

REACT

(Rapid Early Action for Coronary Treatment)

COMMUNITY SURVEY TELEPHONE INTERVIEW

RESPONDENT ID: -

DATE:
MONTH DAY YEAR

INTERVIEWER ID:

START TIME: : 1. AM 2. PM

READ TO ALL RESPONDENTS TO BE INTERVIEWED BY TELEPHONE

I am calling on behalf of [UNIVERSITY]. The University is participating in a study to learn more about people with chest pain or similar symptoms who seek medical care.

Before we begin, let me remind you that your participation is voluntary and will help us learn more about the treatment of heart disease. You may ask to stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I will go on to the next question.

Any information that you provide is strictly confidential. Only members of an independent research staff will see or hear your responses.

If you have any questions or concerns about the survey, you may call the Principal Investigator at [UNIVERSITY] [PI NAME AND NUMBER], or the Institutional Review Board at the New England Research Institutes. IF THE RESPONDENT EXPRESSES DESIRE TO DO SO, STATE: The toll free number for NERI is 1-800-775-6374. There will be absolutely no charge to you.

I, THE INTERVIEWER HAVE READ THIS STATEMENT TO THE RESPONDENT
_____ **INITIALS OF THE INTERVIEWER**

SECTION C: EXPOSURE, INFORMATION, SOURCES

The first few questions are about the media and health.

C1. Newspapers, radio and television often carry information about health. In your opinion, do you think the amount of information on health in the media has increased, decreased, or stayed about the same during the past year?

- 1. INCREASED
- 2. DECREASED
- 3. SAME
- 8. DON'T KNOW
- 2. REFUSED

C2. Thinking back now over the past month, what kinds of messages about health do you recall in the media or from other sources such as people you talk with?

[PROBE: PROBE FOR UP TO FIVE MESSAGES.]

[ENTER TEXT AND CODE MESSAGES FROM "CODES FOR EVALUATION SURVEY."]

	TEXT	CODE		
a.	_____	<table border="1"><tr><td></td><td></td></tr></table>		
b.	_____	<table border="1"><tr><td></td><td></td></tr></table>		
c.	_____	<table border="1"><tr><td></td><td></td></tr></table>		
d.	_____	<table border="1"><tr><td></td><td></td></tr></table>		
e.	_____	<table border="1"><tr><td></td><td></td></tr></table>		

CODES FOR EVALUATION SURVEY

1. Aids, other STDs
2. Blood pressure, general
3. Cancer (general, specific cancers, prevention, etc.)
4. Cholesterol, saturated fat
5. Nutrition, general, food
6. Physical activity, exercise
7. REACT, Specific mention of program name or slogan
8. Smoking, drugs, alcohol, other substance abuse
9. Weight, obesity
11. NONE
12. Heart disease, heart problems general
13. Heart attacks, general
14. Heart attack symptoms, specific
15. Heart attacks, getting medical care rapidly
16. Heart attacks, calling 911/EMS
17. Heart attacks, rehearsing a plan of action
18. Diabetes
19. Environmental problems
20. General response: everything
21. Health care costs, health insurance, access to care
22. Mental Health, stress
23. New medications or other medical advances [e.g. treatments, surgery, genetics]
24. Violence
25. Wellness, holistic health, alternative medical treatments
26. Other

FOR EACH MESSAGE LISTED ABOVE:

C2a. You mentioned [MESSAGE a.]. Where did you hear, read or see this?
 [CIRCLE "1" NO OR "2" YES FOR ALL SOURCES OR TYPES OF MEDIA THAT APPLY BELOW.]
 [PROBE: Where else did you get this information in the last month?]

