

STROKE FACTOR SURVEY
INSTITUTE FOR POLICY RESEARCH
MARCH 1995 - DECEMBER 1995

I. "Hello, this is _____ calling for the Institute for Policy Research at the University of Cincinnati. This month we are conducting a confidential survey concerning health issues and we'd really appreciate your help and cooperation."

II. "And what county do you live in?"

: :
: :
: :

RECORD COUNTY _____

III. "In order to determine who to interview, could you tell me, of the people who currently live in your household who are 18 or older -- including yourself -- who had the most recent birthday? I don't mean who is the youngest adult, but rather, who had the most recent birthday?"

A. INFORMANT _____ M -- SKIP TO QUESTIONNAIRE

_____ F

B. SOMEONE ELSE (SPECIFY): _____ --SKIP TO V.

C. DON'T KNOW ALL BIRTHDAYS, ONLY SOME -- CONTINUE WITH IV. BELOW

D. DON'T KNOW ANY BIRTHDAYS OTHER THAN OWN -- SKIP TO QUESTIONNAIRE

E. REFUSED -- FILL OUT NON-RESPONSE INFORMATION ON CALL RECORD

IV. "Of the ones that you do know, who had the most recent birthday?"

A. INFORMANT _____ M -- SKIP TO QUESTIONNAIRE

B. SOMEONE ELSE (SPECIFY): _____

V. ASK TO SPEAK TO THAT PERSON

STROKE FACTOR SURVEY

Institute for Policy Research
March, 1995

"Hello, this is _____ calling for the Institute for Policy Research at the University of Cincinnati. This month we are conducting a confidential survey concerning health issues and we'd really appreciate your help and cooperation."

1. "We will be talking about stroke risk factors . . . that is the things that make it more likely for somebody to have a stroke . . . and the warning signs of stroke. From anything you might have heard or read . . . what do you believe are the risk factors associated with stroke? What else . . . what else?" (RECORD THREE RESPONSES.)

1. _____
2. _____
3. _____

PRE-CODES

- | | |
|-------------------------|-------------------------------|
| 01. STRESS | 06. OVERWEIGHT |
| 02. HIGH BLOOD PRESSURE | 07. DRINKING ALCOHOL |
| 03. HIGH CHOLESTEROL | 08. LACK OF EXERCISE |
| 04. SMOKING | 09. INCREASING AGE |
| 05. DIABETES | 10. HEREDITARY-FAMILY HISTORY |
98. DK (PAUSE, PROBE: "Anything at all")
99. NA

2. "What are the warning signs of a stroke? What else . . . what else?" (RECORD THREE RESPONSES.)

1. _____
2. _____
3. _____

PRE-CODES

- | | |
|------------------------------|--------------------------------------|
| 01. DIZZINESS | 05. SHORTNESS OF BREATH |
| 02. DIFFICULTY UNDERSTANDING | 06. SLURRED SPEECH |
| 03. SEVERE HEADACHE | 07. WEAKNESS OF SIDE OF BODY OR FACE |
| 04. PROBLEMS WITH VISION | 08. NUMBNESS ON SIDE OF BODY OR FACE |
98. DK (PAUSE, PROBE: "Anything at all")
99. NA

[IF DK TO Q. 1 AND Q. 2--SKIP TO Q. 4]

3. "Where did you learn about the risk factors or the warning signs of stroke . . . anywhere else . . . anywhere else?"
(RECORD THREE RESPONSES.)

1. _____
2. _____
3. _____

PRE-CODES

- | | |
|------------------------------|-------------------|
| 01. FAMILY MEMBER HAD STROKE | 05. NEWSPAPERS |
| 02. FRIEND HAD STROKE | 06. MAGAZINES |
| 03. TV | 07. MEDICAL BOOKS |
| 04. RADIO | 08. DOCTOR |
98. DK (PAUSE, PROBE: "Anything at all")
99. NA
00. INAP

4. "What if you thought you or someone you were with appeared to be having a stroke . . . what would you do first?"

