

1. White
2. Black
3. Asian or Pacific Islander
4. American Indian or
Alaskan Indian

1. None
2. Medicare
3. Medicaid
4. Private/HMO/PPO
5. Medicare &
Private/HMO/PPO
6. Medicare and Medicaid

1. Parent
2. Sibling
3. Child
4. Grandparent
5. Other

1. Less than 1
2. 1 - 10
3. 11 - 20
4. 21 - 39
5. 40 -59
6. More than 59

1. 0
2. 1 - 14
3. 15 - 21
4. 22 - 35
5. 36 or More
6. Do Not Drink

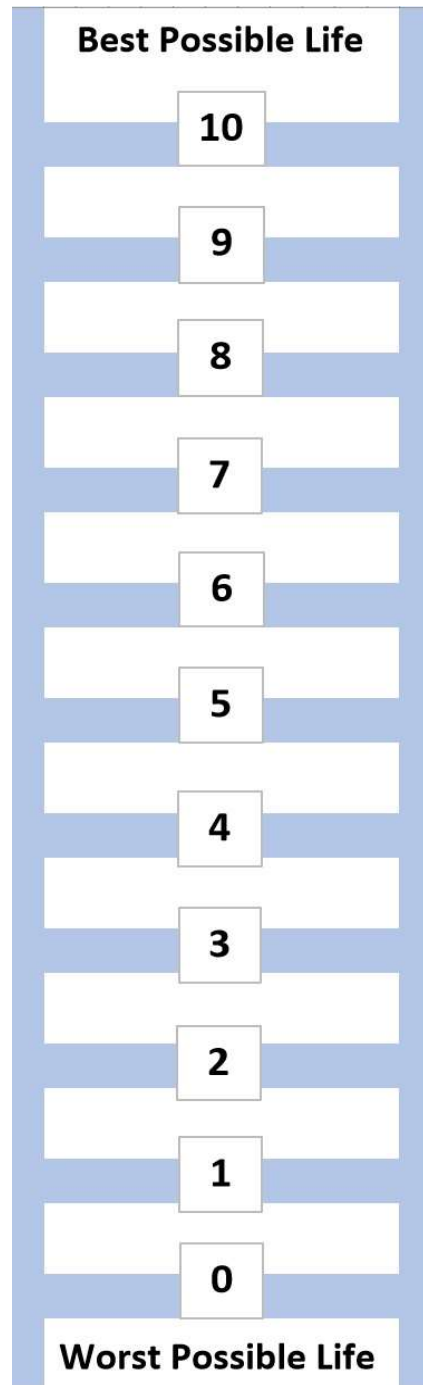
1. Daily
2. At Least 2 or 3 times a Week
3. At Least Once a Week
4. At Least Once a Month
5. Less than Once a Month

1. Two or More Times Daily
2. Daily
3. At Least 2 or 3 Times a Week
4. At Least Once a Week
5. At least Once a Month
6. Less than Once a Month

1. Slightly Louder than Breathing
2. As Loud as Talking
3. Louder than Talking
4. Very Loud, Can be Heard in Adjacent Room
5. Other

1. Nearly Every Day
2. 3 - 4 Nights per Week
3. 1 - 2 Nights per Week
4. 1 - 2 nights per Month
5. Never / Nearly Never

1. Nearly Every Day
2. 3 - 4 Times a Week
3. 1 - 2 Times a Week
4. 1 - 2 Times a Month
5. Never / Nearly Never



1. Only English
2. English better than Spanish
3. Both equally
4. Spanish better than English
5. Only Spanish

1. Less than \$10,000
2. \$10,000 to \$19,999
3. \$20,000 to \$29,999
4. \$30,000 to \$49,999
5. Greater than \$50,000

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

1. Rarely or None of the Time
2. Some or a Little of the Time
3. Occasionally or a Moderate Amount of the Time
4. Most or All of the Time

1. Disagree

2. Neutral

3. Agree

1

Not At All

2

3

4

5

6

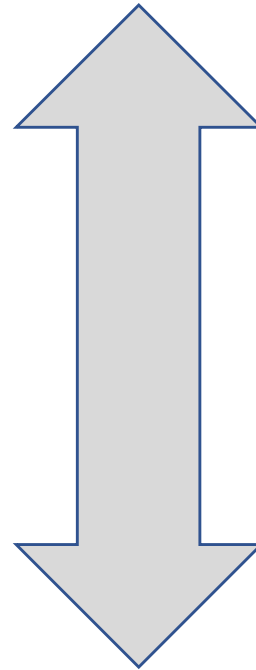
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8

9

10

Extremely Helpful



1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree