01

STRONG HEART — FAMILY STUDY GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

CULTURAL FACTORS QUESTIONNAIRE

SHS	Family I.D.		SHS. I.D.:					
How is this questionnaire administered? By interviewer 1 By self 2 Refused 8 (If you are not an American Indian, check refused.) Traditional Values/Culture:								
1.	How well do you understand your Indian language? Read responses (check one).							
	Not at all 1 A little bit 2 Almost everything 3 Everything 4							
	(If NOT AT ALL, skip to Q4)							
2.	Can you speak your native language (interviewer should specify the language)?							
	Yes, fluently 1	Yes, but not fluen	tly 2	No 3 (Skip to Q4)				
3.	How often do you speak your native language? (Please read options.)							
	Always 1 A	lmost always 2	Often	3				
	Seldom 4 No	ever 5	Not applicable	e 6				
The n	ext several questions are abo	out your own native lif	estyle.					
4.	How much do you identify yourself with your own tribal tradition?							
	Not At All 1			A Lot 4				
5.	How much do you identify yourself with non-Indian culture?							
	Not At All 1	A Little 2	Some 3	A Lot 4				
6.	How comfortable do you feel in your own tribal tradition?							
	Not At All 1	A Little 2	Some 3	A Lot 4				
7.	How comfortable do you feel in the non-Indian culture?							
	Not At All 1	A Little 2	Some 3	A Lot 4				
8.	Interviewer/Reviewer:			Î				
9.	Date of interview:		1//	day yr				

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10	21	Claims
	51	100
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	Strongly Disagree 0	Disagree 1	Agree 2	Strongly Agree
My physical well-being depends on how well I take care of myself.	0	1	2	3
13. When I feel ill, I know it is because I h not been taking care of myself proper		1 1	2	3
14. The type of care I receive from other is what is responsible for how well Ire from an illness.		<u> </u> 1	2	3
15. Even when I take care of myself, it's easy to get sick.	0	11	2	3
16. When I become ill, it's a matter of fat	e. 0	11	2	3
17. I can pretty much stay healthy by taki good care of myself.	ng 0	1	2	3
18. Following doctor's orders to the letter the best way for me to stay healthy.	is 0	1	2	3
19. Interviewer/ Reviewer:				İ
20. Date of interview:		mo	/ /	yr yr