

## TELEPHONE SURVEY INSTRUMENT

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Study ID: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Time Begin: \_\_\_\_\_ Time End: \_\_\_\_\_

### Instructions to Participant:

Thank you again for agreeing to participate in the Stars4BC\* study. Stars4BC\* is a study being conducted by researchers at the Cancer Prevention Institute of California and Harvard University. This study is funded by the California Breast Cancer Research Program. The goal of this study is to develop questions about people's background information. These questions will be used by researchers in future breast cancer research studies. To make sure our questions are gathering information correctly, we will be re-contacting participants in about a month to complete the same questions. I will ask you about a convenient time for scheduling this interview when we finish the interview today.

We appreciate your time and effort in helping us with this research study.

Do you have any questions before we begin?

\*Stars4BC stands for Standardizing Research Surveys for Understanding Breast Cancer Inequities.

NOTE to Interviewer: Instructions in **blue bold** are NOT to be read to participant

## SECTION 1: HEALTH STATUS

*We would like to begin by asking about your general health. This section will also ask about any physical, mental or emotional challenges you may have.*

1. *How would you describe your general health? [check one]*

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. <i>Please think about your physical health, which includes physical illness and/or injury. For how many days during the past 30 days would you say that your health was not good?</i>	<div>_____</div> <div><i>Number of days</i></div>
--	---

3. <i>During the past 30 days about how many days did pain make it hard for you to do your usual activities (such as self-care, work or things you do for fun)?</i>	<div>_____</div> <div><i>Number of days</i></div>
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4. *Do you have a disability or health problem that limits your activities?*

- ☐ Yes → *Go to question 5*
- ☐ No → *Go to question 8*

5. *How long have your activities been limited because of a disability or health problem?*

\_\_\_\_\_ days    \_\_\_\_\_ weeks    \_\_\_\_\_ months    \_\_\_\_\_ years

## SECTION 1: HEALTH STATUS

	<i>None of the time</i>	<i>Some of the time</i>	<i>Most or all of the time</i>
<b>6.</b> <i>Do you need the help of other people with your personal care activities (such as eating, bathing, dressing, or getting around the house) because of a disability or major health problem?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b> <i>Do you need the help of other people with your routine activities (such as household chores, shopping, conducting necessary business, or getting around for other purposes) because of a disability or major health problem?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b> <i>Are you limited in the kind OR amount of work you can do because of a physical or emotional problem?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
<b>9.</b> <i>Do you currently use any special equipment, such as a cane, wheelchair, special bed, or a special telephone because of a health problem?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b> <i>Do you receive disability benefits from Social Security?</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>11.</b> <i>During the past 30 days about how many days have you felt that you did NOT get enough rest or sleep?</i>	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <i>Number of days</i>
<b>12.</b> <i>During the past 30 days about how many days have you felt very healthy and full of energy?</i>	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <i>Number of days</i>

## SECTION 1: HEALTH STATUS

13. How would you describe your emotional health? *[check one]*

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>14. Thinking about your emotional health, which includes depression, anxiety, and problems with emotions, for how many days during the past 30 days would you say your emotional health was not good?</b>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Number of days
<b>15. During the past 30 days about how many days have you felt sad, blue or depressed?</b>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Number of days
<b>16. During the past 30 days about how many days have you felt very worried, or very anxious?</b>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Number of days
<b>17. During the last 30 days, about how many days did poor physical or emotional health keep you from doing your usual activities (such as self-care, work, things you do for fun)?</b>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Number of days

## SECTION 2: ETHNICITY

**We would like to know about your ethnic background and identity.**

**1.6. Are you Latina or Hispanic? [circle one]**

- 1 Yes → Go to question 1.7
- 2 No → Go to question 1.8
- 88 REFUSED
- 99 D/K

If 'Yes,' check box here and  
on Reference Sheet box 1.6.

☐

**1.7. Please look at Show Card #1. Which of those listed is your Latina or Hispanic ancestry or origin? You may choose all that apply. [circle all that apply]**

- 1 Argentinean
- 2 Bolivian
- 3 Chicana
- 4 Costa Rican
- 5 Cuban
- 6 Ecuadoran
- 7 Guatemalan
- 8 Honduran
- 9 Mexican American
- 10 Mexican/ Mexicana
- 11 Nicaraguan
- 12 Panamanian
- 13 Paraguayan
- 14 Peruvian
- 15 Puerto Rican
- 16 Salvadoran
- 17 Spanish (from Spain)
- 18 Uruguayan
- 19 Venezuelan
- 87 Other Latina (please specify): \_\_\_\_\_
- 88 REFUSED
- 99 D/K

If more than one response  
selected, check box here and  
on Reference Sheet box 1.7.

