

SHAPE II Questionnaire – Final (01/29/02)

1a. What is your zip code?

[address verification if zip code is different from sampling data]

1b. What is your gender? [ask only if necessary]

1. Male
2. Female

Before we begin I need to put your age in the computer. The computer will then skip questions that are not relevant to your age group.

2. What is your age?

- ___ ___ years
7. Don't Know
 9. Refused

The first section of questions I have is about your community. We are interested in how diverse communities throughout Hennepin County are.

3. Were you born in the United States?

1. Yes [Skip to Q. 6]
2. No
8. Don't Know
10. Refused

4. How many years have you lived in United States?

- ___ ___ Years
77. Don't Know
 99. Refused

5. [If Not born in US] Where were you born?

- Specify _____ (Code to country list)
7. Don't Know
 9. Refused

6. Are you of Latino or Hispanic origin?

1. Yes
2. No
7. Don't Know
9. Refused

7. Which of the following describes you? You can choose more than one. Are you [read list 1-5]

1. White
 2. Black or African American
 3. American Indian or Alaska Native
 4. Asian
 5. Native Hawaiian or Other Pacific Islander
 6. Other [not read]
 7. Don't Know
 9. Refused
- [multiple go to Q. 8]
[Asian alone go to Q. 9]
[else go to Q. 10]

8. You said that you are (Insert Multiple Race/Ethnicity response). Of these, which one do you identify with most?

1. White
 2. Black or African American
 3. American Indian or Alaska Native
 4. Asian
 5. Native Hawaiian or Other Pacific Islander
 6. Both/All Multiracial
 7. Don't Know
 9. Refused
- [Asian go to Q. 9]
[else go to Q. 10]

9. [If Asian ask]: Are you? [read response categories - stop after first Yes response]

1. Hmong
2. Laotian, Vietnamese, Cambodian

SHAPE II Questionnaire – Final (01/29/02)

3. Thai, Malaysian, Filipino, Burmese, or from Singapore or Brunei
4. Other Asian [do not read – select if not 1-3]
7. Don't Know
9. Refused

My first section is about your community.

10. How often do you get together or talk with friends or neighbors?
(includes face to face, telephone, internet chat)
1. Daily
 2. Weekly
 3. Monthly
 4. Less often
 5. Never
 7. Don't Know
 9. Refused
11. How often do you go to a church, temple, synagogue, mosque or other place for worship or other activities?
1. Daily
 2. Weekly
 3. Monthly
 4. Less often
 5. Never
 7. Don't Know
 9. Refused
12. How often are you involved in any school, community or neighborhood activity?
1. Weekly
 2. Monthly
 3. Several times a year
 4. About once a year
 5. Less than once a year
 6. Never
 7. Don't Know
 9. Refused
13. I am going to read you some statements about your community.
For each, would you please tell me whether you strongly agree, agree, disagree, or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
a. People can depend on each other in this community.	1	2	3	4	7
b. Living in this community gives me a secure feeling.	1	2	3	4	7
c. People here know they can get help from the community if they are in trouble.	1	2	3	4	7
d. This is a good community to raise children in.	1	2	3	4	7

14. How often do you attend activities that are part of your cultural heritage?
1. Every week or more often
 2. Almost every week
 3. Once or twice a month
 4. A few times a year
 5. Less than that

SHAPE II Questionnaire – Final (01/29/02)

7. Don't know
 9. Refused.
-
15. How important is it to you to pass along your cultural heritage or the traditions of your ancestors to the next generation? Would you say...
 1. Very important
 2. Somewhat important
 3. Somewhat unimportant
 4. Unimportant
 7. Don't know
 9. Refused

 16. How often are you in situations that make you feel unaccepted because of your culture? Would you say ...
 1. Every week or more often
 2. Almost every week
 3. Once or twice a month
 4. A few times a year
 5. Less than that
 7. Don't know
 9. Refused.

