



The University of Texas Health Science Center at Houston  
School of Public Health • Institute for Health Policy

# Health *of* Houston Survey 2010



THE UNIVERSITY *of* TEXAS  
SCHOOL OF PUBLIC HEALTH

To improve the health in our communities, timely information is necessary to identify areas of greatest need. ■ The University of Texas School of Public Health conducted a survey on the health of people living in the Greater Houston area and the health of your children and factors that affect health, neighborhood issues. ■ This information will help local health resources to your community, building a better future for residents.



# Health of Houston Survey 2010

Conducted for:  
The University of Texas School of Public Health  
By:  
Social Science Research Solutions (SSRS)

## INSTRUCTIONS FOR SELECTING WHO WILL COMPLETE THE SURVEY

- **The following survey must be answered by an adult age 18 or older in your household.**
- **If only one adult lives here**, that person should complete the survey.
- **If more than one adult lives here**, the one who had the **most recent birthday** should complete the survey. Please have **ONLY** that household member complete the survey.
- It should take about 20 minutes to complete the survey. If you have access to a telephone or the Internet, we encourage you to complete this survey either by phone or on the web as most people find that the telephone and web versions are much easier to complete.
  - If you would prefer to complete the survey by phone, please call **1-866-545-1059**.
  - If you would prefer to complete the survey on-line, please go to <https://healthofhoustonsurvey.net>. You will need to use the pass code found in the box on the first page of the enclosed letter.

Your participation in this study is voluntary. You can skip questions you don't want to answer, and you can stop completing the survey at any time. All information you provide will be confidential and your name will never be associated with your answers. If you have any questions about the survey, please call Kathy Langdale at 1-800-633-1986.

As a thank you for your participation, we will enter your name in a drawing to win a \$200 VISA gift card. If you only want to be entered into the drawing, please fill out your name and address on the last page of the questionnaire and return it in the postage-paid envelope.

To read more about the Health of Houston Survey, please visit [www.hhs2010.net](http://www.hhs2010.net). When you have completed the survey, please return it in the enclosed postage-paid envelope.

## INSTRUCTIONS FOR COMPLETING THE SURVEY

This survey contains several types of questions. Each question should be answered only about yourself, not anyone else in your household (unless specifically indicated for a particular question).

For some questions, you answer the question by marking a box, like this:

- <sub>1</sub> Yes  
<sub>2</sub> No

For some questions, you answer the question by filling in one number per box, like this:

Number of Days

You will sometimes be instructed to skip one or more questions. In this example, if your choice is 'No', you go to question 5; otherwise, you continue to the next question.

- <sub>1</sub> Yes  
<sub>2</sub> No → **GO TO Q.5**

Response options with this instruction mean that if you select either options 1, 2 or 3 then you go to question 5. Otherwise, you can continue to the next question.

- <sub>1</sub> Option 1  
<sub>2</sub> Option 2  
<sub>3</sub> Option 3  
<sub>4</sub> Option 4 } → **GO TO Q.5**

When writing in an answer to a question, please PRINT clearly in CAPS and not in lower case, as in the example below.

What kind of pet do you have?

- <sub>1</sub> Dog  
<sub>2</sub> Cat  
<sub>7</sub> Other (SPECIFY)

*GUINEA PIG*

You will see small numbers or letters, like those in the examples above, throughout the survey. These are for internal data entry purposes only.

## GENERAL INFORMATION Part I

To be able to describe the responses of our participants, we need to ask some general background questions.

1. Just to confirm, please write your zip code in the boxes below.

(Zip Code) (19-23)

2. Including you, how many adults (age 18 or older) and children (0-17), currently live in your household?

Number of Adults (age 18 and older) (24-25)

Number of Children (0-17 years) (26-27)

3. Are you male or female?

- 1 Male (28)  
 2 Female  
 7 Other (SPECIFY)

4. What is your age?

Years (29-31)

5. Are you Latino or Hispanic?

- 1 Yes (32)  
 2 No → **GO TO Q.7**

6. And what is your Latino or Hispanic ancestry or origin? (SUCH AS MEXICAN, SALVADORAN, CUBAN, HONDURAN. IF YOU HAVE MORE THAN ONE, PLEASE WRITE ALL OF THEM.)

