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Mammography Use by Older Mexican American Women

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The purpose of this study is to examine the determinants of mammographic screening in older Mexican-American women, particularly the influence of strong family relationships on promoting screening behavior. Findings are used to suggest alternative designs for screening programs that address both the special barriers of older Mexican-American women in accessing screening services and the unique strengths of their family ties in encouraging screening mammography.

The study surveys 600 Mexican-American women 50-74 years old in southeast Texas regarding their use of mammographic screening. A random sample of subjects is identified through a one stage cluster sample. Data is collected through in-home interviews on determinants of ever having a mammogram and having had a mammogram in the past two years. Reports of mammograms are confirmed with medical records.

During the first year of the study, a questionnaire has been developed, translated into Spanish, back translated, and pre-tested. Based on Census block group data, the primary sampling units have been selected. A subcontract was signed with Louis Harris and Associates to perform survey field work. Under this subcontract, listing and training materials have been developed with UTMB staff, interviewers hired and trained, programming completed for a computerized personal interview, and field procedures pre-tested.
FOREWORD

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\[Signature\]  7/25/97

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INTRODUCTION

Background

Although Hispanic women have lower rates of breast cancer, they present at a later stage with a poorer prognosis for survival. Ethnic differences in stage at diagnosis may be explained in part by the lower participation of Hispanic women in breast cancer screening. Hispanic women have been targeted as a special population group under the nation’s health care objectives for the year 2000. A year 2000 goal is to increase their rate of receiving biennial mammograms to 60 percent for women 50 years and older.

Two hypotheses have been proposed to explain the under-utilization of preventive services in general among Hispanics. One attributes it to problems with access, such as lack of health insurance or having no usual source of care, which are more prevalent in the Hispanic population. The second attributes it to acculturation or the process of change that individuals undergo (in terms of language, attitudes and personality) as they are exposed to a new culture. This hypothesis argues that the more acculturated one becomes the more likely he/she is to utilize health services.

A number of studies have examined determinants of mammographic screening behavior among Hispanic women [2-14], but few have focused on the older age group [3-6,10]. Subjects in these studies were predominantly Mexican American residents of urban areas. Mammographic screening was found to increase with age [4,11,14] and educational attainment [4] and breast cancer knowledge [14]. It was greater for measures of access to care - having a regular doctor [3] and transportation services [3] - and engaging in preventive health behaviors [3]. Ethnic differences may disappear when controlling for demographic and other factors [9-11], but may also remain as an independent predictor of screening behavior [12-13]. When acculturation had a significant effect, it was attributed either to language preference [2,6] with Spanish language usage interpreted as a barrier to access [1]. Or, it was also attributed to strong attitudes towards traditional family structure with familism in the less acculturated group providing a positive influence on behavior. [8].

Other research involving Mexican American women in Texas suggests that familism may also be an important factor in reinforcing or hindering screening behavior [8,15,16]. Familism is a central value to the Mexican American culture [17-20] and refers to the "strong identification and attachment of individuals to their families" [20]. Members of Hispanic families have strong feelings of loyalty and a commitment to provide emotional and material support to others within the family. They also have a strong commitment to extended family relationships and rely on family members in time of need. Three dimensions to familism have been identified [20]: 1) familial obligations; 2) perceived support for the family; and 3) family as referents. Perceived support for family members remains unchanged with increased acculturation while the other dimensions decrease [20].
While familism is a value shared with other cultures, high familism is a particularly distinct and important characteristic in Hispanic groups. It is generally seen as a positive influence by providing a buffer against physical and emotional stress [21]. Family responsibilities, however, may also produce adverse effects such as depression in the elderly [22]. It may also inhibit the acceptance of medical practices and act as a barrier to health services utilization [23].

The effect of familism on utilization of health services, however, may be a function of the care being sought. Frequency of family contacts was found to be positively related to seeking prenatal care early in pregnancy but negatively related to consulting with a physician when ill [15]. Further evidence of the reinforcing role of familism in preventive care is found in a study of breast cancer screening participation among Texas women [16]. Among Hispanic women who participated in the screening program 27 percent cited "pressure from family" as an important factor in their decision to participate.

These studies and the familistic orientation of the Mexican American culture suggest that breast cancer screening among older Hispanic women might be enhanced through family oriented interventions. In Mexican American families, relationships between mothers and daughters and other female members are particularly close [17] and could be used to promote mammographic screening across generations. Family focused interventions based on female relationships is further supported by Markides' study of three generations of Mexican Americans [24]. The family was found to be the dominant source of information and help in all generations. Moreover, women were the predominant source of advice regarding minor health problems, with the older generation relying mostly on their daughters.

Relationships among female family members, especially between mothers and daughters, could therefore form the basis of a community based family intervention where daughters (or other younger female relatives) are encouraged to promote screening behavior in their mothers. The underlying rationale is that the younger population of Hispanics is probably on average better educated and more knowledgeable about cancer risks and screening techniques. They also have more exposure to health screening information in their child bearing years through frequent doctor/clinic visits for maternal and child health services. We argue that a strong, supportive mother/daughter (or other younger female relative) relationship promotes the exchange of this information and provides encouragement to participate in mammographic screening.

**Purpose of Study**

In order to design such an intervention, more information is needed on the screening behavior of elderly Hispanic women and how culturally specific values such as familism might be utilized to promote annual mammography [25,26]. Through a population based survey, the study will identify determinants of ever having a mammogram and having had a mammogram in the past two years, with a focus on factors unique to the Mexican American population that might reinforce or discourage screening behavior. Of particular interest is the negative influence
of low acculturation found in other studies of health services utilization and the potential supportive role of familism. Data is being collected that will assess the nature and extent of family networks and support and their influence on current screening behavior.

We are also gathering information that will evaluate the feasibility of developing and implementing an intervention that targets young Hispanic women and provides them with information on screening risks and benefits that they will be encouraged to relate to their mothers and older female relatives. These younger women will be exposed to screening information as they visit maternal and child health clinics for routine obstetric/gynecological services.

Scope

The principal aim of this study is to conduct a population based survey of Mexican-American women age 50-74 years who reside in the counties of Galveston, Brazoria and Matagorda. Information is collected through a questionnaire, administered in face-to-face interviews, that contains questions on the subject’s predisposition to seek screening mammograms, the availability and accessibility of those services and other factors that support or hinder screening behavior. It will also ascertain whether a woman has ever had a mammogram and if she has, whether she has had one in the past two years. Of particular interest in this study are the predisposing and reinforcing factors that are unique to the Mexican-American population, such as level of acculturation and strong family support. The survey is also collecting information on the proximity of daughters and other female friends and relatives that might be targets of a family oriented intervention through local maternal and child health clinics.

The following hypotheses will be tested with data from the survey:

1. Selected predictors of mammographic screening behavior in predominantly non-Hispanic populations will generalize to Mexican Americans. These include education, marital status and barriers to access, in addition to beliefs, knowledge and attitudes about breast cancer.

We hypothesize that mammographic use increases with educational attainment and income and decreases with distance or travel time from a screening facility. Use is also higher with being married, having insurance coverage and having a usual source of care.

Based on theoretical models of health behavior we expect that use will also be associated with knowledge of the risks and symptoms of breast cancer; attitudes about preventive care; beliefs about the efficacy of screening; concerns about radiation, embarrassment, pain and positive findings; and perceived susceptibility to breast cancer. Although there is no strong empirical evidence to support these associations from studies involving urban Hispanic groups, we plan to explore these relationships in a more rural population of Mexican American women.

2. Women with low levels of acculturation are less likely to have had a mammogram/had a mammogram in the past two years than women with high levels of acculturation.
We hypothesize that all dimensions of acculturation as well as the overall scale are significant predictors of not having a mammogram/having had a mammogram in the past two years. Language use and preference, however, will be the strongest predictors. Women who speak only Spanish have lower exposure to television media messages and written material on breast cancer. They also have greater difficulty in locating screening services and making an appointment.

3. Strong social support related to the family is associated with an increased likelihood of ever having a mammogram, after controlling for level of acculturation.

We hypothesize that strong family networks, in terms of number and frequency of contacts, are associated with a high likelihood of having a mammogram/having had a mammogram in the past two years. Functional social support, in terms of emotional and material resources from the family that are available to older women, also increases the likelihood of mammogram use.

Because familism and social support are negatively correlated with level of acculturation and because acculturation may be associated with low utilization of preventive health services we are controlling for level of acculturation to examine the independent effects of familism and social support on mammography screening behavior.

A particular focus of this study is the relationship between elderly women and their daughters. We hypothesize that intergenerational solidarity between mothers and daughters is a significant predictor of mammographic screening. We also hypothesize that: 1) among women who never had a mammogram, at least 75 percent would get one on the advice of her daughter and 2) among women who have had a mammogram, 25 percent will report "encouragement from daughter" as an important reason for having one.

A separate sub-study will be conducted to assess the validity of the mammogram self-reports. Two sources of information will be utilized to verify the mammogram reports: 1) records of the radiology facilities where subjects reported receiving mammograms and 2) Medicare billing files. By comparing self-reported mammography use to these other sources of data we will:

1) obtain estimates of the extent of over-reporting (or under-reporting) of mammograms in the first two years prior to the survey;

2) examine the relationship between patient characteristics and errors in self-reporting.

METHODS

Study Population

Our study population consists of Mexican American women age 50-74 years who reside in three southeast Texas counties: Galveston, Brazoria, Matagorda. The population is being
identified during the period of data collection from August 1997 through November 1997. Based on 1990 Census estimates, the total number of women in our study population is 3760 (Table 1).

The three counties stretch for 140 miles along the Gulf of Mexico and up to 100 miles from Houston in Harris county (see map in Figure 1). All three counties are designated non-metropolitan counties by the U.S. Bureau of the Census and are considered rural for health care delivery issues within the state [27]. Defined by the percent of persons living in rural areas, however, the degree of rurality varies from about 6 percent in Galveston County to 39 percent in Matagorda County. The counties also differ in the percent of their population reporting Mexican American ethnicity in the 1990 Census, from 12 percent for Galveston to 23 percent for Matagorda. The Hispanic population (which is largely Mexican American) in all three counties has roughly half the educational attainment and income of the non-Hispanics. In Galveston, the number of primary care physicians per 10000 population is 6.6, which is close to the ratio for the entire state (6.0) [27]. The ratio is lower for Matagorda (5.3) and Brazoria (3.8) counties.

Conceptual Framework

The determinants of mammographic screening will be investigated in the framework of the PRECEDE-PROCEED ("predisposing, reinforcing, and enabling causes in educational diagnosis and evaluation") model [28], which incorporates concepts from Anderson and Aday's model of access to care [29] and Rosenstock's Health Belief Model [30]. It has been used in previous studies of health screening behavior [31-34]. The PROCEED framework provides the steps for implementation and evaluation.

In this study, we are utilizing phase 4 of PRECEDE where we examine factors that have a potential influence on mammographic screening. Numerous factors are seen to influence health behavior and PRECEDE aggregates them into three broad categories according to the strategies that might be employed to bring about change. Predisposing factors are individual attributes that motivate one to act and reflect personal preferences that serve to promote or inhibit health behavior. These include demographic characteristics such as age, and educational attainment as well as personal knowledge, attitudes, values, and perceptions of breast cancer and mammography.

Enabling factors pertain to the availability and accessibility of screening services. They are personal and community resources that enable a woman to obtain a mammogram. Enabling factors include insurance coverage for screening mammograms, available screening facilities and transportation services, and having a usual source of health care.

