

Hawai'i Health Survey (HHS), Core 2009

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Hawai'i Health Survey (HHS) 2009 Household Survey
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1. INTRODUCTION

Hello, I'm __ calling from SMS Research on behalf of the Department of Health. We're doing a study on the health of Hawaii's residents, and we'd like to ask some questions about your health and the health of members of your household. It is a very important study, and we need to represent households like yours.

(IF THEY ASK WHAT THE STUDY IS FOR:)

The department uses this study to measure the health of the people in the state and to plan so that the right amount and types of health care are available in your area.

Question 1. Is this a private residence?

(IF NO:) Is this a business as well as a residence?

1. Residence
2. Business and Residence
3. Business
4. REFUSED

Our study requires that I interview an adult who lives in this household.

Question 2. Are you 18 years of age or older?

(IF NO:) May I speak to someone who is? (REPEAT INTRODUCTION). [REPEAT IF NECESSARY] Hello, I'm __ calling from SMS Research on behalf of the Department of Health. We're doing a study on the health of Hawaii's residents, and we'd like to ask some questions about your health and the health of members of your household. It is a very important study, and we need to represent households like yours.

1. Yes, 18 or older
2. No adult over 18 lives here
3. REFUSED

Please be advised that my supervisor may be monitoring this interview for our internal quality control.

2. DEMOGRAPHICS

[RECORD SEX OF RESPONDENT; CLARIFY ONLY IF NEEDED]

1. Male
2. Female

Including yourself...

Question 3. What is the total number of people in your household?

Question 4. How many are males?

Question 5. So there is/are female(s), is that correct?

In order for me to ask you questions about the health of each of the members of your household, I would like you to tell me the first name of each of the persons living in your household. If you are uncomfortable with giving out their first name, you can tell me their initials.

Question 6. What is the name (or initials) of the-(2~19)- living in the household?

1. Respondent
2. Oldest male
3. Second oldest male
4. Third oldest male
5. Fourth oldest male
6. Fifth oldest male
7. Sixth oldest male
8. Seventh oldest male
9. Eighth oldest male
10. Ninth oldest male
11. Oldest female
12. Second oldest female
13. Third oldest female
14. Fourth oldest female
15. Fifth oldest female
16. Sixth oldest female
17. Seventh oldest female
18. Eighth oldest female
19. Ninth oldest female

**2.1. RESPONDENT'S DEMOGRAPHICS - AGE, MARITAL STATUS, SELF REPORTED
RACE, AND HISPANIC ORIGIN**

Question 7. What was _____ 's age in years on the last birthday? (MALE 1-9, FEMALE 1-9)

ENTER AGE HERE

Question 8. Did we get them all?

1. Yes
2. No, a person was missed out

Question 9. What is _____ 's relationship to you? (MALE 1-9, FEMALE 1-9)

1. Respondent
2. Spouse
3. Unmarried Partner
4. Child
5. Grandchild
6. Parent (Mother/Father)
7. Sibling (Brother/Sister)
8. Grandparent
9. Aunt/Uncle
10. Niece/Nephew
11. Other Relative
12. Housemate/Roommate
13. Roomer/Boarder
14. Legal Guardian
15. Other Non-Relative
- 16,17. Unknown ;

Now, I would like to ask you some questions about each of these persons. Let's begin with you.

Question 10. Are you/ Is _____ (MALE 1-9, FEMALE 1-9)

1. Married
2. A member of an unmarried couple
3. Widowed
4. Divorced
5. Separated
6. Never married
7. [NOT OLD ENOUGH TO BE MARRIED legally <15]
8. [DON'T KNOW]
9. [REFUSED]
10. SAME SEX COUPLE

Question 11. Are you/ Is _____ of Spanish or Hispanic origin? (MALE 1-9, FEMALE 1-9)

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 12. What race do you consider yourself to be?

