

Real Iowans Research Initiative



Iowans Speak Out on Their Health The Rural-Urban Divide

Appendix B

Real Iowans Health Survey Questionnaire

I. QUALITY-OF-LIFE MODULE “Healthy Days Core”

HEALTHDAY1 Let’s begin by talking about your health. Would you say that, in general, your health is . . .

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor
- 88 DON’T KNOW
- 99 REFUSED

HEALTHDAY2 Now 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?

- — NUMBER OF DAYS [PERMITTED RANGE 0-30]
- 88. DON’T KNOW
- 99. REFUSED

HEALTHDAY3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- — NUMBER OF DAYS [PERMITTED RANGE 0-30]
- 89. DON’T KNOW
- 99. REFUSED

HEALTHDAY4 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?

- — NUMBER OF DAYS [PERMITTED RANGE 0-30]
- 89. DON’T KNOW
- 99. REFUSED

“Activity Limitations”

ACTLIM1 Are you *limited* in any way in any activities because of any impairment or health problem?

- 1. YES
- 2. NO GO TO SYMPDAYS1
- 88. DON’T KNOW
- 99. REFUSED

ACTLIM2 What is the major impairment or health problem that limits your activities?

- TEXT BOX [500 CHARACTER LIMIT]
- 88. DON’T KNOW
- 99. REFUSED

ANSWERS TO BE CODED BY DATA EDITOR ONCE ALL INTERVIEWS COMPLETED.

ACTLIM3 For how long have your activities been limited because of your major impairment or health problem?

- — UNITS
- 1. days
- 2. weeks
- 3. months
- 4. years
- 88. DON'T KNOW
- 99. REFUSED

ACTLIM4 Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?

- 1. YES
- 2. NO
- 88. DON'T KNOW
- 99. REFUSED

ACTLIM5 Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1. YES
- 2. NO
- 88. DON'T KNOW
- 99. REFUSED

Healthy Days Symptoms

SYMPDAYS1 During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

- — DAYS [PERMITTED RANGE 0-30]
- 88. DON'T KNOW
- 99. REFUSED

SYMPDAYS2 During the past 30 days, for about how many days have you felt sad, blue, or depressed?

- — DAYS [PERMITTED RANGE 0-30]
- 88. DON'T KNOW
- 99. REFUSED

SYMPDAYS3 During the past 30 days, for about how many days have you felt worried, tense, or anxious?

- — DAYS [PERMITTED RANGE 0-30]
- 88. DON'T KNOW
- 99. REFUSED

SYMPDAYS4 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

- — DAYS [PERMITTED RANGE 0-30]
- 88 DON'T KNOW
- 99 REFUSED

SYMPDAYS5 During the past 30 days, for about how many days have you felt very healthy and full of energy?

- — DAYS [PERMITTED RANGE 0-30]
- 88 DON'T KNOW
- 99 REFUSED

SYMPDAYS6 How many hours of sleep do you get in a typical workday night?

- — HOURS [PERMITTED RANGE 0-23]
- — DAYS [PERMITTED RANGE 0-59]
- 88 DON'T KNOW
- 99 REFUSED

GENDER1. Are you male or female? ASK IF NECESSARY [USE THIS VARIABLE FOR PROSTATE/MAMMOGRAM QS.]

- 1. Male
- 2. Female

II. Health System Performance Module

Now I'd like to ask you some questions about your doctor.

HSP1. Do you have a primary care doctor or doctor you usually see when you need medical help?

- 1 YES
- 2 NO GO TO HI1
- 88 DON'T KNOW GO TO HI1
- 99 REFUSED GO TO HI1

HSP2. Did you visit your primary care doctor in the past 12 months?

- 1 YES
- 2 NO GO TO HI1
- 88 DON'T KNOW GO TO HI1
- 99 REFUSED GO TO HI1

HSP3. These next questions are about visits you made to your doctor in the past 12 months. For each question, please chose one of the following answers: never, almost never, sometimes, usually, almost always, or always.

PROBE FIRST TIME, THEN AS NECESSARY: “Would you say never, almost never, sometimes, usually, almost always, or always.