☐

**1.8. Please look at Show Card #2. Which of the race/ethnicities listed on that card would you use to describe yourself? You may choose all that apply. [circle all that apply]**

- 1 American Indian or Alaskan Native
- 2 Asian
- 3 Black/African-American
- 4 Native Hawaiian
- 5 Other Pacific Islander
- 6 White
- 87 Other (please specify): \_\_\_\_\_
- 88 REFUSED
- 99 D/K

If more than one response  
selected, check box here  
and on Reference Sheet  
box 1.8.

☐

## SECTION 2: ETHNICITY

- 1.9. [If R is American Indian or Alaska Native] – Please look at Show Card #3. Which of the listed tribes is your tribal heritage? You may choose all that apply [circle all that apply]**

- |              |                                       |
|--------------|---------------------------------------|
| 1 Athabaskan | 11 Navajo                             |
| 2 Cahuilla   | 12 Pomo                               |
| 3 Cherokee   | 13 Pueblo                             |
| 4 Choctaw    | 14 Sioux                              |
| 5 Chumash    | 15 Tlingit                            |
| 6 Karuk      | 16 Yurok                              |
| 7 Kumeyaay   | 87 Other tribe(please specify): _____ |
| 8 Luiseno    | 88 REFUSED                            |
| 9 Maidu      | 99 D/K                                |
| 10 Miwok     |                                       |

If more than one response selected, check box here and Reference Sheet box 1.9.

- 1.10. [If R is Indian or Alaska Native] – Are you enrolled in a state or federally recognized tribe?**

- 1 Yes → Go to question 1.11
- 2 No → Check Reference Page response to item 1.8, go to appropriate ethnic group question (if more apply), based on response to 1.8
- 88 REFUSED
- 99 D/K

- 1.11. Please look at Show Card #3. In which of the listed tribes are you enrolled? [circle all that apply]**

- |              |  |
|--------------|--|
| 1 Athabaskan | 11 Navajo                              |
| 2 Cahuilla   | 12 Pomo                                |
| 3 Cherokee   | 13 Pueblo                              |
| 4 Choctaw    | 14 Sioux                               |
| 5 Chumash    | 15 Tlingit                             |
| 6 Karuk      | 16 Yurok                               |
| 7 Kumeyaay   | 87 Other tribe (please specify): _____ |
| 8 Luiseno    | 88 REFUSED                             |
| 9 Maidu      | 99 D/K                                 |
| 10 Miwok     |  |

- 1.12 [If R is Asian] – Please look at Show Card #4. Which of the listed ethnic groups best describe you (such as Chinese, Filipina)? You may choose all that apply. [circle all that apply]**

- |                          |  |
|--------------------------|--|
| 1 Bangladeshi            | 11 Laotian                             |
| 2 Burmese                | 12 Malaysian                           |
| 3 Cambodian (Kampuchean) | 13 Pakistani                           |
| 4 Chinese                | 14 Sri Lankan                          |
| 5 Filipina               | 15 Taiwanese                           |
| 6 Hmong                  | 16 Thai                                |
| 7 Indian (India)         | 17 Vietnamese                          |
| 8 Indonesian             | 87 Other Asian (please specify): _____ |
| 9 Japanese               | 88 REFUSED                             |
| 10 Korean                | 99 D/K                                 |

If more than one response selected, check box here and on Reference Sheet box 1.12.

## SECTION 2: ETHNICITY

- 1.13. **[If R is Pacific Islander]** – Please look at Show Card #5. Which of the listed ethnic groups best describe you (such as Samoan, Tongan)? You may choose all that apply. **[circle all that apply]**

- 1 Fijian
- 2 Guamanian/Chamorro
- 3 Samoan
- 4 Tongan
- 87 Other Pacific Islander (please specify): \_\_\_\_\_
- 88 REFUSED
- 99 D/K

If more than one response  
selected, check box here and  
on Reference Sheet box  
1.13.

☐

- 1.14. **[If R is White]** – Please look at Show Card #6. Which of the listed ethnic groups best describe you? You may choose all that apply. **[circle all that apply]**

- 1 Arab Middle Eastern
- 2 Non-Arab Middle Eastern
- 3 English
- 4 Eastern European
- 5 French
- 6 German
- 7 Irish
- 8 Italian
- 9 Russian
- 10 Scandinavian
- 11 Mixed European descent
- 87 Other (please specify): \_\_\_\_\_
- 88 REFUSED
- 99 D/K

If more than one response  
selected, check box here and  
on Reference Sheet box  
1.14.