Reinforcing factors are external influences that support or hinder screening behavior. They include factors antecedent to screening that may affect a woman's seeking services. Or, they may influence subsequent (routine) use of screening mammograms through reinforcement or discouragement of the behavior. The attitudes and behavior of family, friends, and health care providers are particularly important sources of reinforcement. Exposure to pamphlets and media messages that encourage breast cancer screening can also affect screening behavior.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Galveston</th>
<th>Brazoria</th>
<th>Matagorda</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study Population: Mexican American Women 50-74 Years</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-74 Years</td>
<td>1236</td>
<td>1991</td>
<td>533</td>
</tr>
<tr>
<td>50-54 Years</td>
<td>376</td>
<td>478</td>
<td>133</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>308</td>
<td>464</td>
<td>139</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>231</td>
<td>459</td>
<td>112</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>192</td>
<td>367</td>
<td>88</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>129</td>
<td>223</td>
<td>61</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td>271,399</td>
<td>191,707</td>
<td>36,928</td>
</tr>
<tr>
<td>% Hispanic Origin</td>
<td>14</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>% Mexican American</td>
<td>12</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td><strong>% Persons 25 Years+ With No High School Diploma/GED</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>47</td>
<td>48</td>
<td>61</td>
</tr>
<tr>
<td>Not Hispanic Origin</td>
<td>21</td>
<td>21</td>
<td>26</td>
</tr>
<tr>
<td><strong>Per Capita Income of Persons 15 years+</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$13,993</td>
<td>$13,468</td>
<td>$11,374</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>8,468</td>
<td>8,123</td>
<td>5,915</td>
</tr>
<tr>
<td>Not Hispanic Origin</td>
<td>15,900</td>
<td>14,444</td>
<td>13,986</td>
</tr>
<tr>
<td><strong>% Persons Below Poverty Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>23</td>
<td>18</td>
<td>46</td>
</tr>
<tr>
<td>Not Hispanic Origin</td>
<td>14</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td><strong>Primary Care Physicians Per 10,000 Population</strong></td>
<td>6.6</td>
<td>3.8</td>
<td>5.3</td>
</tr>
</tbody>
</table>
Figure 1. Map of the Three County Study Area
Figure 2. Conceptual Framework: Precede Model

Phase 5

INTERVENTION
Aimed at older Mexican-American Women
Change beliefs
Facilitate referrals
Communicate with family

Phase 4

PREDISPOSING FACTORS
Demographic characteristics
Health status
Acculturation
Risks for breast cancer
Attitudes about preventive care
Knowledge of breast cancer
Beliefs about susceptibility and severity of breast cancer
Concerns about radiation, embarrassment, discomfort

ENABLING FACTORS
Income
Insurance coverage
Usual source of care
Distance/time to screening services
Transportation

Use of Mammographic Screening

REINFORCING FACTORS
Marital status
Social networks/support
Family
Sources of health and screening information
Screening practice of health providers
Risks of barriers to finding care
Of particular interest in this study are the predisposing and reinforcing factors that are unique to the Mexican American population, such as level of acculturation and strong family support. The major focus of the research is determining whether these factors are associated with ever having had a mammogram and having had a mammogram in the past two years.

In the PRECEDE model, Phase 4 is the diagnostic phase of the planning process. Significant factors are identified and assigned priorities for focusing the intervention. Priorities are set based on the factor’s relative importance, potential for change and available resources. Although this study is limited to Phase 4, we see our results feeding into Phase 5 - the development and implementation of a screening program for older Mexican-American women.

Power Analysis

The specific aims require that we estimate the prevalence of mammography among Mexican American women ages 50 and over. Previous studies suggest rates as high as 30 percent and as low as 10 percent. Table 2 shows the sample sizes required for 90 and 95 percent confidence intervals of width 10 percent. We wish to have an 80 percent probability of covering the true prevalence rate, which is analogous to power in hypothesis testing. Calculations were done using the program PC-SIZE [35]. This means that if the 30 percent of Mexican American women in the survey area have had a mammogram, then a sample of 349 interviewed women will generate a 95 percent confidence interval of length 10 percent which contains 30 percent 80 percent of the time. Put differently, if we interview 248 women we are 90 percent confident the resulting interval from, for example, .25 to .35 will contain the true underlying mammography rate 80 percent of the time. The second major column of Table 2 reflects an adjustment for an 80 percent response rate and a 25 percent design effect due to cluster sampling. These adjustments inflate the required sample sizes by 56.25 percent. Thus we need to identify 616 Mexican American women aged 50-74 to obtain the equivalent of a simple random sample of 394.

Given an approximate combined sample of nearly 400 women we can project the probability of detecting significant predictors of mammography. In Table 3 various combinations of predictor distributions are shown for at least 80 percent power, two sided alternative (α=0.05), and a base screening rate of .25. We have only considered predictor distributions which sum to 400, e.g. 100 and 300 (or less). Thus a shift from a screening prevalence of .25 to .4 will be detected with 80 percent probability for predictors which split 300 versus 100, such as the poverty variable. A shift of .2 can be detected for variables as small as 100 per level with 85 percent probability. With a sample of 322 with a 40 percent positive rate a shift in screening of 15 percent again has an 80 percent power. Thus our sample should address the expected predictors of hypotheses 1 and 2.

The nature and level of family contacts (hypothesis 3) are measured using social support scales from other investigators, the familism scale developed by Sabogal et al. [20], and the associational, affectual and reliance scales used by Markides [24]. These are all quantitative
Table 2. Sample sizes required for an 80 percent coverage probability by a ±5 percent confidence interval, with 25 percent design effect and 80 percent response rate.

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>95 percent confidence level</th>
<th>90 percent confidence level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sample Size</td>
<td>Adjusted for Non Response and Design effect</td>
</tr>
<tr>
<td>10 percent</td>
<td>154</td>
<td>241</td>
</tr>
<tr>
<td>20 percent</td>
<td>267</td>
<td>417</td>
</tr>
<tr>
<td>30 percent</td>
<td>349</td>
<td>545</td>
</tr>
<tr>
<td>40 percent</td>
<td>394</td>
<td>616</td>
</tr>
</tbody>
</table>

Table 3. Power as a function of shift from baseline and predictor distribution

<table>
<thead>
<tr>
<th>Shift</th>
<th>N1</th>
<th>N2</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>.15</td>
<td>300</td>
<td>100</td>
<td>.8</td>
</tr>
<tr>
<td>.2</td>
<td>101</td>
<td>100</td>
<td>.85</td>
</tr>
<tr>
<td>.15</td>
<td>122</td>
<td>200</td>
<td>.8</td>
</tr>
<tr>
<td>.2</td>
<td>101</td>
<td>200</td>
<td>.93</td>
</tr>
</tbody>
</table>
scales with standard deviations smaller than those of the prevalence rates, hence the confidence intervals will be smaller.

Sample Design

The goal of the survey is to obtain a representative sample of the Mexican American women 50-74 years of age residing in blocks or block groups of Brazoria, Galveston, and Matagorda counties. Described below is the procedure we used to select the sample with data at the block group level from the Bureau of the Census.

The 1990 census indicates the target population contains about 3760 women. Available block group (BG) data indicate these women are contained in a population of <5760 Hispanic females ages 50-74. The target counties contain 191,541 housing units of which 82% are occupied. Our budget allows for listing and enumerating 12,000 housing units to obtain a sample of 600 Mexican American women age 50 to 74. The objective of the sample design was to identify a random sample within the constraint of listing and enumerating 12,000 housing units.

The first step was to determine the density of Hispanic women 50-74. Block group data allowed us to classify block groups according to the ratio of: 1) total of Hispanics, 2) total Mexican-Americans and 3) Hispanic (but not Mexican-American) women 50-74 to the number of housing units. Block data does not provide information on 1) the number of total Mexican-Americans and 2) the number of Hispanics or Mexican-Americans by gender or age. Therefore, we estimated the number of eligible Mexican-American women in our sample based on the proportion of total Hispanic women 50-74 at the block group level and total Hispanics and number of housing units at the block level.

In the second step we eliminated all blocks which have no Hispanics at the block level. This was done manually from a printout of Hispanics and housing units for each block within the three county sampling area. This reduced by about half the number of housing units containing the target population.

In the third step we determined the target segment size. A segment is a contiguous collection of housing units that are listed and enumerated. Our target sample size was 600 of which we expected an 80% response rate or a total of 480 completed interviews. There were a number of options available to determine the proportion of rural and urban sample sizes, such as over sampling rural areas to obtain equal sample sizes of 300 rural and 300 urban, fixed sizes (200 rural + 400 urban, 100 rural +500 urban) or a proportional sample of target subjects to housing units (81 rural + 519 urban). We have chosen to use a proportional sample with 80% coverage of total households. This resulted in needing 430 rural subjects located in 13,326 units and 2,756 urban subjects in 52,861 units. To locate the proportion of this sample to yield 600 eligible subjects would require about 12,461 housing units, which satisfied our budget requirement.

For segment sizes, these proportions resulted in approximately 31 and 19 units to identify each eligible rural and urban subject, respectively. For practical reasons, we wanted to average 2 eligible women per segment. This suggested an average segment size of about 60 housing units.
Based on available data, an estimated number of Hispanic and Mexican-American females 50-74, the yield or number of housing units required for each eligible subject and the number of Mexican-American females 50-74 expected to be located in each segment was made at the block level.

In the final step we identified and selected the segments for enumeration. After eliminating blocks with no Hispanics, blocks were aggregated within counties, tracts and block groups. Beginning with the first eligible block, consecutive blocks were aggregated until approximately 60 housing units was reached. The corresponding number of Hispanics contained in those blocks was recorded. This resulted in the final listing of segments to be randomized for selection. As expected several blocks contained well over 60 units. These larger blocks were grouped into multiple segments that were “chunked” later if randomly chosen. For example, a block containing about 120 units would be considered 2 separately numbered segments. If one of those segment numbers was chosen, the multiple segments would be chunked to determine which housing units need to be enumerated.

All block aggregations were given a pre-specified segment number. From these a random number of segments was selected equal to the proportion of urban and rural housing units. These selected segments represented primary sample units (PSUs) to be used for enumeration and interviewing. There are 41 rural segments yielding 91 eligible subjects in 2637 housing units and 155 urban segments yielding 502 eligible subjects in 10,123 housing units. A list of these segments is contained in Appendix 1. Note that since each segment and therefore each housing unit has a known probability of selection, this is a random sample of the eligible block group population.

Enumeration and Interviewing Procedures

A contract was developed and signed with Louis Harris and Associates to perform the fieldwork and data processing required for the survey. This includes listing and enumerating all housing units in the sample, then interviewing eligible subjects. This section describes the procedures they are using.

Project staff at UTMB have provided maps of the designated segments for enumeration. An example of the maps for one of the 166 segments is given in Appendix 2. These maps include a 1990 Census map and a DeLorme map. The Census maps were purchased from the Bureau of the Census. DeLorme maps were created using the DeLorme Street Atlas USA software program version 3.0 for Windows. These maps are generally easier to read than the Census maps and may give more detail on street names.

Segments are being released to the interviewers in three replicates as defined by Dr. Daniel Freeman, co-investigator and survey statistician. Each replicate will be representative of the entire sample. With this method, if it looks like there will be more than 600 subjects, the final set of segments can be reduced or eliminated. If it looks like there may be less than 600 eligible subjects, Louis Harris will discuss the possibility of adding subjects with Dr. Freeman and also the cost implications of adding such segments.
Each segment has an identified starting point from which the interviewer will be expected to screen every household for an eligible subject. Where there have been sizable changes in the segment's housing stock, the map is referred back to Mr. Tony DiNuzzo or Dr. Daniel Freeman for clarification. Units are enumerated with the form in Figure 3.

A subject is defined as eligible if she is female, self identifies as Mexican-American and is between the ages of 50 and 74. The screening is door-to-door using the introduction in Figure 4.

Four attempts to screen the household in an occupied unit are made. If no one is at home during any attempt, the composition of the household will be obtained from a neighbor or city directory. This will be used to help us assess the level of coverage of sampled blocks we attain. For women identified as eligible, interviewers attempt an interview immediately. Otherwise, at least five attempts (including screen) are made to contact and interview the woman unless she explicitly refuses.

Louis Harris will provide UTMB staff bi-weekly with the following information on each segment:

- number of housing units
- number of units enumerated
- number of people in enumerated units
- number of eligible subjects in enumerated units

This information will be compared to what was expected based on preliminary estimates on each segment as described in Appendix 1.

**Interviewer Training**

Louis Harris has employed six bi-lingual, female interviewers for this study. They have had extensive experience collecting health survey data as part of Dr. Markides study on the health of elderly Mexican-Americans.