	ITEM	NEVER	ALMOST NEVER	SOMETIMES	USUALLY	ALMOST ALWAYS	ALWAYS	DK	REF
a	How often did your doctor explain things in a way that was easy to understand? Would you say never, almost never, sometimes, usually, almost always, or always.	1	2	3	4	5	6	88	99
b	How often did your doctor listen carefully to you?	1	2	3	4	5	6	88	99
c	How often did your doctor give you easy-to-understand instructions about how to resolve the health problems or concerns that were bothering you?	1	2	3	4	5	6	88	99
d	How often did your doctor seem to know the important information about your medical history?	1	2	3	4	5	6	88	99
e	How often did your doctor spend enough time with you?	1	2	3	4	5	6	88	99
f	How often did your doctor show respect for what you had to say?	1	2	3	4	5	6	88	99

g	In the past 12 months, how often did your doctor seem <i>informed and up-to-date</i> about the care you got from specialist doctors?	1	2	3	4	5	6	88	99
h	When your doctor sent you for a blood test, x-ray, or other test, how often did someone from the doctor's office follow up to give you the test results?	1	2	3	4	5	6	88	99
i	In the last 12 months, when you called your doctor's office to get an appointment for care <i>you needed right away</i> , how often did you get an appointment as soon as you thought you needed it?	1	2	3	4	5	6	88	99
j	When you made an appointment for a <i>check-up or routine care</i> with your doctor, how often did you get an appointment as soon as you thought you needed it?	1	2	3	4	5	6	88	99
k	When you called your doctor's office with a medical question <i>during regular office hours</i> , how often did you get an answer to your question that same day?	1	2	3	4	5	6	88	99
l	When you called your doctor's office <i>after regular office hours</i> , how often did you get the medical help or advice you needed?	1	2	3	4	5	6	88	99

m	How often did your visits at the doctor's office start within 15 minutes of your appointment? [IF ASKED, WAIT TIME INCLUDES TIME SPENT IN WAITING ROOM AND EXAM ROOM]	1	2	3	4	5	6	88	99
n	In the last 12 months how often were clerks and receptionists at your doctor's office as helpful as you thought they should be?	1	2	3	4	5	6	88	99
o	How often did clerks and receptionists at your doctor's office treat you with courtesy and respect?	1	2	3	4	5	6	88	99

III. Health Insurance Module

Now let's talk about health insurance.

HI1. Compared to last year, would you say your personal financial situation is ...

- 1. Improving,
- 2. Staying the same, or
- 3. Getting worse
- 88. DON'T KNOW
- 99. REFUSED

HI2. Do you currently have health insurance coverage?

- 1 YES
- 2 NO GO TO HI4
- 88 DON'T KNOW GO TO HI4
- 99 REFUSED GO TO HI4

HI3. What is the source of the insurance, is it through...

- 1. Your employer,
- 2. Your spouse's employer,
- 3. Medicare,
- 4. A private policy, that is not through an employer,
- 5. Medicaid,

- 6. The VA,
- 7. Champus,
- 8. CHIP/Hawkeye, or
- 9. Some other source. SPECIFY: _____ [TEXT BOX 200 CHARACTER LIMIT]
- 88. DON'T KNOW
- 99. REFUSED

FOR ALL RESPONSES TO HI3, GO TO HI7

HI4. For how long have you not had coverage? Has it been...

- 1. Less than a year,
- 2. One to two years,
- 3. Longer than two years, or GO TO HI10
- 4. Never had coverage GO TO HI10
- 88. DON'T KNOW GO TO HI10
- 99. REFUSED GO TO HI10

HI5. People do not have insurance for a variety of reasons, I am now going to read a list of statements, for each one please tell me whether it explains why you do not currently have health insurance. Here is the first one . . .

ITEM	YES	NO	DK	REF
a Your employer does not have a health insurance plan	1	2	88	99
b You are not eligible for your employer's health insurance plan	1	2	88	99
c You lost your job and coverage	1	2	88	99
d Your spouse lost (his/her) job and coverage	1	2	88	99
e Your spouse's employer dropped its health insurance plan	1	2	88	99
f Your spouse is not eligible for (his/her) employer's health insurance plan	1	2	88	99
g Your cost for insurance coverage went up and it was too expensive	1	2	88	99
h You have been in good health and did not think the cost was worth paying	1	2	88	99

HI6. Do you believe you would benefit from having health insurance coverage, or do you think you do not need it at this time?

