Ottawa County Hispanic Farmworker Health Survey
2001

Material in italics is to guide interviewer and not to be read aloud.

Verbal consent form for interviews with adults (for minors, use other consent forms):

(For the interviewer to read out loud):

HELLO, I'm (interviewer name). I am working with the Ottawa County Department of Public Health, Child Development Services, Buen Pastor and the Julian Samora Research Institute at Michigan State University. We're doing a survey about the health and needs for information and medical care of Hispanic and Latino people who live in Ottawa County.

I invite you to participate in our survey. Your decision about participating will not affect your eligibility for benefits from any organization. The survey takes about 20 minutes. We will add up responses from 800 interviews to describe health issues of Hispanic and Latino people in general in the county. Please answer the questions as accurately as possible. Giving answers that are gracious or polite will not give us a true picture of health needs and issues. As time is limited, please answer only the questions that you are asked as you will have the opportunity to talk with a nurse after the survey. You may choose not to answer questions or choose NO ANSWER as your reply. Your participation is voluntary, and you can stop at any time without any penalty.

All information that you give me is confidential. That means that I will not tell others what you tell me today, except as answers grouped together in a manner that could not identify you. I will protect your privacy to the maximum extent possible. The Rights of Human Subjects regulate our survey. You will get a copy from me about these and how to contact the Michigan State University regarding any questions you may have.

Do you have any questions about what I just read? May I continue with this survey?

(Give Notecard)

If you have any questions about participation in this study, please contact: Dr. Ann Millard, Julian Samora Research Institute, Michigan State University (517) 353-9772, extension 2; amillard@msu.edu, or Dr. David Wright, University Committee on Research Involving Human Subjects, Michigan State University, (517) 355-2180, or Barbara Coté, Ottawa County Department of Public Health, (616) 393-5775.
Latino/Hispanic Health Survey, Ottawa County, 2001

INTERVIEWER NOTES: After the interview the interviewer is to answer each of these questions.

Interviewers Name: ________________________________        Date: ___/___/___

A. Time interview began: _______        B. Time interview ended: _______

C. Please check the site where the interview was administered:
   ____migrant labor camp        ____at work (name of work place: ______________________)
   ____respondent’s year-round home        ____other: ______________________
   ____at a service organization (name of organization) ______________________)

D. Gender of respondent:
   ____female        ____male

E. Ethnicity of Respondent (check all that apply according to the respondent)
   ____Hispanic origin/Latino        ____African American
    ____Caucasian         ____Native American
   ____Asian/Pacific Islander         ____Other: ________________

F. Language that interview was given in:
   ____English           ____Spanish           ____Other

G. On a scale of 1 to 5, with one being unsuccessful and 5 being very successful, how would you as the interviewer rate the success of the interview?

   1  2  3  4  5
   unsuccessful    moderately successful   very successful

H. Interviewer comments on progress of the interview (i.e. impressions of the comfort of the participant, clarity and ease of answering, forthrightness, cooperation, etc…): __________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
To participate in this survey, you have to be at least 18 years old. You have to belong to a population sometimes referred to as Mexican, Hispanic or Latino. This group includes people who were born or whose relatives were born in the U.S., Mexico, Central America, South America and the Spanish-speaking Caribbean. (If someone asks about this, it is so that we can draw comparison with the rest of the population in the area that have answered these questions. We are will inform health care organizations and service agencies of some of the needs of the Mexican, Hispanic and Latino people in Ottawa County.

1. Do you now live in Ottawa County or live in Ottawa County seasonally?
   ____yes  ____no  (If the respondent answers no, tell them that we are only interviewing Ottawa County residents and thank them for there time.)