The six interviewers were brought to Galveston on June 30 for a training session that included the following topics:

- background and general overview of the study
- enumeration procedures
- securing the interview (introduction, confidentiality, callbacks, preventing and turning refusals)
- probing guidelines
- question by question instructions
- informed consent
# Listing Screening Sheet

## Mammography Study

### Figure 3

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<th>Address or unit description</th>
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**Unit type codes:**
- H - Single-dwelling house
- D - Duplex
- A - Apartment
- T - Trailer/mobile home
- C - Condominium, townhouse or Rowhouse

**Attempt codes:**
- A - Appointment
- CB - Callback
- NA - No Answer
- NE Acc - Access
- NE DEAF - Deaf
- NE HOST - Hostile
- NE III - III
- NE LANG - Language
- REF - Refused

**Special codes:**
- SO - Screenout
- TERM - Terminate
- VAC - Vacant
- X - Completed
SCREEN FOR ELIGIBLE SUBJECTS

Hello, I'm __________________ from Louis Harris and Associates, the national survey research firm in New York. We are conducting a study about the health of women in your community and we'd like to speak to an adult in the household.

To begin, I would like to ask some very general questions about your household.

QS1 How many women in this household are in each of the following age categories: (READ LIST)

  under 18 _____  18-49 _____  50-74 _____  75+ _______

INTERVIEWER:* IF NO ONE IN HOUSEHOLD 50-74 THEN TERMINATE  
* IF ONE PERSON 50-74 ASK TO SPEAK TO THAT PERSON  
* IF MORE THAN ONE PERSON 50-74, SCREEN ALL FOR FURTHER ELIGIBILITY REQUIREMENT

QS2 Are you of Mexican or Mexican-American origin or descent?
In addition, interviewers were given training in computer assisted personal interviews (CAPI). This is the method used by Louis Harris to administer the questionnaire and collect the data. Materials provided during the session included an interviewer training manual, question by question instructions that could be used as aids during the interview process, and a procedures manual for enumeration.

Following the session, procedures were field tested by two interviewers in five Galveston segments not included in the study sample. Information from the pre-test was reviewed by UTMB staff and several areas identified for further improvement before beginning the survey: correcting errors in the CAPI system, providing additional training to the interviewers in enumeration, and making changes to the questionnaire. It is anticipated that this work will be completed by the end of July and that the survey will go into the field in August.

**Questionnaire**

A questionnaire was developed that collects information on measures needed to examine the relationships among mammography use and predisposing, enabling and reinforcing factors in the PRECEDE model (Figure 2). The questionnaire also includes questions that will be used to evaluate the feasibility of a family based intervention to encourage screening behavior. Below is a summary of the questions and scales used in the questionnaire. A copy of the questionnaire is contained in Appendix 3. References to specific questions in the text below are given in parentheses with the questions number(s).

**Predisposing Factors:**

Demographic information is collected on age (A1, A2), education (A5, A5a), and employment status (A8). Education is measured as highest grade or year of regular school completed. Employment status is assessed in terms of whether the subject is currently employed, a homemaker, on disability or retired.

Acculturation is measured with the Hazuda acculturation scale [36]. The items measure proficiency in English (N1-N3), language usage (N4-N5), value placed on culture (N6-N8), attitude toward traditional family structure (N9-N15) and interaction with mainstream society (N16-N21).

We use the SF-36 [37] developed by the Medical Outcomes Trust to measure health status. The SF36 includes scales that measure eight dimensions of health: physical functioning (B3), role limitation (B4a-B4d), bodily pain (B7, B8), social functioning (B6, B10), mental health (B9b-B9d, B9f, B9h), role limitations due to emotional problems (B5a-B5c), vitality, energy or fatigue (B9a, B9e, B9g, B9i) and general health perceptions (B1, B11a-B11d). Changes in self-rated health status compared to the previous year are also assessed (B2).
The subject's attitudes about preventive care are determined from her utilization of breast self exam (E22-E24), breast physical exam (E20-E21a), and yearly routine check-ups (C8). Knowledge of screening recommendations for breast cancer and the benefits of early detection are assessed with questions on the age (G1) and frequency (G2-G3) women should have mammograms and chances of surviving breast cancer if detected early (G5).

Her perceived susceptibility and risk is determined from how much she worries about getting breast cancer (G6, G7), her family/personal history of breast cancer (D1-D5) and whether or not friends have had breast cancer (D6). Fatalistic attitudes are measured with Cuellar's fatalism scale [38] (Q1-Q8).

The impact of concerns about mammography on mammography use is assessed with a question on why a woman has not had a mammogram or not had one in the past two years (E13).

Enabling:

Income and measures of financial strain are measured with questions on income from all sources (R3), reported difficulty meeting monthly bills (R1) and ability to make ends meet (R2). Information on health insurance coverage is also collected (R4-R9). The subject's usual source of care is determined with questions on whether or not the subject has a regular doctor (C4), a usual source of care (C1, C10-C12) and the type of usual source (if any) (C2-C3).

Proximity to screening services is measured as distance and travel time between the subject's residence and the nearest screening facility. Screening facilities will be identified using a data base of mammographic screening facilities maintained the Texas Data Cancer Center. We measure access to transportation with questions on how subjects get to the doctor C5, how long it takes to get there (C6) and any difficulty arranging transportation (C7).

Reinforcing Factors:

Marital status is determined from the questions: Are you married, divorced, widowed or never married (A6)? For those ever married, subjects will be asked the length of time they have been married, separated, divorced or married. Marital satisfaction is measured with a scale from Markides three generations study (M1-M10). The influence of husband's health and his involvement with the subject's health is also assessed (M11-M14).

Social networks and social supports are measured in terms questions from the Berkman-Syme scale of social support [39] (K3-K6). Our specific measures of familism are living arrangement (I1, I2), number of children (J1, J2), frequency of contact with children (J1d, J1e, J2e, J2f) and Sabogal et. al.'s [20] measures of the three factors in his familism scale - familial obligations, support from the family and family as referents (P1-P14).

We also employ scales from Markides' study of three generations of Mexican Americans to measure intergenerational association and reliance of older women on their daughters and/or
other close younger female relatives. The association scale measures objective interactions with questions on how often the respondent (an older women) engages in activities with a close, younger female family member (L6a-L6g). Sources of help between the subject and the younger female relative is assessed with the reliance scale (L7-L13).

The influence of family members is further measured with questions regarding their involvement in the decision to have or not to have a mammogram, including whether any family members ever encouraged the subject to have a mammogram (E15, E15a) and whether she is more likely to get a mammogram if her husband (E17) or any other family member (E17d, L14a) suggests she get one.

Risks for barriers to care will be determined based on whether the subject reports ever postponing getting medical care (C9b). In addition, for a subject who reports never having a mammogram or not having one recently, the interviewer will ask for reasons why - including barriers such as cost or lack of insurance (E13).

Mammography Use

Mammographic screening use is based on whether the subject ever had a mammogram and if so, whether she had one in the past two years (E1-E3). For a subject who reported she had a mammogram, the interviewer will ask what factors influenced her decision to get her most recent one (E8). The questionnaire also collects information the date of the subject’s most recent mammogram (E3), why she had the mammogram (health problem or not) (E6) and at what facility she received it (E5).

Spanish Translation of Questionnaire

The questionnaire was initially translated by a member of the study staff (S. Black). To the extent possible, existing translations of questions that have been used in other surveys were incorporated into the initial version of the Spanish questionnaire.

This translation was reviewed by two persons whose primary language is Spanish - Magda Brown (a translator with UTMB’s Language Assistance Office) and Dr. Marguerita Alegria (a member of the study’s Advisory Group). It was also back translated by a member of the community whose primary language was Spanish and meets the eligibility criteria of our study (Mexican-American, age 50-74). Revisions were made based on Ms. Brown’s and Dr. Alegria’s recommendations and the results of the back translation. The revised version was pre-tested with a Spanish speaking woman (in the age range 50 to 74) from the local area. Further revisions were made based on this pre-test. A final version was constructed after the interviewer training session and field testing.
Validity of Mammography Self-Reports

We will conduct a separate sub-study to assess the validity of the mammogram self-reports. This will be performed in the second year of the study. The methods for this sub-study are presented below.

The goals of our validation research are:

1) to obtain estimates of the extent of over-reporting (or under-reporting) of mammograms in the first two years prior to the survey;

2) to examine the relationship between patient characteristics and errors in self reporting.

In our evaluation of self-reports, we will investigate reporting errors within the 12 month and 24 month periods prior to the survey. Since we are primarily interested in screening mammograms, women who report having a mammogram for health problems are excluded.

Two sources of information will be utilized to verify the mammogram reports: 1) records of the radiology facilities where subjects reported receiving mammograms and 2) Medicare billing files. These sources of data and our approach for investigating reporting error is described in the following sub-sections.

Radiology Facility Records

When a women has answered the questions on mammography we will ask for her consent to review her medical records (included in informed consent). Based on a study by Sudman et al. [40] we estimate 84% will give us permission. For women who give their consent, we will review their medical records in the facilities where they report having had a screening mammogram. Documentation will be required that one was actually performed (e.g. radiology report) and not just ordered. UTMB is the major provider of screening mammograms in the three counties, performing 70% of all screening mammograms in this area (based on screening services reported in the Texas Cancer Center data base).

Medicare Data

The Health Care Financing Administration maintains a series of statistical files containing billing information on all services provided to Medicare Beneficiaries. Medicare began covering screening mammograms in January 1991 under its supplemental insurance plan (Part B). Radiologists' claims (bills) for their professional fees can be used to confirm self reports of mammograms. Claims for screening mammograms will have a diagnosis code (in ICD-9-CM [41]) of V16.3, V10.3, V72.5, or V15.89 and a procedure code (in Current Procedural Terminology [42]) of 76092.
In terms of coverage, preliminary data from Dr. Markides study of elderly Mexican-Americans in the southwest indicate that approximately 88 percent of Mexican-American women age 65 to 74 are enrolled in Medicare and about 84 percent are covered under Part B, which pays for screening mammograms. Since 65 to 74 year olds will comprise about 28 percent of our sample, we estimate that about 24 percent (.28 x .84 x 100) of all our subjects will have Medicare Part B.

The Medicare data supplement the medical records review in several ways. First, for women who had a screening mammogram but cannot remember where, the physician claims could provide that information if Medicare paid for the mammogram. Second, since the data are extracted by the beneficiary’s health insurance claim number, all mammograms paid by Medicare will be available for analysis whether or not they were provided by a Texas radiologist. Mammograms from facilities that are difficult to access (e.g. out of state) can therefore be verified. Third, the data provide an additional source of information on under-reporting. We will be checking the claims of all beneficiaries who consent to have their records reviewed, whether or not they report a mammogram in the survey. Fourth, the claims provide a back-up for cases where the medical records may have been lost or the procedure has not been recorded.

As a supplemental source of information, the Medicare data have some limitations. Previous research has found that a small percent of procedures do not appear in the claims files. Also, women who have their mammograms covered by some other source of funds or who participate in free community screening programs will not have claims for their mammograms in the data base.

Sample Size for Validation

Based on the above estimates, we expect to have 414 subjects participating in our validation study: 0.84 (consenting proportion) x 493 (net interviews) = 414. This allows us to project our likely confidence intervals for the agreement percentage. Several alternatives are shown for a 95% confidence interval in Table 4. If our agreement is poor (=50%) then the interval width is 0.1. For good agreement (80%) it is slightly narrower (0.08).

<table>
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<th>Table 4</th>
<th>Confidence interval for agreement (n = 400)</th>
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<tr>
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<td>Agreement Proportion</td>
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Analysis

Our study’s conceptual framework is based on Phase 4 of the PRECEDE model, where specific factors are identified and assigned priorities for focusing the intervention. One goal of the analysis plan is to evaluate statistically the relative effects of the predisposing, enabling and reinforcing factors on mammographic screening. Other goals are to
evaluate selected aspects of the survey methodology, test hypotheses of interest, and provide information for planning a culturally specific intervention for older Mexican-American women. To meet these goals, the data analysis plan has five objectives:

1) to evaluate the data and the sampling process;

2) to assess the agreement between self reports of mammography and documentation in the medical records and Medicare claims data;

3) to obtain estimates (and their standard errors) of mammographic screening by selected population characteristics;

4) to examine the effect of the predisposing, reinforcing and enabling factors on mammographic screening;

5) to summarize information on family structure and the use of health services that would be useful for program implementation.

The analyses pertaining to these objectives will be performed in the second year of the study once the data have been collected. The analysis plans are described below.

**Evaluation of Survey Methodology**

The first step in the analysis will be the evaluation of data and the sampling process. The data will be evaluated by univariate statistics and plots to search for unusual or outlying observations. The sampling process will be evaluated by comparing the weighted population counts to those reported by the Bureau of the Census for the target counties (Table 2).