- 1. Would benefit GO TO HI9
- 2. Do not need it at this time GO TO HI9
- 88. DON'T KNOW GO TO HI9
- 99. REFUSED GO TO HI9

HI7. Is the cost you or your spouse pay personally for your health insurance premium...

- 1. Increasing,
- 2. Increasing dramatically,
- 3. Decreasing, GO TO PREVN1
- 4. Decreasing dramatically, or GO TO PREVN1
- 5. Staying the same? GO TO PREVN1
- 88. DON'T KNOW
- 99. REFUSED

HI8. How much effect does this increasing cost have on your household budget? As a result of having to pay more for health insurance, are you...

- 1 Making major sacrifices,
- 2 Making minor sacrifices, or
- 3 Not really sacrificing GO TO PREVN1
- 88. DON'T KNOW GO TO PREVN1
- 99. REFUSED GO TO PREVN1

HI9. Different people do different things to cut back on health care expenses. Please tell me if you have done any of the following:

PROGRAMMER ROTATE ITEMS
IF HI2 = 2, THEN SKIP HI10H THROUGH HI10K

	ITEM	YES	NO	DK	REF
a	Decided not to go to the doctor when you felt you needed to because of cost	1	2	88	99
b	Stopped taking medication to avoid the cost of prescription drugs	1	2	88	99
c	Cut back the dose of prescription drugs to help make the drugs last longer	1	2	88	99
d	Decided not to fill prescriptions given to you by your doctor because of cost	1	2	88	99
e	Not scheduled tests your doctor has suggested in order to save on cost	1	2	88	99
f	Waited longer to see a doctor when you are sick with hopes you will get better on your own	1	2	88	99
g	Switched doctors or hospitals in order to save money	1	2	88	99
h	Minimized how often you use your health insurance in order to keep the overall cost of premiums for everyone in your group from rising	1	2	88	99
i	Switched health insurance to a plan with higher deductibles and copayments in order to save money	1	2	88	99
j	Switched health insurance to a plan with fewer participating doctors and hospitals to save money	1	2	88	99
k	Switched health insurance to a plan with fewer benefits to save money	1	2	88	99

HI10. Which of the following would you be willing to do to help keep down the cost that you or your spouse would pay for health insurance? Would you...

	ITEM	YES	NO	DK	REF
a	Choose a policy with a higher deductible	1	2	88	99
b	Choose a policy with higher co-pays for doctor visits and prescription drugs	1	2	88	99
c	Reduce the number of doctor's visits made by members of your household	1	2	88	99
d	Make more use of clinics staffed by nurses and physician's assistants rather than doctors	1	2	88	99
e	Choose a policy with fewer participating doctors and hospitals	1	2	88	99

IV. Prevention Behavior Module

We are halfway through! Now let's talk about your health habits.

PREVN1. Do you now smoke cigarettes . . .

1. Every day,
2. Some days, or
3. Not at all
88. DON'T KNOW
99. REFUSED

PREVN2. Have you smoked at least 100 cigarettes in your entire life? [NOTE: 5 PACKS = 100 CIGARETTES]

1. YES
2. NO
88. DON'T KNOW
99. REFUSED

PREVN3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. YES
2. NO
88. DON'T KNOW
99. REFUSED

PREVN4. A flu shot is an influenza vaccine injected into the arm. The vaccine FluMist can be sprayed in the nose. In the past 12 months, have you had either the flu shot injection or the nasal mist?

1. YES
2. NO
88. DON'T KNOW
99. REFUSED

PREVN5. How often do you use seat belts when you drive or ride in a car? Would you say . . .

1. Always,
2. Nearly Always,
3. Sometimes,
4. Seldom, or
5. Never
6. Never drive or ride in a car
88. DON'T KNOW
99. REFUSED

PREVN6. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, or liquor?

