

**CARDIA IV
SOCIODEMOGRAPHIC QUESTIONNAIRE**

__ / __ / __
exam date

Now I would like to ask you about your background — your education, the work you do, your marital status, and things like that.

1. First, what is the highest grade (or year) of regular school you have completed? CHECK ONLY ONE CODE FROM 01 TO 20.
D03ED

ELEMENTARY SCHOOL	HIGH SCHOOL	COLLEGE	GRADUATE SCHOOL
01 <input type="checkbox"/>	09 <input type="checkbox"/>	13 <input type="checkbox"/>	17 <input type="checkbox"/>
02 <input type="checkbox"/>	10 <input type="checkbox"/>	14 <input type="checkbox"/>	18 <input type="checkbox"/>
03 <input type="checkbox"/>	11 <input type="checkbox"/>	15 <input type="checkbox"/>	19 <input type="checkbox"/>
04 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20+ <input type="checkbox"/>
05 <input type="checkbox"/>			
06 <input type="checkbox"/>			99 <input type="checkbox"/> NO ANSWER
07 <input type="checkbox"/> (JR. HIGH)			
08 <input type="checkbox"/>			

2. What is the highest degree you earned? CHECK ONLY ONE CODE.
D03DEGRE
CODE HIGHEST DEGREE.

- 1 High school diploma or equivalency
- 2 Associate degree (junior college)
- 3 Bachelor's degree
- 4 Master's degree
- 5 Doctorate
- 6 Professional (MD, JD, DDS, etc.)
- 7 Other, specify: _____
- 8 None of the above (less than high school graduate)
- 9 NO ANSWER

3. Are you currently attending school or college or graduate school?
D03SCNOW

1 No

2 Yes

9 No answer

4. The following categories might best describe your current main daily activities and/or responsibilities:

a. Are you working full-time?
D03WRKFT

1 No

2 Yes

9 No answer

b. Are you working part-time?
D03WRKPT

1 No

2 Yes

9 No answer

c. Are you unemployed or laid off?
D03UNEMP

1 No

2 Yes

9 No answer

d. Are you looking for work?
D03LKWRK

1 No

2 Yes

9 No answer

e. Are you keeping house or raising children?
D03HOUSE

1 No

2 Yes

9 No answer

5. Please answer the following questions with regard to your current or most recent job activity. RECORD VERBATIM.

IF PT NEVER WORKED CODE 998 BELOW AND GO TO QUESTION 6.

a. For whom do (did) you work? _____

(Name of company, business, organization, or other employer)

b. What kind of business or industry is (was) that? (DESCRIBE THE ACTIVITY AT THE LOCATION WHERE EMPLOYED) _____

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, breakfast cereal manufacturing)

c. What kind of work do (did) you do? (JOB TITLE) _____

(For example: registered nurse, personnel manager, supervisor of order department, gasoline engine assembler, grinder operator)

d. What are (were) your most important activities or duties?

(For example: Patient care, directing hiring policies, supervising order clerks, assembling engines, operating grinding mill)

e. Are (were) you? (CHECK ONE BOX ONLY)

D03TYPEM

- 1 Employee of private company, business, or individual for wages salary or commissions
- 2 Federal government employee
- 3 State government employee
- 4 Local government employee (city, county, etc...)

Self employed in own business, professional practice or farm:

- 5 Own business not incorporated
- 6 Own business incorporated
- 7 Working without pay in family business or farm

D03NOWRK 6.

Since your last CARDIA exam on _____, have you been unemployed and looking for work for more than two months?

- 1 No
- 2 Yes
- 4 Never worked
- 9 No answer

D03DFPAY 7.

How hard is it for you (and your family) to pay for the very basics like food, medical care, and heating?

Would you say it is: (READ CATEGORIES 1 through 4)

- 1 Very hard
- 2 Hard
- 3 Somewhat hard
- 4 Not very hard
- 5 Don't know
- 9 No answer

D03MRAGE 8.

Now, I would like to ask about your marital status. Are you currently married, widowed, divorced, separated or have you never been married?

