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## ***PRETEST INTERVIEW***

### GOOD EATING HABITS FOR GOOD HEALTH

*INTERVIEWER, PLEASE COMPLETE:*

**PARTICIPANT FULL ID:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTERVIEWER INITIALS:** \_\_\_\_\_

**START TIME**

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***FOR EVERY RESPONDENT:*** THANK YOU FOR PARTICIPATING IN THE GOOD EATING HABITS AND GOOD HEALTH STUDY. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR DIET, YOUR GENERAL HEALTH, AND YOUR EATING, FOOD SHOPPING, AND FOOD PREPARATION PATTERNS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. AFTER WE FINISH THE INTERVIEW, I WILL GIVE YOU A GIFT TO SHOW OUR APPRECIATION FOR YOUR HELP. YOUR PARTICIPATION IS VOLUNTARY. ALL THE INFORMATION YOU TELL ME WILL BE KEPT STRICTLY CONFIDENTIAL, AND YOU CAN REFUSE TO ANSWER ANY QUESTIONS THAT YOU DO NOT WANT TO ANSWER. YOU MAY ALSO REFUSE ANY PART OF THIS INTERVIEW AND IT WON'T AFFECT YOUR PARTICIPATION IN THE STUDY.

OK, LET'S BEGIN.

QUESTIONNAIRE A

NOW I WOULD LIKE TO READ YOU SEVERAL PAIRS OF FOODS, AND WILL ASK YOU TO TELL ME WHICH FOOD IN EACH PAIR HAS MORE SATURATED FAT AND OVERALL FAT. PLEASE GIVE ME THE FIRST ANSWER THAT COMES TO THE TOP OF YOUR HEAD, AND PLEASE GIVE ME ONLY ONE RESPONSE FOR EACH PAIR. IF YOU THINK BOTH FOODS IN A PAIR HAS THE SAME AMOUNT OF FAT, YOU CAN SAY "THE SAME". IF YOU DO NOT KNOW, YOU CAN SAY "DO NOT KNOW".

**BASED ON YOUR KNOWLEDGE, WHICH HAS MORE SATURATED FAT? (READ EACH PAIR AND THEN WAIT FOR AN ANSWER. DO NOT PROBE "DON'T KNOW" ANSWERS.)**

PAIRS

- A1. LIVER, OR..... 1  
     T-BONE STEAK?.... 2  
     THE SAME..... 3  
     DON'T KNOW.... 8
  
- A2. BUTTER, OR..... 1  
     MARGARINE?..... 2  
     THE SAME..... 3  
     DON'T KNOW.... 8
  
- A3. EGG WHITE, OR..... 1  
     EGG YOLK?..... 2  
     THE SAME..... 3  
     DON'T KNOW.... 8
  
- A4. SKIM MILK, OR..... 1  
     WHOLE MILK?..... 2  
     THE SAME..... 3  
     DON'T KNOW.... 8

**WHICH HAS MORE FAT: (READ EACH PAIR AND THEN WAIT FOR AN ANSWER. DO NOT PROBE "DON'T KNOW" ANSWERS.)**

PAIRS

- A5. REGULAR HAMBURGER, OR.....1  
     GROUND SIRLOIN?.....2  
     THE SAME.....3  
     DON'T KNOW.....8
  
- A6. LOIN PORK CHOPS, OR.....1  
     PORK SPARE RIBS?.....2  
     THE SAME.....3  
     DON'T KNOW.....8

**A7. HOT DOGS (ALSO KNOWN AS WEENIES) OR.....1**  
**HAM?.....2**  
 THE SAME.....3  
 DON'T KNOW.....8

**A8. PEANUTS, OR.....1**  
**POPCORN?.....2**  
 THE SAME.....3  
 DON'T KNOW.....8

**A9. YOGURT, OR.....1**  
**SOUR CREAM?.....2**  
 THE SAME.....3  
 DON'T KNOW.....8

**A10. CUP OF NOODLES, OR..... .1**  
**SPAGHETTI NOODLES?.....2**  
 THE SAME.....3  
 DON'T KNOW.....8

**NEXT, WE WILL ASK QUESTIONS TO BETTER UNDERSTAND WHAT YOU KNOW ABOUT FAT.**

**A11. WHICH KIND OF FAT IS MORE LIKELY TO BE A LIQUID THAN A SOLID...**  
**SATURATED FATS.....1**  
**POLYUNSATURATED FATS, OR.....2**  
**ARE THEY EQUALLY LIKELY TO BE LIQUIDS?.....3**  
 DON'T KNOW.....8

**A12. IF A FOOD HAS NO CHOLESTEROL IS IT ALSO...**  
**LOW IN SATURATED FAT,.....1**  
**HIGH IN SATURATED FAT, OR.....2**  
**COULD IT BE EITHER HIGH OR LOW IN SATURATED FAT?.....3**  
 DON'T KNOW.....8

**A13. IS CHOLESTEROL FOUND IN...**  
**VEGETABLES AND VEGETABLE OILS.....1**  
**ANIMAL PRODUCTS LIKE MEAT AND DAIRY PRODUCTS, OR.....2**  
**ALL FOODS CONTAINING FAT OR OIL?.....3**  
 DON'T KNOW.....8

**A14. IF A PRODUCT IS LABELED AS CONTAINING VEGETABLE OIL IS IT...**  
**LOW IN SATURATED FAT,.....1**  
**HIGH IN SATURATED FAT, OR.....2**  
**COULD IT BE EITHER HIGH OR LOW IN SATURATED FAT?.....3**  
 DON'T KNOW.....8

