

Attachment 39 Initial Questionnaire – SELF

Initial Questionnaire

Estimated time burden: 12 minutes

Initial Questionnaire – Adult

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Thank you for participating in the NIH Toolbox Project. Prior to your appointment, please take a few minutes to complete this survey. Your participation is voluntary. You may choose not to answer any questions and you may stop taking the survey at any time. There are no known risks or benefits to completing this survey. The survey is estimated to take 12 minutes to complete.

Please bring this completed survey with you to your testing appointment. If you have any questions about the study, please call the study's toll-free number, 1-xxx-xxx-xxxx.

Thank you!

(Note: Throughout the survey, instructions are printed in italics.)

Instructions: Please mark only one response per question unless otherwise noted.

[SDNorm01]

1) Today's Date:

____/____/____
dd mm yyyy

[SDNorm02]

2) What is your date of birth?

____/____/____
dd mm yyyy

[SDNorm03]

3) What is your gender?

- Male
 Female

[SDNorm04]

4) Are you Spanish/Hispanic/Latino?

- Yes *(if yes, complete question 4a below)*
 No

[SDNorm4a]

4a) Are you...?

- Mexican, Mexican-American, Chicano
 Puerto Rican
 Cuban, Cuban-American
 Other Spanish/Hispanic/Latino

[SDNorm05]

5) What is your race? Mark one or more.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

[SDNorm06]

6) In what country were you born?

- United States
- Other Country

[SDNorm06a]

6a) If Other Country, which?

[SDNorm06b]

6b) If Other Country, in what year did you come to the United States to stay?

YYYY

[OQ00]

Instructions: The next few questions are about your employment status. Please mark only one response per question unless otherwise noted.

[OQ01]

1) Which of the following were you doing last week?

- Working for pay at a job or business
- Working, but not for pay, at a family-owned job or business
- Employed by a job or business but not at work
- Looking for work
- Not working at a job or business and not looking for work
- Prefer not to answer

[OQ02]

2) How many hours did you work LAST WEEK at ALL jobs or businesses?

_____. If you did NOT work last week, please answer the following question:

[OQ01a]

2a) What is the main reason you did not work last week?

- Taking care of house or family
- Going to school
- Retired
- On a planned vacation from work
- On family or maternity leave
- Temporarily unable to work for health reasons
- Have job/contract and off-season
- On layoff
- Disabled
- Other
- Prefer not to answer

[OQ02a]

3) Do you USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

- Yes
- No

[OQ03]

4) During the PAST 12 MONTHS (52 weeks), how many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

[OQ04]

5) During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?

_____ hours

[OQ06]

6) If currently employed for wages or self-employed, what percent of the family's total household income do you provide?

- 0-25%
- 26-50%
- 51-75%
- 76-100%
- Don't know
- Not applicable/Not employed

[OQ05]

7) Since completing your education, approximately what percent of the time have you been employed?

- 0-25%
- 26-50%
- 51-75%
- 76-100%
- Don't know
- Not applicable

[OQ06-Instructions]

Instructions: The following questions are about your current or most recent job activity. If you have more than one job, please describe the one at which you work the most hours. Please mark only one response per question unless otherwise noted.

[OQ07]

8) If you are currently working, are you... (if **not currently working, skip to question 9)**

- An employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions
- An employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization
- A local GOVERNMENT employee (city, county, etc.)
- A state GOVERNMENT employee
- A Federal GOVERNMENT employee
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
- Working WITHOUT PAY in family business or farm
- On active duty in the Armed Forces

[OQ15]

9) What is your current or most recent occupation? If you are retired, what is the occupation you held for the longest time before you retired?

- Professional, Technical, & Related (teacher/professor, nurse, lawyer, physician, engineer)
- Manager, Administrator, or Proprietor (sales manager, real estate agent, or postmaster)
- Clerical & Related (secretary, clerk, mail carrier)
- Sales (salesperson, demonstrator, agent, broker)
- Service (police, cook, hairdresser)
- Skilled Crafts & Related (carpenter, repairer, telephone line worker)
- Equipment or Vehicle Operator & Related (driver, railroad brakeman, sewer worker)
- Laborer (helper, longshoreman, warehouse worker)
- Farmer (owner, manager, operator, tenant)
- Member of the military
- Homemaker
- Student

[OQ16]

10) What kind of work are (were) you doing? (for example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

[OQ17]

11) How long have you had (did you have) this job?

- Less than 6 months
- 6 months to a year
- A year or more

[OQ13]

12) What was the family's total household income in 2010 before taxes? Please include income from all sources including child support, alimony, disability, SSI, unemployment. (Remember your answers are confidential.)

- Less than \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$39,999
- \$40,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- Don't know

[OQ14]

13) How many children under 18 and adults in the household depend on this income?

_____ **Number of children under 18**

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[OQ14a]

_____ **Number of adults**

Instructions: The following questions ask about your current health and health history. Please mark only one response per question unless otherwise noted.

[SDMC1_Self_01]

1) Has a health professional told you that you have any of the following?

Please mark one or more.

- A specific learning disability
- Mental retardation
- A serious emotional disturbance
- Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)
- Autism
- Asperger's syndrome
- Pervasive Developmental Disorder (PDD)
- Other autism spectrum disorder
- Developmental delay
- None of the above

[SDMC1_Self_01a]

1a) If you marked any of the conditions above, please answer the following question. Otherwise go to question 2.

Does your condition affect your ability to learn?

- Yes
- No

[SDMC1_Self_01f]

2) Do you have or have you had any of the following?

Please mark one or more.