- 8 Don't know (42)

7. Please choose one or more of the following you would use to describe yourself. Would you describe yourself as... (CHECK ALL THAT APPLY)

- 1 Asian (43)  
 2 Black or African American  
 3 White  
 4 American Indian or Alaska Native  
 6 Native Hawaiian  
 5 Other Pacific Islander  
 7 Other (SPECIFY) (52)
- **GO TO Q.9**

- 8 Don't know

↓  
**GO TO Q.9**

8. You selected Asian, and what specific ethnic group are you? (SUCH AS CHINESE, FILIPINO, VIETNAMESE. IF YOU ARE MORE THAN ONE, PLEASE WRITE ALL OF THEM.)

- 8 Don't know (62)

**9. Are you...?**

- 1 Married <sup>(63)</sup>
- 2 Living with partner
- 3 Divorced
- 4 Widowed
- 5 Separated
- 6 Never married

**10. What is the highest grade of education you have completed and received credit for?**

- 1 No formal education <sup>(64)</sup>
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9-11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College from 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 7 Post-Bachelors Education (Master, Doctorate, etc.)

**HEALTH STATUS Part I**

**11. Would you say your health in general is ...? (PLEASE SELECT ONLY ONE)**

- 1 Excellent <sup>(65)</sup>
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know

**12. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

Days <sup>(66-67)</sup>

**13. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?**

Days <sup>(68-69)</sup>

**14. About how much do you weigh without shoes? (YOU CAN ANSWER IN POUNDS OR KILOGRAMS)**

Pounds <sup>(70-72)</sup>

OR

Kilograms <sup>(73-75)</sup>

**15. About how tall are you without shoes? (YOU CAN ANSWER IN FEET AND INCHES OR METERS AND CENTIMETERS)**

<sup>(14)</sup> Feet and   <sup>(15-16)</sup> Inches

OR

<sup>(17)</sup> Meters and   <sup>(18-19)</sup> Centimeters

**HEALTH CONDITIONS**

**16. Has a doctor, nurse or other health professional ever told you that you have diabetes or sugar diabetes?**

*(BY OTHER HEALTH PROFESSIONAL WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL.)*

- 1 Yes <sup>(20)</sup>
  - 4 Yes, during pregnancy
  - 2 No
  - 3 Borderline pre-diabetes
  - 8 Don't know
- } **GO TO Q.18**

17. Were you told that you had Type 1 or Type 2 diabetes?

- 1 Type 1 <sup>(21)</sup>
- 2 Type 2
- 8 Don't know

18. Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

- 1 Yes <sup>(22)</sup>
- 2 No
- 8 Don't know

19. Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

- |  | <u>Yes</u>                 | <u>No</u>                  | <u>Don't know</u>          |
|--|----------------------------|----------------------------|----------------------------|
| a. A heart attack, also called a myocardial infarction <sup>(23)</sup> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 8 |
| b. Angina or coronary heart disease <sup>(24)</sup>                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 8 |
| c. A stroke <sup>(25)</sup>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 8 |

20. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

- 1 Yes <sup>(26)</sup>
- 3 Yes, but only during pregnancy
- 2 No
- 8 Don't know

21. Have you been told by a doctor, nurse, or other health professional that you have asthma?

- 1 Yes <sup>(27)</sup>
- 2 No
- 8 Don't know

## HEALTH INSURANCE

22. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

- |  | <u>Yes</u>                 | <u>No</u>                  |
|--|----------------------------|----------------------------|
| a. Insurance through a current or former employer or union (yours or a family member's) <sup>(28)</sup>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Insurance purchased directly from an insurance company (by yourself or another family member) <b>Do not include Supplemental Medicare Insurance</b> <sup>(29)</sup> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Medicare, for people 65 and older, or people with certain disabilities <sup>(30)</sup>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Medicaid, CHIP, Medical Assistance, or any kind of government assistance plan for those with low income or a disability <sup>(31)</sup>                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. TRICARE, CHAMPUS <sup>(32)</sup>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. CHAMP-VA, VA <sup>(33)</sup>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Any other type of health insurance or health coverage plan (SPECIFY) <sup>(34)</sup>  |                            |                            |

- 2 Don't have health insurance <sup>(35)</sup>
- 8 Don't know if I have health insurance