CHECK ONE:

- 1 Married (IF CHECKED GO TO QUESTION 8A)
 - 2 Widowed
 - 3 Divorced
 - 4 Separated
 - 5 Never Married
 - 6 Other (Specify) _____
 - 9 No answer (GO TO QUESTION 9)
- > (GO TO 8B)

8A. How long have you been married?

D03YRSMR _____ years

D03MOMR _____ months (GO TO QUESTION 9)

8B. Are you now living with someone in a marriage-like relationship?

D03LIVMR

1 No

2 Yes

Then, how long have you been living in a marriage-like relationship?

D03YRLIV ____ years

D03MOLIV ____ months

9 No Answer

9. How many people are currently living in your household, including yourself?

D03NPEPL

__ __ number of people

10. Do you have any children or stepchildren?

D03CHILD

1 No

2 Yes

10A. What are the ages of your children or stepchildren?

D03AGEC1 THRU D03AGEC8

10B. How many of these children live with you?

D03LVNCH

11. Is the home where you live:

D03HOME

1 Owned or being bought by you (or someone in the household)?

2 Rented for money?

3 Occupied without payment of money or rent?

4 Other, specify: _____

12. Which of these categories best describe your total combined family income for the past 12 months? This should include income from all sources, wages, veteran's benefits, help from relatives, rent from properties, and so on (before taxes). (PARTICIPANT IS HANDED A CARD WITH THIS LIST.)

D03INCOM

1 Less than \$5,000

6 \$35,000 through \$49,999

2 \$5,000 through \$11,999

7 \$50,000 through \$74,999

3 \$12,000 through \$15,999

8 \$75,000 and greater

4 \$16,000 through \$24,999

9 Don't know

5 \$25,000 through \$34,999

0 No response

13. Do you have a usual source of medical care? By that, we mean the place you go if you need a check-up or if you are ill?

D03MDCAR

1 No (GO TO QUESTION 14)

2 Yes

13A. What is that source of medical care? (SHOW PARTICIPANT CUE CARD.)

1 Private or personal physician/HMO

2 Walk-in clinic (no appointments taken)

3 Other clinic (by appointment)

4 Hospital emergency room

5 Other (specify) _____

13B. How do you pay for this care? Please answer yes or no for each question.

1 No 2 Yes Insurance or HMO?

1 No 2 Yes Medicaid or Medicare?

1 No 2 Yes VA, CHAMPUS, Military?

1 No 2 Yes Out of pocket, either full or co-payment?

Is that full or co-payment?

1 Full 2 Co-pay

1 No 2 Yes Other: (specify) _____

(GO TO QUESTION 15)

D03SOURC

D03PYINS

D03PYMED

D03PYVA

D03PYPOC

D03FULCO

D03PYOTH

14. There are several government programs which provide medical care or help pay medical bills.

D03GOVMD

14A. Are you covered by Medicare or Medicaid?

1 No

2 Yes

8 Not sure/Refused

14B. Are you covered by CHAMPUS, VA or military health care?

- D03GOVVA 1 No
 2 Yes
 8 Not sure/Refused

15. In the past two years, have you always had health insurance or other coverage for medical care?
 D03INS2Y

- 1 No

15A. How much time during the past two years did you not have coverage?	
<u> </u>	<u> </u>
D03YRINS	D03MOINS
years	months

- 2 Yes
 8 Don't Know

16. Was there anytime during the past two years when you did not seek medical care because it was too expensive or health insurance did not cover it? Do not include dental care.
 D03EXPNS

- 1 No
 2 Yes
 8 Don't Know

For the next set of questions, health insurance coverage refers to health insurance (like Blue Cross/Blue Shield) or participation in an HMO.

17. Other than government programs, health insurance can be obtained through an employer, union or school.
 D03INSEM

17A. Are you covered by health insurance of this type?

- 1 No
 2 Yes (END OF QUESTIONNAIRE)
 8 Not sure/Refused

17B. Are you self insured? That is, do you or someone else pay totally for your health insurance?
 D03INSSF

- 1 No
 2 Yes
 8 Not sure/Refused

 D03IVID INTERVIEWER ID