2. When were you born? ____/____/____ (month/day/year)

3. How long have you lived in Ottawa County? _______ years
4. How many years have you worked in Ottawa County? _______ years

Personal Health/Family History

5. Have you had any health problems in the past year? ____yes  ____no  ____not sure  ____no answer
   If they answer “yes”, ask What health problems do you have now? ________________________________
   ______________________________________________________________________________________

6. Have you ever had to go to the hospital emergency room? _____yes  ______no  ______not sure  ______no answer
   If “yes”, ask When? ___________________________ Why? __________________________________________
   ______________________________________________________________________________________

7. How many colds have you had in the past year? _____

8. Have you had a TB (tine) test? ____yes  ____no  ____not sure  ____no answer
   If yes, ask When (what month and year)? __________________________

9. Have you had problems with your hearing? ____yes  ____no  ____not sure  ____no answer

10. Have you had problems with your hearing? ____yes  ____no  ____not sure  ____no answer
11. In the last month, have you had any problems with the following?
   Sleeping? _____yes _____no _____not sure _____no answer
   Eating? _____yes _____no _____not sure _____no answer
   Ability to concentrate? _____yes _____no _____not sure _____no answer
   Energy level? _____yes _____no _____not sure _____no answer

12. Have you ever had any of the following health problems? (Interviewer check all that apply)
   Stroke (a blot clot in the brain) _____
   Allergy (skin rash, sneezing) _____
   Anemia (low iron in the blood) _____
   Arthritis (sore swollen joints) _____
   Asthma (wheezing, struggling for air) _____
   Diabetes _____
   High blood pressure _____
   High cholesterol (cholesterol is a fatty substance found in your blood) _____
   Heart trouble _____
   Cancer _____
   Hepatitis _____

Access to Health Care

13. During the past 12 months, how many times did you go to a clinic or doctor’s office? ______
   ____Don’t Know ____No Answer

14. If you have not visited a doctor or health clinic in the past year, why did you not go?
   (Do not read, check off all that apply)
   ____ Did not know where to go
   ____ Language barriers (Didn’t understand. No Hispanic Dr./staff)
   ____ Don’t have a regular doctor
   ____ No insurance
   ____ Cost too much (for copay or sliding scale fee)
   ____ Lack of doctors who provide services to Medicaid patient
   ____ Lack of transportation
   ____ Lack of time (had to work)
   ____ Embarrassment/fear of being reported to border police
   ____ Other (specify) __________________

15. Do you have a doctor who usually sees you and knows about your history and health?
   _____yes _____no _____don’t know _____no answer

16. Do you need to see a (interviewer check which one) _____doctor _____herbalist _____curandera for your health problems? _____yes _____no _____don’t know _____no answer
   If yes, who? ________________________ why? ____________________________
   ____________________________
17. Do you have any health insurance for yourself?
  ____yes  ____no  ____don’t know  ____no answer

18. Do you have any health insurance for your children such as MI Child or Medicaid?
  ____yes  ____no  ____don’t know  ____no answer
  If yes, which insurance?___________________

19. How long has it been since you have had your eyes examined?
  ____ Within the past year
  ____ 1-2 years ago
  ____ 2-5 years ago
  ____ More than 5 years ago
  ____ Never

**Dental Care**

20. How long has it been since you last visited a dentist or dental clinic?
  (Include visits to dental specialists such as orthodontists; read the following only if necessary)
  ____ Within the past year (0-12 months)
  ____ 1-2 years ago (13-24 months)
  ____ 2-5 years ago (25-60 months)
  ____ More than 5 years ago (61+ months)
  ____ Never
  ____ Don't know/Not sure
  ____ No Answer

21. In the past year, have you had a toothache, bleeding gums, sore jaw, or painful aching in your mouth?
  ____yes  ____no  ____ don’t know  ____ no answer
  If yes, ask Has this condition ever:
  caused you to miss work?
  ____yes  ____no  ____ don’t know  ____ no answer
  disrupted your daily life?
  ____yes  ____no  ____ don’t know  ____ no answer
  prevented you from getting a job?
  ____yes  ____no  ____ don’t know  ____ no answer
  prevented you from getting a promotion?
  ____yes  ____no  ____ don’t know  ____ no answer
  caused difficulty in speaking?
  ____yes  ____no  ____ don’t know  ____ no answer
  caused you difficulty in eating?
  ____yes  ____no  ____ don’t know  ____ no answer

