

**DRUG LABELING STUDY A
MAIN QUESTIONNAIRE
WHITE**

OFFICE USE ONLY

ID _____

1 - 5

SITE INTERVIEW NUMBER: _____
6 - 9

Start time _____ : _____ am pm
10 - 13 14-

(CHOOSE LABEL ACCORDING TO RANDOMIZATION SHEET.)

(RECORD LABEL VERSION: _____)

15 - 17

The US Food and Drug Administration is interested in how people read and understand the labels that appear on foods and over-the-counter medications. I'm going to be showing you the labels of two products. The first is for raisin bran. I'd like you to read the label as if you were considering purchasing the product. This is just to give you a chance to practice reading labels. Then I'm going to show you a label from a pain reliever drug. I'd also like you to read the label as if you were considering purchasing the product. Then I'm going to ask you some questions about the information on the drug label. Do you have any questions about this procedure?

(IF YES, REVIEW PROCEDURE WITH RESPONDENT.)

(HAND RESPONDENT FOOD LABEL AND ALLOW RESPONDENT TO READ. TIME RESPONDENT TO NEAREST SECOND.)

Take as much time as you need to read the label and hand it back to me when you are finished.

(RECORD TIME SPENT READING FOOD LABEL: _____ SECONDS)

(REMOVE LABEL FROM VIEW.)

18 - 20

(HAND RESPONDENT DRUG LABEL AND ALLOW RESPONDENT TO READ. TIME RESPONDENT TO NEAREST SECOND.)

Here is the next label. Take as much time as you need to read the label and hand it back to me when you are finished.

(TIME SPENT READING DRUG LABEL: _____ SECONDS)

(REMOVE LABEL FROM VIEW.)

21 - 23

(MAKE SURE LABELS ARE NOT IN VIEW)

Now I'd like to ask you some questions. When answering, think only about the drug label.

1a. First, tell me all the information you can remember from the drug label.

1b. What else can you remember about the drug that was stated on the label? Tell me everything that you can remember, including anything about the warnings and directions. **(PROBE: "What else?")**

2. Now I'm going to ask you some questions about the label. For each of the following statements, tell me if you think the statement is true or false, or if you don't know the answer, according to the information on the label.

(RANDOM START)

| | True | False | DK | REF | |
|--|------|-------|----|-----|-----|
| ___ a. You should stop using this product if stomach pain occurs. | 1 | 2 | 8 | 9 | 32- |
| ___ b. A person using this drug should not exceed 10 tablets in a 24-hour period. | 1 | 2 | 8 | 9 | 33- |
| ___ c. This product does not reduce fever. | 1 | 2 | 8 | 9 | 34- |
| ___ d. This product treats minor aches and pains associated with headache. | 1 | 2 | 8 | 9 | 35- |
| ___ e. People taking medications for high blood pressure should ask a doctor before taking this product. | 1 | 2 | 8 | 9 | 36- |
| ___ f. People allergic to other pain relievers can take this product. | 1 | 2 | 8 | 9 | 37- |
| ___ g. This product can be given to children 14 years of age. | 1 | 2 | 8 | 9 | 38- |

| | True | False | DK | REF | |
|--|------|-------|----|-----|------|
| __ h. People who consume more than 3 alcohol-containing drinks per day should ask a doctor for advice before use. | 1 | 2 | 8 | 9 | 39 - |
| __ i. You should consult a physician before using this product if the area that hurts is red and swollen. | 1 | 2 | 8 | 9 | 40 - |
| __ j. This product can be given to children over age 16. | 1 | 2 | 8 | 9 | 41 - |
| __ k. You can take up to 4 tablets in 6 hours if the pain is severe. | 1 | 2 | 8 | 9 | 42 - |
| __ l. A person using this drug should not take more than 6 tablets in 24 hours. | 1 | 2 | 8 | 9 | 43 - |
| __ m. If stomach pain occurs while taking this product, you can continue to use this product as soon as the pain improves. | 1 | 2 | 8 | 9 | 44 - |
| __ n. People with stomach ulcers can use this product. | 1 | 2 | 8 | 9 | 45 - |
| __ o. People with liver disease should not take this product unless directed by a physician. | 1 | 2 | 8 | 9 | 46 - |
| __ p. A person who is allergic to aspirin should not use this product. | 1 | 2 | 8 | 9 | 47 - |
| __ q. This product may cause swelling and redness in the painful area. | 1 | 2 | 8 | 9 | 48 - |
| __ r. This product may make ulcers worse. | 1 | 2 | 8 | 9 | 49 - |
| __ s. You should not take this product within 24 hours of consuming alcohol. | 1 | 2 | 8 | 9 | 50 - |
| __ t. A person using this product should take 2 tablets every 6 hours while symptoms persist. | 1 | 2 | 8 | 9 | 51 - |

(RETURN DRUG LABEL TO RESPONDENT)

3. Now I'd like you to think about personally using this drug. Answer each of these questions based on the label.

(RECORD TIME BETWEEN READING OF THE QUESTION AND RESPONDENT'S ANSWER)

a. At what temperature should this drug be stored?