☐

- 1.15. **[If R is Black/African-American]** – Please look at Show Card #7. Which of the listed groups best describe you? You may choose all that apply. **[circle all that apply]**

- 1 African American
- 2 Cape Verdean
- 3 Ethiopian
- 4 Ghanaian
- 5 Nigerian
- 6 Somali
- 7 Jamaican
- 8 Haitian
- 9 Brazilian
- 85 Other African (please specify): \_\_\_\_\_
- 86 Other West Indian/Caribbean (please specify): \_\_\_\_\_
- 87 Other Central/South American (please specify): \_\_\_\_\_
- 88 REFUSED
- 99 D/K

If more than one response  
selected, check box here and  
on Reference Sheet box  
1.15.

☐

**Check Reference Page boxes 1.6 – 1.15.**

**If any boxes checked, GO TO 1.16.**

**If NO boxes checked, GO TO Section 3, page 9.**

## SECTION 2: ETHNICITY

### 1.16. Do you identify with any one race or ethnic group in particular?

- 1 Yes → Go to question 1.17
- 2 No → Go to section 3, page 9
- 88 REFUSED
- 99 D/K

### 1.17. Please look at Show Card #8. Which of the listed race or ethnic groups do you most identify with? Please choose only one. **[circle one]**

- |                                    |  |
|------------------------------------|--|
| 1 African American/ Black          | 41 Mexican/Mexicana                              |
| 2 American Indian or Alaska Native | 42 Mixed European descent                        |
| 3 Arab Middle Eastern              | 43 Native Hawaiian                               |
| 4 Non-Arab Middle Eastern          | 44 Nicaraguan                                    |
| 5 Argentinean                      | 45 Nigerian                                      |
| 6 Asian                            | 46 Pakistani                                     |
| 7 Bangladeshi                      | 47 Panamanian                                    |
| 8 Bolivian                         | 48 Paraguayan                                    |
| 9 Brazilian                        | 49 Peruvian                                      |
| 10 Burmese                         | 50 Puerto Rican                                  |
| 11 Cambodian (Kampuchean)          | 51 Russian                                       |
| 12 Cape Verdean                    | 52 Salvadoran                                    |
| 13 Chicana                         | 53 Samoan  |
| 14 Chinese                         | 54 Scandinavian                                  |
| 15 Costa Rican                     | 55 Somali  |
| 16 Cuban                           | 56 Spanish (from Spain)                          |
| 17 Eastern European                | 57 Sri Lankan                                    |
| 18 Ecuadoran                       | 58 Taiwanese                                     |
| 19 English                         | 59 Thai  |
| 20 Ethiopian                       | 60 Tongan  |
| 21 Fijian                          | 61 Uruguayan                                     |
| 22 Filipina                        | 62 Venezuelan                                    |
| 23 French                          | 63 Vietnamese                                    |
| 24 German                          | 64 White   |
| 25 Ghanaian                        | 81 Other African (specify): _____                |
| 26 Guamanian/Chamorro              | 82 Other Asian (specify): _____                  |
| 27 Guatemalan                      | 83 Other Central/South American (specify): _____ |
| 28 Haitian                         | 84 Other Latina (specify): _____                 |
| 29 Hmong                           | 85 Other Pacific Islander (specify): _____       |
| 30 Honduran                        | 86 Other West Indian/Caribbean (specify): _____  |
| 31 Indian (India)                  | 87 Other (specify): _____                        |
| 32 Indonesian                      | 88 REFUSED                                       |
| 33 Irish                           | 99 D/K   |
| 34 Italian                         |  |
| 35 Jamaican                        |  |
| 36 Japanese                        |  |
| 37 Korean                          |  |
| 38 Laotian                         |  |
| 39 Malaysian                       |  |
| 40 Mexican American                |  |



## SECTION 3: DETAILED ANCESTRY | SECTION 4: GENERAL QUESTIONS

*The following questions are about your family's background/ancestry.*

1. *In what state or country was:*

	STATE	COUNTRY
a. <i>Your biological father born?</i>	_____	_____
b. <i>Your father's mother (your grandmother) born?</i>	_____	_____
c. <i>Your father's father (your grandfather) born?</i>	_____	_____
d. <i>Your biological mother born?</i>	_____	_____
e. <i>Your mother's mother (your grandmother) born?</i>	_____	_____
f. <i>Your mother's father (your grandfather) born?</i>	_____	_____

## SECTION 4: GENERAL QUESTIONS

*We would like to gather some basic information about you.*

1. *What is your age?* \_\_\_\_\_

2. *What is your date of birth?* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