22. How many of your permanent teeth have been removed because of tooth decay, infection or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
  ____ none
  ____ 5 or fewer
  ____ 6 or more but not all
  ____ all
  ____ don’t know
  ____ no answer
23. If you have not visited a dentist or a dental clinic within the past year, why did you not go?
   (Do not read, check off all that apply)
   ____ Did not know it was recommended.
   ____ Don’t need it.
   ____ Don’t want to know.
   ____ Don’t have a regular doctor.
   ____ Doctor didn’t recommend it.
   ____ Embarrassment, fear
   ____ Cost too much (for copay or sliding scale fee)
   ____ No insurance
   ____ Lack of time (have to work/had to wait too long)
   ____ Lack of transportation
   ____ Lack of doctors who provide services to Medicaid patients
   ____ Other (specify) _____________________
   ____ Don’t know
   ____ No Answer

24. Do you drive?   ____yes   ____no   ____no answer
   If yes, ask Do you have transportation?   ____yes   ____no   ____no answer

25. At your current job, do you drive or operate machinery? (tractor, pickup truck, seeder, harvester, combine, lift)?   ____yes   ____no   ____no answer   ____not employed now
   (If not currently employed, skip to Exercise section)

26. What kind of work do you do? ______________________________________________________

27. How many hours per week do you work on average? ____ hrs/week   ____don’t know   ____ no answer

28. Have you ever cut back on how many hours that you usually work because of back problems?
   ____yes   ____no   ____don’t know   ____no answer

29. Have you ever treated your back pain yourself or gotten some treatment for it?
   ____yes   ____no   ____don’t know   ____no answer

30. Do you currently have back pain?   ____yes   ____no   ____don’t know   ____no answer
   If no, ask Have you had any back pain in the last 12 months?
   ____yes   ____no   ____don’t know   ____no answer

31. Do you work in states other than Michigan?
   ____yes   ____no   ____don’t know   ____no answer
   If yes, ask which one(s)? ___________________

32. How many months of the year are you in Michigan? _______ months
33. What kind of crops are you working on for this season?

34. How many of your family members work with you? __ # of adults __ # of children under age 19

35. Does your employer provide housing for you? __ yes __ no __ don’t know __ no answer

36. Are pesticides used where you work? *(For the purpose of these questions, pesticides are chemicals that kill bugs or weeds to stop plant diseases)* __ yes __ no __ don’t know __ no answer

   If yes, ask Have you had instruction about when it is safe to return to work the crops or when to wear special clothing (gloves, mask or coveralls) when these are applied? __ yes __ no __ don’t know __ no answer

37. Have you ever been sprayed with pesticide or entered fields while they were still wet with pesticide spray? __ yes __ no __ don’t know __ no answer

   If yes, ask Did you have burning eyes, cough, nausea or skin rash after being in contact with pesticides? __ yes __ no __ don’t know __ no answer

   If yes, ask Did you report being ill to the grower or the government protection agency? __ yes __ no __ don’t know __ no answer

38. Are you concerned about the effects of pesticides for yourself or family/children? __ yes __ no __ don’t know __ no answer

*(End of Farm Worker Questions)*

**Exercise**

39. Which of the following best describes the physical activity or exercise that you do AT WORK?

   *(Interviewer: If respondent has multiple current jobs, include all jobs. Ignore all past jobs, even those from this year.)*

   __ mostly sitting or standing __ don’t know/Not sure

   __ mostly walking __ no Answer

   __ mostly heavy labor or physically demanding work

40. There are three categories of physical activity –light, moderate and vigorous. I will ask you about vigorous activities, those that make you breathe harder and speed your pulse. Now thinking about the physical activity that you do BOTH at work and home, please tell me:

