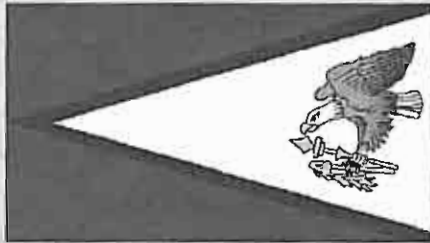


2005

AMERICAN SAMOA

HEALTH SURVEY



A. Village:	C. Map Grid No:	E. Office Use
B. County:	D. Housing Unit No:	F. HHID:
G. Enumerator:		
H. Location description		
I. Respondent's name:		J. Phone number:

1a. Please give me the name and other information of each person living here on November 1, 2005, including all persons staying here who have no other home. If EVERYONE is staying here temporarily and usually lives somewhere else, give me the name of each person. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member.  
 Print first name for each person.

First Name Only (Start with Head of Household)	Ethnicity	Gender		Date of Birth	Age	Relation ship	Does this person have health insurance now?			Did this person have health insurance at any time in the past 12 months?		
		M	F				Yes, govt.	Yes, private	No	Yes, govt.	Yes, private	No
1		1	2	/ /		Head	1	2	0	1	2	0
2		1	2	/ /			1	2	0	1	2	0
3		1	2	/ /			1	2	0	1	2	0
4		1	2	/ /			1	2	0	1	2	0
5		1	2	/ /			1	2	0	1	2	0
6		1	2	/ /			1	2	0	1	2	0
7		1	2	/ /			1	2	0	1	2	0
8		1	2	/ /			1	2	0	1	2	0
9		1	2	/ /			1	2	0	1	2	0
10		1	2	/ /			1	2	0	1	2	0

Ethnicity: 1. Samoan 2. Tongan 3. Other Pacific Island 4. Asian 5. Caucasian 6. Other Single Race Ethnic Group 7. Multiple Ethnic Origins

Relationship: 1. Respondent 2. Spouse 3. Natural or Adopted Son or Daughter 4. Stepson/Step daughter 5. Brother/Sister 6. Father/Mother 7. Grandchild 8. Other Relative 9. Roomer, boarder or foster child 10. Domestic worker/helper 11. Unmarried partner

H1a When you told me the names of persons living here on November 1, 2005, did you leave anyone out because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?  
 1. Yes Determine if you should add the person(s) based on the instructions for Question 1a.   
 2. No

H1b When you told me the names of persons living here on November 1, 2005, did you include anyone even though you were not sure that the person should be listed — for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?  
 1. Yes Determine if you should delete the person(s) based on the instructions for Question 1a.   
 2. No

1b. If EVERYONE listed above is staying here only temporarily and usually lives somewhere else, ask Where do these people usually live? Write their address here:

Government of American Samoa, Governor's Office, 2005, HRSA Grant numbers P090A04005-01-00 2 and P090A04005-02-00.

This survey is conducted under the laws of American Samoa. All responses are strictly confidential and will only be released in compiled form.

FORM \_\_\_\_\_ of \_\_\_\_\_

Hello, I'm [your name] and I'm an enumerator for the 2005 American Samoa Health Survey. You have been randomly chosen to be included in the study from among the adult members of your household.

Enumerator's initials & date \_\_\_\_\_  
 Coordinator's initials & date \_\_\_\_\_

