

Survey Name: Copy of ENGLISH_Your Health Throughout the Life Course
Description: Project Survey
Introduction: Welcome to the survey. Touch the Start button to continue
Conclusion: Thank you for completing the survey

Survey Outline Only - Actual Survey Outlook on Tablets Screen Differs from Actual Display

Survey Questions and Flow

Question Type	Question	Settings	Statements	Answers/Ratings	Next Question
1 : Information	SURVEY INSTRUCTIONS: This survey should only take about 20-30 minutes of your time. Your answers will be completely anonymous and confidential. Touch on the screen to select your answer. Click the NEXT button to continue. Click the BACK button to return.				2
2 : Single Select	How long have you lived in this neighborhood? (in years)	o Answer Required		Less than 1 year 1 to 5 years 6 to 10 years 11 to 20 years More than 20 years	3 3 3 3 3
3 : Single Select	Please select your residential zip code:	o Answer Required		33602 33603 33605 33607 33610	4 4 4 4 4
4 : Single Select	Are you Male or Female?	o Answer Required		Male Female	5 5
5 : Numeric	How old are you? (in years completed)	o Answer Required			6
6 : Single Select	How do you feel now about using this tablet device to answer the survey?	o Answer Required		I like to take the survey using this device. I'd prefer my survey in paper (ask the research staff for help)	7 7
7 : Image	SECTION 1 OF 7: LIFE IN THE NEIGHBORHOOD				8
8 : Multi Select	Which of the following resources are available to you in your community? MARK ALL THAT APPLY. Scroll down to find more choices.	o Specify Answer			9

- Churches
- Colleges, universities
- Police/Fire Department
- Hospitals and clinics
- Pharmacies
- Mental health facilities
- Libraries
- Schools
- Public transportation
- Parks and recreational facilities
- Local businesses
- Community centers, such as YMCA or Family Centers
- Cultural activities, museums, or musical forums
- NONE of the resources listed
- Other, please indicate

9 : Which of the following is a problem in the neighborhood? Scroll down to find more choices. o Specify Answer 10
 Multi Select

- Abandoned houses, factories, or buildings
- Vandalism, high crime rate
- Homeless persons/panhandling
- Drug/alcohol-related problems
- Trash or litter in empty lots, streets, or properties
- Poor quality of schools, or libraries
- Poor quality grocery
- Lack of affordable shopping
- Poor police response
- Lack of quality of recreation, parks, or sports facilities
- Junkyards, gasoline stations, and other non-residential
- Dogs and uncontrolled animals
- Industrial hazards such as incinerators, chemical plants, and hazardous waste sites
- NONE of the problems listed
- Other, please indicate

10 : SECTION 2 OF 7: SOCIAL CONNECTIONS 11
 Image

11 : About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? (SUM ALL FRIENDS AND RELATIVES) o Answer Required 12
 Numeric

- o People around here are willing to help their neighbors
- o This is a close-knit

12 :	Grid Scale	In thinking about the people in the neighborhood in which you live now, how strongly do you agree or disagree that:	<ul style="list-style-type: none"> ◦ Answer Required neighborhood ◦ People in this neighborhood generally get along with each other ◦ People in this neighborhood share the same values 	13
			Strongly Disagree	
			Disagree	
			Neither Agree nor Disagree	
			Agree	
			Strongly Agree	

13 :	Grid - Single Select	How often is each of the following kinds of support available to you if you need it?	<ul style="list-style-type: none"> ◦ Someone to confide in or talk about yourself or your problems ◦ Someone to share your most private worries and fears with ◦ Someone to help you if you were confined to bed ◦ Someone to prepare your meals if you were unable to do it yourself ◦ Someone to get together with for relaxation 	14
			None of the time	
			A little of the time	
			Some of the time	
			Most of the time	
			All of the time	

14 :	Image	SECTION 3 OF 7: HEALTH AND QUALITY OF LIFE		15
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15 :	Single Select	Would you say that in general your health is:	<ul style="list-style-type: none"> ◦ Answer Required 	16
			Excellent	16
			Very Good	16
			Good	16
			Fair	16
			Poor	16
			Don't know/not sure	16

16 : Numeric 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? (If none, put 0 for zero days) Required
 o Prefix-Days 17