**A15. IF A FOOD PRODUCT IS LABELED “LIGHT”, DOES THAT MEAN THAT COMPARED TO A SIMILAR PRODUCT NOT LABELED “LIGHT” IT IS LOWER IN CALORIES, LOWER IN FAT, OR LOWER IN CALORIES AND/OR FAT, OR DOES IT MEAN SOMETHING ELSE?**

- LOWER IN CALORIES..... 1**
- LOWER IN FAT..... 2**
- LOWER IN CALORIES AND/OR FAT..... 3**
- SOMETHING ELSE..... 4**
- DON'T KNOW..... 8**

QUESTIONNAIRE B

**NEXT, I WILL ASK YOU SOME QUESTIONS ABOUT YOUR HABITS OF EATING FAT.**

*INTERVIEWER: PLEASE NOTE THAT IF YOU REACH A STOP SIGN (STOP), YOU HAVE FINISHED THIS QUESTIONNAIRE AND CAN PROCEED ON TO THE NEXT QUESTIONNAIRE.*

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD B1 TO THE PARTICIPANT*

**B1. HOW HIGH IS YOUR OVERALL DIET IN FAT? IS IT...**

- 1. Very low
- 2. Low



- 3. In the middle
  - 4. High
  - 5. Very high
- } GO TO B3

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD B2 TO THE PARTICIPANT*

**B2. HOW LONG HAVE YOU FOLLOWED A DIET LOW IN FAT? WOULD YOU SAY...**

1. Less than 1 month	}	Action	STOP
2. 1 to 5 months	}	Maintenance	STOP
3. 6 to 11 months	}	Maintenance	STOP
4. 1 year or more	}		

**B3. PLEASE ANSWER YES OR NO. IN THE PAST 6 MONTHS, HAVE YOU TRIED TO EAT LESS FAT:**

- 1. Yes



- 2. No

} GO TO B5

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD B4 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

**B4. HOW SUCCESSFUL WERE YOU? WOULD YOU SAY...**

1. Very successful	}	Preparation
2. Somewhat successful		
3. Not successful		

GO TO B5 FOR ALL RESPONSES

**B5. PLEASE ANSWER YES OR NO. ARE YOU SERIOUSLY THINKING ABOUT EATING LESS FAT OVER THE NEXT 6 MONTHS?**

- 1. Yes
  - 2. No
- } GO TO B6

Precontemplation STOP

**B6. PLEASE ANSWER YES OR NO. DO YOU PLAN TO CONTINUE TRYING TO EAT LESS FAT OVER THE NEXT 6 MONTHS?**



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- 1. Yes } Preparation
- 2. No } Contemplation

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD B7 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

**B7. HOW CONFIDENT ARE YOU THAT YOU CAN CHANGE YOUR DIET TO EAT LESS FAT? WOULD YOU SAY...**

- 1. Very confident } Preparation 
- 2. Somewhat confident } Preparation
- 3. Not very confident } Contemplation 
- 4. Don't know } Contemplation

QUESTIONNAIRE C

**NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU PREPARED AND ATE FOODS IN THE PREVIOUS TWO WEEKS. FOR EACH QUESTION, PLEASE FIRST SAY YES OR NO. THEN TELL ME HOW OFTEN YOU DID THAT BEHAVIOR IN THE PREVIOUS TWO WEEKS. YOU CAN ALSO TELL ME THAT YOU “DON’T KNOW” AN ANSWER OR YOU CAN CHOOSE TO SKIP AN ITEM.**

LET’S BEGIN. FOR EXAMPLE,

**IN THE PREVIOUS TWO WEEKS:**

**C1. DID YOU EAT CHICKEN INCLUDING CHICKEN IN STEWS AND SOUPS?**

- 1-Yes → GO TO C1A
- 2-No → GO TO C2
- 8-Do not know → GO TO C2
- 9-Refused → GO TO C2

*INTERVIEWER: HAND RESPONSE OPTION CARD C TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED)*

C1a. (IF YES TO 1), **HOW OFTEN WAS THE CHICKEN FRIED OR COOKED WITH LARD OR OIL?**

Always	Often	Sometimes	Rarely/Never	Don’t Know	Refused
4	3	2	1	8	9

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

C1b. (IF YES TO 1), **HOW OFTEN DID YOU TAKE THE SKIN OFF THE CHICKEN?**

Always	Often	Sometimes	Rarely/Never	Don’t Know	Refused
4	3	2	1	8	9

**ANY QUESTIONS?**

**OK, LET’S CONTINUE.**

**IN THE PREVIOUS TWO WEEKS:**

**C2. DID YOU EAT RED MEAT SUCH AS BEEF, PORK OR LAMB, INCLUDING MEAT IN SOUPS AND STEWS?**

- 1-Yes → GO TO C2A
- 2-No → GO TO C3
- 8-Do not know → GO TO C3
- 9-Refused → GO TO C3

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

C2a. (IF YES TO 2), **HOW OFTEN DID YOU TRIM ALL THE VISIBLE FAT BEFORE COOKING (OR EATING) THE RED MEAT?**

Always	Often	Sometimes	Rarely/Never	Don’t Know	Refused
4	3	2	1	8	9



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**IN THE PREVIOUS TWO WEEKS:**

**C3. DID YOU EAT GROUND/RED MEAT?**

- 1-Yes → GO TO C3A
- 2-No → GO TO C4
- 8-Do not know → GO TO C4
- 9-Refused → GO TO C4

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

**C3a. (IF YES TO 3), HOW OFTEN DID YOU DRAIN OFF THE GREASE BEFORE EATING THE GROUND MEAT?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C4. DID YOU EAT BEANS SUCH AS PINTO, BLACK AND RED BEANS?**