_____ degrees (_____ SECONDS)
52 - 54 55 - 56

Next, I'm going to ask you about some situations in which you or another person has to decide whether or not to use this drug.

b. Imagine you're taking this drug to relieve sore muscles. What is the maximum number of days you can take this drug?

_____ days
57 - 59

(RECORD TIME BETWEEN READING OF THE QUESTION AND RESPONDENT'S ANSWER)

c. Now think about another person who is taking this drug and has stomach pain. Should this person:

(READ LIST)

- Keep taking the drug 1
- Talk to a doctor 2
- Stop taking the drug 3

(_____ SECONDS)
61 - 62

(DO NOT READ)

- Don't Know 8
- Refused 9

d. Imagine you have a child, age 15. How many tablets can you give the child in one dose?

_____ tablets
63 -

(RECORD TIME BETWEEN READING OF THE QUESTION AND RESPONDENT'S ANSWER)

e. Now think about another person who is considering taking this drug but is allergic to aspirin. Should this person:

(READ LIST) 64 -

Keep taking the drug 1

Talk to a doctor 2

Stop taking the drug 3

(_____ SECONDS)

65 - 66

(DO NOT READ)

Don't Know 8

Refused 9

f. If you took a dose of the drug at 9:00 am, according to the label, when would you take your next dose?

_____ am pm
67 - 70 71 -

OR

_____ hours later
72 - 73

g. What about a person who has an ulcer and is considering taking this product? Should this person:

(READ LIST) 74 -

Keep taking the drug 1

Talk to a doctor 2

Stop taking the drug 3

(DO NOT READ)

Don't Know 8

Refused 9

(RECORD TIME BETWEEN READING OF THE QUESTION AND RESPONDENT'S ANSWER)

h. What about a person who is considering taking this product but is under a doctor's care for high blood pressure? Should this person:

(READ LIST) 75 -

- Keep taking the drug 1
- Talk to a doctor 2
- Stop taking the drug 3

(_____ SECONDS)

76 - 77

(DO NOT READ)

- Don't Know 8
- Refused 9

SPACE 78 - 79
80-2 DUP 1-5

(HAND RESPONDENT CARD 2)

4. Next, I'm going to ask you some questions about the drug label. I'd like you to rate the drug label on a scale from 0 to 10, where 0 means "not at all" and 10 means "very".

(RANDOM START)

___ a. How willing would someone be to read the label?

0 1 2 3 4 5 6 7 8 9 10 98 99
not at all very DK REF

6 - 7

___ b. How useful is the label in helping someone decide whether or not to use the drug?

0 1 2 3 4 5 6 7 8 9 10 98 99
not at all very DK REF

8 - 9

___ c. How much do you like the format or layout of the label?

0 1 2 3 4 5 6 7 8 9 10 98 99
not at all very DK REF

10 - 11

___ d. How easy is it to find information in the label?

0 1 2 3 4 5 6 7 8 9 10 98 99
not at all very DK REF

12 - 13

___ e. How difficult is it to see each of the words printed on the label?

0 1 2 3 4 5 6 7 8 9 10 98 99
not at all very DK REF

14 - 15

- ___ f. How difficult was it to read the label? 16 - 17
- | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|------|----|-----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| not at all | | | | | | | | | | very | DK | REF | |
-
- ___ g. How important would it be for someone to read all the information in the label? 18 - 19
- | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|------|----|-----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| not at all | | | | | | | | | | very | DK | REF | |
-
- ___ h. How confusing is the format or layout of the label? 20 - 21
- | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|------|----|-----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| not at all | | | | | | | | | | very | DK | REF | |
-
- ___ i. How well organized is the format or layout of the label? 22 - 23
- | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|------|----|-----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| not at all | | | | | | | | | | very | DK | REF | |
-
- ___ j. How easy to understand is the information in the label? 24 - 25
- | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|------|----|-----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| not at all | | | | | | | | | | very | DK | REF | |
-
- ___ k. How easy would it be for someone with poor eyesight to read the words printed on the label? 26 - 27
- | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|------|----|-----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| not at all | | | | | | | | | | very | DK | REF | |

(HAND RESPONDENT CARD 2)

5. Please rate the label on the back of the box on the following items on a scale from 0 to 10, where 0 means “not at all” and 10 means “very”.

(RANDOM START)

- ___ a. Important 28 - 29
- | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|------|----|-----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| not at all | | | | | | | | | | very | DK | REF | |

(HAND RESPONDENT CARD 3)

6. Based on your reading of the label, please tell me how confident you are that you could do the following tasks using a scale from 0 to 10 where 0 means “no confidence at all” and 10 means “totally confident”:

(RANDOM START)

___ a. Recognize any adverse (bad) reactions.

| | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|---------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 98 | 99 | 48 - 49 |
| no confidence | | | | | | | | | | totally | DK | REF | |
| at all | | | | | | | | | | confident | | | |

___ b. Follow the directions for taking the correct dose

| | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|---------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 98 | 99 | 50 - 51 |
| no confidence | | | | | | | | | | totally | DK | REF | |
| at all | | | | | | | | | | confident | | | |

___ c. Know which drugs interact with this one.

| | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|---------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 98 | 99 | 52 - 53 |
| no confidence | | | | | | | | | | totally | DK | REF | |
| at all | | | | | | | | | | confident | | | |

___ d. Remember the warnings.

| | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|---------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 98 | 99 | 54 - 55 |
| no confidence | | | | | | | | | | totally | DK | REF | |
| at all | | | | | | | | | | confident | | | |

___ e. Know when to stop taking the drug.

| | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|---------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 98 | 99 | 56 - 57 |
| no confidence | | | | | | | | | | totally | DK | REF | |
| at all | | | | | | | | | | confident | | | |

___ f. Know what conditions are treated by this drug.

| | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|---------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 98 | 99 | 58 - 59 |
| no confidence | | | | | | | | | | totally | DK | REF | |
| at all | | | | | | | | | | confident | | | |

___ g. Identify the correct dosage for a child.

| | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|---------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 98 | 99 | 60 - 61 |
| no confidence | | | | | | | | | | totally | DK | REF | |
| at all | | | | | | | | | | confident | | | |

__ h. Tell the difference between a minor side effect and a major reaction. 62 - 63

| | | | | | | | | | | | | | | |
|--|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|----|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| | no confidence | | | | | | | | | | totally | DK | REF | |
| | at all | | | | | | | | | | confident | | | |

__ i. Identify who should not take this drug. 64 - 65

| | | | | | | | | | | | | | | |
|--|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|----|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| | no confidence | | | | | | | | | | totally | DK | REF | |
| | at all | | | | | | | | | | confident | | | |

__ j. Know when you should ask a doctor or health professional if side effects occur. 66 - 67

| | | | | | | | | | | | | | | |
|--|---------------|---|---|---|---|---|---|---|---|---|-----------|----|-----|----|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 98 | 99 |
| | no confidence | | | | | | | | | | totally | DK | REF | |
| | at all | | | | | | | | | | confident | | | |

Now I'd like to ask some general questions about the drug and the label. When answering, use the 1 to 5 scale on the card. **(IF NECESSARY SAY: You can use any number on the scale between 1 and 5.)**

(RANDOM START)

(HAND RESPONDENT CARD 6)

__ 7a. Would you say the amount of information contained in the drug label was: 68-

| | | | | | |
|--|----------------|---|---|----------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| | a small amount | | | a large amount | |

(HAND RESPONDENT CARD 7)

__ 7b. Would you say the important information in the drug label stood out: 69-

| | | | | | |
|--|------------|---|---|-------|---|
| | 1 | 2 | 3 | 4 | 5 |
| | not at all | | | a lot | |

(HAND RESPONDENT CARD 6)

__ 7c. Using a scale from 1 to 5, where 1 means a small amount and 5 means a large amount, how would you rate the amount of information in the drug label? 70-

| | | | | | |
|--|----------------|---|---|----------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| | a small amount | | | a large amount | |

(HAND RESPONDENT CARD 11)

___ 7j. Overall, how believable was the information on the label?

77-

| | | | | |
|------------|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 |
| not at all | | | | very |
| believable | | | | believable |

SPACE 78 - 79
80-3 DUP 1-5

8. Now I'm going to ask you to say some words out loud. I want to hear you read as many words as you can from these lists. **(HAND RESPONDENT CARD 12. HOLD QUESTIONNAIRE AT AN ANGLE SO THE RESPONDENT IS NOT DISTRACTED BY THE SCORING PROCEDURE.)** Begin with the first word on List 1 and read aloud. When you come to a word you cannot read, do the best you can or say "blank" and go on to the next word.