17 : Numeric 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? (If none, put 0) Required
 o Prefix-Days 18

18 : Numeric 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 taking care of yourself, work, or recreation? (if none, put 0) Required
 o Prefix-Days 19

19 : Multi Select In the LAST 12 MONTHS, have you suffered any of the following health problems? Scroll down for more choices. Required
 o Specify Answer 20
 o Min Answers-1

- Arthritis/rheumatism
- Back or neck problem
- Walking problem
- Fractures, or bone/joint injury
- Infections
- Lung/breathing problem
- Hearing problem
- Eye/vision problem
- Heart problem
- Stroke problem
- Hypertension/high blood pressure
- Diabetes or high blood sugar
- Stress
- Cancer
- Emotional problems/Depression/Anxiety
- Drinking problem/Alcoholism
- Substance abuse
- Overweight or obesity
- NONE of these problems
- Other impairment or health problem

20 : Numeric During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP? Required
 o Prefix-Days 21

21 : Single Select In a scale from 1 to 10, where do you think you stand at this time in your life, relative to other people in your community? Required 22

- 1 - WORST OFF 22
- 2 22
- 3 22
- 4 22

5	22
6	22
7	22
8	22
9	22
10 - BEST OFF	22

22		SECTION 4 OF 7: STRESS AND UNFAIR TREATMENT	23
:	Image		

23	Grid - Single Select	In the LAST MONTH, how often have you...	<ul style="list-style-type: none"> o ...felt that you were unable to control the important things in your life? o ...felt confident about your ability to handle your personal problems? o Answer Required o ...felt that things were going your way? o ...felt difficulties were piling up so high that you could not overcome them? 	24
			<ul style="list-style-type: none"> Never Almost Never Sometimes Fairly Often Very Often 	

24	Multi Select	In the LAST 12 MONTHS, what things have you felt most stress about? (MARK ALL THAT APPLY)	<ul style="list-style-type: none"> o Answer Required o Min Answers- 1 	25
			<ul style="list-style-type: none"> Family Money Housing Children Work Food Partner Other Not applicable/No stress in last 12 months 	

- o I talk to trusted friends or counsel family members

25	Grid - Single Select	When thinking about solving my difficulties or problems...	<ul style="list-style-type: none"> ◦ Answer Required ◦ The spiritual support/faith in God received is my comfort and strength to guide me ◦ I wait for the spirit/God to take control and work it out ◦ I try to come up with possible solutions on my own 	26
			Never Almost Never Sometimes Fairly Often Very Often	

26	Multi Select	When you have problems, where do you go for support or assistance: (MARK ALL THAT APPLY)	<ul style="list-style-type: none"> ◦ Answer Required ◦ Specify Answer ◦ Min Answers-1 	27
			Friends/Neighbors Public programs Non-profit programs Church or faith-based service Family None of the above Other	

27	Grid - Single Select	Have you experienced discrimination, hassled, or made inferior because of your personal characteristics?	<ul style="list-style-type: none"> ◦ Answer Required ◦ At school ◦ Getting hired or getting a job ◦ At work ◦ Getting housing ◦ Getting medical care ◦ Getting service in a store or restaurant ◦ Getting credit, bank loans, or a mortgage ◦ On the street or in a public setting ◦ From the police or in the courts 	28
			NO, NEVER At least once	

2-3 times
4 or more times

28	What do you think was/were the reason(s) for that experience? (ALL THAT APPLY)	o Answer Required	29
:	Multi Select	o Specify Answer	
		o Min Answers-1	

- Your ancestry or national origins
- Your gender
- Your race
- Your ethnicity
- Your age
- Your religion
- Your height or weight
- Your shade of skin color
- Your sexual orientation
- Your education or income level
- A physical disability
- Your personal beliefs
- Other

29	SECTION 5 OF 7: LIFE STYLE QUESTIONS		30
:	Information		

30	Have you smoked at least 100 cigarettes in your entire life?	o Answer Required	31
:	Single Select		
		Yes	31
		No	31
		Don't know / Refuse to answer	31

31	During your first 18 years of life did anyone in your household smoke?	o Answer Required	32
:	Single Select		
		Yes	32
		No	32
		Don't know	32