   In the last week, did you do vigorous activities for at least 30 minutes at a time, such as brisk walking, bicycling, lifting, gardening, or anything else that caused some increase in your breathing or heart rate? __ yes __ no __ don’t know __ no answer

   If yes, ask How many days last week did you do at least 30 minutes of vigorous exercise? __ days
Nutrition

41. The following questions are about what you have been eating.
   Yesterday, how much fruit did you eat, such as oranges, bananas, blueberries, and apples?
   _____ servings or pieces of fruit  _____ don’t know  _____ no answer

42. How many vegetables such as tomatoes, squash, chillis, potato and carrots did you eat yesterday?
   _____ servings or pieces of vegetables  _____ don’t know  _____ no answer

43. Do you usually eat one or more servings of fried foods (such as fried eggs, fried rice,
   fried chicken, French fries, and refried beans a day?
   _____ yes  _____ no  _____ don’t know  _____ no answer

44. In the past week, how many times did you eat a meal from fast food restaurant such as
   McDonalds, Taco Bell, Burger King, Pizza Hut, or KFC?
   _____ don’t know  _____ no answer

45. Are you now trying to lose weight?  _____ yes  _____ no  _____ don’t know  _____ no answer
   If yes ask, are you:
   eating less sugar, cholesterol and fat?  _____  _____  _____
   eating more fruits and vegetables?  _____  _____  _____
   eating fewer calories or less food?  _____  _____  _____
   using physical activity or exercise to lose weight?  _____  _____  _____
   drinking a glass of water with every meal?  _____  _____  _____

Cigarette Use

Now I would like to ask you a few questions about cigarette smoking.

46. Do you now smoke cigarettes?  _____ yes  _____ no  _____ no answer
   If yes ask, During the past thirty days about how many cigarettes did you usually smoke per day?
   _____ cigarettes/day (verify if greater than 70)  _____ no answer

47. Does ANYONE ever smoke INSIDE your home?
   _____ yes  _____ no  _____ don’t know  _____ no answer

Alcohol Consumption

Now I'd like to ask you about your use of beer, wine, wine coolers, cocktails, and liquor, such as vodka, 
gin, rum, or whiskey, tequila -- all kinds of alcoholic beverages that people drink.

48. Do you drink alcoholic beverages?  _____ yes  _____ no  _____ no answer
   If yes, ask how many drinks do you consume per week? ________

49. Do you think it is alright for teenagers to drink beer, wine or liquor sometimes?
   _____ yes  _____ no  _____ don’t know  _____ no answer
   If yes, ask When is it acceptable for teenagers to drink? _______________________
**Hypertension**

50. These next questions are about high blood pressure, which is also called hypertension.

(Ask if respondent has ever had blood pressure checked before today; if not, skip this section.)

51. About how long has it been since you last had your blood pressure taken?
   (Interviewer: Using a blood pressure machine in the pharmacy does not count.)
   ____ within the past year (0-12 months) ____ never had blood pressure taken
   ____ 1-2 years ago (13-24 months) ____ don’t know/not sure
   ____ 2-5 years ago (25-60 months) ____ no answer
   ____ more than 5 years ago (61+ months)

52. Have you ever been told that you have high blood pressure?
   ____ yes ____ no ____ don’t know ____ no answer

If yes, ask Is any medicine currently prescribed for your high blood pressure?
   ____ yes ____ no ____ don’t know ____ no answer

If yes, ask How often are you taking the prescribed dosage of your high blood pressure medication?
   ____ all of the time ____ most of the time ____ occasionally ____ never
   ____ don’t know ____ no answer

**Cholesterol**

This next section is about cholesterol, which is a fatty substance found in the blood that can clog arteries.

