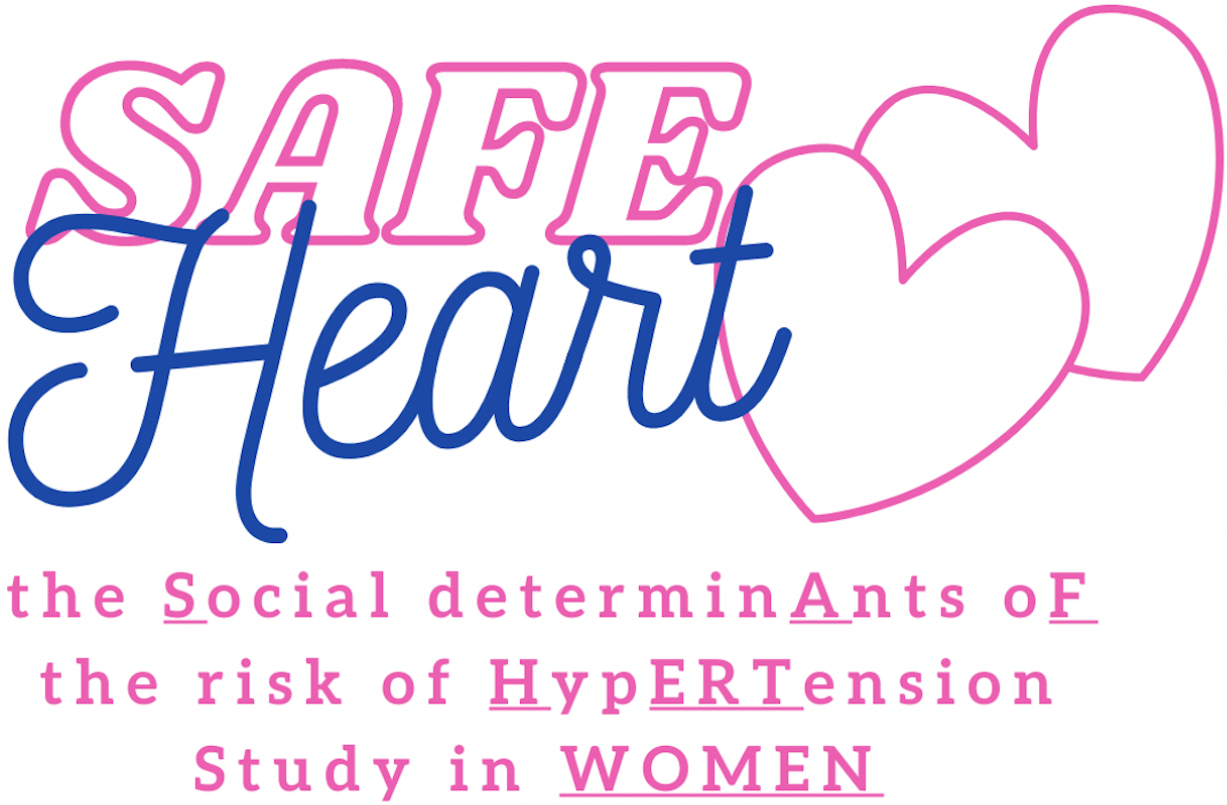
# SAFE HEART Women Study Participant Information




Thank you for your interest in the SAFE HEART Women Study!

The SAFE HEART Women study is focused on learning about younger women at risk for high blood pressure and heart disease who haven't traditionally been apart of studies about heart health.

This study will help us learn more on how risks for high blood pressure and heart disease are impacted by social factors (like where you live or work) and understanding of heart health (called heart health literacy). And if heart health education improves this understanding.

Participation in the SAFE HEART Study includes:
- Screening for heart health risk factors
- Receive education and resources tailored towards women's heart health
- Compensation up to $50 in gift cards

Eligibility requires:
- Self-identify as a Black, Hispanic, or White women
- Between 18-44 years old
- Live in Baltimore or Washington D.C. area

1) What is your preferred language for completing survey?

{[language_set] radio}

◯ {en-US} English
◯ {es} Spanish

2) Date
{[pdate] text (date_mdy) Required}

_____

3) First name
{[pfirst_name] text Required Identifier}
_____

4) Last name
{[plast_name] text Required Identifier}
_____

5) Date of Birth
{[pdob] text (date_mdy) Required Identifier}
_____

6) Age
{[page] calc}
_____

7) Phone number
{[pcellphone_number] text (phone) Identifier}
_____

8) Additional phone number
{[padditionalphone_number] text (phone)}
_____

9) Email
{[pemail] text (email) Identifier}
_____

10) Best way to contact you?
{[pcontact_method] radio Required}
◯ {1} Phone number
◯ {2} Email

11) Would you like to receive a physical heart health screening?
{[bp_opt] radio Required}
◯ {1} Yes
◯ {2} No

12) Eligible Criteria
{[elig_criteria] text}
_____

# Consent Form

Consent Form

[Attachment: "Consent Form.pdf"]

13) Today's Date
{[consent_date] text (date_mdy) Required} _____

14) First Name
{[fname] text Required} _____

15) Last Name
{[lname] text Required} _____

16) Email Address
{[email] text (email)} _____

17) Date of Birth
{[dob] text (date_mdy) Identifier} _____

18) I have read and acknowledged the information and consent form above. The documentation is accurate, and I am willing to give my consent for participation.
{[consent_yn] yesno Required}
◯ Yes
◯ No

19) Signature
{[signature] file (signature) Required}

_____

# Community Questionnaire

Please complete the survey below.Thank you!