1. CALL EMERGENCY RESCUE SERVICE OR 911/AMBULANCE
 2. TAKE INDIVIDUAL TO EMERGENCY DEPARTMENT/HOSPITAL
 3. TAKE INDIVIDUAL TO HIS/HER DOCTOR
 4. CALL HIS/HER DOCTOR
 5. WAIT A WHILE TO SEE IF SYMPTOMS GO AWAY
 6. OTHER *4 for ?*
8. DK--(PROBE: REREAD QUESTION)
9. NA

5. "Have you ever been told by a doctor that you have diabetes or sugar diabetes?"

1. YES
 2. NO--SKIP TO Q. 8
- [NOTE: "STRESS OR BORDERLINE" DIABETES CODE AS: 1. YES]
8. DK--(DO NOT PROBE)--SKIP TO Q. 8
9. NA

6. "Are you now taking insulin?"

1. YES
 2. NO
8. DK--(DO NOT PROBE)
9. NA
0. INAP

7. "Are you now taking diabetes pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents."

1. YES
 2. NO
8. DK--(DO NOT PROBE)
9. NA
0. INAP

8. "Have you ever been told by your doctor that you have hypertension or high blood pressure?"

- 1. YES
- 2. NO--SKIP TO Q. 10

- 8. DK--(DO NOT PROBE)--SKIP TO Q. 10
- 9. NA

9. "Because of your high blood pressure/hypertension are you now taking prescribed medicine?"

- 1. YES
- 2. NO

- 8. DK--(DO NOT PROBE)
- 9. NA
- 0. INAP

10. "Have you ever been told by a doctor or health professional that your blood cholesterol level is high?"

- 1. YES
- 2. NO--(DO NOT PROBE)--SKIP TO Q. 12

- 8. DK--SKIP TO Q. 12
- 9. NA

11. "Because of your high cholesterol, are you now taking prescribed medicine?"

- 1. YES
- 2. NO

- 8. DK--(DO NOT PROBE)
- 9. NA
- 0. INAP

12. "Has your doctor ever told you that you have had a heart attack?"

- 1. YES
- 2. NO

- 8. DK--(DO NOT PROBE)
- 9. NA

13. "Have you ever smoked at least 100 cigarettes or 5 packs of cigarettes during your entire life?"

- 1. YES
- 2. NO--SKIP TO Q. 17

- 8. DK--(PROBE: REREAD QUESTION)--SKIP TO Q. 17
- 9. NA

14. "Do you smoke now?"

- 1. YES
- 2. NO

- 8. DK--(PROBE: REREAD QUESTION)--SKIP TO Q. 17
- 9. NA
- 0. INAP

15. "On average, how many cigarettes do (did) you smoke per day?"

_____ Number (20 cigarettes per pack)

- 98. DK
- 99. NA
- 00. INAP

CIGS.

16. "For approximately how many years have (did) you smoked (smoke) this amount?"

_____ # OF YEARS

- 98. DK
- 99. NA
- 00. INAP

17. "On a daily or nearly daily basis, do you take aspirin, Anacin, Excedrin, Ascriptin, Midol, Bufferin, or Ecotrin?"

- 1. YES
- 2. NO
- 8. DK--(DO NOT PROBE)
- 9. NA

18. "In the past 12 months, on average, how many days per week, month, or year did you drink any alcoholic beverage?"

_____ # DAYS PER

- 1. WEEK
- 2. MONTH
- 3. YEAR
- 4. NEVER--SKIP TO Q. 20
- 8. DK--SKIP TO Q. 20
- 9. NA

Q18: Y/N
Q18B
Days a week drink

19. "On the average, on the days that you drank alcohol, how many drinks did you have a day?" ("By a drink, I mean a 12 oz. beer, a 4 oz. glass of wine, or an ounce of liquor.")

_____ # OF DRINKS FOR DAY

- 98. DK
- 99. NA
- 00. INAP

20. "Has your doctor ever told you that you have had a stroke or TIA?"