- 1-Yes → GO TO C4A
- 2-No → GO TO C5
- 8-Do not know → GO TO C5
- 9-Refused → GO TO C5

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

**C4a. (IF YES TO 4), HOW OFTEN DID YOU COOK BEANS WITH LARD, BACON GREASE, OR OIL?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C5. DID YOU EAT TORTILLAS?**

- 1-Yes → GO TO C5A
- 2-No → GO TO C6
- 8-Do not know → GO TO C6
- 9-Refused → GO TO C6

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

**C5a. (IF YES TO 5), HOW OFTEN DID YOU COOK OR EAT TORTILLAS COOKED IN LARD, BACON GREASE, OR OIL?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C6. DID YOU EAT POTATOES?**

- 1-Yes → GO TO C6A
- 2-No → GO TO C7
- 8-Do not know → GO TO C7
- 9-Refused → GO TO C7

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

**C6a. (IF YES TO 6), HOW OFTEN WERE THEY FRIED IN LARD OR OIL, INCLUDING FRENCH FRIES?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C7. DID YOU EAT BOILED OR BAKED POTATOES?**

- 1-Yes → GO TO C7A
- 2-No → GO TO C8
- 8-Do not know → GO TO C8
- 9-Refused → GO TO C8

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

**C7a. (IF YES TO 7), HOW OFTEN DID YOU EAT THEM WITH BUTTER, MARGARINE, LARD, CORN OIL, OR OTHER FAT?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C8. DID YOU EAT BREAD OR ROLLS?**

- 1-Yes → GO TO C8A
- 2-No → GO TO C9
- 8-Do not know → GO TO C9
- 9-Refused → GO TO C9

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C)*

**C8a. (IF YES TO 8), HOW OFTEN DID YOU EAT THEM WITH BUTTER, MARGARINE, LARD, CORN OIL, OR OTHER FAT?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C9. DID YOU DRINK MILK, INCLUDING MILK IN COFFEE, CEREAL AND COOKING?**

- 1-Yes → GO TO C9A
- 2-No → GO TO C9
- 8-Do not know → GO TO C9
- 9-Refused → GO TO C9

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*  
**C9a. (IF YES TO 9), HOW OFTEN DID YOU USE 1% SKIM, NON-FAT, POWDERED OR EVAPORATED MILK?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C10. DID YOU EAT BETWEEN MEALS OR AFTER DINNER?**

- 1-Yes → GO TO C10A
- 2-No → GO TO C11
- 8-Do not know → GO TO C11
- 9-Refused → GO TO C11

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

**C10a. (IF YES TO 10), WHEN YOU ATE BETWEEN MEALS OR AFTER DINNER, HOW OFTEN DID YOU EAT RAW VEGETABLES?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

**C10b. (IF YES TO 10), WHEN YOU ATE BETWEEN MEALS OR AFTER DINNER, HOW OFTEN DID YOU EAT FRESH FRUITS?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C11. DID YOU EAT AT FAST FOOD RESTAURANTS SUCH AS MCDONALD'S OR TACO BELL OR TACO TRUCKS?**

- 1-Yes → GO TO C11A
- 2-No → GO TO C12
- 8-Do not know → GO TO C12
- 9-Refused → GO TO C12

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*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

C11a. (IF YES TO 11), **HOW OFTEN DID YOU CHOOSE SPECIAL LOW-FAT FOODS?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

**IN THE PREVIOUS TWO WEEKS:**

**C12. DID YOU EAT BREAKFAST?**

1-Yes → GO TO C12A

2-No → GO TO C13

8-Do not know → GO TO C13

9-Refused → GO TO C13

*INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD C*

C12a. (IF YES TO 12), **HOW OFTEN DID YOU CHOOSE BREAKFAST CEREAL INSTEAD OF PASTRIES OR EGGS?**

Always	Often	Sometimes	Rarely/Never	Don't Know	Refused
4	3	2	1	8	9

QUESTIONNAIRE D

INTERVIEWER: NOW HAND RESPONSE OPTION CARD D TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).

I AM GOING TO READ YOU FIVE STATEMENTS, ONE AT A TIME. PLEASE TELL ME THE EXTENT TO WHICH YOU AGREE OR DISAGREE TO EACH STATEMENT.

D1.	<p><b>THE CHANCE THAT YOU WILL EVER GET <u>HEART DISEASE</u> IS VERY BIG.</b></p> <p><i>REPEAT: "PLEASE TELL ME THE EXTENT TO WHICH YOU AGREE OR DISAGREE TO THIS STATEMENT."</i></p>	<p>Strongly Disagree .....1                  Disagree.....2                  Agree.....3                  Strongly Agree.....4</p>
D2.	<p><b>THE CHANCE THAT YOU WILL EVER GET <u>DIABETES/SUGAR DIABETES</u> IS VERY BIG.</b></p> <p><i>REPEAT: "PLEASE TELL ME THE EXTENT TO WHICH YOU AGREE OR DISAGREE TO THIS STATEMENT."</i></p>	<p>Strongly Disagree .....1                  Disagree.....2                  Agree.....3                  Strongly Agree.....4</p>
D3.	<p><b>THE CHANCE THAT YOU WILL EVER GET <u>ALZHEIMER'S DISEASE/MEMORY PROBLEMS</u> IS VERY BIG.</b></p> <p><i>REPEAT: "PLEASE TELL ME THE EXTENT TO WHICH YOU AGREE OR DISAGREE TO THIS STATEMENT."</i></p>	<p>Strongly Disagree .....1                  Disagree.....2                  Agree.....3                  Strongly Agree.....4</p>
D4.	<p><b>THE CHANCE THAT YOU WILL EVER GET <u>CANCER</u> IS VERY BIG.</b></p> <p><i>REPEAT: "PLEASE TELL ME THE EXTENT TO WHICH YOU AGREE OR DISAGREE TO THIS STATEMENT."</i></p>	<p>Strongly Disagree .....1                  Disagree.....2                  Agree.....3                  Strongly Agree.....4</p>
D5.	<p><b>THE CHANCE THAT YOU WILL EVER GET A <u>STROKE</u> IS VERY BIG.</b></p> <p><i>REPEAT: "PLEASE TELL ME THE EXTENT TO WHICH YOU AGREE OR DISAGREE TO THIS STATEMENT."</i></p>	<p>Strongly Disagree .....1                  Disagree.....2                  Agree.....3                  Strongly Agree.....4</p>