Section A. Participant Information

Today's Date
{[date] text (date_mdy) Required}

_____

Study ID
{[study_id] text Required}

_____

Section B. Sociodemographic Information

Date of birth
{[age] text (date_mdy) Required}

_____

What was your sex at birth?
{[sex] radio Required}

◯ {1} Female
◯ {2} Male
◯ {3} Intersex

What terms best express how you describe your gender identity?
{[gender] radio Required}

◯ {1} Man
◯ {2} Woman
◯ {3} Transgender
◯ {4} None of these describe me
◯ {5} Prefer not to answer

Are you currently pregnant or lactating?
{[preglac] radio Required}

◯ {1} Yes
◯ {2} No

What race(s) are you? Check all that apply AND print origins.
{[race] checkbox Required}

☐ {8} Black/African American
☐ {9} White
☐ {10} American Indian/Alaska Native
☐ {12} Asian
☐ {13} Pacific Islander
☐ {14} Other race

Please specify
{[race_other] text Required}
{Branching logic (show if): [race(14)] = '1'}

_____

Are you of Hispanic, Latina/Latino, or Spanish origin?

{[hispanic] checkbox Required}

☐ {1} Yes
☐ {2} No

Please specify origin
{[hispanico] checkbox Required}
{Branching logic (show if): [hispanic(1)] = '1'}

☐ {4} Dominican or Dominican descent
☐ {5} Central American or Central American descent
☐ {6} Cuban or Cuban descent
☐ {7} Mexican or Mexican descent
☐ {8} Puerto Rican or Puerto Rican descent
☐ {9} South American or South American descent

Were you born in the United States?
{[born] radio Required}

◯ {1} Yes, in the US
◯ {2} No, outside the US

Which country were you born?

{[borno] dropdown Required}
{Branching logic (show if): [born] = '2'}

◯ {1} Afghanistan
◯ {2} Albania
◯ {3} Algeria
◯ {4} Andorra
◯ {5} Angola
◯ {6} Antigua and Barbuda
◯ {7} Argentina
◯ {8} Armenia
◯ {9} Aruba
◯ {10} Australia
◯ {11} Austria
◯ {12} Azerbaijan
◯ {204} Bahamas
◯ {13} Bahrain
◯ {14} Bangladesh
◯ {15} Barbados
◯ {16} Belarus
◯ {17} Belgium
◯ {18} Belize
◯ {19} Benin
◯ {20} Bhutan
◯ {21} Bolivia
◯ {22} Bosnia and Herzegovina
◯ {23} Botswana
◯ {24} Brazil
◯ {25} Brunei
◯ {26} Bulgaria
◯ {27} Burkina Faso
◯ {28} Burma
◯ {29} Burundi
◯ {30} Cambodia
◯ {31} Cameroon
◯ {32} Canada
◯ {33} Cape Verde
◯ {34} Central African Republic
◯ {35} Chad
◯ {36} Chile
◯ {37} China
◯ {38} Colombia
◯ {39} Comoros
◯ {201} Democratic Republic of the Congo
◯ {202} Republic of the Congo
◯ {40} Costa Rica
◯ {41} Cote d'Ivoire
◯ {42} Croatia
◯ {43} Cuba
◯ {44} Curacao
◯ {45} Cyprus
◯ {46} Czech Republic
◯ {47} Denmark
◯ {48} Djibouti
◯ {49} Dominica
◯ {50} Dominican Republic
◯ {51} East Timor (see Timor-Leste)
◯ {52} Ecuador
◯ {53} Egypt
◯ {54} El Salvador
◯ {55} Equatorial Guinea
◯ {56} Eritrea
◯ {57} Estonia
◯ {58} Ethiopia
◯ {59} Fiji
◯ {60} Finland
◯ {61} France
◯ {62} Gabon
◯ {203} Gambia
◯ {63} Georgia
◯ {64} Germany
◯ {65} Ghana