1. White/Caucasian (European, German, Irish, Italian, English)
2. Hawaiian
3. Chinese (Taiwanese)
4. Filipino

5. Japanese (Okinawan)
6. Korean
7. Vietnamese
8. Asian Indian
9. Other Asian (Laotian, Thai, Malaysian) (SPECIFY)
10. Samoan/Tongan
11. Black/African American
12. Native American/Aleut/Eskimo/Inuit
13. Puerto Rican
14. Mexican
15. Portuguese
16. Guamanian/Chamorro
17. Other Pacific Islander (Polynesian, Micronesian, Fijian) (SPECIFY)
18. Other (SPECIFY)
19. [DON'T KNOW/NOT SURE]
20. [REFUSED]

Question 13. Which of these groups, that is [READ CHOICES], would you say BEST represents your race?

21. [INSISTED ON MULTIPLE RACE]

2.2. RESPONDENT'S DEMOGRAPHICS - PARENT'S RACE

Question 14. Of what ethnic background is your mother? [PROBE: Anything else?] (MALE 1-9, FEMALE 1-9)

1. White/Caucasian (European, German, Irish, Italian, English)
2. Hawaiian
3. Chinese (Taiwanese)
4. Filipino
5. Japanese (Okinawan)
6. Korean
7. Vietnamese
8. Asian Indian
9. Other Asian (Laotian, Thai, Malaysian) (SPECIFY)
10. Samoan/Tongan
11. Black/African American
12. Native American/Aleut/Eskimo/Inuit
13. Puerto Rican
14. Mexican
15. Portuguese
16. Guamanian/Chamorro
17. Other Pacific Islander (Polynesian, Micronesian, Fijian) (SPECIFY)
18. Other (SPECIFY)
19. [DON'T KNOW/NOT SURE]
20. [REFUSED]

Question 15. Of what ethnic background is your father? [PROBE: Anything else?] (MALE 1-9, FEMALE 1-9)

1. White/Caucasian (European, German, Irish, Italian, English)
2. Hawaiian
3. Chinese (Taiwanese)
4. Filipino
5. Japanese (Okinawan)
6. Korean
7. Vietnamese
8. Asian Indian
9. Other Asian (Laotian, Thai, Malaysian) (SPECIFY)
10. Samoan/Tongan
11. Black/African American
12. Native American/Aleut/Eskimo/Inuit
13. Puerto Rican
14. Mexican
15. Portuguese
16. Guamanian/Chamorro
17. Other Pacific Islander (Polynesian, Micronesian, Fijian) (SPECIFY)
18. Other (SPECIFY)
19. [DON'T KNOW/NOT SURE]
20. [REFUSED]

2.3. RESPONDENT'S EDUCATION, AND EMPLOYMENT STATUS

Question 16. What is the highest grade or year of school you have completed? (MALE 1-9, FEMALE 1-9)

1. Never attended school/only kindergarten
2. Grades 1 thru 8 (Elementary)
3. Grades 9 thru 11 (Some high school)
4. Grades 12 or GED (high school grad)
5. College 1 to 3 yrs (some college/Tech)
6. Bachelor's Degree (BS, BA)
7. Graduate degree (MA, MS, PHD)
8. [DON'T KNOW]
9. [REFUSED]

Question 17. Are you/ Is ___: (MALE 1-9, FEMALE 1-9)___

1. Employed Full-Time
2. Employed Part-Time
3. Not employed
4. Retired

- 5. Student
- 6. Homemaker or housewife
- 7. Unable to work
- 8. Others
- 88. [DON'T KNOW]
- 99. [REFUSED]

3. HEALTH CONDITIONS

3.1. RESPONDENT'S HEIGHT, WEIGHT ; ALL HOUSEHOLD MEMBER'S , GENERAL HEALTH)

Question 18. About how much do you weigh without your shoes?

WEIGHT IN POUNDS : _____

Question 19. About how tall are you without shoes?

HEIGHT: ENTER FEET _____
HEIGHT: ENTER INCHES _____

Now I am going to ask you some health related questions. I will be asking you if certain health conditions affect any of the members of your household?

Question 20. Would you say your health in general is:

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 8. [DON'T KNOW]
- 9. [REFUSED]

Question 21. Would you say _____ health in general is: (MALE 1-9, FEMALE 1-9)

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 8. [DON'T KNOW]
- 9. [REFUSED]

3.2. PRESENCE OF HIGH BLOOD CHOLESTEROL, ASTHMA , HIGH BLOOD PRESSURE

Question 22. Has anyone in the household been told by a physician or medical professional that he/she has high cholesterol?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 23. What are the names (initials) of those household members?