QUESTIONNAIRE E

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD E TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

**PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THESE STATEMENTS.**

E1.	<b>MY FAMILY IS ALWAYS THERE FOR ME IN TIMES OF NEED.</b>	Strongly Disagree.....1 Disagree.....2 Neutral.....3 Agree.....4 Strongly Agree.....5
E2.	<b>I AM PROUD OF MY FAMILY.</b>	Strongly Disagree.....1 Disagree.....2 Neutral.....3 Agree.....4 Strongly Agree.....5
E3.	<b>I CHERISH THE TIME I SPEND WITH MY FAMILY.</b>	Strongly Disagree.....1 Disagree.....2 Neutral.....3 Agree.....4 Strongly Agree.....5
E4.	<b>I KNOW MY FAMILY HAS MY BEST INTERESTS IN MIND.</b>	Strongly Disagree.....1 Disagree.....2 Neutral.....3 Agree.....4 Strongly Agree.....5
E5.	<b>MY FAMILY MEMBERS AND I SHARE SIMILAR VALUES AND BELIEFS.</b>	Strongly Disagree.....1 Disagree.....2 Neutral.....3 Agree.....4 Strongly Agree.....5

QUESTIONNAIRE F

I WILL READ A QUESTION, FOLLOWED BY MULTIPLE ANSWER POSSIBILITIES. PLEASE TELL ME YOUR ANSWER TO THE FOLLOWING QUESTIONS. WHERE MORE THAN ONE ANSWER SEEMS APPROPRIATE, BASE YOUR CHOICE, AS BEST AS POSSIBLE, ON WHAT WOULD BE MOST CORRECT UNDER NORMAL CIRCUMSTANCES OR UNDER MOST CONDITIONS.

F1.	<b>WHAT LANGUAGE DO YOU SPEAK?</b>	Spanish Only.....1 Mostly Spanish, Some English.....2 Spanish And English About Equally (Bilingual).....3 Mostly English, Some Spanish.....4 English Only.....5
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F2.	<b>WHAT LANGUAGE DO YOU PREFER?</b>	Spanish Only.....1 Mostly Spanish, Some English.....2 Spanish And English About Equally (Bilingual).....3 Mostly English, Some Spanish.....4 English Only.....5
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*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F3-5 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

F3.	<b>HOW DO YOU IDENTIFY YOURSELF?</b>	Mexican.....1 Chicano.....2 Mexican American.....3 Spanish, Hispanic, Latin American, American.....4 Anglo American or Other .....5
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F4.	<b>WHICH ETHNIC IDENTIFICATION DOES OR DID YOUR MOTHER USE?</b>	Mexican.....1 Chicano.....2 Mexican American.....3 Spanish, Hispanic, Latin American, American.....4 Anglo American or Other .....5

F5.	<b>WHICH ETHNIC IDENTIFICATION DOES OR DID YOUR FATHER USE?</b>	Mexican.....1 Chicano.....2 Mexican American.....3 Spanish, Hispanic, Latin American, American.....4 Anglo American or Other .....5
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INTERVIEWER: NOW HAND RESPONSE OPTION CARD F6-8 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).

F6-7.	<b>WHAT WAS THE ETHNIC ORIGIN OF THE FRIENDS AND PEERS YOU HAS, AS A CHILD</b>  6. UP TO AGE 6? ____ (USE CODES 1-5)  7. FROM 6 A 18? ____ (USE CODES 1-5)	Almost Exclusively Mexicans, Chicanos, Mexican Americans (La Raza).....1 Mostly Mexicans, Chicanos, Mexican Americans.....2 About Equally Raza (Mexicans, Chicanos, Or Mexican Americans) And Anglos Or Other Ethnic Groups.....3 Mostly Anglos, Blacks, Or Other Ethnic Groups.....4 Almost Exclusively Anglos, Blacks, Or Other Ethnic Groups.....5
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INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD F6-8

F8.	<b>WHOM DO YOU NOW ASSOCIATE WITH IN THE OUTSIDE COMMUNITY?</b>	Almost Exclusively Mexicans, Chicanos, Mexican Americans (La Raza).....1 Mostly Mexicans, Chicanos, Mexican Americans.....2 About Equally Raza (Mexicans, Chicanos, Or Mexican Americans) And Anglos Or Other Ethnic Groups.....3 Mostly Anglos, Blacks, Or Other Ethnic Groups.....4 Almost Exclusively Anglos, Blacks, Or Other Ethnic Groups.....5
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INTERVIEWER: NOW HAND RESPONSE OPTION CARD F9-11 TO PARTICIPANT AND READ THE NEXT RESPONSES OUT LOUD

F9.	<b>WHAT IS YOUR MUSIC PREFERENCE?</b>	Only Spanish.....1 Mostly Spanish.....2 Equally Spanish And English.....3 Mostly English.....4 English Only.....5
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INTERVIEWER: CONTINUE HAVING PARTICIPANT KEEP RESPONSE OPTION CARD F9-11 AND READ THE NEXT RESPONSES OUT LOUD.