**Analysis Plan For Validation**

For the subjects participating in the study, we will classify them first as "reported a mammogram in the 12 months prior to the date interviewed" or "reported no mammogram in the 12 months prior to the date interviewed." We will also classify them as "reported a mammogram in the 24 months prior to the date interviewed" or "reported no mammogram in the 24 months prior to the date interviewed." Both their medical records and claims will be checked for documentation of a screening mammogram in the given time period (12 months or 24 months). If either source verifies that at least one screening mammogram was performed in that period, then the self-report is considered "valid."
The data will be arrayed in two 2x2 tables, as shown in Table 5. The diagonal cells represent the cases with agreement between medical records/claims and self report for the two time periods. We will compute both Cohen’s kappa and the simple percent agreement. The latter is more useful descriptively, and the former can be employed in logistic regression where the outcome is agree or disagree. In the logistic regression we will search for patient characteristics which may be associated with agreement. These characteristics include age, education, and insurance status, among others. The kappa statistic is given by
\[ \kappa = \frac{(p_a - p_o)}{(1 - p_o)} , \]
where \( p_a \) is the observed agreement and \( p_o \) is the expected agreement under a hypothesis of independence [43]. The observed agreement is
\[ p_i = \frac{(a + d)}{(a + b + c + d)} \]
where \( I = 12 \) or \( 24 \).

The validity study will result in estimates of measurement error. If measurement error exceeds 10 percent of the mean we will adjust our test statistics to reflect this [44].

**Estimates of Mammographic Screening**

The next step in the analysis will be the preparation of prevalence estimates. These will use the inverse of the probabilities of selection to weight the data up to the county populations. Since a one stage cluster sample design (blocks form the clusters) was employed, the estimation of standard errors of the prevalence rates is a straight-forward exercise [45].

**Effects of Predisposing, Enabling and Reinforcing Variables**

The conceptual framework based on the PRECEDE model has regular mammographic examination as an end point. This is a binary dependent variable with a variety of qualitative (categorical) and quantitative (continuous) predictor (independent) variables. The usual statistical model is based on a logistic distribution where the parameters are estimated with the usual likelihood ratio methods. We will do this in blocks where each domain of variables in the PRECEDE model is entered. The blocks are compared for statistical significance using a joint
likelihood ratio test. In addition, the net information in each block will be obtained using Somer's D statistic which is a transformation of the area under a Receiver Operating Characteristic Curve. This follows the methodology of Freeman, Alegría, Vera, et al. [46]. This allows the comparison of non-hierarchical logistic regression models.

If one or more blocks are found significant, the specific factors within a block will be assessed using stepwise selection and significance testing. This allows us to examine which components of the blocks in the PRECEDE model need to be manipulated in a specific intervention. When variables of a specific block are being considered, the other, statistically significant, block will be held constant. After the detailed analysis of each block is completed, we finish the analysis by searching among all variables regardless of block membership. This purely statistical model will then be compared to what was obtained from the analysis of the fine structure of the blocks. These comparisons may suggest refinements of the PRECEDE model which would not otherwise be apparent. All analyses will be adjusted for the survey design effects through the use of SUDAN from the Research Triangle Institute.

Descriptive Information on Family Structure, Family Relationships and Use of Health Services

As noted in the Introduction, the motivation for this survey arises from a proposed intervention that would encourage screening behavior in older women through communication with their younger daughters, granddaughters and other female relatives. The younger women can be contacted and exposed to screening information as they visit maternal and child health clinics for routine obstetric/gynecology services and for their children's pediatric services.

Hence, another objective of the survey is to obtain descriptive information on family structure and family relationships. For example, we may find that strong family relationships is a good predictor of mammographic screening through the analysis process described above, but few women may have such strong ties. The prevalence of certain characteristics about the older women is therefore critical to setting priorities and focusing our intervention. For this phase of the analysis, frequency counts (and percent distribution) will be generated for all the predisposing, enabling and reinforcing characteristics.
CONCLUSION

Based on the Statement of Work, the major activities in the first year are: 1) hiring and training the interviewing staff; 2) translating, pre-testing and revising the questionnaire; 3) implementing the sampling design and survey procedures; and 4) writing and testing computer programs for data entry and tracking subjects. A summary of our progress with respect to each of these activities is given below.

Hiring and Training the Interviewing Staff

A subcontract with Louis Harris & Associates was signed to perform the field work. Under this subcontract, experienced bi-lingual interviewers have been hired to conduct the interviews. They were trained in aspects of the questionnaire, informed consent and listing/enumeration procedures that are unique to this survey.

Translating, Pre-testing and Revising the Questionnaire

A questionnaire was developed to collect information required to test the hypotheses of interest in the study. It contains questions that will allow us to measure the predisposing, enabling and reinforcing factors in our conceptual model. The questionnaire was translated, back translated (Spanish to English) through a series of revisions. The final version was pre-tested in the field by the interviewers and resulted in three minor changes.

Implementing the Sampling Design and Survey Procedures

A one stage cluster sample was designed to identify a random sample of Mexican American women age 50-74 residing in the three counties of Galveston, Brazoria and Matagorda, within our budget constraints. Our budget allows for listing and enumerating 12,000 housing units.

This was accomplished using block group and block level data from the Bureau of the Census. Based on these data, the primary sampling units - which are segments or contiguous collections of housing units - were selected. There are 41 rural segments and 155 urban segments.

Individual packets of information on each segment were prepared by UTMB staff. These packets contain maps of all selected segments, with the area to be listed and enumerated highlighted in yellow to help the interviewers locate the housing units to be surveyed. A procedures manual was written for training and reference purposes.

Writing and Testing Computer Programs For Data Entry and Tracking Subjects

Louis Harris is using a computer assisted personal interview (CAPI)to collect the data. They have completed the programming for CAPI and are currently making changes based on
problems identified in the field pre-test. Automatic checks on the data are performed as the interviewer administers the questionnaire. Information captured through CAPI is stored in a computer file that is ready for analysis at the close of the interview. Hence, there are no additional data entry tasks beyond typing in responses during the interview.

In addition, UTMB staff have created dbase files containing information on each segment. These files contain the expected number of housing units and the expected number of eligible women in each segment. This information will be used to track the progress of the survey and to monitor individual interviewer’s work in terms of screening housing units for eligible subjects. Large deviations from expected will be identified, reported back to Louis Harris and if necessary, investigated by members of the UTMB staff.

In terms of timing, the original plan was to conduct interviews from February 1997 through February 1998. We are starting the interviews later than expected - in August 1997 - due to subcontract negotiations and more extensive pre-testing of our survey procedures. However, with twice as many interviewers and the efficiencies in data entry and data processing with CAPI, we expect to finish interviewing sooner than expected - in November 1997.
REFERENCES


20. Sabogal F, Marin A, Otero-Sabogal R: Hispanic familism and acculturation; What changes and what doesn't?
APPENDIX 1

List of Segments
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<th># HU (average)</th>
<th># HISPAN (BLA)</th>
<th>HOUSIN UNITS (HU) (BLA)</th>
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10/9/96

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<td>624</td>
<td>1</td>
<td>1068-116</td>
<td>64</td>
<td>41</td>
<td>64</td>
<td>4</td>
<td>104</td>
<td>89</td>
<td>1.58</td>
<td>1.35</td>
<td>47.43</td>
<td>1.35</td>
</tr>
<tr>
<td>27</td>
<td>126,127,128</td>
<td>1208</td>
<td>4</td>
<td>403B</td>
<td>54.3</td>
<td>64</td>
<td>163</td>
<td>5</td>
<td>148</td>
<td>131</td>
<td>2.16</td>
<td>1.91</td>
<td>85.17</td>
<td>0.64</td>
</tr>
<tr>
<td>28</td>
<td>133</td>
<td>1214</td>
<td>4</td>
<td>420-424</td>
<td>65</td>
<td>42</td>
<td>65</td>
<td>9</td>
<td>151</td>
<td>151</td>
<td>2.50</td>
<td>2.50</td>
<td>25.97</td>
<td>2.50</td>
</tr>
<tr>
<td>29</td>
<td>143</td>
<td>1223</td>
<td>4</td>
<td>402B-404</td>
<td>76</td>
<td>11</td>
<td>76</td>
<td>19</td>
<td>181</td>
<td>176</td>
<td>1.15</td>
<td>1.12</td>
<td>67.69</td>
<td>1.12</td>
</tr>
<tr>
<td>30</td>
<td>148</td>
<td>1223</td>
<td>4</td>
<td>417</td>
<td>48</td>
<td>12</td>
<td>48</td>
<td>19</td>
<td>181</td>
<td>176</td>
<td>1.26</td>
<td>1.22</td>
<td>39.19</td>
<td>1.22</td>
</tr>
<tr>
<td>31</td>
<td>150</td>
<td>1223</td>
<td>4</td>
<td>419</td>
<td>48</td>
<td>27</td>
<td>48</td>
<td>19</td>
<td>181</td>
<td>176</td>
<td>2.83</td>
<td>2.76</td>
<td>17.42</td>
<td>2.76</td>
</tr>
</tbody>
</table>
APPENDIX 2

Examples of Maps

(For rural sample #27, segment numbers 126-128)
Sample 27
Seq 126-128
CT 1208
A 64
AL 4038
**LEGEND**

<table>
<thead>
<tr>
<th>SYMBOL DESCRIPTION</th>
<th>SYMBOL</th>
<th>NAME STYLE</th>
<th>FIPS CODE</th>
<th>CENSUS CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>International</td>
<td>★★★★★★★★★★</td>
<td>CANADA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian Reservation</td>
<td>X X X X X X X</td>
<td>CAMPO RESV 10522</td>
<td>(0450)</td>
<td></td>
</tr>
<tr>
<td>Trust Land</td>
<td>X X X X X X X</td>
<td>10522</td>
<td>(0450T)</td>
<td></td>
</tr>
<tr>
<td>Alaska Native Regional Corporation</td>
<td>◆ ◆ ◆ ◆ ◆ ◆ ◆</td>
<td>ALEUT ANRC</td>
<td>(14)</td>
<td></td>
</tr>
<tr>
<td>Alaska Native Village Statistical Area, Tribal Jurisdiction</td>
<td>◆ ◆ ◆ ◆ ◆ ◆ ◆</td>
<td>KAW TJSA</td>
<td>30870</td>
<td>(5340)</td>
</tr>
<tr>
<td>State 1</td>
<td>/ / / / / / / /</td>
<td>NEW YORK</td>
<td>(35)</td>
<td></td>
</tr>
<tr>
<td>County 1</td>
<td>■ ■ ■ ■ ■ ■ ■</td>
<td>ERIE COUNTY</td>
<td>(029)</td>
<td></td>
</tr>
<tr>
<td>Minor Civil Division 2</td>
<td>★★★★★★</td>
<td>YORK TWP 63908</td>
<td>(070)</td>
<td></td>
</tr>
<tr>
<td>Census County Division</td>
<td>★★★★★★★★★</td>
<td>KULA DIV 91890</td>
<td>(030)</td>
<td></td>
</tr>
<tr>
<td>Incorporated Place</td>
<td>★★★★★★★★★</td>
<td>Rome City</td>
<td>63418</td>
<td>(3120)</td>
</tr>
<tr>
<td>Census Designated Place</td>
<td>★★★★★★★★★</td>
<td>Zena</td>
<td>84187</td>
<td>(4100)</td>
</tr>
<tr>
<td>Corporate Corridor</td>
<td>○ ○ ○ ○ ○ ○ ○</td>
<td>19000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Census Tract or Block Numbering Area</td>
<td></td>
<td>5702.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block Number &quot;With Asterisk&quot; 3</td>
<td></td>
<td>326</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fishhook 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crew-of-Vessel</td>
<td>▲ ▲ ▲ ▲ ▲ ▲</td>
<td>Tract 5130.00</td>
<td>0012</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** An international boundary also depicts a state boundary and a county boundary; a state boundary also depicts a county boundary. The symbols for all other coincident boundaries are shown alternately, as shown in the example:

**E.G.:** ■ ◆ ■ ◆ ■ ◆ ■

---

**FEATURE:**

<table>
<thead>
<tr>
<th>SYMBOL</th>
<th>NAME STYLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interstate Highway and Limited Access Road 2</td>
<td>Interstate 635</td>
</tr>
<tr>
<td>Other Highway 2</td>
<td>Route 101</td>
</tr>
<tr>
<td>City Street, Other Connecting Road, or Dirt Road 5</td>
<td>March Ln</td>
</tr>
<tr>
<td>Jeep Trail, Walkway, or Stairway</td>
<td>Lakeside Walk</td>
</tr>
<tr>
<td>Railroad</td>
<td></td>
</tr>
<tr>
<td>Ferry Crossing</td>
<td>FERRY</td>
</tr>
<tr>
<td>Pipeline or Power Transmission Line</td>
<td></td>
</tr>
<tr>
<td>Ridge, Fences, Canyon, or Other Physical Feature</td>
<td>RIDGE</td>
</tr>
<tr>
<td>Monvalent Boundary or Other Feature Not Elsewhere Classified</td>
<td>PROPERTY LINE</td>
</tr>
<tr>
<td>Perennial Stream, or Shoreline of Perennial Water Body</td>
<td>Tumbling Creek</td>
</tr>
<tr>
<td>Intermittent Stream, or Shoreline of Intermittent Water Body</td>
<td>Piney Creek</td>
</tr>
<tr>
<td>Large River, Lake, or Other Water Body</td>
<td></td>
</tr>
<tr>
<td>Military Installation</td>
<td>N/A</td>
</tr>
<tr>
<td>Park (National, State, or Local)</td>
<td>Fort Belvoir, Yosemite, Pikes Peak</td>
</tr>
<tr>
<td>Mountain Peak</td>
<td></td>
</tr>
</tbody>
</table>

1 State or County: or their equivalent area for statistical purposes.

2 A five-spoked asterisk following a minor civil division indicates that the minor civil division is coextensive with an incorporated place and has the same name.