**GO TO Q.24**

23. During the past 12 months, was there any time when you had no health insurance at all?

- <sub>1</sub> Yes <sup>(36)</sup>  
<sub>2</sub> No → **GO TO Q.25**

24. What is the ONE MAIN reason why you don't have health insurance now or didn't have health insurance during the past 12 months? (CHECK ONLY ONE)

- <sub>1</sub> Can't afford/too expensive <sup>(37)</sup>  
<sub>2</sub> Not eligible due to change in work status/employer/lost job  
<sub>3</sub> Not eligible due to health or other problems  
<sub>4</sub> Not eligible due to citizenship/immigration status  
<sub>5</sub> Family situation changed  
<sub>6</sub> Don't believe in insurance  
<sub>7</sub> Switched insurance companies, delay between insurance coverage  
<sub>8</sub> Can get health care for free/pay for own care  
<sub>7</sub> Other (SPECIFY) <sup>(46)</sup>

25. During the past 12 months, were you unable to pay or did you have problems paying for medical bills, either for yourself or any family member in your household?

- <sub>1</sub> Yes <sup>(47)</sup>  
<sub>2</sub> No → **GO TO Q.27**  
<sub>8</sub> Don't know

26. Because of medical bills were you unable to pay for basic necessities like food, the electricity bill or rent/mortgage?

- <sub>1</sub> Yes <sup>(48)</sup>  
<sub>2</sub> No  
<sub>8</sub> Don't know

27. For how many months of the past 12 months did you have any kind of dental insurance that pays for some or all of your routine dental care?

Months <sup>(49-50)</sup>

- <sub>96</sub> No dental insurance in past 12 months  
<sub>00</sub> Less than one month

28. Thinking about the past 12 months, was there any time that you ...

- |  | <u>Yes</u>                            | <u>No</u>                             |
|--|---------------------------------------|---------------------------------------|
| a. Had to delay or could not fill a prescription for medicine for yourself because of cost or lack of insurance? <sup>(51)</sup>   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Had to delay or could not see a doctor when you needed to because of cost or lack of insurance? <sup>(52)</sup>   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Had to delay or could not see a specialist that you needed because of cost or lack of insurance? <sup>(53)</sup><br><i>(Specialists are doctors like heart doctors, allergy doctors, and others who specialize in one area of health care.)</i> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Had to delay or could not get dental care that you needed because of cost or lack of insurance? <sup>(54)</sup>   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

## SOURCES OF CARE

29. Do you have one person you think of as your personal doctor or health care provider?

- <sub>1</sub> Yes, only one <sup>(55)</sup>  
<sub>2</sub> More than one  
<sub>4</sub> No, not anyone



**30. What kind of place do you go to MOST OFTEN when you are sick or need advice about your health?**

- <sub>1</sub> Doctor's office <sup>(56)</sup>
- <sub>2</sub> HMO
- <sub>3</sub> Clinic/health center/hospital clinic
- <sub>4</sub> Emergency room
- <sub>7</sub> Some other place (SPECIFY)

- <sub>0</sub> No one place
- <sub>8</sub> Don't know

**31. During the past 12 months, how many times have you seen a medical doctor?**

Number of Times <sup>(57-59)</sup>

- <sub>998</sub> Don't know

**32. How long does it take you to get to the place you usually go to when you are sick or need advice about your health?**

*(IF YOU DON'T HAVE A REGULAR PROVIDER, PLEASE ANSWER BASED ON THE PLACE YOU MOST RECENTLY WENT.)*

- <sub>1</sub> Less than 15 minutes <sup>(60)</sup>
- <sub>2</sub> 15 to 30 minutes
- <sub>3</sub> 31 minutes to 60 minutes (1 hour)
- <sub>4</sub> 61 minutes to 90 minutes
- <sub>5</sub> 91 minutes to 120 minutes (2 hours)
- <sub>6</sub> More than 120 minutes
- <sub>0</sub> Never go to the doctor
- <sub>8</sub> Don't know

**33. If you arrive on time for an appointment, about how long do you have to wait before seeing a medical person at the place you usually go to when you are sick?**