 17. Overall, how much impact do you think you can have in making your neighborhood or community a better place to live? Would you say...]
 1. No impact
 2. Small impact
 3. Moderate impact
 4. Big impact
 7. Don't Know
 9. Refused

Intro: The next question is about the use of alcohol. People have different beliefs and rules about the use of alcohol.

18. Under what circumstances is it acceptable for persons under age 21 to consume alcohol? **[Read response categories – Each question is Y/N/DK/Refused]**
 - a. Always acceptable
 - b. As part of a religious service
 - c. On special family occasions such as a wedding or anniversary
 - d. On special occasions such as prom or graduation
 - e. Anytime when a parent or guardian is present
 - f. Under no circumstances is it acceptable

SHAPE II Questionnaire – Final (01/29/02)

My next section is about your access to health care.

19. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare, Medicaid, MA, GAMC, MNCare, or PMAP?
[for interviewer: MA - Medical Assistance, GAMC - General Assistance Medical Care, PMAP - Prepaid Medical Assistance Plan. Insurance includes those obtained thru self-or other's employment, directly purchased, and Indian Health Service, VA, CHAMPUS,MCHA]
1. Yes
 2. No [Skip to Q.21]
 7. Don't Know [Skip to Q.21]
 9. Refused [Skip to Q.21]
20. [If yes to Q. 19] Is your health insurance from Medicaid, MA, GAMC, MNCare, or PMAP?
[for Interviewer: Medical Assistance (MA), GAMC (General Assistance Medical Care), or MinnesotaCare (a State sponsored health insurance program), PMAP (Prepaid Medical Assistance Program)]
1. Yes
 2. No
 7. Don't Know
 9. Refused
21. In the past 12 months, did you have health insurance for the entire year, for only part of the year, or were you uninsured for the entire year?
1. the entire year
 2. only part of the year, (and uninsured for part of the year)
 3. or were you uninsured for the entire year
 7. Don't Know
 9. Refused
22. When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say: [Please read]
1. A doctor's office/clinic
 2. A public health clinic or community health center
 3. A hospital outpatient department
 4. A hospital emergency room
 5. Urgent care center
 6. Some other kind of place – Specify _____
 8. No usual place
 7. Don't know
 9. Refused
23. How often do you feel comfortable asking questions or raising issues with your health care provider?
Would you say you were comfortable:
1. Always
 2. Usually
 3. Sometimes
 4. Never
 5. N.A. – I don't have a provider
 7. Don't Know
 9. Refused
24. In the past 12 months, was there a time when you needed medical care?

SHAPE II Questionnaire – Final (01/29/02)

1. Yes
 2. No [Skip to Q. 27]
 7. Don't Know [Skip to Q. 27]
 9. Refused [Skip to Q. 27]
25. Did you delay or not get the care you thought you needed?
1. Yes
 2. No [Skip to Q. 27]
 7. Don't Know [Skip to Q. 27]
 9. Refused [Skip to Q. 27]
26. What was the main reason you did not get medical care or delayed in getting care?
[do not read response categories – select only one response]
1. Lack of insurance
 2. Because of cost
 3. Could not get an appointment
 4. Don't like, trust, or believe in doctors
 5. Didn't know where to go
 6. Didn't think I could find help that would be respectful of my culture
 7. No interpreter services
 8. Family responsibilities prevented
 9. Transportation problems
 10. Didn't think it would help
 11. Other (Specify) _____
 - 77 Don't know
 - 99 Refused
27. In the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about stress, depression, or problems with emotions?
[Interviewer note: such as a physician, psychiatrist, psychologist, therapist, social worker, or counselor]
1. Yes
 2. No [Skip to Q. 30]
 7. Don't Know [Skip to Q. 30]
 9. Refused [Skip to Q. 30]
28. Did you delay or not get the care you thought you needed?
1. Yes
 2. No [Skip to Q. 30]
 7. Don't Know [Skip to Q. 30]
 9. Refused [Skip to Q. 30]
29. What was the main reason you did not get or delayed getting care?
[do not read response categories – select only one response]
- 1 Lack of insurance
 - 2 Because of cost
 - 3 Could not get an appointment
 - 4 Don't like, trust, or believe in doctors
 - 5 Didn't know where to go
 - 6 Didn't think I could find help that would be respectful of my culture
 - 7 No interpreter services
 - 8 Family responsibilities prevented
 - 9 Transportation problems
 - 10 Didn't think it would help
 - 11 Fear of stigma or judgment
 - 12 Other (Specify) _____
 - 77 Don't know
 - 99 Refused