3 An asterisk following a block number indicates that the block number is repeated elsewhere in the block or is shown partially on an adjacent map sheet.

4 A fishhook across a map feature or boundary indicates that the areas on both sides of the feature or boundary belong to the same census block.

5 A % symbol indicates that there was insufficient information to plot a road name. Road names in parentheses indicate that the road has more than one name.
APPENDIX 3

Questionnaire
WOMEN'S HEALTH SURVEY

MAMMOGRAPHY USE AMONG OLDER MEXICAN AMERICAN WOMEN

CENTER ON AGING
UNIVERSITY OF TEXAS MEDICAL BRANCH
GALVESTON, TX
# Table of Contents

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A. DEMOGRAPHICS

I am going to start by asking about your background.

A1 What is your date of birth? M M D D Y Y

98 DK
99 RF

A2 How old were you on your last birthday? ___ ___ ___ (years)

98 DK
99 RF

A3 In which country were you born?

1 United States  GO TO A5
2 Mexico
3 Other, (SPECIFY): ________________________  ASK A4

98 DK
99 RF

A4 How many years have you lived in the United States? [IF <1 YEAR ENTER 1; ROUND OFF TO NEAREST YEAR, eg. 18 months = 2 years]

___ ___ Years OR since 19 ___ ___ (year)

98 DK
99 RF

A5 What is the highest grade or year of regular school that you have completed? (RECORD HIGHEST GRADE) (DO NOT INCLUDE VOCATIONAL SCHOOL, i.e. BEAUTY OR BARBER SCHOOL ETC.)

___ ___ (number of years) CODE 12 FOR HIGH SCHOOL OR GED

98 DK
99 RF

CODE 16 FOR COLLEGE

A5a IF LESS THAN 12 YEARS ASK: Have you obtained a GED, that is, the Graduate Equivalency Examination?

1 Yes, obtained GED
2 No, did not obtain GED

98 DK
99 RF
A6 Are you currently married, widowed, divorced, separated or have you never been married? (INCLUDE COMMON LAW MARRIAGES UNDER MARRIED)

1 married
2 widowed
3 divorced
4 separated

ASK Q.A7

5 never married

GO TO Q.A8

98 DK

99 RF

A7 How long have you currently been (married/separated/divorced/widowed) [Answer from Q.A6]? [IF <1 YEAR ENTER 1; ROUND OFF TO NEAREST YEAR, eg. 18 months = 2 years]

_____ number of years) OR since 19____ year

98 DK

99 RF

IF LESS THAN ONE YEAR, CODE 01.

A8 Are you currently employed, a homemaker, on disability, retired, or have you never worked?

1 employed full time
2 employed part time
3 homemaker
4 on disability
5 retired
6 self-employed - full time
7 self-employed - part time
8 never worked
9 unemployed
98 DK

99 RF
B. (SF-36) GENERAL HEALTH AND HEALTH CARE

The next set of questions asks for your views about your current health and your daily activities. Try to answer each question with the best possible answer.

B1 In general, would you say your health is:

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
98 DK
99 RF

B2 Compared to one year ago, how would you rate your health in general now? Would you say...

1 much better now than one year ago
2 somewhat better now than one year ago
3 about the same now as one year ago
4 somewhat worse now than one year ago
5 much worse now than one year ago
98 DK
99 RF
B3 The following questions are about activities you might do during a typical day. After I read each question, please tell me if your health limits you in these activities a lot, a little or not at all. [SHOW CARD] (IF THE RESPONDENT SAYS SHE DOES NOT DO THIS ACTIVITY, PROBE "IS IT BECAUSE OF YOUR HEALTH?" AND IF "YES" RECORD RESPONSE AS "YES, LIMITED A LOT"; IF "NO" RECORD AS NA)

<table>
<thead>
<tr>
<th>Activities:</th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
<th>DK</th>
<th>RF</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Lifting or carrying groceries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Climbing several flights of stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Climbing one flight of stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Bending, kneeling, or stooping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. walking more than one mile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Walking several blocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Walking one block</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Bathing or dressing yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B4a During the past 4 weeks have you cut down on the amount of time you spent on work or other regular daily activities as a result of your physical health?

1 yes
2 no
98 DK
99 RF
B4b During the past 4 weeks have you accomplished less than you would like as a result of your physical health?

1 yes
2 no
98 DK
99 RF

B4c During the past 4 weeks were you limited in the kind of work or other regular daily activities as a result of your physical health?

1 yes
2 no
98 DK
99 RF

B4d During the past 4 weeks have you had difficulty performing your work or other regular daily activities as a result of your physical health (for example, it took extra effort)?

1 yes
2 no
98 DK
99 RF

B5a During the past 4 weeks, have you cut down on the amount of time you spent on work or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

1 yes
2 no
98 DK
99 RF

B5b During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious)?

1 yes
2 no
98 DK
99 RF
B5c During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems (such as feeling depressed or anxious)?

1 yes
2 no
98
99

B6 During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Have they interfered...

1 Not at all
2 Slightly
3 Moderately
4 Quite a bit
5 Extremely
98 DK
99 RF

B7 How much bodily pain have you had during the past 4 weeks? Have you had...

1 No pain
2 Very mild
3 Mild
4 Moderate
5 Severe
6 Very severe
98 DK
99 RF

B8 During the past 4 weeks, how much did pain interfere with your normal work (including work both outside the home and housework)? Has it interfered...

1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely
98 DK
99 RF
B9 These questions are about how you feel and how things have been with you during the past 4 weeks. After I read each question, please tell me the one answer that comes closest to the way you have felt. [SHOW CARD]

How much of the time during the past 4 weeks:

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you feel full of pep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Have you been a very nervous person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Have you felt so down in the dumps that nothing could cheer you up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Have you felt calm and peaceful?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Did you have a lot of energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Have you felt downhearted and blue?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Did you feel worn out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Have you been a happy person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Did you feel tired?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B10 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say...

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

98. DK
99. RF
Bill Now I am going to read you a list of statements. After each one, please tell me if it is definitely true for you, mostly true, mostly false or definitely false. If you do not know, tell me.

[SHOW CARD]

<table>
<thead>
<tr>
<th></th>
<th>Definitely true</th>
<th>Mostly true</th>
<th>DK</th>
<th>Mostly false</th>
<th>Definitely false</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I seem to get sick a little easier than other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I am as healthy as anybody I know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I expect my health to get worse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. My health is excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. HEALTH SERVICE USE

C1 Is there one particular clinic, health center, doctor's office, or other place that you usually go if you are sick or need advice about your health? [INTERVIEWER: RECORD YES IF MORE THAN ONE PARTICULAR PLACE]

1 Yes ⇒ ASK Q.C2
2 No
98 DK } GO TO C10
99 RF

C2 Where do you usually go when you need help with a physical health problem?

1 doctor's office
2 hospital emergency room
3 hospital outpatient clinic
4 public health clinic
5 HMO/prepaid group practice
6 clinic at any workplace
7 other (Specify) ____________________________
98 DK
99 RF

C3 What is the name of this [insert response from Q. C2]? [INTERVIEWER: PROBE FOR FULL NAME. DO NOT ABBREVIATE]

_________________________________________
98 DK
99 RF

C4 Do you usually see the same physician or health professional when you go there?

1 Yes
2 No
98 DK
99 RF
C5 What mode of transportation do you usually use to get there?

1 Drive yourself
2 Driven by someone else  **SPECIFY RELATIONSHIP**
3 City/regional bus
4 Taxi
5 Other *(Specify)*
98 DK
99 RF

C6 How long does it take you to get there?

1 < 15 minutes
2 15 - 29 minutes
3 30 - 59 minutes
4 1 hour
5 more than 1 hour, less than 2 hours
6 > 2 hours
98 DK
99 RF

C7 How often do you find it difficult to arrange transportation to see a doctor?

1 Never
2 Sometimes
3 Often
4 Always
98 DK
99 RF

C8 Some people visit a doctor for a routine check-up, even though they are feeling well and have not been sick. When was the last time you visited a doctor for a routine check-up?

**SPECIFIED DATE:** ____ 19___  **Go to C9**

98 DK
99 RF  **ASK Q.C8a**

C8a **If DK then probe:** Was it less than 1 year ago, at least 1 year but less than 2 years ago, or 2 or more years ago?

1 less than 1 year ago
2 at least 1 year but less than 2 years ago
3 2 or more years ago
98 DK
99 RF

[**INTERVIEWER:** PROBE EXTENSIVELY IF DK FOR C8a]
C9  When was the last time you went to a doctor for care or advice, other than a routine check-up?

SPECIFIED DATE: ____ ____ 19____ ____  \( \Rightarrow \) GO TO Q.C9b

98 DK
99 RF

C9a If DK then probe: Was it less than 1 year ago, at least 1 year but less than 2 years ago, or 2 or more years ago?

1 less than 1 year ago
2 at least 1 year but less than 2 years ago
3 2 or more years ago
98 DK
99 RF

[INTERVIEWER: PROBE EXTENSIVELY IF DK FOR C9a]

C9b In the past 12 months, have you ever put off or postponed seeking medical care you felt you needed?

1 Yes, put off or postponed
2 No, did not put off or postponed
98 DK
99 RF

C10 IF NO USUAL SOURCE OF CARE, What is the main reason that you do not have a regular place where you go for health care? [DO NOT READ OPTIONS]

1 have not needed a doctor/ don’t get sick
2 have several doctors depending on what is wrong
3 previous doctor is not available any more
4 haven’t been able to find an appropriate doctor/don’t know where to go
5 recently moved here
6 not enough money/cost
7 no physicians in the area
8 don’t like doctors
9 don’t think doctors can help
10 other (Specify)__________________________

98 DK
99 RF
C11 Where do you usually get your female health care? probe: IF HOSPITAL: “Do you usually go to an outpatient clinic or an emergency room?” IF CLINIC: “Is this a public health clinic or some other kind of clinic?”

1 doctor’s office
2 hospital emergency room
3 hospital outpatient clinic
4 public health clinic
5 HMO/prepaid group practice
6 clinic at any workplace
7 no particular place
8 do not get female care ➔ GO TO C13
9 other (Specify)

98 DK
99 RF

C12 Do you usually get your female health care at the same place you usually get your other medical care?

1 yes
2 no
98 DK
99 RF

C13 When you go for medical or female health care, do you usually go by yourself or does someone usually go with you?

1 By yourself ➔ GO TO D1
2 With someone else ➔ ASK C14

If “With someone else” specify relationship

98 DK
99 RF ➔ Go to D1

C14 Why does [insert who is specified in C13] usually go with you?

1 Companionship/support
2 Need for translator
3 Transportation
4 Other (Specify)
D. PERSONAL HISTORY OF BREAST CANCER

D1 Has a medical doctor ever told you that you had cancer of any kind?