F10.	<b>WHAT IS YOUR TV VIEWING PREFERENCE?</b>	Only Programs In Spanish.....1 Mostly Programs In Spanish.....2 Equally Spanish And English Programs.....3 Mostly Programs In English.....4 Only Programs In English.....5
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F11.	<b>WHAT IS YOUR MOVIE PREFERENCE?</b>	Spanish-Language Movies Only.....1
		Spanish-Language Movies Mostly.....2
		Equally English/Spanish.....3
		English-Language Movies Mostly.....4
		English-Language Movies Only.....5

F12A.	<b>WHERE WERE YOU BORN?</b>	Mexico.....1
		United States.. ..2
		Other Country.....3

F12B.	<b>WHERE WAS YOUR FATHER BORN?</b>	Mexico.....1
		United States.. ..2
		Other Country.....3

F12C.	<b>WHERE WAS YOUR MOTHER BORN?</b>	Mexico.....1
		United States.. ..2
		Other Country.....3

F12D.	<b>WHERE WAS YOUR FATHER’S MOTHER BORN?</b>	Mexico.....1
		United States.. ..2
		Other Country.....3

F12E.	<b>WHERE WAS YOUR FATHER’S FATHER BORN?</b>	Mexico.....1
		United States.. ..2
		Other Country.....3

F12F.	<b>WHERE WAS YOUR MOTHER’S MOTHER BORN?</b>	Mexico.....1
		United States.. ..2
		Other Country.....3

F12G.	<b>WHERE WAS YOUR MOTHER’S FATHER BORN?</b>	Mexico.....1
		United States.. ..2
		Other Country.....3

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F13 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

F13.	<b>WHERE WERE YOU RAISED?</b>	In Mexico Only.....1
		Mostly In Mexico, Some In U.S.....2
		Equally In U.S. And Mexico.....3
		Mostly In U.S., Some In Mexico.....4
		In U.S. Only.....5

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F14 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

F14.	<b>WHAT CONTACT HAVE YOU HAD WITH MEXICO?</b>	Raised For One Year Or More In Mexico.....1 Lived For Less Than 1 Year In Mexico.....2 Occasional Visits To Mexico.....3 Occasional Communications (Letters, Phone Calls, Etc.) With People In Mexico.....4 No Exposure Or Communications With People In Mexico.....5
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*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F15 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

F15.	<b>WHAT IS YOUR FOOD PREFERENCE?</b>	Exclusively Mexican Food.....1 Mostly Mexican Food, Some American.....2 About Equally Mexican And American.....3 Mostly American Food.....4 Exclusively American Food.....5
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*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F16 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

F16.	<b>IN WHAT LANGUAGE DO YOU THINK?</b>	Only In Spanish.....1 Mostly In Spanish.....2 Equally In English And Spanish.....3 Mostly In English.....4 Only In English.....5
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F16A.	<b>CAN YOU READ SPANISH?</b>	Yes.....1 No.....2
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F16B.	<b>CAN YOU READ ENGLISH?</b>	Yes.....1 No.....2
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*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F17 TO THE PARTICIPANT (AND READ THE NEXT RESPONSES OUT LOUD, IF NECESSARY).*

F17A.	<b>WHICH DO YOU READ BETTER? RATE THE SUBJECT ON THE FOLLOWING CONTINUUM:</b>	Reads Only Spanish.....1 Reads Spanish Better Than English.....2 Reads Both Spanish And English Equally Well..3 Reads English Better Than Spanish.....4 Reads Only English.....5
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F17B.	<b>CAN YOU WRITE IN ENGLISH?</b>	Yes.....1 No.....2
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F17C.	<b>CAN YOU WRITE IN SPANISH?</b>	Yes.....1 No.....2
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*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F18 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

F18.	<p><b>WHICH DO YOU WRITE BETTER?</b>  <i>RATE THE SUBJECT ON THE FOLLOWING CONTINUUM:</i></p>	<p>Writes Only Spanish.....1                  Writes Spanish Better Than English.....2                  Writes Both Spanish And English Equally Well.....3                  Writes English Better Than Spanish.....4                  Writes Only English.....5</p>
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*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F19 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

F19.	<p><b>IF YOU CONSIDER YOURSELF A MEXICAN, CHICANO, MEXICAN AMERICAN, MEMBER OF LA RAZA, OR HOWEVER YOU IDENTIFY THIS GROUP, HOW MUCH PRIDE DO YOU HAVE IN THIS GROUP?</b></p>	<p>Extremely Proud.....1                  Moderately Proud.....2                  Little Pride.....3                  No Pride But Does Not Feel Negative Toward Group.....4                  No Pride And Feels Negative Toward La Raza..5</p>
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*INTERVIEWER: NOW HAND RESPONSE OPTION CARD F20 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

F20.	<p><b>HOW WOULD YOU RATE YOURSELF?</b></p>	<p>Very Mexican.....1                  Mostly Mexican.....2                  Bicultural.....3                  Mostly Anglicized.....4                  Very Anglicized.....5</p>
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QUESTIONNAIRE G

THE FOLLOWING QUESTIONS ARE ABOUT WHAT YOU ATE IN THE PAST MONTH.  
PLEASE ANSWER YES OR NO. IN THE PAST MONTH, DID YOU:

- |                                          |        |       |
|------------------------------------------|--------|-------|
| 1. EAT DOUGHNUTS                         | 1. Yes | 2. No |
| 2. EAT <i>POZOLE</i>                     | 1. Yes | 2. No |
| 3. EAT KETCHUP                           | 1. Yes | 2. No |
| 4. MAKE YOUR OWN <i>TORTILLAS</i>        | 1. Yes | 2. No |
| 5. DRINK GATORADE/KOOLAID TYPE BEVERAGES | 1. Yes | 2. No |
| 6. DRINK SKIM MILK                       | 1. Yes | 2. No |
| 7. DRINK <i>AGUA FRESCA</i>              | 1. Yes | 2. No |
| 8. EAT HAMBURGERS                        | 1. Yes | 2. No |
| 9. DRINK SODA/CARBONATED BEVERAGES       | 1. Yes | 2. No |
| 10. EAT <i>TAMALES</i>                   | 1. Yes | 2. No |
| 11. EAT HOTDOGS                          | 1. Yes | 2. No |
| 12. EAT <i>FRIJOLES</i>                  | 1. Yes | 2. No |
| 13. EAT PIZZA                            | 1. Yes | 2. No |
| 14. EAT HOT CHEETOS                      | 1. Yes | 2. No |
| 15. EAT SWEET BREAKFASTS                 | 1. Yes | 2. No |

QUESTIONNAIRE H

INTERVIEWER: DISPLAY THE ICE CREAM PINT CARDBOARD CONTAINER

INTERVIEWER: NOW HAND ICE CREAM NUTRITION FACTS LABEL TO THE PARTICIPANT (RESPONSE OPTION CARD H)

READ TO SUBJECT: THIS INFORMATION IS ON THE BACK OF A CONTAINER OF A PINT OF ICE CREAM.

1. IF YOU EAT THE ENTIRE CONTAINER, HOW MANY CALORIES WILL YOU EAT?

Answer 1,000

2. IF YOU ARE ALLOWED TO EAT 60G OF CARBOHYDRATES AS A SNACK, HOW MUCH ICE CREAM COULD YOU HAVE?

Answer Any of the following is correct:  
 1 cup (or any amount up to 1 cup)  
 Half the container  
 Note: If participant answers "2 servings", ask "How much ice cream would that be if you were to measure it into a bowl?"

3. YOUR DOCTOR ADVISES YOU TO REDUCE THE AMOUNT OF SATURATED FAT IN YOUR DIET. YOU USUALLY HAVE 42 G OF SATURATED FAT EACH DAY, WHICH INCLUDES 1 SERVING OF ICE CREAM. IF YOU STOP EATING ICE CREAM, HOW MANY GRAMS OF SATURATED FAT WOULD YOU BE CONSUMING EACH DAY?

Answer 33 is the only correct answer

4. IF YOU USUALLY EAT 2500 CALORIES IN A DAY, WHAT PERCENTAGE OF YOUR DAILY VALUE OF CALORIES WILL YOU BE EATING IF YOU EAT ONE SERVING?

Answer 10% is the only correct answer

PRETEND THAT YOU ARE ALLERGIC TO THE FOLLOWING SUBSTANCES: PENICILLIN, PEANUTS, LATEX GLOVES, AND BEE STINGS.

5. IS IT SAFE FOR YOU TO EAT THIS ICE CREAM?

Answer No

6. (Ask only if the participant responds "no" to question 5): WHY NOT?

Answer Because it has peanut oil.

Answer Correct?

Answer Correct?	
YES	NO
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
Total Correct:	

QUESTIONNAIRE J

**BEFORE WE FINISH TODAY, I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR GENERAL BACKGROUND.**

**J1. HOW OLD ARE YOU? \_\_\_\_**

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD J2 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

**J2. WHICH OF THE FOLLOWING GROUPS BEST DESCRIBES YOUR ETHNIC IDENTIFICATION?**

1. Mexican
2. Guatemalan
3. Salvadoran
4. Belizean
5. Honduran
6. Nicaraguan
7. Costa Rican
8. Panamanian
9. Colombian
10. Ecuadorian
11. Peruvian
12. Venezuelan
13. Guyanan
14. Surinamean
15. French Guianan
16. Brazilian
17. Paraguayan
18. Uruguayan
19. Argentinean
20. Chilean
21. Bolivian
22. Cuban
23. Haitian
24. Dominican
25. Puerto Rican
26. Other ethnic origin \_\_\_\_\_

FULL ID: \_\_\_\_\_

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*INTERVIEWER: NOW HAND RESPONSE OPTION CARD J3 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

**J3. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU'VE COMPLETED?**

1. No formal schooling
2. Some elementary school
3. Elementary school
4. Some high school
5. High school
6. Some technical or associate coursework
7. Technical or associate's degree
8. Some college
9. Bachelor's degree
10. Some graduate school
11. Master's degree
12. Doctoral degree (Ph.D., other doctoral)
13. Professional degree (e.g., M.D., J.D.)

