

Appendix E. Telephone Interview



| | |
|------------------------|--|
| Participant ID: | |
| Interviewer ID: | |
| Scheduled Date: | |
| Scheduled Time: | |

Living Well with Diabetes Program
Baseline Interview

Interviewer Notes

VOICEMAIL: Hello, my name is (_____) and I am calling from the University of Alabama at Birmingham about the Living Well Research Study. Please call 1.205.934.7163 and one of our study team members will call you back. Thank you and have a great day!

C1. Hello, this is (_____) from the University of Alabama at Birmingham's Living Well Program.

May I please speak with _____

[Not available - reschedule date / time for call]

Okay, when is a better time for me to call back to speak with Mr./Ms. (_____)?

[Note date/time to call back].

[Continue when participant comes to the phone].

Hi, (Mr. / Ms. _____), I am calling so that we can complete your telephone interview. Is this still an okay time to talk? Our call will take between 45 - 60 minutes?

Yes → *continue to C2*

No → **[do not have time - reschedule date / time]**

No → **[decline participation]** Would you mind telling me why you are not interested in the study?

[document reason _____]
Thank you so much for your time.

C2. You should have received a package that contained the informed consent. Have you received this packet?

No → **[arrange to mail another packet / reschedule date time _____]**

Yes → Great! Let's get started.

C3. First, I would like to go over the Informed Consent with you.

[Review each section of the consent form, stop and ask if the participant has questions after each section. Does the participant give verbal consent to the interview?] - Does the participant give verbal consent to the interview?

Yes → *continue to C4 to begin the interview.*

No → **[decline participation]** Would you mind telling me why you are not interested in the study?

[document reason _____]
Thank you so much for your time.

C4. Today, we are going to talk about different topics to help us better understand your experience with diabetes and your experience with medical care in general.

- Please let me know if you need me to repeat any of the questions.
- If there is a question you do not want to answer, please let me know and we can skip it.
- Also, if at any point in time you need to take a break please let me know.
- Okay, let's begin.

Interview started date: ____/____/____

Interview started time: _____ am / pm

| | |
|--|--|
| First, I have a few questions about what you may have heard about diabetes. | |
| 1. What are the signs and symptoms of high blood sugar? <i>[if no response after 10-15 seconds, prompt]</i> How do you feel when your blood sugar is high or when you were diagnosed? | |
| 2. What are the signs and symptoms of low blood sugar? <i>[prompt]</i> How do you feel when your blood sugar is too low? | |
| 3. How do you treat low blood sugar? <i>[prompt]</i> What should you do if your sugar is too low? How can you bring your blood sugar up if it's too low? | |
| 4. What is a normal HB A1C (Hemoglobin A1c) or "average blood sugar test"? <i>[prompt]</i> When your doctor draws blood from your arm and gets an average blood sugar reading, what should it be? | |
| 5. How many times a week should someone with diabetes exercise and for how long? <i>[prompt]</i> How many times a week? How long or how much per day? | |
| 6. What are some long-term complications of uncontrolled diabetes? <i>[prompt]</i> Do you know anyone that has diabetes and had "bad things" happen to them? What are some of those "bad things"? | |

| | | |
|--|---|--|
| Managing diabetes on your own can be challenging. We would like to learn a little more about what kinds of help and support you might like to get from friends and family. | | |
| 7. How much support do you get from family and friends dealing with your diabetes? <i>Do you receive...</i> | <input type="checkbox"/> A great deal of support <input type="checkbox"/> Neutral <input type="checkbox"/> No support | <input type="checkbox"/> DK <input type="checkbox"/> NA <input type="checkbox"/> Ref |
| 8. How satisfied are you with the support you get from family and friends for dealing with your diabetes? <i>Are you...</i> | <input type="checkbox"/> Extremely satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not at all satisfied | <input type="checkbox"/> DK <input type="checkbox"/> NA <input type="checkbox"/> Ref |
| 9. How much support do you get from your health care team for dealing with your diabetes problems? <i>Do you receive...</i> | <input type="checkbox"/> A great deal of support <input type="checkbox"/> Neutral <input type="checkbox"/> No support | <input type="checkbox"/> DK <input type="checkbox"/> NA <input type="checkbox"/> Ref |
| 10. How satisfied are you with the support you get from your health care team for dealing with your diabetes problems? <i>Are you...</i> | <input type="checkbox"/> Extremely satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not at all satisfied | <input type="checkbox"/> DK <input type="checkbox"/> NA <input type="checkbox"/> Ref |

Notes

The next set of questions asks for your views about your health.

| | | | | | |
|---|--|-----------|------|------|------|
| 11. In general, would you say your health is excellent, very good, good, fair, or poor? | excellent | very good | good | fair | poor |
| 12. Have you smoked at least 100 cigarettes in your entire life? <i>Note: 5 packs = 100 cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> don't know <input type="checkbox"/> refused | | | | |
| 13. Do you smoke cigarettes every day, some days, or not at all? | <input type="checkbox"/> Everyday <input type="checkbox"/> Somedays <input type="checkbox"/> Not at all <input type="checkbox"/> don't know <input type="checkbox"/> refused | | | | |

The following questions are about activities you might do during a typical day.

| | | | | | | |
|--|--|-----------------|------------|-------------|-----------|-----------------|
| 14. During a typical day, does your health limit you in moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. <i>Does your health limit you a lot, a little, or not at all?</i> | <input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No, not at all | DK NA Ref | | | | |
| 15. During a typical day, does your health limit you in climbing several flights of stairs? <i>Does your health limit you a lot, a little, or not at all?</i> | <input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No, not at all | DK NA Ref | | | | |
| 16. During the past 4 weeks, as a result of your physical health , have you accomplished less than you would like? <i>Yes or no?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | DK NA Ref | | | | |
| 17. During the past 4 weeks, as a result of your physical health , you were limited in any kind of work or other activities ? <i>Yes or no?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | DK NA Ref | | | | |
| 18. During the past 4 weeks, as a result of any emotional problems , such as feeling depressed or anxious, have you accomplished less than you would like? <i>Yes or no?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | DK NA Ref | | | | |
| 19. During the past 4 weeks, as a result of any emotional problems , such as feeling depressed or anxious, did you work less carefully than usual ? <i>Yes or no?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | DK NA Ref | | | | |
| 20. During the past 4 weeks, how much did pain interfere with your normal work including both work outside the home and housework? <i>Not at all, a little bit, moderately, quite a bit, or extremely?</i> | not at all | a little bit | moderately | quite a bit | extremely | DK NA Ref |

| | All of the time | Most of the time | a good bit of the time | Some of the time | a little of the time | none of the time | |
|---|-----------------|------------------|------------------------|------------------|----------------------|------------------|-----------------|
| 21. During the past 4 weeks, how much of the time have you felt calm and peaceful? | All | Most | Good bit | Some | Little | None | DK NA Ref |
| 22. During the past 4 weeks, how much of the time did you have a lot of energy? | All | Most | Good bit | Some | Little | None | DK NA Ref |
| 23. During the past 4 weeks, how much of the time have you felt downhearted and blue? | All | Most | Good bit | Some | Little | None | DK NA Ref |
| 24. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends or relatives)? | All | Most | Good bit | Some | Little | None | DK NA Ref |

Notes

| Now I am going to read statements of people with diabetes. Please tell me if you agree with the statements. For each statement, please tell me if you agree not at all, somewhat, to a large extent, or completely. | | | | | | |
|---|--|------------|----------|-------------------|------------|--------|
| | | Not at all | Somewhat | To a large extent | Completely | |
| 25. | Because of my diabetes, I miss the things I like to do most. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 26. | I can handle the problems related to my diabetes. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 27. | I have learned to live with my diabetes. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 28. | Dealing with my diabetes has made me a stronger person. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 29. | My diabetes controls my life. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 30. | I have learned a great deal from my diabetes. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 31. | My diabetes makes me feel useless at times. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 32. | My diabetes has made life more precious to me. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 33. | My diabetes prevents me from doing what I would really like to do. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 34. | I have learned to accept the limitations imposed by my diabetes. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 35. | Looking back, I can see that my diabetes has brought about some positive changes in my life. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 36. | My diabetes limits me in everything that is important to me. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 37. | I can accept my diabetes well. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 38. | I think I can handle the problems related to my diabetes, even if the diabetes gets worse. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 39. | My diabetes frequently makes me feel helpless. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 40. | My diabetes has helped me realize what's important in life. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 41. | I can cope effectively with my diabetes. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| 42. | My diabetes has taught me to enjoy the moment more. <i>Do you agree with this statement not at all, somewhat agree, agree to a large extent, or completely agree?</i> | N | S | T | C | DK Ref |
| | | Not at all | Somewhat | To a large extent | Completely | |

Notes

| The next few questions are about prescription medications you take for your diabetes or sugar. | | | | |
|--|---|-----|----|--------|
| 43. | Do you ever forget to take your diabetes (or sugar) medicines? | Yes | No | DK Ref |
| 44. | People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past 2 weeks, were there any days when you did not take your diabetes medicine for reasons other than forgetting? | Yes | No | DK Ref |
| 45. | When you feel better, do you sometimes stop taking your diabetes medicines? | Yes | No | DK Ref |
| 46. | Sometimes, if you feel worse when you take the diabetes medicines, do you stop taking it? | Yes | No | DK Ref |