- 1. YES
- 2. NO GO TO PREVN8
- 88. DON'T KNOW
- 99. REFUSED

PREVN7. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- — UNITS -- UNIT/FREQUENCY DESIGN:
- 1. DAYS
 - 2. WEEKS
 - 88. DON'T KNOW
 - 99. REFUSED

PREVN8. Now, thinking about your eating habits in the past 30 days, how often do you eat...

	ITEM	LESS THAN ONCE A WEEK	ONCE A WEEK	2 TO 3 TIMES A WEEK	4 TO 6 TIMES A WEEK	ONCE A DAY	TWO TIMES A DAY	DK	REF
a	Any fresh, frozen, or canned fruit, not counting juice?	1	2	3	4	5	6	88	99
b	Any fresh, frozen, or canned vegetables?	1	2	3	4	5	6	88	99
c	Any whole grain foods such as whole wheat bread, whole grain cereal, popcorn, brown rice, corn tortillas?	1	2	3	4	5	6	88	99

PREVN9. Now let's talk about exercise. During the past month, other than for your regular job, did you participate in any physical activities or exercises such as running, golf, gardening, or walking for exercise?

- 1. YES
- 2. NO
- 88. DON'T KNOW
- 99. REFUSED

PREVN10. In a typical week, how often do you exercise continuously for at least 20 minutes at a level where your heart rate and breathing rate noticeably increases? Would you say...

- 1. Less than once a week,
- 2. 1 day a week,
- 3. 2 days a week,
- 4. 3 days a week,
- 5. 4 days a week, or
- 6. 5 or more days a week?
- 88. DON'T KNOW
- 99. REFUSED

V. Employment Module

The next section is about employment.

EMP1. What do you consider your main current employment status at the present time? Would it be...

- | | | |
|-----|---------------------------|------------------------------------|
| 1. | Self-employed, | GO TO EMP3 |
| 2. | Employed by someone else, | GO TO EMP3 |
| 3. | Unemployed, | |
| 4. | Homemaker, | GO TO WELLNESS |
| 5. | Retired, | GO TO WELLNESS |
| 6. | Student, or | GO TO WELLNESS |
| 7. | Disabled? DESCRIBE_____ | GO TO WELLNESS |
| | | PROGRAMMER: TEXT BOX 60 CHARACTERS |
| 8. | OTHER, DESCRIBE_____ | GO TO WELLNESS |
| | | PROGRAMMER: TEXT BOX 60 CHARACTERS |
| 88. | DON'T KNOW | GO TO WELLNESS |
| 99. | REFUSED | GO TO WELLNESS |

PROGRAMMER: ONLY SHOW EMP2 WHERE EMP1 = 3

EMP2. Which of these statements describes your situation . . .

- | | | |
|-----|--|----------------|
| 1. | I'm out of work right now, but I am usually employed, or | GO TO EMP4 |
| 2. | I have never had a paying job | GO TO WELLNESS |
| 88. | DON'T KNOW | GO TO EMP4 |
| 99. | REFUSED | GO TO EMP4 |

EMP3. Approximately how many people work in your organization? Would you say . . .

- 1,
- 2 to 9,
- 10 to 19,
- 20 to 49,
- 50 to 249,
- 250 to 999, or
- 1000 or more
88. DON'T KNOW
99. REFUSED

EMP4. What kind of business or industry [are you currently working in IF EMP1 = 1 OR 2] [did you work in IF EMP1=3 THROUGH 8 AND EMP2=1] as your primary job? Please be specific. For example, hospital, newspaper publishing, elementary school, auto repair shop, etc.

_____ [TEXT BOX 600 CHARACTERS.]

EMP5. What [are IF EMP1 = 1 OR 2] [were IF EMP1=3 THROUGH 8 AND EMP2=1] your usual activities or duties at this job? Please be specific. For example, patient care, directing hiring policies, teaching students, repairing automobiles, etc. Please tell me your three most important duties.

_____ [TEXT BOX 500 CHARACTERS.]

_____ [TEXT BOX 500 CHARACTERS.]

_____ [TEXT BOX 500 CHARACTERS.]

EMP6. In addition to your primary job, [do IF EMP1 = 1 OR 2] [did IF EMP1=3 THROUGH 8 AND EMP2=1] you do any other work for pay?

