

Section 2E - Background Information II



Now I'd like to ask you some other questions about your background.

N2ESTH

**CHECK
ITEM 2.27**

(Refer to 1e, Section 1.)

Is respondent Hispanic?

1 Yes

N2ECK227

2 No - *SKIP to Check Item 2.29*

(SHOW FLASHCARD 33)

1a. You mentioned earlier that you are of Hispanic or Latino origin. I'd like to ask you some questions about your heritage or ancestry.

As I read each question, please tell me what category on the card best describes your answer.

How often do you speak English?

1 Almost never

N2EQ1A

2 Sometimes

3 Often

4 Almost always

b. How often do you speak English with your friends?

1 Almost never

N2EQ1B

2 Sometimes

3 Often

4 Almost always

c. How often do you think in English?

1 Almost never

N2EQ1C

2 Sometimes

3 Often

4 Almost always

d. How often do you speak in Spanish?

1 Almost never

N2EQ1D

2 Sometimes

3 Often

4 Almost always

e. How often do you speak in Spanish with your friends?

1 Almost never

N2EQ1E

2 Sometimes

3 Often

4 Almost always

f. How often do you think in Spanish?

1 Almost never

N2EQ1F

2 Sometimes

3 Often

4 Almost always

g. How often do you watch television programs in English?

1 Almost never

N2EQ1G

2 Sometimes

3 Often

4 Almost always

h. How often do you listen to radio programs in English?

1 Almost never

N2EQ1H

2 Sometimes

3 Often

4 Almost always

i. How often do you listen to music in English?

1 Almost never

N2EQ1I

2 Sometimes

3 Often

4 Almost always

j. How often do you watch television programs in Spanish?

1 Almost never

N2EQ1J

2 Sometimes

3 Often

4 Almost always

k. How often do you listen to radio programs in Spanish?

1 Almost never

N2EQ1K

2 Sometimes

3 Often

4 Almost always

l. How often do you listen to music in Spanish?

1 Almost never

N2EQ1L

2 Sometimes

3 Often

4 Almost always

Section 2E - Background Information II (Continued)

<p><i>(SHOW FLASHCARD 34)</i></p> <p>1m. How well do you speak English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1M 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>n. How well do you read in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1N 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>o. How well do you understand television programs in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1O 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>p. How well do you understand radio programs in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1P 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>q. How well do you write in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1Q 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>r. How well do you understand music in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1R 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>s. How well do you speak Spanish?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1S 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>t. How well do you read in Spanish?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1T 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>u. How well do you understand television programs in Spanish?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1U 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>v. How well do you understand radio programs in Spanish?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1V 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>w. How well do you write in Spanish?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1W 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>x. How well do you understand music in Spanish?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ1X 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p><i>(SHOW FLASHCARD 35)</i></p> <p>2a. Looking at the card, please tell me what category best describes your level of agreement with each of the following statements.</p> <p>You have a strong sense of yourself as a person of Hispanic or Latino origin.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ2A 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>

Section 2E - Background Information II (Continued)