| These questions are about beliefs about medication. For each statement, please tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree. | | | | | | | |
|---|---|-----------------------|--------------|-----------------|-----------------|--------------------------|--------|
| | | <i>strongly agree</i> | <i>agree</i> | <i>not sure</i> | <i>disagree</i> | <i>strongly disagree</i> | |
| 47. | My medicine protects me from becoming worse. <i>Do you strongly agree, agree, are not sure, disagree, or strongly disagree?</i> | SA | A | NS | D | SD | DK Ref |
| 48. | My health, right now, depends on my medicines. <i>Do you strongly agree, agree, are not sure, disagree, or strongly disagree?</i> | SA | A | NS | D | SD | DK Ref |
| 49. | My health in the future depends on my medicine. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 50. | Without my medicine, I would be very ill. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 51. | My life would be impossible without my medicine. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 52. | I sometimes worry about the long-term effects of my medicine. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 53. | My medicine is a mystery to me. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 54. | I sometimes worry about becoming too dependent on my medicine. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 55. | Having to take medicines worries me. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 56. | My medicine disrupts my life. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 57. | Doctors use too many medicines. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 58. | If doctors had more time with patients, they would prescribe fewer medicines. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 59. | Doctors place too much trust in medicines. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 60. | Natural remedies are safer than medicines. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 61. | Most medicines are addictive. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 62. | People who take medicines should stop their treatment for a while every now and again. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 63. | Medicines do more harm than good. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| 64. | All medicines are poisons. <i>Do you...</i> | SA | A | NS | D | SD | DK Ref |
| | | <i>strongly agree</i> | <i>agree</i> | <i>not sure</i> | <i>disagree</i> | <i>strongly disagree</i> | |

Notes

These next questions are some reasons why people may have trouble taking their diabetes medicines. Please tell us **how often** these reasons apply to YOU.

| | <i>Very often</i> | <i>often</i> | <i>some-times</i> | <i>rarely</i> | <i>never</i> | |
|--|-------------------|--------------|-------------------|---------------|--------------|--------|
| 65. I just forget to take my diabetes medications. <i>Does this statement apply to you very often, often, sometimes, rarely, or never?</i> | VO | O | S | R | N | DK Ref |
| 66. I forgot to fill my prescription for diabetes medicines in time. <i>Does this statement apply to you very often, often, sometimes, rarely, or never?</i> | VO | O | S | R | N | DK Ref |
| 67. I don't know what dose to take. <i>Does this statement apply to you very often, often, sometimes, rarely, or never?</i> | VO | O | S | R | N | DK Ref |
| 68. I'm not sure exactly what each diabetes medicine is for. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 69. There are too many doses to take each day. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 70. It's too hard to keep track of what I am supposed to take when. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 71. My diabetes medicines are unpleasant to take. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 72. I can't afford my diabetes medicines. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 73. My diabetes medicines make me feel bad or have side effects I don't like. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 74. I have heard about side effects that I am afraid I might get. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 75. Getting to the pharmacy to pick up my diabetes medicines is difficult. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 76. The pharmacy could not fill my prescription for my diabetes medicines. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 77. My doctor or nurse forgot to write a new prescription for my diabetes medicine. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 78. I ran out of diabetes medication before I could call or visit my doctor or nurse. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 79. I don't have enough time to talk with my doctor or nurse about problems I am having with my diabetes medicines. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 80. I sometimes forget to ask my doctor or nurse about problems that I am having with my diabetes medicines. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 81. I don't feel my diabetes medicines are helping me. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 82. I just don't like taking diabetes medicine in general. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 83. Taking diabetes medicines makes my health worse. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 84. I sometimes find it hard to ask my doctor or nurse questions about my diabetes medications. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| 85. If my blood sugar is normal in the morning, I don't take my diabetes medications. <i>Does this apply to you...</i> | VO | O | S | R | N | DK Ref |
| | <i>Very often</i> | <i>often</i> | <i>some-times</i> | <i>rarely</i> | <i>never</i> | |

Notes

| The next few questions are about all your prescription medications. | | | | | |
|---|--|-----------------------------|---------------------------|-----------------------|--------|
| | | <i>not at all confident</i> | <i>Somewhat confident</i> | <i>very confident</i> | |
| 86. | How confident are you that you can take your medicines correctly when you take several different medicines each day? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 87. | How confident are you that you can take your medicines correctly when you take medicines more than once a day? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 88. | How confident are you that you can take your medicines correctly when you are away from home? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 89. | How confident are you that you can take your medicines correctly when you have a busy day planned? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 90. | How confident are you that you can take your medicines correctly when they cause some side effects? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 91. | How confident are you that you can take your medicines correctly when no one reminds you to take the medicine? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 92. | How confident are you that you can take your medicines correctly when the schedule to take the medicine is not convenient? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 93. | How confident are you that you can take your medicines correctly when your normal routine gets messed up? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 94. | How confident are you that you can take your medicines correctly when you are not sure how to take the medicine? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 95. | How confident are you that you can take your medicines correctly when you are not sure what time of the day to take your medicine? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 96. | How confident are you that you can take your medicines correctly when you are feeling sick (like having a cold or the flu)? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 97. | How confident are you that you can take your medicines correctly when you get a refill of your old medicines and some of the pills look different than usual? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 98. | How confident are you that you can take your medicines correctly when a doctor changes your medicines? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| | | <i>not at all confident</i> | <i>Somewhat confident</i> | <i>very confident</i> | |