- 1. YES
- 2. NO
- 8. DK--(DO NOT PROBE)
- 9. NA

[NOTE: TIA-TRANSIENT ISCHEMIC ATTACK SYMPTOMS OF A STROKE THAT GO AWAY COMPLETELY WITHIN 24 HOURS.]

26a. "Have you ever received a high school graduation diploma?"

21. "Did you take any medication or drugs either prescribed by a physician, or that you bought over the counter for symptoms of a cough, runny nose, nasal congestion or sore throat in the past 2 weeks?"

- 1. YES
- 2. NO--SKIP TO Q. 23
- 8. DK--(DO NOT PROBE)--SKIP TO Q. 23
- 9. NA

22. "What is the brand name of the medicine?" (RECORD TWO RESPONSES--MOST FREQUENTLY USED MEDICATION)

1. _____

2. _____

(WRITE-IN, ASK FOR SPELLING)

PRE-CODES

- 01. SUDAFED
- 02. ROBITUSSIN
- 03. NYQUIL
- 04. ADVIL
- 05. TAVIST D
- 06. HALLS COUGH DROPS
- 07. AFRIN NASAL SPRAY
- 98. DK--(PROBE: REREAD QUESTION)
- 99. NA
- 00. INAP

23. "Have you ever taken pills or drugs either prescribed by a physician, or that you bought over the counter to help you lose or maintain your weight (E.G. DIET PILLS, AMPHETAMINES, FLUID PILLS)?"

- 1. YES
- 2. NO--SKIP TO Q. 25
- 8. DK--(DO NOT PROBE)--SKIP TO Q. 25
- 9. NA

24. "What is the brand name of the pill or drug?" (RECORD TWO RESPONSES--MOST FREQUENTLY USED MEDICATION)

1. _____

2. _____

(WRITE-IN, ASK FOR SPELLING)

- 98. DK
- 99. NA
- 00. INAP

25. "Next, what is your current age?"

: : : : (CODE EXACT NUMBER OF YEARS OLD -- E.G., 45)
: : : :

- 95. NINETY-FIVE YEARS OF AGE OR OLDER
- 97. REFUSED
- 98. DK
- 99. NA

26a. "Have you ever received a high school graduation diploma or passed a high school equivalency test?"

1. YES
2. NO--SKIP TO Q. 27
8. DK--PROBE ("To the best of your knowledge...have you ever . . .") SKIP TO Q. 27
9. NA

26b. "Have you completed at least one year of college work?"

1. YES
2. NO--SKIP TO Q. 27
8. DK--PROBE ("To the best of your knowledge . . .")
SKIP TO Q. 27
9. NA
- D. INAP

26c. "Have you ever received a bachelor's degree from a college or university?"

1. YES
2. NO
8. DK--PROBE ("Please describe to me whatever college degrees you have received.")
9. NA
0. INAP

27. "What is your race? Is it black, white, or some other race?"

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. HISPANIC
4. NATIVE AMERICAN
5. ASIAN-PACIFIC ISLANDER
6. MULTI RACIAL
7. OTHER (PROBE)
8. REFUSED
9. NA

28. "Including yourself, how many people aged 18 or older, currently live in your household?"

RECORD # : _____ : _____

8. EIGHT OR MORE
9. NA

29. "What is your zip code?" _____

"That's all the questions I have -- You've been very helpful. Thank you for your cooperation. Goodbye."

10. Circle Sex of Respondent

- 1. MALE
- 2. FEMALE
- 9. NA

31. Record Telephone Number

:	:	:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:	:

32. Record Interviewer Number

:	:
:	:

33. Record Date Interview Completed

:	:	:	:	:
:	:	--	:	:

(E.G. 03-)

34. Record Final Status Code

- 0. COMPLETION FROM RAW NUMBER
- 1. COMPLETION FROM APPOINTMENT
- 2. COMPLETION FROM REFUSAL
- 3. COMPLETION FROM PARTIAL
- 4. FINAL PARTIAL

NOTE: BE SURE TO RECORD "FINAL CALL STATUS" ON CALL RECORD

EDITOR/CODER	
INITIALS	DATE

EDIT

OPEN-END.

ID
