Appendix: Health Survey (with sources for questions)
Environmental Exposure

1A. Where does your drinking water at home come from? ¹
   ____ Private Well
   ____ Buy from Store
   ____ City Water Supply
   ____ Don’t know/Not sure

   *Answer this question only if you answered “Private Well” to question 1A.*

1B. Is the pipe from the well made of lead? *²
   ____ Yes
   ____ No
   ____ Don’t know/Not sure

2. When was your home built? ¹
   ____ Before 1975
   ____ Between 1975-1990
   ____ After 1990
   ____ Don’t know/Not sure

3. Do you now live on a farm or ranch? ²
   ____ Yes
   ____ No

4. Have you or a member of your household used any of the following chemicals in the past 12 months? ¹
   ____ Crop Herbicides
   ____ Crop Insecticides
   ____ Grain-bin Fumigants
   ____ Fertilizers, like anhydrous ammonia
   ____ Livestock Insecticides
   ____ Don’t know/Not sure
Diet

I would like to ask you about the FOODS you usually eat or drink.

5. Not counting juice, how often do you eat FRUIT in a typical WEEK? ²
   ___ Never
   ___ Once or twice a week
   ___ 3 or 4 times a week
   ___ 5 or 6 times a week
   ___ Once a day
   ___ More than once a day

6. How often do you eat GREEN SALAD in a typical WEEK? ²
   ___ Never
   ___ Once or twice a week
   ___ 3 or 4 times a week
   ___ 5 or 6 times a week
   ___ Once a day
   ___ More than once a day

7. Not counting carrots, potatoes, or salad, how many times do you eat VEGETABLES in a typical WEEK? ²
   ___ Never
   ___ Once or twice a week
   ___ 3 or 4 times a week
   ___ 5 or 6 times a week
   ___ Once a day
   ___ More than once a day

8. How many times do you drink RAW MILK, that is milk that has never been pasteurized, in a typical week? ²
   ___ Never
   ___ Once or twice a week
   ___ 3 or 4 times a week
   ___ 5 or 6 times a week
   ___ Once a day
   ___ More than once a day
Chronic Health Conditions

9. In general, would you say your health is...
   ___ Excellent
   ___ Very good
   ___ Good
   ___ Fair
   ___ Poor

10. Has a doctor or other health care professional ever told you that you have any of the following health conditions? Check any of the following that apply.

   ___ Hypertension or high blood pressure
   ___ High cholesterol
   ___ Coronary artery disease, heart attack, or chest pain (angina)
   ___ A stroke
   ___ Blood clot
   ___ Epilepsy or seizure disorder
   ___ Chronic obstructive pulmonary disease, chronic bronchitis, or emphysema
   ___ Obesity or overweight
   ___ Anemia, low blood count, or low iron
   ___ Anxiety, depression, or bipolar disorder
   ___ Arthritis or rheumatoid arthritis
   ___ Thyroid problems
   ___ Chlamydia
   ___ Herpes
   ___ Gonorrhea
   ___ Syphilis
   ___ Diabetes (other than during pregnancy)
   ___ Cancer

   If cancer, please specify what type:
   ____________________________________________

   If you are female, check any of the following that apply.
   ___ Cervical cancer or precancerous cervix
   ___ Urinary tract infection, kidney infection, or bladder infection
   ___ Endometriosis
   ___ Bacterial vaginosis
   ___ Vaginal yeast infection
   ___ Pelvic inflammatory disease
   ___ Complications during pregnancy

11. Have you ever been diagnosed with asthma by a physician or other healthcare provider?

   ___ No
   ___ Yes
12. Do you ever cough or wheeze with exercise? 
   ____ No
   ____ Yes

13. Do you ever cough or wheeze when you are not sick? 
   ____ No
   ____ Yes

14. Do you ever use inhalers (prescription and/or over the counter) to aid in breathing problems, such as coughing, wheezing or shortness of breath? 
   ____ No
   ____ Yes

15. When was the last time you had your blood cholesterol checked? 
   ____ Less than a year ago
   ____ More than a year ago
   ____ Never

16. During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health? 
   ____ All of the time
   ____ Most of the time
   ____ Some of the time
   ____ A little of the time
   ____ None of the time

17. During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of emotional problems (such as feeling depressed or anxious)? 
   ____ All of the time
   ____ Most of the time
   ____ Some of the time
   ____ A little of the time
   ____ None of the time
**Access to Care**

18A. Do you have a regular doctor or other health professional you usually go to when you are sick or want medical advice?  