**J4. WHERE DID YOU COMPLETE YOUR FORMAL EDUCATION?**

1. Mexico
2. U.S.
3. Other country → please specify: \_\_\_\_\_

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD J5 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

**J5. WHAT IS YOUR CURRENT EMPLOYMENT STATUS?**

1. Paid employment, full-time
2. Paid employment, part-time
3. Retired
4. Volunteer, full-time → GO TO J7
5. Volunteer, part-time → GO TO J7
6. Full-time stay at home → GO TO J7
7. Student, full-time → GO TO J7
8. Student, part-time → GO TO J7
9. Unemployed → GO TO J7
10. Disability → GO TO J7

**J6. HOW MANY HOURS PER WEEK DO YOU WORK? \_\_\_\_\_**

**J7. WHAT IS YOUR CURRENT MARITAL STATUS?**

1. Married/Long-term relationship
2. Single
3. Divorced
4. Separated
5. Widowed

**J8A. DO YOU HAVE CHILDREN LIVING AT HOME (THEY CAN BE YOUR CHILDREN OR SOMEONE ELSE'S CHILDREN)?**

1. Yes → **HOW MANY?** RECORD # \_\_\_\_\_ AND GO TO J8B
2. No → GO TO J9

**J8B. ARE THEY CURRENTLY LIVING AT HOME?**

1. Yes → GO TO J8C
2. No → GO TO J9

**J8C. ARE ANY OF THE KIDS LIVING AT HOME UNDER THE AGE OF 17?**

1. Yes → **HOW MANY?** RECORD # \_\_\_\_\_ AND GO TO J9
2. No → GO TO J9

**J9. IN THE LAST 12 MONTHS, WAS THERE MORE THAN ONE FAMILY LIVING IN YOUR HOUSE?**

1. Yes
2. No

**J10. IN THE LAST 12 MONTHS, HOW MANY PEOPLE WITHIN YOUR FAMILY LIVED IN YOUR HOME (INCLUDING YOURSELF)?**

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6 and over

**J11. IN THE LAST 12 MONTHS, HOW MANY OF THEM:**

- 11a. Were adults? \_\_\_\_
- 11b. Were children (not necessarily your own)? \_\_\_\_

**J12. NOW THINKING ABOUT THE PEOPLE IN YOUR FAMILY INCLUDING YOURSELF, WOULD YOU SAY THAT YOUR TOTAL FAMILY INCOME IN THE LAST 12 MONTHS – FROM WORKING, RENT, SOCIAL SECURITY, DISABILITY, RETIREMENT, AND ANY OTHER SOURCES OF INCOME – WAS ABOVE OR BELOW \$20,000?**

1. Above \$20,000
2. Below \$20,000
3. Exactly \$20,000
4. Refused
5. Don't know

**J13. HOW LONG HAVE YOU LIVED IN THE U.S.?**

1. \_\_\_\_\_ years
2. Since birth (13b. if so, enter current age: \_\_\_\_\_)



**J14. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS OR PROBLEMS, OR THAT YOU ARE AT VERY HIGH RISK FOR ANY OF THE FOLLOWING CONDITIONS OR PROBLEMS? (SELECT ALL THAT APPLY):**

		Yes	No	REF	DK
a.	DIABETES/SUGAR DIABETES	1	2	8	9
b.	HIGH BLOOD PRESSURE?	1	2	8	9
c.	HIGH CHOLESTEROL?	1	2	8	9
d.	STROKE/BRAIN HEMORRHAGE?	1	2	8	9
e.	HEART PAIN/ANGINA?	1	2	8	9
f.	HEART ATTACK?	1	2	8	9
g.	HEART FAILURE OR ENLARGED HEART?	1	2	8	9
h.	OBESITY (EXTREME OVERWEIGHT)?	1	2	8	9
i.	ASTHMA?	1	2	8	9
j.	SKIN CANCER?	1	2	8	9
k.	OTHER CANCER? SPECIFY _____	1	2	8	9
l.	EYE DISEASE?	1	2	8	9
m.	ALZHEIMER'S DISEASE?	1	2	8	9

**J15. HAS A DOCTOR EVER TOLD AN IMMEDIATE FAMILY MEMBER THAT THEY HAVE ANY OF THE FOLLOWING CONDITIONS OR PROBLEMS, OR THAT THEY ARE AT VERY HIGH RISK FOR ANY OF THE FOLLOWING CONDITIONS OR PROBLEMS? (SELECT ALL THAT APPLY):**

		Yes	No	REF	DK
a.	DIABETES/SUGAR DIABETES	1	2	8	9
b.	HIGH BLOOD PRESSURE?	1	2	8	9
c.	STROKE/BRAIN HEMORRHAGE?	1	2	8	9
d.	HEART PAIN/ANGINA?	1	2	8	9
e.	HEART ATTACK?	1	2	8	9
f.	HEART FAILURE OR ENLARGED HEART?	1	2	8	9
g.	OBESITY (EXTREME OVERWEIGHT)?	1	2	8	9
h.	ASTHMA?	1	2	8	9
i.	SKIN CANCER?	1	2	8	9
j.	OTHER CANCER? SPECIFY _____	1	2	8	9
k.	EYE DISEASE?	1	2	8	9
l.	ALZHEIMER'S DISEASE?	1	2	8	9

**J16. ONLY IF YES TO DIABETES: WERE YOU PREGNANT WHEN YOU WERE TOLD THAT YOU HAD DIABETES?**

3. Yes
4. No
5. Refused
6. Don't know

**J17. OTHER THAN DURING PREGNANCY, HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR SUGAR DIABETES?**

1. Yes
2. No
3. Refused
4. Don't know

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD J18 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

**J18. PLEASE HELP US UNDERSTAND YOUR HEALTH BY ANSWERING THE NEXT QUESTION. HOW WOULD YOU RATE YOUR OVERALL HEALTH?**

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent
6. Refused
7. Don't know

*INTERVIEWER: NOW HAND RESPONSE OPTION CARD J19 TO THE PARTICIPANT (AND READ THE RESPONSES, AS NEEDED).*

**J19. IN GENERAL, WOULD YOU RATE YOUR LEVEL OF PHYSICAL ACTIVITY AS MUCH LESS, LESS, THE SAME AS, MORE, OR MUCH MORE THAN OTHER WOMEN YOUR AGE?**

