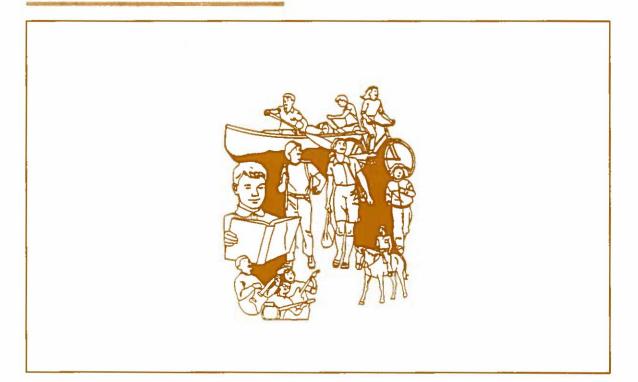
Health Status of the Population of Guam:

An Analytical Discussion of Selected Life Style Patterns

Community Development Report No. 16 June 10, 1985



A Collaborative Project between Community Development Institute, Cooperative Extension Service and Guam Health Planning and Development Agency

Community Development Institute, College of Agriculture and Life Sciences University of Guarn, Mangilao, Guarn 96923

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Community Development Institute
Cooperative Extension Service
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Volume Five Community Development Report No. 16

Community Development Institute
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SECTION ONE

HEALTH BEHAVIOR PATTERNS: A DEMOGRAPHIC OVERVIEW

1.1 Survey Origin and Goal

The Islandwide Health Behavior Patterns Survey originated following acceptance by the Guam Health Planning and Development Agency (GHPDA) of an application prepared by the Community Fevelopment Institute (CDI), College of Agriculture and Life Sciences (CALS) and submitted by the University of Guam (UOG). An Interagency Agreement was affirmed in late September 1983.

The Agreement called for an islandwide survey to determine the health behavior patterns of the civilian population of Guam. In 1980 CDI completed a Health Needs Assessment of the northern part of the island (1). The study concentrated on 400 families in the village districts of Yigo, Dededo and Tamuning. At that time discussions by the Guam Health Coordinating Council centered on the need for a similar health assessment of the entire island population. The findings from such a study could provide relatively current information for reviewing and, as necessary, revising the Guam Health Plan. Before this. selected health data had been obtained from an islandwide CDI survey of households having at least one child in the 18 to 36 months age range (2). The purpose of the Department of Public Health and Social Services (DPHSS) sponsored study was to establish immunization levels for children under 10 years of age. The analysis involved 2,727 children from 1,237 households.

This report is the fifth publication of findings from the Islandwide Health Behavior Patterns Survey. As such, it is the culmination of nearly one and one-half years of research effort extending from the time of this survey project application on through the joint design and development of the data collection instrument, the interviewing and data analysis processes to the writing and actual publication.

This publication represents one of five volumes intended s a means of feedback to GHPDA following the initial general analysis of survey findings. The focus of this volume is on selected lifestyle patterns associated with physical and mental health and personal safety.

1.2 Sponsorship and Coordination

The islandwide health behavior study was made possible through the coordination and collaborative efforts of several significant groups. The administration and professional staff of the Guam Health Planning and Development Agency along with the Community Development Institute team jointly met during the initial phase of the project. Regular work sessions were held until such time that the design and development of the data collection instrument was completed. Intermittent written reports were submitted and small group meetings concerning the progress and status of the study were held involving GHPDA and CDI. Some changes in key personnel occurred during the study, and at times others were off-island. However, replacement personnel were not unfamiliar with GHPDA/CDI and/or the health status survey. As a result, therefore, work on this health

status study progressed, although we were not able to move ahead as rapidly as originally planned.

Due to limited funding from GHPDA and the nature and scope of the study, the project was also of interest to the Cooperative Extension Service (CES) at the University of Guam. To this end, CES provided Smith-Lever Act direct funding and professional personnel, thus joining the GHPDA in implementing the islandwide health behavior study. By combining resources of both GHPDA and CES a more comprehensive study was made possible.

The University of Guam Computer Center also played a very significant role in the project. Due to the extreme volume of survey data produced, major adjustments to operating schedules of the Computer Center staff (as well as intensive and extensive work sessions) were required to develop a means whereby the massive data set of approximately 36,632 record lines could be entered and analyzed. The large amount of information was generated as a result of treating every individual in the household as a research subject—in contrast to using only the head of the household. In effect, this design generated at least five times as much additional information. This in turn resulted in complicated situations that were not anticipated during the formation of the study.

1.3 Method and Procedure

A general overview of the method and procedure of this islandwide health survey follows. A more detailed explanation of the sample design and sample unit is included in Appendix B.

1.3.1 Sample

The health behavior study sample was drawn so that all 19 village districts would be proportionately represented accordance with the civilian population totals reported within the 1980 Federal Census of Guam (3). The proportionate representation took into account the more densely populated census designated places (CDP's) as well as the lesser populated cutlying parts of the village districts. Houses located on and currently held by the federal government were not sampled. In addition, those places that provide quarters for the institutionalized were not included in the population of housing Therefore, the 400 households selected for this study involved a geographically stratified two-step proportionate systematic random sampling procedure. The 400 sample units represented a ratio of one-in-fifty-nine or 1.7% of the 23,549 households available. A sample of this magnitude was determined to be of sufficient size to enable generalizing to the total civilian population. Aerial photography maps were utilized to locate housing units for drawing the sample as well as for location guides by the CDI interviewers. Because multiple residential units such as the Alupang Cove complex appeared as one building on aerial maps, families residing in condominium/ apartment units were underrepresented in the study. Single houses in those same village districts tended to be somewhat overrepresented. The bias, if any, that this sampling discrepancy may have contributed to the overall study was limited only to the extent families in those two types of dwelling differed.

All the apartments within a major housing complex were counted as individual households during the 1980 Federal Census for determining the total number of household units within the village. Therefore, for a village district such as Tamuning, single-dwelling residential homes were proportionately overrepresented in the study to the extent that multiple apartment units and condominiums were undersampled. This sampling concern was recognized and discussed in advance of the study by the GHPDA/CDI project planning team but was not considered to be of such a nature as to require altering or redesigning of the sample design for the study.

1.3.2 Survey Instrument

The GHPDA/CDI health study project team developed the personal interview schedule during a series of intensive work sessions which often involved extensive discussions of particular items to be included. Generally, questions were included that paralleled a prior national health study while keeping in mind the specific health questions and concerns of GHPDA.

As usual, questions were dropped, redesigned or rewritten following several field pre-tests. A copy of the survey instrument used in the study is included in the appendices.

1.3.3 Data Collection and Analysis

Interviewers having prior successful field interviewing experience with CDI were called upon to do the bulk of the data gathering for this Islandwide Health Behavior Patterns Survey. Those who were new to this type of work were given very intensive training.

A problem was encountered during the field work phase when a new public law concerning dual employment was enforced. In particular, public school teachers and clerical personnel were unable to be hired as interviewers even though the survey work was to be done during late afternoon, early evening or weekend hours.

The majority of the 400 interviews were completed from late February to early May of 1984. The greatest difficulties nountered were locating the designated sample households, (especially in the less populated areas away from the village centers) and interviewer fatigue. With few exceptions most individuals found it very difficult to continue field interview work beyond 10 to 20 completed interviews. This held true even with an incentive-based pay rate that increased after every nth interview successfully completed. A total of 18 interviewers were utilized. Women in the 35 to 50 age range seemed to be more productive interviewers. Their ethnicity did not appear to be a factor related to successful work.

Generally, excellent cooperation was received from the interviewees, and little difficulty in the gathering of the field data was experienced. The extremely low rate of non-responses to personal questions such as income earned tends to support this claim.

In order to ensure the validity of information received, follow-up contacts were made by the CDI team with subjects who had been interviewed. Approximately 10.0% of all interviewees were contacted to determine the accuracy of the information

obtained during the interviews. In addition, this follow-up strategy provided an excellent check on the manner in which the interviewers had presented themselves and, in general, if they had been professional in their assignment.

Because of the volume of data generated in this study several additional computer science students at the university were employed to assist with the coding and data entry which was begun and continued simultaneously with the field interview rocess. As previously noted, the 1,928 subjects from the 400 households were treated as individual sample cases when coding interview information for analysis by the university mainframe computer. This generated an extremely large data set of approximately 36,632 record lines. Unfortunately, the size of the data file members that can be utilized by the Interactive Computer Control Facility (ICCF) of the University's Computer Center is limited to 5,000 record lines. A more detailed discussion of this technical data analysis problem encountered and it's eventual solution is included in the appendices.

Staff initially planned to use the Statistical Package for the Social Sciences (SPSS) to analyze data, but the Statistical Analysis System (SAS) was used due to uncertainty of the University's ability to maintain rental on the SPSS program. Analysis of data was still halted for about a week when the rental of the SAS program expired.

1.3.4 Validity and Reliability

The findings of the health survey are believed to be both valid and reliable within acceptable limits. As noted earlier,

interviewee follow-ups were made by phone and in person with approximately 10.0% of the households. The feedback was most positive. In addition, throughout the report various findings of this study are compared with similar data from the 1980 Federal Census of Guam and other CDI studies and are used as measures of accuracy.

When considering the very adequate sample size, in addition to the above observations, it is believed that the results reported in the following chapters can be viewed as very good estimates of the true situations as they existed in the civilian population of the island at the time data were collected.* Caution needs to be taken, however, when interpreting data on a village-by-village basis in view of the smaller number of households sampled in lesser populated village districts. Even though the sampling was proportionate to the total number of households on a village-by-village basis, the statistical chance of less accuracy obviously occurs when the raw sample size is small; for example, the village of Umatac. To help reduce that type of potential sampling error, the data in the following sections of this report have been analyzed on a geographical regional basis, also.

The possible bias of oversampling single dwelling houses and underrepresenting condominium and large apartment complex dwellings, especially in Tamuning, should also be considered when reviewing the findings. For example, if those who reside in the apartment units and condominiums are more homogeneous

^{*} See Appendix B, Table 57

in regard to certain characteristics such as ethnicity, age, length of stay on the island, level of income, number per household, and so forth then those characteristics would be proportionately affected when reported for the entire village or island. Apartment dwellers on Guam have generally been younger individuals than those residing in single family homes. Therefore, the type of over/undersampling mentioned here could result in a slightly higher percentage of older individuals being included in the study.

1.4 Disclaimer

One factor which is always a concern of any survey of a sample of the population is the representativeness of subjects contacted. In addition, the time frame required to complete a study—from the initial team discussions until the published report is delivered—is most always longer than anticipated. In an atmosphere of considerable dynamic change that can and does occur on an island such as Guam, information is often outdated or somewhat less relevant, in part, by changes in the social environment and system studied before the final presentation is made. The users of such information, therefore, need to interpret that information accordingly—in light of known changes that have taken place. New information utilized in this manner should be very useful for decision making and planning purposes.

Finally, the views and interpretations presented in this report are those of the writer and do not necessarily represent the view of the Guam Health Planning and Development Agency.

1.5 Form of Report

This report is presented in six sections, or chapters. Section One introduces the study origin and general objectives. Also discussed here is the interagency coordination which was involved, along with a summary of methodology the team employed in collecting and analyzing the survey information. A brief overview of the validity and reliability of the data is also included in the initial section of this report. Section Two resents information pertaining to physical health. More specifically, life-style aspects of smoking tobacco, drinking alcohol and eating seasoned food are discussed. The focus in Section Three pertains more to mental health. The use of medicines and drugs are analyzed as are levels of frustration. Exercise as a means of improving physical and mental health is the topic of Section Four, while personal safety is reviewed in Section Five. A brief summary of the findings is presented in Section Six which is the final section.

In an attempt to avoid duplication of material, and yet retain relevant information, considerable detailed information such as the sample design and sample unit selection procedure, the interview schedule, and flash cards are included in the appendices. For ease in preparing and reading this report, references cited also appear in the appendices along with definitions of key words and terms.

Percentage totals in the various data tables may exceed or be less than 100 by a decimal fraction of 0.1, due to mathematical rounding of numbers.

1.6 Acknowledgment

The CDI team would like to extend its appreciation for the outstanding support, understanding, and cooperation of all personnel from GHPDA, the CES, CALS and UOG administration, the UOG Computer Center, the work crew of faithful interviewers and dedicated data analysts. Last, but certainly not least, a heartfelt Si Yuus Maase to the clerical and office support staff for the numerous routine responsibilities performed—in particular, typing of this report.

Although too numerous to list here, appreciation and gratitude is extended to the 400 household representatives who volunteered approximately an hour of their precious time providing the basic information for the study. Obviously, without their excellent cooperation and honesty, this study would not have been possible.

SECTION TWO

PHYSICAL HEALTH: SMOKING, DRINKING AND EATING LIFE-STYLE PATTERNS

2.1 Introduction

In an effort to gain a better understanding of the physical level of well-being of the island population, several ersonal life-style traits were analyzed. Interviewees were asked to respond to Questions 21-23 and 27-31 regarding the regular use of tobacco, alcohol and seasonings on foods eaten.*

The adult respondents from the 400 randomly selected households answered the personal interview questions for themselves as well as their respective households. The data presented in this volume of the five-report series, therefore, apply to the total sample of 1,928. However, in certain instances infants and other children who were 15 years old or younger were removed from the data set to make selected findings presented in this section more meaningful.

2.2 Use of Tobacco

2.2.1 Number of Smokers and Personal-Social Characteristics

The subjects were asked in Question 21 if anyone in their household regularly smoked tobacco. Nearly one-fourth (23.1%) of the entire study group of 1,928 were reported as smokers. The percentage was recomputed for the 1,253 individuals who

^{*}See Appendix C

were age 16 or older and found to be 35.3--over one-third of the adult population (Table 1). This procedure involved omitting four cases.

TABLE 1. Regularly Smoke Tobacco

	All Ind:	ividuals	Individuals	Age 16	
Smoke Tobacco	f	ક	f	8	
Yes	446	23.1	442	35.3	
No	1,482	76.9	811	64.7	
TOTAL	1,928	100.0	1,253	100.0	

Tables 2, 3, and 4 present analyses of the personal-social characteristics of <u>gender</u>, <u>ethnicity</u>, and <u>age</u> to show if an association or "correlation" between the characteristics and the use of tobacco existed. The information in the tables indicates the percent of smokers and non-smokers <u>within</u> a given subgroup. This differs from the presentation in Table 5 which clearly points out the relationship <u>among</u> the sample categories.

TABLE 2. Regularly Smoke Tobacco by Gender

	Gender (N=1,253)						
	Ma	ale	Fe	male			
Smoke Tobacco	f	8	f	8			
Yes	294	46.1	148	24.1			
No	344	53.9	467	75.9			
TOTAL	638	100.0	615	100.0			

TABLE 3. Regularly Smoke Tobacco by Ethnicity

	Ethnicity (N=1,258)												
Smoke	Chamorro		Filipino		Cau	Caucasian		ner anders	a Asian		All	Others	
Tobacco	f	ક	f	8	f	ક	f	8	f	8	f	8	
Yes	291	41.5	90	23.4	19	33.3	10	32.3	12	40.0	20	41.7	
No	411	58.5	295	76.6	_38	66.7	_21	67.7	_18	60.0	_28	58.3	
TOTAL	702	100.0	385	100.0	57	100.0	31	100.0	30	100.0	48	100.0	

Upon reviewing Tables 2 and 5 more closely it may be observed that nearly one-half (46.1%) of the adult males smoked, while for the females the figure was slightly less than one-fourth (24.1%). Among the smokers (Table 5) the sex ratio was two males to every one female.

Filipinos were least likely to be smokers (23.4%), while one-third of the Caucasians and Other Islanders indicated that they smoked (Table 3). The Chamorros, Asians and All Others were most likely to be users of tobacco (40.0-42.0% of their ethnic groups). Not only were Chamorros among those most likely to be smokers, they also comprised two-thirds (65.8%) of all smokers (Table 5). Shown in Table 4 is the age distribution of all smokers. As may be noted, the proportion of smokers in each of the selected age categories increased from early to mid-life and then fell off in later years.

TABLE 4. Regularly Smoke Tobacco by Age (16+)

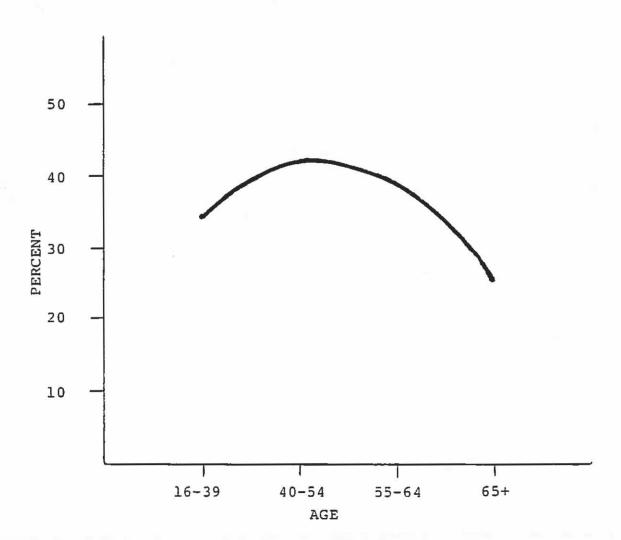
	Age (N=1,253)												
Smoke	1	6-39	40	-54	55	-64	65+						
Tobacco	f	8	f	8	f	8	f	8					
Yes	244	34.4	112	41.2	60	38.0	26	23.0					
No	<u>466</u>	65.6	160	58.8	98	62.0	_87	77.0					
TOTAL	710	100.0	272	100.0	158	100.0	113	100.0					

The "smoker age curve" appears in Figure 1. The final data set in Table 5 shows that more than one-half (55.2%) of

TABLE 5. Number and Percent of Tobacco Smokers by Gender, Ethnicity and Age (16+)

	Indiv	iduals
Characteristics	f	8
Gender		
Male Female	294	66.5
remate	148	33.5
TOTAL	442	100.0
Echnicity		
Chamorro	291	65.8
Filipino	90	20.4
Caucasian Other Islanders	19 10	4.3 2.3
Asians	12	2.7
All Others	_20	4.5
TOTAL	442	100.0
<u>Age</u>		
16 - 39	244	55.2
40 - 54 55 - 64	112 60	25.3 13.6
65 +	26	5.9
TOTAL	442	100.0

FIGURE 1. Smoker Age Curve



all smokers in this islandwide study were in the 16 to 39 age range. Another one-fourth of the tobacco users were in the late mid-life category of 40 to 54 years.

