4. How long has it been since you had your blood stool test using a home kit?
- Never
- Within the past year
- Within the past 2 years
- Within the past 3 years
- Within the past 5 years
- 5 or more years ago

5. How long has it been since you had your last mammogram? (For women only)
- Never
- Within the past year
- Within the past 2 years
- Within the past 3 years
- Within the past 5 years
- 5 or more years ago

6. How long has it been since you had your last Pap smear? (For women only)
- Never
- Within the past year
- Within the past 2 years
- Within the past 3 years
- Within the past 5 years
- 5 or more years ago

7. How long has it been since you had your last PSA, prostate-specific antigen test, a blood test used to check for prostate cancer? (For men only)
- Never
- Within the past year
- Within the past 2 years
- Within the past 3 years
- Within the past 5 years
- 5 or more years ago

ACTIVITIES OF DAILY LIVING (ADL'S)

8. Because of a health or physical problem that lasted more than 3 months, did you have any difficulty... (Please mark all that apply)
- Yes Needs Assistance
- Bathing or showering?
- Dressing?
- Eating?
- Getting in or out of bed?
- Walking?
- Using the toilet, including getting to the toilet?
9. Because of a health or physical problem that lasted longer than 3 months, did you have difficulty... *(Please mark all that apply)*

- Preparing your own meals?
- Shopping for personal items (such as toilet items or medications)?
- Managing your money (such as keeping track of expenses or paying bills)?
- Using the telephone?
- Doing heavy housework, (like scrubbing floors, or washing windows)?
- Doing light housework, (like doing dishes, straightening up, or light cleaning)?
- Getting outside?

10. Do you have total blindness in one or both eyes?
- Yes
- No

11. Do you use eyeglasses or contact lenses?
- Yes
- No

12. Do you have trouble seeing with one or both eyes (even when wearing glasses or contact lenses)?
- Yes
- Yes, both eyes
- No

13. How long ago was your last visit to the optometrist or eye doctor?
- 6 months or less
- More than 6 months, but not more than 1 year ago
- More than 1 year, but not more than 2 years ago
- More than 2 years, but not more than 3 years ago
- More than 3 years, but not more than 5 years ago
- More than 5 years ago
- Never have been

14. Do you now have total deafness in one or both ears?
- Yes
- Yes, one ear
- Yes, both ears
- No

15. Do you use a hearing aid?
- Yes
- No

16. Do you have trouble hearing (even when wearing your hearing aid)?
- Yes
- No

17. How long has it been since your last hearing test?
- 6 months or less
- More than 6 months, but not more than 1 year ago
- More than 1 year, but not more than 2 years ago
- More than 2 years, but not more than 3 years ago
- More than 3 years, but not more than 5 years ago
- More than 5 years ago
- Never have been

18. What type of dental care do you need now? *(Please mark all that apply)*
- Teeth filled or replaced (for example, fillings, crowns, and/or bridges)
- Teeth pulled
- Gum treatment
- Denture work
- Relief of pain
- Work to improve appearance (for example, braces or bonding)
- Other
- None

19. How long ago was your last visit to a dentist or dental hygienist?
- 3 months or less
- More than 6 months, but not more than 1 year ago
- More than 1 year, but not more than 2 years ago
- More than 2 years, but not more than 3 years ago
- More than 3 years, but not more than 5 years ago
- More than 5 years ago
- Never have been

20. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- Yes
- No
- Don’t know/Not sure
- Refused

21. If yes, which type of health care coverage do you have *(Please mark all that apply)*?
- Medicare
- Medicaid
- Private insurance
- Veteran’s Administration
- Indian Health Service
- Tribal insurance
- Other

22. Do you have one person you think of as your personal doctor or health care provider?
- Yes, only one
- More than one
- No
- Don’t know/Not sure
- Refused

23. When you are sick or need advice about your health, to which one of the following places do you usually go?
- A doctor’s office
- A public health clinic (IHS or tribal) or community health center
- A hospital outpatient department
- A hospital emergency room
- Urgent care center
- Some other kind of place
- No usual place
24. Was there a time in the past 12 months when you needed medical care, but could not get it?
   O Yes (go to question 25)
   O No (go to question 26)

25. What is the main reason you did not get medical care?
   O Cost
   O Distance
   O Office wasn't open when I could get there
   O Too long a wait for an appointment
   O Too long a wait in waiting room
   O No child care
   O No transportation
   O No access for people with disabilities
   O The medical provider didn’t speak my language.
   O Other

Tobacco & Alcohol Usage

26. Do you smoke cigarettes now?
   O Yes, everyday
   O Yes, some days (e.g., ceremonial or social)
   O No [Skip to question #28]