◯ {66} Greece
◯ {67} Grenada
◯ {68} Guatemala
◯ {69} Guinea
◯ {70} Guinea-Bissau
◯ {71} Guyana
◯ {72} Haiti
◯ {73} Holy See
◯ {74} Honduras
◯ {75} Hong Kong
◯ {76} Hungary
◯ {77} Iceland
◯ {78} India
◯ {79} Indonesia
◯ {80} Iran
◯ {81} Iraq
◯ {82} Ireland
◯ {83} Israel
◯ {84} Italy
◯ {85} Jamaica
◯ {86} Japan
◯ {87} Jordan
◯ {88} Kazakhstan
◯ {89} Kenya
◯ {90} Kiribati
◯ {91} Kosovo
◯ {92} Kuwait
◯ {93} Kyrgyzstan
◯ {94} Laos
◯ {95} Latvia
◯ {96} Lebanon
◯ {97} Lesotho
◯ {98} Liberia
◯ {99} Libya
◯ {100} Liechtenstein
◯ {101} Lithuania
◯ {102} Luxembourg
◯ {103} Macau
◯ {104} Macedonia
◯ {105} Madagascar
◯ {106} Malawi
◯ {107} Malaysia
◯ {108} Maldives
◯ {109} Mali
◯ {110} Malta
◯ {111} Marshall Islands
◯ {112} Mauritania
◯ {113} Mauritius
◯ {114} Mexico
◯ {115} Micronesia
◯ {116} Moldova
◯ {117} Monaco
◯ {118} Mongolia
◯ {119} Montenegro
◯ {120} Morocco
◯ {121} Mozambique
◯ {122} Namibia
◯ {123} Nauru
◯ {124} Nepal
◯ {125} Netherlands
◯ {126} Netherlands Antilles
◯ {127} New Zealand
◯ {128} Nicaragua
◯ {129} Niger
◯ {130} Nigeria
◯ {131} North Korea
◯ {132} Norway
◯ {133} Oman
◯ {134} Pakistan
◯ {135} Palau
◯ {136} Palestinian Territories

◯ {137} Panama
◯ {138} Papua New Guinea
◯ {139} Paraguay
◯ {140} Peru
◯ {141} Philippines
◯ {142} Poland
◯ {143} Portugal
◯ {144} Qatar
◯ {145} Romania
◯ {146} Russia
◯ {147} Rwanda
◯ {148} Saint Kitts and Nevis
◯ {149} Saint Lucia
◯ {150} Saint Vincent and the Grenadines
◯ {151} Samoa
◯ {152} San Marino
◯ {153} Sao Tome and Principe
◯ {154} Saudi Arabia
◯ {155} Senegal
◯ {156} Serbia
◯ {157} Seychelles
◯ {158} Sierra Leone
◯ {159} Singapore
◯ {160} Sint Maarten
◯ {161} Slovakia
◯ {162} Slovenia
◯ {163} Solomon Islands
◯ {164} Somalia
◯ {165} South Africa
◯ {166} South Korea
◯ {167} South Sudan
◯ {168} Spain
◯ {169} Sri Lanka
◯ {170} Sudan
◯ {171} Suriname
◯ {172} Swaziland
◯ {173} Sweden
◯ {174} Switzerland
◯ {175} Syria
◯ {176} Taiwan
◯ {177} Tajikistan
◯ {178} Tanzania
◯ {179} Thailand
◯ {180} Timor-Leste
◯ {181} Togo
◯ {182} Tonga
◯ {183} Trinidad and Tobago
◯ {184} Tunisia
◯ {185} Turkey
◯ {186} Turkmenistan
◯ {187} Tuvalu
◯ {188} Uganda
◯ {189} Ukraine
◯ {190} United Arab Emirates
◯ {191} United Kingdom
◯ {192} United States of America
◯ {193} Uruguay
◯ {194} Uzbekistan
◯ {195} Vanuatu
◯ {196} Venezuela
◯ {197} Vietnam
◯ {198} Yemen
◯ {199} Zambia
◯ {200} Zimbabwe

How many years have you lived in the U.S?
{[live_usa] text (float Min: 1 Max: 100) Required}
{Branching logic (show if): [born] = '2'}

_____

Do you speak a language other than English at home? (select all that apply)
{[language] checkbox Required}

☐ {1} Yes
☐ {8} No

Which language do you speak at home other than English?
{[language_2] checkbox Required}
{Branching logic (show if): [language(1)] = '1'}

☐ {8} Spanish
☐ {4} Portuguese
☐ {5} French
☐ {6} Creole
☐ {7} Other: _____

Other, please specify
{[languageo] text Required}
{Branching logic (show if): [language_2(7)] = '1'}

_____

What is your highest level of education?
{[edulvl] radio Required}

◯ {1} Grade school
◯ {2} Some high school
◯ {3} Completed high school or GED
◯ {4} Some college (including community college)
◯ {5} Associate degree, community college degree
◯ {6} Technical college degree
◯ {7} Bachelor's degree
◯ {8} Master's degree
◯ {9} Doctorate degree
◯ {10} Other

Other, please specify
{[edulvlo] text Required}
{Branching logic (show if): [edulvl] = '10'}

_____

Which of the following describes your employment status?
{[empstat] checkbox Required}

☐ {1} Working full-time
☐ {2} Working part-time
☐ {3} Temporarily laid off, sick leave, or maternity leave
☐ {4} Looking for work, unemployed
☐ {5} Retired
☐ {6} Disabled
☐ {7} Keeping house
☐ {8} Student
☐ {9} Other

Other, please specify
{[empstato] text Required}
{Branching logic (show if): [empstat(9)] = '1'}

_____

What was your total combined income of your household in the past year? This can include income from wages, salaries, Social Security/retirement benefits, help from relatives, or other sources of income.
{[income] checkbox Required}