(IF THE RESPONDENT TAKES MORE THAN FIVE SECONDS ON A WORD, SAY "BLANK" AND POINT TO THE NEXT WORD, IF NECESSARY, TO MOVE THE RESPONDENT ALONG. IF THE RESPONDENT BEGINS TO MISS EVERY WORD, HAVE HIM/HER PRONOUNCE ONLY KNOWN WORDS. COUNT AS CORRECT ANY SELF-CORRECTED WORD.)

| | Correct | Incorrect | Not Attempted | | Correct | Incorrect | Not Attempted | | |
|--|---------|-----------|---------------|-----|---|-----------|---------------|---|-----|
| fat <FAHT> | 1 | 2 | 3 | 6- | ingredient <INN-GREE- DEE -ENT> | 1 | 2 | 3 | 22- |
| flu <FLOO> | 1 | 2 | 3 | 7- | temporary <TEM-PUH-RARE-REE> | 1 | 2 | 3 | 23- |
| pill <PIL> | 1 | 2 | 3 | 8- | exceed 1 <ECK- SEED > | 2 | 3 | | 24- |
| dose <DOS> | 1 | 2 | 3 | 9- | inhale <INN-HAY-UL> | 1 | 2 | 3 | 25- |
| eye <I> | 1 | 2 | 3 | 10- | nausea <NAW-ZEE-UH> | 1 | 2 | 3 | 26- |
| stress <STRES> | 1 | 2 | 3 | 11- | excessive <ECK- SESS -SIV> | 1 | 2 | 3 | 27- |
| smear <SM-EAR> | 1 | 2 | 3 | 12- | pharmacist <FARM-UH-SIST> | 1 | 2 | 3 | 28- |
| notify <NO-TIF-FY> | 1 | 2 | 3 | 13- | relief <REE- LEEF > | 1 | 2 | 3 | 29- |
| gallbladder <GAL-BLAH-DERR> | 1 | 2 | 3 | 14- | heartburn <HART- BERN > | 1 | 2 | 3 | 30- |
| calories <COW-LUH-REEZ> | 1 | 2 | 3 | 15- | effectiveness <EFF- FEKK -TIV-NESS> | 1 | 2 | 3 | 31- |
| depression <DEE- PRESS -SHUN> | 1 | 2 | 3 | 16- | drowsiness <DROW-ZEE-NESS> | 1 | 2 | 3 | 32- |
| miscarriage <MISS- KAH -RIDGE> | 1 | 2 | 3 | 17- | prolonged <PRO-LAWNGD> | 1 | 2 | 3 | 33- |
| pregnancy <PREG-NEN-SEE> | 1 | 2 | 3 | 18- | inhibit <INN- HIB -IT> | 1 | 2 | 3 | 34- |
| arthritis <AR- THRY -TISS> | 1 | 2 | 3 | 19- | placebo <PLUH- SEE -BO> | 1 | 2 | 3 | 35- |
| hepatitis <HEP-UH- TY -TISS> | 1 | 2 | 3 | 20- | liquid <LICK-WID> | 1 | 2 | 3 | 36- |
| antibiotics <AN-TY-BY-AHH-TIKS> | 1 | 2 | 3 | 21- | muscle 1 <MUH- SULL > | 2 | 3 | | 37- |

| | Correct | Incorrect | Not Attempted | | Correct | Incorrect | Not Attempted | | |
|--|---------|-----------|---------------|-----|-----------------------------------|-----------|---------------|---|-----|
| diagnosis <DY-IGG-NO-SIS> | 1 | 2 | 3 | 38- | symptom <SIM-TUM> | 1 | 2 | 3 | 43- |
| potassium <PO-TAS-SEE-UM> | 1 | 2 | 3 | 39- | thalidomide <THA-LID-DOH-MIDE> | 1 | 2 | 3 | 44- |
| anemia <UH-NEE-MEE-UH> | 1 | 2 | 3 | 40- | congestion <CON-JEST-SHUN> | 1 | 2 | 3 | 45- |
| obesity <OH-BEE-SEH-TEE> | 1 | 2 | 3 | 41- | chronic <KRAH-NIK> | 1 | 2 | 3 | 46- |
| osteoporosis <OS-TEE-OH-POUR-ROW-SIS> | 1 | 2 | 3 | 42- | sinusitis <SIE-NUH-SY-TISS> | 1 | 2 | 3 | 47- |