*(IF THERE IS NO ONE PLACE YOU GO, PLEASE ANSWER BASED ON THE PLACE YOU MOST RECENTLY WENT WHEN YOU WERE SICK.)*

- <sub>1</sub> Less than 5 minutes <sup>(61)</sup>
- <sub>2</sub> 5 to 15 minutes
- <sub>3</sub> 16 minutes to 30 minutes
- <sub>4</sub> 31 minutes to 59 minutes
- <sub>5</sub> 1-2 hours
- <sub>6</sub> More than 2 hours
- <sub>0</sub> Never go to the doctor
- <sub>8</sub> Don't know

**34. How do you usually get to the doctor's office or to other medical visits?**

- <sub>1</sub> Drive myself <sup>(62)</sup>
- <sub>2</sub> Get a ride from someone else in a personal vehicle
- <sub>3</sub> Take public transportation such as the metro bus or metro rail
- <sub>4</sub> Take para transit/trans provided by Home Health Services
- <sub>5</sub> Take a taxi
- <sub>6</sub> Walk or ride bike
- <sub>7</sub> Get there some other way (SPECIFY) <sup>(71)</sup>

- <sub>8</sub> Don't know

## HEALTH STATUS Part II

The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

35.	During the past 30 days, about how often did you feel ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	...nervous? <sup>(14)</sup>	1	2	3	4	5
b.	...hopeless? <sup>(15)</sup>	1	2	3	4	5
c.	...restless or fidgety? <sup>(16)</sup>	1	2	3	4	5
d.	...so depressed that nothing could cheer you up? <sup>(17)</sup>	1	2	3	4	5
e.	...that everything was an effort? <sup>(18)</sup>	1	2	3	4	5
f.	...worthless? <sup>(19)</sup>	1	2	3	4	5

The next questions are about how these feelings may have affected you in the past 30 days.

**36. How many days out of the past 30 were you totally unable to work or carry out your normal activities because of these feelings?**

Days <sup>(20-21)</sup>  
 <sub>98</sub> Don't know

**37. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?**

*(BY OTHER HEALTH PROFESSIONAL WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, COUNSELOR, PSYCHIATRIST, OR SOCIAL WORKER.)*

Times <sup>(22-23)</sup>  
 <sub>98</sub> Don't know

## PREVENTIVE CARE

*(IF YOU ARE MALE, GO TO QUESTION Q.42)*

The next questions are about women's health.

**38. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

<sub>1</sub> Yes <sup>(24)</sup> → **GO TO Q.40**  
 <sub>2</sub> No  
 <sub>8</sub> Don't know → **GO TO Q.40**

**39. What is the ONE most important reason why you have NEVER had a mammogram?**

Please enter only the most important reason in the box below.

40. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- <sub>1</sub> Yes <sup>(35)</sup> → **GO TO Q.42**  
<sub>2</sub> No  
<sub>8</sub> Don't know → **GO TO Q.42**

41. What is the ONE most important reason why you have NEVER had a Pap test?

Please enter only the most important reason in the box below.

**PLEASE ANSWER QUESTIONS 42 AND 43 IF YOU ARE BETWEEN 50 AND 75 YEARS OLD. IF NOT, PLEASE GO TO QUESTION 44.**

42. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- <sub>1</sub> Yes <sup>(46)</sup> → **GO TO Q.44**  
<sub>2</sub> No  
<sub>8</sub> Don't know → **GO TO Q.44**

43. What is the ONE most important reason why you have NEVER had a sigmoidoscopy or a colonoscopy?

Please enter only the most important reason in the box below.

## TOBACCO USE

44. Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

- <sub>1</sub> Yes <sup>(57)</sup>  
<sub>2</sub> No → **GO TO Q.47**  
<sub>8</sub> Don't know → **GO TO Q.47**

45. Do you now smoke cigarettes every day, some days, or not at all?

- <sub>1</sub> Every day <sup>(58)</sup>  
<sub>2</sub> Some days  
<sub>3</sub> Not at all → **GO TO Q.47**  
<sub>8</sub> Don't know

46. On the average, how many cigarettes do you now smoke a day?

- Cigarettes <sup>(59-60)</sup>  
<sub>98</sub> Don't know

## GENERAL INFORMATION Part II

The following questions are for descriptive purposes only. The first few questions are about employment.