SOURCE	NO	YES
1. BILLBOARDS	1	2
2. BOOK	1	2
3. CHURCH	1	2
4. CIVIC ORGANIZATION	1	2
5. DOCTOR	1	2
6. FAMILY MEMBER	1	2
7. FRIEND, CO-WORKER	1	2
8. HOSPITAL	1	2
9. MAILING	1	2
10. MAGAZINE	1	2
11. MALL EVENT	1	2
12. NEWSPAPER	1	2
13. OTHER HEALTH PROFESSIONAL	1	2
14. OTHER HEALTHCARE ORGANIZATION	1	2
15. PAMPHLET	1	2
16. PHARMACY POSTER/FLIER	1	2
17. POSTER	1	2
18. RADIO	1	2
19. SCHOOL, CLASS, LECTURE	1	2
20. SELF-HELP CLINIC OR GROUP	1	2
21. SIGNS	1	2
22. SOCIAL, RECREATION GROUP	1	2
23. TELEVISION	1	2
24. OTHER (SPECIFY): _____	1	2

C2b. You mentioned [MESSAGE b.]. Where did you hear, read or see this?
 [CIRCLE "1" NO OR "2" YES FOR ALL SOURCES OR TYPES OF MEDIA THAT APPLY BELOW.]
 [PROBE: Where else did you get this information in the last month?]

SOURCE	NO	YES
1. BILLBOARDS	1	2
2. BOOK	1	2
3. CHURCH	1	2
4. CIVIC ORGANIZATION	1	2
5. DOCTOR	1	2
6. FAMILY MEMBER	1	2
7. FRIEND, CO-WORKER	1	2
8. HOSPITAL	1	2
9. MAILING	1	2
10. MAGAZINE	1	2
11. MALL EVENT	1	2
12. NEWSPAPER	1	2
13. OTHER HEALTH PROFESSIONAL	1	2
14. OTHER HEALTHCARE ORGANIZATION	1	2
15. PAMPHLET	1	2
16. PHARMACY POSTER/FLIER	1	2
17. POSTER	1	2
18. RADIO	1	2
19. SCHOOL, CLASS, LECTURE	1	2
20. SELF-HELP CLINIC OR GROUP	1	2
21. SIGNS	1	2
22. SOCIAL, RECREATION GROUP	1	2
23. TELEVISION	1	2
24. OTHER (SPECIFY): _____	1	2

C2c. You mentioned [MESSAGE c.]. Where did you hear, read or see this?
 [CIRCLE "1" NO OR "2" YES FOR ALL SOURCES OR TYPES OF MEDIA THAT APPLY BELOW.]
 [PROBE: Where else did you get this information in the last month?]

SOURCE	NO	YES
1. BILLBOARDS	1	2
2. BOOK	1	2
3. CHURCH	1	2
4. CIVIC ORGANIZATION	1	2
5. DOCTOR	1	2
6. FAMILY MEMBER	1	2
7. FRIEND, CO-WORKER	1	2
8. HOSPITAL	1	2
9. MAILING	1	2
10. MAGAZINE	1	2
11. MALL EVENT	1	2
12. NEWSPAPER	1	2
13. OTHER HEALTH PROFESSIONAL	1	2
14. OTHER HEALTHCARE ORGANIZATION	1	2
15. PAMPHLET	1	2
16. PHARMACY POSTER/FLIER	1	2
17. POSTER	1	2
18. RADIO	1	2
19. SCHOOL, CLASS, LECTURE	1	2
20. SELF-HELP CLINIC OR GROUP	1	2
21. SIGNS	1	2
22. SOCIAL, RECREATION GROUP	1	2
23. TELEVISION	1	2
24. OTHER (SPECIFY): _____	1	2

C2d. You mentioned [MESSAGE d.]. Where did you hear, read or see this?
 [CIRCLE "1" NO OR "2" YES FOR ALL SOURCES OR TYPES OF MEDIA THAT APPLY BELOW.]
 [PROBE: Where else did you get this information in the last month?]