Notes

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|---|--|
| Now, I am going to ask you some questions about your diet. | |
| 99. How many days during the PAST 7 DAYS did you eat high fat foods? High-fat foods include: fried foods such as fried fish, fried chicken and french fries; snack foods such as chips or pork skins; fatty meats such as bologna, sausage, ribs, hot dogs, burgers; breads such as biscuits and cornbread; dairy foods such as whole milk and regular cheese; desserts such as pie, ice cream, snack cakes, puddings. | <i>number of days</i> 0 1 2 3 4 5 6 7 |
| 100. How many days during the PAST 7 DAYS did you have a second serving at a meal? | <i>number of days</i> 0 1 2 3 4 5 6 7 |
| 101. How many days during the PAST 7 DAYS did you have 1 or more sugar-sweetened beverage? Sugar-sweetened beverages include regular soda, sweet tea, fruit juice, energy drinks, sports drinks. | <i>number of days</i> 0 1 2 3 4 5 6 7 |
| 102. How many days during the PAST 7 DAYS did you eat 5 or more servings of fruits and vegetables? | <i>number of days</i> 0 1 2 3 4 5 6 7 |

| | |
|--|--|
| Now, I will ask you some questions about your daily activities. | |
| 103. Over the PAST 7 DAYS, which of the following best describes your usual daily activities at home and work? <i>[read answer options listed on the right]</i> → | <input type="checkbox"/> Usually sit during the day and don't walk around very much <input type="checkbox"/> Stand or walk quite a lot during the day but don't have to carry or lift things very often <input type="checkbox"/> Usually lift or carry light loads or have to climb stairs or hills often <input type="checkbox"/> Do heavy work or carry very heavy loads <input type="checkbox"/> don't know <input type="checkbox"/> refused |
| 104. How many days during the PAST 7 DAYS did you engage in intense physical activity, enough to work up a sweat? | <i>number of days</i> 0 1 2 3 4 5 6 7 |
| 105. How many days during the PAST 7 DAYS have you walked for exercise? | <i>number of days</i> 0 1 2 3 4 5 6 7 |
| 106. How many days during the PAST 7 DAYS did you do other forms of exercise besides walking? | <i>number of days</i> 0 1 2 3 4 5 6 7 |
| 107. How would you compare your activity level to others your age? <i>Would you say that you are less active, about the same, or more active?</i> | <input type="checkbox"/> Less active <input type="checkbox"/> Same as others your age <input type="checkbox"/> More active <input type="checkbox"/> don't know <input type="checkbox"/> refused |

Notes

| We would like to know how confident you are in doing certain activities. For each of the following questions, tell me for each statement if you are not at all confident, somewhat confident, or very confident. | | <i>Not at all confident</i> | <i>Somewhat confident</i> | <i>Very confident</i> | |
|--|--|-----------------------------|---------------------------|-----------------------|--------|
| 108. | How confident do you feel that you can eat your meals every 4 to 5 hours every day, including breakfast every day? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 109. | How confident do you feel that you can follow your diet when you have to prepare or share food with other people who do not have diabetes? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 110. | How confident do you feel that you can choose the appropriate foods to eat when you are hungry (for example, snacks)? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 111. | How confident do you feel that you can exercise 15 to 30 minutes, 4 to 5 times a week? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 112. | How confident do you feel that you can do something to prevent your blood sugar level from dropping when you exercise? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 113. | How confident do you feel that you know what to do when your blood sugar level goes higher or lower than it should be? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 114. | How confident do you feel that you can judge when the changes in your illness mean you should visit the doctor? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| 115. | How confident do you feel that you can control your diabetes so that it does not interfere with the things you want to do? <i>Are you not at all confident, somewhat confident, or very confident?</i> | Not | Somewhat | Very | DK Ref |
| | | <i>Not at all confident</i> | <i>Somewhat confident</i> | <i>Very confident</i> | |

Next, I am going to ask you a few questions, so we can learn a little bit more about living with diabetes. Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. I have a list of 17 potential problem areas that people with diabetes may experience. Consider the degree to which each of the 17 items may have distressed or bothered you DURING THE PAST MONTH.

Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that a particular item is not a bother or a problem for you, you would say "Not a problem". If it is very bothersome to you, you might say "a very serious problem".

I will read the question to you as if you were reading them. For each question, please tell me if it is not a problem, a slight problem, a moderate problem, somewhat serious problem, a serious problem, or a very serious problem.

| | <i>Not a problem</i> | <i>Slight problem</i> | <i>Moderate problem</i> | <i>Somewhat serious problem</i> | <i>Serious problem</i> | <i>Very serious problem</i> | |
|---|----------------------|-----------------------|-------------------------|---------------------------------|------------------------|-----------------------------|--------|
| 116. Feeling overwhelmed by the demands of living with diabetes. <i>Is this...</i> | Not | Slight | Moderate | Somewhat serious | serious | very serious | DK Ref |
| 117. Feeling that I am often failing with my diabetes routine. <i>Is this...</i> | Not | Slight | Moderate | Somewhat serious | serious | very serious | DK Ref |
| 118. Not feeling motivated to keep up my diabetes self-management. <i>Is this...</i> | Not | Slight | Moderate | Somewhat serious | serious | very serious | DK Ref |
| 119. Feeling angry, scared, and/or depressed when I think about living with diabetes. <i>Is this...</i> | Not | Slight | Moderate | Somewhat serious | serious | very serious | DK Ref |
| | <i>Not a problem</i> | <i>Slight problem</i> | <i>Moderate problem</i> | <i>Somewhat serious problem</i> | <i>Serious problem</i> | <i>Very serious problem</i> | |