NAME FROM LIST ON REVERSE SIDE:	PERSON NUMBER:
<b>1. Would you say that in general your health is:</b> 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor 7. Don't know/Not sure 9. Refused	<b>11. Have you ever had a shot for flu or pneumonia?</b> 1. Yes 2. No 7. Don't know/Not sure 9. Refused
<b>2. Do you usually go to see a doctor for annual check-up?</b> 1. Yes 2. No 7. Don't know/Not sure 9. Refused	<b>12. Is there a place that you usually go to when you are sick or need health advice?</b> 1. Yes 2. No 7. Don't know 9. Refused
<b>3. Have you ever been told by a doctor that you have diabetes?</b> <i>If yes, and this is a female, ask "Was this only when you were Pregnant?"</i> 1. Yes 2. Yes, but female told only during pregnancy 3. No 7. Don't know/not sure 9. Refused	<b>13. If Q12 is yes, ask – What kind of place is it?</b> <i>Read list:</i> 1. Hospital 2. Dispensary 3. Health center 4. Some other kind of place 5. Fofu 7. Don't know 9. Refuse
<b>4. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?</b> <i>If yes, ask if person is currently taking medicine for high blood pressure. If yes, and this is a female, ask "Was this only when you were Pregnant?"</i> 1. Yes but Not taking medicine 2. Yes and taking medicine 3. Yes, but female told only during pregnancy 4. No 7. Don't know/not sure 9. Refused	<b>14. Have you or your family ever changed your residence to get Health Care?</b> 1. Yes 2. No 7. Don't know/Not sure 9. Refused
<b>5. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?</b> 1. Yes, but Not diagnosed as high blood cholesterol 2. Yes and Diagnosed as high blood cholesterol 3. No 7. Don't know/not sure 9. Refused	<b>15. Was there any time in the past 12 months when you needed to see a doctor but could not because of :</b> <i>(Can answer more than one in order of importance)</i> 1. Medical Cost 2. Waiting time for doctor 3. Lack of transportation 4. No doctor or nurse 5. Any Other Reasons
<b>6. Have you ever been told by a doctor, nurse or other health professional that you had asthma?</b> 1 Yes 2. No 7. Don't know/not sure 9. Refused	<b>16. How far do you live from your nearest medical facilities (Hospital, Health Center, or Dispensary)?</b> 1. Within 30 minutes (0-30 minutes) 2. Within one hour (31 minutes – 1 hours) 3. More than one hour 7. Don't Know/Not Sure 9. Refused
<b>7. Has a doctor, nurse or other health professional ever told you that you had a heart attack?</b> 1 Yes 2. No 7. Don't know/not sure 9. Refused	<b>17. How do you get to the nearest medical help?</b> 1. My (family) car or Pickup 2. Neighbor or other family or friend 3. Taxi or bus 4. Walk 5. Other _____ (specify) DO NOT CODE
<b>8. Has a doctor, nurse or other health professional ever told you that you had a stroke?</b> 1 Yes 2. No 7. Don't know/not sure 9. Refused	<b>18. The following is a list of problems that have been identified at the LBJ hospital. In looking at the list, please rank all that apply from the most important to the least important for you.</b> 88. Never heard about the problem → If checked, DO NOT RANK GO TO Q20 1. Off-Island Referral 2. Long waiting time in the hospital 3. No care providers available 4. No medication available 5. Too crowded 6. Poor quality of care 7. Cannot afford user fees
<b>9. Have you ever been told by a doctor that you have arthritis?</b> 1. Yes 2. No 7. Don't know/Not sure 9. Refused	<b>19. Thinking about the problems that the LBJ hospital is facing, whose problem do you think these are to solve:</b> 1. The U.S. Federal Government 2. The American Samoa Government 3. The people of American Samoa 4. Everyone 7. Don't Know/Not Sure 9. Refused
<b>10. Have you ever had TB test?</b> 1. Yes, but Not diagnosed to have TB 2. Yes and Diagnosed to have TB 3. No 7. Don't know/not sure 9. Refused	<b>28. On the days when you drank, about how many drinks did you drink on average?</b> 77. Don't know/Not sure 99. Refused Number of drinks
<b>20. There are many ways to pay for health care. Of the following choices, which do you prefer?</b> 1. Users pay the full cost of their own care 2. Everyone pays a share no matter how much they use care 3. Everyone pays a share but users pay more when they use care	