1 yes ↦ Ask Q.D2
2 no  
  98 DK  
  99 RF  
GO TO D4

D2 What kind of cancer was it? [Multiple record if necessary]
1 breast
2 lung
3 colon/rectum
4 cervical
5 other (Specify)______________________
98 DK
99 RF

IF BREAST CANCER NOT MENTIONED IN Q.D2 THEN ASK D3; IF BREAST CANCER MENTIONED IN Q.D2 GO TO D4;

D3 Has a doctor ever told you that you had breast cancer?

1 yes
2 no
98 DK
99 RF

D4 Are there any female members of your immediate family who have or have had breast cancer? By immediate family, I mean your mother, sister, aunt, daughter or grandmother? [INCLUDE THESE FAMILY MEMBERS WHETHER IN-LAWS OR NOT]

1 yes ↦ ASK D5
2 no  
  98 DK  
  99 RF  
GO TO Q.D6

D5 Who? [Multiple record if necessary]

1 mother
2 sister
3 aunt
4 daughter
5 grandmother
98 DK
99 RF
D6  Other than female members of your immediate family, are there any other relatives or close friends who have or have had breast cancer?

1 yes
2 no
98 DK
99 RF
E. MAMMOGRAMS AND BREAST PHYSICAL EXAMS

Now I am going to ask you some questions about different kinds of breast examinations.

E1 A mammogram is an x-ray taken only of the breasts by a machine that presses the breast between two plates. Have you ever heard of a mammogram?

1 yes, heard of mammogram ⇔ Ask E2

2 no, never heard of mammogram } Go to instructions above E20
98 DK
99 RF

E2 Have you ever had a mammogram?

1 yes ⇔ ASK E3

2 no } GO TO E11
98 DK
99 RF

E3 When did you have your (most recent) mammogram?

___ ___ 19___ ___ OR ___ ______ ___ ago ⇔ GO TO E4
month year Number of 1=Days
2=Weeks
3=Months
4=Years [Record # of appropriate response]
98 DK
99 RF } Ask E3a

E3a If DK then probe: Was it less than 1 year ago, at least 1 year but less than 2 years ago, or 2 or more years ago?

1 less than 1 year ago
2 at least 1 year but less than 2 years ago
3 2 or more years ago
98 DK
99 RF
E4 Where was this mammogram done? In a private doctor's office, a clinic, a hospital, a mammography van or some other place? [PROBE IF NECESSARY. INCLUDE HOSPITAL BASED MAMMOGRAPHY FACILITIES, SUCH AS RADIOLOGY DEPARTMENTS, UNDER HOSPITAL]

1 doctor's office
2 clinic
3 hospital
4 mammography van
5 other [Specify] ____________________________

98 DK
99 RF

E5 What is the name and address (location) of this (office, clinic, hospital, van, facility) where you had this mammogram? [IT IS IMPORTANT TO BE AS SPECIFIC AS POSSIBLE ON THE NAME AND LOCATION. Intervewer: DO NOT ABBREVIATE]

Name ________________________________
Address ______________________________
City _________________________________
State ________________________________

E6 Did you go for your last mammogram because of a health problem or just as part of a routine check-up?

1 health problem ▶ [ASK E7]

2 routine check-up }

98 DK
99 RF

E7 What was the problem? [MULTIPLE RECORD IF NECESSARY—DO NOT READ OPTIONS]

1 discharge
2 lumps
3 pain
4 soreness
5 swelling
6 thickness
7 other (SPECIFY) _______________________

98 DK
99 RF

[GO TO E9]
E8 Why did you decide to have this mammogram? Was it because... [MULTIPLE RECORD IF NECESSARY]

1 It had been a year or longer since you had one
2 You never had one and thought you should
3 A friend suggested it
4 A family member suggested it
5 Of something you saw, heard or read
6 Of a doctor or nurse’s advice
7 Some other reason (Specify)

98 DK
99 RF

E9 How many mammograms have you had in the last 10 years?

___ ___ mammograms

98 DK
99 RF

E10 Have you ever gone to get a mammogram without a doctor ordering it?

1 yes
2 no
98 DK
99 RF

E11 Have you ever asked a doctor to order a mammogram for you?

1 yes
2 no
98 DK
99 RF

E12 Has a doctor ever recommended you get a mammogram but you didn't get it?

1 yes
2 no
98 DK
99 RF
[Ask QE13 if QE3 >= 2 years; Go to E14 if E3 less than 2 years, DK or RF]

E13 What is the most important reason why you have (never had a mammogram/not had a mammogram in the past two years)?

1 no reason/never thought about it/didn’t know I should
2 not needed/haven’t had any problems
3 put it off/laziness
4 costs too much/no insurance
5 doctor didn’t recommend it
6 don’t go to or don’t like doctors
7 afraid exam would be painful
8 afraid x-rays would be harmful to my health
9 afraid to find out I have cancer
10 Other (SPECIFY) __________________________

E14 How likely is it that you will have a mammogram in the next 12 months? Would you say it is...

1 very likely
2 somewhat likely
3 not very likely
4 not likely at all
58 DK
59 RF

E15 Have any of your family members ever encouraged you to have a mammogram?

1 yes ☐  ASK E15a

2 no  
58 DK  }  Go to E16
59 RF
E15a Which family members have ever encouraged you to have a mammogram? 
PROBE AFTER EACH RESPONSE: "Has anyone else encouraged you to have a mammogram?" [MULTIPLE RECORD IF NECESSARY]

1 husband 
2 daughter 
3 mother 
4 sister 
5 son 
6 daughter-in-law 
7 granddaughter 
8 niece 
9 another family member, (SPECIFY RELATIONSHIP) 
98 DK 
99 RF

E16 Has anyone other than a family member ever encouraged you to have a mammogram?

1 yes ↦ ASK E16a 
2 no 
98 DK 
99 RF

E16a Other than a family member, who has encouraged you to have a mammogram? PROBE AFTER EACH RESPONSE: "Has anyone else encouraged you to have a mammogram?" [MULTIPLE RECORD IF NECESSARY]

1 a friend 
2 a doctor 
3 a nurse 
4 another health professional 
5 someone else, (SPECIFY RELATIONSHIP) 
6 no one 
98 DK 
99 RF
E17 How likely would you be to go for a mammogram...[READ EACH QUESTION] Would you be...; [SHOW CARD]

<table>
<thead>
<tr>
<th></th>
<th>very likely</th>
<th>somewhat likely</th>
<th>not very likely</th>
<th>not at all likely</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Without having a problem or without being asked by a doctor?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If you were urged by a church program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. [SKIP IF NOT MARRIED IN QA6] if your husband suggested you get one?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. if any other relative or family member suggested you get one?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. if a friend recommended that you get one?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. if a doctor recommended that you get one?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E18 Is there anything else that would motivate you to get a mammogram?

1 yes, (SPECIFY)  

2 no  
98 DK  
99 RF
E19 What do you consider to be the main obstacle for women your age to get a mammogram?

1 no reason/never thought about it
2 not needed/haven't had any problems
3 put it off/laziness
4 costs too much/no insurance
5 doctor didn’t recommend it
6 don’t go to or don’t like doctors
7 afraid exam would be painful
8 afraid x-rays would be harmful to health
9 afraid to find out they have cancer
10 unaware of benefits of screening
11 Other, (SPECIFY)

98 DK
99 RF
The next set of questions are about breast (physical) exams. A breast physical exam is when the breast is felt for lumps by a doctor or other health professional.

E20 Have you ever had a breast physical examination done by a doctor or other health professional?

1 yes ⇒ ASK E21
2 no }
   98 DK (GO TO E22)
   99 RF

E21 When did you have your most recent breast physical exam?

___ ___ 19___ ___ OR _____ Number of _____ ago ⇒ Go to E22
       month year          1=Days
                                 2=Weeks
                                 3=Months
                                 4=Years
                                   [Record# of
                                    appropriate
                                    response]

98 DK
99 RF

E21a If DK then probe: Was it less than 1 year ago, at least 1 year but less than 2 years ago, or 2 or more years ago?

1 less than 1 year ago
2 at least 1 year but less than 2 years ago
3 2 or more years ago
98 DK
99 RF
BREAST SELF EXAMINATION

E22 Do you examine your breasts for lumps?

1 yes  ⇆ Ask Q.E23
2 no  }
98 DK  } [GO TO F1]
99 RF

E23 About how often do you examine your breasts for lumps?

___ ___ (number of times) per 1 day
2 week
3 month
4 year
5 never
98 DK
99 RF

E24 How did you learn how to examine your breasts?

1 doctor showed me
2 nurse showed me
3 friend showed me
4 other health professional showed me
5 learned in a class/meeting
6 read in a book, pamphlet, etc.
7 saw a television program
8 saw a video
9 my mother showed me
10 my sister showed me
11 my daughter showed me
12 other female relative showed me
13 other (SPECIFY)____________________
98 DK
99 RF
F. PAP SMEARS

F1 A pap smear is a routine test in which a doctor examines the cervix to check for cancer of the cervix. Have you ever had a pap smear?

1 yes, have had • ASK F2
2 no, have not had } (GO TO G1)
   98 DK
   99 RF

F2 How many pap smears have you had in the past 10 years?

   ___ ___ pap smears
   98 DK
   99 RF

F3 When did you have your (most recent) pap smear?

   ___ ___ 19___ ___ OR ___ ___ ___ ago • GO TO F4
   month      year      Number of
   98 DK }
   99 RF } ASK F3a

F3a If DK then probe: Was it less than 1 year ago, at least 1 year but less than 2 years ago, or 2 or more years ago?

1 less than 1 year ago
2 at least 1 year but less than 2 years ago
3 2 or more years ago
   98 DK
   99 RF

F4 Was your last pap smear done because of a health problem or just as part of a routine check-up?

1 health problem • ASK Q.F5
2 routine check-up } (GO TO G1)
   98 DK
   99 RF

F5 What was the problem? [MULIPLE RECORD]

1 bleeding
2 burning
3 discharge
4 infection
5 itching
6 pain
7 other (SPECIFY) _______________________
   98 DK
   99 RF
G. CANCER KNOWLEDGE/AWARENESS

Now I would like to ask you a few questions about breast cancer in general. There are no right or wrong responses. We care about your opinions.

G1 What is the age doctors recommend a woman should start having mammograms? [ENCOURAGE RESPONDENT TO GUESS EVEN IF SHE IS NOT SURE OR DOESN'T KNOW]

___ ___ years old

OR

1 when she stops having periods
2 controversial - doctors do not agree
3 other (SPECIFY) _______________________
98 DK
99 RF

G2 How often do you think a woman of your age should have a mammogram?

1 yearly
2 every 2 years
3 when the doctor says so
4 never
5 other (SPECIFY) _______________________
98 DK
99 RF

G3 Is there an age when women no longer need to have mammograms? [ENCOURAGE RESPONDENT TO GUESS EVEN IF SHE IS NOT SURE OR DOESN'T KNOW]

___ ___ years old

OR

1 when menstrual periods stop
2 when she is no longer sexually active
3 there is no age limit
98 DK
99 RF
G4 If a close family member had cancer, should only that person be
told, only the family, both the person and the family, or should no
one be told?
1 only the person her/himself
2 only other family members
3 both the person and the family
4 no one
5 depends on situation
98 DK
99 RF

G5 What are a person's chances of surviving cancer of the breast if it
is found and treated early? Would you say
1 good : greater than a 50-50 chance
2 fair : about a 50-50 chance
3 poor : less than a 50-50 chance
98 DK
99 RF

G6 How much do you worry about getting breast cancer? Would you say
1 a lot
2 some
3 not at all
98 DK
99 RF

G7 Do you worry about any of your female relatives (e.g., daughters,
daughters-in-law, nieces, sisters, mother, aunts) getting breast
cancer?
1 Yes
2 No
98 DK
99 RF
H. RELIANCE AND SOLIDARITY: PART 1

H1 Among the members of your family, who do you rely on the most for advice on health matters?

Name: ___________________ Relationship: ___________________

Age: _____ Gender: ________________

0 No family member identified 98 DK 99 RF

IF SUBJECT DOES NOT IDENTIFY A FAMILY MEMBER OR IDENTIFIES HUSBAND, GO TO Q I.1

H2 Does ______ (NAME OF PERSON) live within 1 hour of you?