<p><i>(SHOW FLASHCARD 35)</i></p> <p>2b. You identify with other Hispanics or Latinos.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ2B</p> <p>2 <input type="checkbox"/> Agree</p> <p>3 <input type="checkbox"/> Somewhat agree</p> <p>4 <input type="checkbox"/> Somewhat disagree</p> <p>5 <input type="checkbox"/> Disagree</p> <p>6 <input type="checkbox"/> Strongly disagree</p>
<p>c. Most of your close friends are of Hispanic or Latino origin.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ2C</p> <p>2 <input type="checkbox"/> Agree</p> <p>3 <input type="checkbox"/> Somewhat agree</p> <p>4 <input type="checkbox"/> Somewhat disagree</p> <p>5 <input type="checkbox"/> Disagree</p> <p>6 <input type="checkbox"/> Strongly disagree</p>
<p>d. Your Hispanic or Latino heritage is important in your life.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ2D</p> <p>2 <input type="checkbox"/> Agree</p> <p>3 <input type="checkbox"/> Somewhat agree</p> <p>4 <input type="checkbox"/> Somewhat disagree</p> <p>5 <input type="checkbox"/> Disagree</p> <p>6 <input type="checkbox"/> Strongly disagree</p>
<p>e. You are more comfortable in social situations where other Hispanics or Latinos are present.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ2E</p> <p>2 <input type="checkbox"/> Agree</p> <p>3 <input type="checkbox"/> Somewhat agree</p> <p>4 <input type="checkbox"/> Somewhat disagree</p> <p>5 <input type="checkbox"/> Disagree</p> <p>6 <input type="checkbox"/> Strongly disagree</p>
<p>f. You are proud of your Hispanic or Latino heritage.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ2F</p> <p>2 <input type="checkbox"/> Agree</p> <p>3 <input type="checkbox"/> Somewhat agree</p> <p>4 <input type="checkbox"/> Somewhat disagree</p> <p>5 <input type="checkbox"/> Disagree</p> <p>6 <input type="checkbox"/> Strongly disagree</p>
<p>g. Your Hispanic or Latino background plays a big part in how you interact with others.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ2G</p> <p>2 <input type="checkbox"/> Agree</p> <p>3 <input type="checkbox"/> Somewhat agree</p> <p>4 <input type="checkbox"/> Somewhat disagree</p> <p>5 <input type="checkbox"/> Disagree</p> <p>6 <input type="checkbox"/> Strongly disagree</p>
<p>h. Your values, attitudes and behaviors are shared by people of Hispanic or Latino origin.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ2H</p> <p>2 <input type="checkbox"/> Agree</p> <p>3 <input type="checkbox"/> Somewhat agree</p> <p>4 <input type="checkbox"/> Somewhat disagree</p> <p>5 <input type="checkbox"/> Disagree</p> <p>6 <input type="checkbox"/> Strongly disagree</p>

<p>3a. (SHOW FLASHCARD 36)</p> <p>Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because you are Hispanic or Latino.</p>		<p>b. About how often did this happen BEFORE 12 months ago?</p>
<p>(1) During the last 12 months, about how often did you experience discrimination in your ability to obtain health care or health insurance coverage because you are Hispanic or Latino?</p>	<p>1 <input type="checkbox"/> Never N2EQ3A1</p> <p>2 <input type="checkbox"/> Almost never</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>4 <input type="checkbox"/> Fairly often</p> <p>5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ3B1</p> <p>2 <input type="checkbox"/> Almost never</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>4 <input type="checkbox"/> Fairly often</p> <p>5 <input type="checkbox"/> Very often</p>
<p>(2) During the last 12 months, about how often did you experience discrimination in how you were treated when you got care because you are Hispanic or Latino?</p>	<p>1 <input type="checkbox"/> Never N2EQ3A2</p> <p>2 <input type="checkbox"/> Almost never</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>4 <input type="checkbox"/> Fairly often</p> <p>5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ3B2</p> <p>2 <input type="checkbox"/> Almost never</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>4 <input type="checkbox"/> Fairly often</p> <p>5 <input type="checkbox"/> Very often</p>

Section 2E - Background Information II (Continued)

