267-8023

### **Salvation Army Family Development Center**

Phone: (619) 239-6221

### **San Diego Rescue Mission Women & Children's Center**

Phone: (619) 687-3720 ext. 36

### **St. Vincent de Paul**

Phone: (619) 233-8500 ext. 1214

### **Women's Resource Center**

Phone: (760) 757-3500

## HOTLINES

**Battered Women's Services** (24 hour hotline)

Phone: (619) 234-3164

**Center for Community Solutions** (Rape/Domestic Violence 24 hour hotline)

Phone: (619) 272-1767

**Y. W.C.A** (24 hour hotline for all domestic violence services)

Phone: (888) 305-7233

**EYE Counseling & Crisis Services** (North County 24 hour hotline)

Phone: (858) 486-4998 or (760) 747-6281

## **San Diego HCHS/SOL Suicide Resource List**

### **San Ysidro Health Center Resources**

#### **San Ysidro Health Center Resource Specialist**

Location: SYHC Maternal Health Center 4050 Beyer Blvd, San Ysidro 92173

Phone: 619-662-4100 Ext 1970

#### **San Ysidro Behavioral Health**

Location: San Ysidro Health Center

Phone: 619-428-5561

Days: The Center is open Monday through Friday from 8:00 a.m. to 5:00 p.m.

The program accepts patients with Medi-Cal, Medicare, those who are self-pay or eligible for the sliding scale discount program and other uninsured patients that meet criteria for a County funded project. Patients not meeting eligibility criteria will be referred to other mental health agencies in the South Bay.

#### **Youth Enhancement Services (YES)**

Location: 3025 Beyer Boulevard, Suite E101, San Diego, CA 92154

Phone: 619-428-5533

Days: Monday and Tuesday from 10:00 a.m. to 7:00 p.m. & Wednesday through Friday from 9:00 a.m. to 6:00 p.m.

(YES) is an outpatient mental health clinic serving children and adolescents in the South San Diego, Imperial Beach and San Ysidro areas. Services are offered in both Spanish and English. Services are covered by Medi-Cal or by federal discounted fee.

### **San Diego County Services**

#### **Adult Emergency & Crisis Mental Health Services**

**Emergency Psychiatric Unit:** (619) 692-8200

#### **San Diego Psychiatric Hospital**

3853 Rosecrans Street

San Diego, CA 92110

Telephone: 619-692-8200

Walk-in emergency mental health services are available for adults and older adults who are experiencing a mental health emergency or crisis at the Emergency Psychiatric Unit.

## **Mental Health Services – Children**

**Emergency Screening Unit: 619-421-6900**

730 Medical Center Court

Chula Vista, CA, 91911

Telephone: **(619) 421-6900**

TTY Line: **(619) 591-4321**

## **Suicide Intervention**

**Phone: 800-479-3339**

**TDD for the hearing impaired: 619-641-6992.**

Suicide intervention services for all residents of San Diego County are available by calling the Access and Crisis Line. Spanish speaking counselors are available most hours, and interpretation is accessible in over 140 languages through language interpreting services 24/7.

## **National Hotlines**

### **Mental Illness**

**National Alliance on Mental Illness**

Phone: 800-950-NAMI (800-950-6264)

**National Suicide Prevention Lifeline**

Phone: 1-800-273-TALK (8255).

# **Elder Abuse Resources**

## **Adult Protective Services (APS)**

9335 Hazard Way, Suite 100

San Diego, CA 92123

(858) 495-5660

1-800-510-2020 (within San Diego County) or

800-339-4661 (outside the County).

APS serves adults 65 and older and dependent adults 18 and older, who are harmed, or threatened with harm, to ensure their right to safety and dignity. APS investigates elder and dependent adult abuse, including cases of neglect and abandonment, as well as physical, sexual and financial abuse.

## **Caregiving Assistance**

### **Aging and Independent Services**

1-800-510-2020

Case Management, In-home support services, homemaker referrals,



**Southern Caregiver Resource Center**

1-800-827-1008

Case Management, In-home support services, homemaker referrals,

**Eldercare Locator**

1-800-677-1116

The person who answers the phone will refer you to a local agency that can help. The Eldercare Locator answers the phone Monday through Friday, 9 am to 8 pm, Eastern Time

**Adults with Special Needs**

Psychiatric Emergency Response Team Law Enforcement (Pert)

PERT Administrative and Business Office

1094 Cudahy Place, Suite 314

San Diego, CA 92110

Phone: (619) 276-8112

Fax: (619) 276-8230

**Access Center** (disabled)

1-800-300-4326

**San Diego Center for the blind**

(619) 583-1542

**Deaf Community Services**

(619) 682-5001

(619) 682-5000

**San Diego Regional Center (Developmentally Disabled)**

(858) 576-2938

**Appendix XXVIII Incident Report**

Incident Report to CC:

Date \_\_\_\_\_

Staff ID \_\_\_\_\_

Participant ID \_\_\_\_\_

Date/Time of Incident \_\_\_\_\_

Please circle the following: Suicide threat is PASSIVE or ACTIVE

Please note further reporting of this event: eg local IRB, etc

---

Event:

Assessment:

Plan & Disposition

Signature of PI: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix XXIX Interview Monitoring Log**

-----INSERT FORM HERE-----