1 yes, lives within 1 hour from subject 2 no, does not live within 1 hour from subject 98 DK 99 RF

H3 Where does ______ (NAME OF PERSON) live? [PROMPT FOR TOWN]

Refer to list of towns

OTHER TOWN (SPECIFY; DO NOT ABBREVIATE) __________________________

98 DK 99 RF

H4 About how often have you seen ______ (NAME OF PERSON) in the past month?

1 almost never or never 2 once or twice 3 about once a week 4 several times a week 5 almost every day or every day 98 DK 99 RF
H4a How often have you spoken with _________(NAME OF PERSON) by phone in the past month?

1 almost never or never
2 once or twice
3 about once a week
4 several times a week
5 almost every day or every day
6 no phone
98 DK
99 RF

H5 Where does _________(NAME) go for most of (her/his) health care?

1 doctor's office
2 hospital emergency room
3 hospital outpatient clinic
4 public health clinic
5 HMO/prepaid group practice
6 clinic at any work place
7 no particular place
8 Hasn’t needed health care
9 other (SPECIFY)
98 DK
99 RF
I. LIVING ARRANGEMENT

I1 Including yourself, how many people live in this household? [COUNT EVERYONE LIVING IN HOUSEHOLD, INCLUDING CHILDREN AND INDIVIDUALS NOT RELATED TO SUBJECT]

____ ____ (people)
98 DK
99 RF

IF ONLY ONE PERSON IN Q.I1, GO TO Q.J1 ALL OTHERS ASK Q.I2

I2 How many of these are under 21 years of age?

____ ____ number under 21
98 DK
99 RF

J. FAMILY CONTACTS/SOCIAL SUPPORT

Now I am going to ask you a few questions about your family and friends.

J1 How many living sons do you have, including adopted, foster and step-sons?

____ ____ number of sons
0 None }
98 DK } Go to J2
99 RF

J1a How many of your sons are [IF 1 son, ask "Is your son..."] less than 18 years of age?

____ ____ Less than 18 years of age
98 DK
99 RF

J1b How many of your sons are [IF 1 son, ask "Is your son..."] 18 - 35 years of age?

____ ____ 18-35 years of age
98 DK
99 RF
J1c How many of your sons are [If 1 son, ask "Is your son..."] older than 35 years of age?

   ___ ___ >35 years of age

   98 DK
   99 RF

J1d How many of your sons have you seen in the last month?

   ___ ___ sons seen in last month

   98 DK
   99 RF

J1e How many of your sons have you talked to by phone in the last month?

   ___ ___ sons talked to by phone in last month

   98 DK
   99 RF

J2 How many living daughters do you have, including adopted, foster and step-daughters?

   ___ ___ number of daughters

   O None
   98 DK
   99 RF

   [GO TO K1]

J2a How many of your daughters are [If 1 daughter, ask "Is your daughter..."] less than 18 years of age?

   ___ ___ Less than 18 years of age

   0 None
   98 DK
   99 RF

J2b How many of your daughters are [If 1 daughter, ask "Is your daughter..."] 18 - 35 years of age?

   ___ ___ 18-35 years of age

   98 DK
   99 RF
J2c How many of your daughters are [If 1 daughter, ask “Is your daughter...”] older than 35 years of age?

___ ___>35 years of age

98 DK
99 RF

J2d Of these [INSERT # FROM J2b] daughters 18-35, how many live within 1 hour from you?

___ ___number of daughters < 1 hour

98 DK
99 RF

J2e How many of your daughters have you seen in the last month?

___ ___daughters seen in last month

98 DK
99 RF

J2f How many of your daughters have you talked to by phone in the past month?

___ ___daughters talked to by phone in last month

98 DK
99 RF
K. RELIANCE AND SOLIDARITY: PART 2

K1 How many other female family members between the ages of 18 - 35 do you have? [INCLUDING DAUGHTERS-IN-LAW, NIECES, SISTERS, AND GOD-DAUGHTERS]

___ ___ No. Of female family members

0 None }  
98 DK  } GO TO K3
99 RF

K2 Of these [Insert # from K1] female family members, how many live/does this family member live within 1 hour from you?

___ ___ No. Of female family members

98 DK
99 RF

K3 With how many of your relatives do you feel very close to? Include parents, husband, children, brothers or sisters, aunts or uncles, or other relatives with whom you feel very close to.

___ ___ Number of very close relatives

98 DK
99 RF

K4 With how many of your relatives do you feel somewhat close to? Include parents, husband, children, brothers or sisters, aunts or uncles, or other relatives with whom you feel somewhat close to.

___ ___ Number of somewhat close relatives

98 DK
99 RF

K5 In general, how many close friends do you have, other than relatives? (People with whom you feel comfortable, with whom you can talk about private matters, and whom you can call to ask for help)

___ ___ number of close friends

98 DK
99 RF
In general, how many other people, excluding people you have mentioned, do you feel that you can talk to or ask for advice or information? (People you work with, from church, other activities)

___ ___ number of other people

98 DK
99 RF
L. RELIANCE AND SOLIDARITY: PART 3

L1 How many female friends between the ages of 18 and 35 do you have?

________ No. Female friends 18-35
0 None  }
98 DK    GO TO L3
99 RF

L2 How many of these [insert # from L1] friends/does this friend live
within 1 hour from you?

________ No. Within 1 hour
0 None
98 DK
99 RF

L3 [IF PERSON MENTIONED IN H1 IS A FEMALE, 18 - 35 YEARS OF AGE AND
LIVES WITHIN 1 HOUR FROM SUBJECT (H2=1), THEN GO TO L5]

[If J2d + K2 + L2 = 0 then go to M1]
[If J2d + K2 + L2 = 1 THEN ASK L3a]
[If J2d + K2 + L2 >1 THEN ASK L3b]

L3a What is the age and name of your daughter/female relative/female
friend who is between the ages of 18 and 35 and lives within 1 hour
from you?

Age:________ Name:__________________________
Relationship:__________________________  }

98 DK
99 RF

L3b Of the [insert # J2d] daughter(s), the [insert # from K2] female
relative(s) and [insert # from L2] female friend(s) you have
mentioned who are between the ages of 18 and 35 and live within 1
hour from you, whom do you rely on the most for advice on health
matters,? [IF SUBJECT SAYS THEY DON'T RELY ON ANY, ASK WHO THEY WOULD
RELY ON IF THEY HAD TO; IF UNABLE TO NAME SOMEONE GO TO M1 IF
MARRIED; IF NOT MARRIED GO TO N1]

Age:____ Name:__________________________ Relationship:__________________________
0 No one
98 DK
99 RF
L4 Where does ________ (NAME OF PERSON) live? [PROMPT FOR TOWN]

____ _____ REFER TO LIST OF TOWNS

Other (SPECIFY; DO NOT ABBREVIATE) _____________________________

98 DK
99 RF

AFFECTUAL SOLIDARITY

L5 Generally, how well do you and _________ (NAME) get along together?

1 extremely well
2 very well
3 pretty well
4 somewhat
5 not too well
6 not well
98 DK
99 RF
ASSOCIATIONAL SOLIDARITY

L6 How often do you do the following with ______ (NAME OF PERSON)? [SHOW CARD]

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have recreation outside the home (movies, picnics, swimming, trips etc...)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>98</td>
</tr>
<tr>
<td>b. Have visits just to talk?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>98</td>
</tr>
<tr>
<td>c. Have family gatherings like birthdays, holidays or other special occasions where a lot of family members get together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>98</td>
</tr>
<tr>
<td>d. Talk over things that are important to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>98</td>
</tr>
<tr>
<td>e. Go to religious activities of any kind?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>98</td>
</tr>
<tr>
<td>f. Telephone each other?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>98</td>
</tr>
<tr>
<td>g. Have dinner together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>98</td>
</tr>
</tbody>
</table>

1 - IF NO TELEPHONE = CODE 9
How often do you

a. Help [NAME] out with her chores or errands? [SHOW CARD]
   1 almost never or never
   2 about once a year
   3 several times a year
   4 every other month or so
   5 about once a month
   6 about once a week
   7 several times a week
   8 almost every day
   98 DK
   99 RF

b. How often does [NAME] help you out with chores or errands? [SHOW CARD]
   1 almost never or never
   2 about once a year
   3 several times a year
   4 every other month or so
   5 about once a month
   6 about once a week
   7 several times a week
   8 almost every day
   98 DK
   99 RF

L8 How often do you help [NAME] when she is sick?
   1 every time she is sick
   2 usually when she is sick
   3 sometimes when she is sick
   4 never
   5 never sick
   98 DK
   99 RF

L9 How often does [NAME] help you when you are sick?
   1 every time I am sick
   2 usually when I am sick
   3 sometimes when I am sick
   4 never when I am sick
   5 never sick
   98 DK
   99 RF
L10 In the past year, have you given _______(NAME) any financial help?

1 yes, have given financial help Go to L10a
2 no, have not given help Go to L11
98 DK
99 RF

L10a Have you given (NAME) financial help regularly, occasionally, or only rarely?

1 regularly
2 occasionally
3 only rarely
98 DK
99 RF

L11 In the past year, have you received any financial help from _______(NAME)?

1 yes, have received financial help Go to L11a
2 no, have not received help Go to L12
98 DK
99 RF

L11a Have you received financial help from (NAME) regularly, occasionally, or only rarely?

1 regularly
2 occasionally
3 only rarely
98 DK
99 RF

L12 How often do you give any advice to _______(NAME) regarding health?

1 almost never or never
2 about once a year
3 several times a year
4 every other month or so
5 about once a month
6 about once a week
7 several times a week
8 almost every day
98 DK
99 RF
L13 How often does (NAME) give you any advice regarding your health?

1 almost never or never
2 about once a year
3 several times a year
4 every other month or so
5 about once a month
6 about once a week
7 several times a week
8 almost every day
98 DK
99 RF

L14 Do you always follow her advice, almost always, sometimes, almost never, or never?

1 always
2 almost always
3 sometimes
4 almost never
5 never
98 DK
99 RF

L14a How likely would you be to go for a mammogram if (name) suggested you get one? Would you be...

1 very likely
2 somewhat likely
3 not very likely
4 not at all likely
98 DK
99 RF

L15 Where does (NAME) go for most of her health care?

0 nowhere ➔ GO TO INSTRUCTIONS ABOVE M1

1 no usual place ➔ ASK L15a AS "PLACE GONE MOST OFTEN"

2 doctor's office
3 hospital outpatient clinic
4 hospital emergency room
5 clinic
6 haven't needed health care ➔ GO TO INSTRUCTIONS ABOVE M1
7 other ____________________
98 DK
99 RF
What is the name of this place where (NAME) goes for her health care? [INTERVIEWER: PROBE FOR FULL NAME. DO NOT ABBREVIATE]
M. MARITAL SATISFACTION

Now, I am going to read a list of things that husbands and wives may do when they are together. For each, could you tell me how often it happens between you and your husband. [SHOW CARD]

<table>
<thead>
<tr>
<th></th>
<th>Hardly ever or never</th>
<th>Not usually but sometimes</th>
<th>Fairly often</th>
<th>Quite often</th>
<th>Very often or all the time</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>You calmly discuss something together.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M2</td>
<td>One of you is sarcastic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M3</td>
<td>You work together on something (dishes, yardwork, etc.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M4</td>
<td>One of you refuses to talk in a normal manner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M5</td>
<td>You laugh together.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M6</td>
<td>You have an interesting exchange of ideas.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M7</td>
<td>You disagree about something important.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M8</td>
<td>One of you becomes critical or belittling.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M9</td>
<td>You have a good time together.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
<tr>
<td>M10</td>
<td>One of you becomes angry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
</tr>
</tbody>
</table>
M11 Overall, how would you rate your HUSBAND'S health -- excellent, good, fair, or poor?

1 excellent
2 good
3 fair
4 poor
98 DK
99 DF

M12 When your husband wants help with care for a physical health problem, where does he usually go?

0 nowhere
1 no usual place
2 doctor's office
3 hospital outpatient clinic
4 hospital emergency room
5 clinic
6 hasn't needed health care
7 other (SPECIFY)
98 DK
99 RF

M13 How often do you accompany your husband when he goes to see a doctor? Would you say...

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
98 DK
99 RF

M13a How often does your husband accompany you when you see a doctor? Would you say...