SOURCE		NO	YES
1.	BILLBOARDS	1	2
2.	BOOK	1	2
3.	CHURCH	1	2
4.	CIVIC ORGANIZATION	1	2
5.	DOCTOR	1	2
6.	FAMILY MEMBER	1	2
7.	FRIEND, CO-WORKER	1	2
8.	HOSPITAL	1	2
9.	MAILING	1	2
10.	MAGAZINE	1	2
11.	MALL EVENT	1	2
12.	NEWSPAPER	1	2
13.	OTHER HEALTH PROFESSIONAL	1	2
14.	OTHER HEALTHCARE ORGANIZATION	1	2
15.	PAMPHLET	1	2
16.	PHARMACY POSTER/FLIER	1	2
17.	POSTER	1	2
18.	RADIO	1	2
19.	SCHOOL, CLASS, LECTURE	1	2
20.	SELF-HELP CLINIC OR GROUP	1	2
21.	SIGNS	1	2
22.	SOCIAL, RECREATION GROUP	1	2
23.	TELEVISION	1	2
24.	OTHER (SPECIFY): _____	1	2

C2e. You mentioned [MESSAGE e.]. Where did you hear, read or see this?
 [CIRCLE "1" NO OR "2" YES FOR ALL SOURCES OR TYPES OF MEDIA THAT APPLY BELOW.]
 [PROBE: Where else did you get this information in the last month?]

SOURCE		NO	YES
1.	BILLBOARDS	1	2
2.	BOOK	1	2
3.	CHURCH	1	2
4.	CIVIC ORGANIZATION	1	2
5.	DOCTOR	1	2
6.	FAMILY MEMBER	1	2
7.	FRIEND, CO-WORKER	1	2
8.	HOSPITAL	1	2
9.	MAILING	1	2
10.	MAGAZINE	1	2
11.	MALL EVENT	1	2
12.	NEWSPAPER	1	2
13.	OTHER HEALTH PROFESSIONAL	1	2
14.	OTHER HEALTHCARE ORGANIZATION	1	2
15.	PAMPHLET	1	2
16.	PHARMACY POSTER/FLIER	1	2
17.	POSTER	1	2
18.	RADIO	1	2
19.	SCHOOL, CLASS, LECTURE	1	2
20.	SELF-HELP CLINIC OR GROUP	1	2
21.	SIGNS	1	2
22.	SOCIAL, RECREATION GROUP	1	2
23.	TELEVISION	1	2
24.	OTHER (SPECIFY): _____	1	2

SECTION D: PERSONAL HEALTH CONCERNS AND BEHAVIORAL INTENTIONS

Now I'd like to ask you questions about some health situations.

D1. What one health condition or health problem is of greatest concern to you personally right now?

[ASK FOR ONLY ONE RESPONSE. IF MORE THAN ONE RESPONSE, PROBE BY ASKING WHICH IS HIS/HER GREATEST CONCERN. ENTER TEXT AND CODE RESPONSE.]

1. Aids, other STDs
2. Blood pressure, general
3. Cancer (general, specific cancers, prevention, etc.)
4. Cholesterol, saturated fat
5. Nutrition, general, food
6. Physical activity, exercise
7. REACT, Specified mention of program name or slogan
8. Smoking, drugs, alcohol, other substance abuse
9. Weight, obesity
11. NONE
12. Heart disease, heart problems general
13. Heart attacks, general
14. Heart attack symptoms, specific
15. Heart attacks, getting medical care rapidly
16. Heart attacks, calling 911/EMS
17. Heart attacks, rehearsing a plan of action
18. Diabetes
19. Environmental problems
20. General response : everything
21. Health care costs, health insurance, access to care
22. Mental Health, stress
23. New medications or other medical advances [e.g. treatments, surgery, genetics]
24. Violence
25. Wellness, holistic health, alternative medical treatments
26. Other

TEXT

CODE

a. _____

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SECTION E: SELF -EFFICACY

E1. How sure are you that you could recognize the signs and symptoms of a heart attack in someone else? Are you very sure, pretty sure, a little sure or not at all sure?

1	2	3	4	-8	-2
Very Sure	Pretty Sure	A Little Sure	Not At All Sure	DK/NO OPINION	REFUSED

E2. How sure are you that you could recognize the signs and symptoms of a heart attack in yourself? Are you very sure, pretty sure, a little sure or not at all sure?