- ☐ {1} Under $5,000
- ☐ {2} $5,000 - $9,999
- ☐ {3} $10,000 - $19,999
- ☐ {4} $20,000 - $29,999
- ☐ {5} $30,000 - $39,999
- ☐ {6} $40,000 - $49,999
- ☐ {7} □ $50,000 - $59,999
- ☐ {8} □ $60,000 - $69,999
- ☐ {9} $70,000 - $79,999
- ☐ {10} $80,000 - $89,999
- ☐ {11} $90,000 - $99,999
- ☐ {12} $100,000 or above
- ☐ {13} Don't know
- ☐ {14} Prefer not to answer

How many people are supported by this income right now? Count yourself and everyone supported by this income, even if they do not live in the same household as you.
{[incomepp] text (float) Required}

_____

What is your current marital status?
{[marital] checkbox Required}

- ☐ {1} Married or living with partner
- ☐ {2} Divorced or separated
- ☐ {3} Widowed
- ☐ {4} Never married
- ☐ {5} Other
- ☐ {6} Prefer not to answer
- ☐ {7} Refused to answer

Other, please specify
{[maritalo] text Required}
{Branching logic (show if): [marital(5)] = '1'}

_____

Please select the best way to describe the home where you live.
{[livest] checkbox Required}

- ☐ {1} Owned
- ☐ {2} Rented
- ☐ {3} Occupied without payment
- ☐ {4} Other

Other, please specify
{[livesto] text Required}
{Branching logic (show if): [livest(4)] = '1'}

_____

What is the ZIP code of your primary residence?
{[zipc] text Required}

_____

Do you have a primary care provider?
{[pcp] radio Required}

- ◯ {1} Yes
- ◯ {3} No
- ◯ {4} Prefer not to answer

Approximately when was the last day of visit (weeks, months, years)?
{[pcpo] text Required}
{Branching logic (show if): [pcp] = '1'}

_____

Do you currently have health insurance?
{[hinsuryn] checkbox Required}

- ☐ {1} Yes
- ☐ {2} No

What kind of health insurance do you have? Please select all that apply.
{[hinsurtype] checkbox Required}
{Branching logic (show if): [hinsuryn(1)] = '1'}

- ☐ {1} Private health insurance purchased directly by you
- ☐ {2} Private health insurance through employer
- ☐ {3} Medicare
- ☐ {4} Medicaid
- ☐ {5} Military health care (TRICARE/VA/CHAMP-VA)
- ☐ {6} State-sponsored health care plan (e.g. MassHealth)
- ☐ {7} Other government program
- ☐ {8} Single service plan (e.g. dental, vision, prescriptions)
- ☐ {9} Don't know
- ☐ {10} Prefer not to answer

Section C. Culture
{Branching logic (show if): [born] = '2'}

**There are many different cultures in the United States. Culture can play a part in your health. Please mark how much you agree with the following statements.**

| | {1} Totally disagree | {2} Disagree | {3} Neutral | {4} Agree | {5} Totally Agree |
|---|---|---|---|---|---|
| I share most of my beliefs and values with American people.<br>{[cultural_1] radio Required}<br>{Branching logic (show if): [born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| I have a lot in common with American people.<br>{[cultural_2] radio Required}<br>{Branching logic (show if): [born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| I feel comfortable with American people.<br>{[cultural_3] radio Required}<br>{Branching logic (show if): [born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| American people understand me.<br>{[cultural_4] radio Required}<br>{Branching logic (show if): [born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| I feel proud to be part of American culture.<br>{[cultural_5] radio Required}<br>{Branching logic (show if): [born] = '2'} | ○ | ○ | ○ | ○ | ○ |

| | | | | | |
|---|---|---|---|---|---|
| I feel confident I know how to act in American culture.<br>{[cultural_6] radio Required}<br>{Branching logic (show if):<br>[born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| I share most of my beliefs and values with people from [origin].<br>{[cultural_7] radio Required}<br>{Branching logic (show if):<br>[born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| I have a lot in common with people from [origin].<br>{[cultural_8] radio Required}<br>{Branching logic (show if):<br>[born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| I feel comfortable with people from [origin].<br>{[cultural_9] radio Required}<br>{Branching logic (show if):<br>[born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| People from [origin] understand me.<br>{[cultural_10] radio Required}<br>{Branching logic (show if):<br>[born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| I feel proud to be part of [origin]'s culture.<br>{[cultural_11] radio Required}<br>{Branching logic (show if):<br>[born] = '2'} | ○ | ○ | ○ | ○ | ○ |
| I feel confident I know how to act in [origin]'s culture.<br>{[cultural_12] radio Required}<br>{Branching logic (show if):<br>[born] = '2'} | ○ | ○ | ○ | ○ | ○ |