27. How many cigarettes do you smoke a day? (Please enter the number of cigarettes.)

28. Do you use chewing tobacco or snuff?
   O Yes
   O No (If no, skip to question #30)

29. How many containers of snuff or chewing tobacco per week do you use?
   Number of Containers
   O 1
   O 2
   O 3
   O 4
   O 5
   O 6
   O 7
   O 8
   O 9
   O 10+

30. The next few questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. How long has it been since you last drank an alcoholic beverage?
   O Within the past 30 days
   O More than 30 days ago but within the past 12 months
   O More than 12 months ago but within the past 3 years
   O More than 3 years ago
   O I have never had an alcoholic drink in my life (skip to question #32)

31. During the past 30 days, on how many days did you have five or more drinks on the same occasion? (By "occasion," we mean at the same time or within a couple hours of each other).
   O None
   O 1 or 2 days
   O 3 to 5 days
   O 6 or more

Weight & Nutrition

32. How tall are you without shoes?

33. How much do you weigh today?

34. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?
   O Yes, to lose weight
   O Yes, to gain weight
   O No

35. Are you presently trying to lose or gain weight?
   O Yes, trying to lose weight
   O Yes, trying to gain weight
   O No, my weight is OK

36. Please mark all that apply to your nutritional health.
   O Yes
   O I have an illness or condition that made me change the kind or amount of food I eat.
   O I eat fewer than 2 meals per day.
   O I eat few fruits or vegetables or milk products.
   O I have 3 or more drinks of beer, liquor or wine almost every day.
   O I have tooth or mouth problems that make it hard for me to eat.
   O I don’t always have enough money to buy the food I need.
   O I eat alone most of the time.
   O I take 3 or more different prescribed or over-the-counter drugs a day.
   O Without wanting to, I have lost or gained 10 pounds in the last 6 months.
   O I am not always physically able to shop, cook and/or feed myself.

ADDITIONAL TOTAL SCORE
   O 2 = good,
   O 3-5 = moderate nutritional risk,
   O 6 or more = high nutritional risk
37. Over the past 30 days, what vigorous exercises did you do? (Please mark all that apply)
- Aerobics
- Bicycling
- Bicycling on a stationary bike
- Gardening
- Jogging
- Jogging on a treadmill
- Running
- Running on a treadmill
- Welding
- Welding on a treadmill
- Swimming
- Weight Lifting
- Yard Work
- Traditional Powwow Dancing

41. How long have you lived at your present address?
- Whole life
- 21 years & over
- 11 - 30 years
- 5 - 10 years
- 3 - 4 years
- 1 - 2 years
- Less than 1 year

42. What type of housing do you presently have?
- Single family residence
- An apartment
- Sleeping room, boarding house
- *Retirement home
- *A health facility (available medical personnel)
- Other

("* if retirement home/health facility is checked skip to question #46)

43. Are you living with family members, non-family members, or alone?
- With family members
- With non-family members
- With both family and non-family members
- Alone

44. How many (including yourself) live in your household?

45. Do you have a family member who cares for you?
- Yes
- No

46. Do you take care of grandchildren?
- Yes
- No

47. Which of the following services are available in your community? (Please mark all that apply)
- Dietary and nutritional services
- Meals on wheels
- Transportation
- Occupational/vocational therapy
- Speech/vocology therapy
- Respite care (temporary)
- Personal care (e.g., bathing)
- Skilled nursing services
- Physician services
- Social services
- Physical therapy
- Home health services
- Adult day care
- Assisted living (an apartment where personal care services are available)
- Nursing Home
- Other services
48. Are you now using, or if at some point you became unable to meet your own needs, would you be willing to use the following services? (Please mark all that apply)

- Dietary and nutritional services
- Meals on wheels
- Transportation
- Occupational/vocational therapy
- Speech/sound therapy
- Home health aide
- Personal care (e.g., bathing)
- Skilled nursing services
- Physical therapy
- Social services
- Adult day care
- Assisted living (an apartment where personal care services are available)
- Nursing home
- Other services

50. If No: What were the main reasons you did not work in the past 12 months?

- Retired
- Ill, disabled
- Caring for home or family
- Unable to find work
- Doing something else

55. What is the highest grade or year of regular school you have completed?

- Never attended or kindergarten only
- Elementary
- High School
- College
- Graduate School
- Refused