1	2	3	4	-8	-2
Very Sure	Pretty Sure	A Little Sure	Not At All Sure	DK/NO OPINION	REFUSED

E3. How sure are you that you could tell the difference between the signs or symptoms of a heart attack and other medical problems? Are you very sure, pretty sure, a little sure or not at all sure?

1	2	3	4	-8	-2
Very Sure	Pretty Sure	A Little Sure	Not At All Sure	DK/NO OPINION	REFUSED

E4. How sure are you that you could get help for someone if you thought they were having a heart attack? Are you very sure, pretty sure, a little sure or not at all sure?

1	2	3	4	-8	-2
Very Sure	Pretty Sure	A Little Sure	Not At All Sure	DK/NO OPINION	REFUSED

E5. How sure are you that you could get help for yourself if you thought you were having a heart attack? Are you very sure, pretty sure, a little sure or not at all sure?

1	2	3	4	-8	-2
Very Sure	Pretty Sure	A Little Sure	Not At All Sure	DK/NO OPINION	REFUSED

SECTION H: PROGRAM AWARENESS/NAME RECALL

H1. In the past month, have you heard about any programs in your community that encourage people to get immediate medical care if they think they might be having a heart attack?

1. NO → **GO TO H1c**

-8. DON'T KNOW → **GO TO H1c**

2. YES

-2. REFUSED → **GO TO H1c**



H1a. Where do you recall hearing about that program?

[CIRCLE "1" NO OR "2" YES FOR ALL SOURCES THAT APPLY BELOW.]

SOURCE		NO	YES
1.	BILLBOARDS	1	2
2.	BOOK	1	2
3.	CHURCH	1	2
4.	CIVIC ORGANIZATION	1	2
5.	DOCTOR	1	2
6.	FAMILY MEMBER	1	2
7.	FRIEND, CO-WORKER	1	2
8.	HOSPITAL	1	2
9.	MAILING	1	2
10.	MAGAZINE	1	2
11.	MALL EVENT	1	2
12.	NEWSPAPER	1	2
13.	OTHER HEALTH PROFESSIONAL	1	2
14.	OTHER HEALTHCARE ORGANIZATION	1	2
15.	PAMPHLET	1	2
16.	PHARMACY POSTER/FLIER	1	2
17.	POSTER	1	2
18.	RADIO	1	2
19.	SCHOOL, CLASS, LECTURE	1	2
20.	SELF-HELP CLINIC OR GROUP	1	2
21.	SIGNS	1	2
22.	SOCIAL, RECREATION GROUP	1	2
23.	TELEVISION	1	2
24.	OTHER (SPECIFY): _____	1	2

H1b. Can you recall the name of the program?
[PROBE FOR NAME, SLOGAN]

- | | |
|--|---|
| 1. Heart Attack REACT → GO TO SECTION I | -8. DON'T KNOW → GO TO SECTION I |
| 2. ANY OTHER NAME
(Specify): _____ | -2. REFUSED → GO TO SECTION I |
| 3. CAN'T RECALL | |



H1c. Here are three [NAMES/SLOGANS]. Do you recognize any of these?

		NO	YES
1.	COMMITT	1	2
2.	Heart Attack React	1	2
3.	Heart Alert	1	2

SECTION I: KNOWLEDGE

II. Now I'd like to read you some statements about heart health. Tell me whether each of the following statements is true, false, or you don't know:

		TRUE	FALSE	DK	REF
a.	Heart disease is the most common cause of death in women in the United States.	1	2	d	r
b.	Almost all heart attacks occur in people over age 65.	1	2	d	r
c.	Hospitals have drugs that reduce the damage done when a heart attack occurs.	1	2	d	r
d.	Younger African Americans have a greater danger of heart attacks than younger Whites.	1	2	d	r
e.	Younger Hispanic-Americans have a greater danger of heart attacks than younger Whites.	1	2	d	r

SECTION J: BELIEFS

Now I will read you some statements of opinion. Please tell me how you feel about each statement, do you strongly agree, agree, disagree, or strongly disagree? Here's the first statement.