Question 24. Has anyone in the household been told by a physician or medical professional that he/she has asthma?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 25. What are the names (initials) of those household members?

Question 26. Does _____ still have asthma?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 27. Has anyone in the household been told by a physician or medical professional that, he/she has hypertension or high blood pressure?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 28. What are the names (initials) of those household members?

Question 29. Has anyone in the household been told by a physician or medical professional that he/she has diabetes?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 30. What are the names (initials) of those household members?

3.3. HOUSEHOLD MEMBER – ARTHRITIS, HEART DISEASE, STROKE, LUNG, CANCER

Question 31. Has anyone in the household been told by a physician or medical professional that he/she has some type of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 32. What are the names (initials) of those household members?

Question 33. Has anyone in the household been told by a physician or medical professional that he/she has any kind of heart disease (coronary heart disease, heart attack, angina, etc.)?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 34. What are the names (initials) of those household members?

Question 35. Has anyone in the household been told by a physician or medical professional that he/she has had a stroke?

1. Yes

- 2. No
- 8. [DON'T KNOW/NOT SURE]
- 9. [REFUSED]

Question 36. What are the names (initials) of those household members?

Question 37. Has anyone in the household been told by a physician or medical professional that he/she has lung disease (COPD, emphysema, bronchitis)?

- 1. Yes
- 2. No
- 8. [DON'T KNOW/NOT SURE]
- 9. [REFUSED]

Question 38. What are the names (initials) of those household members?

Question 39. Has anyone in the household been told by a physician or medical professional that he/she has cancer or malignancy of any kind?

- 1. Yes
- 2. No
- 8. [DON'T KNOW/NOT SURE]
- 9. [REFUSED]

Question 40. What are the names (initials) of those household members?

3.4. HOUSEHOLD MEMBER – PREGNANT

Question 41. Is any member of the household pregnant right now?

- 1. Yes
- 2. No
- 8. [DON'T KNOW/NOT SURE]
- 9. [REFUSED]

Question 42. What are the names (initials) of those household members?

4. HEALTH INSURANCE

4.1. HEALTH INSURANCE, DOES ANYONE HAVE A HEALTH PLAN AND IS EVERYONE UNDER THE SAME PLAN?

Question 43. Now, some questions about health insurance - Do you or anyone else in your household have a health insurance plan? Include health insurance obtained through employers, insurance purchased directly, and government programs like Medicaid, Medicare and QUEST.

1. Yes
2. No, no one has health insurance
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 44. Are all those household members with health care insurance covered by the same plan?

1. Yes
2. No, more than one plan
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

4.2. HOUSEHOLD PLAN(S)

Question 45. Which health plan(s) does your household have?

(PROBE) Any other health plan?
(FOR HMSA AND KAISER, ASK ...) Is that a quest plan?
(IF COBRA -- ASK FOR SPECIFIC PLAN UNDER COBRA.)

1. Aetna
2. Aloha Care - Quest
3. Blue Cross/Blue Shield
4. ChampUS/ ChampVA/ TriCare Prime
5. HMAA
6. HMSA
7. HMSA Quest
8. Kaiser
9. Kaiser Quest
10. Medicaid
11. Medicare
12. Queen's
13. University Health Alliance
14. Other (specify)
88. DON'T KNOW/NOT SURE OF THE NAME OF THE PLAN
99. REFUSED

Question 46. Other (specify):

4.3. MEDICARE PLAN AND PARTS

Question 47. Which part or parts of Medicare plan do you have?

[TYPE A: Hospital insurance - covers hospitalization, skilled nursing facilities, and some health service & hospice care ; TYPE B: Medical insurance - covers doctor visits.]