2.2.2 Smoking Tenure

The number of years the 446 individuals had been smoking was also obtained. Data on regular smokers, including the four youths who were less than 16 years old, make up Table 6. Shown in Table 7 is a complete listing of the number of years individuals had smoked, along with the number of individuals and the percentage of the subgroup that they represented.

The number of years individuals had been smoking tobacco ranged from beginners to as long as 60 years. The median point was 10.4 years, while the actual arithmetic mean was computed and found to be somewhat higher--about 14.5 years.

The frequencies in the "years of smoking" variable were categorized to facilitate the review of selected personal-social characteristics (Table 8). Males were found to have been smoking an average of three years longer than females. The figures were 12.1 and 9.4 years, respectively.

With regard to the <u>ethnic</u> origins of this sample subgroup of smokers, the median number of years of smoking for the Filipinos (17.1) far exceeded that of any other group. The figure of 9.6 years for Chamorros was about two years less than the 11.8 years for Caucasians, but was over 6.0 years greater than for those individuals who had come to Guam from the islands of the former U. S. Trust Territory of the Pacific Islands.

FIGURE 2. Smoking Tenure Age Curve

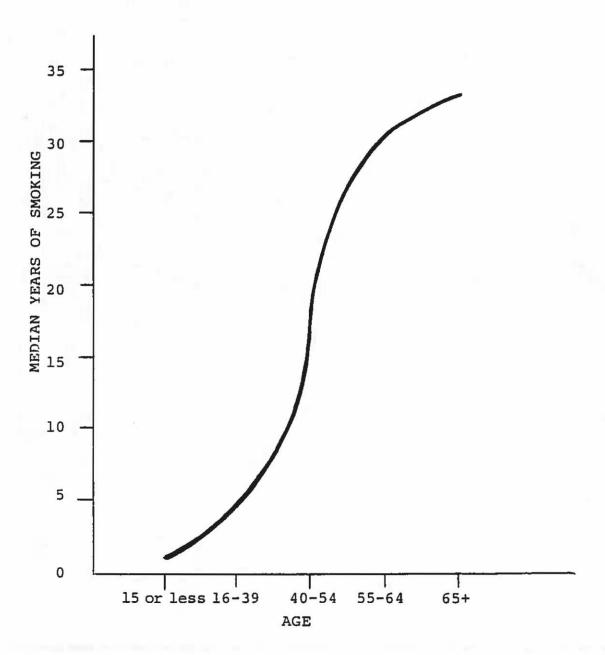


TABLE 6. Number of Years Smoked Tobacco by Age

					P	ige				20254
	15 or Less		16-39			40-54		55-64		5+
Year(s) of Smoking	f	g.	f	8	f	용	f	各	f	8
1 or less	3	75.0	30	12.3	2	1.8	1	1.8		-
2 - 5	1	25.0	94	38.7	11	9.9	1	1.8	2	8.0
6 - 10	_	-	60	24.7	16	14.4	2	3.5	1	4.0
11 - 15	_	-	34	14.0	18	16.2	4	7.0	1	4.0
16 - 20	_	-	20	8.2	25	22.5	11	19.3	3	12.0
21 +			5	2.1	_39	35.1	_38	66.6	_18	72.0
TOTAL	4	100.0	243	100.0	111	99.9	57	100.0	25	100.0
Insufficient Data Median	1.2	2	1 5.	4	1 17.2		3 31.	0	1 33.2	

TABLE 7. Number of Years Smoked Tobacco

	**** <u> </u>		iduals
Number of Years	f	8	Cumulative %
Tone About 1	5	1.1	1.1
Less than l	31	7.1	8.2
1 2 3 4 5 6 7 8 9		7 1	
2	31	7.1	15.3
3	25	5.7	21.0
4	19	4.3	25.3
5	34	7.7	33.0
6	8	1.8	34.8
7	6	1.4	36.2
ó	15	3.4	
0		3.4	39.6
9	.7	1.6	41.2
10	43	9.8	51.0
11	5	1.1	52.1
12	5 17	3.9	56.0
13	6	1.4	57.4
14	8	1.8	59.2
15	21	4.8	64.0
16	- 1	0.0	
	7	0.9	64.9
17	<u>.</u>	0.2	65.1
18	6	1.4	66.5
20	48	10.9	77.4
21	1	0.2	77.6
22	4 1 6 48 1 4 2 2 11	0.9	78.5
23	2	0.5	79.0
24	2	0.5	79.5
25	11	2.5	82.0
26		2.3	
	3 1 3 18	0.7	82.7
27	<u> </u>	0.2	82.9
28	3	0.7	83.6
30	18	4.1	87.7
31	1	0.2	87.9
32	3	0.7	88.7
33	3	0.7	89.3
34	3	0.7	90.0
35	3	0.7	90.7
36	3		
	2	0.5	91.2
37	3	0.7	91.9
38	2	0.5	92.4
39	1	0.2	92.6
40	1 3 3 3 2 3 2 1 12	2.6	95.2
41	1	0.2	95.4
42	200	0.2	95.6
43	1 1 3 4	0.2	95.8
44	2	0.7	
	3		96.5
45		0.9	97.4
46	1	0.2	97.6
50	4	0.9	98.5
51	1	0.2	98.7
52	1	0.2	98.9
54	3	0.2	99.1
57	1 2	0.5	99.6
59	2		
60	1	0.2 0.2	99.8 100.0
TOTAL	440	100.0	VT (305.103
Insufficient Data	6		
Median	10.4		
Mean	14.6		
* + \www.	74.0		

TABLE 8. Number of Years Smoked Tobacco by Gender

	Gender								
	. 1		emale						
Years of Smoking	f	8	f	ક					
1 or less	22	7.5	14	9.5					
2 - 5	73	25.0	36	24.3					
6 - 10	43	14.7	36	24.3					
11 - 15	36	12.3	21	14.2					
16 - 20	45	15.4	14	9.5					
21 +	_73	25.0	27	18.2					
TOTAL	292	99.9	148	100.0					
Insufficient Data Median	5 12.1		1 9.	4					

As would be expected, there was a strong positive correlation between age and the average number of years the tobacco users had been smoking (Table 6). The relationship between the two variables is graphically presented in Figure 2 and labeled the smoking tenure age curve.

2.2.3 What Was Smoked

Nearly all of the 446 tobacco smokers (95.5%) in this islandwide study were reported to smoke filtered cigarettes. In addition, 2.7% smoked cigarettes that were unfiltered. Of the remaining individuals, 1.1% used cigars and 0.5% indicated that they were pipe smokers (Table 10).

TABLE 9. Number of Years Smoked Tobacco by Ethnicity

	Ethnicity												
	Chamorro		Fi	Filipino		Caucasian		Other Islanders		Asians		All Others	
Years of Smoking	f	g.	f	B	f	g g	f	8	f	8	f	8	
l or Less	27	9.3	2	2.3	1	5.3	3	30.0	-	_	3	15.0	
2 - 5	83	28.5	12	13.6	2	10.5	4	40.0	1	8.3	7	35.0	
6 - 10	50	17.2	14	15.9	6	31.6	-	: 	6	50.0	3	15.0	
11 - 15	37	12.7	12	13.6	3	15.8	2	20.0	1	8.3	2	10.0	
16 - 20	30	10.3	19	21.6	3	15.8	1	10.0	3	25.0	3	15.0	
21 +	_64	22.0	29	33.0	_4	21.0	_		_1	8.3	_2	10.0	
TOTAL	291	100.0	88	100.0	19	100.0	1.0	100.0	12	99.9	20	100.0	
Insufficient Data Median	3 9.	5	3 17.	1	11.	8	3.5	5	10.2		5.9	9	

TABLE 10. What Was Smoked

What Smoked	Indiv	viduals %
what shoked	<u> </u>	
Cigarettes, filtered	426	95.5
Cigarettes, unfiltered	12	2.7
Cigars	5	1.1
Pipes	2	0.5
Other	1	0.2
TOTAL	446	100.0

2.2.4 Amount Smoked

The number of cigarettes smoked in a typical day ranged from 1 to 80 (equivalent to 4 packs of 20 cigarettes each). The average number consumed daily was slightly over a pack--about 23 cigarettes (Table 11).

There was little difference noted between the average number of cigarettes smoked by <u>males</u> and the number smoked by <u>females</u>. The median figures were 23.6 and 21.5, respectively. Therefore, although fewer females than males smoked, those who did smoked at about the same rate as their counterparts (Table 12).

There was very little variation noted among the various ethnic groups on the island and the number of cigarettes they generally smoked in a day. The low group average for the Filipinos and Caucasians was 21.7; the Asians' was 24.0 (Table 13).

TABLE 11. Average Number of Cigarettes Smoked Per Day

		1	ndividual:	S
Number	of Cigarettes	 f	ક	cum. %
	1	2	0.4	0.4
	2	7	1.6	2.0
	1 2 3 4 5 6 7 8	15	3.4	5.4
	4	3	0.7	6.1
	5	11	2.5	8.6
	6	3	0.7	9.3
	7	7	1.6	10.9
	8	6	1.4	12.3
	10	97	22.3	34.6
	14	1	0.2	34.8
	15	11	2.5	37.3
	18	2	0.4	37.7
	20	183	42.0	79.7
	30	34	7.8	87.5
	40	41	9.4	96.9
	48	1	0.2	97.1
	50	2	0.4	97.5
	60	9	2.1	99.6
	80	2	0.4	100.0
	TOTAL	437	100.0	
	Insufficient Data	 1		
	Median	22.9		
	Range	1-80		

TABLE 12. Average Number of Cigarettes Smoked Per Day by Gender

		Gen	- INTO				
Number of	Ma	ales	Fer	nales	Total		
Cigarettes	f	8	f	8	f	ક	
1 - 5	21	7.2	17	11.6	38	8.7	
6 - 10	69	23.7	44	30.1	113	25.8	
11 - 20	135	46.4	62	42.5	197	45.1	
21 - 30	20	6.9	14	9.6	34	7.8	
31 - 40	35	12.0	6	4.1	41	9.4	
41 - 80	_11	3.8	3	2.1	14	3.2	
TOTAL	291	100.0	146	100.0	437	100.0	
Insufficient Data	1				1		
Median	23.	6	21.	5			
Range	1-	80	2-				

TABLE 13. Average Number of Cigarettes Smoked Per Day by Ethnicity

		Ethnicity												
Number of		Chamorro			Filipino		Caucasian		Other Islanders		Asians		All Others	
Cigarettes		f	8	f	ક	f_	용	f	ક	f	ક	f	윰	
1 - 5		21	7.2	13	14.8	1	5.6	1	10.0	_ -		2	10.0	
6 - 10		78	27.0	23	26.1	4	22.2	3	30.0	3	25.0	2	10.0	
11 - 20		130	45.0	38	43.2	6	33.3	4	40.0	6	50.0	13	65.0	
21 - 30		25	8.7	4	4.5	2	11.1	1	10.0	1.	8.3	1	5.0	
31 - 40		27	9.3	7	8.0	2	11.1	1	10.0	2	16.7	2	10.0	
41 - 30		8	2.8	_3	3.4	_3	16.7	= _		_		_		
TOTAL	Vanidu let sid	289	100.0	88	100.0	18	99.9	10	100.0	12	100.0	20	100.0	
Insufficient Data Median Range	a	1 22.8 2-8		21. 1-		21.7 5-6		22.5		24.0 10-		23.0		

TABEL 14. Average Number of Cigarettes Smoked Per Day by Age

		Age										
	15 or Less		16-39		40-54		55-64		65+			
Number of Cigarettes	f	8	f	B	f	8	f	8	f	8		
5 or Less		-	17	7.0	8	7.1	5	8.9	8	34.8		
6 - 10	=	_	64	26.4	29	25.9	15	26.8	5	21.7		
11 - 20	4	100.0	115	47.5	48	42.9	22	39.3	8	34.8		
21 - 30	_	-	18	7.4	8	7.1	7	12.5	1	4.3		
31 - 40	-	-	21	8.7	12	10.7	7	12.5	. 1	4.3		
41 - 80				2.9	7	6.3	_=	-	_=			
TOTAL	4	100.0	242	99.9	112	100.0	56	100.0	23	99.9		
Insufficient Data	-		1		_		_	^	_			
Median Range	20.0 -20-		23.0 2-80		23.4 1-80		23.0 3-40		12.8 1-40			

Age (except for the oldest of the senior citizens in our sample) did not seem to have any significant affect on the average amount of cigarettes smoked in a day. The number of cigarettes smoked daily by those 65 and older was approximately 13 cigarettes or about one-half pack less than the overall sample's daily average (Table 14).

2.2.5 Advised to Stop Smoking

The smokers were asked if they had been advised by a redical doctor to stop or break their smoking habit. Slightly over 29.0% (about 3 out of every 10) concurred that their physician had, indeed, suggested that they give up their cigarettes (Table 15).

TABLE 15. Advised by Doctor to Stop Smoking

	Individuals
Response	f %
Yes	129 29.1
No	315 70.9
TOTAL	444 100.0
Insufficient Data	2

2.3 Use of Alcohol and Personal-Social Characteristics

Question 23 and its several subparts were used to determine life-style drinking patterns of the 400 respondents and the other members of their households. Questions were asked about the type of alcoholic beverage they usually drank (beer, wine or mixed drinks), drinking occurrence, and whether or not they had been advised to stop drinking. Regarding personal

safety and that of others, they were asked a question about the practice of drinking and driving.

2.3.1 Number of Drinkers

None of the children or other youth under age 16 were reported to drink on a usual basis. Therefore, the analysis of the data on drinking alcohol was limited to the 1,253 individuals who were 16 or older. Of this "adult" group 308, or one-tourth, said that they usually drank beer, wine or "hard" cloohol or mixed drinks (Table 16). "Usually drink" was defined as having at least one drink per month.

TABLE 16. Usually Drink Alcoholic Beverages

	All Ind	lividuals	Individuals Age				
Usually Drink	f	8	f	8			
Yes	308	16.0	308	24.6			
No	1,620	84.0	945	75.4			
TOTAL	1,928	100.0	1,253	100.0			

Extreme differences in drinking life-style existed between males and females throughout the island (Tables 17 and 18). Four out of every ten males admitted that they usually drank, while the ratio was less than one in ten (8.9%), for females.

TABLE 17. Usually Drink Alcoholic Beverages by Gender

Fei	males
f	8
55	8.9
<u>560</u>	91.1
615	100.0
	<u>560</u>

TABLE 18. Number and Percent of Individuals Who Usually Drink Alcoholic Beverages by Gender, Ethnicity and Age (16+)

	Indi	viduals
Characteristics	f	₹
Gender		
Male Female	253 55	82.0 18.0
TOTAL	308	100.0
Ethnicity		
Chamorro Filipino Caucasian Other Islanders Asian All Others	156 80 35 7 14 16	50.6 26.0 11.4 2.3 4.6 5.2
TOTAL	308	100.1
Age		
16 - 39 40 - 54 55 - 64 65 +	175 76 42 15	56.8 24.7 13.6 4.9
TOTAL	308	100.0

TABLE 19. Usually Drink Alcoholic Beverages by Ethnicity

		2.00		-	Eth	nicity (N	=1,253)				
Usually Drinks	Cha	Chamorro		ipino	Cau	Caucasian		Others Islanders		Asians		Others
	f	8	f	ક	f	B	f	ક	f	용	f	ક
Yes	156	22.2	80	20.8	35	61.4	7	22.6	14	46.7	16	33.3
No	546	77.8	<u>305</u>	79.2	22	38.6	24	77.4	<u>16</u>	53.3	32	_66.7
TOTAL	702	100.0	385	100.0	57	100.0	31	100.0	30	100.0	48	100.0

Therefore, of those who drank alcohol, more than 4 of every 5 (82.0%) were males.

How ethnicity and one's age correlated to alcohol drinking patterns was studied, also. The findings appear in Tables 18 and 19. According to this research, most Caucasians reported interviewers that they usually drank alcohol. The percentage figure was 61.4%. No other ethnic category even exceeded the 50.0% majority barrier, although 46.7% of the Asians who "ere surveyed considered themselves "usual" drinkers. comparison, only about one-fifth (21-22%) of the Chamorros and Filipinos said that they were alcohol drinkers. In spite of this, when compared with the smaller ethnic groups, Chamorros and Filipinos made up 50.6% and 26.0%, respectively, of the 308 who said they drank. Caucasians -- because of their 61.4% drinking rate--comprised 11.4% of all alcohol consumers even though their category represented only about 3.5% of the total study group (1).

The drinking <u>age</u> data (Table 20) shows the same pattern reported earlier in this section for smoking and age. The percentage of drinkers in the respective age categories increases with age until reaching the 55 to 64 age group--lower senior citizen bracket--where it leveled off and began its decline to 13.3% for the oldest of the older age groups. Because of the age structure of Guam's population (1), one-half (56.8%) of those who drank were in the 16 to 39 age group and 24.7% were in the 40 to 54 age group (Table 18).

		Age										
Usually	10	16-39		0-54	5.	5-64	65+					
Drinks	f	8	f	8	f	윰	£	윰				
Yes	175	24.6	76	27.9	42	26.6	15	13.3				
No	<u>535</u>	75.4	196	72.1	116	73.4	98	86.7				
TOTAL	710	100.0	272	100.0	158	100.0	113	100.0				

TABLE 20. Usually Drink Alcoholic Beverages by Age (16+)

2.3.2 Occurrence of Drinking

To fit the category of one who usually drinks alcoholic beverages, an individual had to consume at least one drink per month. Therefore, the range in occurrence of drinking extended from once a month to an upper limit of three times a day. The median occurrence of drinking was once or twice a week (Table 21).

Not only did more males than females drink, they also drank twice as frequently (Table 22). Males drank an average of twice a week, while females drank only "weekly".