47. Which of the following were you doing last week? (CHECK ONLY ONE)

- <sub>1</sub> Working at a job or <sup>(61)</sup> business → **GO TO Q.50**  
<sub>2</sub> Have a job or business but took time off  
<sub>3</sub> Currently unemployed and looking for work  
<sub>4</sub> Currently unemployed and not looking for work  
<sub>8</sub> Don't know → **GO TO Q.54**

48. What is the main reason you were not at work or employed last week? (CHECK ONLY ONE)

- 3 Couldn't find a job → GO TO Q.49
- 1 Taking care of house or family <sup>(62)</sup>
- 4 Going to school/student
- 5 Retired
- 6 Disabled
- 7 Unable to work temporarily
- 2 On planned vacation
- 8 On layoff or on strike
- 9 On family or maternity leave
- 0 Off season
- 7 Other (SPECIFY) <sup>(71)</sup>

GO TO Q.54

GO TO Q.50

↓  
GO TO Q.54

49. If unemployed, are you receiving Unemployment Insurance (UI)?

- 1 Yes <sup>(72)</sup>
- 2 No
- 8 Don't know

50. On your main job, are you employed by a... (IF YOU HAVE MORE THAN ONE JOB, PLEASE THINK OF THE ONE AT WHICH YOU WORK THE MOST HOURS).

- 1 For-profit company <sup>(73)</sup>
- 2 Non-profit organization
- 3 Government
- 4 Self-employed
- 5 Family business or farm without pay
- 7 Other (SPECIFY)

- 8 Don't know

51. How many hours per week do you usually work at your main job? (IF YOU HAVE MORE THAN ONE JOB, PLEASE THINK OF THE ONE AT WHICH YOU USUALLY WORK THE MOST HOURS).

Hours <sup>(14-16)</sup>

- 998 Don't know

52. How many hours per week do you usually work at all jobs or businesses?

Hours <sup>(17-19)</sup>

- 998 Don't know

53. For how many of the past 12 months were you employed at all jobs and businesses?

Months <sup>(20-21)</sup>

- 00 Less than one month

- 98 Don't know

54. What is your best estimate of all your earnings last year before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

(PLEASE INDICATE INCOME USING DIGITS. FOR EXAMPLE, IF YOUR INCOME IS \$20,000 PLEASE WRITE 20,000)

\$  <sup>(22-28)</sup>

- 8 Don't know <sup>(29)</sup>

**55. What is your best estimate of your household's combined annual income from all sources before taxes last year?**

*(INCLUDE MONEY FROM JOBS, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE AND SO FORTH. ALSO INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT AND ANY OTHER MONEY INCOME. DO NOT INCLUDE GIFTS)*

\$  (30-38)

8 Don't know<sup>(39)</sup>

**In the past 12 months, how often did you have financial difficulties that kept you from being able to...**

	Never	Rarely	Sometimes	Often	Always	Don't Know
<b>56. Buy food?</b> <sup>(40)</sup>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
<b>57. Pay your rent or mortgage?</b> <sup>(41)</sup>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

## PUBLIC PROGRAMS

**58. Are you now receiving TANF?**  
*(TEMPORARY ASSISTANCE TO NEEDY FAMILIES)*

- 1 Yes <sup>(42)</sup>  
 2 No  
 8 Don't know

**59. Are you receiving Supplemental Nutrition Assistance Program (SNAP) benefits, otherwise called Food Stamps?**

- 1 Yes <sup>(43)</sup>  
 2 No  
 8 Don't know

**60. Are you receiving Supplemental Security Income, also known as SSI or Social Security Disability Insurance, also known as SSDI?**

- 1 Yes, SSI <sup>(44)</sup>  
 2 Yes, SSDI  
 3 Yes, both  
 4 No  
 8 Don't know

(IF YOU ARE A FEMALE WHO IS PREGNANT OR HAS A CHILD LIVING IN YOUR HOUSE, CONTINUE TO 61, OTHERWISE GO TO Q.62)

61. Are you on WIC?

(WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN)

- <sub>1</sub> Yes <sup>(45)</sup>  
<sub>2</sub> No  
<sub>8</sub> Don't know

62. Did you or your spouse or partner receive any money last month for child support?

- <sub>1</sub> Yes <sup>(46)</sup>  
<sub>2</sub> No  
<sub>8</sub> Don't know

## FOOD AND DRINK

These next questions are about things you eat and drink. **Please think about all meals and snacks including breakfast, lunch, and dinner and food consumed at home and away from home.**

63. During the past month, how often did you eat **red meat**, such as beef, pork, ham, or sausage? Do not include **chicken, turkey or seafood**. (YOU CAN ANSWER PER DAY, PER WEEK OR PER MONTH.)