Notes

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | | |
|---|---|--|
| 120. | Over the last 2 weeks, you were bothered by having little interest or pleasure in doing things? <i>Has this been a problem for you not at all, several days, more than half the days, or nearly every day?</i> | <input type="checkbox"/> Not at all (0-1 days) <input type="checkbox"/> Several days (2-6 days) <input type="checkbox"/> More than half the days (7-11 days) <input type="checkbox"/> Nearly every day (12-14 days) |
| 121. | Over the last 2 weeks, you were bothered by feeling down, depressed, or hopeless? <i>Has this been a problem for you not at all, several days, more than half the days, or nearly every day?</i> | <input type="checkbox"/> Not at all (0-1 days) <input type="checkbox"/> Several days (2-6 days) <input type="checkbox"/> More than half the days (7-11 days) <input type="checkbox"/> Nearly every day (12-14 days) |
| 122. | Over the last 2 weeks, you were bothered by having trouble falling or staying asleep, or sleeping too much? <i>Has this been a problem for you not at all, several days, more than half the days, or nearly every day?</i> | <input type="checkbox"/> Not at all (0-1 days) <input type="checkbox"/> Several days (2-6 days) <input type="checkbox"/> More than half the days (7-11 days) <input type="checkbox"/> Nearly every day (12-14 days) |
| 123. | Over the last 2 weeks, you were bothered by feeling tired or having little energy? <i>Has this been a problem for you not at all, several days, more than half the days, or nearly every day?</i> | <input type="checkbox"/> Not at all (0-1 days) <input type="checkbox"/> Several days (2-6 days) <input type="checkbox"/> More than half the days (7-11 days) <input type="checkbox"/> Nearly every day (12-14 days) |
| 124. | Over the last 2 weeks, you were bothered by poor appetite or overeating? <i>Has this been a problem for you not at all, several days, more than half the days, or nearly every day?</i> | <input type="checkbox"/> Not at all (0-1 days) <input type="checkbox"/> Several days (2-6 days) <input type="checkbox"/> More than half the days (7-11 days) <input type="checkbox"/> Nearly every day (12-14 days) |
| 125. | Over the last 2 weeks, you were bothered by feeling bad about yourself, or that you are a failure, or have let yourself or your family down? <i>Has this been a problem for you not at all, several days, more than half the days, or nearly every day?</i> | <input type="checkbox"/> Not at all (0-1 days) <input type="checkbox"/> Several days (2-6 days) <input type="checkbox"/> More than half the days (7-11 days) <input type="checkbox"/> Nearly every day (12-14 days) |
| 126. | Over the last 2 weeks, you were bothered by trouble concentrating on things, such as reading the newspaper or watching television? <i>Has this been a problem for you not at all, several days, more than half the days, or nearly every day?</i> | <input type="checkbox"/> Not at all (0-1 days) <input type="checkbox"/> Several days (2-6 days) <input type="checkbox"/> More than half the days (7-11 days) <input type="checkbox"/> Nearly every day (12-14 days) |
| 127. | Over the last 2 weeks, you were bothered by moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? <i>Has this been a problem for you not at all, several days, more than half the days, or nearly every day?</i> | <input type="checkbox"/> Not at all (0-1 days) <input type="checkbox"/> Several days (2-6 days) <input type="checkbox"/> More than half the days (7-11 days) <input type="checkbox"/> Nearly every day (12-14 days) |

Notes

We are now over half way done with the interview! How are you doing? We're almost finished so let's keep going!

Now I would like to ask you about your feelings and thoughts during THE LAST MONTH. In each case, please tell me which response represents HOW OFTEN you felt or thought a certain way. So, for these questions, your answer options are: never, almost never, sometimes, fairly often, or very often.

| | <i>Never</i> | <i>Almost never</i> | <i>Sometimes</i> | <i>Fairly often</i> | <i>Very often</i> | |
|---|--------------|---------------------|------------------|---------------------|-------------------|--------|
| 128. In the last month, how often have you been upset because of something that happened unexpectedly? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 129. In the last month, how often have you felt that you were unable to control the important things in your life? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 130. In the last month, how often have you felt nervous and “stressed”? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 131. In the last month, how often have you felt confident about your ability to handle your personal problems? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 132. In the last month, how often have you felt that things were going your way? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 133. In the last month, how often have you found that you could not cope with all the things that you had to do? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 134. In the last month, how often have you been able to control irritations in your life? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 135. In the last month, how often have you felt that you were on top of things? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 136. In the last month, how often have you been angered because of things that were outside your control? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |
| 137. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? <i>Have you felt this way never, almost never, sometimes, fairly often, or very often?</i> | Never | Almost never | Sometimes | Fairly often | Very often | DK Ref |