Other than Asians who reported usually drinking an average of 2.5 times a week, very little variation in the frequency of drinking behavior was noted among the ethnic categories. All averaged drinking once per week (Table 23). Asians, therefore, were found to have drinking occurrence rates 2.5 times greater than any other ethnic group.

The occurrence of drinking began to increase substantially during the early senior years and continued to do so in the oldest age group. Drinking occurrences were 2 to 3 times

TABLE 21. How Often Drinks Alcoholic Beverages

				Individua	als
Frequency of	Drinking		f	8	cum. %
1/month 2-3/month 1/week 2-3/week 4-6/week 1/day 2-3/day 3+/day			41 57 57 57 19 50 20	13.3 18.5 18.5 18.5 6.2 16.2 6.5 2.3	13.3 31.8 50.3 68.8 75.0 91.2 97.7 100.0
TCTAL		 	 _308	100.0	
Median			1-2/w	eek	

TABLE 22. Frequency of Drinking Alcoholic Beverages by Gender

		Gende	er	
	M	ales	Fen	nales
Frequency of Drinking	f	8	f	ક
1/month	33	13.0	8	14.6
2-3/month	39	15.4	18	32.7
1/week	49	19.4	8	14.6
2-3/week	45	17.8	12	21.8
4-6/week	17	6.7	2	3.6
1/day	46	18.2	4	7.3
2-3/day	19	7.5	1	1.8
3+/day	5	2.0	2	3.6
TOTAL	253	100.0	55	100.0
Median	2/wee	ek	1/we	eek

TABLE 23. Frequency of Drinking Alcoholic Beverages by Ethnicity

			10010754583570		22 A242 76 S	Ethr	nicity				20-1492	
Frequency of	Cha	morros	Fi	Filipino Ca				ther anders	As	Asians		Others
Drinking	f	8	f	8	f	8	f	8	f	8	f	ક
1/month	27	17.3	8	10.0	4	11.4	1	14.3	1	7.1	-	-
2-3/month	35	22.4	9	11.3	7	20.0) 	-	2	14.3	4	25.0
1/week	21	13.5	15	18.8	9	25.7	3	42.9	2	14.3	7	43.8
2-3/week	29	18.6	14	17.5	5	14.3	1	14.3	5	35.7	3	18.8
4-6/week	10	6.4	4	5.0	2	5.7	1	14.3	1	7.1	1	6.2
1/day	21	13.5	20	25.0	6	17.1	1	14.3	2	14.3	-	-
2-3/day	9	5.8	8	10.0	1	2.9	-	.=	1	7.1	1	6.2
3/day +	4	2.6	_2	2.5	_1	2.9	_		<u> </u>			
TOTAL	156	100.1	80	100.1	35	100.0	7	100.1	14	99.9	16	100.0
Median	1/we	≥k	1/w	eek	1/w	eek	1/w	eek	2.5/	/week	1.5	/week

TABLE 24. Frequency of Drinking Alcoholic Beverages by Age

				- A	ge			
	16	-39		-54	-	5-64		55+
Frequency of Drinking	f	ક	f	8	f	8	f	8
1/month	19	10.9	13	17.1	6	14.3	3	20.0
2-3/month	38	21.7	13	17.1	5	11.9	1	6.7
1/week	37	21.1	14	18.4	5	11.9	1	6.7
2-3/week	42	24.0	8	10.5	6	14.3	1	6.7
4-6/week	9	5.1	8	10.5	2	4.8	-	-
1/day	17	9.7	14	18.4	15	35.7	4	26.7
2-3/day	9	5.1	5	6.6	3	7.1	3	20.0
3+/day	4	2.3	_1	1.3			2	13.3
TOTAL	175	99.9	76	99.9	42	100.0	15	100.1
Median	1/wee	2k	1/wee	k	2-3/1	week	1/day	Y

greater for those 55 to 64 years old than for those in their junior years. The average of drinking every day for individuals in the 65 or older age group placed them at a rate seven times greater than those 16 to 54 years old. This finding would tend to support the notion that a potential or severe drinking problem may exist among the eldest of the island's senior citizens.

2.3.3 Amount Consumed

The subjects who drank alcohol were asked how many beers, jiggers of liquor or glasses of wine (6 ounces) they usually drank at one occasion. The results appear in Tables 25 to 27 and are compared by the personal-social characteristics of gender, ethnicity and age.

Males averaged 3.5 cans of beer compared to 2.3 cans for females. Some males were heavy consumers. Several drank (on the average) 24 cans of beer per occasion. For females the range was one to six cans. The ratio of male beer drinkers to women beer drinkers was seven to one. Females who drank liquor also drank less than males; however, the ratio was approximately 3 to 2 in this instance. The drinking pattern reversed itself somewhat with regard to the use of wine. Nearly 60.0% of those who claimed to drink wine were females. However, they consumed about one-half glass less per average occasion than the males. The average consumption rate per setting for females was reported to be about two glasses (Table 25).

Filipinos were found to drink the least amount of beer per occasion and Other Islanders the most. Their average rate was

TABLE 25. Amount of Alcoholic Beverage Consumed Per Occasion by Gender

Amount of	-		der			-
Alcoholic		les .		ales		otal
Beverage	f	ક	f	ક	f	ક
Cans of Beer	45	19.1	10	31.3	55	20.6
2	50	21.3	9	28.1	59	22.1
3	56	23.8	10	31.3	66	24.7
4–6	68	28.9	3	9.3	71	26.6
7+	<u>16</u>	6.8	_=		_16	6.0
TOTAL	235	99.9	32	100.0	267	100.0
Median	3.5)	2.3	3	3.3	3
kange	1-2		1-6		1-2	
					,_ ,-	
Jiggers of Liquor						
1	7	25.0	5	31.3	12	27.3
2	5	17.9	6	37.5	11	25.0
3-4	12	42.9	4	25.0	16	36.4
5+	4	14.3	_1	6.2	5	11.4
TOTAL	28	100.1	16	100.0	44	100.1
Insufficient Data	1		1		2	
Median	3.4		2.5		2.8	
Range	1-3	12	1-1	.1	1-3	32
Glasses of Wine						
1	5	31.2	11	50.0	16	42.1
2	7	43.8	5	22.7	12	31.6
3	4	25.0	6	27.3	10	26.3
TOTAL	16	100.0	22	100.0	38	100.0
Median	2.4		1.9)	2.2	2
Range	1-3		1-3		1-3	
a ** * a .						

TABLE 26. Amount of Alcoholic Beverage Consumed Per Occasion by Ethnicity

						Et	hnicit	4				
Amount of	2227			E 41 1/41	7 <u>0.</u> 5			ther	227			
Alcoholic	Cha	morro	Fi.	lipino %	Cau	casian	Isl	anders	_ As	sians	AII	Others
Beverages	£	8	<u> </u>	*	f	8	f	8	f	8	<u>f</u>	- 8
Cans of Beer												
1	23	16.4	22	30.6	2	8.3	-	•	4	36.4	4	28.6
2	32	22.9	20	27.8	5	20.8	-	-	-	=	2	14.3
3	37	26.4	17	23.6	8	33.3	1	16.7	2	18.2	1	7.1
4-6	41	29.3	12	16.7	8	33.3	4	66.6	4	36.4	2	14.3
7+	_7	5.0	_1	1.4	_1	4.2	_1	16.7	_1	9.1	_5	35.7
TOTAL	140	100.0	72	100.1	24	99.9	6	100.0	11	100.1	14	100.0
Median	3.9	5	2.	7	3.6	;	5.0)	3.5	5	3.5	9
Range	1-1	12	1-1	12	1-7	'	1-9	9	1-1	L2	1-3	24
Jiggers of Liquor												
1	4	22.2	4	36.4	1	14.3	_	_	1	33.3	2	50.0
2	G	33.3	2	18.2	2	28.6	_	_	-	-	1	25.0
3-4	6	33.3	3	27.3	4	57.1	1	100.0	2	66.7	-	-
5+	2	11.1	_2	18.2	_=			***************************************			_1	25.0
TOTAL	18	99.9	11	100.1		100.0	1	100.0	3	100.0	4	100.0
Median	2.8	3	2.8	3	3.2	ž.	3.0)	2.0)	2.0	0
Range	1-2		1-3	32	1-4		1-3		1-4		1-1	
Insufficient Data	2				-	·	-			es	-	
Glasses of Wine												
1	4	30.8	2	50.0	7	43.8		_	1	50.0	2	100.0
2	4	30.B	2	50.0	4	25.0	1	100.0	ī	50.0	_	
3	5	38.4	-	-	_5	31.2	-	_	-	-	-	-
TOTAL	13	100.0	4	100.0	16	100.0	1	100.0	2	100.0	2	100.0
												
Median	2.9		1.9		2.2		2.5		1.9		1.5	
Range	1-3	3	1-2	2	1-3		-2-	-	1-2	2	-1-	-

TABLE 27. Amount of Alcoholic Beverage Consumed Per Occasion by Age

Amount of				P	lge			
Alcoholic	16	-39	4(0-54		-64		55+
Beverage	f	8	f	g _g	f	8	f	용
Cans of Beer								
1	23	15.5	12	17.7	15	37.5	5	45.4
1 2 3	28	18.9	17	25.0	11	27.5	3	27.3
3 4–6	38 46	25.7 31.1	19 17	27.9 25.0	7 7	17.5 17.5	2 1	18.2
7+	13	8.8	3	4.4			_=	
TOTAL	148	100.0	68	100.0	40	100.0		100.0
Median	3.1	_	3.3	3	2.4	ĺ	1.9	5
ange	1-2	24	1-2	24	1-6	i	1-	5
Jiggers of Liqu	or							
1	6	25.0	2	14.3	2	66.7	2	66.
2 3–4	4 12	16.7 50.0	6	42.9 21.4	1	- 33.3	1	33.3
5+	2	8.3	3	21.4		-	_	_
TOTAL	24	100.0	14	100.0	3	100.0	3	100.0
Median	3.2		2.8	3	2.2		1.5	5
Range	1-3	32	1-3	32	1-3	}	1-2	2
Insufficient Data	1		1				_	
	_		_					
Glasses of Wine								
1	10	38.5	5	55.6	1	50.0	_	_
2 3	6 10	23.0 38.5	4	44.4	1	50.0	1	100.0
				100.0	-			
TOTAL	26	100.0	9	100.0	2	100.0	<u>1</u>	100.0
Median	2.5		1.8		1.5		2.0)
Range	1-3	3	1-2	2	1-2		-2-	-

nearly double that for Filipinos. Caution should be exercised, however, in drawing definitive conclusions based on the small number of cases for Other Islanders. A closer observation of the data presented in Table 26 reveals that the range in average number of beers consumed by Other Islanders was from 1 to 9, while for Filipinos it was 1 to 12. Compared with beer drinkers, the number who drank liquor or wine was extremely small. Therefore, frequencies within the various ethnic groups are generally too small to suggest differences or even trends towards differences.

Although it was reported earlier in this section that the drinking occasions increased substantially for individuals as they became older, this study revealed that the amount consumed during an occasion of drinking decreased as age increased (Table 27). This trend held true both for beer and liquor consumption.

TABLE 28. Advised by Doctor to Stop Drinking Alcoholic Beverages

Response	Individuals f %
Yes No	35 11.4 273 88.6
TOTAL	308 100.0

2.3.4 Advised to Stop Drinking

Table 28 indicates that 35 of the 308 (11.4%) individuals who reported that they usually drank alcoholic beverages had

been advised by a medical doctor to stop the practice. This figure was only about one-third as large as the figure reported for smokers having received the same advice from their doctors.

2.3.5 Driving After Drinking

Individuals who drive a car after drinking risk not only their lives and health, but those of others. When asked how many times during the past 12 months they had driven a vehicle after consuming an alcoholic beverage, 276 of the 308 who drank reported having done so. The average for males was 2.0 times during the year, while the average for females was 1.3--about once every 9 or 10 months.

Caucasians had the highest rate (2.2) for driving after drinking as did the youngest age group who were between 16 and 39 years old (Tables 29, 30, and 31).

TABLE 29. Times Drove a Vehicle During Past 12 Months After Consuming an Alcoholic Beverage by Gender

		Ger	nder				
	Ma	ales	Fen	nales	Total		
Times Driven	f	8	f	ક	f	8	
None	95	40.9	19	43.2	114	41.3	
1 - 3	64	27.6	13	29.6	77	27.9	
4 - 6	19	8.2	=	_	19	6.9	
7 - 10	16	6.9	2	4.5	18	6.5	
11 +	_38	16.4	_10	22.7	_48	_17.4	
TOTAL	232	100.0	44	100.0	276	100.0	
Insufficient Data Median	19 2		9 1.3	3	28 1.	б	

TABLE 30. Times Drove a Vehicle During Past 12 Months After Consuming an Alcoholic Beverage by Ethnicity

						Е	thnicit					
	Char	norro		Filipino		Caucasian		Other Islanders		Asian		Others
Times Driven	f	- 8	f	ક	f	8	f	8	f	<u>.</u> 8	f	용
None	59	42.1	29	42.6	11	32.4	4	66.7	7	53.8	4	26.7
1 - 3	34	24.3	21	30.9	10	29.4	1	16.7	1	7.7	10	66.7
4 - 6	9	6.4	5	7.4	2	5.9	-	-	2	15.4	1	6.6
7 - 10	10	7.1	4	5.9	2	5.9	_	_	2	15.4	-,	_
11 +	_28	20.0	9	13.2	9	26.5	_1	16.7	1	7.7		
TOTAL	140	99.9	68	100.0	34	100.1	6	100.1	13	100.0	15	100.0
Insufficient												
Data	12		12		1		1		1		1	
Median	1.6	i	1.5	5	2.	2	0.	9	0.	9	1.	6

TABLE 31. Times Drove a Vehicle During Past 12 Months After Consuming an Alcoholic Beverage by Age

		***			Age				
	16	5-39	4	0-54		55-64			65+
Times Driven	f	8	f	8	f		8	f	용
None	55	34.2	30	46.2	1	.9	51.4	10	76.9
1 - 3	51	31.7	15	23.1		9	24.3	2	15.4
4 - 6	11	6.8	7	10.8		1	2.7		
7 - 10	14	8.7	2	3.1		1	2.7	1	7.7
11 +	_30	18.6	_11	<u>16.9</u>	-	7	18.9		
TOTAL	161	100.0	65	100.1	3	37	100.0	13	100.0
Insufficient Data Median	12	6	10	2		4	€	2	6

2.4 Seasoning of Food

In addition to learning about the subjects' smoking and drinking life-styles, an attempt was made to gain a greater knowledge of their food consumption and eating practices. The particular question of interest here was number 27.* It referred to the cultural practice of seasoning one's food with condiments such as soy sauce, finadene, ajinomoto (MSG) or salt. Although the nature of the relationship between excessive sodium intake and certain diseases or particular health problems is not fully understood, harmful effects have been noted for many years.

This discussion reviews the level or frequency of use of the food seasoning groups just mentioned and the differences, if any, among the various major ethnic categories of the sample. In view of the cultural aspects of food eating practices, one would expect or hypothesize that significant differences would be found among cultures and, therefore, among ethnic groups. The relationship between various eating practices and specific disease rates should be investigated with the use of strict controls on data. Many of the marked cultural variations or eating practices among the ethnic groups on island and their impact on health conditions may be misinterpreted unless characteristics of occupation, levels of physical activity and so forth are held constant. What may be found to appear as an excessive intake rate of sodium, for example, would probably not have the same effect on the health

^{*}See Appendix C

or well-being of physically active construction workers as compared with more sedentary individuals who spend their work time at a desk inside an air-conditioned office.

With this caution advanced, it is suggested that a future, more intensive, analysis of these data be considered to determine possible trends or relationships between food intake practices and levels of health. Agencies considering future health Lehavior surveys similar to the one utilized in this study should also gather height and weight information from the subjects as well as other relevant anatomical data for inclusion in the research analysis.

2.4.1 Level of Use

As noted in Table 32, 40.0% of all 1,928 subjects reported using food seasonings on a daily basis. An additional 18.9% used them at a rate defined as "often." Combined, these two percentage figures comprised 58.9% of the entire group. Less than one-fifth (17.2%) claimed that they rarely or never used sodium-based seasonings while eating.

2.4.2 Use Patterns and Ethnicity

There definitely were ethnic-cultural variations in the extent to which soy sauce, finadene, MSG and salt were used to season food while eating. Nearly three-fourths (74.3%) of the Asians and two-thirds (67.0%) of the Chamorros used such food seasonings "very often" or on a daily basis. This compared to less than half (45.4% - 48.3%) of the Filipinos, Caucasians and Other Islanders who mentioned that they often used seasonings on their food or did so everyday (Table 32).

TABLE 32. Frequency of Using Food Seasonings at the Table by Ethnicity

						Ethni								
Frequency	Chan	orro	Fil	ipino	Cau	casian		ther anders	A	sian	A11	Others	Tot	al
of Use	f	8	£	g.	f	8	f	8	f	8	f	8	£	8
Always/ Every day	532	47.6	140	25.8	16	23.5	25	43.1	23	65.7	35	32.4	771	40.0
Often	217	19.4	106	19.6	15	22.1	3	5.2	3	8.6	20	18.5	364	18.9
Occasionally/ Sometimes	198	17.7	189	34.9	17	25.0	24	41.4	6	17.1	26	24.1	460	23.9
Rarely/Never	170	15.3	107	19.7	_20	29.4	6	10.3	3	8.6	_27	25.0	333	17.2
TOTAL	1,117	100.0	542	100.0	68	100.0	58	100.0	35	100.0	108	100.0	1,928	100.0

Major differences were also noted among those who rarely or never added extra seasoning to their food while dining. Nearly 30.0% of the Caucasians fell into this classification, as compared to percentage figures ranging from 8.6 to 19.7 for the other major categories.

These data make no attempt to establish motives for the variations in food eating patterns, although cultural traits must certainly have been a part of it. The extent to which rertain groups of individuals have been exposed to health information programs was not studied in this survey. Interests in such programs were explored in Volume Four of this report series (9); previous experience or health education training was not. As was mentioned in the previous report, Caucasians showed a very high interest in health informational programs and—to a greater extent—were more willing to pay a fee to participate in them. This suggests, obviously, the possibility or likelihood that differential levels of health well—being prevail among the various cultural groups.