## Section D. Health History

| | |
|---|---|
| Have you EVER been told by a doctor or other health professional that you had diabetes or high blood sugar?<br>{[diabetes] checkbox Required} | ☐ {1} Yes<br>☐ {2} No<br>☐ {3} Don't know |
| Have you EVER been told by a doctor or other health professional that you had a myocardial infarction or heart attack?<br>{[myocard] checkbox Required} | ☐ {1} Yes<br>☐ {2} No<br>☐ {3} Don't know |

| | |
|---|---|
| Have you EVER been told by a doctor or other health professional that you had coronary heart disease?<br>{[coronary] checkbox Required} | ☐ {1} Yes<br>☐ {2} No<br>☐ {3} Don't know |
| Have you EVER been told by a doctor or other health professional that you had a stroke?<br>{[stroke] checkbox Required} | ☐ {1} Yes<br>☐ {2} No<br>☐ {3} Don't know |
| Have you EVER been told by a doctor or other health professional that you had chronic kidney disease?<br>{[chkidney] checkbox Required} | ☐ {1} Yes<br>☐ {2} No<br>☐ {3} Don't know |
| Have you EVER been told by a doctor or other health professional that you had high cholesterol?<br>{[hichol] checkbox Required} | ☐ {1} Yes<br>☐ {2} No<br>☐ {3} Don't know |
| Have you EVER been told by a doctor or other health professional that you had high blood pressure?<br>{[hibp] checkbox Required} | ☐ {1} Yes<br>☐ {2} No<br>☐ {3} Don't know |
| Have you ever been pregnant?<br>{[preg_history] radio Required} | ◯ {1} No<br>◯ {2} Yes<br>◯ {3} Don't know |
| How many resulted in a live birth?<br>{[parity] text Required}<br>{Branching logic (show if): [preg_history] = '2'} | _____ |
| Have you ever experienced a twin pregnancy?<br>{[twin_prg] yesno Required}<br>{Branching logic (show if): [preg_history] = '2'} | ◯ Yes<br>◯ No |
| Were any of your babies born 3 weeks early or sooner?<br><br>{[preg_early] dropdown Required}<br>{Branching logic (show if): [preg_history] = '2'} | ◯ {1} No<br>◯ {2} Yes<br>◯ {3} Don't know |
| During any of your pregnancies, did you have preeclampsia (toxemia, high blood pressure during and/or right after pregnancy also associated with protein in the urine) or eclampsia (preeclampsia AND seizures/convulsions)<br>{[preg_preeclampsia] dropdown Required}<br>{Branching logic (show if): [preg_history] = '2'} | ◯ {1} No<br>◯ {2} Yes<br>◯ {3} Don't know |
| During any of your pregnancies, did you have high blood pressure (gestational hypertension, pregnancy-induced hypertension) not related to preeclampsia?<br>{[preg_hbp] dropdown Required}<br>{Branching logic (show if): [preg_history] = '2'} | ◯ {1} No<br>◯ {2} Yes<br>◯ {3} Don't know |
| During any of your pregnancies, were you told that you had gestational diabetes or high blood sugar, or sugar in the urine?<br>{[preg_diabetes] dropdown Required}<br>{Branching logic (show if): [preg_history] = '2'} | ◯ {1} No<br>◯ {2} Yes<br>◯ {3} Don't know |

| | |
|---|---|
| Have you ever given birth to a baby that weighed less than 5 pounds, 8 ounces (less than 2,500 grams)?<br>{[preg_weight] dropdown Required}<br>{Branching logic (show if): [preg_history] = '2'} | ◯ {1} No<br>◯ {2} Yes<br>◯ {3} Don't know |
| Have you ever given birth to a baby that weighed more than 9 pounds, 14 ounces (more than 4,500 grams)?<br>{[preg_weight2] dropdown Required}<br>{Branching logic (show if): [preg_history] = '2'} | ◯ {1} No<br>◯ {2} Yes<br>◯ {3} Don't know |
| Section E. Health and Lifestyle | |
| What is your smoking status?<br>{[smk1] checkbox Required} | ☐ {1} Never smoker<br>☐ {2} Former smoker, quit ≥5 years<br>☐ {3} Former smoker, quit 1-< 5 years<br>☐ {4} Former smoker, quit < 1 years<br>☐ {5} Current smoker<br>☐ {6} Prefer not to say |
| Have you smoked at least 100 cigarettes in your entire life?<br>{[smoke100] radio Required} | ◯ {1} Yes<br>◯ {2} No<br>◯ {3} Don't know |
| Now smoke cigarettes every day, some days or not at all?<br>{[smokenow] radio Required} | ◯ {1} Everyday<br>◯ {2} Some days<br>◯ {3} Not at all |
| On average, how many hours of sleep do you get per night?<br>{[sleep_duration] radio Required} | ◯ {4} 7-< 9 hours<br>◯ {5} 9-< 10 hours<br>◯ {6} 6-< 7 hours<br>◯ {7} 5-< 6 or ≥10 hours<br>◯ {8} 4-< 5 hours<br>◯ {9} < 4 hours<br>◯ {10} Prefer not to say |
| How many minutes of moderate- (or greater) intensity activity do you perform per week (carrying light loads, bicycling at a regular pace, or doubles tennis)?<br>{[physical_activity_minutes] radio Required} | ◯ {3} ≥150 minutes<br>◯ {4} 120-149 minutes<br>◯ {5} 90-119 minutes<br>◯ {6} 60-89 minutes<br>◯ {7} 30-59 minutes<br>◯ {8} 1-29 minutes<br>◯ {9} 0 minutes<br>◯ {10} Prefer not to say |
| How many minutes of vigorous intensity activity do you perform per week (heavy lifting, digging, aerobics, or fast bicycling)?<br>{[physical_activity_minutes2] radio Required} | ◯ {1} ≥ 75 minutes<br>◯ {2} 30-74 minutes<br>◯ {3} 1-29 minutes<br>◯ {4} 0 minutes<br>◯ {5} Prefer not to say |
| In a typical week, on how many days do you eat fruit?<br><br>{[diet] text (float) Required} | _____ |
| How many servings of fruit do you eat on one of those days?<br>{[diet2] text (float) Required} | _____ |