32	How often do you drink alcoholic beverages?	o Answer Required	33
:	Single Select		
		I do not drink at this time/I stopped drinking for more than a year now	33
		Less than Once a Month	33
		Once a Month	33
		2-3 Times a Month	33
		Once a Week	33
		2-3 Times a Week	33
		4-6 Times a Week	33
		Everyday	33

33 :	Single Select	Do you use sometimes use drugs for recreation, or not prescribed by your doctor?	o Answer Required	34
				I do not use drugs/I stopped using drugs for more than 1 year now 34
				Less than Once a Month 34
				Once a Month 34
				2-3 Times a Month 34
				Once a Week 34
				2-3 Times a Week 34
				4-6 Times a Week 34
				Everyday 34
				Refuse to answer/Not sure 34

34 :	Grid - Single Select	In a typical month, how often do you eat the following types of food?	o Answer Required	35
			o Bread, cereal, rice, and pasta	
			o Fruits and vegetables	
			o Dairy products (milk, yogurt, and cheese)	
			o Meat, poultry, or pork	
			o Seafood (fish, shrimp, tuna, etc)	
			o Fried food (High-fat foods)	
			o Salty foods or snacks (like salted crackers or pretzels.)	
			o Sugary foods (sweets or pastries)	
			o Coffee, sodas, or energy drinks	
				Once a Month or less
				2-3 Times a Month
				Once a Week
				2-3 Times a Week
				4-6 Times a Week or more

35 :	Single Select	During the past month, about how many days per week did you exercise for recreation or to keep in shape (activities that make you sweat)?	o Answer Required	36
				Once a Month or less 36
				2-3 Times a Month 36
				Once a Week 36
				2-3 Times a Week 36
				4-6 Times a Week or more 36

36 :	Information	The next questions are about any personal concerns you may have about AIDS...		37
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37	Single Select	Are you currently sexually active with a partner?	o Answer Required	38
			Yes	38
			No	38
			Refuse to answer/Don't know	38

38	Single Select	In the next 5 years, is it likely or unlikely that the average [man/woman] in your age group in your community will get the AIDS/HIV virus?	o Answer Required	39
			Very likely	39
			Somewhat likely	39
			Somewhat unlikely	39
			Very unlikely	39
			Don't know/Refuse to Answer	39

39	Image	SECTION 6 OF 7: FAMILY HISTORY AND CHILDHOOD		40
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40	Grid - Single Select	When you were growing up, how often did the following situations happen in your family?	o Answer Required	41
			o We talked about our problems.	
			o When we argued, we listened to "both sides of the story."	
			o We took time to listen to each other.	
			o We pulled together when things were stressful.	
			o We were able to solve our problems.	
			Never	
			Rarely	
			Sometimes	
			Often	
			All of the time	

41	Grid - Single Select	During your first 18 years of life, how often the following types of supports were available to you?	o Answer Required	42
			o I had others who would listen when I needed to talk about my problems.	
			o When I was lonely, there were several people I can talk to.	
			o I had someone to turn to if I needed food or housing.	
			o If there was a	

crisis, I had
others I can
talk to.

- o If I needed
help in school,
I would know
where to go
for help.

Never
Rarely
Sometimes
Often
All of the time

42
: Information The following questions ask about difficult experiences when you were growing up. All information is anonymous and confidential. Your responses will help us understand how much need exists in the community for addressing sad or traumatic experiences among children. 43

43
: Single Select Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt? o Answer Required 44

Yes 44
No 44
Refuse to answer/Don't know 44

44
: Single Select Did a parent or other adult in the household often or very often...push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured? o Answer Required 45

Yes 45
No 45
Refuse to answer/Don't know 45

45
: Single Select Did an adult or person at least 5 years older than you ever..touch your in a sexual manner or fondle you or have you touch their body in a sexual way? OR Attempt or actually have intercourse with you? o Answer Required 46

Yes 46
No 46
Refuse to answer/Don't know 46

46
: Single Select Did you often or very often feel that...No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other? o Answer Required 47

Yes 47
No 47
Refuse to answer/Don't know 47

47
: Single Select Did you often or very often feel that...You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? o Answer Required 48

Yes 48
No 48
Refuse to answer/Don't know 48

48
: Single Select Were your parents ever separated or divorced? o Answer Required 49