SECTION THREE

MENTAL HEALTH

3.1 Introduction

Two major sets of questions (29 through 30a) were asked. These related to the mental well-being of the study population. One set focused on the extent to which individuals were experencing emotional problems and their possible causes. The other set dealt with medications or drugs taken to relax a person or affect his mood.

3.2 Levels of Anxiety or Emotional Well-Being

Those interviewed were asked who in their households had experienced periods of being greatly upset, troubled, or depressed (due to specific types of problems) for more than a few days during the two-week period prior to this study. The problems mentioned to interviewees included those within the family, divorce or separation, illness or death of immediate family, pressure associated with work or school, loss of a job, or financial concerns. Their responses are presented in Tables 33, 34 and 35.

Sixty-seven individuals (3.5%) were reported to have been suffering from severe levels of mental stress. When projecting this number to the islandwide population, one could expect approximately 3,685 individuals during any day to be in such an emotional state or mental condition.

TABLE 33. Greatly Upset, Troubled or Depressed by Gender

		Gen	der				
	- Ma	ales	Fe	males	Total		
Response	f	96	f	9	f	g.	
Yes	22	2.2	45	4.8	67	3.5	
No	960	97.8	893	95.2	1,853	96.5	
TOTAL	982	100.0	938	100.0	1,920	100.0	
Insufficient Data	3		5		8		

With regard to differences among the various categories of individuals and their level of mental health, this study revealed that the reporting rate of the females was more than twice as great as it was for the males (Table 33). Significant differences were also evident among the ethnic groupings. Only 1.7% of the Filipinos reported such a level of mental illness as compared with a high of 8.8% among Caucasians. Except for the Filipinos and Asians, all other ethnic groups representing migrants to the island had larger percentages of troubled individuals than reported by those of Chamorro ancestry (Table 34). The most stressful years of life appeared to be in the 16 to 39 age range. A total of 6.6% (nearly double the total sample average) of this young-adult to early middle-aged group was reported to be suffering from emotional problems. The rate dropped in a linear fashion as individuals became progressively older (Table 35) except for those who were age 65 or older.

TABLE 34. Greatly Upset, Troubled or Depressed by Ethnicity

		18.				Ethnic	city					
	Cham	Chamorro		Filipino		casian	Other Islanders		A	sian	Al.1	Others
Response	f	ક	f	8	f	કુ	f	8	f	£	f	ક
Yes	41	3.7	9	1.7	6	8.8	3	5.2	1	2.9	7	6.5
No	1,076	96.3	<u>526</u>	98.3	_62	91.2	_55	94.8	34	97.1	100	93.5
TOTAL	1,117	100.0	535	100.0	68	100.0	58	100.0	35	100.0	107	100.0
Insufficient Data	_		7		-		_		-		1	

TABLE 35. Greatly Upset, Troubled or Depressed by Age

			000000000000000000000000000000000000000		7	Age					
	Less	Less than 16		16-39		40-54		55-64		65+	
Response	f	8	f	8	f	8	f	ક	f	물	
Yes	1	0.1	44	6.6	13	4.8	5	3.2	4	3.6	
No	670	99.9	665	93.4	<u>257</u>	95.2	153	96.8	108	96.4	
TOTAL	671	100.0	709	100.0	270	100.0	158	100.0	112	100.0	
Insufficient Data	4		1		2		-		1		

This group showed a slightly larger percentage than did their immediately junior cohorts.

3.3 Stress Factor

The 67 individuals who indicated they were psychologically or emotionally troubled were asked to share with the research project interviewers their perceived causes or reasons for this mental state. All but two were willing to discuss their situation in greater detail. Two major and several additional reasons were noted upon inspection of Table 36.

TABLE 36. Reason for Being Troubled, Upset or Depressed

	Indi	viduals
Nature of Problem	f	ક
Family problems	19	29.2
Death or illness in immediate family	19	29.2
Death or illness among relatives	3	4.6
Divorce or separation	5	7.7
Job problems	8	12.3
Moving	1	1.5
Homesick	3	4.6
Money problems	4	6.2
Other	_3	4.6
TOTAL	65	99.9
Insufficient Data	2	

Family problems and death in one's immediate family each accounted for 29.2% of those reasons given. Job problems was the next most frequently mentioned reason individuals gave as a cause for the stressful situation in which they perceived themselves. As mentioned above, females were twice as likely to report having emotional problems or trouble than males. regard to family problems, however, the ratio increased to 3 to A death or illness in one's family was mainly a stress generating problem for the females, also. Four out of every five who gave this reason were women. Family related problems of divorce and separation were found primarily to be problems that caused emotional stress for Caucasians and Chamorro females in their mid-years, while more males found job-related problems the reason for their lack of emotional well-being. Three of the four who mentioned money -- or lack of it--as the root cause of their trouble or depression were males. particular interest was the analysis of the three subjects who found themselves homesick. Two were elderly, male Filipinos, while the third was a Chamorro.

3.4 Medication and Drug Utilization

Interviewers also asked the 400 household respondents if anyone in their household used medications or drugs to affect their mood or to help them relax. A slightly larger proportion of females than males responded in the affirmative (Table 37). The 8.8% figure noted for Caucasians was more than three times larger than the total sample average of 2.9%. The oldest individuals reported the largest percentage of medicine or drug

TABLE 37. Uses Medication or Drugs that Affect Mood or Help Relaxation by Gender

*		Gen	der	şı-		
	M	ales	Fer	nales	Total	
Response	f	8	f	g.	f	8
Yes	24	2.4	32	3.4	56	2.9
No	<u>959</u>	97.6	911	96.6	1,870	97.1
TOTAL	983	100.0	943	100.0	1,926	100.0
Insufficient Data	2		-		2	

users for this specific purpose, while those in the 16 to 39 age category were next.

With regard to the frequency that the drugs and medicine were used to initiate relaxation or mood changes, it was of interest to see that 50.0% of the males said they used them "frequently" in contrast to 38.7% for the females. Some variation in the frequency of use of medicine and drugs among the ethnic groups was noted (Table 41). The percentage figures for the "frequently" category were 40.6 for the Chamorros, 50.0 for Caucasians, and 58.3 for Filipinos. Four out of the six (66.7%) senior citizens who were at least 65 years old were using medication or drugs on a frequent basis.

TABLE 38. Uses Medication or Drugs that Affect Mood or Help Relaxation by Ethnicity

						Ethni	city		-0.5	ur 276		
	Cham	Chamorro		Filipino		Caucasian		Other Islanders		Asian		Others
Response	f	ક	f	ક	f	8	f	8	f	8	f	8
Yes	32	2.9	12	2.2	6	8.8	3	5.2	-	-	2	1.9
No	1,085	97.1	<u>528</u>	97.8	_62	91.2	_55	94.8	_35	100.0	105	98.1
TOTAL	1,117	100.0	540	100.0	68	100.0	58	100.0	35	100.0	107	100.0
Insufficient Data	_		2		-		-		_		1	

TABLE 39. Uses Medication or Drugs that Affect Mood or Help Relaxation by Age

					7	Age				
Response	Less than 16		10	16-39		40-54		5-64	65+	
	f	8	f	8	f	8	f	8	f	B
Yes	8	1.2	27	3.8	11	4.1	3	1.9	6	5.3
No	666	98.8	682	96.2	260	95.9	155	98.1	107	94.7
TOTAL	674	100.0	709	100.0	271	100.0	158	100.0	113	100.0
Insufficient Data	1		1		1		-		: <u>-</u>	

TABLE 40. Frequency of Using Medicine or Drugs by Gender

	Ge	ender					
	Males	Fe	males	r	Total		
f	ક	f	ક	f	ક		
12	50.0	12	38.7	24	43.6		
10	41.7	15	48.4	25	45.5		
2	8.3	4	12.9	6	10.9		
24	100.0	31	100.0	55	100.0		
		1		1			
	12 10 2	Males f 12 50.0 10 41.7 2 8.3	f % f 12 50.0 12 10 41.7 15 2 8.3 4 24 100.0 31	Males Females f % 12 50.0 12 38.7 10 41.7 15 48.4 2 8.3 4 12.9 24 100.0 31 100.0	Males Females T f % f % f 12 50.0 12 38.7 24 10 41.7 15 48.4 25 2 8.3 4 12.9 6 24 100.0 31 100.0 55		

TABLE 41. Frequency of Using Medicine or Drugs by Ethnicity

		Ethnicity												
Response	Chamorro		Fil	Filipino		Caucasian		ther anders	Asian		All	Others		
	f	ક	f	8	f	8	f	ક	f	g	f	B		
Frequently	13	40.6	7	58.3	3	50.0	-	-	e 	_	_			
Occasionally/ or Sometimes	15	46.9	3	25.0	3	50.0	3	100.0	-	-	1	50.0		
Never or Rarely	4	12.5	2	16.7			_=				_1	50.0		
TOTAL	32	100.0	12	100.0	6	100.0	3	100.0		-	2	100.0		

TABLE 42. Frequency of Using Medicine or Drugs by Age

	Age											
Response	Less than 16		1	16-39		40-54		5-64	65+			
	f	8	f	8	f	ક	f	8	f	ક		
Frequently	4	50.0	12	44.4	4	36.4	_	-	4	66.7		
Occasionally/Sometimes	4	50.0	13	48.2	5	45.5	2	66.7	1	16.7		
Never or Rarely			2	7.4	2	18.2	_1	33.3	_1	16.7		
TOTAL	8	100.0	27	100.0	11	100.1	3	100.0	6	100.1		

SECTION FOUR

HEALTH FITNESS AND EXERCISE

4.1 Introduction

Exercise--as a means of achieving or maintaining physical and mental well-being--has been promoted extensively during recent years. On the island over the past five to ten years, physical activities such as tennis, swimming, jogging, bicycling and aerobic workouts have gained popularity. It is presumed that the level of health and fitness consciousness has increased as growing numbers of individuals have modified their life-styles to include extensive and frequent physical training and exercise periods. Future studies will be able to utilize the baseline data gathered in this research effort in order to ascertain if, indeed, the assumed trend of greater involvement of the island population in formal and personal exercise programs has contributed to an improved physical and mental health status of the people on Guam.

4.2 <u>Level of Health Fitness</u>

The number of individuals in each household who exercised at least three times per week was determined during the basic interview from responses to Question 22*. These findings are presented in Table 43. As may be noted, approximately 4 out of every 10 persons exercised at least three times per week. Upon considering that this ratio was based on the total sample

^{*}See Appendix C

TABLE 43. Exercise at Least Three Times a Week by Gender, Ethnicity and Age

						Gen	der			
						ales	Females		Total	
Exercise	 	Э.		* 1	f	윰	f	ક	f	ક
Yes					228	23.1	232	24.6	460	23.9
No					<u>757</u>	76.9	<u>711</u>	75.4	1,468	76.1
TOTAL					985	100.0	943	100.0	1,928	100.0
						Ethn				
			Cham	orro		ipino		casian	All	Others
Exercise			f	윰	f	ક	f	ક	f	£
Yes			275	24.6	111	20.5	37	54.4	37	18.4
No			842	75.4	431	79.5	31	45.6	164	81.6
TOTAL			1,117	100.0	542	100.0	68	100.0	201	100.0
				tarilda dirección establicado que e		Age				
		than 16		5-39		0-54		5-64	65	
Exercise	 f	8	f	용	f	8	f	ક્ર	f	£
Yes	81	12.8	223	31.4	81	29.8	43	27.2	32	28.3
No	<u>554</u>	87.2	487	68.6	<u>191</u>	70.2	<u>115</u>	72.8	81	71.7
TOTAL	635	100.0	710	100.0	272	100.0	158	100.0	113	100.0

including small infants, it is obvious that the proportion of adults who exercised was even greater. This conclusion was affirmed by the data appearing in Table 43. Only 12.8% of the infants and youth who were under 16 years of age were reported to have an active exercise program; for other age categories the comparable figures ranged from 27.2% to 28.3% for the senior citizens and slightly higher for the other adult age groups.

With regard to <u>gender</u> and <u>ethnicity</u>, there was no significant difference between the proportion of males and females who regularly exercised. Variations were observed primarily between Caucasians and all other ethnic groups. The proportion of Caucasians who exercised (54.4%) exceeded all other groups by two to three times (Table 43).

4.3 Type and Extent of Exercise Program

A flash card* that listed 10 different forms or types of exercise was presented to the interviewees for review. They were asked to indicate the activities they personally were involved with at least three times per week. In addition to those listed several more were added. It became evident that aerobics and stretching exercise programs were popular and needed to be added to the exercise list.

The frequencies and ranking of the various forms of exercise practiced by 460 sample members appear in Table 45. Also shown are multiple listings for those who were active in more than one type. The top three activities were yardwork *See Appendix D, Flash Card M

TABLE 44. Number and Percent of Individuals Who Exercise by Gender, Ethnicity and Age

		viduals_
Characteristics	f	8
Gender		
Male	228	49.6
Female	232	50.4
TOTAL	460	100.0
Ethnicity		
Chamorro	275	59.8
Filipino Caucasian	111 37	24.1 8.0
Other Islanders	37	-
Asians	_	
All Others	_37	8.0
TOTAL	460	99.9
Age		
		14 Marie 19 a 14 a 15 a 16
Less than 16 16 - 39	81 223	17.6 48.5
40 - 54	81	17.6
55 - 64	43	9.3
65 +	_32	7.0
TOTAL	460	100.0

TABLE 45. Frequencies and Rank Order of Types of Exercise Performed on Regular Basis

		Exercises Perf	ormed		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	First	Second	Third		Total	
Type of Exercise	f Rank	f Rank	f Rank	f*	8 1	Rank
Run/Jog	83 2	6 9	110	90	19.6	2
Swimming	1810	14 3	4 5	36	7.8	8
Tennis	212	112	3 6	6	1.3	12
Baseball/Softball	19 9	9 5	2 8	30	6.5	9
Basketball	24 7	8 6	5 3	37	8.0	7
Weights	26 6	11 4	110	38	8.3	6
Yardwork	85 1	21 2	5 3	111	23.9	1
Housework	37 5	43 1	9 1	89	19.3	3
Racquetball	511	310	2 8	10	2.2	11
Walking	41 4	8 6	9 1	58	12.6	5
Aerobics/Heavy Workouts	63 3 63 3	8 6 8 6	3 6 3 6	74 74	16.1 16.1	
Stretch/Light Workouts	24 7	310		27	5.9	10
Other		_18 -	9	60	_13.0	
TOTAL	460	153	53	666		

^{*}Based on N=460 individuals who exercised at least three times per week.

(23.9%), running or jogging (19.6%) and housework (19.3%). Tennis placed twelfth on the ranking scale of 1 to 12 (Table 45). Tables 46, 47, and 48 show the same information rearranged by gender, ethnicity and age.

TABLE 46. Frequencies and Rank Order of Types of Exercise Performed on a Regular Basis by Gender

		Gend	er	
	Carl and C	les (228)		ales (232)
Type of Exercise	f*	% Rank	f*	% Rank
Run/Jog	49	21.5 2	41	17.7 4
Swimming	20	8.8 5	16	6.9 6
Tennis	4	1.811	2	0.912
Baseball/Softball	19	8.3 6	11	4.7 8
Basketball	34	14.9 3	3	1.311
Weights	32	14.0 4	6	2.610
Yardwork	62	27.2 1	49	21.1 3
Housework	18	7.9 8	71	30.6 1
Racquetball	2	0.912	8	3.4 9
Walking	19	8.3 6	39	16.8 5
Aerobics/Heavy Workouts	18	7.9 8	56	24.1 2
Stretch/Light Workouts	13	5.710	14	6.0 7
Other	34	14.9	26	11.2

^{*}Total times named as first, second or third form of exercise.

More <u>males</u> did yardwork as a form of exercise; more females did housework. Running/jogging was very popular and

ranked second for the males, while aerobics was the next most popular exercise for the females. Nearly one out of every four mentioned it. As may be noted, basketball and weight lifting were ranked third and fourth by the males. Running/jogging was the fourth most frequent form of exercise in which females participated.

Differences in preferred forms or types of exercise activities practiced by ethnic groups appear in Table 47. Kunning/jogging was found to be the most popular activity of Filipinos while ranking second for Chamorros and fifth for Caucasians. Swimming generally ranked low except for the Caucasians.

As for <u>age</u> differences, yardwork was by far the most popular form of exercise for the oldest sample members (42.9%). Additionally, 28.6% of this group mentioned walking on a regular basis for exercise. There was a close correspondence in the rankings of exercise programs for youth under 16 years of age and those who were age 16 to 39. Both groups had the largest percentages of their members involved with running or jogging and were second most involved in aerobics or heavy workout exercise programs. The older individuals from middleage onward tended to get their exercise more through yardwork and housework.

4.4 <u>Duration of Exercise Activity</u>

The amount of time spent on exercising for the 460 individuals who exercised at least three times a week was determined through questioning. Based on the findings it would appear

TABLE 47. Frequencies and Rank Order of Types of Exercise Performed on a Regular Basis by Ethnicity

				Et	hnicit	У		
	Cha	amorro (372)		lipino (162)		ucasian (65)	All	Others (67)
Type of Exercise	f*	% Rank	f*	% Rank	f*	% Rank	f*	% Rank
Run/Jog	49	13.2 2	16	16.0 1	6	9.2 5	9	13.4 2
Swimming	17	4.6 8	6	3.710	7	10.8 4	6	9.0 5
Tennis	2	0.512	4	2.511	_	12	-	12
Baseball/Softball	14	3.8 9	10	6.2 6	5	7.7 7	1	1.510
Basketball	21	5.6 7	10	6.2 6	4	6.2 8	2	2.9 9
Weights	25	6.7 6	7	4.3 9	1	1.510	5	7.5 6
Yardwork	70	18.8 1	20	12.3 3	9	13.8 2	12	17.9 1
Housework	46	12.4 3	23	14.2 2	11	16.9 1	9	13.4 2
Racquetball	7	1.911	_	12	2	3.1 9	1	1.510
Walking	35	9.4 5	14	8.6 5	6	9.2 5	3	4.5 8
Aerobics/Heavy Workouts	43	11.6 4	17	10.5 4	7	10.8 3	7	10.5 4
Stretch/Light Workouts	12	3.210	10	6.2 6	1	1.510	4	6.0 7
Other	31	8.3 -	15	9.3 -	6	9.2 -	8	11.9 -

^{*}Total times named as first, second or third form of exercise.