[NOTE: IF RESPONDENT HAS DIFFICULTY, ASK: Do you strongly agree (agree, disagree, strongly disagree) that you would be embarrassed, etc.]

J1. Most people who think they're having a heart attack should drive themselves to the hospital.
Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J2. Most people who have heart attacks have crushing, severe chest pain. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J3. Women rarely have heart attacks. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J4. If I have chest pain that doesn't stop after 15 minutes, I should get to the hospital as soon as possible.
Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J5. I would be embarrassed to go to the hospital if I thought I was having a heart attack but I wasn't. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J6. If I thought I was having a heart attack, I would wait until I was very sure before going to the hospital. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J7. If I thought I was having a heart attack, I would rather have someone drive me to the hospital than have an ambulance come to my home. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J8. Because of the cost of medical care, I would want to be absolutely sure I was having a heart attack before going to the hospital. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J9. If I'm having chest pain and I'm not very sure if it's a heart attack, I should go to the hospital. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

J10. If I thought I was having a heart attack, I would go to the hospital right away. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly disagree	DK	REFUSED

Now I'd like to ask you about the signs and symptoms of a heart attack.

J11. What would you say are the signs or symptoms that someone may be having a heart attack?
 [CIRCLE "1" OR "2" FOR ALL THAT APPLY BELOW.]
 [PROBE: Anything else?]

		NO	YES
1.	ABDOMINAL PAIN	1	2
2.	ARM PAIN OR SHOULDER PAIN	1	2
3.	BACK PAIN	1	2
4.	CHEST PAIN	1	2
5.	CHEST PRESSURE	1	2
6.	CHEST TIGHTNESS	1	2
7.	CHEST DISCOMFORT [HEAVINESS, BURNING, TENDERNESS]	1	2
8.	COUGH	1	2
9.	DIZZINESS, LIGHTHEADEDNESS	1	2
10.	DON'T KNOW	1	2
11.	FEEL LOUSY/GENERAL BLAHNESS	1	2
12.	HEADACHE	1	2
13.	HEARTBURN/INDIGESTION/STOMACH PROBLEM	1	2
14.	IMPENDING DOOM	1	2
15.	JAW PAIN	1	2
16.	LOSS OF CONSCIOUSNESS/FAINTING	1	2
17.	NAUSEA/VOMITING	1	2
18.	NECK PAIN	1	2
19.	NUMBNESS/TINGLING IN ARM OR HAND	1	2
25.	PALE, ASHEN, LOSS/CHANGE OF COLOR	1	2
20.	PALPITATIONS/RAPID HEART RATE	1	2
21.	SHORTNESS OF BREATH/DIFFICULTY BREATHING	1	2
22.	SWEATING	1	2
23.	WEAKNESS/FATIGUE/FAINTNESS	1	2
24.	OTHER (SPECIFY): _____	1	2

J11a. Of the heart attack signs or symptoms you just mentioned, which one would you say is the most important?

1.	ABDOMINAL PAIN
2.	ARM PAIN OR SHOULDER PAIN
3.	BACK PAIN
4.	CHEST PAIN
5.	CHEST PRESSURE
6.	CHEST TIGHTNESS
7.	CHEST DISCOMFORT [HEAVINESS, BURNING, TENDERNESS
8.	COUGH
9.	DIZZINESS, LIGHTHEADEDNESS
10.	DON'T KNOW
11.	FEEL LOUSY/GENERAL BLAHNESS
12.	HEADACHE
13.	HEARTBURN/INDIGESTION/STOMACH PROBLEM
14.	IMPENDING DOOM
15.	JAW PAIN
16.	LOSS OF CONSCIOUSNESS/FAINTING
17.	NAUSEA/VOMITING
18.	NECK PAIN
19.	NUMBNESS/TINGLING IN ARM OR HAND
20.	PALPITATIONS/RAPID HEART RATE
21.	SHORTNESS OF BREATH/DIFFICULTY BREATHING
22.	SWEATING
23.	WEAKNESS/FATIGUE/FAINTNESS
24.	OTHER (SPECIFY): _____
-2	REFUSED
-8	DON'T KNOW

[CODE THE NUMBER FROM THE ABOVE TABLE CORRESPONDING TO THE MOST IMPORTANT SYMPTOM STATED. CODE ONLY ONE NUMBER.]