Number of times <sup>(47-48)</sup>

Select either per day, week or month

- <sub>1</sub> Per day  
<sub>2</sub> Per week  
<sub>3</sub> Per month <sup>(49)</sup>  
<sub>0</sub> Did not eat red meat  
<sub>8</sub> Don't know <sup>(49)</sup>

64. During the past month, how many times per day, week, or month did you drink carbonated soft drinks or soda such as Red Bull, Coke or Dr. Pepper? (DO NOT INCLUDE DIET SODA, OR CANNED OR BOTTLED JUICES OR TEAS.)

<sup>(50-51)</sup> Number of times

Select either per day, week or month

- <sub>1</sub> Per day  
<sub>2</sub> Per week  
<sub>3</sub> Per month <sup>(52)</sup>

- <sub>0</sub> Did not drink soft drink or soda  
<sub>8</sub> Don't know <sup>(52)</sup>

65. Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

Times in past 7 days <sup>(53-54)</sup>

- <sub>0</sub> Did not eat fast food  
<sub>8</sub> Don't know <sup>(55)</sup>

## PHYSICAL ACTIVITY

The next questions are about physical activities or exercise you may do in your free time. First think about activities that take **moderate** physical effort, such as walking, bicycling, swimming, dancing, or gardening.

66. During the last 7 days, on how many days did you do any **moderate** physical activities in your free time for at least 10 minutes?

(MODERATE ACTIVITIES MAKE YOU BREATHE SOMEWHAT HARDER THAN NORMAL.)

- Days <sup>(56)</sup>  
<sub>8</sub> Don't know

67. How much time did you usually spend on one of those days doing **moderate** physical activities in your free time?

(THINK ABOUT ONLY THOSE PHYSICAL ACTIVITIES THAT YOU DID FOR AT LEAST 10 MINUTES AT A TIME)

Enter your time either in minutes or hours per day

Minutes per day <sup>(57-59)</sup>

OR

Hours per day <sup>(60-61)</sup>

<sub>8</sub> Don't know <sup>(62)</sup>

Now think about **vigorous** activities you may do in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming.

68. During the **last 7 days**, on how many days did you do any **vigorous** physical activities in your free time?

(VIGOROUS ACTIVITIES MAKE YOU BREATHE MUCH HARDER THAN NORMAL.)

Days <sup>(63)</sup>

<sub>8</sub> Don't know

69. How much time did you usually spend on one of those days doing **vigorous** physical activities in your free time?

(THINK OF ABOUT ONLY THOSE PHYSICAL ACTIVITIES THAT YOU DID FOR AT LEAST 10 MINUTES AT A TIME)

Enter your time either in minutes or hours per day

Minutes per Day <sup>(64-66)</sup>

OR

Hours per Day <sup>(67-68)</sup>

<sub>8</sub> Don't know <sup>(69)</sup>

## HOUSEHOLD INFORMATION

70. Do you live in a house, a duplex (a building with 2 units), a building with 3 or more units (such as an apartment or condo), or in a mobile home?

- <sub>1</sub> House <sup>(70)</sup>  
 <sub>2</sub> Duplex  
 <sub>3</sub> Building with 3 or more units  
 <sub>4</sub> Mobile home

71. Do you own or rent your home?

- <sub>1</sub> Own <sup>(71)</sup>  
 <sub>2</sub> Rent  
 <sub>8</sub> Other arrangements

72. How many **landline** telephone numbers in your household are used for incoming calls? Do **not** include those used only for fax machines, the internet or a professional business.

Landline Phone Number <sup>(72)</sup>

72a. Do you or any members of your household currently have a working cell phone?