3. *What is your current address [enter below]?*

\_\_\_\_\_  
Street City State Zip Code

4. *What is your sex? [circle one]* Male Female

## SECTION 5: EDUCATION AND INCOME

1. Please look at Show Card #9. What is the HIGHEST level of school you have completed or the highest degree you have received? [\[check one\]](#)

- |   |  |
|---|--|
| <input type="checkbox"/> Never attended/kindergarten only | <input type="checkbox"/> 11th grade                                |
| <input type="checkbox"/> 1st grade                        | <input type="checkbox"/> 12th grade, High School Graduate          |
| <input type="checkbox"/> 2nd grade                        | <input type="checkbox"/> 12 <sup>th</sup> grade, did not graduate  |
| <input type="checkbox"/> 3rd grade                        | <input type="checkbox"/> GED or took a test to graduate            |
| <input type="checkbox"/> 4th grade                        | <input type="checkbox"/> Some college, no degree                   |
| <input type="checkbox"/> 5th grade                        | <input type="checkbox"/> Associate degree (such as AA, AS, ABA)    |
| <input type="checkbox"/> 6th grade                        | <input type="checkbox"/> Bachelor's degree (such as BA, BS, BBA)   |
| <input type="checkbox"/> 7th grade                        | <input type="checkbox"/> Master's degree (such as MA, MS, MBA)     |
| <input type="checkbox"/> 8th grade                        | <input type="checkbox"/> Professional degree (such as MD, DDS, JD) |
| <input type="checkbox"/> 9th grade                        | <input type="checkbox"/> Doctoral degree (such as PhD, EdD)        |
| <input type="checkbox"/> 10th grade                       |  |

2. Did you ever go to school outside the United States (do not include study abroad programs)? [\[check one\]](#)

- ☐ Yes → [Go to question 3](#)
- ☐ No → [Go to question 4 on next page](#)

3. How many years of your education took place outside the United States?

Elementary/Primary school	_____
	Years
High school/Secondary school	_____
	Years
University/Post secondary	_____
	Years

## SECTION 5: EDUCATION AND INCOME

4. **The next question is about the education of people in your household. Your household includes all of the people who live with you in your home on a regular basis (children, husbands, wives, partners, roommates, other family members or friends).**

**INCLUDING YOURSELF, in your household, what is the HIGHEST level of school completed, or the highest degree received? [check one]**

- |   |  |
|---|--|
| <input type="checkbox"/> None/kindergarten only       | <input type="checkbox"/> Associates degree or higher |
| <input type="checkbox"/> Elementary/Primary School    | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> High School/Secondary School |  |
| <input type="checkbox"/> Some college, no degree      | <input type="checkbox"/> Don't Know                  |

### INCOME

5. **Please look at Show Card #10. What is your best guess of what the total income was of all family members who live with you in your home before taxes last year? This includes money from pay checks, government benefit programs, child support, social security, retirement funds, unemployment benefits, and disability. [check one]**

- |   |   |
|---|---|
| <input type="checkbox"/> \$24,000 or less     | <input type="checkbox"/> \$76,000 to \$99,000   |
| <input type="checkbox"/> \$25,000 to \$35,000 | <input type="checkbox"/> \$100,000 to \$149,000 |
| <input type="checkbox"/> \$36,000 to \$45,000 | <input type="checkbox"/> \$150,000 to \$199,000 |
| <input type="checkbox"/> \$46,000 to \$55,000 | <input type="checkbox"/> \$200,000 or more      |
| <input type="checkbox"/> \$56,000 to \$65,000 | <input type="checkbox"/> REFUSED                |
| <input type="checkbox"/> \$66,000 to \$75,000 | <input type="checkbox"/> D/K                    |

## SECTION 5: EDUCATION AND INCOME

<p><b>6. Sometimes when relatives or friends live in the same household, they group their income and contribute to each other's support. Other times, the individuals or families keep their money separate from the rest of the household.</b></p> <p><b>How many FAMILY members (including yourself) WHO LIVE WITH YOU contribute to help support the household? This means they may contribute money from their pay checks, money they receive from social security, disability benefits, gifts of money, groceries, free rent, buying appliances for the household, etc. Family means they are related to you by blood, marriage (including in-laws), partnership, or adoption.</b></p>	<hr/> <p># people</p>
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## SECTION 5: EDUCATION AND INCOME

<b>7. How many of these people are under 18 years of age?</b>	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> # people
<b>8. How many of these people are between 18 and 64?</b>	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> # people
<b>9. How many of these people are 65 or older?</b>	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> # people