- Deafness (profound hearing loss)
- Other hearing impairment (please specify): _____
- Total blindness (no light perception)
- Other visual impairment not corrected with glasses (please specify):

- A speech or language impairment (please specify): _____
- An orthopedic impairment (please specify): _____
- Joint replacement
- Dizziness or Vertigo
- None of the above

[SDMC1_Self_02]

**3) Do you have a history of any of the following medical conditions?
Please mark one or more.**

- Hypertension/high blood pressure
- Peripheral vascular disease (problems with circulation, blocked arteries to the legs)
- Diabetes
- Cerebral palsy
- Dementia/Alzheimer's disease
- Bipolar Disorder or Schizophrenia
- Depression/anxiety/emotional problem
- Epilepsy, seizures
- Traumatic Brain Injury (TBI)
- Multiple sclerosis (MS)
- Muscular Dystrophy (MD)
- Parkinson's disease
- Thyroid problems, Graves' disease
- HIV/AIDS
- Alcohol abuse
- Drug abuse
- None of the above

[SDMC1_Self_02b]

**4) Do you have or has a health professional told you that you have any of the following?
Please mark one or more.**

- Heart problem (heart attack, angina, other)
- Stroke problem or TIA (transient ischemic attack)
- Lung/breathing problem (such as asthma, emphysema, COPD)
- Problems with your hip, knee or ankle joints
- Cervical spine instability
- None of the above

[SDMC1_Self_09]

5) Do you use any of the following?

Please mark one or more.

- Hearing aid(s)
- Cochlear implant
- Eyeglasses or contact lenses
- Hand or wrist splints
- Cane
- Walker
- Leg or ankle braces
- Manual wheelchair
- Motorized wheelchair
- Scooter
- Special telephone
- Prosthetic limb (Please specify) _____
- Other (Please specify) _____
- None of the above

[SDMC1_Self_11]

6) Can you stand independently, without an assistive device, for at least 3 minutes?

- Yes
- No

[SDMC1_Self_13]

7) Have you experienced a neck injury in the last 12 months?

- Yes
- No

[SDMC1_Self_19]

8) How many times have you fallen in the last 6 months?

- No falls (*if no falls, please go to question 9*)
- One time
- More than one time

[SDMC1_Self_19a]

8a) If you fell one or more times, please specify the reason(s) for your fall(s).

[SDMC1_Self_39]

9) Has a doctor or other medical professional ever told you that you have an allergy or sensitivity to propylthiouracil, also known as PROP or PTU? PROP is sometimes used in treating hyperthyroidism.

- Yes
- No

[SDMC1_Self_40]

10) Has a doctor or other medical professional ever told you that you have an allergy or sensitivity to quinine? Quinine is sometimes used in treating malaria.

- Yes
 No

[SDMC1_Self_16]

11) If female, are you currently pregnant, or do you think that you might be pregnant?

- Yes, 3 months or greater
 Yes, less than 3 months
 No

12) Do you have a history of any of the following?

Please mark one or more.

- I have been hospitalized for emotional problems
 I have had hand surgery *in the last 3 months*
 I have had brain surgery
 None of the above

[SDMC1_Self_6]

13) Are you limited in any way in any activities because of a physical problem?

- Yes (*if yes, complete questions 13a and 13b below*)
 No

[SDMC1_Self_06a]

13a) What physical problem(s) limit your activities? Please specify.

[SDMC1_Self_06b]

13b) In what ways are you limited by this/these physical problem(s)? Please describe.

[SDMC1_Self_03]

14) How tall are you without shoes?

_____ feet _____ inches

[SDMC1_Self_04]

15) How much do you weigh without shoes?

_____ pounds

[SDMC1_Self_08]

16) Do you consider yourself to be a person with a disability?

- Yes
- No

[SDMC1_Self_08a]

16a) Have you ever applied for disability benefits?

- Yes, I have applied for and been denied disability benefits
- Yes, I have applied for and received disability benefits
- No, I have never applied for disability benefits

[SDMC1_Self_02c]

17) Do you regularly exercise?

- Yes (*answer question 17a*)
- No

[SDMC1_Self_02e]

17a) If yes, what type and how often?

[02d_SDMC1_Self]

18) Do you regularly have problems climbing stairs?

- Yes
- No

[ATLP_Instructions]

Instructions: The next few questions are about the language or languages that you speak. Please mark only one response per question.

[ATLPS_00]

1) What language do you *mainly* speak at home?

- English
- Spanish
- Spanish and English equally
- Some other language

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[ATLPS_01a]

2) What was the first language you learned?

- English
- Spanish
- Some other language

[ATLPS_02a]

3) What language do you usually speak with your spouse or the person who is the closest to you?

- Only Spanish
- Mostly Spanish
- Spanish and English equally
- Mostly English
- Only English
- Some other language

[ATLPS_03]

4) How frequently do you speak English in your day-to-day life?

- Never
- Rarely
- Often
- Every day

[ATLPS_04]

5) How frequently do you speak Spanish in your day-to-day life?

- Never
- Rarely
- Often
- Every day

[ATLPS_5a]

6) Did you go to school in the U.S.?

- Yes (*answer question 6a*)
- No

[ATLPS_05b]

6a) If yes (went to school in the U.S.), what was the highest level or grade you completed?

7) Were you born outside of the U.S.?

- Yes (*answer question 7a*)
- No

[ATLPS_6a]

7a) If yes (born outside of U.S.), did you go to school in your country of origin?

- Yes (*answer question 7b*)
- No

[ATLPS_06b]

7b) If yes (went to school in your country of origin), what was the highest level or grade you completed?