- 1. YES
- 2. NO GO TO EMP9
- 88. DON'T KNOW GO TO EMP9
- 99. REFUSED GO TO EMP9

EMP7. What kind of business or industry [is IF EMP1 = 1 OR 2] [was IF EMP1=3 THROUGH 8 AND EMP2=1] this second job? Please be specific in your answer.

_____ [TEXT BOX 500 CHARACTERS.]

EMP8. What [are IF EMP1 = 1 OR 2] [were IF EMP1=3 THROUGH 8 AND EMP2=1] your usual activities or duties at this second job?

_____ [TEXT BOX 500 CHARACTERS.]

_____ [TEXT BOX 500 CHARACTERS.]

IF EMP1 = 3. Unemployed GO TO WELLNESS

EMP9. About how many hours altogether did you work in the past 7 days?

- — HRS [SOFT RANGE CHECK IF OVER 60 HOURS, VERIFY RESPONSE]
- 88 Don't know
- 99 REFUSED

EMP10. How many hours does your employer expect you to work in a typical 7-day week? [IF IT VARIES, ESTIMATE THE AVERAGE]

- — HRS [SOFT RANGE CHECK IF OVER 60 HOURS, VERIFY RESPONSE]
- 88 Don't know
- 99 REFUSED

EMP11. Now please think of your work experiences over the past 4 weeks. Indicate the number of days you spent in each of the following work situations.

In the past 4 weeks, how many days did you...

ITEM		NUMBER OF DAYS	DK	REF
a	Miss an entire work day because of problems with your physical or mental health? Please include only days missed for your own health, not someone else's health.	_____	888	999
b	Miss an entire work day for any other reason, including vacation?	_____	888	999
c	Miss part of a work day because of problems with your physical or mental health? Please include only days missed for your own health, not someone else's health.	_____	888	999
d	Miss part of a work day for any other reason, including vacation?	_____	888	999
e	Come in early, go home late, or work on your day off?	_____	888	999

PROGRAMMER: RANGE CHECK ON DAYS PLEASE. 0 TO 28 PERMISSIBLE.

EMP12. About how many hours altogether did you work in the past 4 weeks?

- — NUMBER OF HOURS
- 88 DON'T KNOW
- 99 REFUSED

CALCULATING TABLE

- 40 HOURS PER WEEK FOR 4 WEEKS = 160 HOURS
- 35 HOURS PER WEEK FOR 4 WEEKS = 140 HOURS
- 40 HOURS PER WEEK FOR 4 WEEKS WITH 2 8-HOUR DAYS MISSED = 144 HOURS
- 40 HOURS PER WEEK FOR 4 WEEKS WITH 3 4-HOUR PARTIAL DAYS MISSED = 148 HOURS
- 35 HOURS PER WEEK FOR 4 WEEKS WITH 2 8-HOUR DAYS MISSED AND 3 4-HOUR PARTIAL DAYS MISSED = 112 HOURS

EMP13. Now think about people who do jobs similar to yours. On a scale from 1 to 10 where 1 is the worst job performance anyone could have at your job and 10 is the best performance anyone could have, how would you rate the usual performance of most workers in a job similar to yours?

- — PROGRAMMER RANGE 1 THROUGH 10
- 88 DON'T KNOW
- 99 REFUSED

EMP14. Using the same 1 to 10 scale, how would you rate your usual job performance over the past year or two?

- — PROGRAMMER RANGE 1 THROUGH 10
- 88 DON'T KNOW
- 99 REFUSED

EMP15. Using the same 1 to 10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks?

- — PROGRAMMER RANGE 1 THROUGH 10
- 88 DON'T KNOW
- 99 REFUSED

VI. Wellness Module

This next section is about some things people do to stay well.

WELL1. Please indicate whether you have had the following screenings or examinations in the past 12 months. Have you had a...