1. Much Less
2. Less
3. The Same As
4. More
5. Much More
6. Refused
7. Don't know

**J20. IN GENERAL, ARE YOU THE PERSON WHO MOST REGULARLY SHOPS FOR THE GROCERIES FOR YOUR FAMILY?**

1. Yes
2. No
3. No, but I make up the grocery list that I then give to a loved one who shops (for example, my spouse or child)
4. Refused
5. Don't know

FULL ID: \_\_\_\_\_

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**J21. IN GENERAL, ARE YOU THE PERSON WHO MOST REGULARLY PREPARES/COOKS THE MEALS FOR YOUR FAMILY?**

1. Yes
2. No
3. Refused
4. Don't know

**J22. IN GENERAL, WHAT MODE OF TRANSPORTATION DO YOU MOST REGULARLY USE TO BUY GROCERIES?**

1. Bus
2. Car
3. Walking
4. Taxi
5. Train
6. Bicycle
7. Motorcycle
8. Refused
9. Don't know

CONTACT INFORMATION

YOUR TIME AND ENERGY IS TRULY APPRECIATED. THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN THIS RESEARCH STUDY. REMEMBER, WE WILL BE CONTACTING YOU AGAIN SOON.

1. IN ORDER TO DO SO, LET ME CONFIRM YOUR MAILING ADDRESS.

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ADDRESS

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CITY STATE ZIP

YOUR HELP WITH THIS STUDY HAS BEEN VERY VALUABLE. BECAUSE WE MAY WANT TO CONTACT YOU AGAIN WITHIN THREE MONTHS TO SEE HOW THINGS ARE GOING FOR YOU THEN, I'D LIKE TO GET SOME INFORMATION THAT WILL HELP US LOCATE YOU IN CASE YOU MOVE.

2. LET ME CONFIRM YOUR HOME TELEPHONE NUMBER (IF YOU HAVE ONE). (     )    -      
 OR NONE...(SKIP TO Q3)..... 1

3. DO YOU HAVE A WORK TELEPHONE NUMBER? YES..... 1  
NO...(SKIP TO Q4)..... 2

a. WHAT IS THAT NUMBER?..... (     )    -

4. DO YOU HAVE A CELLULAR TELEPHONE NUMBER? YES..... 1  
NO...(SKIP TO Q5)..... 2

a. WHAT IS THAT NUMBER?..... (     )    -

5. IS THERE A TELEPHONE NUMBER (OTHER THAN YOUR OWN) WHERE SOMEONE CAN LEAVE A MESSAGE FOR YOU? YES..... 1  
NO...(SKIP TO Q6)..... 2

b. WHAT IS THAT NUMBER?..... (     )    -

FULL ID: \_\_\_\_\_

6. A. IS THERE A POSSIBILITY THAT YOU WILL MOVE OR CHANGE YOUR TELEPHONE NUMBER IN THE NEXT THREE MONTHS?

YES..... 1  
NO.....(SKIP TO CONCLUSION) ..... 2

B. WHAT INFORMATION CAN YOU SHARE WITH US TO BE ABLE TO LOCATE YOU IN THE EVENT THAT YOU MOVE OR CHANGE YOUR TELEPHONE NUMBER?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONCLUSION:** THANK YOU VERY MUCH FOR YOUR TIME. WE REALLY APPRECIATE YOUR HELP WITH THIS STUDY. REMEMBER, WE WILL BE IN TOUCH WITH YOU SOON.

**END TIME**

□□:□□

**INTERVIEWER OBSERVATIONS**

- 1. HOW WELL DID THE PARTICIPANT APPEAR TO UNDERSTAND THE QUESTIONS ASKED?
  - VERY WELL.....1
  - FAIRLY WELL.....2
  - NOT VERY WELL.....3
  - NOT AT ALL WELL.....4
  
- 2. HOW COOPERATIVE WAS THE PARTICIPANT IN ANSWERING THE QUESTIONS?
  - VERY COOPERATIVE.....1
  - FAIRLY COOPERATIVE.....2
  - NOT VERY COOPERATIVE.....3
  - NOT AT ALL COOPERATIVE.....4
  
- 3. DID THE PARTICIPANT ASK OR EXPRESS CONCERNS OR DOUBTS ABOUT THE PRIVACY OR CONFIDENTIALITY OF HIS/HER ANSWERS, USE OF THE DATA, OR CONSEQUENCES OF PARTICIPATING?
  - MORE THAN ONCE.....1
  - ONCE.....2
  - NOT AT ALL.....3
  
- 4. PLEASE NOTE ANYTHING ELSE YOU FEEL IS HELPFUL OR IMPORTANT FOR UNDERSTANDING THE INTERVIEW.
 

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- 5. PLEASE NOTE ANYTHING ELSE YOU FEEL WOULD BE HELPFUL FOR THE BUENOS HABITOS STUDY TEAM TO KNOW. **(CODE ALL THAT APPLY)**
  - WHEELCHAIR BOUND.....1
  - HEARING IMPAIRED.....2
  - VISUALLY IMPAIRED.....3
  - DIFFICULTY WALKING.....4
  - OTHER...(SPECIFY).....5
  - SPECIFY \_\_\_\_\_
  
- 6. CODE MENTAL CAPACITY OF PARTICIPANT
  - MENTALLY CAPABLE.....1
  - REDUCED MENTAL CAPABILITY.....2
  
- 7. IS PARTICIPANT LITERATE?
  - YES.....1
  - NO.....2

FULL ID: \_\_\_\_\_

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