NUMBER CODE

SECTION K: PERSONAL HEALTH STATUS/HISTORY

The next few questions ask about your health.

K1. In general, would you say your health is:

1	2	3	4	5	-8	-2
Excellent	Very Good	Good	Fair	Poor	DON'T KNOW	REFUSED

K2. Have you ever had a heart attack?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

K3. Have your spouse, your parents, or a brother or sister ever had a heart attack?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

K4. Have any of your other relatives or close friends ever had a heart attack?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

K5. Have you ever been told by a doctor that you have a heart condition?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

- K6. Have you ever been told by a doctor that you have diabetes?
1. NO -8. DON'T KNOW
2. YES -2. REFUSED
- K7. Have you ever been told by a doctor that you have high blood pressure?
1. NO -8. DON'T KNOW
2. YES -2. REFUSED
- K8. Have you ever been told by a doctor that you have high blood cholesterol?
1. NO -8. DON'T KNOW
2. YES -2. REFUSED
- K9. Have you **ever** smoked cigarettes?
1. NO → **GO TO SECTION L** -8. DON'T KNOW → **GO TO SECTION L**
2. YES -2. REFUSED → **GO TO SECTION L**
- K9a. Have you smoked a cigarette in the past week?
1. NO -8. DON'T KNOW
2. YES -2. REFUSED

SECTION L: DEMOGRAPHICS

I have a few final questions. Please bear with me, but I am required to ask this:

- L1. Could you please tell me if you are male or female?

Male1
Female.....2

L2. What is your date of birth? **[GO TO L3]**
MM DD YY

L2a. [IF WON'T GIVE DATE OF BIRTH, ASK:] In what age group are you?

- 18-241
- 25-342
- 35-443
- 45-544
- 55-645
- 65-746
- 75-847
- 85+8

L3. Do you consider yourself to be Hispanic or Latino?
[PROBE: Of Spanish origin or descent?]

- NO.....1
- YES.....2

L4. Please tell me which group best describes your racial background:

- White.....1
- Black/African American2
- Native American3
- Asian/Pacific Islander4
- OTHER5
- (SPECIFY): _____

L5. What is the highest grade or year of school that you have completed?

ENTER HIGHEST GRADE COMPLETED OR NUMBER OF YEARS OF SCHOOL
COMPLETED IF LESS THAN HIGH SCHOOL

- COMPLETED HIGH SCHOOL.....12
- SOME COLLEGE13
- COMPLETED COLLEGE14
- SOME GRADUATE SCHOOL15
- COMPLETED GRADUATE SCHOOL.....16
- SOME TECHNICAL SCHOOL.....17
- COMPLETED TECHNICAL SCHOOL.....18
- SOME PROFESSIONAL SCHOOL19
- COMPLETED PROFESSIONAL SCHOOL20
- OTHER21
- (SPECIFY): _____

L6. Please tell me the category that describes your total household income, before taxes, in the past year?

- Less than \$10,0001
- \$10,000 - \$24,9992
- \$25,000 - \$39,9993
- \$40,000 - \$54,9994
- \$55,000 - \$69,9995
- \$70,000 or more6
- DON'T KNOW-8
- REFUSED.....-2

L7. How long have you lived in your community?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

YEARS

L8. What is your present marital status?
[PROBE: READ CATEGORIES 1-5.]