Notes

The following questions ask about a variety of different resources that people may use to manage their illness. For each question, please tell me if the item applies to you not at all, a little, a moderate amount, quite a bit, or a great deal.

| | <i>Not at all</i> | <i>Little</i> | <i>Moderate amount</i> | <i>Quite a bit</i> | <i>Great Deal</i> | |
|---|-------------------|---------------|------------------------|--------------------|-------------------|-----------------|
| 138. Over the past 6 months, to what extent has your doctor involved you as an equal partner in making decisions about diabetes management strategies and goals? <i>Not at all, a little, a moderate amount, quite a bit, or a great deal?</i> | N | L | M | Q | G | DK NA Ref |
| 139. Over the past 6 months, to what extent has your doctor or other health care advisor listened carefully to what you had to say about your diabetes? <i>Not at all, a little, a moderate amount, quite a bit, or a great deal?</i> | N | L | M | Q | G | DK NA Ref |
| 140. Over the past 6 months, to what extent has your doctor or other health care provider thoroughly explained the results of tests you had done (e.g. cholesterol, blood pressure or other laboratory tests)? <i>Not at all, a little, a moderate amount, quite a bit, or a great deal?</i> | N | L | M | Q | G | DK NA Ref |
| 141. Over the past 6 months, to what extent have you had a flexible work schedule that you could adjust to meet your needs? | N | L | M | Q | G | DK NA Ref |
| 142. Over the past 6 months, to what extent has your workplace had rules or policies that made it easier for you to manage your illness (such as no smoking rules or time off work to exercise)? | N | L | M | Q | G | DK NA Ref |
| 143. Over the past 6 months, to what extent have you had control over your job in terms of making decisions and setting priorities? | N | L | M | Q | G | DK NA Ref |
| | <i>Not at all</i> | <i>Little</i> | <i>Moderate amount</i> | <i>Quite a bit</i> | <i>Great Deal</i> | |

Great. Now I will ask you about your health care.

| | | | | | |
|------|---|--------------------------------------|---|-----------------------------|-----------------|
| 144. | Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? | Yes | No | DK NA Ref | |
| 145. | Do you have one person you think of as your personal doctor or health care provider? If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" | <input type="checkbox"/> Yes, only 1 | <input type="checkbox"/> Yes, more than 1 | <input type="checkbox"/> No | DK NA Ref |
| 146. | Was there a time in the past 6 months when you needed to see a doctor but could not because of cost? | Yes | No | DK NA Ref | |

| | | | | | | |
|------|---|---|---|---|---|-----------------|
| 147. | About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. | <input type="checkbox"/> Within the past 1-3 months | <input type="checkbox"/> Within the past 4-6 months | <input type="checkbox"/> Within the past 7-9 months | <input type="checkbox"/> Within the past 10-12 months | DK NA Ref |
|------|---|---|---|---|---|-----------------|

The next questions are about the area where you live and travel. Your responses will help explain how easy or difficult it is for you to access health care services.

What is the distance (in miles) that you live from the health care service you would go to for each of the following, and in which town/city is it located:

| | | | | |
|------|---------------------------------|--------------|---------------|-----------------|
| 148. | Routine diabetes care checkups: | <i>City:</i> | <i>Miles:</i> | DK NA Ref |
| 149. | Emergency care: | <i>City:</i> | <i>Miles:</i> | DK NA Ref |
| 150. | Overnight stays in a hospital: | <i>City:</i> | <i>Miles:</i> | DK NA Ref |