1. Part A (Hospital insurance)
2. BOTH Parts A and B (Hospital & Medical insurance)
3. Subscribe to a Medicare supplement
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

4.4. COVERAGE OF HOUSEHOLD PLAN - BASIC MEDICAL CARE, PRESCRIPTION DRUGS AND MEDICINE, DENTAL CARE

Question 48. Please tell me whether each of the following is included in your health insurance plan:... Basic Medical Care?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 49. ...Prescription drugs and medicine?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 50. ...Dental care?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

4.5. HOUSEHOLD MEMBERS NOT COVERED BY HEALTH INSURANCE

Question 51. Is anyone in your household NOT covered by any health insurance plan?

1. Yes

2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 52. So everyone has health care coverage. Right?

1. Yes
2. No

Question 53. Does _____ have health insurance?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

**4.6. RESPONDENT AND HOUSEHOLD MEMBERS (MALE 1-9, FEMALE 1-9) WITHOUT
COVERAGE, WHEN AND WHY**

Question 54. When was the last time had health care coverage?

(READ LIST ONLY IF NECESSARY)

1. Less than six months ago
2. Less than one year ago
3. More than one year ago
4. Never had health insurance
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 55. Why did stop being covered by health insurance?

1. Lost job or changed employer
2. Spouse/parent lost job/changed employer
3. Ineligible because of age/left school
4. Employer stopped offering coverage
5. Employment cut back to part time
6. Couldn't afford to pay the premiums
7. Insurance company refused coverage
8. Other (Specify)
9. [DON'T KNOW/NOT SURE]
10. [REFUSED]

4.7. RESPONDENT'S HEALTH PLAN, BASIC MEDICAL, DRUGS, AND DENTAL

Question 56. What kind of plan do you _____ have? (PROBE) Any other health plan?
(MALE 1-9, FEMALE 1-9)

(READ LIST ONLY IF NECESSARY - ACCEPT TO 3 ANSWERS)
(FOR HMSA AND KAISER, ASK ...) Is that a quest plan?
(IF COBRA -- ASK FOR SPECIFIC PLAN UNDER COBRA.)

1. Aetna
2. Aloha Care - Quest
3. Blue Cross/Blue Shield
4. ChampUS/ ChampVA/ TriCare Prime
5. HMAA
6. HMSA
7. HMSA Quest
8. Kaiser
9. Kaiser Quest
10. Medicaid
11. Medicare
12. Queen's
- 13 University Health Alliance
14. Other (specify)
66. THIS PERSON HAS NO HEALTH INSURANCE
77. DON'T KNOW IF THE PERSON IS COVERED OR NOT
88. DON'T KNOW/NOT SURE OF THE NAME OF THE PLAN
99. REFUSED

Question 57. Other (specify):

Question 58. Please tell me whether each of the following is included in your health insurance plan: ...
Basic Medical Care? : (MALE 1-9, FEMALE 1-9)

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 59. ...Prescription drugs and medicine? : (MALE 1-9, FEMALE 1-9)

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 60. ...Dental care? : (MALE 1-9, FEMALE 1-9)

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

5. LONG TERM CARE

Question 61. Do you currently have long term care insurance?

1. Yes
2. No
3. Don't know what long term care insurance is
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

6. HEALTH CARE ACCESS

The following questions are about the use of health care. Do not include dental care.

Question 62. DURING THE PAST 12 MONTHS, have you delayed seeking medical or has medical care been delayed for anyone in the family because of worry about the cost?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 63. What are the names (initials) of those household members?

Question 64. DURING THE PAST 12 MONTHS, was there any time when you or someone in the family needed medical care, but did not get it because you or the family couldn't afford it?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 65. What are the names (initials) of those household members?

Question 66. DURING THE PAST 12 MONTHS, was there any time when you needed prescription medicines, but didn't get it because you couldn't afford it?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 67. DURING THE PAST 12 MONTHS, was there any time when you needed mental health care or counseling, but didn't get it because you couldn't afford it?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 68. Is there a place that you USUALLY go to when you are sick or need advice about your health?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 69. What kind of place is it a ...

1. clinic
2. doctor's office
3. emergency room
4. other place
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 70. Is there a place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 71. What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

1. clinic
2. doctor's office
3. emergency room
4. other (specify)
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

7. HOURS OF SLEEP

Okay, now I am going to ask a few questions about sleep and diet.

Question 72. On average, how many hours of sleep do you get in a 24 hour period?