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
98 DK
99 RF
M14 How often do you and your husband discuss health problems with one another? Would you say...

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never  
98 DK  
99 RF
N. ACCULTURATION - CUELLAR and HAZUDA SCALES

In this next part of the interview, I will be asking some more questions about your background, attitudes, and beliefs. First, I'm going to ask you about your use of language, in particular, English and Spanish, in various situations.

N1 What was the first language that you learned to speak?

1 English
2 English and Spanish simultaneously
3 Spanish
4 Other (Specify)
98 DK
99 RF

N2 What language was spoken in your home when you were a child? Would you say: [SHOW CARD]

1 Only English
2 Mostly English
3 Spanish and English equally
4 Mostly Spanish
5 Only Spanish
6 Other (Specify)
98 DK
99 RF

N3 In your opinion, how well do you: [SHOW CARD]

<table>
<thead>
<tr>
<th></th>
<th>Very Well</th>
<th>Pretty Well</th>
<th>Not Too Well</th>
<th>Not At All Well</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand spoken English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speak English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand spoken Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speak Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
N4 What language do you usually use: [SHOW CARD]

<table>
<thead>
<tr>
<th></th>
<th>Only English</th>
<th>Mostly English</th>
<th>Both Equally</th>
<th>Mostly Spanish</th>
<th>Only Spanish</th>
<th>DK</th>
<th>RF</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. With your spouse?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. With your children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. With your parents?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. With most of your friends?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. With most of your neighbors?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. With most of the people at work?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>g. At family gatherings, such as Christmas or other holidays?</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N5 In what language are the: [SHOW CARD]

<table>
<thead>
<tr>
<th></th>
<th>Only English</th>
<th>Mostly English</th>
<th>Both Equally</th>
<th>Mostly Spanish</th>
<th>Only Spanish</th>
<th>DK</th>
<th>RF</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. TV programs you watch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Radio stations you listen to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Books and magazines you read</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N6 How important do you feel it is for (your) children to know something about the history of Mexico? Would you say . . . ?

1 very important
2 somewhat important
4 not very important
5 not important at all

3 not sure
99 refused
N7 How important do you feel it is for (your) children to follow Mexican customs and ways of life?

1 very important
2 somewhat important
4 not very important
5 not important at all

3 not sure
99 refused

N8 How important do you feel it is for (your) children to celebrate Mexican holidays such as Cinco de Mayo or El Deseyseseis de Septiembre?

1 very important
2 somewhat important
4 not very important
5 not important at all

3 not sure
99 refused

Now I would like you to turn your attention to some of the preferences and beliefs that you have about life in general. The first questions ask about family life - the way that families are organized and the way that members of a family work with one another. Think carefully about each statement that I read and then tell me (SHOW CARD) whether you strongly agree with the statement, agree, disagree or strongly disagree with the statement. There are no right or wrong answers; we would just like to know how you yourself feel about these statements. The first statement is:

N9 Knowing your family ancestry or lineage, that is, tracing your family tree, is an important part of family life. Would you say you...

1 strongly agree
2 agree
4 disagree
5 strongly disagree

3 not sure
99 RF
N10 It is important to know your cousins, aunts, and uncles and to have a close relationship with them.

1 strongly agree  
2 agree  
4 disagree  
5 strongly disagree  

3 not sure  
99 RF  

N11 Brothers have a responsibility to protect their sisters while they are growing up.

1 strongly agree  
2 agree  
4 disagree  
5 strongly disagree  

3 not sure  
99 RF  

N12 A person should remember other family members who have passed away on the anniversary of their death, All Soul's Day, or other special occasions.

1 strongly agree  
2 agree  
4 disagree  
5 strongly disagree  

3 not sure  
99 RF  

N13 In the absence of the father, the most important decisions should be made by the eldest son rather than the mother, if the son is old enough.

1 strongly agree  
2 agree  
4 disagree  
5 strongly disagree  

3 not sure  
99 RF
N14 If they could live anywhere they wanted to, married children should live close to their parents so that they can help each other.

1 strongly agree
2 agree
4 disagree
5 strongly disagree

3 not sure
99 RF

N15 While they're growing up, sisters have an obligation to respect their brothers' authority.

1 strongly agree
2 agree
4 disagree
5 strongly disagree

3 not sure
99 RF

Now I would like to ask you some questions about your neighbors and friends when you were growing up.

N16 When you were growing up, were your neighbors mostly Mexican or Mexican-American, mostly Anglo, or about equal numbers of each?

1 Mostly Mexican or Mexican-American
2 Mostly Anglo
3 About equal numbers of each
4 Other (Specify)_____________________________________
98 DK
99 RF

N17 When you were growing up, were your schoolmates mostly Mexican or Mexican-American, mostly Anglo, or about equal numbers of each?

1 Mostly Mexican or Mexican-American
2 Mostly Anglo
3 About equal numbers of each
4 Other (Specify)_____________________________________
98 DK
99 RF
N18 When you were growing up, were your **close personal friends** mostly Mexican or Mexican-American, mostly Anglo, or about equal numbers of each?

1 Mostly Mexican or Mexican-American  
2 Mostly Anglo  
3 About equal numbers of each  
4 Other *(Specify)*  
98 DK  
99 RF

Now I would like to ask you some questions about the people you see most often, day to day. **[IF NEVER WORKED GO TO N20]**

N19 (Are the people with whom you work closely on the job/Are the people with whom you worked closely on your last job) mostly Mexican or Mexican-American, mostly Anglo, or about equal numbers of each?

1 Mostly Mexican or Mexican-American  
2 Mostly Anglo  
3 About equal numbers of each  
4 Other *(Specify)*  
5 Never worked  
98 don't know  
99 refused

N20 Throughout most of your adult life, have your neighbors been mostly Mexican or Mexican-American, mostly Anglo, or about equal numbers of each?

1 Mostly Mexican or Mexican-American  
2 Mostly Anglo  
3 About equal numbers of each  
4 Other *(Specify)*  
98 don't know  
99 refused

N21 Throughout your adult life, have your close, personal friends been mostly Mexican or Mexican-American, mostly Anglo, or about equal numbers of each?

1 Mostly Mexican or Mexican American  
2 Mostly Anglo  
3 about equal numbers of each  
4 Other *(Specify)*  
98 don't know  
99 refused
P. FAMILISM - SABOGAL SCALE

Now I am going to read you some statements about parents and children. After I read each statement, please tell me if you very much disagree, disagree, are not sure, agree or very much agree with the statement.

[SHOW CARD]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very Much Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Very Much Agree</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When one has problems, one can count on the help of relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>2. The family should consult close relatives (uncles, aunts) concerning its important decisions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>3. A person should share his/her home with uncles, aunts or first cousins if they are in need</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>4. Children should live in their parents' house until they get married</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>5. I would help within my means if a relative told me that she/he is in financial difficulty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>6. One should be embarrassed about the bad things done by his/her brothers or sisters</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>7. When someone has problems s/he can count on help from his/her relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>8. One of the most important goals in life is to have children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>9. One should have the hope of living long enough to see his/her grandchildren grow up</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>10. One should help economically with the support of younger brothers and sisters</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>Very Much Disagree</td>
<td>Disagree</td>
<td>Not Sure</td>
<td>Agree</td>
<td>Very Much Agree</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
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<td>----------</td>
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<td>-----------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>11. Aging parents should live with their relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>12. Much of what a son or daughter does should be done to please the parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>13. One can count on help from his/her relatives to solve most problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>14. One should make great sacrifices in order to guarantee a good education for his/her children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>
Q. FATALISM

Now, I am going to make some statements about how people feel about life. After I read each statement, please decide whether it is true as applied to you or false as applied to you. Not every statement is completely true or completely false for everyone, but if it is mostly true or mostly false for you, please tell me. Remember to give your own opinion.

Q1 It is more important to enjoy life now than to plan for the future.

1 True/mostly true
2 False/mostly false
98 don't know
99 refused

Q2 People die when it is their time and there is not much that can be done about it.

1 True/mostly true
2 False/mostly false
98 don't know
99 refused

Q3 We must live for the present, who knows what the future may bring.

1 True/mostly true
2 False/mostly false
98 don't know
99 refused

Q4 If my doctor said I was disabled, I would believe it even if I disagreed.

1 True/mostly true
2 False/mostly false
98 don't know
99 refused

Q5 It is not always wise to plan too far ahead because many things turn out to be a matter of good and bad fortune anyway.

1 True/mostly true
2 False/mostly false
98 don't know
99 refused
Q6 It doesn't do any good to try to change the future because the future is in the hands of God.

1 True/mostly true  
2 False/mostly false  
98 don't know  
99 refused

Q7 When I make plans, I am almost certain I can make them work.

1 True/mostly true  
2 False/mostly false  
98 don't know  
99 refused

Q8 I sometimes feel that someone controls me.

1 True/mostly true  
2 False/mostly false  
98 don't know  
99 refused
R. INCOME AND INSURANCE

Finally, I'd like to ask you a few questions about your income and insurance.

R1 How much difficulty do you have in meeting monthly payments on your bills -- a great deal, some, a little, or none? **USE SHOW CARD**

1 A great deal
2 Some
3 A little
4 None
98 DK
99 RF

R2 At the end of the month, do you usually end up with some money left over, just enough to make ends meet, or not enough to make ends meet? **USE SHOW CARD**

1 Some money left over
2 Just enough to make ends meet
3 Not enough money to make ends meet
98 DK
99 RF

R3 **(SHOW RESPONDENT CARD)** Please look at this card and tell me about how much was your yearly HOUSEHOLD income for the past year? Household income includes income from all individuals living in the household at the present time. Include income from all sources, such as wages, salaries, Social Security, retirement benefits, help from relatives, rent from property and so forth.

01 less than $1000
 02 1,000-4,999
 03 5,000-9,999
 04 10,000-14,999
 05 15,000-19,999
 06 20,000-24,999
 07 25,000-29,999
 08 30,000-34,999
 09 35,000-39,999
10 40,000-49,999
11 50,000 and over
98 DK
99 RF
R4 Are you covered by Medicare?

1 yes ☑ ASK Q.R5

2 no }
98 DK}
99 RF
go to Q.R7

R5 Do you have Part A of Medicare that covers hospital bills, Part B that covers doctors bills, or both?

1 Part A only
2 Part B only
3 Both Parts
98 DK
99 RF

R6 Could I please see your Medicare card?

1 yes (RECORD NUMBER) __ __ __ __ __ __ __ __ __ __
2 no, don’t have access to it
98 DK
99 no, refused

R7 Are you covered by Medicaid or any other public program such as welfare that pays all or part of your medical care?

1 yes
2 no
98 DK
99 RF

R8 Are you covered by any other health insurance plan (other than Medicare or Medicaid) such as Blue Cross/BlueShield, an HMO, or CHAMPUS?

1 yes
2 no
98 DK
99 RF

R9 For our confidential records, may we please have your social security number?

1 yes (RECORD NUMBER) __ __ __ __ __ __ __ __ __ __
2 no, does not know number
3 no, does not have Social Security Card/number
98 DK
99 no, refused
S. INTERVIEWER OBSERVATIONS

S1 Final status of respondent interview?

1 Complete  
2 Incomplete, interviewer broke off  
3 Incomplete, respondent broke off  
4 Incomplete, other (SPECIFY)  
5 Not applicable

S2 Was someone else present during the interview?

1 yes ☐ ASK S3  
2 no } Go to S5  
98 DK

S3 What was this person's relationship to the respondent?

1 spouse or partner  
2 son  
3 daughter  
4 son-in-law  
5 daughter-in-law  
6 grandchild  
7 parent  
8 brother  
9 sister  
10 nephew  
11 niece  
12 cousin  
13 aunt  
14 uncle  
15 great grandchild  
16 sister-in-law  
17 brother-in-law  
18 other relative (Specify)  
19 friend  
20 boarder or roomer  
21 paid employee  
22 all other (Specify)  
98 DK  
99 RF

S4 About what percentage of all responses to the questionnaire were provided by this other person rather than the respondent?

/___/___/___/ percent  
98 DK
S5 Type of dwelling (CHOOSE ONE)

1 Detached single-family house
2 Apartment (including duplexes)
3 Trailer, mobile home
4 Row house or townhouse, condominium
98 DK

S6 Was this a retirement community or housing restricted solely for older adults?

1 yes
2 no
98 DK