- Yes
- No

*Answer this question only if you answered “Yes” to question 18A.*

18B. What is the specialty of this doctor or health professional?  

- Family medicine
- Internist
- Doctor of Osteopathy
- Pediatrician
- Nurse practitioner
- Physician assistant
- Chiropractic
- Faith healer
- Naturopathy
- Homeopathy
- Herbal
- Craniosacral
- Other

If other, please specify: ____________________________

If you are female, check any of the following that apply.  

- Midwife
- Obstetrician-gynecologist

19. There are many reasons why people delay getting medical care. Have you delayed getting care in the past 12 months for any of the following reasons? Check any of the following that apply.  

- It is too expensive
- You were not sure where to go for healthcare
- You could not make an appointment soon enough
- The office or clinic was not open when you could go
- You did not have transportation
- The office or clinic was too far away
- You did not have childcare
- You do not like how you’re treated when you go for care
20. If you have children, have they been vaccinated? 
   ____ No
   ____ Yes

21A. In the past 12 months, have you received any of the following health services? Check any of the following that apply.
   ____ A regular physical checkup
   ____ Blood pressure check
   ____ Blood cholesterol test
   ____ Test for diabetes
   ____ Flu shot
   ____ Dental exam

21B. If you are female have you received any of the following health services?
   ____ A pelvic exam
   ____ Pap smear or pap test
   ____ Physical breast exam by a healthcare professional
   ____ Mammogram
   ____ Test for bacterial vaginosis

21C. If you are male have you received the following health service?
   ____ Prostate exam or PSA test
22. How many of your permanent teeth have been removed because of tooth decay or gum disease? (Do not include teeth lost for other reasons, such as injury or orthodontics.)  
   ___ Teeth

23. Have you ever had any CAVITIES FILLED?  
   ___ No
   ___ Yes

24. How many FILLED CAVITIES do you have?  
   ___ Filled Cavities

25. DURING the PAST 3 YEARS, have you been to the dentist for routine check-ups or cleanings?  
   ___ No
   ___ Yes

26. In the PAST 5 YEARS, has a dentist ever told you that you have periodontal or GUM DISEASE?  
   ___ No
   ___ Yes
Mental Health

27. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? 

*Please write the number of days in the blank space below.*

____ days

28. Are you taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? 

____ No

____ Yes

29. *Below is a list of ways you might have felt or behaved recently.* How many of these ways have you felt during the past week? 

____ I felt depressed

____ My sleep was restless

____ I enjoyed life

____ I had crying spells

____ I felt sad

____ I felt that people disliked me

30. Has there ever been a period of time when you were not your usual self and you were so irritable that you shouted at people or started fights or arguments? 

____ No

____ Yes

31. Has there ever been a period of time when you were not your usual self and thoughts raced through your head or you couldn’t slow your mind down? 

____ No

____ Yes

32. Has there ever been a period of time when you were not your usual self and you were so easily distracted by things around you that you had trouble concentrating or staying on track? 

____ No

____ Yes
**Mental Health Attitudes**

*The following questions ask about your attitudes toward mental illness.*

33. People with a mental illness are a burden
   - ___ Agree
   - ___ Disagree

34. A person would be foolish to marry someone who suffered from mental illness, even though he or she seems fully recovered
   - ___ Agree
   - ___ Disagree

35. Virtually anyone can become mentally ill
   - ___ Agree
   - ___ Disagree

36. The best therapy for many people with a mental illness is to be part of a normal community
   - ___ Agree
   - ___ Disagree

37. Mental illness is an illness like any other
   - ___ Agree
   - ___ Disagree

38. Medication can be an effective treatment for people with mental health problems
   - ___ Agree
   - ___ Disagree

39. If you felt that you had a mental problem, how likely would you be to go to a doctor for help?
   - ___ Very Likely
   - ___ Likely
   - ___ Neutral
   - ___ Unlikely
   - ___ Very Unlikely
**Stress**

40. In the last month, how often have you been upset because of something that happened unexpectedly?  
   ___ Never  
   ___ Almost never  
   ___ Sometimes  
   ___ Fairly often  
   ___ Very often  

41. In the last month, how often have you felt you were unable to control the important things in your life?  
   ___ Never  
   ___ Almost never  
   ___ Sometimes  
   ___ Fairly often  
   ___ Very often  

42. In the last month, how often have you felt nervous and stressed?  
   ___ Never  
   ___ Almost never  
   ___ Sometimes  
   ___ Fairly often  
   ___ Very often  

43. In the last month, how often have you felt confident about your ability to handle your personal problems?  
   ___ Never  
   ___ Almost never  
   ___ Sometimes  
   ___ Fairly often  
   ___ Very often  

44. In the last month, how often have you felt that things were going your way?  
   ___ Never  
   ___ Almost never  
   ___ Sometimes  
   ___ Fairly often  
   ___ Very often
45. In the last month, how often have you found that you could not cope with all the things that you had to do?  