ENTER HOURS _____

8. GOVERNMENT ASSISTANCE PROGRAMS

The next set of questions are about government assistance.

Question 73. In the past 12 months, did anyone in your household receive . . .

1. Medicaid / QUEST ?
 2. Food Stamps ?
 3. AFDC/Welfare (TANF) ?
 4. Social Security Benefits ?
 5. Disability ?
 6. Housing assistance (like Section 8) ?
 7. Free or reduced price school lunch ?
 8. Preschool/child care assistance (Head Start) ?
 9. Unemployment benefits ?
 10. Special Education ?
 11. Others ?
-
1. Yes
 2. No
 8. DON'T KNOW/NOT SURE
 9. REFUSED

Question 74. Please specify:

9. HOUSEHOLD INCOME QUESTIONS

9.1. HOUSHOLD INCOME FOR 2008

Question 75. Effective planning for delivery of health care services to all of Hawaii's people require that we have some information on the income of all Hawai'i households. What was the total income of all members of the household before taxes, in the calendar year 2008?

1. Under \$5,000
2. \$5,000 to \$9,999
3. \$10,000 to \$14,999
4. \$15,000 to \$19,999
5. \$20,000 to \$24,999
6. \$25,000 to \$29,999
7. \$30,000 to \$34,999
8. \$35,000 to \$39,999
9. \$40,000 to \$44,999
10. \$45,000 to \$49,999
11. \$50,000 to \$54,999
12. \$55,000 to \$59,999
13. \$60,000 to \$74,999
14. \$75,000 to \$99,999
15. \$100,000 to \$149,999
16. \$150,000 and over
88. DON'T KNOW/NOT SURE
99. REFUSED

9.2. NUMBER OF PEOPLE SUPPORTED BY HOUSEHOLD INCOME

Question 76. How many people in the household are supported by this income?

(NO. OF PEOPLE IN HOUSEHOLD IS)
(ENTER '88' FOR DON'T KNOW/NOT SURE ; '99' FOR REFUSED)
NO. OF HOUSEHOLD MEMBERS SUPPORTED:

9.3. POVERTY CUTOFF QUESTIONS

Question 77. Is your annual income above or below poverty line?

1. above
2. below
8. DON'T KNOW/NOT SURE
9. REFUSED

10. MILITARY SERVICE NUMBER

Question 78. Are you or any member of your household in the active military service, not including national guards, reserves and ROTC?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

Question 79. How many are in the active military service?

NO. OF HH MEMBERS ACTIVE IN MILITARY:

Question 80. How many are military dependents in this household?

NO. OF DEPENDENT HH MEMBERS:

11. LENGTH LIVED IN HAWAI'I, WHERE BORN, MIGRATION QUESTIONS

Question 81. How long have you lived in the State of Hawai'i?

1. less than one
2. 1 to 3 years
3. more than 3 yrs to 5 years
4. more than 5 to 10 years
5. more than 10 yrs to 20 years
6. more than 20 yrs but not lifetime
7. lifetime
8. DON'T KNOW/NOT SURE
9. REFUSED

Question 82. Where were you born?

1. in Hawai'i (any island)
2. in another U.S. state
3. in a U.S. territory
4. in another country
8. DON'T KNOW/NOT SURE
- 9 – REFUSED

Specify country _____

Question 83. What year did you move to the United States?

Question 84. What year did you move to the Hawai'i?

YEAR MOVED TO HAWAI'I: _____

Question 85. How many other members of this household were born outside of the U.S.?

NO. OF MEMBERS BORN OUTSIDE USA: _____

12. ISLAND AND ZIP CODE

Question 86. Do you live on the island of _____ ?

1. Yes
2. No
8. [DON'T KNOW/NOT SURE]
9. [REFUSED]

Question 87. What island do you live on?

1. O'ahu
2. Hawai'i
3. Kaua'i
4. Maui
5. Moloka'i
6. Lāna'i
8. OTHER (specify)
9. [REFUSED]

Question 88. What is your zip code?

ENTER LAST 3 DIGITS OF ZIPCODE: 96_____

Thank you very much for your time and cooperation. All your answers will be combined to give us information about the health of the people in the state.