TABLE 48. Frequencies and Rank Order of Types of Exercise Performed on a Regular Basis by Age

				P - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Age				
	Le	ess than 16	10	. 20 (222)	4.0	SA (110)		64 (60)	10.10	CE 1 (42)
Type of Exercise	f*	(114) % Rank	f*	5-39 (332) % Rank	f*	9-54 (118) % Rank	f*	-64 (60) % Rank	f*	65+ (42) % Rank
Run/Jog	19	16.7 1	56	16.9 1	12	10.2 4	2	3.3 5	1	2.4 5
Swimming	8	7.0 8	27	8.1 6	1	0.8 8	-		-	
Tennis	- 	12	3	0.912	1	0.8 8	1	1.7 8	1	2.4 5
Baseball/Softball	11	9.6 3	18	5.4 8	1	0.8 8	-		-	
Basketball	9	7.9 6	27	8.1 6	1	0.8 8	-		-	
Weights	3	2.6 9	28	8.4 5	5	4.2 6	2	3.3 5	-	
Yardwork	9	7.9 6	35	10.6 3	30	25.5 2	19	31.7 1	18	42.9 1
Housework	10	8.8 5	29	8.7 4	31	26.3 1	11	18.3 2	8	19.0 3
Racquetball	2	1.810	7	2.111	1	0.8 8	_		-	
Walking	1	0.911	16	4.8 9	18	15.3 3	11	18.3 2	12	28.6 2
Aerobics/Heavy Workouts	14	12.3 2	48	14.5 2	8	6.8 5	2	3.3 5	2	4.8 4
Stretch/Light Workouts	11	9.6 3	9	2.710	2	1.7 7	5	8.3 4	-1	
Other	17	14.9 -	29	8.7 -	7	5.9 -	7	11.7 -	-	

^{*}Total times named as first, second or third form of exercise.

TABLE 49. Amount of Time Spent Exercising Per Session by Cender, Ethnicity and Age

Amount of		Gender						
Time	Ma	ales	Fei	nales	T	otal		
(minutes)	f	8	f	g.	f	g.		
1 - 15	10	4.4	23	9.9	33	7.2		
16 - 30	40	17.5	65	28.0	105	22.8		
31 - 60	61	26.8	64	27.6	125	27.2		
61 +	<u>117</u>	<u>51.3</u>	80	34.5	197	42.8		
TOTAL	228	100.0	232	100.0	460	100.0		
Median (minutes)	60.	1	43.	5	53.	0		

Amount of				Ethi	nicity			
Time	Cha	morro	Fil	ipino	Cau	casian	A11	Others
(minutes)	f	- %	f	8	f	8	f	*
1 - 15	24	8.7	8	7.2	1	2.7	_	_
16 - 30	68	24.7	27	24.3	4	10.8	6	16.2
31 - 60	72	26.2	35	31.5	9	24.3	9	24.3
61 +	111	40.4	41	36.9	_23	62.2	_22	_59.5
TOTAL	275	100.0	111	99.9	37	100.0	37_	100.0
Median (minutes)	50.	D	48.1		75.	0(est.)	70.	0(est.)

Amount of						Age				
Time	Less	than 16	1	6-39	4	0-54	5:	5-64		65+
(minutes)	f	8	f	B	f	8	f	8	f	8
1 - 15	6	7.3	8	3.6	7	8.6	7	16.3	5	15.6
16 - 30	14	17.1	63	28.4	19	23.5	` 5	11.6	4	12.5
31 - 60	29	35.4	66	29.7	21	25.9	4	9.3	5	15.6
61 +	33	40.2	85	38.3	34	42.0	27	62.8	18	56.3
TOTAL	82	100.0	222	100.0	81	100.0	43	100.0	32	100.0
Median (minu	ites) 52.	7	49.	2	51.	7	75.	0(est.)	65.	0(est.

that this particular subgroup was very active. An observation of Table 49 will reveal that the average duration of exercise for the entire group was 53 minutes per session. For the average jogger this would be enough time to cover approximately five miles and for a runner about seven miles.

The median length of exercise time for <u>males</u> was one hour and for <u>females</u> was approximately three-fourths of an hour. Poth groups seemed to be committing an extensive amount of leisure time to exercise activity.

There were also marked differences in the average amount of exercise time reported by the ethnic groups. Caucasians reported that an average session ran one and one-fourth hours. This was considerably longer than the 50 and 48 minutes, respectively, reported by Chamorros and Filipinos.

Of particular interest were the differences in the average length of time the various <u>age</u> groups devoted to exercise. As shown in Table 49, the length of the exercise periods generally increased as age increased for the adult population. Whether this occurred because of greater health consciousness or because of greater amounts of available leisure time is not known.

These data would lend support to the observation that lifestyles are changing to include extensive health fitness activities. An increase in the level of health consciousness is also evident.

SECTION FIVE

PERSONAL SAFETY PROGRAMS

5.1 Introduction

The focus of this section's discussion is on the safety practice of wearing a seat belt while driving a vehicle or liding as a passenger, as well as on the interviewees' know-ledge of several lifesaving techniques. Both are considered to be measures of health consciousness and were approached in Questions 28, 31 and 32.*

5.2 Use of Seat Belts

According to the respondents, one-third of the total sample studied usually wore seat belts when riding in cars as passengers or as drivers (Table 50). No noticeable difference was observed in this regard between <u>males</u> and <u>females</u>.

Significant differences were evident among the individuals when analyzed by their ethnicity. Nearly three-fourths (72.1%) of the Caucasians made a practice of buckling up before starting the car for a ride. This was by far the highest average level of demonstrated concern for personal safety among the ethnic categories. Only 15.5% of the Other Islanders said that they wore seat belts. About one-third of the Chamorros, Filipinos, and Asians were shown to regularly wear the protective belts.

^{*}See Appendix C

TABLE 50. Usually Wears a Seat Belt When Driving or Riding in a Car/Truck by Gender, Ethnicity and Age

				G	ender		
		Ma	ales	Females		Total	
Response		f	8	f	8	f	8
Yes	¥	332	33.8	310	32.9	642	33.4
No		651	66.2	632	67.1	1,283	66.6
TOTAL		983	100.0	942	100.0	1,925	100.0
Insufficient Data		2		1		3	

						Et	thnicit	Y				
	Chan	orro	_Fil	ipino	Cauc	casian		ther anders	A:	sian_	<u>A11</u>	Others
Response	f	8	t	8	f	8	f	*	t	*	1	*
Yes	336	30.0	182	33.6	49	72.1	9	15.5	12	34.3	54	50.5
No	780	69.9	359	66.4	19	27.9	49	84.5	23	65.7	_53	49.5
TOTAL	1,116	100.0	541	100.0	68	100.0	58	100.0	35	100.0	107	100.0
Insufficient Data	1		1								1	

	Age										
	Less than 16		1	6-39	4	0-54	5	5-64	65		
Response	f	8	f	8	f	8	f	8	f	8	
Yes	220	32.7	249	35.1	89	32.7	55	34.8	29	25.7	
No	<u>453</u>	67.3	460	64.9	183	67.3	103	_65.1	<u>B4</u>	74.3	
TOTAL	673	100.0	709	100.0	272	100.0	158	100.0	113	100.0	
Insufficient Data	2		1								

Age was not a significant factor in determining who the seat-belt users were. The only possible exception to this statement would involve the oldest category of elderly. Only one-fourth said they regularly wore car seat belts.

5.3 First Aid Training

One hundred eighty-six out of 1,928 individuals studied (10.0%) had been trained in first aid techniques. The percentage figure was slightly higher for the males. Based on these indings and the high interest in first aid informational programs—as pointed out in the discussion included in Report Number Four (9)—the responsible agency could easily find an adequate number to train. The ethnicity variable continued to reveal major differences in first aid training. Only 1.7% of the Other Islanders had had such training, as compared with 6.5% of the Filipinos, 9.6% of the Chamorros and 44.1% of the Caucasians.

TABLE 51. Received First Aid Training by Gender

		Gend	er				
	Ma	ales	Fer	males	Total		
Response	f	8	f	F	f	ક	
Yes	116	11.8	70	7.4	186	9.6	
No	<u>869</u>	88.2	873	92.6	1,742	90.4	
TOTAL	985	100.0	943	10010	1,928	100.0	

TABLE 52. Received First Aid Training by Ethnicity

						Ethnic	ity					
	Chan	orro	Fil	.ipino	Cau	casian		ther anders	A	sian	All	Others
Response	f	8	f	g	f	કુ	f	8	f	8	f	8
Yes	107	9.6	33	6.1	30	44.1	1	1.7	2	5.7	13	12.0
No	1,010	90.4	<u>509</u>	93.9	_38	55.9	_57	98.3	_33	94.3	_95	88.0
TOTAL	1,117	100.0	542	100.0	68	100.0	58	100.0	35	100.0	108	100.0

TABLE 53. Received First Aid Training by Age

						Age					
	Less than 16		1	16-39		40-54		55-64		65+	
Response	f	9	f	8	f	8	f	8	f	96	
Yes	5	0.7	102	14.4	55	20.2	20	12.7	4	3.5	
No	<u>670</u>	99.3	608	85.6	217	79.8	138	87.3	109	96.5	
TOTAL	675	100.0	710	100.0	272	100.0	158	100.0	113	100.0	

The youngest and the oldest in the study group of 1,928 individuals had received the least first aid training. The highest proportion (20.2%) having received training was in the 40 to 54 age range.

5.4 Cardio-Pulmonary Resuscitation (CPR) Training

These findings differed only slightly from those reported for first aid training. They differed in that the percentage with CPR training was about 2.0% less for the entire sample. There was a greater difference between the percentage rates for males and females. Eleven percent of the males had CPR experience as compared with 5.4% of the females.

TABLE 54. Received Cardio-Pulmonary Resuscitation (CPR)
Training by Gender

		Ge	nder	***		
	M	ales	Fe	males	Tot	tal
Response	f	8	f	8	f	8
Yes	105	10.7	51	5.4	156	8.1
No	880	89.3	892	94.6	1,772	91.9
	-					
TOTAL	985	100.0	943	100.0	1,928	100.0

Caucasians continued to show supporting evidence of their interest in personal safety. One-third of this group had had CPR training--much higher than any other ethnic group. The

percentages of the various <u>age</u> groups, if plotted, would adhere to the shape of a normal bell-shaped curve. Those 40 to 54 years old were more likely to have had CPR training, while the very youngest and oldest were least likely to be trained.

TABLE 55. Received Cardio-Pulmonary Resuscitation (CPR) Training by Ethnicity

- 11	2					Ethni	city					
	Cham	orro	Fil	ipino	Cau	casian		ther anders	As	sian	All	Others
Response	f	ફ	f	કુ	f	8	f	ક્ર	f	8	f	ક
Yes	86	7.7	33	6.1	23	33.8	2	3.4	1	2.9	11	10.2
No	1,031	92.3	<u>509</u>	93.9	45	66.2	_56	96.6	_34	97.1	97	89.8
TOTAL	1,117	100.0	542	100.0	68	100.0	58	100.0	35	100.0	108	100.0

TABLE 56. Received Cardio-Pulmonary Resuscitation (CPR) Training by Age

	0					Age					
	Less than 16		1	16-39		40-54		55-64		65+	
Response	f	8	f	8	f	ક	f	ક	f	ક	
Yes	7	1.0	90	12.7	38	14.0	17	10.8	4	3.5	
No	668	99.0	620	87.3	234	86.0	141	89.2	109	96.5	
TOTAL	675	100.0	710	100.0	272	100.0	158	100.0	113	100.0	

SECTION SIX

SUMMARY OF FINDINGS

6.1 Introduction

Interviews were conducted with 400 adults representing randomly selected households throughout the island. A total of 1,928 individuals resided in the homes. This is the fifth eport—in a series of five—concerning health behavior patterns of the population on Guam. The information contained herein was derived primarily from answers given to Questions 21 through 32 of the Interview Schedule.*

The major topics of this report cover smoking, drinking and eating life-style patterns, aspects of mental health, exercise and personal safety programs. A brief overview of each major section of this report comprises the remainder of this summary.

6.2 Physical Health: Smoking, Drinking and Eating Life-Style Patterns

Slightly over one-third (35.3%) of the sample population 16 years or older were reported to be <u>smokers</u>. Nearly one-half of the males were smokers, while the percentage figure for females was about 24.0. As a group Filipinos were the least likely to smoke and Chamorros the most (41.5%). The 40 to 54 age group contained the highest percentage of smokers (41.2%), while the senior citizens' age group contained the least (23.0%).

^{*}See Appendix C

Of those who smoked, two-thirds were males, 66.0% were Chamorro and 55.0% were in the 16 to 39 age bracket. As was to be expected, the number of years a person had smoked correlated highly with their chronological age. The range for years of active smoking extended from less than one year to 60 years. Males were found to have been smoking several years longer than females. The 17.0-years average that Filipinos had been smoking was nearly twice that of the Chamorros (9.5 years).

The amount of cigarettes smoked per day ranged from one cigarette to four packs. Males smoked only slightly more than did the females. The number was 23.6 and 21.5 cigarettes, respectively. Of all the smoking of tobacco reported, 98.2% was cigarette smoking. A few also smoked pipes or cigars. Approximately one out of three smokers said that doctors had advised them to stop smoking.

Alcohol consumption patterns were also studied in this research effort. The personal-social profile of the typical alcohol drinker was similar to that of the average smoker. Approximately one-fourth of the adults consumed at least one drink per month. They drank primarily beer; some had liquor and a small quantity of wine. With regard to gender, 40.0% of the males drank while the figure was under 10.0% for females. Of those who drank, most were males (82.0%), Chamorro (51.0%), and in the 16 to 39 years age range (56.8%). Caucasians were two to three times more likely to be drinkers than any other ethnic group. About 28.0% of the 40 to 54 age group drank, while 13.0% of those 65 or older did so. The average alcohol

consumption frequency was once or twice a week. Males drank more frequently than females and drank larger volumes of beer, in particular. Asians were two and one-half times more likely to drink during the week than anyone else. As age increased, there was no difference in drinking frequency except for the senior citizens. While others averaged a drink a week, the eldest senior citizens averaged one alcoholic drink per day. Males consumed an average of three and one-half cans of per sitting. This was more than one can greater than the females' average. A larger percentage of women than men were found to drink wine; however, the amount they drank at a sitting was less. Other Islanders seemed to be the "heaviest" drinkers. With regard to age, those 40 to 54 years old averaged the most cans of beer per occasion. The oldest individuals were more likely to be drinkers than any other group. However, the amount they consumed per occasion was less. Doctors had advised about 11.0% of the drinkers to break their This was about one-third the number of smokers who had habit. received similar medical advice. Around 60.0% of the drinkers admitted that they had driven after consuming alcoholic beverages. The average number of times was approximately once every 8 or 9 months. The occurrence of driving after drinking was greatest among Caucasians.

Another cultural or life-style pattern discussed was the practice of adding extra seasoning (such as salt) to one's food while eating. Nearly 60.0% of the subjects were reported to use extra sodium on their food. Asians and Chamorros were most

likely to have used such condiments. Almost 30.0% of the Caucasians said they rarely or never added extra seasoning to their food. This was three times larger than the other ethnic groups.

6.3 Mental Health

Three and one-half percent of all subjects complained of emotional stress. This was found to be more characteristic of females, Caucasians and those in the age 16 to 39 years ange. Family problems and death or illness in one's family were primary causes. Job problems were more of a problem for males than females.

Females, Caucasians and the eldest adults were most likely to have been taking medication or drugs to help relieve themselves of their stress or to aid in relaxation.

6.4 Health Fitness and Exercise

To determine the health consciousness or general health fitness level of the subjects, they were asked about their leisure time physical activity. Nearly one-fourth exercised at least three times a week. No significant difference was noted between males and females with regard to the proportions of their respective group who were physically active. Caucasians tended to differ considerably in the area of health fitness. More than one-half of the Caucasians exercised regularly. Due to their being represented more extensively in the sample, Chamorros and Filipinos made up 84.0% of all individuals who exercised.

Yardwork and housework tended to be the most common forms of exercise for males and females, respectively. Ranking second for males was running/jogging and for females aerobics. The first place rating of running and jogging by the Filipinos was not anticipated. When considering their age, it was found that those under 40 years ranked jogging or running as their first type of exercise. The oldest individuals seemed to prefer yardwork and walking to stay physically and mentally well. The 460 individuals in the study who exercised regularly did so for nearly one hour per occasion. The length of time was greater for males, Caucasians, and the senior citizens.

6.5 Personal Safety Programs

The extent to which the subjects in this islandwide health behavior study routinely utilized select safety measures was analyzed. Approximately one-third regularly used seat belts for safety reasons while traveling in cars. Caucasians were more than twice as likely to wear them as any other group, while Other Islanders were the least likely to do so. Little variation was noted among the various age groups or within gender.

Caucasians were also far more likely to have had first aid training than any other group. This also held true for CPR training. Males, in general, were more likely to have had first aid or CPR training than were women. Based on these findings, it appears that community informal information programs on first aid would most likely be very well attended.

As life-styles and cultural traits continue to change, the health status and behavior patterns of the people can also be

expected to be modified. This islandwide survey should, therefore, prove helpful in future years for the comparative baseline data it can provide.

APPENDICES

APPENDIX A

DEMOGRAPHIC TERMS, DEFINITIONS AND EXPLANATIONS

DEMOGRAPHIC TERMS, DEFINITIONS AND EXPLANATIONS

The term <u>gender</u> and <u>sex</u> are used interchangeably throughout the report and refer to male and female.