<p><b>Health Insurance – Financial protection against health care costs of the insured person. Health insurance can be obtained in a group or individual policy.</b></p> <p><b>21. If you don't have health insurance, why don't you have health insurance?</b></p> <p>1. None available for me  2. Cannot afford  3. Don't need, I am healthy  4. Only need off-island referral  5. Prefer to pay user fee  6. Don't know what health insurance is  8. Not Applicable (Have health Insurance)  9. Refused</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p><b>29. During the past 30 days, other than your regular job, how many days did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?</b></p> <p>00. No participation in any physical activities or exercise  77. Don't know/Not sure  99. Refused</p> <p style="text-align: right;">Days in past 30 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>								
<p><b>22. Is health insurance important for you and your family?</b></p> <p>1. Yes            7. Don't Know/Not Sure  2. No             9. Refused</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p><b>30. In a typical week, on how many days do you eat following foods?</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Fried food/Fast food (including Turkey tails) <input style="width: 30px;" type="text"/></td> <td style="width:50%;">5. Fresh (cooked or raw) Vegetable <input style="width: 30px;" type="text"/></td> </tr> <tr> <td>2. Canned meat <input style="width: 30px;" type="text"/></td> <td>6. Fresh fruit <input style="width: 30px;" type="text"/></td> </tr> <tr> <td>3. Canned fish <input style="width: 30px;" type="text"/></td> <td>7. Rice/Breadfruit/ Potato <input style="width: 30px;" type="text"/></td> </tr> <tr> <td>4. Fresh (cooked) fish <input style="width: 30px;" type="text"/></td> <td>8. Soda <input style="width: 30px;" type="text"/> cans per week</td> </tr> </table>	1. Fried food/Fast food (including Turkey tails) <input style="width: 30px;" type="text"/>	5. Fresh (cooked or raw) Vegetable <input style="width: 30px;" type="text"/>	2. Canned meat <input style="width: 30px;" type="text"/>	6. Fresh fruit <input style="width: 30px;" type="text"/>	3. Canned fish <input style="width: 30px;" type="text"/>	7. Rice/Breadfruit/ Potato <input style="width: 30px;" type="text"/>	4. Fresh (cooked) fish <input style="width: 30px;" type="text"/>	8. Soda <input style="width: 30px;" type="text"/> cans per week
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4. Fresh (cooked) fish <input style="width: 30px;" type="text"/>	8. Soda <input style="width: 30px;" type="text"/> cans per week								
<p><b>23. How much could you afford to pay for health insurance if it were required to receive medical care?</b></p> <p>Self \$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> per <input style="width: 30px;" type="text"/> Month=1  Year =2</p> <p>Family \$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> per <input style="width: 30px;" type="text"/> Month=1  Year=2</p>	<p><b>31. What is your Marital Status?</b></p> <p>1. Now married  2. Separated  3. Widowed  4. Divorced  5. Never Married  6. Living with Significant Other but not married  7. DK  9. Refused</p> <div style="text-align: right;"><input type="checkbox"/></div>								
<p><b>Now I want to ask you some questions about risks to your health. Please answer the following.</b></p> <p><b>24. Have you smoked at least 100 cigarettes in your entire life?</b></p> <p>5 packs = 100 cigarettes</p> <p>1. Yes  2. No Go to Q26  7. Don't know/Not sure Go to Q26  9. Refused Go to Q26</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p><b>32. Are you a citizen or national of the United States?</b></p> <p>1. Yes, Born in the American Samoa  2. Yes, Born in the U.S. or another U.S. territory or commonwealth  3. Yes, Born elsewhere of U.S. parent or parents  4. Yes, a U.S. citizen by naturalization  5. No, not a U.S. citizen or national (permanent resident)  6. No, not a U.S. citizen or national (temporary resident)  7. DK  9. Refused</p> <div style="text-align: right;"><input type="checkbox"/></div>								
<p><b>25. Do you smoke cigarettes every day, some days, or not at all?</b></p> <p>1. Every day    2. Some days    0. Not at all    9. Refused</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p><b>33. Where were you born?</b></p> <p>1. American Samoa ----&gt; <i>Island of Birth</i> _____  2. Western Samoa  3. United States  4. Other US Territory/commonwealth  5. Other Pacific Island (<i>specify</i>) _____ (DO NOT CODE)  6. Other (<i>specify</i>) _____ (DO NOT CODE)</p>								
<p><b>A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.</b></p> <p><b>26. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?</b></p> <p>00. No drinks in past 30 days Go to Q29  77. Don't know/Not sure Go to Q29  99. Refused Go to Q29</p> <p style="text-align: right;">Days in past 30 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p><b>34. How long have you lived in American Samoa?</b></p> <p><i>IF less than 1 year, Insert '00' in the box</i></p> <p style="text-align: right;"><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Years</p>								
<p><b>27. During the past 30 days, how often have you had 5 or more drinks on one occasion?</b></p> <p>00. No drinks in past 30 days Go to Q29  77. Don't know/Not sure Go to Q29  99. Refused Go to Q29</p> <p style="text-align: right;">Days in past 30 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p><b>35. What is the highest level of education you have completed?</b></p> <p>1. no formal education  2. grade school (1 to 8 years)  3. some high school (9 to 11 years)  4. high school graduate (received high school equivalency diploma)  5. some college / technical or vocational school / training after high school  6. college graduate  7. post graduate degree / study  8. Don't know  9. Refused</p> <div style="text-align: right;"><input type="checkbox"/></div>								
<p><b>36. Have you ever served on active duty in the uniformed services (Army, Navy, Air Force, Marines, Coast Guard, Public Health Service) of the USA?</b></p> <p>1. Yes    2. No    7. Don't know    9. Refused</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p><b>45. What was your household's gross, pretax income from all sources for the 2004? (this includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received</b></p>								