SHAPE II Questionnaire – Final (01/29/02)

30. In the past 12 months, have you done any of the following regarding your own health? Have you:				
	Yes	No	DK	Ref
a. Seen a doctor or physician, nurse practitioner or physician's assistant?	1	2	7	9
b. Seen a mental health provider or counselor?	1	2	7	9
c. Seen a chiropractor?	1	2	7	9
d. Seen a traditional or spiritual healer, or shaman?	1	2	7	9
e. Used herbal medicines or re medies?	1	2	7	9
f. Used acupuncture?	1	2	7	9
g. Attended any self-help or support groups	1	2	7	9
h. Used meditation or other relaxation therapies?	1	2	7	9
i. Obtained health related information from the internet?	1	2	7	9

30.j. How long has it been since your last complete physical exam?

[Interviewer note: probe to get category]

1. Within the past year (anytime less than 12 months ago)
2. Within past two years (1 year but less than 2 years ago)
3. Within past five years (2 years but less than 5 years ago)
4. Five or more years ago
5. Never
7. Don't Know
9. Refused

30.k. Do you currently have insurance that pays for dental care?

1. Yes
2. No
7. Don't Know]
9. Refused

(Source: MHAS 2001 Telephone survey)

SHAPE II Questionnaire – Final (01/29/02)

My next section is about your general health and how you have been feeling.

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

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Don't Know
9. Refused

32. 1. Has a doctor or other health professional ever told you that you had any of the following conditions?					2. [If Yes] Do you still have this (condition)?				3. [If Yes] Are you currently under the care of a doctor or other health professional for this (condition) or taking medications to control this (condition)?			
Condition/Disease	Yes	No	DK	Ref	Yes	No	DK	Ref	Yes	No	DK	Ref
a. Asthma	1	2	7	9	1	2	7	9	1	2	7	9
b. Diabetes – exclude gestational	1	2	7	9					If Yes - Ask Q32.b.3.			
c. Heart trouble or angina	1	2	7	9					1	2	7	9
d. High blood pressure or hypertension	1	2	7	9					1	2	7	9
e. High cholesterol or triglycerides	1	2	7	9					1	2	7	9
f. Lower back problems	1	2	7	9								
g. Arthritis or rheumatism [55+ only]	1	2	7	9					1	2	7	9
h. Osteoporosis [55+ only]	1	2	7	9					1	2	7	9
i. Depression	1	2	7	9					1	2	7	9
j. Anxiety or panic attack	1	2	7	9					1	2	7	9

32.b.3 [If yes to Q. 32.b.1] About how many times in the past 12 months have you see a doctor, nurse, diabetes educator, or other health professional for your diabetes?

- ___ ___ Times
 77. Don't Know
 99. Refused

33. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 7 Don't know
- 9 Refused

34. How much of the time during the past 4 weeks, have you felt calm and peaceful?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time

SHAPE II Questionnaire – Final (01/29/02)

- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Don't know
- 9 Refused

35. How much of the time during the past 4 weeks, have you felt downhearted and blue?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Don't know
- 9 Refused

[Q36 – 50 are asked of all respondents in the cultural groups, and asked of a random subset of the remainder of the sample (85% approximately 5500)]

36. During the past 12 months have you had a flu shot?

1. Yes
2. No
7. Don't Know
9. Refused

37. Have you ever had your cholesterol checked?

1. Yes
2. No **[Skip to Q. 39]**
7. Don't Know **[Skip to Q. 39]**
9. Refused **[Skip to Q. 39]**

38. About how long has it been since you last had your cholesterol checked? **[read only if necessary – probe for response]**

1. Within the past year (anytime less than 12 months ago)
2. within the past 2 years (one year but less than 2 years ago)
4. within the past 5 years (2 years but less than 5 years ago)
5. 5 or more years ago
7. Don't Know
9. Refused

Intro: The next questions are about some health exams you might have had.