53. Have you ever had your blood tested for high cholesterol?
   ____ yes ____ no ____ don’t know ____ no answer

If yes, ask To keep your blood cholesterol low, are you…
   Eating fewer high fat or high cholesterol foods? ____ yes ____ no ____ don’t know ____ no answer
   Dieting to lose weight? ____ yes ____ no ____ don’t know ____ no answer
   Increasing your exercising or physical activity? ____ yes ____ no ____ don’t know ____ no answer
   Taking medication to lower it? ____ yes ____ no ____ don’t know ____ no answer

**Diabetes**

54. Have you ever been told that you have a condition in which your body can not regulate its sugar levels normally, referred to as diabetes? ____ yes ____ no ____ don’t know ____ no answer

(If the respondent has not been told that he/she has diabetes, skip this section)

55. (Ask females only) Have you only been diagnosed with being diabetic while pregnant (gestational diabetes)?
   ____ yes ____ no ____ don’t know ____ no answer

56. How old were you when you were first told that you had diabetes? _____ years

57. To control your blood sugar levels/diabetes are you…
   Eating fewer foods high in fat or simple sugars? ____ yes ____ no ____ no answer
   Dieting to lose weight? ____ yes ____ no ____ no answer
   Increasing physical activity? ____ yes ____ no ____ no answer
   Taking medication for diabetes? ____ yes ____ no ____ no answer
Female Health Care
(This section is only for women who are at least 18 years old, married or who have had at least one child)

58. At what age did you start menstruating? ____ years old ____ have not started ____ don’t know ____ no answer
59. Are you sexually active? ____ yes ____ no ____ no answer

If yes, ask Do you or your partner use birth control?
____ yes ____ sometimes ____ no ____ no answer

If yes, ask What type of birth control do you use? (check all that apply)
____ birth control pill ____ diaphragm
____ birth control shot ____ herbal contraceptive
____ birth control sponge ____ rhythm method
____ condoms ____ sterilization of one partner

60. Have you ever been pregnant? ____ yes ____ no ____ no answer (If no, skip to question 64.)
At what age was your first pregnancy? _____ years old _____ don’t know _____ no answer

61. How many pregnancies have you had?
   Number of live births____
   Number of miscarriages or stillbirths____
   Number of children living? _____ What are their ages?__________________

62. The last time that you were pregnant, how soon did you go to a doctor/midwife?
   ____ Within the first 3 months ____ In the last 3 months of pregnancy
   ____ In the first 6 months ____ At the baby’s birth (no prenatal care)

63. The last time that you were pregnant did you...
   smoke? ____ yes ____ no ____ don’t know ____ no answer
   drink alcohol? ____ yes ____ no ____ don’t know ____ no answer
   take vitamins? ____ yes ____ no ____ don’t know ____ no answer

64. Have you ever had any of the following?
   General checkup or physical exam? ____ yes ____ no ____ don’t know ____ no answer
   Clinical breast exam? ____ yes ____ no ____ don’t know ____ no answer
   Mammogram? ____ yes ____ no ____ don’t know ____ no answer
   Breast self exam? ____ yes ____ no ____ don’t know ____ no answer

(If yes to self exam, ask.) Do you do monthly breast self-exams? ____ yes ____ no ____ no answer

65. Now I want to ask you about a Pap smear. A Pap smear is when a doctor or nurse opens the birth
    canal and takes a scraping of the cervix during a pelvic exam to check for cancer.
   Have you ever HAD a Pap test? ____ yes ____ no ____ don’t know ____ no answer
   If yes, ask How long has it been since your last Pap smear?
   _______ a year or less _______ more than 5 years
   _______ between 1 and 2 years _______ don’t know or not sure
   _______ between 3 and 5 years
Male Reproductive Care
(This section is for men who are at least 40 years old)

66. A digital rectal exam is when a doctor or other health professional to check for cancer inserts a finger in the rectum. Have you ever had a digital rectal exam?