**10. Do any non-relatives live in your household?**

- ☐ Yes → *Go to question 11*
- ☐ No → *Go to question 14*

<b>11. How many non-relatives live in your household?</b>	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> # people
---	--

	YES	NO	Don't Know
<b>12. Do any of these non-relatives who live in your household help financially support you or your family? This means they might give you free rent, groceries, money to help pay household bills or expenses, etc.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Do you or your family help to financially support any of these non-relatives who live in your household?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 5: EDUCATION AND INCOME

	YES	NO	Don't Know
<b>14. Do you or your family help financially support any relatives who do NOT live in your household? This means YOU may give THEM gifts of money, groceries, money to help pay rent, household bills or other expenses, buy appliances, etc?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Do you have any relatives who do NOT live in your household but who help financially support you or your household family? This means THEY may give YOU gifts of money, groceries, money to help pay rent, household bills or other expenses, buy appliances, etc?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p style="color: blue;">If 'Yes' to 15:</p> <p><b>16. How many non-household relatives help financially support you or your household family?</b></p>	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <p><b># people</b></p>
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## SECTION 6: WEALTH

**The following questions are about your current assets and debt level. Debt means any money that you owe to others (banks, credit cards, family). Assets are those things of value that you own (house, condominium, or cars). Your household includes all of the family members who live with you in your home on a regular basis (children, husbands, wives, partners, in-laws or other family members).**

- 1. Please look at Show Card #11. Using your best guess, altogether, what is the present value of your and your household family's total savings, assets, and property? If you own property, include the total value, minus the amount you owe on your mortgage(s). Remember, if you need to guess, that is fine. [\[check one\]](#)**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$0        | <input type="checkbox"/> \$100,000 to \$199,999 |
| <input type="checkbox"/> Less than \$500      | <input type="checkbox"/> \$200,000 to \$299,999 |
| <input type="checkbox"/> \$500 to \$4,999     | <input type="checkbox"/> \$300,000 to \$499,999 |
| <input type="checkbox"/> \$5,000 to \$9,999   | <input type="checkbox"/> \$500,000 or more      |
| <input type="checkbox"/> \$10,000 to \$24,999 | <input type="checkbox"/> REFUSED                |
| <input type="checkbox"/> \$25,000 to \$49,999 | <input type="checkbox"/> DON'T KNOW             |
| <input type="checkbox"/> \$50,000 to \$99,999 |   |

- 2. Please look at Show Card #12. Using your best guess, how much debt do you and your household family have? This includes money you owe for student loans, credit card balances, loans from relatives, unpaid rent and/or unpaid medical bills, but does not include your mortgage or car loans. [\[check one\]](#)**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> \$0                  | <input type="checkbox"/> REFUSED    |
| <input type="checkbox"/> Less than \$2,000    | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> \$2,000 to \$4,999   |                                     |
| <input type="checkbox"/> \$5,000 to \$9,999   |                                     |
| <input type="checkbox"/> \$10,000 to \$19,999 |                                     |
| <input type="checkbox"/> \$20,000 to \$49,999 |                                     |
| <input type="checkbox"/> \$50,000 to \$99,999 |                                     |
| <input type="checkbox"/> \$100,000 or more    |                                     |

## SECTION 7: FINANCIAL HARDSHIP

*The next question is about money you may have saved up in case of an emergency.*

1. *If you and your household had to live on money you currently have saved and had no other money coming in, how long could you and your household continue living at your current address and continue buying and doing the things you currently do?*

*Using your best guess is fine. [\[check one\]](#)*

- ☐ *Less than a month*
- ☐ *1 – 2 months*
- ☐ *3 – 6 months*
- ☐ *7 – 12 months*
- ☐ *More than 1 year*
- ☐ *REFUSED*
- ☐ *DON'T KNOW*



## SECTION 8: INDIVIDUAL OCCUPATION/EMPLOYMENT

*The following questions are about your occupation and your current employment status.*

- 1. Please look at Show Card #13. Which of the following best describes what you currently do? [select the ONE choice that best describes what you currently do]**

- |   |  |
|---|--|
| <input type="checkbox"/> Currently working full-time  | <input type="checkbox"/> On disability for a period of time (on sick leave or maternity leave or disability leave for other reasons) |
| <input type="checkbox"/> Currently working part-time  | <input type="checkbox"/> Keeping house/homemaker   |
| <input type="checkbox"/> Looking for work, unemployed | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Retired                      | <input type="checkbox"/> Volunteer work/work without pay   |
| <input type="checkbox"/> On disability permanently    | <input type="checkbox"/> Other (please specify):<br>_____  |

- 2. What is/was your usual occupation? This would be the longest-held job that best describes the kind of work you do/did:**
- \_\_\_\_\_