9. I'm going to give you a card with six words printed on it. **(HAND RESPONDENT CARD 13)** I'm going to read each one to you. After I read the word, I'd like you to define it as if you saw it in a dictionary. If you're not sure about the definition, your best guess is fine. **(RECORD STATEMENTS VERBATIM. PROBE ONCE "Anything else?" AFTER RESPONSE.)**

(RANDOM START)

- __a. placebo

_____ 48-
_____ 49-
_____ 50-
_____ 51-
- __b. thalidomide

_____ 52-
_____ 53-
_____ 54-
_____ 55-
- __c. effectiveness

_____ 56-
_____ 57-
_____ 58-
_____ 59-
- __d. temporary

_____ 60-
_____ 61-
_____ 62-
_____ 63-
- __e. symptoms

_____ 64-
_____ 65-
_____ 66-
_____ 67-
- __f. health professional

_____ 68-
_____ 69-
_____ 70-
_____ 71-

Now I have just a few questions for classification purposes.

10. What is your marital status? Are you:

6-

(READ LIST)

- Married 1
- Separated 2
- Divorced 3
- Widowed 4
- Never Married 5

(DO NOT READ)

- Don't Know 8
- Refused 9

(HAND RESPONDENT CARD 14)

11. Which one of these letter groups shows the last grade of school that you completed?

7-

- a. Grade school or less 1
- b. Some high school 2
- c. Completed high school 3
- d. Some college 4
- e. Completed college 5
- f. Graduate school or more 6
- g. Other education beyond high school
(business, technical, etc.) 7
- Don't Know 8
- Refused 9

(HAND RESPONDENT CARD 15)

12. Which of these letter groups represents your profession?

8 - 9

- a. Professional/Technical 1
- b. Manager/administrator 2
- c. Sales Worker 3
- d. Clerical 4
- e. Craft 5
- f. Operatives (Except Transportation) . . . 6
- g. Transport Operatives 7
- h. Laborer 8
- I. Service Worker 9
- j. Farmer and Farm Manager 10
- k. Farm Laborer 11
- l. Retired 12
- m. Housewife 13
- n. Student 14
- o. Unemployed 15
- p. Military 16

- Don't Know 98
- Refused 99

13. In general, would you say your health is:

10-

(READ LIST)

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

(DO NOT READ)

- Don't Know 8
- Refused 9

14. How often have you purchased an over-the-counter cough/cold drug in the past six months?
Would you say:

11-

(READ LIST)

- Zero times 1
- One or two times 2
- Three or four times 3
- Five or six times 4
- Seven or more times 5

(DO NOT READ)

- Don't Know 8
- Refused 9

15. How often have you purchased an over-the-counter pain reliever drug in the past six months?
Would you say:

12-

(READ LIST)

- Zero times 1
- One or two times 2
- Three or four times 3
- Five or six times 4
- Seven or more times 5

(DO NOT READ)

- Don't Know 8
- Refused 9

16. How often have you purchased an over-the-counter sunscreen in the past six months?
Would you say:

13-

(READ LIST)

- Zero times 1
- One or two times 2
- Three or four times 3
- Five or six times 4
- Seven or more times 5

(DO NOT READ)

- Don't Know 8
- Refused 9

(HAND RESPONDENT CARD 16)

17. Are you being treated for any of these medical conditions? Please tell me the letters of all that apply.

14-

(CIRCLE ALL THAT APPLY)

- a. Heart disease 1
- b. High blood pressure . . . 2
- c. Asthma 3
- d. Depression 4
- e. High cholesterol 5
- f. Stomach ulcers 6
- g. Emphysema 7
- h. None 0

- Don't Know 8
- Refused 9

(HAND RESPONDENT CARD 17)

18. Which one of these letter groups includes your total annual family income?

15-

- a. Under \$25,000 0
- b. \$25,000 - \$29,999 1
- c. \$30,000 - \$34,999 2
- d. \$35,000 - \$39,999 3
- e. \$40,000 - \$49,999 4
- f. \$50,000 - \$59,999 5
- g. \$60,000 - \$74,999 6
- h. \$75,000 and over 7

- Don't Know 8
- Refused 9

(HAND RESPONDENT CARD 18)

19. Which one of these letter groups represents your ethnic group?

16-

- a. Black/Non-Hispanic . . . 1
- b. Hispanic 2
- c. Asian/Pacific Islander . . 3
- d. White/Non-Hispanic . . . 4
- e. Indian or Alaskan Native 5
- f. Other 6

- Don't Know 8
- Refused 9