[Questions 39 - 40 are for women only age 40 and over.]

39. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. Yes
2. No **[Skip to Q. 41]**
7. Don't Know **[Skip to Q. 41]**
9. Refused **[Skip to Q. 41]**

40. How long has it been since you had your last mammogram? **[read only if necessary – probe for response]**

1. Within the past year (anytime less than 12 months ago)
2. within the past 2 years (one year but less than 2 years ago)
3. within the past 3 years (2 years but less than 3 years ago)
4. within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't Know
9. Refused

SHAPE II Questionnaire – Final (01/29/02)

[Questions 41 - 46 are for women only all ages.]

41. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.

Have you ever had a clinical breast exam?

1. Yes
2. No [Skip to Q. 43]
7. Don't Know [Skip to Q. 43]
9. Refused [Skip to Q. 43]

42. How long has it been since your last breast exam? **[read only if necessary – probe for response]**

1. Within the past year (anytime less than 12 months ago)
2. within the past 2 years (one year but less than 2 years ago)
3. within the past 3 years (2 years but less than 3 years ago)
4. within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't Know
9. Refused

43. About how often do you examine your breasts for lumps?

1. Monthly
2. Every few months
3. Rarely
4. Never
7. Don't Know
9. Refused

44. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

1. Yes
2. No [Skip to Q. 46]
7. Don't Know [Skip to Q. 46]
9. Refused [Skip to Q. 46]

45. How long has it been since your last Pap smear? **[read only if necessary – probe for response]**

1. Within the past year (anytime less than 12 months ago)
2. within the past 2 years (one year but less than 2 years ago)
3. within the past 3 years (2 years but less than 3 years ago)
4. within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't Know
9. Refused

46. A hysterectomy is an operation to remove the uterus (womb). Have you had a hysterectomy?

1. Yes
2. No
7. Don't Know
9. Refused

[Questions 47 - 48 are for men only age 40 and over]

47. Have you ever had a prostate cancer screening test or examination such as the PSA test or Digital rectal exam?

1. Yes [Skip to Q. 49]
2. No
7. Don't Know
9. Refused

48. Has your doctor ever talked to you about prostate cancer risk and prevention, or about any prostate cancer screening tests or exams such as the PSA test, or digital rectal exam?

1. Yes
2. No

SHAPE II Questionnaire – Final (01/29/02)

7. Don't Know
9. Refused

[Questions 49 – 50 are for both men and women age 40 and over]

49. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. Yes
2. No [Skip to Q. 50a]
7. Don't Know [Skip to Q. 50a]
9. Refused [Skip to Q. 50a]

50. How long has it been since you had your last blood stool test using a home kit? [probe for response]

1. Within the past year (anytime less than 12 months ago)
2. within the past 2 years (one year but less than 2 years ago)
4. within the past 5 years (2 years but less than 5 years ago)
5. 5 or more years ago
7. Don't Know
9. Refused

50a How long has it been since you last visited a dentist or dental clinic for any reason? [Read 1 – 4 only if necessary]

1. Within the past year (anytime less than 12 months ago)
2. within the past 2 years (one year but less than 2 years ago)
4. within the past 5 years (2 years but less than 5 years ago)
5. 5 or more years ago
7. Don't Know
9. Refused

(Source: BRFSS 2000)

Now I am going to ask you about the amount of physical activity you get at work, at home and anywhere else. I am first going to ask you about vigorous activities which cause heavy sweating and large increases in breathing and heart rate.

51. During an average week, thinking about your activities at work, at home and anywhere else, how many days do you get at least 20 minutes of vigorous physical activities?

- __ enter days (0-7)
7. Don't Know
 9. Refused

52. [Ask if Q51 > 0 days] Would you say you get most of this activity...?

1. As part of your job or occupation
2. Outside of your job
7. Don't Know
9. Refused

The next questions are about moderate activities, which cause only light sweating and small increases in breathing or heart rate.