Other Islanders refers to those originating from the islands, exclusive of Saipan, formerly known by their political identity as the Trust Territory of the Pacific Islands.

 \underline{f} is used in tables to refer to the \underline{f} requency or count of individuals, etc.

is used in the tables and text and, of course, refers to percent. Percentage totals may not equal 100.00 due to normal mathematical rounding error.

Education means number of years of formal schooling completed. Highest grade completed.

Adults occasionally is used and refers to those age 16 and older. The characteristics of income, education, and marital status are analyzed for individuals of this age category. This differs from the Federal Census which includes those age 15 and older for certain characteristics and age 16 and over for others.

Ethnicity is based on the interviewee's perception of himself and each individual member of the household. This differs from the Federal Census where all members of a household are designated the same ethnicity as the head of the household.

Age refers to a person's age at his last birthday.

<u>Income</u> included regular earnings for work and all other sources. The income question was dependent on one's memory and not records. Therefore, an underreporting could be expected especially in those cases involving a variety of types and sources.

<u>Marital Status</u>. Although civil/religious marriages and commonlaw marriages are treated separately in the tables, on occasion "married" is used in the text and includes both forms.

Morbidity refers to the occurrence of disease or a state of illness.

Median figures are generally reported since as a statistic they are not affected by extreme values in a distribution as are mean figures.

Demographic Terms, Definitions and Explanations (continued)

The following formula was used in calculating medians:

$$Median = l + \left(\frac{\frac{N}{2} - f_c}{f_w}\right)h$$

l = lower theoretical limit of the interval in which the median lies

fe = cumulative frequency up to the interval containing the median

 f_w = frequency within the interval containing the median

N = total number of cases

h = height of the interval

Civilian Population was established by GHPDA for this study as
follows:

1980 Census Total Population
Minus Military Population
(living either on bases or in the community)

-21,000
84,979

ISLAND DISTRICTS

North:

- -Dededo
- -Yigo

North Central:

- -Tamuning (including Tumon)
- -Barrigada (including Barrigada Heights)

Central:

- -Piti
- -Asan/Maina
- -Agana
- -Agana Heights
- -Sinajana
- -Chalan Pago/Ordot
- -Mangilao
- -Mongmong/Toto/Maite

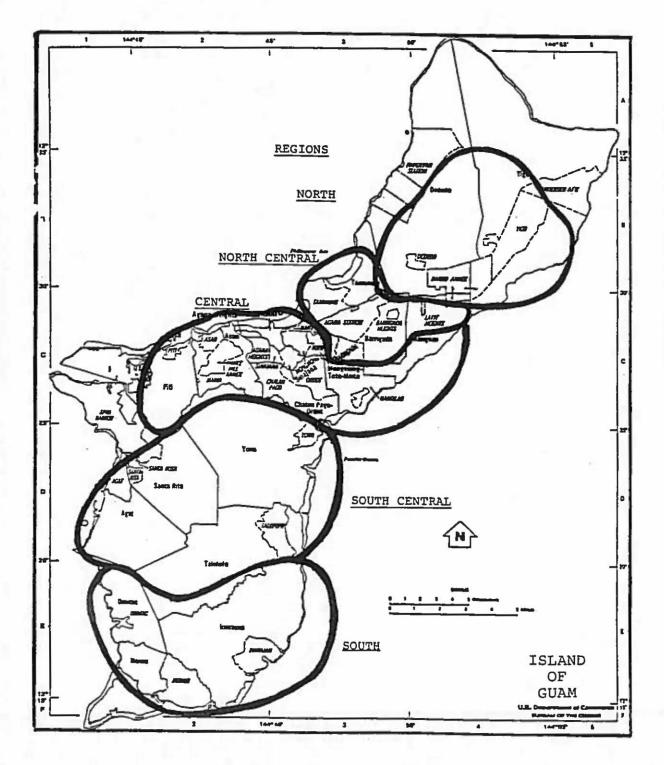
South Central:

- -Agat
- -Santa Rita (including Santa Rosa)
- -Talofofo
- -Yona

South:

- -Inarajan
- -Merizo
- -Umatac

FIGURE 3. Geographical Regions



El leading For WAR IN THE PACIFIC NATIONAL HISTORICAL PARK fur karpus rekyanatan ya TEPARTCIPAN, PA BYSTEM ang CEPARLANAN KAYAN KEMAN Department of Profes and Sate Staylory, Sate PD day 1984 Mayora Limes, Ages. PD Stat FA PROTECT AQUATIC AND WILDLIFE RESOURCES MERACE RECOMETER CHART SHOWING SHOTTLEST DISTANCE BETWEEN SELECTED COMMUNITIES AND PLACES OF INTEREST FOLLOWING THE TERMITORY HIGHWAY SYSTEM Sample Deduction Fartners 5. The related 20 and 1.5 and 2.5 an \$ 50 61 166 100 152 03 76 104 170 194 PLEASE DON'T LITTER—Keep Guam beautiful and your highways clean

ISLAND OF GUAM OFFICIAL HIGHWAY MAP

IGURE Village-to-Village T.M. leage Chart

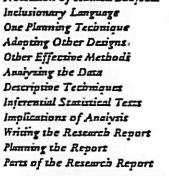
APPENDIX B SAMPLE AND METHODOLOGY

DETERMINING SAMPLE SIZE

Using a Survey to Collect Data Using Printed Instruments Informacion-Collecting Techniques Guidelines to Determine Survey Use. Designing the Items Planning for Item Construction hem Sequencing Designing Response Modes. Modes of Response. Establishing Appropriate Scales Coaing Survey Items. Forced-Response Codes Open-Response Codes Electronic Data Processing Conducting the Survey Sampling Considerations Communicating with the Target Population Protection of Human Subjects

Designing Sensible Surveys

Donald C. Orlich



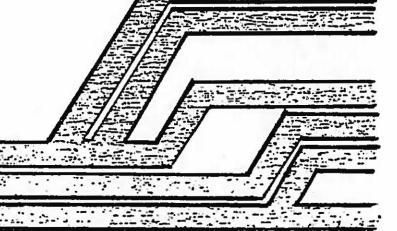


Table 5-1. Estimated Population and Sample Sizes

Population Size	Sample Size	Population Size	Sample Size	
1.00	79	5,000	357	
200	132	6,000	361	
300	168	8,000	367	
400	196	10.000	370	
500	21.7	15,000	375	
600	234	20,000	377	
200	260	30,000	379	
1,000	278	50,000	351	
2.000	322	75,000	382	
3,000	3/1	100,000	333	

Source: The National Education Association. Table 5-1 is reproduced with the written permission of the National Education Association.

DETERMINING SAMPLE SIZE (continued)

Suggested Sample Sizes for Selected Population Sizes
In a Simple Random Sample

W			
Total		Total	
Number of	Number of	Number of	Number of
Households	Households	Households	Households
in the	Needed in	in the	Needed in
Population*	the Sample	Population	the Sample
100			
100	80	6,000	375
120	92	7,000	378
140	104	8,000	381
160	114	9,000	383
180	124	10,000	385
200	133	More than 10,000	400
220	142		
240	150		
260	158		
280	165		
300	171		
320	178		
340	184		
360	189		
380	195		
400	200		
420	205		
440	210		
460	214		
480	218		
500	222		
600	240		
700	255	* Make sure that	you have
800	267	added together	
900	277	households (ru	ral and
1,000	286	town) in the p	opulation
1,250	303	before you det	ermine
1,500	316	the sample size	e.
1,750	326		
2,000	333		
2,500	345		
3,000	353		
3,500	359		
4,000	364		
4,500	367		
5,000	370		

TABLE 57. Confidence Limits for Sample Proportions

	95 P	ercent	99 P	ercent
Sample Proportion	Lower Limit %	Upper Limit %	Lower Limit %	Upper Limit %
5	3.1	7.6	2.6	8.5
10	7.2	13.4	6.5	14.5
15	11.7	18.9	10.7	20.1
20	16.2	24.3	15.1	25.6
30	25.6	34.8	24.3	36.2
40	35.2	45.0	33.7	46.5
50	45.0	55.0	43.5	56.5
60	55.0	64.8	53.5	66.3
70	65.2	74.4	63.8	75.7
80	75.7	83.8	74.4	84.9
85	81.1	88.3	79.9	89.3
90	86.6	92.8	85.5	93.5
95	92.4	96.9	91.5	97.4

NOTE: Interpretation of Table 57. In this study, approximately 50% of the households surveyed were located in the North Region of the island. At the 95% level of confidence, it may be concluded that the true proportion of houses in the North would fall somewhere in the 45.0% to 55.0% range.

DETAILED METHODOLOGY

Sample Design

The health study sample geographically represents the entire island to accommodate islandwide ethnicity and rural-urban characteristics. The central and northern regions of the island are more developed, multi-ethnic and contain urban-like illages. The southern part of Guam, by contrast, remains more culturally homogenous with villages "rural" in character. Most medical diagnostic and treatment personnel and facilities are found in central Guam. Thus, the geographically proportionate sample reflects a representative distribution of Guam's rural-urban and ethnic-cultural composition.

To achieve such sample characteristics, a geographically stratified, two-step, proportionate random cluster sample design was adopted for the study. Permanent housing units located throughout the island (excluding those on military installations, other federal housing compounds, temporary alien labor quarters, resort hotels, and those facilities for the institutionalized) are defined as representing the civilian population.

The 1980 Guam Census Report showed 28,225 housing units of which 4,676 (16.5%) were located on land claimed by the federal government. The balance of 23,549 housing units thus represents the population from which the survey sample was drawn.

For enumeration purposes in 1980, the U.S. Department of Commerce, Bureau of the Census, considered the entire island of Guam as 19 minor civil divisions (MCD's). The MCD's (Figure 5) are election "districts" and commonly known as villages. Also in 1980, the Bureau identified as census designated places (CDP's) 34 "more highly settled" areas--including those identified as cities in 1970. The entire MCD of Agana was designated as one CDP. Three other MCD's were subdivided into two or .hree CDP's which, however, were inclusive of the MCD's. These MCD's were Asan/Maina, Chalan Pago/Ordot, and Mongmong/Toto/ The remaining 15 MCD's all contained one or more CDP's and a residual or less densely settled area (MCD-CDP's). Table 58 shows that eight of the 34 CDP's designated in the 1980 Census were official U.S. military or other federal housing areas and, therefore, were excluded from the total sampling area. The geographical subdivisions remaining for our sample included 26 CDP's and 15 MCD's/CDP's, for a total of 41. distribution of the agreed upon 400 housing samples is also shown in Table 58.

Although all highways, most streets and many roads are officially named, signs are absent in a number of instances. In addition, certain roads, trails and drives are without uniform identification markers, particularly on unsurveyed tracts of rural land located beyond the more densely populated village CDP's. In view of these conditions, aerial photography housing maps of the island were utilized to determine the specific sample units for the study. A total of 146 section maps were

required to cover all areas of the island that contain residential housing. Each section map contained 36 grid-block squares. The number of houses in a grid-block varied depending on its location. Grid-blocks in the CDP's were, of course, more densely populated than those in the lesser settled areas of the MCD's. The CDP grid-blocks in northern and central MCD's contained as many as 25-30 housing units, while selected residential area grids in the southern part of the island had a few or in several cases only one.

Sample Unit

Representative sampling among MCD's could be achieved by randomly selecting grid-blocks in proportion to the number of households located in each MCD. A more precise representation could be obtained by proportionately sampling grid-blocks within the given MCD subdivision (CDP's and MCD minus CDP's). Therefore, the Sample Unit in this study was a randomly selected grid-block.

The second level or step in the sampling procedure was purposive designation of an initial contact house (Figure 6) in each randomly selected grid-square or "housing cluster".

In order to ensure a final minimum sample size of 400 surveys, a "back-up" sampling strategy was utilized in the event where all households in the sample unit (map grid) were contacted. In such instances alternate grid-blocks were to be utilized. A systematic pattern of alternating from the immediate left of the original sample grid to the right was set in

order to maintain the proper sample representation within and among the MCD's.

The random selection of 400 map grid-blocks pinpointed starting places for systematic sampling of one-in-fifty-nine or 1.7 percent of the total study population of 23,549 households.

TABLE 58. Sample Frame: Guam

	1	2	3	4
Geographical			Population/	Housing
Subdivision		Housing	Housing	Sample
(MCD/CDP)	<u>Population</u>	Units	(C1/C2)	*
MOM N	(105 070)	/20 2251	(2.75)	(400)
TOTAL	(105,979)	(28,225)	(3.75)	(400)
Agana (MCD/CDP)	896	384	2.30	7
Agana Heights (CDP)	2,970	900	3.30	15
Agana Heights (MCD/CDP		71	4.40	1
Agat (CDP)	2,908	706	4.10	12
Agat (MCD/CDP)	1,091	284	3.80	5
Aman (MCD/CDP)	726	210	3.46	4
Caina (CDP)	891	231	3.86	4
Nimitz Hill Annex (CDP		148	2.80	NS**
Naval Air Station (CPD		352	4.69	NS
Barrigada Heights (CDP		260	4.30	4
Dullingua morgano (opi	, -,	200		•
Barrigada (CDP)	3,127	787	3.97	13
Barrigada (MCD/CDP)	1,852	531	3.49	
Chalan Pago (MCD/CDP)	1,921	472	4.07	8
Ordot (CDP)	1,199	266	4.50	9 8 5
Dededo (CDP)	2,524	641	3.90	11
Finegayan Station (CDP		874	4.05	NS
Dededo (MCD/CDP)	17,582	4,019	4.40	67
Inarajan (CDP)	918	205	4.48	3
Inarajan Dist. (MCD/CDP		250	4.56	4
Mangilao (CDP)	4,029	1,312	3.07	22
Table Maichte (CDD)	1 056	260	2.00	
Latte Heights (CDP)	1,056	268	3.90	5 NG
Marbo Annex (CDP)	856	253	3.40	NS
Mangilao (MCD/CDP)	899	234	3.80	4
Merizo (CDP)	1,500	356	4.20	6
Merizo (MCD/CDP)	163	42	3.90	1
Mongmong (MCD)	2,058	656	3.10	11
Toto (CDP)	2,358	498	4.70	8
Maite (CDP)	419	201	2.10	3
Agana Station (CDP)	410	135	3.04	NS
Piti (CDP)	737	226	3.30	4
Piti (CDP/CDP)	2,129	277	7.68	5
Santa Rita (CDP)	1,264	291	4.30	Š
Santa Rosa (CDP)	860	209	4.10	4
Apra Harbor (CDP)	5,633	1,432	3.90	NS
Santa Rita (MCD/CDP)	1,426	321	4.40	5
Sinajana (CDP)	1,879	464	4.05	8
Sinajana (MCD/CDP)	606	155	3.90	
	1,470	291		2
Talofofo (CDP)	536		5.05	3 5 3
Talofofo (MCD/CDP)		154	3.50	52
Tamuning (CDP)	8,862	3,047	2.90	52
(cont.)				

TABLE 58. Continued

3	4
Population/ Housing (C1/C2)	Housing Sample *
(3.75)	(400)
2.70	29
4.80	2 1
	16 NS
3.50	NS
4.20 4.90	8 7
3.60	11
	2.70 5.07 4.80 3.50 2.10 3.50 4.20 4.90

^{*.0169858} X 23,549 households = 400 sample residences.

Sources:

U.S. Bureau of the Census. US Census of the Population: 1980. Vol.1, Characteristics of the Population, Part 54, Guam, PC80-1-A54 Chaper A, Number of Inhabitants. US Government Printing Office, Washington, DC, 1982.

Guam Department of Commerce, 1982. Preliminary Population and Housing Counts by Subdivision, Guam 1980 Census. Unpublished Data Sheet.

^{**}NS = not sampled federal housing such as military bases.