<p><i>(SHOW FLASHCARD 36)</i></p> <p>3a. Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because you are Hispanic or Latino.</p>	<p>b. About how often did this happen BEFORE 12 months ago?</p>	
<p>(3) During the last 12 months, about how often did you experience discrimination in public, like on the street, in stores, or in restaurants, because you are Hispanic or Latino?</p>	<p>1 <input type="checkbox"/> Never N2EQ3A3 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ3B3 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>(4) During the last 12 months, about how often did you experience discrimination because you are Hispanic or Latino in ANY other situation, like obtaining a job or on the job, getting admitted to a school or training program, in the courts or by the police, or obtaining housing?</p>	<p>1 <input type="checkbox"/> Never N2EQ3A4 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ3B4 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>(5) During the last 12 months, about how often were you called a racist name because you are Hispanic or Latino?</p>	<p>1 <input type="checkbox"/> Never N2EQ3A5 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ3B5 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>(6) During the last 12 months, about how often were you made fun of, picked on, pushed, shoved, hit or threatened with harm because you are Hispanic or Latino?</p>	<p>1 <input type="checkbox"/> Never N2EQ3A6 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ3B6 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>CHECK ITEM 2.28 Are all items (1) - (6) in 3a AND 3b marked "1" OR "Never" OR D OR R?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 17a</i> 2 <input type="checkbox"/> No</p>	<p align="right">N2ECK228</p>
<p>3c. When you are treated unfairly because you are Hispanic or Latino, do you usually accept it as a fact of life, or do you try to do something about it?</p>	<p>1 <input type="checkbox"/> Accept it 2 <input type="checkbox"/> Try to do something about it</p>	<p align="right">N2EQ3C</p>
<p>d. When you are treated unfairly because you are Hispanic or Latino, do you usually talk to other people about it, or do you keep it to yourself?</p>	<p>1 <input type="checkbox"/> Talk to other people 2 <input type="checkbox"/> Keep it to yourself } <i>SKIP to 17a</i></p>	<p align="right">N2EQ3D</p>
<p>CHECK ITEM 2.29 <i>(Refer to 1f, Section 1.)</i> Is respondent Asian or Pacific Islander?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>	<p align="right">N2ECK229</p>
<p>4a. You mentioned earlier that you are of Asian or Pacific Islander origin. By Asian origin or heritage, I mean Chinese, Japanese, Indian, Filipino, Korean, Vietnamese and other Asian background and by Pacific Islander, I mean native Hawaiian, Samoan, Guamanian or other Pacific Islander. Now I'd like to ask you some questions about your Asian or Pacific Islander origin or heritage.</p> <p>Do you currently speak an Asian or Pacific Islander language or did you speak an Asian or Pacific Islander language when you were growing up?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i></p>	<p align="right">N2EQ4A</p>
<p>b. Which language is that?</p>	<p align="center">_____</p> <p align="center">Specify</p>	<p align="right">N2EQ4B</p>

Section 2E – Background Information II (Continued)

<i>(SHOW FLASHCARD 33)</i>		
5a. As I read each question, please tell me what category on the card best describes your answer. How often do you speak English?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5A
b. How often do you speak English with your friends?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5B
c. How often do you think in English?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5C
d. How often do you speak in (language in 4b)?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5D
e. How often do you speak in (language in 4b) with your friends?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5E
f. How often do you think in (language in 4b)?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5F
g. How often do you watch television programs in English?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5G
h. How often do you listen to radio programs in English?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5H
i. How often do you listen to music in English?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5I
j. How often do you watch television programs in (language in 4b)?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5J
k. How often do you listen to radio programs in (language in 4b)?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5K
l. How often do you listen to music in (language in 4b)?	1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always	N2EQ5L
<i>(SHOW FLASHCARD 34)</i>		
m. How well do you speak English?	1 <input type="checkbox"/> Very poorly 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well	N2EQ5M
n. How well do you read in English?	1 <input type="checkbox"/> Very poorly 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well	N2EQ5N

Section 2E – Background Information II (Continued)

<p><i>(SHOW FLASHCARD 34)</i></p> <p>50. How well do you understand television programs in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ50 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>p. How well do you understand radio programs in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ5P 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>q. How well do you write in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ5Q 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>r. How well do you understand music in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ5R 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>s. How well do you speak (language in 4b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ5S 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>t. How well do you read in (language in 4b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ5T 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>u. How well do you understand television programs in (language in 4b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ5U 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>v. How well do you understand radio programs in (language in 4b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ5V 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>w. How well do you write in (language in 4b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ5W 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>x. How well do you understand music in (language in 4b)?</p>	<p>1 <input type="checkbox"/> Very poorly 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p> <p style="text-align: right;">} <i>SKIP to 9a</i> N2EQ5X</p>
<p>6a. Do you currently speak a non-English language associated with your origin or heritage or did you speak such a non-English language when you were growing up?</p> <p><i>(Do not count English as spoken by those from England, Australia, Ireland, etc.)</i></p>	<p>1 <input type="checkbox"/> Yes N2EQ6A 2 <input type="checkbox"/> No - <i>SKIP to 9a</i></p>
<p>b. Which language is that?</p>	<p>_____ N2EQ6B Specify</p>
<p><i>(SHOW FLASHCARD 33)</i></p> <p>7a. As I read each question, please tell me what category on the card best describes your answer.</p> <p>How often do you speak English?</p>	<p>1 <input type="checkbox"/> Almost never N2EQ7A 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>
<p>b. How often do you speak English with your friends?</p>	<p>1 <input type="checkbox"/> Almost never N2EQ7B 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>