____ Never  
____ Almost never  
____ Sometimes  
____ Fairly often  
____ Very often

46. In the last month, how often have you been able to control irritations in your life?  

____ Never  
____ Almost never  
____ Sometimes  
____ Fairly often  
____ Very often

47. In the last month, how often have you felt that you were on top of things?  

____ Never  
____ Almost never  
____ Sometimes  
____ Fairly often  
____ Very often

48. In the last month, how often have you been angered because of things that were outside of your control?  

____ Never  
____ Almost never  
____ Sometimes  
____ Fairly often  
____ Very often

49. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?  

____ Never  
____ Almost never  
____ Sometimes  
____ Fairly often  
____ Very often
Social Support

50. How often do you get the social and emotional support you need?  
   ___ Always  
   ___ Usually  
   ___ Sometimes  
   ___ Rarely  
   ___ Never

51. In general, how satisfied are you with your life?  
   ___ Very satisfied  
   ___ Satisfied  
   ___ Dissatisfied  
   ___ Very dissatisfied

52. About how many close friends and relatives do you have whom you feel at ease with and can talk to about what is on your mind?  
   ___ friends and relatives

How often are each of the following kinds of support available to you if you need it?  

53. Someone to take you to the doctor if you need it  
   ___ None of the time  
   ___ Some of the time  
   ___ All of the time

54. Someone who shows you love and affection  
   ___ None of the time  
   ___ Some of the time  
   ___ All of the time

55. Someone to confide in or talk to about yourself or your problems  
   ___ None of the time  
   ___ Some of the time  
   ___ All of the time

56. Someone to help with daily chores if you were sick  
   ___ None of the time  
   ___ Some of the time  
   ___ All of the time
Genetic Testing

57. Are you aware of any common diseases in your community that have a genetic cause? ^
   ___ No
   ___ Yes
   If yes, please specify:
   ____________________________________________________________

58. If you found out that you were a carrier for a genetic disease, would you want your spouse to be tested for it? ^
   ___ No
   ___ Yes

59A. Would you want to know if your child was going to be affected with a particular genetic disease before he or she was born if a test that could tell you this? ^
   ___ No
   ___ Yes

   Answer this question only if you answered “Yes” to question 59A.

59B. Are you willing to pay $50 for this test? ^
   ___ No
   ___ Yes
Newborn Screening

60A. During your last pregnancy, did you have any prenatal or genetic testing to check on your baby?  

____ No  
____ Yes

*Answer this question only if you answered “Yes” to question 60A.*

60B. After your baby was born, did he or she receive a newborn screening test?  

____ No  
____ Yes
**Fatalism**

*The following questions ask about your attitudes toward fatalism.*

61. If someone is meant to get a serious disease, they will get it no matter what they do

   ___ Strongly disagree
   ___ Disagree
   ___ Neither agree nor disagree
   ___ Agree
   ___ Strongly Agree

62. If someone is meant to have a serious disease, they will get that disease

   ___ Strongly disagree
   ___ Disagree
   ___ Neither agree nor disagree
   ___ Agree
   ___ Strongly Agree

63. If someone is meant to have a serious disease, it doesn’t matter what doctors and nurses tell them to do, they will get the disease anyway

   ___ Strongly disagree
   ___ Disagree
   ___ Neither agree nor disagree
   ___ Agree
   ___ Strongly Agree

64. My health is determined by fate

   ___ Strongly disagree
   ___ Disagree
   ___ Neither agree nor disagree
   ___ Agree
   ___ Strongly Agree
Demographics

65. What is your gender?
   ____ Male
   ____ Female

66. What is your age?
   ____ Years

67. What is your height?
   ____ Feet  ____ Inches

68. What is your weight?
   ____ Pounds

69. Are you married?
   ____ Married
   ____ Never Married
   ____ Widowed
   ____ Divorced
   ____ Separated

70. How many children do you have? Write in the number in the blank space.^
   _____ Children
Free Space
This space is available for you to write in anything else related to the questions above that you would like us to read or know. You do not need to write anything in the space if you do not wish to.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________
Question Sources, Notes

^ = question formulated internally


2. Question formulated and included per agreement with Penn State Hershey Medical Center and Doctor Rebecca Bascom.