53. During an average week, thinking about your activities at work, at home and anywhere else, how many days do you get at least 30 minutes of moderate physical activities?

- __ enter days (0-7)
7. Don't Know
 9. Refused.

54. [Ask if Q53 > 0 days] Would you say you get most of this activity...?

1. As part of your job or occupation
2. Outside of your job
7. Don't Know

SHAPE II Questionnaire – Final (01/29/02)

9. Refused

Skip Q55 if Q51 = 7 days, or Q53 = 7 days]

55. Are there reasons you don't get more physical exercise? What are the reasons?

[Do not read response options. Mark all that apply].

- 01 Not enough time,
- 02 Don't like exercise
- 03 No benefits to exercise
- 04 I am too tired to exercise,
- 05 have no motivation or lazy,
- 06 Disabled or too sick,
- 07 I get enough at my job.
- 08 no one to exercise with
- 09 No convenient facilities for exercising,
- 10 No enough money,
- 11 weather is bad,
- 12 don't have safe place to exercise
- 13 I have no child care assistance
- 14 Injured
- 15 Out of town/vacation
- 16 I always get at least three days of moderate exercise
- 17 Other, specify _____
- 77 Don't Know
- 99 Refused

56. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

___ ___ Days

77. Don't Know

99. Refused

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

___ ___ Days

77. Don't Know

99. Refused

58. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

___ ___ Days

77. Don't Know

99. Refused

[Q59 – Q62 ask only for persons \geq 55 years]

59. Because of any impairment or health problem, do you need the help from another person with personal care needs such as eating, bathing, dressing, or getting around your home?

- 1. Yes **[go to Q. 60]**
- 2. No **[Skip to Q. 61]**
- 7. Don't Know **[Skip to Q. 61]**
- 9. Refused **[Skip to Q. 61]**

60. **[If yes to Q. 59]** Who helps you with those things that are difficult? (check all that apply)

- 1. spouse/partner;
- 2. child/child-in-law;
- 3. other relative, friend, neighbor;
- 4. someone you or your family pays
- 5. someone paid by an outside source – such as a gov't agency
- 6. no one helps;
- 7. other _____.

SHAPE II Questionnaire – Final (01/29/02)

8. Don't Know
9. Refused

61. Because of any impairment or health problem, do you need the help from another person in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1. Yes [go to Q. 62]
2. No [Skip to Q. 63 if age \geq 65 years. Else skip to Q. 66a.]
7. Don't Know [Skip to Q. 63 if age \geq 65 years. Else skip to Q. 66a.]
9. Refused [Skip to Q. 63 if age \geq 65 years. Else skip to Q. 66a.]

62. [If yes to Q. 61], Who helps you with those things that are difficult? (check all that apply)

1. spouse/partner;
2. child/child-in-law;
3. other relative, friend, neighbor;
4. someone you or your family pays
5. someone paid by an outside source – such as a gov't agency
6. no one helps;
7. other _____.
8. Don't Know
9. Refused

[Q. 63-65 ask for seniors 65+ only]

63. In the past 12 months, have you fallen?

1. Yes
2. No [Skip to Q. 66]
7. Don't Know
9. Refused

64. About how many times have you fallen in the past 12 months?

- ____ Times
77. Don't Know
 99. Refused

65. Did (this fall /any of these falls) require medical care?

1. Yes
2. No
7. Don't Know
9. Refused

66.a.. Other than birth control, do you take any prescription medication on a regular basis?

[Include birth control phrase only for women under age 50]

1. Yes
2. No [Skip to Q. 67]
7. Don't Know [Skip to Q. 67]
9. Refused [Skip to Q. 67]

66.b. How difficult is it for you to pay for your prescription medications each month?