Notes

| For each of the following questions, please tell me on how good you are at doing the following things. | | |
|---|--|--------|
| 151. How good are you at working with fractions? <i>Are you not good at all, a little good, somewhat good, very good, or extremely good?</i> | <input type="checkbox"/> Not good at all <input type="checkbox"/> A little good <input type="checkbox"/> Somewhat good <input type="checkbox"/> Very good <input type="checkbox"/> Extremely good | DK Ref |
| 152. How good are you at working with percentages? <i>Are you not good at all, a little good, somewhat good, very good, or extremely good?</i> | <input type="checkbox"/> Not good at all <input type="checkbox"/> A little good <input type="checkbox"/> Somewhat good <input type="checkbox"/> Very good <input type="checkbox"/> Extremely good | DK Ref |
| 153. How good are you at calculating a 15% tip? <i>Are you not good at all, a little good, somewhat good, very good, or extremely good?</i> | <input type="checkbox"/> Not good at all <input type="checkbox"/> A little good <input type="checkbox"/> Somewhat good <input type="checkbox"/> Very good <input type="checkbox"/> Extremely good | DK Ref |
| 154. How good are you at figuring out how much a shirt will cost if it is 25% off? <i>Are you not good at all, a little good, somewhat good, very good, or extremely good?</i> | <input type="checkbox"/> Not good at all <input type="checkbox"/> A little good <input type="checkbox"/> Somewhat good <input type="checkbox"/> Very good <input type="checkbox"/> Extremely good | DK Ref |
| 155. When reading the newspaper, how helpful do you find tables and graphs that are parts of a story? <i>Do you find tables and graphs helpful never, rarely, sometimes, often, or very often?</i> | <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often | DK Ref |
| 156. When people tell you the chance of something happening, do you prefer that they use words ("it rarely happens") or numbers ("there's a 1% chance")? <i>Do you always prefer words, usually prefer words, have no preference, usually prefer numbers, or always prefer numbers?</i> | <input type="checkbox"/> Always prefer words <input type="checkbox"/> Usually prefer words <input type="checkbox"/> No preference <input type="checkbox"/> Usually prefer numbers <input type="checkbox"/> Always prefer numbers | DK Ref |
| 157. When you hear a weather forecast, do you prefer predictions using percentages (e.g., "there will be a 20% chance of rain today") or predictions using only words (e.g., "there is a small chance of rain today")? <i>Do you always prefer percentages, usually prefer percentages, have no preference, usually prefer words, or always prefer words?</i> | <input type="checkbox"/> Always prefer percentages <input type="checkbox"/> Usually prefer percentages <input type="checkbox"/> No preference <input type="checkbox"/> Usually prefer words <input type="checkbox"/> Always prefer words | DK Ref |
| 158. How often do you find numerical information to be useful? <i>Do you find numerical information useful never, rarely, sometimes, often, or very often?</i> | <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often | DK Ref |

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | |
|--|-------------------|----------|---------|-------|----------------|--------|
| 159. Doctors who do medical research only care about what is best for each patient. <i>Do you strongly disagree, disagree, are neutral, agree, or strongly agree?</i> | SD | D | N | A | SA | DK Ref |
| 160. Doctors tell their patients everything they need to know about being in a research study. <i>Do you strongly disagree, disagree, are neutral, agree, or strongly agree?</i> | SD | D | N | A | SA | DK Ref |
| 161. Medical researchers treat people like "guinea pigs". <i>Do you strongly disagree, disagree, are neutral, agree, or strongly agree?</i> | SD | D | N | A | SA | DK Ref |
| 162. I completely trust doctors who do medical research. <i>Do you strongly disagree, disagree, are neutral, agree, or strongly agree?</i> | SD | D | N | A | SA | DK Ref |
| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | |

Notes

| | | | | |
|---|--|------|------------------|-----------------|
| The next questions are about your diabetes. | | | | |
| 163. | How old were you when you first found out you had diabetes? | Age: | Year (if needed) | DK NA Ref |
| 164. | How old were you when you were first told you needed to take medications for your diabetes or sugar? | Age: | Year (if needed) | DK NA Ref |
| 165. | Do you take insulin? | | Yes No | DK NA Ref |

| | | | | |
|--|---|--|-------------|-----------------|
| Now I would like to ask you some questions about general health conditions. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure." | | | | |
| 166. | Has a doctor, nurse, or other health professional EVER told you that you had a heart attack? | | Yes No | DK NA Ref |
| 167. | Has a doctor, nurse, or other health professional EVER told you that you had angina or coronary heart disease? | | Yes No | DK NA Ref |
| 168. | Has a doctor, nurse, or other health professional EVER told you that you had a stroke? | | Yes No | DK NA Ref |
| 169. | Has a doctor, nurse, or other health professional EVER told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? <i>INTERVIEWER NOTE: Arthritis diagnoses include:</i> <ul style="list-style-type: none"> • rheumatism, polymyalgia rheumatica • osteoarthritis (not osteoporosis) • tendonitis, bursitis, bunion, tennis elbow • carpal tunnel syndrome, tarsal tunnel syndrome • joint infection, Reiter's syndrome • ankylosing spondylitis; spondylosis • rotator cuff syndrome • connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome • vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa) | | Yes No | DK NA Ref |
| 170. | Has a doctor, nurse, or other health professional EVER told you that you had a depressive disorder, including depression, major depression, dysthymia, or minor depression? | | Yes No | DK NA Ref |
| 171. | Has a doctor, nurse, or other health professional EVER told you that you had kidney disease? Do NOT include kidney stones, bladder infection or incontinence. <i>INTERVIEWER NOTE: Incontinence is not being able to control urine flow.</i> | | Yes No | DK NA Ref |

| | | | | |
|--|---|--|-------------|-----------------|
| The next question asks about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you. | | | | |
| 172. | During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? | | Yes No | DK NA Ref |

Notes

Thank you for hanging in there. Next, I have few more questions about your background.