- 1. MARRIED
- 2. LIVING WITH SIGNIFICANT OTHER/SOMEONE OTHER THAN A ROOMMATE
- 3. DIVORCED/SEPARATED
- 4. SINGLE
- 5. WIDOWED
- 8. DON'T KNOW
- 2. REFUSED

L9. Are you currently working for pay?
[NOTE: INCLUDES SELF-EMPLOYED OR ON **TEMPORARY** DISABILITY LEAVE.]

- 1. NO
- 2. YES → **GO TO L10**
- 8. DON'T KNOW
- 2. REFUSED

L9a. Which of the following best describes you?
[CIRCLE ONE]

- 1. Homemaker
- 2. Retired
- 3. Disabled
- 4. Student
- 5. Not currently employed
- 8. DON'T KNOW
- 2. REFUSED

L10. Including yourself, how many people age 18 or older live in this household?

NUMBER OF PEOPLE:

--	--

L11. Which of the following kinds of health insurance do you have now?

		NO	YES	DK	REFUSED
a.	Medicare (the federal health insurance for people 65 or older or who are disabled)?	1	2	-8	-2
b.	Medicare supplement (additional insurance to Medicare that you buy yourself, such as Medex, Medigap, or AARP)?	1	2	-8	-2
c.	Medicaid (the state program for persons with incomes below a certain level)?	1	2	-8	-2
d.	Commercial or Private Insurance (such as Blue Cross, Aetna, Prudential, or Hancock)?	1	2	-8	-2
e.	An HMO (a Health Maintenance Organization) or an IPA (an Individual Practice Association)?	1	2	-8	-2
f.	VA benefits, CHAMPUS?	1	2	-8	-2
g.	Student Health Plan?	1	2	-8	-2
h.	Other state medical assistance or free care programs?	1	2	-8	-2
i.	Or something else. What is it? (SPECIFY): _____	1	2	-8	-2

L11a. Does your insurance plan pay part of the following:

		NO	YES	DK	REFUSED
a.	Ambulance Service	1	2	-8	-2
b.	Visits to the Emergency Department	1	2	-8	-2

L12. Do you have a regular doctor or group of doctors?

1. NO → **GO TO L13**

-8. DON'T KNOW → **GO TO L13**

2. YES

-2. REFUSED → **GO TO L13**

L12a. Did you visit your doctor in the past year?

1. NO

-8. DON'T KNOW

2. YES

-2. REFUSED

L13. Have you ever seen a cardiologist (a heart doctor)?

1. NO → **GO TO L14**

-8. DON'T KNOW → **GO TO L14**

2. YES

-2. REFUSED → **GO TO L14**

L13a. When was your most recent visit to this heart doctor?

[PROBE: Your best guess will do.]

DATE:

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MM YY

L14. Besides the number I dialed, are there any other non-business telephone numbers in this home?

1. NO

-8. DON'T KNOW

2. YES

-2. REFUSED

SECTION M: END OF SURVEY

Thank you very much for your help. Good bye.

M1. END TIME:

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 1. AM 2. PM

SECTION N: INTERVIEWER COMMENTS

N1. Please rate how comfortable the Respondent was during the interview.

Not at all
comfortable

1

2

3

4

Very
comfortable

5

N2. Please rate how cooperative the Respondent was during the interview.

Not at all
cooperative

1

2

3

4

Very
cooperative

5

N 3. In general, how difficult was it for the Respondent to answer the interview questions?

Not at all
difficult

1

2

3

4

Very
difficult

5

N4. Did the Respondent have difficulty answering any of the questions?

1. NO

2. YES → Which ones? _____

N5. Do you feel that the Respondent gave inaccurate or misleading information on any of the questions?

1. NO

2. YES → Which ones? _____

N6. Were there any unusual circumstances at the time of the interview (e.g., R had difficulty hearing, concentrating or there were frequent interruptions, etc.)

1. NO

2. YES → Describe _____

N7. Did the Respondent have a language or literacy problem?

1. NO

2. YES → Which questions were affected?