## SECTION 9: HEALTH INSURANCE

1. **Are you currently covered by any kind of health insurance or other kind of health plan?**  
*[check one]*

- ☐ Yes → *Go to question 2*
- ☐ No → *Go Section 10, page 19*
- ☐ Don't know → *Go to Section 10, page 19*

2. **Please look at Show Card #14. What kind of health insurance or health care coverage do you currently have?** *[check all that apply]*

- ☐ Health insurance through my job or my husband's/wife's/partner's job (such as Blue Cross, HealthNet, Kaiser, etc.)
- ☐ Individual health insurance not provided by my job or my husband's/wife's/partner's job (such as Blue Cross, HealthNet, Kaiser, etc.)
- ☐ MediCare Part A and/or Part B (red, white and blue card)
- ☐ MediCare Part D prescription drug coverage (MediCare drug card)
- ☐ Extra insurance for MediCare (Medi-Gap)
- ☐ Medi-Cal (blue and white card)
- ☐ Other government health program (county or state)
- ☐ Military health care (such as TRICARE, VA, CHAMP-VA)
- ☐ Indian Health Service
- ☐ Single-service plan (such as dental, vision, prescriptions)
- ☐ Other: \_\_\_\_\_
- ☐ Don't know

## SECTION 10: NEIGHBORHOOD

***We would like to know about the area you live in. The following questions are about your current neighborhood.***

**1. In what year did you first move to your current address?** \_\_\_\_\_  
year

***We would like you to define the area you consider your neighborhood.***

**2. Does your neighborhood have a name?**

☐ Yes → **Go to question 3**

☐ No → **Go to question 4**

☐ Don't know → **Go to question 4**

**3. What is it called?** \_\_\_\_\_

## SECTION 10: NEIGHBORHOOD

4. Do you have any of the following in your neighborhood? *[check all that apply]*

	Yes	No	Don't Know
<i>A park, playground or open space</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A big supermarket where you can buy food</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A medical clinic or health service</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A bank or credit union</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A check cashing outlet</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A police station or sub-station</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A public library</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you feel safe in your current neighborhood? *[check one]*

<i>None of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Thinking about your neighborhood as a whole, please indicate if the following issues are a problem *[check one choice for each group listed below]:*

	<i>Not really a problem</i>	<i>Minor problem</i>	<i>Somewhat serious problem</i>	<i>Very serious problem</i>
<i>Crime in your neighborhood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Traffic</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A lot of noise</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Trash and litter</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lighting at night</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 10: NEIGHBORHOOD

**7. The next questions are about your neighbors:**

	Often	Sometimes	Rarely	Never
<b>a. How often do you see neighbors talking outside in the yard, on the street, at the corner park, etc?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. How often do neighbors watch out for each other, such as calling if they see a problem?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A lot	Some	Few	None
<b>c. How many neighbors do you know by name?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. How many neighbors do you have a friendly talk with at least once a week?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. How many neighbors could you call on for assistance in doing something around your home or yard or to "borrow a cup of sugar" or some other small favor?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 10: NEIGHBORHOOD

**8. Are there any groups in your neighborhood such as community associations, social clubs, book clubs, churches/spiritual centers, or faith-based organizations?**

- ☐ Yes → *Go to question 9*
- ☐ No → *Go to question 10*
- ☐ Don't know → *Go to question 10*

**9. Are you actively involved in any of these groups?**

- ☐ Yes
- ☐ No

**Please select the answer that best applies to you and your neighborhood. Both local and within walking distance means within a 10-15 minute walk from your home.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
<b>10. I can do most of my shopping at local stores.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. There are stores within easy walking distance of my home.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. There are many places to go within easy walking distance of my home.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. It is easy to walk to a transit stop (bus, train) from my home.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 11: NATIONALITY/IMMIGRATION

***Earlier, we asked about your family's background. Now we would like to know about your background.***

**1. In what country were you born?** \_\_\_\_\_

**2. In what state or country did you spend the most time growing up?**  
\_\_\_\_\_

If born in the United States go to Section 12: Language, page 25.

All other responses, go to question 3.