| | | |
|---|------------------------------|-----------------------------|
| 173. Do you have a doctor that you see regularly for you diabetes care? <i>[CLEARLY PRINT]</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| |
|--------|
| First: |
| Last: |
| City: |

| | | |
|--|---|-----------|
| 174. Are you of a Hispanic, Latino/a, or Spanish origin? (Read if necessary: Puerto Rican, Cuban/Cuban American, Dominican (Republic), Mexican, Mexican American, Central or South American, Other Latin American, Other Hispanic/Latino) | <input type="checkbox"/> Yes <input type="checkbox"/> No | DK Ref |
|--|---|-----------|

| | | | |
|--|---|--|-----------|
| 175. What race or races do you consider yourself to be? <i>(Select all that applies)</i> | <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> other, specify: _____ | DK Ref |
|--|---|--|-----------|

| | | |
|-----------------------|----------------------------|-----------|
| 176. How old are you? | <i>Age today in years:</i> | DK Ref |
|-----------------------|----------------------------|-----------|

| | | | |
|--|---|--|-----------|
| 177. Are you married, divorced, widowed, separated, never married, or living with a partner? | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated <input type="checkbox"/> Never married <input type="checkbox"/> Living with a partner | DK Ref |
|--|---|--|-----------|

| | | | |
|---|---|---|-----------|
| 178. Are you currently employed for wages, self-employed, out of work for 1 year or more, out of work for less than 1 year, homemaker, a student, retired, unable to work. <i>(select all that applies)</i> | <input type="checkbox"/> Employed for wages <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work for 1 year or more <input type="checkbox"/> Out of work for less than 1 year | <input type="checkbox"/> Homemaker <input type="checkbox"/> A student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work | DK Ref |
|---|---|---|-----------|

| | |
|--|---|
| 179. Is your annual household income from all sources? | <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 to less than \$20,000 <input type="checkbox"/> \$20,000 to less than \$30,000 <input type="checkbox"/> \$30,000 to less than \$40,000 <input type="checkbox"/> \$40,000 to less than \$50,000 <input type="checkbox"/> \$50,000 to less than \$60,000 <input type="checkbox"/> \$60,000 to less than \$70,000 <input type="checkbox"/> \$70,000 to less than \$80,000 <input type="checkbox"/> \$80,000 to less than \$90,000 <input type="checkbox"/> \$90,000 to less than \$100,000 <input type="checkbox"/> \$100,000 or greater <input type="checkbox"/> don't know <input type="checkbox"/> refused |
|--|---|

Notes

| | |
|---|--|
| 180. What is the HIGHEST level of school completed or the highest degrees received? | <input type="checkbox"/> Never attended or only attended kindergarten <input type="checkbox"/> Grades 1 through 8 (elementary) <input type="checkbox"/> Grade 9 through 11 (elementary) <input type="checkbox"/> Grade 12 or GED (High school graduate) <input type="checkbox"/> College 1 year to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) |
| | <input type="checkbox"/> don't know <input type="checkbox"/> refused |

| | | |
|--|---|---|
| 181. How often do you use text messaging? | <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Frequently <input type="checkbox"/> All the time | <input type="checkbox"/> DK <input type="checkbox"/> Ref |
| 182. How often do you use the internet? [Prompt if needed] Go online. | <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Frequently <input type="checkbox"/> All the time | <input type="checkbox"/> DK <input type="checkbox"/> Ref |
| 183. Where do you most often use the internet? | <input type="checkbox"/> At home <input type="checkbox"/> A friend or family member's home <input type="checkbox"/> Library <input type="checkbox"/> On a cell phone <input type="checkbox"/> Other (<i>specify</i>): _____ | <input type="checkbox"/> DK <input type="checkbox"/> Ref |
| 184. Indicate sex of respondent. Ask only if necessary | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Notes

F1. We are now finished with the interview. Thank you so much for taking time today to answer these questions. The next step is to schedule an in-person data collection. As we mentioned before, during this visit, Living Well Program research assistants will measure your blood pressure, blood sugar, cholesterol, weight, and height.

- Wearing a loose fitting shirt is recommended to the in-person data collection visit so that we are able to measure your blood pressure.
- We ask that you not to drink any caffeine (from coffee, tea, or soda), eat, do any heavy physical activity, smoke, or ingest alcohol for 30 minutes prior to the in person data collection visit.

There are 2 options for this visit, which will last from 45-60 minutes. Option 1 is Living Well research assistants to come to your home to do the measurements. Option 2 is for you to meet us a data collection visit that is scheduled at a community venue in your community.

Are you interested in the in-home data collection or would you like to meet us for a group data collection day?

In home data collection preferred: (schedule date / time / location & directions)

Group data collection at community venue preferred: (schedule for a data collection)

The next data collections in your area are scheduled for _____(DATE / TIME) at _____(LOCATION).

Which dates/times are convenient for you? [Schedule data collection] _____

F2. [Scheduled data collection] Great! I have your data collection date scheduled for [date / time / location].

You will receive a reminder card in the mail at this address 5 -7 days before this date. You will also receive a telephone call to remind you of the date the day before the visit.

F3. Verify telephone / contact information:

F4. Verify location / directions:

F5 Great! I have your data collection date scheduled for [date / time / location]. A research study assistant will meet you at (_____ location) and at (_____ time/date).

Thank you so much! Have a great day.