**37. Are you currently: (Primary Job)**

1. self employed or own your own business
2. employed by someone else
3. an unpaid worker for family business, farm or home
4. unemployed, or not working
5. retired
6. full-time student (greater than three-fourths time)
7. Don't know
9. Refused

**38. Are you currently employed in more than one job?**

1. Yes 2. No 7. Don't know 9. Refused

**39. What is the total number of hours you work per week?**

TOTAL HOURS



**40. For the job you work at the most hours, what is the total number of hours you work per week?**

TOTAL HOURS (Primary Job)



**41. Is this (your primary job) a permanent, temporary, or seasonal job?**

1. Permanent
2. Temporary
3. Seasonal
7. Don't know
9. Refused

**42. Thinking about the employer you work for, about how many people, including yourself, are employed there? (Primary Job)**

1. Just one
2. Between 2 and 10
3. 11 and 50
4. 51 and 100
5. Over 100
7. Don't know
9. Refused

Now I want to ask you some questions regarding your family's income. Please remember that the answers you provide are considered as confidential and that no one other than the researchers analyzing the information you provide will see your responses. In all tables and reports, people will not be identified in any way, not by name or village or in any way that your information could be linked to you.

**43. How many people live on your household income who currently live in the household?**  
(PROBE: Do not include any children for whom a household member currently pays child support, or any children away attending college or boarding school.)



**43. How many people live on your household income who currently live in the household?**  
(PROBE: Do not include any children for whom a household member currently pays child support, or any children away attending college or boarding school.)

77= Don't know 99 = Refused



**44. How many of these people are children?**

Children



by members of this Household member who are 15 years or older. If you are self-employed or own your own business, please report your net income.)

**Which category represents your family income for the year 2004?**

- |    |                   |   |
|----|-------------------|---|
| 01 | Less than \$2,000 |   |
| 02 | \$2000-\$2,999    |   |
| 03 | \$3000-\$3,999    |   |
| 04 | \$4,000-\$4,999   |   |
| 05 | \$5000-\$5,999    |   |
| 06 | \$6,000-\$6,999   |   |
| 07 | \$7,000-\$7,999   |   |
| 08 | \$8,000-\$8,999   |   |
| 09 | \$9,000-\$9,999   |   |
| 10 | \$10,000-\$14,999 |   |
| 11 | \$15,000-\$19,999 |   |
| 12 | \$20,000-\$24,999 |   |
| 13 | \$25,000-\$29,999 |   |
| 14 | \$30,000-\$39,999 |   |
| 15 | Over \$40,000     | <input style="width: 40px; height: 20px;" type="text"/> |
| 77 | Don't Know        |   |
| 99 | Refused           |   |

**46. About how much do you weigh without shoes?**

**Round fractions up** 777. Don't know/Not sure  
999. Refused

**Weight in pounds**




**47. About how tall are you without shoes?**

**Round Fractions down** 777. Don't know/Not sure  
999. Refused

**Height in inches**



**48. For each category of person and for each symptom please circle the appropriate answer.**

1 = Self-Care / Home Care  
2 = See a Fofo  
3 = Go to LBJ or a Dispensary

If you thought you had:	Yourself			Your Parent/ Grandparent			Your Child		
	1	2	3	1	2	3	1	2	3
A cold or Flu									
A boil or Carbuncle (Silailagi)									
Blood in feces/stool									
Conjunctivitis (inflammation of the eyes)									
Skin Sores that won't heal									
Breathlessness (sela)									
(MAI) aitu									
Aches and pains									
A tumor (tuma)									

**49. How many times have you visited a FOFO or TAULASEA during the last year?**

77. Don't know 99. Refused



times