In a typical week, on how many days do you eat vegetables?
{[diet3] text (float) Required}

_____

How many servings of vegetables do you eat on one of those days?
{[diet4] text (float) Required}

_____

If I compare myself with others of my age and gender, I think my chance of having heart disease is

{[vhh_1] checkbox Required}

- ☐ {1} -3 (Much below average)
- ☐ {2} -2
- ☐ {3} -1
- ☐ {4} 0 (Average)
- ☐ {5} +1
- ☐ {6} +2
- ☐ {7} +3 (Much above average)

If I compare myself with others of my age and gender, I think my chance of having stroke is

{[vhh_2] checkbox Required}

- ☐ {3} -3 (Much below average)
- ☐ {-2} -2
- ☐ {-1} -1
- ☐ {4} 0 (Average)
- ☐ {+1} +1
- ☐ {+2} +2
- ☐ {5} +3 (Much above average)

**Thinking about the last visit you had with your health care provider ...**

| | {1} No effort was made | {2} A little effort was made | {3} Some effort was made | {4} A lot of effort was made | {5} Every effort was made |
|---|---|---|---|---|---|
| How much effort was made to help you understand your health issues?<br>{[hcp_1] radio Required} | ○ | ○ | ○ | ○ | ○ |
| How much effort was made to listen to the things that matter most to you about your health issues?<br>{[hcp_2] radio Required} | ○ | ○ | ○ | ○ | ○ |
| How much effort was made to include what matters most to you in choosing what to do next?<br>{[hcp_3] radio Required} | ○ | ○ | ○ | ○ | ○ |

Section F. Social Determinants of Health

What is your living situation today?
{[sdh01] radio Required}

- ○ {1} I have a steady place to live
- ○ {2} I have a place to live today, but I am worried about losing it in the future
- ○ {3} I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

**Think about the place you live. Do you have problems with any of the following? Please select all that apply. [Select all that apply]**

| | {1} Yes | {2} No |
|---|---|---|
| Pests such as bugs, ants, or mice<br>{[sdh02_pests] radio Required} | ◯ | ◯ |
| Mold<br>{[sdh02_mold] radio Required} | ◯ | ◯ |
| Lead paint or pipes<br>{[sdh02_lead_paint_pipes] radio Required} | ◯ | ◯ |
| Lack of heat<br>{[sdh02_lack_of_heat] radio Required} | ◯ | ◯ |
| Oven or stove not working<br>{[sdh02_oven_stove_not_working] radio Required} | ◯ | ◯ |
| Smoke detectors missing or not working<br>{[sdh02_smoke_detectors_not_working] radio Required} | ◯ | ◯ |
| Water leaks<br>{[sdh02_water_leaks] radio Required} | ◯ | ◯ |
| Other<br>{[sdh02_other] radio Required} | ◯ | ◯ |
| None of the above<br>{[sdh02_none] radio Required} | ◯ | ◯ |

Within the past 12 months, you worried that your food would run out before you got money to buy more.
{[sdh03] radio Required}

◯ {1} Often true
◯ {2} Sometimes true
◯ {3} Never true

Within the past 12 months, the food you bought didn't last and you didn't have money to get more.
{[sdh04] radio Required}

◯ {1} Often true
◯ {2} Sometimes true
◯ {3} Never true

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
{[sdh05] yesno Required}

◯ Yes
◯ No

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
{[sdh06] radio Required}

◯ {1} Yes
◯ {2} No
◯ {3} Already shut off

How often does anyone, including family and friends, physically hurt you?
{[sdh07] radio Required}

◯ {1} Never
◯ {2} Rarely
◯ {3} Sometimes
◯ {4} Fairly often
◯ {5} Frequently

---

How often does anyone, including family and friends, insult or talk down to you?
{[sdh08] radio Required}

◯ {1} Never
◯ {2} Rarely
◯ {3} Sometimes
◯ {4} Fairly often
◯ {5} Frequently

---

How often does anyone, including family and friends, threaten you with harm?
{[sdh09] radio Required}

◯ {1} Never
◯ {2} Rarely
◯ {3} Sometimes
◯ {4} Fairly often
◯ {5} Frequently

---

How often does anyone, including family and friends, scream or curse at you?
{[sdh10] radio Required}

◯ {1} Never
◯ {2} Rarely
◯ {3} Sometimes
◯ {4} Fairly often
◯ {5} Frequently

---

How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:
{[sdh11] checkbox Required}

☐ {1} Very hard
☐ {2} Somewhat hard
☐ {3} Not hard at all

---

If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?