FIGURE 5. Election Districts (MCD's), Places (CDP's) and Sample Distribution

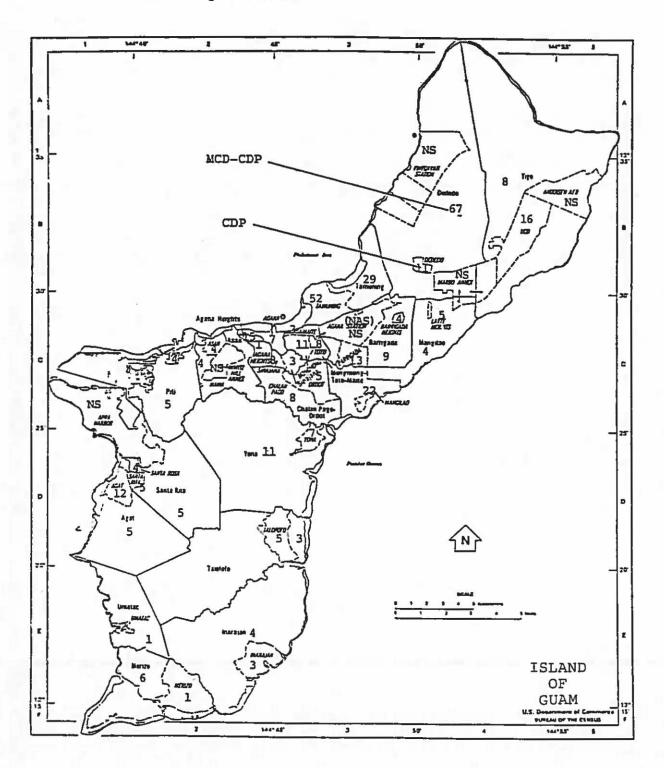


FIGURE 6. Sample Unit: Grid-Block Cluster of Households

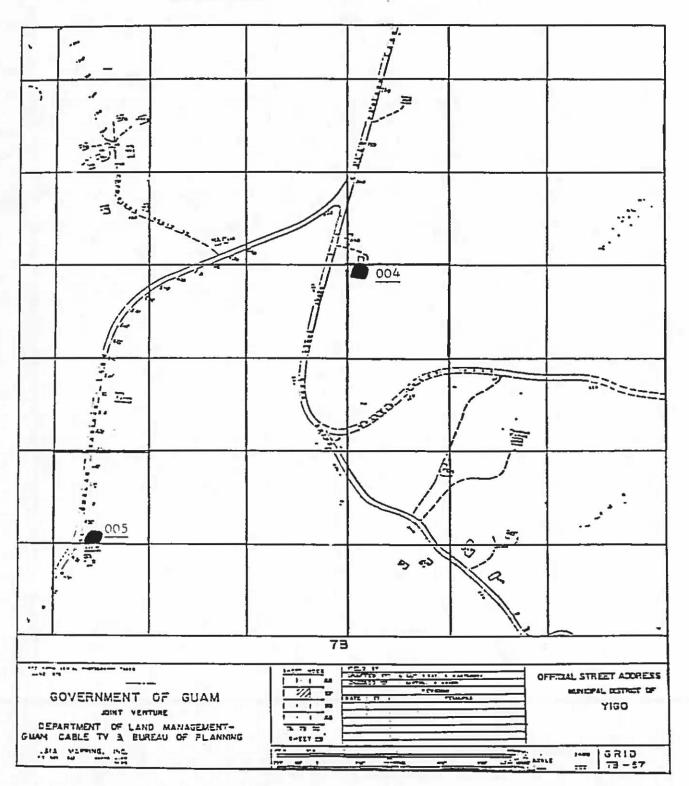


FIGURE 6. Sample Unit: Grid-Block Cluster of Households (continued)

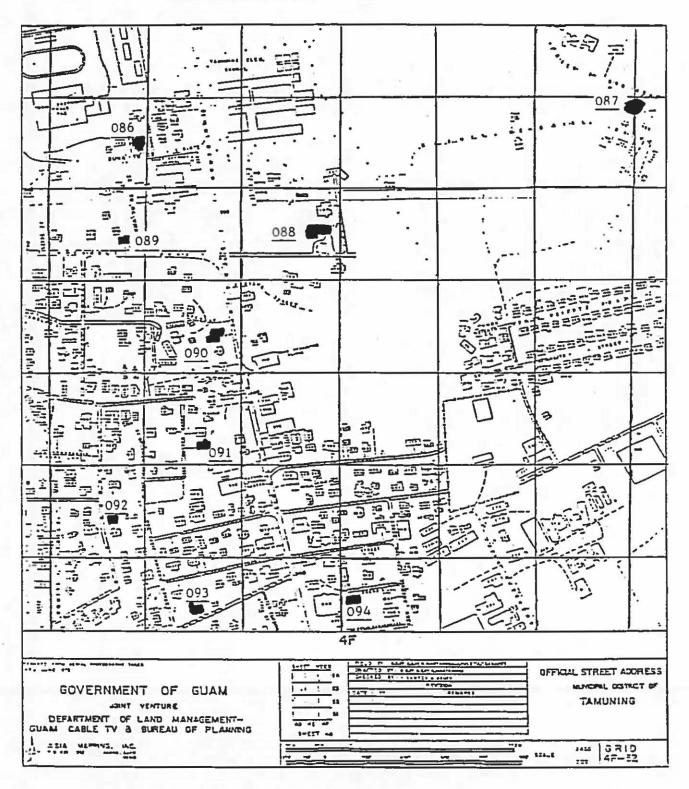
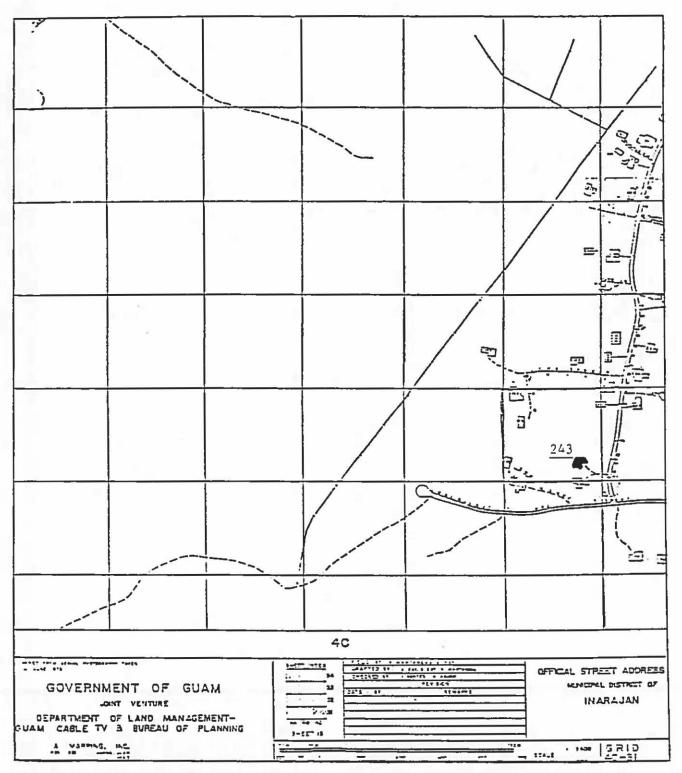


FIGURE 6. Sample Unit: Grid-Block Cluster of Households (continued)



HEALTH STATUS OF THE POPULATION OF GUAM SURVEY November 8, 1984

Interviewer's Narrative Report and Coder's Comments:

SUBJECT NO.	COMMENT/SPECIFY						
17801	Had to retire because of his heart disease (originally had 365 days at home in bed last 12 months); Q45 covered by military and medicare (doesn't use the medicare), coded 12-Military.						
38102	Subject is diabetic and so she eats once an hour (about 13 "snacks" per day). Figured: 24 hours/day						
	- 8 hours sleep 16 hours - 3 hours/3 meals 13						
	Coded Q25 as 8 (Maximum number for 1 column.						
17302	Covered by BC/BS, FHP and Metropolitan. Coded 06 BC/BS for Q45a.						
17304	Same as the above.						
374 (all)	Household of six with #1 category income, no public assistance, and some with BC/BS insurance. The head of the household (husband) just died and apparently was the family's wage earner.						
38910/12	Q9. Both subjects while they were in to see doctor about their colds, the doctor gave them their "baby shots" (measles, mumps, rubella, etc.).						
37402/05	Q8 shows HMSA insurance, Q45 shows no insurance. At the time she had the baby in Q8, she was living and working in Hawaii and was covered by HMSA. Currently lives in Guam, no insurance.						
37003/06 and 37005/06	Q20, uses FHP but Q45, no insurance. Q8 and Q12, one doctor delivered, another doctor for prenatal visits. Q14 has FHP insurance but went to Dr. Labalan.						

SUBJECT NO. COMMENTS/SPECIFY								
	Verifier (Mary Vacher) asked interviewer if she knew more about the above or why. Interviewer remembered that those were the answers and couldn't add any more.							
25701/03	Q2d/e/f. Coded 9's because these two people never went to school.							
39002	Q2d/e. Coded 9's because he went to Brodie Memorial and they "don't have grades." He is not attending at the present.							
	Subject was referred to as a "slow learner" and "disabled." He went to Brodie Memorial. He puts in 8 hours a day doing housework. (Interviewer has not coded him in Q7. Subject looked retarded to the interviewer. Interviewer also got the impression subject is not allowed to drive or to learn to drive. Subject doesn't drive.)							
39001/01/03/04	FHP and Medicaid (coded 01-FHP in Q45)							
31302/03/04	Q48c. Coded as "9" because all part of a family business. The joint family income is coded "8" with person #01 the father.							
39203	Q2g. Suggested "mongolian" be added. This is the real origin of the Chamorro people.							

HEALTH STATUS OF THE POPULATION OF GUAM RUN LIST

SUBJECT NO.	RECORD CODE	COMMENT/SPECIFY
Q2. Relationship	p to head of the	household:
39904	25-Other	Respondent gave S39904 as his son-in-law and single. (When asked about it, #04 is single and like a son-in-law).
Q2d. Ref. 66	years and older-	-Marital Status:
40001	12-High School	Graduated from high school and had 4 years as apprentice.
Q2f. Place in w	hich attended his	ghest grade they finish:
05902 06702 06703 28301 39502	29-Other 29-Other 29-Other 29-Other 29-Other	Samoa Germany Germany Africa Sweden
Q2g. Ethnic gro	up:	
05106	10-T.T.	Rotanese
20302 20303 20304 20305	10-T.T. 10-T.T. 10-T.T. 10-T.T.	Trukese Trukese Trukese Trukese
17401 17402 17403	10-T.T. 10-T.T. 10-T.T.	Palauan Palauan Palauan
28301	12-Other/Single	African
37502 37503	12-Other/Single 14-Other/Comb.	
06702 06703 06704 06706 (cont.)	12-Other/Single 12- " 14-Other/Comb. 14- "	German German/Black German/Filipino/Black

SUBJECT NO.	RECORD CODE	COMMENT/SPECIFY
05003		
05902 05903 05904 05905	14-Other/Comb. 14- " 14- "	Chamorro/Samoan Chamorro/Samoan Chamorro/Samoan
05906	14- "	Chamorro/Samoan
05907	14- "	Chamorro/Samoan
05908	14- "	Chamorro/Samoan
17803	14-Other/Comb.	Caucasian/Palauan
38701	14-Other/Comb.	Japanese/Chamorro
39303	14-Other/Comb.	Caucasian/Chamorro
39304	14- "	Caucasian/Chamorro
17503	14-Other/Comb.	Caucasian/Chamorro
17504	14- "	Caucasian/Chamorro
17303	14-Other/Comb.	Yapese/Hawaiian
17304	14- "	Yapese/Hawaiian/Chamorro
19103	14-Other/Comb.	Chamorro/Japanese
19104	14- "	Chamorro/Japanese
19105	14- "	Chamorro/Japanese
19106	14- "	Chamorro/Japanese
19107	14- "	Chamorro/Japanese
39503	14-Other/Comb.	Chamorro/Caucasian
39504	14- "	Chamorro/Caucasian
38914	14-Other/Comb.	Chamorro/Japanese/Hawaiian
38915	14- "	Chamorro/Japanese/Hawaiian
19503	14-Other/Comb.	Caucasian/Filipino
18003	14-Other/Comb.	Chamorro/Caucasian
18004	14- "	Chamorro/Caucasian
18005	14- "	Chamorro/Caucasian
06002	14-Other/Comb.	Chamorro/Canadian
06003	14- "	Chamorro/Canadian
06004	14- "	Chamorro/Canadian
06005	14- "	Chamorro/Canadian
08803	14-Other/Comb.	Filipino/Caucasian
08804	14- "	Filipino/Caucasian
08805	14- "	Filipino/Caucasian
27701	14-Other/Comb.	Filipino/Japanese
(cont.)		-

SUBJECT NO.	RECORD CODE	COMMENT/SPECIFY	_
26403 26404	14-Other/Comb.	Filipino/Italian Chamorro/French	

Q22a. Exercise habits:

06001	20-Other	Snorkeling								
06002	20-Other	Snorkeling								
40003	20-Other	Tahitian dancing								

Q23c. Usual social situations for alcohol consumption habits:

28701 3-Coded Fiesta or party.
(Not Coded) (2-small group of friends or family.

CODING, DATA ENTRY AND ANALYSIS

Computerization of Data (June 22, 1984)

- 1. A technical complication developed in the planned procedures to key data in through the UOG Computer Center's Interactive Computing and Control Facilty (ICCF). The size of data file members that can be utilized by the ICCF is very limited (5000 record lines). Miscommunication with the Computer Center led CDI staff to plan for only two (2) data file members that would contain the entire data set. However, because the data set is extremely large (approximately 36,632 record lines), the data files that had been keyed in were already too large. This required creation of an additional service of programming operations to rectify.
- 2. Working with Rudy Villagomez, Programmer Analyst at the UOG Computer Center, procedures were developed to: (a) divide the large ICCF data files into smaller usable segments; (b) these segments can be resorted as originally planned from the order pattern of keypunching (all household members for each data record line before entering of the next data record line) to the order pattern necessary for data analyses (all data record lines for each person and subsequent persons); (c) the resorted segments are then placed out on DISC storage, which permits the use of a SAS program to read, MERGE (a SAS Proc), and output all segments as a simple SAS Data set on a permanent computer TAPE file.
 - 3. Data analyses will be processed using SAS software programs reading (input) the data from this tape.

GHPDA-UOG INTERAGENCY AGREEMENT W32100001

HEALTH BEHAVIOR PATTERNS SURVEY

Report 01

December 15, 1983

- Due to the implementation of a new accounting system by the Government of Guam, effective with the beginning of FY'84, a financial account for this project was not established until mid-November 1983. This technically delayed the project start-up date by six weeks. This delay is considered to have been beyond the control of both agencies (GHPDA and UOG).
- Telephone contact between GHPDA and UOG has been maintained and informal status reports given. Cooperation has been very good.
- 3a. Research Sample Design. Completed. Copy to be presented to GHPDA along with other requirements of Phase II (Second Installment).
- 3b. Drawing of Sample Units. Completed. Copy of islandwide sample distribution to be presented to GHPDA along with other requirements of Phase II (Second Installment).
- 3c. Survey Instrument, initial draft copy attached and ready for submission to GHPDA during first sit down reporting meeting scheduled for Wednesday, December 21, 1983. Recommend that the first joint follow-up work session on survey instrument development be held one week later on Wednesday, December 28, 1983.
- 4. The project design calls for field interviews to begin in January, 1984. Schedule calls for the interviews are to begin during the second weekend of January.

APPENDIX C

INTERVIEW SCHEDULE (QUESTIONNAIRE)

HEALTH SURVEY VARIABLE DEFINITIONS FOR ANSWERS TO SURVEY

I. TITLE: Demographic variables

- I2A Ages of all members of household
- I2B Sex of all individuals of each household
- I2D Highest grade attended in school
- 12E Was this grade completed?
- 12F Country or Island where this grade was finished
- I2G Ethnic group
- I45 Any health insurance?
- 145A Who is insured and which insurance plan?
- I47A Do you receive welfare (OAA, AB, APTD)?
- I47B Food stamps?
- I47C Medicaid?
- 147D GHURA Housing Assistance/Low income family housing subsidy?
- I47E Other, specify:____

II. TITLE: Health Conditions

- I7A1-I7A3 During the past 12 months (not including the last 2 weeks) has anyone in this household had any of the following health problems?

 If yes, who, and what are the conditions?
- I3C During the last 2 weeks, for what condition was the person in the hospital?
- I4B During the last 2 weeks, what was the primary causal illness or injury that kept the person in bed?
- I5B During the last 2 weeks, what was the primary causal illness or injury that the person had?
- ISC During the past 12 months, for what illness or injury was the person hospitalized?

III. TITLE: DRS and sources of care:

- I3F Name of doctor of the person in the hospital for last 2 weeks
- 14F Name of doctor of the person in bed at home for sickness for the last 2 weeks
- I5F Name of the doctor of the person restricted from activities fro the last 2 weeks
- IGA The name of the doctor who was visited.
- ISOA Which doctor did this person visit? (with regards to diagnosis and treatment over the past 2 weeks)

III. TITLE: DRS and sources of care (con't)

- I50C Did the person visit another doctor at another location? (with regards to diagnosis and treatment over the past 2 weeks)
- 18D Name of the doctor of the person who was in the hospital for the past 12 months
- 19C Name of any other doctor this person may have visited
- I12D Did the person visit another doctor at another location?

IV. TITLE: Dental visits

- I14A Who went to see the dentist? Who was the dentist?
- I14D Did this person visit another dentist at another location?
- I14B1-I14B3 What were the reasons for the dental visit?
- I14I By which insurance is this person vovered for dental visits?

V. TITLE: Good health doctor visits reasons

- I6C What was the reason for the visit to a doctor when under good health?
- I12C1-I12C3 What was the reason for the visits to a doctor with no injury at the time and in good health?

VI. TITLE: Hospital stays

- I3B How many days during the last 2 weeks was the person in the hospital?
- ISB How many days during the past 12 months was the person in the hospital?

VII. TITLE: Work days missed

- I4L During the last 2 weeks, how many days did illness or injury keep the person from going to work for which pay is received?
- I5 During the last 2 weeks, how many days did illness or injury (with regards to restricted activites) keep the person from going to work for which pay is received? (Record # of days or "99" for N/A)

VII. TITLE: Work days missed (con't)

- I10B Of the total # of days in bed at home, how many days did illness or injury (with regards to being in bed at home for the last 12 months) keep the person from going to work for which pay is received? (Record # of days or "99" for N/A)
- Fig. 1118 How many days did illness or injury (with regards to restricted activities over the past 12 months) keep the person from going to work for which pay is received? (Record the # of days)

VIII. TITLE: School days missed

- I4M During the last 2 weeks, how many days did illness or injury (with regards to being in bed at home over the past 2 weeks) keep the person from going to school? (record # of days, or "99" for N/A)
- I5J During the last 2 weeks, how many days did this illness or injury (with regards to restricted activities over the past 2 weeks) keep the person from going to school? (record # of days or "99" for N/A)
- IIOC Of the total # of days in bed at home over the past 12 months, just mentioned, how many days did illness or injury keep the person from going to school? (record # of days)
- IIIC Of the total # of days of the restricted activities over the past 12 months just mentioned, how many days did illness or injury keep the person from going to school? (record # of days)

IX. TITLE: Individual 12 month income

I48C - During the past 12 months, approximately what was the person's income before taxes?

X. TITLE: Recognition & retention of condition

- I3D When did the person first notice or get this condition which required a hospital stay over the past 2 weeks?
- I3E Does the person still have this condition at this time?
- I4C When did the person first notice or get this condition which required to be in bed at home over the last 2 weeks?
- I4D Does the person still have this condition at this time?
- ISC When did the person first notice or get this condition with regards to restricted activities over the last 2 weeks?
- I5D Does the person still have this condition at this time?

XI. TITLE: Hospital payments

- I3L How was this hospitalization paid for (with regards to the last 2 weeks)?
- ISE How was this hospitalization paid for (with regards to the past 12 months)?