**3. How old were you when you first came to this country to live?** \_\_\_\_\_ years old

**4. Have you gone back to live for at least 3 years in the country in which you were born?**

☐ Yes → Go to question 5

☐ No → Go to question 6, page 24

**5. What is the most recent year you returned to live in the US?** \_\_\_\_\_  
year

## SECTION 11: NATIONALITY/IMMIGRATION

6. *The following are a list of reasons that people give for coming to the United States. Please tell us how important each one of these reasons was for you and/or your family to come to the US.*

	<i>Does not apply to my situation</i>	<i>Somewhat important</i>	<i>Important</i>	<i>Very important</i>
<i>To find employment or a job</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>To improve your life or that of your family and look for better opportunities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>To join other family members already living in the US</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>To improve the future of the children in your family</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Because of the political situation in your country of origin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>You (or your family) were mistreated for political reasons</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>For medical care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>To get a better education</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Because of marital or family problems</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION 12: LANGUAGE

*We would like to know about which languages you speak and prefer.*

1. *What languages do you speak at home?*

\_\_\_\_\_



Enter response  
here and in  
Reference Page  
box Language  
1.

2. *Which languages did you speak while growing up?*

\_\_\_\_\_

- a. *If participant lists more than one language in question 2: which language did you speak the most?*

\_\_\_\_\_

**[If participant only speaks English,] Go to Section 13, page 28.**

**All other responses (even if they did not list English as a language that they speak): The next few questions are about speaking English.**

	<i>Not at all</i>	<i>Poorly</i>	<i>Ok</i>	<i>Well</i>	<i>Very well</i>
3. <i>How well do you speak English</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>How well do you understand spoken English?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <i>How well do you read English?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>How well do you write English?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. *When you talk with your doctor or nurse, would you find it helpful to have someone with you who could translate what you are saying and what your doctor or nurse is saying to you?*

- ☐ Yes
- ☐ No
- ☐ Don't know/Have not seen a doctor or nurse

## SECTION 12: LANGUAGE

8. What language would you feel most comfortable speaking with your doctor or nurse?

---

9. In which language are you most comfortable reading medical or health care information?

---

	Only English	Both English and other language(s)	Only other language(s)
10. What language do you speak with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In what language are the TV shows, radio stations, or newspapers that you usually watch, listen to, or read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In which language do you usually think?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check Reference Page box 'Language 1' if participant did NOT list 'English' go to item 13. If speaks English, go to item 19, next page.

13. Does anyone in your household speak English?

☐ Yes → Go to question 14

☐ No → Go to question 15

## SECTION 12: LANGUAGE

**14. In general, how well do they speak English? [check one box]**

<i>Not at all</i>	<i>Poorly</i>	<i>Ok</i>	<i>Well</i>	<i>Very well</i>
□	□	□	□	□

**15. Does anyone in your household read English?**

☐ Yes → *Go to question 16*

☐ No → *Go to question 17*

**16. In general, how well do they read English? [check one box]**

<i>Not at all</i>	<i>Poorly</i>	<i>Ok</i>	<i>Well</i>	<i>Very well</i>
□	□	□	□	□

**17. Does anyone in your household write English?**

☐ Yes → *Go to question 18*

☐ No → *Go to question 19*

**18. In general, how well do they write English? [check one box]**

<i>Not at all</i>	<i>Poorly</i>	<i>Ok</i>	<i>Well</i>	<i>Very well</i>
□	□	□	□	□

**19. INCLUDING yourself, when you were 13 years old, did anyone in your household speak English?**

☐ Yes, I and/or someone else spoke English → *Go to question 20*

☐ No → *Go to Section 13, page 28*

☐ Don't know → *Go to Section 13, page 28*

**20. How well did you/they speak English? [check one box]**

<i>Not at all</i>	<i>Poorly</i>	<i>Ok</i>	<i>Well</i>	<i>Very well</i>
□	□	□	□	□

## SECTION 13: LITERACY

*The following questions are about your comfort with written medical information in your preferred or native language. So, for example, if you speak mostly or only Spanish, answer the questions assuming the written information would be in Spanish. If you speak mostly or only Cantonese, answer the questions assuming the written information would be in Chinese. If you speak mostly or only English, answer the questions assuming the written information would be in English.*

	Very difficult	Difficult	Easy	Very easy	Does not apply to me. No prescriptions
1. How easy is it for you to read and understand the instructions written on a prescription bottle about how to take a medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very difficult	Difficult	Easy	Very easy	Does not apply to me. Have not received written information
2. How easy is it for you to read and understand WRITTEN information that you receive from doctors or other medical workers about your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None of the time	Some of the time	Most of the time	All of the time	Does not apply to me. Have not received written information
3. How often do you have someone (like a family member, friend, hospital/clinic worker, or caregiver) help you read medical information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you have trouble understanding things about an illness you may have because of difficulty understanding written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not confident	Somewhat confident	Confident	Very confident
5. How confident are you filling out forms by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 14: COMFORT WITH NUMBERS