1. Extremely difficult
2. Somewhat difficult
3. Not too difficult
4. Not at all difficult
7. Don't Know
9. Refused

67. Yesterday, how many servings of vegetables did you eat? A serving of vegetables is a cup of salad greens, or a half cup of any vegetables. (**not including French fries**),

SHAPE II Questionnaire – Final (01/29/02)

___ ___ number of servings

77. Don't Know [Skip to Q.68]

99. Refused [Skip to Q.68]

67a. Was at least one of them a dark green or orange vegetable? (read: such as carrots, broccoli, squash, romaine lettuce, etc.)

1. Yes
2. No
7. Don't know
9. Refused

68. Yesterday, how many servings of fruit did you eat, including 100% juice? A serving of fruit is defined as one medium sized piece of fruit, a ½ cup of chopped, cut or canned fruit, or 6 ounces of 100% fruit juice. [Grapefruit, large apple or large orange is considered two servings]

___ ___ number of servings

77. Don't Know

99. Refused

68a. In the past week, how many meals did you eat out that included foods such as breakfast sausages, hamburgers, French fries, fried chicken, pizza or other similar foods?

___ ___ number of meals

97. Don't Know

99. Refused

69. [Ask for men 65 and over, and all women]

During the past month, did you take calcium supplements on a regular basis?

1. Yes
2. No
7. Don't Know
9. Refused

70. In the last 12 months, How often did you worry that your food would run out before you had money to buy more? Would you say this was often, sometimes, rarely or never?

1. Often
2. Sometimes
3. Rarely
4. Never
7. Don't Know
9. Refused

70.b. If it were available, would you purchase ground beef that has been irradiated, that is, it has been electronically pasteurization to prevent foodborne disease's?

1. Yes
2. No
7. Don't Know
9. Refused

71. How much do you weigh without shoes?

___ ___ ___ pounds

_____ kilograms

7 Don't know

9 Refused

72. How tall are you without shoes?

___ feet ___ ___ inches

SHAPE II Questionnaire – Final (01/29/02)

___ centimeters

7 Don't know

9 Refused

In my last section I have some questions that may or may not apply to you. This is an important study and we feel it is important to ask everyone the same questions.

73. Have you smoked at least 100 cigarettes in your entire life? [one pack = 20 cigarettes]

1. Yes

2. No [Skip to Q. 76]

7. Don't Know [Skip to Q. 76]

9. Refused [Skip to Q. 76]

74. Do you now smoke cigarettes everyday, some days or not at all?

1. Everyday [Go to Q. 75]

2. Some days [Go to Q. 75]

3. Not at all [else Skip to Q. 76]

7. Don't Know

9. Refused

75. [If Everyday or Some days in Q. 74]: On the average, about how many cigarettes a day do you smoke now?

___ ___ ___ number of cigarettes [one pack = 20 cigarettes]

76. Does anyone regularly smoke tobacco inside your home?

1. Yes

2. No

7. Don't Know

9. Refused

77. In the past 12 months, how often did anyone smoke tobacco in your home? Would you say....

[Read responses 1 – 5 for Q76 = No, only 3 – 5 for Q76 = Yes]

1. Never

7. Hardly ever

8. Occasionally

9. Frequently

10. Daily

7. Don't Know

9. Refused

A drink is 1 can or bottle of beer or malt liquor, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

78. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?

1 ___ Days per week

2 ___ Days in past 30

888 No drinks in past 30 days [Skip to Q. 82]

777 Don't Know/Not Sure [Skip to Q. 82]

999 Refused [Skip to Q. 82]

79. On the days when you drank, about how many drinks did you drink on average?

___ ___ Number of drinks

77 Don't Know/Not Sure

99 Refused

80. Considering all types of alcoholic beverages, how many times during the past 30 days did you have five or more drinks on an occasion?

___ ___ Number of times

88 None [Skip to Q. 82]

SHAPE II Questionnaire – Final (01/29/02)

- 77 Don't Know/Not Sure [Skip to Q. 82]
 99 Refused [Skip to Q. 82]

[For age group 18-24 only]

81. How about during the past two weeks?

___ ___ Number of times

- 88 None
 77 Don't Know/Not Sure
 99 Refused

82. How often do you use your seat belt when you drive or ride in a car? Would you say:

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
7. Don't Know
9. Refused

83. When a child under age 5 rides in your vehicle, how often does the child ride in a child car seat? Would you say he/she rides in a child car seat...? **[read categories]**

[Interviewer information: car seat includes - infant seat, toddler seat or booster]

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Never drive with a child
7. Don't drive
8. Don't know
9. Refused.