Yes 49
No 49

		My parents were never married	49
		Refuse to answer/Don't know	49
49	Was your female caretaker: Often or very often pushed, grabbed, slapped, or had something thrown at her? OR Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit at least a few minutes?	◦ Answer Required	50
:	Single Select		
		Yes	50
		No	50
		Refuse to answer/Don't know	50
50	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	◦ Answer Required	51
:	Single Select		
		Yes	51
		No	51
		Refuse to answer/Don't know	51
51	Was a household member depressed or mentally ill, or did a household member attempt suicide?	◦ Answer Required	52
:	Single Select		
		Yes	52
		No	52
		Refuse to answer/Don't know	52
52	Did a household member go to prison?		53
:	Single Select		
		Yes	53
		No	53
		Refuse to answer/Don't know	53
53	SECTION 7 OF 7: SOCIODEMOGRAPHICS		54
:	Image		
54	What is the highest level of education you have completed?	◦ Answer Required	55
:	Single Select		
		No schooling completed	55
		Nursery school to 8th grade	55
		Some high school, but not currently studying	55
		Currently in high school or working toward high school or GED diploma	55
		High school graduate, diploma or the equivalent (GED)	55
		Trade/technical/vocational training	55
		Some college credit, no degree	55
		Associate degree	55
		Bachelor's Degree	55
		Master's Degree or Professional or Doctoral Degree	55
55	Please indicate your current marital status?	◦ Answer	56
:	Single		

Select

Required

Single, never married	56
Married or domestic partnership	56
Widowed	56
Divorced	56
Separated	56
Other	56
Refuse to Answer	56

56 : Single Select Are you of Latino, Hispanic, or Spanish descent?

o Answer Required 57

No	57
Yes	57
Refuse to answer/Don't know	57

57 : Multi Select Which racial group do you identify yourself with more? (One or more if applicable)

o Answer Required 58
o Min Answers-1

- Asian
- Black or African American
- White or Caucasian
- American Indian or Alaska Native
- Pacific Islander or Native Hawaiian
- Other race
- Don't know/Refuse to answer

58 : Single Select Which of the following best describes your employment status?

o Answer Required 59

Employed for wages	59
Self-employed	59
Out of work and looking for work	59
Out of work and not currently looking for work	59
A homemaker	59
A student	59
Military	59
Retired	59
Unable to work	59
Refuse to answer/Don't know	59

59 : Multi Select Do you receive any of the following assistance? (MARK ALL THAT APPLY)

o Answer Required 60
o Min Answers-1

- Section 8 (Housing Choice Voucher Program)
- Food Stamps (SNAP)
- School free or reduced lunches

Medicaid
 SSI (Supplemental Security Income)
 TANF (Temporary Assistance for Needy Families, also known as "welfare")
 Other assistance
 Refuse to answer/Don't know

60 :	Single Select	To the best of your knowledge, what is your household annual income (in US dollars)? REMEMBER: Your information is confidential and anonymous	o Answer Required	61
				\$0-10,000 61
				\$10,001 - 20,000 61
				\$20,001 - 30,000 61
				\$30,001 - 40,000 61
				\$40,001 - 50,000 61
				More than \$50,000 61
				Don't know / Refuse to answer 61

61 :	Numeric	How many people are currently living in your household, including yourself, that live on that income?	o Prefix- Number o Suffix- people	62
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62 :	Grid - Single Select	Thanks for making it to this point, before you go, please tell us how you felt about taking questions with this portable device	o Answer Required	63
				<ul style="list-style-type: none"> o I think that I would like to use this survey device frequently o I found the survey device unnecessarily complex o I thought the survey device was easy to use o I thought there was too much inconsistency in the survey o I would imagine that most people would learn to use this survey system very quickly o I found the survey device was cumbersome to use o I felt very confident using this system o I needed to learn a lot of things before I could get going with the

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

63 : Single Select Before you took this survey, what was your previous experience with tablet computers or portable devices like this? ◦ Answer Required 64

This is the first time I use a device like this 64

I have used a few times tablet PCs, smartphones, or i-phones 64

I use devices like this regularly 64

64 : Information THANK YOU FOR YOUR RESPONSES Click NEXT TO SUBMIT your responses. If you have questions about this survey, please tell the research staff, or call REACHUP Inc at: (813) 712-6300 You can also email at: cbprtampa@gmail.com Conclusion