PROGRAMMER OVERLAY SCREENS

	ITEM	YES	NO	DK	REF
1	Blood Pressure Check	1	2 GO TO Q2	88 GO TO Q2	99 GO TO Q2
1b	Did you have a blood pressure check at work?	1	2	88	99
2	Blood Sugar Check	1	2 GO TO Q3	88 GO TO Q3	99 GO TO Q3
2b	Did you have a blood sugar check at work?	1	2	88	99
3	Cholesterol Check	1	2 GO TO Q4	88 GO TO Q4	99 GO TO Q4
3b	Did you have a cholesterol check at work?	1	2	88	99
4	Hearing Check	1	2 GO TO Q5	88 GO TO Q5	99 GO TO Q5
4b	Did you have a hearing check at work?	1	2	88	99
5	Lung Function Check	1	2 GO TO Q6	88 GO TO Q6	99 GO TO Q6
5b	Did you have a lung function check at work?	1	2	88	99
6	Vision Check	1	2 GO TO Q7	88 GO TO Q7	99 GO TO Q7
6b	Did you have a vision check at work?	1	2	88	99
7	Cardiovascular Exam or EKGs	1	2	88	99
8	Colon/Rectal Exam	1	2	88	99
9	Prostate Exam [ASK IF GENDER1 = 1]	1	2	88	99
10	Stool Check	1	2	88	99
11	Mammogram [ASK IF GENDER1 = 2]	1	2	88	99

WELL2. Please indicate how likely you would be to participate in each of the following programs during the next year, if they were offered at work. Please tell me if you would be extremely likely, likely, somewhat likely, or unlikely to participate.

PROGRAMMER: ASK WELL2 THROUGH WELL6 ONLY THOSE EMPLOYED [EMP1 = 1 OR 2].
UNEMPLOYED GO TO DEM1.

SHOW GRID OF QUESTIONS RATHER THAN ONE PER SCREEN.

	ITEM	Extremely	Likely	Somewhat	Unlikely
1	EDUCATIONAL PROGRAMS				
a	Musculoskeletal pain prevention or Ergonomics	1	2	3	4
b	Cancer prevention	1	2	3	4
c	Heart disease prevention	1	2	3	4
d	Cholesterol reduction	1	2	3	4
e	Workplace safety and health	1	2	3	4
f	Substance abuse	1	2	3	4
g	Workplace hazard control, such as injury, noise, dust, or toxins	1	2	3	4
h	Cold/flu prevention and treatment	1	2	3	4
i	Workplace violence/bullying	1	2	3	4

2	EMPLOYEE ASSISTANCE PROGRAMS				
a	Depression treatment	1	2	3	4
b	Job stress management	1	2	3	4
c	Managing chronic conditions, including diabetes, hypertension, etc.	1	2	3	4
d	Managing chronic pain, including neck & shoulder injuries, back injuries, etc.	1	2	3	4
e	Controlling anger/emotions	1	2	3	4
3	FITNESS PROGRAMS				
a	Fitness membership	1	2	3	4
b	On-site, low-impact exercise equipment	1	2	3	4
c	Prescribed exercise programs	1	2	3	4
d	Walk-fit programs	1	2	3	4
4	IMMUNIZATION PROGRAMS				
a	Flu shots	1	2	3	4
b	Tetanus shots	1	2	3	4
5	NUTRITION PROGRAMS				
a	Healthy cooking	1	2	3	4
b	Eating to optimize health	1	2	3	4
c	Weight management cutting edge ideas	1	2	3	4
d	On-site vending machines with healthy choices	1	2	3	4
e	Eating out - exploring choices	1	2	3	4
6	SCREENING PROGRAMS				
a	Blood pressure check	1	2	3	4
b	Blood sugar check	1	2	3	4
c	Cholesterol check	1	2	3	4
d	Hearing check	1	2	3	4
e	Lung function check	1	2	3	4
f	Vision check	1	2	3	4
7	SMOKING CESSATION PROGRAMS	1	2	3	4
8	STRESS REDUCTION PROGRAMS	1	2	3	4
9	TIME MANAGEMENT PROGRAMS	1	2	3	4
10	VISITING ON-SITE HEALTHCARE NURSE	1	2	3	4

WELL3. Please indicate how likely you would be to participate in wellness programs during the following times. Would you be extremely likely, likely, somewhat likely, or unlikely to participate at these times...