{[sdh12] radio Required}

◯ {1} I don't need any help
◯ {2} I get all the help I need
◯ {3} I could use a little more help
◯ {4} I need a lot more help

---

How often do you feel lonely or isolated from those around you?
{[sdh13] radio Required}

◯ {1} Never
◯ {2} Rarely
◯ {3} Sometimes
◯ {4} Often
◯ {5} Always

---

## Section G. Mental Health

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Little interest or pleasure in doing things.
{[mntlh01] radio Required}

◯ {1} Not at all
◯ {2} Several days
◯ {3} More than half the days
◯ {4} Nearly every day

---

Feeling down, depressed or hopeless.
{[mntlh02] radio Required}

◯ {1} Not at all
◯ {2} Several days
◯ {3} More than half the days
◯ {4} Nearly every day

---

Feeling nervous, anxious or on edge.
{[mntlh03] radio Required}

◯ {1} Not at all
◯ {2} Several days
◯ {3} More than half the days
◯ {4} Nearly every day

| | |
|---|---|
| Not being able to stop or control worrying.<br>{[mntlh04] radio Required} | ◯ {1} Not at all<br>◯ {2} Several days<br>◯ {3} More than half the days<br>◯ {4} Nearly every day |
| In the last month, how often have you felt that you were unable to control the important things in your life?<br>{[mntlh05] radio Required} | ◯ {1} Never<br>◯ {2} Almost never<br>◯ {3} Sometimes<br>◯ {4} Fairly often<br>◯ {5} Very often |
| In the last month, how often have you felt confident about your ability to handle your personal problems?<br>{[mntlh06] radio Required} | ◯ {1} Never<br>◯ {2} Almost never<br>◯ {3} Sometimes<br>◯ {4} Fairly often<br>◯ {5} Very often |
| In the last month, how often have you felt that things were going your way?<br>{[mntlh07] radio Required} | ◯ {1} Never<br>◯ {2} Almost never<br>◯ {3} Sometimes<br>◯ {4} Fairly often<br>◯ {5} Very often |
| In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?<br>{[mntlh08] radio Required} | ◯ {1} Never<br>◯ {2} Almost never<br>◯ {3} Sometimes<br>◯ {4} Fairly often<br>◯ {5} Very often |
| Have you had a serious ongoing health problem?<br>{[mntlh09] yesno Required} | ◯ Yes<br>◯ No |
| Has this been a problem for 6 months or more?<br>{[mntlh09_str_6m] yesno Required}<br>{Branching logic (show if): [mntlh09] = '1'} | ◯ Yes<br>◯ No |
| How stressful would you rate this problem?<br>{[mntlh09_str] radio Required}<br>{Branching logic (show if): [mntlh09_str_6m] = '1'} | ◯ {1} Not very stressful<br>◯ {2} Stressful<br>◯ {3} Very stressful |
| Has someone close to you had a serious ongoing health problem?<br>{[mntlh10] yesno Required} | ◯ Yes<br>◯ No |
| Has this been a problem for 6 months or more?<br>{[mntlh10_str_6m] yesno Required}<br>{Branching logic (show if): [mntlh10] = '1'} | ◯ Yes<br>◯ No |
| How stressful would you rate this problem?<br>{[mntlh10_str] radio Required}<br>{Branching logic (show if): [mntlh10_str_6m] = '1'} | ◯ {1} Not very stressful<br>◯ {2} Stressful<br>◯ {3} Very stressful |
| Have you had ongoing difficulties with your job or ability to work?<br>{[mntlh11] yesno Required} | ◯ Yes<br>◯ No |

| | |
|---|---|
| Has this been a problem for 6 months or more?<br>{[mntlh11_str_6m] yesno Required}<br>{Branching logic (show if): [mntlh11] = '1'} | ◯ Yes<br>◯ No |
| How stressful would you rate this problem?<br>{[mntlh11_str] radio Required}<br>{Branching logic (show if): [mntlh11_str_6m] = '1'} | ◯ {1} Not very stressful<br>◯ {2} Stressful<br>◯ {3} Very stressful |
| Have you experienced ongoing financial strain?<br>{[mntlh12] yesno Required} | ◯ Yes<br>◯ No |
| Has this been a problem for 6 months or more?<br>{[mntlh12_str_6m] yesno Required}<br>{Branching logic (show if): [mntlh12] = '1'} | ◯ Yes<br>◯ No |
| How stressful would you rate this problem?<br>{[mntlh12_str] radio Required}<br>{Branching logic (show if): [mntlh12_str_6m] = '1'} | ◯ {1} Not very stressful<br>◯ {2} Stressful<br>◯ {3} Very stressful |
| Have you had ongoing difficulties in a relationship with someone close to you?<br>{[mntlh13] yesno Required} | ◯ Yes<br>◯ No |
| Has this been a problem for 6 months or more?<br>{[mntlh13_str_6m] yesno Required}<br>{Branching logic (show if): [mntlh13] = '1'} | ◯ Yes<br>◯ No |
| How stressful would you rate this problem?<br>{[mntlh13_str] radio Required}<br>{Branching logic (show if): [mntlh13_str_6m] = '1'} | ◯ {1} Not very stressful<br>◯ {2} Stressful<br>◯ {3} Very stressful |
| Has someone close to you had an ongoing problem with alcohol or drug use?<br>{[mntlh14] yesno Required} | ◯ Yes<br>◯ No |
| Has this been a problem for 6 months or more?<br>{[mntlh14_str_6m] yesno Required}<br>{Branching logic (show if): [mntlh14] = '1'} | ◯ Yes<br>◯ No |
| How stressful would you rate this problem?<br>{[mntlh14_str] radio Required}<br>{Branching logic (show if): [mntlh14_str_6m] = '1'} | ◯ {1} Not very stressful<br>◯ {2} Stressful<br>◯ {3} Very stressful |
| Have you been helping someone close to you, who is sick, limited or frail?<br>{[mntlh15] yesno Required} | ◯ Yes<br>◯ No |
| Has this been a problem for 6 months or more?<br>{[mntlh15_str_6m] yesno Required}<br>{Branching logic (show if): [mntlh15] = '0'} | ◯ Yes<br>◯ No |
| How stressful would you rate this problem?<br>{[mntlh15_str] radio Required}<br>{Branching logic (show if): [mntlh15_str_6m] = '1'} | ◯ {1} Not very stressful<br>◯ {2} Stressful<br>◯ {3} Very stressful |
| Have you had another ongoing problem not listed here?<br>{[mntlh16] yesno Required} | ◯ Yes<br>◯ No |