[Questions 84 – 85 are for both men and women age 18 – 24 only]

84. Are you sexually active?

1. Yes
2. No [Skip to Q. 86]
7. Don't Know [Skip to Q. 86]
9. Refused [Skip to Q. 86]

85. How often do you talk with your partner (s) about ways to protect yourselves from getting STDs/HIV/AIDS, like using a condom?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always
7. Don't Know
9. Refused

86. Please tell me if during the past 12 months you have ever experienced any of the following and if you felt you were discriminated against.

Situation	Experienced Situation		Felt discriminated against			
	YES	NO	YES	NO	Don't Know	Refused
a. Getting a job	1	2	1	2	7	9
b. At work	1	2	1	2	7	9
c. Getting medical care	1	2	1	2	7	9
d. Getting housing	1	2	1	2	7	9

SHAPE II Questionnaire – Final (01/29/02)

e. Getting a mortgage or loan	1	2	1	2	7	9
f. Applying for social services or public assistance	1	2	1	2	7	9
g. Dealing with the police	1	2	1	2	7	9
h. Any other setting – Specify _____	1	2	1	2	7	9

SHAPE II Questionnaire – Final (01/29/02)

86.i. [If yes to any part of 86.a. – h.] For what reason or reasons do you feel you were discriminated against? [read categories (randomize order) – select all that apply]

1. Race, color, ethnicity, or country of origin
2. Age
3. Gender
4. Sexual orientation
5. Disability
6. Religion
7. Something else – specify _____
8. Don't Know
9. Refused

87. Have you or anyone in your household received any of the following in the past 12 months?

	Yes	No	Don't know	Refused
a. Subsidized or sliding fee child care	1	2	7	9
b. SSI – disability benefits	1	2	7	9
c. Home health care services	1	2	7	9
d. Assistance with heating or energy bills	1	2	7	9
e. Monthly welfare payments such as AFDC, GA, TANF, MFIP	1	2	7	9
f. Low income housing assistance, Section 8, Public Housing	1	2	7	9
g. WIC (Women, Infants & Children)	1	2	7	9
h. Food Stamps	1	2	7	9
i. food from food shelves	1	2	7	9
j. free or reduced price school lunches	1	2	7	9

88. In the past 12 months, did you miss a rent or mortgage payment because you didn't have enough money?

1. Yes
2. No
7. Don't Know
9. Refused

88a. Do you live in a house or building built before 1978?

1. Yes
2. No [Skip to Q 89.]
7. Don't know [Skip to Q 89.]
9. Refused [Skip to Q 89.]

88b. Do you have chipped or peeling paint on the inside or outside of your apartment or house, including the window surfaces?

1. Yes
2. No
7. Don't Know
9. Refused

89. Do you consider yourself...[Read categories – stop with response]

1. heterosexual or straight
2. gay or lesbian
3. bisexual
4. transgender
5. not sure
7. Don't Know
9. Refused

SHAPE II Questionnaire – Final (01/29/02)

90. Are you currently ...? [read categories]

1. married
2. separated
3. divorced
4. widowed
5. never been married or
6. a member of unmarried couple (living together in a marriage-like relationship)
8. other
7. Don't know
9. Refused

91. What is the highest grade or year of school you completed?

01. never attended school or only attended kindergarten
02. grade 1 through 8 (elementary)
03. some high school
04. grade 12 or GED (high school graduation)
05. trade school,
06. some college,
07. associate degree,
08. bachelor's degree,
09. graduate or professional degree.
10. Other _____
77. Don't Know
99. Refused