____yes  ____no  ____don’t know  ____no answer

67. A blood test to check for prostate cancer is called a PSA. Have you ever HAD a PSA?

____yes  ____no  ____don’t know  ____no answer

68. Have you ever been told that your PSA is high?

____yes  ____no  ____don’t know  ____no answer

Socio-demographic and Other Final Questions
The next questions are very personal. As a reminder, this survey is confidential and we are protecting your identity with the answers you give us; We’re trying to learn more about what people in general do so that health care can be improved in Ottawa County. You may choose not to answer any question at any time.

69. What is the highest year in school that you have COMPLETED?

____elementary school
____middle school
____GED
____High school diploma
____Vocational or technical school diploma
____2-year college degree
____four year college degree or higher
____other (Specify)________________________
____don’t know
____no answer

70. In which country did you receive most of your schooling?____________________

71. What is your marital status? (Interviewer: An unmarried couple is a man and woman living as a married couple without actually being married. This also includes a gay or a lesbian couple.)

____single  ____separated
____married  ____a member of an unmarried couple
____divorced  ____no answer
____widowed

72. How many family members live in your house regularly? ______

73. Where are you living?  ____house  ____apartment  ____condominium  ____trailer
____farm labor camp  ____other________________
74. I am going to show you a card with different categories of income. Next to each amount is a letter. Please indicate which letter matches the approximate income that your household earned in the past 12 months. (Interviewer, check off category that respondent indicates)

<table>
<thead>
<tr>
<th>Category</th>
<th>Letter</th>
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<tbody>
<tr>
<td>less than $999</td>
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<tr>
<td>$1,000 to $4,999</td>
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<td>more than $50,000</td>
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<tr>
<td>no answer</td>
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</tr>
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75. Which language do you prefer to speak in general? _____________________
Which language do you prefer to speak at work? _____________________
Which language do you prefer to speak at home? _____________________
Which language do you primarily read in? _____________________

If the respondent speaks mostly Spanish in any part of question 75, ask Do you find it hard to deal with daily situations due to language barriers? ___yes ___sometimes ___no ___no answer

76. Have you ever been discriminated against? ___yes ___no ___no answer
If yes, ask Please specify if it was at work, school, with the police, banks, employers, realtors, etc...

77. What place do you consider to be your home?
   ____Michigan
   ____Mexico
   ____Cuba
   ____Central America
   ____Puerto Rico
   ____Dominican Republic
   ____Texas
   ____Florida
   ____Other: ______________

78. Which of the following ethnicities do you identify yourself as?
   ___Mexican Indian ___Chicano ___Guatemalen ___Cuban
   ___Mexican-American ___Puerto Rican ___Central American Latino ___Other__________

79. Do you know of someone in your family who has been abused….
   Verbally (e.g., who has been shouted at or ridiculed)?
       ___yes ___no ___don’t know ___no answer
   Physically (e.g., who has been hit, slapped, punched)?
       ___yes ___no ___don’t know ___no answer
   Sexually (e.g., who has been raped)?
       ___yes ___no ___don’t know ___no answer

80. Do you consider abuse a problem among people you know?
    ___yes ___no ___don’t know ___no answer
81. Do you feel safe in your neighborhood (where you live)?
   ____yes   ____no   ____don’t know   ____no answer

82. Do you feel that you have enough police protection where you live?
   ____yes   ____no   ____don’t know   ____no answer

Now the interview is over, thank you very much for your time. I would like to ask you one last question and then I will answer any questions that you may have to the best of my ability.

83. Have you participated in an interview exactly like this one before?
   ____yes   ____no   ____don’t know   ____no answer
   If yes,  
   When? ____________________  Where? ____________________________

Ask whether interviewed in this specific study before and circle your conclusion:
  respondent has not participated in this study before
  respondent has participated in this study before
  unclear as to whether respondent has participated in this study before

Comments explaining how interviewer reached that conclusion
________________________________________________________________________________________
________________________________________________________________________________________

B. TIME INTERVIEW ENDED:_________