Has this been a problem for 6 months or more?
{[mntlh16_str_6m] yesno Required}
{Branching logic (show if): [mntlh16] = '1'}

◯ Yes
◯ No

How stressful would you rate this problem?
{[mntlh16_str] radio Required}
{Branching logic (show if): [mntlh16_str_6m] = '1'}

◯ {1} Not very stressful
◯ {2} Stressful
◯ {3} Very stressful

Section H. Heart Disease Facts

| | {1} True | {2} False | {3} Don't Know |
|---|---|---|---|
| A person always knows when they have heart disease.<br>{[alwknow] radio Required} | ◯ | ◯ | ◯ |
| If you have a family history of heart disease, you are at risk for developing heart disease.<br>{[famrisk] radio Required} | ◯ | ◯ | ◯ |
| The older a person is, the greater their risk of having heart disease.<br>{[oldrisk] radio Required} | ◯ | ◯ | ◯ |
| Smoking is a risk factor for heart disease.<br>{[smkrisk] radio Required} | ◯ | ◯ | ◯ |
| A person who stops smoking will lower their risk of developing heart disease.<br>{[smkstop] radio Required} | ◯ | ◯ | ◯ |
| High blood pressure is a risk factor for heart disease.<br>{[hbrisk] radio Required} | ◯ | ◯ | ◯ |
| Keeping blood pressure under control will reduce a person's risk for developing heart disease<br><br>{[bpcontrol] radio Required} | ◯ | ◯ | ◯ |
| High cholesterol is a risk factor for developing heart disease.<br>{[hichol2] radio Required} | ◯ | ◯ | ◯ |
| Eating fatty foods does not affect blood cholesterol levels.<br>{[fattyf] radio Required} | ◯ | ◯ | ◯ |
| If your 'good' cholesterol (HDL) is high you are at risk for heart disease.<br>{[hdlrisk] radio Required} | ◯ | ◯ | ◯ |

| | | | |
|---|---|---|---|
| If your 'bad' cholesterol (LDL) is high you are at risk for heart disease.<br>{[ldlrisk] radio Required} | ○ | ○ | ○ |
| Being overweight increases a person's risk for heart disease.<br>{[ovweight] radio Required} | ○ | ○ | ○ |
| Regular physical activity will lower a person's chance of getting heart disease.<br>{[phylrisk] radio Required} | ○ | ○ | ○ |
| Only exercising at a gym or in an exercise class will lower a person's chance of developing heart disease.<br>{[gymrisk] radio Required} | ○ | ○ | ○ |
| Walking and gardening are considered exercises that will help lower a person's chance of developing heart disease.<br>{[wlklrisk] radio Required} | ○ | ○ | ○ |
| Diabetes is a risk factor for developing heart disease.<br>{[dialrisk] radio Required} | ○ | ○ | ○ |
| High blood sugar puts a strain on the heart.<br>{[hbsrisk] radio Required} | ○ | ○ | ○ |
| If your blood sugar is high over several months it can cause your cholesterol level to go up and increase your risk of heart disease.<br>{[hbschol] radio Required} | ○ | ○ | ○ |
| A person who has diabetes can reduce their risk of developing heart disease if they keep their blood sugar levels under control.<br>{[hbsctrl] radio Required} | ○ | ○ | ○ |
| People with diabetes rarely have high cholesterol.<br>{[diabchol] radio Required} | ○ | ○ | ○ |

| | | | |
|---|---|---|---|
| If a person has diabetes, keeping their cholesterol under control will help to lower their chance of developing heart disease. {[cholctrl] radio Required} | ○ | ○ | ○ |
| People with diabetes tend to have low HDL (good) cholesterol {[dialhdl] radio Required} | ○ | ○ | ○ |
| A person who has diabetes can reduce their risk of developing heart disease if they keep their blood pressure under control . {[diabbp] radio Required} | ○ | ○ | ○ |
| A person who has diabetes can reduce their risk of developing heart disease if they keep their weight under control. {[diaweigh] radio Required} | ○ | ○ | ○ |
| Men with diabetes have a higher risk of heart disease than women with diabetes {[menrisk] radio Required} | ○ | ○ | ○ |