	ITEM	Extremely	Likely	Somewhat	Unlikely	DK	REF
	Health Promotion Programs	1	2	3	4	88	99
a	Before Work	1	2	3	4	88	99
b	During Lunch at Work	1	2	3	4	88	99
c	After Work	1	2	3	4	88	99
d	During work time	1	2	3	4	88	99

WELL4. Are wellness programs offered where you work?

- 1. YES
- 2. NO GO TO DEM1
- 88. DON'T KNOW
- 99. REFUSED

WELL5. Do you participate in a Wellness program at work?

- 1. YES GO TO DEM1
- 2. NO
- 88. DON'T KNOW
- 99. REFUSED

WELL6. Some people would like to be involved in wellness programs at work but for a variety of reasons do not participate in them. I am going to read a list of some incentives that may encourage people to take part. For each one, please tell me whether or not it would motivate you to participate in a workplace wellness program.

Would you take part in a workplace wellness program if...

PROGRAMMER: ROTATE ORDER OF A TO E. LEAVE F AT END OF SECTION

ITEM	YES	NO	DK	REF
a	1	2	88	99
b	1	2	88	99
c	1	2	88	99
d	1	2	88	99
e	1	2	88	99
f	1	2	88	99

VII. Demographics Module

These last few questions are about you.

DEM1 About how tall are you without shoes on?

- ___ FEET ___ CENTIMETERS
- ___ INCHES

ACCEPT EITHER FEET/INCHES OR CENTIMETERS, NOT BOTH

- 88. DON'T KNOW
- 99. REFUSED

DEM2 About how much do you weigh without shoes?

- ___ POUNDS ___ KILOGRAMS

ACCEPT EITHER POUNDS OR KILOS, NOT BOTH

- 88. DON'T KNOW
- 99. REFUSED

DEM3 How old are you today?

- _____ YEARS
- 88. DON'T KNOW
- 99. REFUSED

DEM4 Are you currently . . .

- 1. Married,
- 2. Divorced,
- 3. Widowed,
- 4. Separated,
- 5. Never married, or
- 99. REFUSED

DEM5 What is the highest grade or year of school you completed?

- 1. Never attended school or only attended kindergarten
- 2. Grades 1 through 8
- 3. Grades 9 through 11
- 4. Grade 12 or GED
- 5. College 1 year to 3 years, no Bachelor's degree
- 6. College 4 years, BA, BS, or equivalent
- 7. POST-Graduate Course Work OR DEGREE
- 88. DON'T KNOW
- 99. REFUSED

DEM6 Are you of Hispanic, Latino, or Spanish origin?

- 1. YES
- 2. NO
- 88. DON'T KNOW
- 99. REFUSED

DEM7 What is your race? [STATE ANSWER CATEGORIES IF NEEDED: Are you . . .]

- 1. White,
- 2. Black or African American,
- 3. Asian,
- 4. American Indian/Alaska Native,
- 5. Some other race or multi-racial: [SPECIFY] _____

TEXT BOX WITH 50 CHARACTER LIMIT.
ANSWERS TO BE CODED BY DATA EDITOR ONCE ALL INTERVIEWS COMPLETED.

- 88. DON'T KNOW
- 99. REFUSED

DEM8 Is your annual household income from all sources less than or greater than \$35,000?

- | | | |
|----|-----------------------|-------------|
| 1 | LESS THAN \$35,000 | GO TO DEM9 |
| 2 | GREATER THAN \$35,000 | GO TO DEM10 |
| 88 | DON'T KNOW | |
| 99 | REFUSED | |

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

DEM9 Is your annual household income from all sources...

- | | |
|---|-----------------------------------|
| 1 | Less than \$10,000, |
| 2 | Between \$10,000 and \$15,000, |
| 3 | Between \$15,000 and \$20,000, |
| 4 | Between \$20,000 and \$25,000, |
| 5 | Between \$25,000 and \$30,000, or |
| 6 | Between \$30,000 and \$35,000 |

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

PROGRAMMER: GO TO CLOSING

DEM10 Is your annual household income from all sources ...

- | | |
|----|-----------------------------------|
| 1 | Between \$35,000 and \$50,000, |
| 2 | Between \$50,000 and \$75,000, or |
| 3 | Greater than \$75,000? |
| 88 | DON'T KNOW |
| 99 | REFUSED |

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