Section 2E – Background Information II (Continued)

<p><i>(SHOW FLASHCARD 33)</i></p> <p>7c. How often do you think in English?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7C</p>
<p>d. How often do you speak in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7D</p>
<p>e. How often do you speak in (language in 6b) with your friends?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7E</p>
<p>f. How often do you think in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7F</p>
<p>g. How often do you watch television programs in English?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7G</p>
<p>h. How often do you listen to radio programs in English?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7H</p>
<p>i. How often do you listen to music in English?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7I</p>
<p>j. How often do you watch television programs in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7J</p>
<p>k. How often do you listen to radio programs in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7K</p>
<p>l. How often do you listen to music in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Almost never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Almost always</p>	<p align="right">N2EQ7L</p>
<p><i>(SHOW FLASHCARD 34)</i></p> <p>m. How well do you speak English?</p>	<p>1 <input type="checkbox"/> Very poorly 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>	<p align="right">N2EQ7M</p>
<p>n. How well do you read in English?</p>	<p>1 <input type="checkbox"/> Very poorly 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>	<p align="right">N2EQ7N</p>
<p>o. How well do you understand television programs in English?</p>	<p>1 <input type="checkbox"/> Very poorly 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>	<p align="right">N2EQ7O</p>
<p>p. How well do you understand radio programs in English?</p>	<p>1 <input type="checkbox"/> Very poorly 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>	<p align="right">N2EQ7P</p>

Section 2E - Background Information II (Continued)

<p><i>(SHOW FLASHCARD 34)</i></p> <p>7q. How well do you write in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ7Q 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>r. How well do you understand music in English?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ7R 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>s. How well do you speak (language in 6b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ7S 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>t. How well do you read in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ7T 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>u. How well do you understand television programs in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ7U 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>v. How well do you understand radio programs in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ7V 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>w. How well do you write in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ7W 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p>x. How well do you understand music in (language in 6b)?</p>	<p>1 <input type="checkbox"/> Very poorly N2EQ7X 2 <input type="checkbox"/> Poorly 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well</p>
<p><i>(SHOW FLASHCARD 35)</i></p> <p>9a. Looking at the card, please tell me what category best describes your level of agreement with each of the following statements.</p> <p>You have a strong sense of yourself as a member of your race/ethnic group.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ9A 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>
<p>b. You identify with other people from your race/ethnic group.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ9B 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>
<p>c. Most of your close friends are from your race/ethnic group.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ9C 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>
<p>d. Your race/ethnic heritage is important in your life.</p>	<p>1 <input type="checkbox"/> Strongly agree N2EQ9D 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>

Section 2E - Background Information II (Continued)

<p><i>(SHOW FLASHCARD 35)</i></p> <p>9e. You are more comfortable in social situations where others are present from your racial/ethnic group.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>	<p align="right">N2EQ9E</p>
<p>f. You are proud of your race/ethnic heritage.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>	<p align="right">N2EQ9F</p>
<p>g. Your race/ethnic background plays a big part in how you interact with others.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>	<p align="right">N2EQ9G</p>
<p>h. Your values, attitudes and behaviors are shared by most members of your race/ethnic group.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Somewhat agree 4 <input type="checkbox"/> Somewhat disagree 5 <input type="checkbox"/> Disagree 6 <input type="checkbox"/> Strongly disagree</p>	<p align="right">N2EQ9H</p>

<p><i>(SHOW FLASHCARD 36)</i></p> <p>10a. Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race or ethnicity.</p>		<p>b. About how often did this happen BEFORE 12 months ago?</p>
<p>(1) During the last 12 months, about how often did you experience discrimination in your ability to obtain health care or health insurance coverage because of your race or ethnicity?</p>	<p>1 <input type="checkbox"/> Never N2EQ10A1 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ10B1 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>(2) During the last 12 months, about how often did you experience discrimination in how you were treated when you got care because of your race or ethnicity?</p>	<p>1 <input type="checkbox"/> Never N2EQ10A2 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ10B2 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>(3) During the last 12 months, about how often did you experience discrimination in public, like on the street, in stores, or in restaurants, because of your race or ethnicity?</p>	<p>1 <input type="checkbox"/> Never N2EQ10A3 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ10B3 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>(4) During the last 12 months, about how often did you experience discrimination because of your race or ethnicity in ANY other situation, like obtaining a job or on the job, getting admitted to a school or training program, in the courts or by the police, or obtaining housing?</p>	<p>1 <input type="checkbox"/> Never N2EQ10A4 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ10B4 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>(5) During the last 12 months, about how often were you called a racist name because of your race or ethnicity?</p>	<p>1 <input type="checkbox"/> Never N2EQ10A5 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ10B5 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>