XII. TITLE: yes/no answers

- 13 During the last 2 weeks, did any member of this household stay in a hospital because of illness or injury?
- I4 During the last 2 weeks, did any member of this household stay in bed at home because of illness or injury?
- I4E Was a doctor consulted, either by visit or phone during the last 2 weeks for the person's condition?
- 15 During the last 2 weeks did any member of this household cut down or restrict their usual activities for any givien length of time because of illness or injury?
- ISE Was a doctor consulted either by a visit or phone during the last 2 weeks for the person's condition?
- 16 Not counting the visits to a doctor by the person's mentioned above, during the last 2 weeks did anyone in this household who was in good health and no injury at the time visit a doctor for immunization, x-rays, exams, tests, etc?
- I6D Did the person get medical advise over the telephone during this same period?
- I50 During the past 2 weeks, did anyone in this household visit a doctor for the diagnosis and treatment of an illness or injury?
- 17 During the past 12 months has anyone in this household had any of the following health conditions?
- 18 During the past 12 months did anyone in this household stay in a hospital because of illness or injury?
- 19 During the past 12 months did anyone in this household visit a doctor for the diagnosis and treatment of an illness or injury?
- IIO During the past 12 months, did anyone in this household stay in bed at home because of illness or injury?
- III During the past 12 months, did anyone in this household cut down or restrict their usual activity for any given length of time because of illness or injury?
- Il2 Not counting the visits to a doctor by the person(s) mentioned, during the past 12 months, did anyone in this household who was in good health and with no injury at the time visit a doctor for immunization, x-rays, or advise?

XII. TITLE: yes/no answers (con't)

- III3 During the past 12 months, did anyone in this household with a long-time impairment or disability visit a health facility for therapy, habilitation or rehabilitation?
- II4 During the past 12 months, did anyone in the household visit a dentist for any reason?
- I14H Is the person covered by dental insurance? (with regards to dental visits over the past 12 months)
- II6 During the past 12 months was there any time that a household member needed to see a doctor but for some reason did not?
- Il9 During the past 12 months has any member of this household ever decided not to go to a doctor or health facility on Guam because transportation was not readily available?
- 120 Does any member of this household have a regular doctor?
- 128 Does any member of this household usually wear a seatbelt when driving or riding as a passenger in a car?
- 129 Does anyone in this household ever use medication or drugs which affects their mood or helps them relax?
- 130 In the last 2 weeks, has any member of this household been greatly upset, troubled, or depressed for more than a few days due to problems in the family, divorce, separation, illness, death in the immediate family, preasure associated with work or school, loss of a job, or financial concerns?
- I30B Was the person unable to do his/her usual work or daily activities because of this problem?
- I21 Is there any member of this household who regularly smokes tobacco now?
- I21D Has this person ever been advised by a doctor to stop smoking?
- I22 Does any member of this household exercise at least 3 times per week?
- I22C Does this person usually sweat during and/or after exercising?
- 123 Does any member of this household usually drink alcoholic beverages, such as beer, wine, or mixed drinks?
- I23E Has a physician ever advised this person that drinking alcohol is injurious to their health?
- 123F Has this person ever tried to stop drinking alcohol?

House Number:	
Questionnaire	I.D. #
Interviewer's	Number:
Village Area:	21 4
Date:	2 8 8 tab
Coder's Name:	

A SURVEY TO DETERMINE THE HEALTH STATUS OF THE POPULATION OF GUAM

ADMINISTERED BY THE
COMMUNITY DEVELOPMENT INSTITUTE
COLLEGE OF AGRICULTURE AND LIFE SCIENCES
COOPERATIVE EXTENSION SERVICES
UNIVERSITY OF GUAM

for

GUAM HEALTH PLANNING AND DEVELOPMENT AGENCY GOVERNMENT OF GUAM

FUNDED IN PARTS GHPDA - DHSS MONEY

		(2-4)					
		louse Lode					
	Person (5-6)	Card (7-8)	Village (9-10)				
NARRATIVE REPORT AND	0 0	1 0					
INTERVIEWER'S ASSESSMENT SHEET		· · · · · · · · · · · · · · · · · · ·	(11–12)				
	19765.7	iterviewer ode					
(NOTE: To be completed by interviewer affined and all questions are answered. office.)	ter the Intervi	ew has been age in your	n conducted, r home or our				
Interview Completed during visit number	1 2	3 4					
Narrative Report: (Include comments on an interference, etc.)	ccuracy of resp	onses, into	erviewer				
Comments or Problems that you encountered	that you feel	would be h	elpful to us.				
1.00							
4 3/							
Concerning the interview on the whole:							
1. Satisfactory			_				
2. Unsatisfactory (explain)			_				
3. Refused (explain)			_				
4. Not Available (explain)			_				
5. Other (explain)			-)				
Length of Interview	(Hours:Min	ures)					
	,	,					
INT	ERVIEWER SIGNA	TURE	DATE				

			1	iouse (2–4)
Household Interview Number (Pre-Assigned)				
Time Interview Began	Person (5-6)	Car (7-		Village (9-10)
Card Identification	O	0 1	1	
Village Address (House number and street)		Intervi	ewer	(24-25)
(village)				(26-27)
Type of Dwelling Place: (See Card Y for	or code)		L	
Map of House Location	The state of the s		79	
			O ₅	
(If more space is nee	eded, use ba	ck of shee	t)	
NOTE: Interview must be an adult member (Preference: Head of Household or		ehold.		
*	Month (28-2	D) (3	ay 0-31)	Year (32-33)
Da ce:	(20-2	7, 19	- 51/	(00 00)
How many persons have lived in or moved this household since February 1, 1983? (Identify Individuals who regularly eat and sleep in this household. Do not inclindividuals off-island attending school, family in military stations off-island). Are any of these temporarily living in this household? Code actual number (col. 23-24). WHAT IS YOUR NAME, PLEASE? Name of Respondents (contact persons)	Lude		[(34) (35)
In case we need to get in touch with you we would like your mailing address and a			your qu	esticunaire,
Mailing Address:	-			
	_			
Phone Number:	Home:			
a result a things to a v	Work:			
	Other:			

5 5 W O C	gin with we would like you to tell us the first of all the members of this household who usually			IDEN	riti	CAT	нот	cor	E		1												
1140	est, and sleep here. Begin with the head of the chold listing all adults, children, and infants.] ,	ouse	1	er-	C.	ar d	VI	1-				50000					1 60				
		1	L		1	on			1.1	ge		2	I	n	Ь	c		1	e			_6	
What of ho	is the relationship of all others to (head ousehold)? (See <u>CARD A</u> for code)	<u> </u>	1,)	4 5	6	,	8	3	10	11	12	13	114	15	16	17	18	19.	20	21	22	23
(a)	What are the ages of all members of this household? (Record actual age after last birthday)			-	+	_	Ė	-		_	-	<u> </u>	F	F	+	F	F	_	_	_			
(b)	Their Sex? Record (i) = Male (2) = Female		-	-		-	-		-											_			
(c)	For those 16 years and older, what is their marital status at the present time? (Show CARD B to Respondent) Record (1) = single (never married)			_				-		_				-		_	-	_		-		-	-
	(2) - married only once (3) - married more than once (4) - common=law (5) - widowed														L				_	_	_		
	(6) = separated (7) = divorced					-	_					-	-	-		_						_	
(d)	For those 16 years and older, what is the highest gradeattended in school? (See CARD C for code)			_	-	-	-		_		-		-	-	-		-	_	_		_		_
(e)	Did they finish that grade? Record (1) - Yes (2) - No (Skip to Question 2(g))			-	-	-	-	-	-	_		_	-		-	-	-	-			-	j	2
(f)	(If Yes to 2(e)) Where did they finish that grade? Record (See CARD () for code) Country or Island	100		-	-	-	-						-					-	-	-	- ×		
(g)	What ethnic group does each member of this household identify with? (CARD D, Ethnicity) Record (O1) = Black (O8) = Korean		1 1			**	FO	RH	ERI	. У	J CAR	ומו] 2	**	_		J	<u> </u>		<u>L</u> .			

(09) - Salpanese

(11) - Vietnamese

(10) = T.T. Islander

Specify:

(12) = Other (Specify: ___

Island Group

(02) - Caucasian

(03) - Chamorro

(05) - Filipino

(07) - Japanese

(04) - Chinese

(06) - Indian

PROBE: Are there any persons who usually lived, ate, and slept here during the past year but are now away for some reason. If YES, what is this person's name? Then ask Question 2 through 2(g). If NO, turn page and continue with Question 3.

21.	smok	here any member of this household who regularly es tobacco now? rd (1) = Yes (2) = No (Skip to Question 22)
	(a)	If YES, who is this and which of the following does smoke? Record (1) = cigarettes, filtered
		(2) = cigarettes, unfiltered(3) = cigars
		(4) = pipes (5) = Other (Specify:)
	(b)	How long has been smoking? Record number of years
	(c)	On the average, how many (i) cigarettes (ii) cigars (iii) pipefuls does smoke per day? Record number of each
	(d)	Nas ever been advised by a doctor to stop smoking? Record (1) = Yes (2) = No
22.	3 t1	any member of this household exercise at least mes per week? ord (1) = Yes (2) ~ No (Skip to Question 23)
	(a)	If YES to previous question, who is this and which of the following exercises does perform on a regular basis? (CARD H, Exercise List)
	(b)	Now much time doesusually spend exercising per session? Record (!) = 1 to 15 minutes (2) = 16 to 30 minutes (3) = 31 minutes to 1 hour (4) = more than 1 hour

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(c) Does usually sweat during and/or after exercising?

(In other words, is _____'s exercising strenuous enough to cause sweating?)

Record (1) = Yes

(2) = No

AT COHO!	CONSUMPTION	HABITO

alco	any member of this household usually drink tolic beverages, such as beer, wine, or mixed		-	100	HTEF	ICAT	1011	CONE		-														
drin	ta?			Hous	. 1	Pet-	Car		V11~	L									_					
Reco	d (1) - Yes (If one drink per month or more)					900			lage	23	a	bi		b11		b11	1	c	d	e		8	h	
	(2) = No (If a non-drinker or if drinks only occasionally, skip to Question 24)	HAHE)	4	5 6	,	8	9 11	11	12	13	14	15	16	17	18	19	20	21	2 2	3 2	4 2	5
	If YES, who is this and NOW OFTEN does				_ -	_ _	.5	2		-1-	_		_		_	-	_	_	_	_	-1-		- 1 - 2	
aj	drink (how many times)?			П											. 7110									
	Record (1) = 1/month				7		1		_		1		_				\neg							Ī
	(2) = 2-3/month			-		- -	-	-	- -		-	-	_	-	-	-	-	-	-1	-				-
	(3) = 1/week										_	<u> </u>	_		_		_	_	_		_	_		_
	(4) = 2-3/week			П			П				1					П				- [
	(5) = 4-6/week				- -		H	-		-	-	1-	_	-	_		owner!		-1		_	- -	_	-
	(6) = 1/day				-		_	-	- -	-	-		-		_		-1	-						-
	(7) = 2-3/day	The state of the s	- 1	П			П																	
	(8) - greater than 3/day										1													
(b)	Now Many			1-1	- -	-	1	-1	1	1	1	-	-		_		7		-1	7	7			
(1)	(1) beers (12 ounces cans or bottles)					- -	╂╼╂	-		- -	+-	-	-		-	H	-	-	-			- -		
	(11) jiggers of liquor (1 ounce)			L			Ш	_			_		_				_		_1		_l_	_ _		_
	(111) glasses of wine (6 ounces)	•																						
	does usually drink at one occasion																							
	Record numbers of each (0) = none																							
(c)	In what social situations does usually drink	(1				eve 1) -			ed I	to s	top	dr	1nk	ing	alo	coho	17							
	alcoholic beverages?		nee	OIC					Skl			5												

(c)	alcoho	dsdarry draw		
	Record	(1)	alone	
		(2)	small group of fri	ends or family
			at a fiests or par	
		(4)	Other (Specify:)

(d)	What t	ime of	day does	usually	drink?
	Record	(1) =	morning	?	
		(2) -	afternoon		

23.

(2) = afternoon
(3) = evening
(4) = all day long
(5) = Other (Specify: _

(e)	llas a physician ever	advised	that	drinking
	alcohol is injurious			
	Record (1) = Yes			

(2) - No

(f)	Hae	ever	tried t	o stop drink	ing alcohol
	Record	(1) -	Yes		
		(2) -	No (Skip	to Question	23(h))
		(2) -	No (Skip	to Questio	n

(g)	How many	t1mes	has	tried	to	atop	drinking			
	alcohol?									
	Record number of times									

(h)	During the past	12 months	, how many	times would
	you say ha an alcoholic be		vehicle a	fter consuming
	Record (1) = 0	times		

(2) = 1-3 times (3) = 4-6 times (4) = 7-10 times (5) = 11 or more times

24.	How many meals does usually eat per day? Record number of meals
	(a) If less than three meals/day which meal does usually skip? Record (1) = breakfast (2) = lunch
	(3) = dinner (4) = Other (Specify:)
	(b) If there is a second meal missed, which is it? (SAME CODE). If there is NO second meal missed, record 9 and
	continue.
25.	meals?
	Record number of times
26.	How many times a week does eat a meal away from home?
	Record (0) = seldom, never (1) = 1 to 3 times
	(2) = 4 to 6 times (3) = 7 or more times
	(a) Which meal does usually eat away from home?
	Record (1) = breakfast (2) = lunch
	(3) = dinner
	(b) If there is a second meal eaten away from home, which is it? (SAME CODE). If there is NO secon meal eaten away from home, record 9 and continue
27.	How often does use soy sauce, finadene, Ajinomo (MSG), or a salt shaker at the table?
	Record (0) = Rarely, never
	(1) = Occasionally
	(2) = Often
	(3) = Always, everyday

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^{**} FORMERLY CARD 53 PAGE 19 **

28.	Does any member of this household usually wear a seat belt when driving or riding as a passenger in a car? Record (1) = Yes, who is this? (2) = No (Skip to Question 29)
29.	Does anyone in this household ever use medication or drugs which affects their mood or helps them relax? Record (1) = Yes
	(2) - No (Skip to Question 30)
	(a) Who is this and how often is this? Record (0) - Never/rarely

30. In the last 2 weeks, has any member of this household been greatly upset, troubled, or depressed for more than a few days due to problems in the family, divorce or separation, illness or death in the immediate family, pressure associated with work or school, loss of a job, or financial concerns? Record (1) = Yes

(1) = Occasionally/sometimes

Record (1) = Yes (2) = No (Skip to Question 31)

(2) = Frequently

(a) Can you tell us why ____ was troubled, upset, or depressed?

(b) Was ____umable to do his/her usual work or daily activities because of this problem? Record (1) = Yes (2) = No

31. Has anyone in this household ever received training in first aid?

Record (1) = Yes, who is this?

(2) = NO (Skip to Question 32)

32. Has anyone in this household ever received training in cardi-pulmonary resuscitation (CPR)? Record (1) = Yes, who is this?

(2) - No (Skip to Question 33)

DEPRESSION

SAFTY HABITS

		IDENTIFICATION CODE								1							m Avn (con			
	House		Nouse		Per-		erd	d VII-		28	29	a	130		a	FIRS	IRST AID/CPR		[3]	32
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** FORMERLY CARD 54 PAGE 20 **

APPENDIX D

FLASH CARDS

CARD C - Question 2d Education

Highest Grade Completed

- (1) Elementary K 1 2 3 4 5 6 7 8
- (2) High School 9 10 11 12
- (3) College 1 2 3 4 5 or more years

<u>CARD D - Question 2g</u> Ethnicity

01 - Black
02 - Caucasian
03 - Chamorro
04 - Chinese
05 - Filipino
06 - Indian
07 - Japanese
08 - Korean
09 - Saipanese
10 - T.T. Islander (Specify:

Island Group
11 - Vietnamese
12 - Other Single (Specify:
13 - Chamorro/Filipino
14 - Other Combination (Specify:

)

CARD L - Question 15c OFF-ISLAND Service

- 1 Physical Rehabilitation Services
- 2 Chemotherapy
- 3 Radiation Therapy
- 4 Nuclear Medicine Diagnosis and Treatment
- 5 Open Heart Surgury
- 6 Organ Transplant
- 7 Eye Surgury
- 8 Correcting of Congenital Abnormality
- 9 Other (Specify:

CARD M - Question 22a Exercise List

- 01 Jogging/running
- 02 Swimming
- 03 Tennis
- 04 Baseball/softball
- 05 Basketball
- 06 Weight lifting
- 07 Working Around the Yard
- 08 Doing Housework
- 09 Racquetball
- 10 Walking (over 1 mile)
- 11 Aerobics/20 minute workout/heavy workout
- 12 Bowling
- 13 Golf
- 14 Stretching/light workout
- 15 Football
- 16 Volleyball
- 17 Biking
- 18 Surfing
- 19 Soccer
- 20 Other

CARD Z - OUESTION 7b

Saw a doctor and diagnosed:

00	less than 1 month
01-12	actual number of months
13	over 12 months
16	doesn't know when within 12 months

Saw a doctor but not diagnosed:

20	less than 1 month	14
21-32	actual number of months (1-12)	
33	over 12 months	
36	doesn't know when within 12 month	ns

No doctor but self-diagnosed:

40 41-52 53	less than 1 month actual number of months (1-12) over 12 months
56	don't know when within 12 months
60	unknown don't know or no answer

CARD AA - OUESTION 30a Reason for depression, etc.

01	family problems
02	death/illness immediate family
03	death/illness relative/friends
04	divorce/separation (his/her own)
05	loss of job or job problems
06	moving
07	homesick
08	financial
09	medication side affect

APPENDIX E
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APPENDIX F
PROJECT PLANNING TEAM

GHPDA/CDI PROJECT TEAM

A number of individuals played an active part in the planning and implementation of the islandwide health behavior survey project. The extent of involvement varied. However, all played significant roles.

GHPDA Personnel

- Ms. Priscilla Maanao, former Administrator
- Mr. Michael Duenas, Acting Administrator
- Mr. Jose Mendiola, Deputy Administrator
- Ms. Gloria Long, former Planner
- Ms. Ulla-Katrina Craig, Planner
- Ms. Cynthia Naval, Planner

CDI Personnel

- Dr. Lawrence F. Kasperbauer, Project Leader/Director, CDI
- Mr. Leonardo M. Rapadas, Data Collection Computer Entry Supervisor
- Dr. Randall Workman, Sociology Extension Specialist

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