*The following questions are about your comfort with numbers.*

	<i>Very poor</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very good</i>
<b>1. How good are you at working with fractions (such as <math>\frac{1}{2}</math>, <math>\frac{1}{4}</math>, <math>1\frac{1}{2}</math>)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. How good are you at working with percentages (such as 6%, 18%)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. How good are you at calculating a 15% tip on a meal or other service?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. How good are you at figuring out how much a shirt will cost if it is 25% off?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Not helpful</i>	<i>Somewhat helpful</i>	<i>Helpful</i>	<i>Very helpful</i>	<i>Does not apply. I do not read newspapers</i>
<b>5. When reading a newspaper, how helpful do you find tables and graphs that are part of the story?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 14: COMFORT WITH NUMBERS

	<i>Always prefer numbers</i>	<i>Prefer numbers more than words</i>	<i>Equally prefer words and numbers</i>	<i>Prefer words more than numbers</i>	<i>Always prefer words</i>
6. <i>When people tell you the chance of something happening, do you prefer that they use words (“it rarely happens”) or numbers (“there is a 1% chance”)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>When you hear a weather forecast, do you prefer predictions using percentages (such as “there will be a 20% chance of rain today”) or predictions using only words (such as “there is a small chance of rain today”)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Never</i>	<i>Not very often</i>	<i>About half the time</i>	<i>Often</i>	<i>Very often</i>
8. <i>How often do you find numerical information (such as graphs or tables with numbers) to be useful?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 15: SEXUALITY

*The last Section in the survey asks about some personal topics. Although the questions are sensitive and personal, they are important. Your answers may help us to understand why women who are diagnosed and treated for breast cancer may go through the experience differently. Please know that your answers to these questions will remain confidential.*

**1. Do you think of yourself as:**

- ☐ ***Straight/heterosexual***
- ☐ ***Lesbian or gay***
- ☐ ***Bisexual***
- ☐ ***Other (please specify) \_\_\_\_\_***
- ☐ ***REFUSED***
- ☐ ***DON'T KNOW***

**2. Since you have been sexually active, have your sexual partners been:**

- ☐ ***All men***
- ☐ ***Mostly men***
- ☐ ***Equally men and women***
- ☐ ***Mostly women***
- ☐ ***All women***
- ☐ ***Does not apply/Not sexually active***
- ☐ ***REFUSED***
- ☐ ***DON'T KNOW***

## SECTION 15: SEXUALITY

3. *People are different in their sexual attraction to other people. Which best describes your feelings? Are you:*

- ☐ *Only attracted to males*
- ☐ *Mostly attracted to males*
- ☐ *Equally attracted to males and females*
- ☐ *Mostly attracted to females*
- ☐ *Only attracted to females*
- ☐ *Not sure*
- ☐ *REFUSED*

4. *What was your sex when you were born?*

- ☐ *Female*
- ☐ *Male*
- ☐ *Intersex*
- ☐ *Other (please specify) \_\_\_\_\_*
- ☐ *REFUSED*
- ☐ *DON'T KNOW*



## SECTION 15: SEXUALITY

5. Have you ever used hormones to either change your sex (from a man to a woman or from a woman to a man) or to make yourself look more like a man or a woman (such as increase/decrease breast or genital size)?

- ☐ Yes
- ☐ No
- ☐ REFUSED
- ☐ DON'T KNOW

6. Which of the following best describes your current relationship status?

- ☐ Legally married/registered domestic partners
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Living with a partner to whom you are not married
- ☐ In a relationship but not living with partner
- ☐ Single
- ☐ Other (please specify): \_\_\_\_\_
- ☐ REFUSED
- ☐ DON'T KNOW

7. What is the gender of your current or most recent partner or spouse?


- ☐ Male
- ☐ Female
- ☐ Other (please specify): \_\_\_\_\_
- ☐ REFUSED
- ☐ DON'T KNOW

## SECTION 16: CONCLUSION

That concludes the interview.

If SECOND interview, go to 

If FIRST interview, go to 

 As we mentioned earlier, participation in this study involves completing a second interview.

May we contact you in about a month to conduct a similar interview?

*If Yes* → proceed to schedule retest interview below.

*If No* → We are tracking the reasons why people prefer to not complete the second interview. May I ask why you do not wish to participate? *Comments regarding refusal:*

---


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### RETEST SCHEDULING:

Retest Date: \_\_\_\_\_

Retest Time: \_\_\_\_\_

Phone number to call: \_\_\_\_\_

 Thank you so much again for participating. We REALLY appreciate your help. We will be sending you a check in the mail for \$10.00 to thank you for your time today.

*If participating in second interview:* We will send you another check for \$10.00 after we complete the second interview.