Section 2E – Background Information II (Continued)

<p><i>(SHOW FLASHCARD 36)</i></p> <p>10a. About how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race or ethnicity.</p>		<p>b. About how often did this happen BEFORE 12 months ago?</p>
<p>(6) During the last 12 months, about how often were you made fun of, picked on, pushed, shoved, hit or threatened with harm because of your race or ethnicity?</p>	<p>1 <input type="checkbox"/> Never N2EQ10A6 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>	<p>1 <input type="checkbox"/> Never N2EQ10B6 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Fairly often 5 <input type="checkbox"/> Very often</p>
<p>CHECK ITEM 2.30 Are all items (1) - (6) in 10a AND 10b marked "1" OR "Never" OR D OR R?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 17a</i> N2ECK230 2 <input type="checkbox"/> No</p>	
<p>11. When you are treated unfairly because of your race or ethnicity, do you usually accept it as a fact of life, or do you try to do something about it?</p>	<p>1 <input type="checkbox"/> Accept it N2EQ11 2 <input type="checkbox"/> Try to do something about it</p>	
<p>12. When you are treated unfairly because of your race or ethnicity, do you usually talk to other people about it, or do you keep it to yourself?</p>	<p>1 <input type="checkbox"/> Talk to other people N2EQ12 2 <input type="checkbox"/> Keep it to yourself</p>	
<p>CHECK ITEM 2.31A Does respondent have no children (11a = 0 or 11a = D OR R in Section 1)?</p>	<p>1 <input type="checkbox"/> Yes- <i>SKIP to 18a</i> N2ECK231A 2 <input type="checkbox"/> No</p>	
<p>17a. Do you have any grown children, that is, children 18 years of age or older?</p>	<p>1 <input type="checkbox"/> Yes N2EQ17A 2 <input type="checkbox"/> No - <i>SKIP to 18a</i></p>	
<p>b. How many of your grown children do you see or talk to on the phone or internet at least once every 2 weeks? (If more than 15 enter 15.)</p>	<p>_____ Number N2EQ17B</p>	
<p>18a. Are any of your parents or other people who raised you still living?</p>	<p>1 <input type="checkbox"/> Yes N2EQ18A 2 <input type="checkbox"/> No - <i>SKIP to Check Item 2.31B</i></p>	
<p>b. Do you see or talk on the phone or internet to any of your parents or other people who raised you at least once every 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes N2EQ18B 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM 2.31B Does 9a = 1 OR 2 in Section 1?</p>	<p>1 <input type="checkbox"/> Yes N2ECK231B 2 <input type="checkbox"/> No - <i>SKIP to 20a</i></p>	
<p>19a. Are any of your (spouse's/partner's) parents or any other people who raised your (spouse/partner) still living?</p>	<p>1 <input type="checkbox"/> Yes N2EQ19A 2 <input type="checkbox"/> No - <i>SKIP to 20a</i></p>	
<p>b. Do you see or talk on the phone or internet to them at least once every 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes N2EQ19B 2 <input type="checkbox"/> No</p>	
<p>20a. How many of your other relatives, not counting spouses, partners, children, parents, or parents-in-law, do you feel close to?</p>	<p>0 <input type="checkbox"/> None - <i>SKIP to 21a</i> N2EQ20A OR _____ Number</p>	
<p>b. How many of these relatives do you see or talk to on the phone or internet at least once every 2 weeks?</p>	<p>_____ Number N2EQ20B</p>	
<p>21a. How many close friends do you have?</p>	<p>0 <input type="checkbox"/> None - <i>SKIP to 22a</i> OR _____ Number N2EQ21A</p>	
<p>b. How many of these friends do you see or talk to on the phone or internet at least once every 2 weeks?</p>	<p>_____ Number N2EQ21B</p>	
<p>22a. Do you attend any classes, that is at school, a university, technical training or adult education classes, on a regular basis?</p>	<p>1 <input type="checkbox"/> Yes N2EQ22A 2 <input type="checkbox"/> No - <i>SKIP to Check Item 2.32</i></p>	
<p>b. How many fellow students or teachers do you talk to socially at least once every 2 weeks, not counting brief encounters at school?</p>	<p>_____ Number N2EQ22B</p>	
<p>CHECK ITEM 2.32 <i>(Refer to 12, Section 1.)</i> Is respondent currently employed either part-time or full-time? (12 = 1-5)?</p>	<p>1 <input type="checkbox"/> Yes N2ECK232 2 <input type="checkbox"/> No - <i>SKIP to 24</i></p>	