56. What county and zip code do you currently reside in?

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

57. Are you Alaskan Native, Native American, Native Hawaiian, or other?

- Alaskan Native
- Native American
- Native Hawaiian
- Other

58. Do you reside on a reservation, trust land, or in an Indian Community?

- Yes
- No

59. If yes, how long have you lived on a reservation, trust land, or in an Indian Community?

- All my life
- 50 years or more
- 30 to 49 years
- 10 to 29 years
- Less than 10 years

60. Are you an enrolled member of a federally recognized tribe?

- Yes
- No
61. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
- [ ] Yes, now on active duty
- [ ] Yes, on active duty during the last 12 months, but not now
- [ ] Yes, on active duty in the past, but not during the past 12 months
- [ ] No, training for Reserve or National Guard only
- [ ] No, never served in the military

62. When did you serve on active duty in the U.S. Armed forces? (Mark each period in which you served)
- [ ] September 2001 or later
- [ ] August 1990 to August 2001 (including Persian Gulf War)
- [ ] September 1980 to July 1990
- [ ] May 1975 to August 1980
- [ ] Vietnam era (August 1964-April 1975)
- [ ] March 1951 to July 1954
- [ ] February 1955 to February 1958
- [ ] Korean War (July 1950-January 1955)
- [ ] January 1947 to June 1950
- [ ] World War II (December 1941-December 1945)
- [ ] November 1941 or earlier

SOCIAL FUNCTIONING

Instructions: Please read each question and mark the response by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

The Mental Health Inventory

1. During the past month, how much of the time were you a happy person?
- [ ] 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

2. How much of the time, during the past month, have you felt calm and peaceful?
- [ ] 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

3. How much of the time, during the past month, have you been a very nervous person?
- [ ] 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

4. How much of the time, during the past month, have you felt downhearted and blue?
- [ ] 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

5. How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up?
- [ ] 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

Duke Social Support Index

6. Does family or friends ever help you out in the following ways:

a. When you are sick?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

b. Shop or run errands for you?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

c. Give you gifts?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

d. Help you out with money?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

e. Fix things around your house?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

f. Keep house for you or help do household chores?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

g. Give advice on business or financial matters?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

h. Provide companionship to you?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

i. Listen to your problems?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time

j. Provide transportation for you?
- [ ] Hardly ever
- [ ] Sometimes
- [ ] Most of the time
The Multigroup Ethnic Identity Measure (MEIM)

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be ____________________________________

Use the numbers to indicate how much you agree or disagree with each statement.

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

2. I am active in organizations or social groups that include mostly members of my own ethnic group.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

3. I have a clear sense of my ethnic background and what it means for me.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

4. I think a lot about how my life will be affected by my ethnic group membership.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

5. I am happy that I am a member of the group I belong to.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

6. I have a strong sense of belonging to my own ethnic group.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

7. I understand pretty well what my ethnic group membership means to me.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

9. I have a lot of pride in my ethnic group.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

10. I participate in cultural practices of my own group, such as special food, music, or customs.
    - Strongly Agree
    - Agree
    - Disagree
    - Strongly Disagree

11. I feel a strong attachment towards my own ethnic group.
    - Strongly Agree
    - Agree
    - Disagree
    - Strongly Disagree

12. I feel good about my cultural or ethnic background.
    - Strongly Agree
    - Agree
    - Disagree
    - Strongly Disagree

13. My ethnicity is
    - [ ] Asian or Asian American, including Chinese, Japanese, and others
    - [ ] Black or African American
    - [ ] Hispanic or Latino, including Mexican American, Central American, and others
    - [ ] White, Caucasian, Anglo, European American; not Hispanic
    - [ ] American Indian/Native American
    - [ ] Mixed; Parents are from two different groups
    - [ ] Other (write in): ________________________________

14. My father’s ethnicity is
    - [ ] Asian or Asian American, including Chinese, Japanese, and others
    - [ ] Black or African American
    - [ ] Hispanic or Latino, including Mexican American, Central American, and others
    - [ ] White, Caucasian, Anglo, European American; not Hispanic
    - [ ] American Indian/Native American
    - [ ] Mixed; Parents are from two different groups
    - [ ] Other (write in): ________________________________

15. My mother’s ethnicity is
    - [ ] Asian or Asian American, including Chinese, Japanese, and others
    - [ ] Black or African American
    - [ ] Hispanic or Latino, including Mexican American, Central American, and others
    - [ ] White, Caucasian, Anglo, European American; not Hispanic
    - [ ] American Indian/Native American
    - [ ] Mixed; Parents are from two different groups
    - [ ] Other (write in): ________________________________
We invite you to use the space below to include any additional comments or suggestions. Please include information that is specific to your geographic location, that you would like us to know.

THANK YOU FOR YOUR PARTICIPATION!