- <sub>1</sub> Yes <sup>(73)</sup>  
 <sub>2</sub> No  
 <sub>8</sub> Don't know

73. Of all the phone calls that you (and adult members of your household) receive, are ...?

- 1 All or almost all calls received on a cell phone <sup>(74)</sup>
- 2 Some received on a cell phone and some on regular phones
- 3 Very few or none on cell phones
- 8 Don't know

74. Do you or members of your household have a car for regular use?

- 1 Yes <sup>(75)</sup>
- 2 No

75. How do you usually get to the grocery store?

- 1 Drive myself <sup>(14)</sup>
- 2 Get a ride from someone else in a personal vehicle
- 3 Take public transportation such as the metro bus or metro rail
- 5 Take a taxi
- 6 Walk or ride bike, or
- 7 Get there some other way <sup>(23)</sup> (SPECIFY)

76. How long have you lived in your neighborhood? (BY NEIGHBORHOOD, WE MEAN THE AREA AROUND WHERE YOU LIVE.)

- Years <sup>(24-26)</sup>
- 000 Less than one year
- 998 Don't know

77. Is there a large selection of fresh fruits and vegetables available in your neighborhood?

- 1 Yes <sup>(27)</sup>
- 2 No
- 8 Don't know

78. Is violence and crime a problem in your neighborhood?

- 1 Yes <sup>(28)</sup>
- 2 No
- 8 Don't know



## ENVIRONMENTAL ISSUES

79. Here is a list of environmental problems some people say they have in their community/ neighborhood. Thinking about where you live, please indicate whether this is a problem in your community.

	Yes, a problem	No, not a problem	Don't know
b. Stray dogs or cats? <sup>(29)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>
c. Water pollution from harmful chemicals and run off? <sup>(30)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>
d. Drinking water that has an odd look, odor or taste? <sup>(31)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>
e. Dumping waste in empty lots or ditches? <sup>(32)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>
g. Fumes, smells and smoke from <u>traffic</u> ? <sup>(33)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>
h. Fumes, smells and smoke from <u>industry</u> ? <sup>(34)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>

### COUNTRY OF BIRTH AND LANGUAGE SPOKEN AT HOME

80. In what country were you born?  
(PLEASE REMEMBER THAT ALL RESPONSES ARE CONFIDENTIAL.)

81. What languages do you speak at home?  
(LIST MORE THAN ONE IF NECESSARY)

*If born in US, AMERICAN SAMOA, GUAM, PUERTO RICO or VIRGIN ISLANDS GO TO Q.86*

### CITIZENSHIP

The next questions are about citizenship and immigration. Your answers are **confidential** and will not be reported to police, immigration services or to any other authorities.

82. Are you a citizen of the United States?

- <sub>1</sub> Yes <sup>(47)</sup> → **GO TO Q.86**  
 <sub>2</sub> No  
 <sub>3</sub> Application pending  
 <sub>8</sub> Don't know → **GO TO Q.86**

83. Are you a permanent resident with a green card?

- <sub>1</sub> Yes <sup>(48)</sup> → **GO TO Q.86**  
 <sub>2</sub> No  
 <sub>3</sub> Application pending  
 <sub>8</sub> Don't know → **GO TO Q.86**

84. Do you have a current visa?

- <sub>1</sub> Yes <sup>(49)</sup>
- <sub>2</sub> No
- <sub>8</sub> Don't know

85. About how many years have you lived in the United States?

<sub>(50-51)</sub> Number of years in the U.S.

<sub>8</sub> Don't know <sup>(56)</sup>

## SOCIAL LIFE

The following questions ask about your social life.

How often is someone available to:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Don't Know
86. Help with daily chores if you are sick? <sup>(57)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
87. Get together for relaxation? <sup>(58)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
88. Understand your problems? <sup>(59)</sup>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>

The last thing we need is your name and mailing address to enter you into the DRAWING for the \$200 VISA gift card. The winner will be contacted in early 2011.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

Please place the completed survey in the prepaid return envelope and mail it back to the address on the envelope:

**SSRS**  
**53 West Baltimore Pike**  
**Media, PA 19063**

If you have misplaced the return envelope, please call 1-800-633-1986 for a replacement.

If you have any questions about the survey, please contact Kathy Langdale at SSRS, 1-800-633-1986, Ext. 4449 or Dr. Stephen H. Linder, Principal Investigator at 713-500-9318.

Thank you, we greatly appreciate your time and cooperation.





**Thanks again for completing this survey. If you have any additional thoughts about any of the above topics or the survey itself, please share them here.**

**Health *of*  
Houston  
Survey 2010**

**For more information,  
please call 713-500-9411 or  
visit [www.HHS2010.net](http://www.HHS2010.net)**



**THE UNIVERSITY of TEXAS  
SCHOOL OF PUBLIC HEALTH**