Section 2E - Background Information II (Continued)

<p>23. How many people do you work with that you talk to socially at least once every 2 weeks, not counting brief encounters at work?</p>	<p align="center">_____ Number</p> <p align="right">N2EQ23</p>
<p>24. How many of your neighbors do you visit or talk to at least once every 2 weeks, not counting brief encounters?</p>	<p align="center">_____ Number</p> <p align="right">N2EQ24</p>
<p>25a. Are you currently involved in regular volunteer work or community service?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 26a</i></p> <p align="right">N2EQ25A</p>
<p>b. How many people involved in this volunteer work or community service do you talk to socially at least once every 2 weeks, not counting brief encounters at your volunteer work?</p>	<p align="center">_____ Number</p> <p align="right">N2EQ25B</p>
<p>26a. Not counting religious groups or volunteer groups you may have already told me about, do you belong to any other groups, such as social clubs, recreational groups, trade unions, commercial groups, professional organizations, or groups concerned with children like the PTA or Boy Scouts?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 27a</i></p> <p align="right">N2EQ26A</p>
<p>b. How many of these groups do you belong to?</p>	<p align="center">_____ Number</p> <p align="right">N2EQ26B</p>
<p>c. (Thinking about ALL of these other groups together), about how many members of (this group/these other groups) do you talk to socially at least once every 2 weeks, not counting brief encounters at these group meetings?</p>	<p align="center">_____ Number</p> <p align="right">N2EQ26C</p>
<p><i>(SHOW FLASHCARD 37)</i></p>	
<p>27a. Now I'm going to read you a few statements and I would like to know how well they describe you.</p> <p>Look at the categories on the card and tell me how true or how false these statements are about you.</p> <p>If I wanted to go on a trip for a day, like to the country, city, mountains or beach, I would have a hard time finding someone to go with me.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p> <p align="right">N2EQ27A</p>
<p>b. I feel that there is no one I can share my most private worries and fears with.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p> <p align="right">N2EQ27B</p>
<p>c. If I were sick, I know I would find someone to help me with my daily chores.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p> <p align="right">N2EQ27C</p>
<p>d. There is someone I can turn to for advice about handling problems with my family.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p> <p align="right">N2EQ27D</p>
<p>e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p> <p align="right">N2EQ27E</p>
<p>f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p> <p align="right">N2EQ27F</p>
<p>g. I don't often get invited to do things with others.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p> <p align="right">N2EQ27G</p>

Section 2E - Background Information II (Continued)

<p>27h. (SHOW FLASHCARD 37)</p> <p>If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment, like taking care of my plants, garden or pets, getting the mail or watching the house in general.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p>	<p>N2EQ27H</p>
<p>i. If I wanted to have lunch with someone, I could easily find someone to join me.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p>	<p>N2EQ27I</p>
<p>j. If I were stranded 10 miles from home, someone I know would come and get me.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p>	<p>N2EQ27J</p>
<p>k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p>	<p>N2EQ27K</p>
<p>l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.</p>	<p>1 <input type="checkbox"/> Definitely false 2 <input type="checkbox"/> Probably false 3 <input type="checkbox"/> Probably true 4 <input type="checkbox"/> Definitely true</p>	<p>N2EQ27L } Go to Section 3A</p>