92. Which of the following describes you? [Select all that apply]

	Yes	No	Don't Know	Refused	[If Yes] Number of Jobs	[If Yes] Hours/Week
a. Homemaker	1	2	7	9		
b. Retired	1	2	7	9		
c. Disabled	1	2	7	9		
d. Working one or more jobs	1	2	7	9	# _____	_____
e. [Ask if No to 92.d.] Currently looking for work	1	2	7	9		
f. Student	1	2	7	9		

93. [If respondent is 18-24 years and Q92.f = yes] Are you currently enrolled in ...? [read response categories]

1. High School or GED Program
2. A technical school diploma or certificate program
3. An Associate Degree program
4. A Bachelors Degree Program
5. A graduate or professional degree program.
6. Taking classes but not in any special program.
7. Don't Know
9. Refused

SHAPE II Questionnaire – Final (01/29/02)

94. Including yourself, how many people in your household are:

[interviewer instruction - from Census 2000

include in this number:

foster children, roomers, or housemates

people staying here who have no other permanent place to stay

people living here most of the time while working, even if they have another place to live

exclude from this number:

college students living away while attending college

people in a correctional facility, nursing home, or mental hospital

Armed Forces personnel living somewhere else

people who live or stay at another place most of the time.]

- a. ___ number of children under 6
- b. ___ number of children age 6-17
- c. ___ number of persons age 18-20
- d. ___ number of persons age 21-24
- e. ___ number of persons age 25-64
- f. ___ number of persons age 65 and older

[Ask Q94.g & Q94.h if respondent >= 25 and Q94.c or Q94.d > 0]

94.g. Are any of the 18 – 24 year olds male?

- 1. Yes
- 2. No
- 7. Don't Know
- 9. Refused

94.h. Are any of the 18 – 24 year olds currently attending school?

- 1. Yes
- 2. No
- 7. Don't Know
- 9. Refused

95.a. Approximately what was your household's income from all sources last year before taxes?

- _____
- 7. Don't Know
 - 9. Refused

[if respondent fails to provide the actual income]

95.b. How about if I give you some categories, would you say your household income is between

[read the income categories based on Federal poverty level for household size from the total in Q.94.]

FPG level*	Family size										
	1	2	3	4	5	6	7	8	9	10	add"
<1.00	<\$8,600	<\$11,600	<\$14,600	<\$17,700	<\$20,700	<\$23,700	<\$26,700	<\$29,700	<\$32,800	<\$35,800	
1.00	\$8,600	\$11,600	\$14,600	\$17,700	\$20,700	\$23,700	\$26,700	\$29,700	\$32,800	\$35,800	\$3,020
1.50	\$12,900	\$17,400	\$21,900	\$26,500	\$31,000	\$35,500	\$40,100	\$44,600	\$49,100	\$53,700	\$4,530
1.75	\$15,000	\$20,300	\$25,600	\$30,900	\$36,200	\$41,500	\$46,700	\$52,000	\$57,300	\$62,600	\$5,285
2.00	\$17,200	\$23,200	\$29,300	\$35,300	\$41,300	\$47,400	\$53,400	\$59,500	\$65,500	\$71,500	\$6,040
2.75	\$23,600	\$31,900	\$40,200	\$48,500	\$56,800	\$65,100	\$73,500	\$81,800	\$90,100	\$98,400	\$8,305
3.00	\$25,800	\$34,800	\$43,900	\$53,000	\$62,000	\$71,100	\$80,100	\$89,200	\$98,300	\$107,300	\$9,060
4.00	\$34,400	\$46,400	\$58,500	\$70,600	\$82,700	\$94,800	\$106,800	\$118,900	\$131,000	\$143,100	\$12,080
6.00	\$51,500	\$69,700	\$87,800	\$105,900	\$124,000	\$140,100	\$160,300	\$178,400	\$196,500	\$214,600	\$18,120

SHAPE II Questionnaire – Final (01/29/02)

* 2001 Federal Poverty Level. The number is rounded to 100.					
---	--	--	--	--	--

95.c. Would you say your income is below, equal to or above [insert 200% poverty amount for family size]?

1. Below 200% of poverty
2. Equal to or Above 200% of poverty
7. Don't Know
9. Refused