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The Assessment of Immigration Status in Health Research

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The Assessment of Immigration Status in Health Research

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The implementation of the Personal Responsibility and Work Opportunity Act of 1996 (P.L. 104–193) and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) require the reassessment of national survey questions that obtain information on welfare programs, health insurance coverage, and citizenship status. The devolution of responsibility for various programs to State and local governments as well as market-based transformations in the health system pose new challenges for Federal agencies that collect and analyze national data on these issues. The National Center for Health Statistics (NCHS), the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the Department of Health and Human Services (DHHS), and the U.S. Bureau of the Census are collaborating on a research project to develop or modify survey questions designed to assess the impact of changes in health and welfare programs. This report on survey methods used to ascertain immigration status, funded by ASPE, is one of the components of this collaboration.

NCHS and ASPE commissioned this report for the purpose of summarizing current methodologies as well as identifying areas where further research is needed. Because health and welfare public benefits are limited to certain immigrant statuses, standard sets of questions that can distinguish between relevant groups need to be identified and evaluated according to their specificity, reliability, validity, and field performance under varying study conditions. The aim is to develop a question battery that can be used to assess the unmet needs and health outcomes of immigrant populations where immigration status is appropriately defined.

The report includes the following:

- A review of the literature on the use of immigration status survey questions
- The identification of questions that can distinguish between different, relevantly defined immigrant statuses
- An assessment of questionnaire field performance and reliability
- Recommendations for developing question sets to address specific analytic issues

The nature of the analytic objectives coupled with the logistic problems involved in surveying components of the immigrant population makes the identification of a standard set of questions to ascertain immigration status a difficult task. Further development and testing of a questionnaire battery is needed. In addition to validating that the questions do in fact tap different aspects of immigration status, it will be necessary to determine whether information on all conceptually relevant dimensions can be obtained from studies of the general population. The research presented in this report is viewed as a beginning.

Federal laws governing public funded benefits for eligible and ineligible qualified aliens have been in a state of change since this report was written. Readers are cautioned to check appropriate Federal laws to access current eligibility and ineligibility criteria for qualified alien’s access to public funded benefits. Also, the reader should note that the content, conclusions, and recommendations given in this report are those of the authors and do not reflect the views of NCHS and ASPE.

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Objective
This report examines methodological issues relating to immigrant health, definition of immigrant, the assessment of immigrant status, and sampling strategies with immigrant populations.

Methods
A literature review was conducted for the period 1977–98, utilizing various computer data bases to identify relevant studies. A total of 179 separate U.S.-based studies were reviewed. Twenty-two sample instruments and two revised versions of instruments for the assessment of immigration status were evaluated.

Results
In general, research relating to immigrants and their health has not attended to methodological issues inherent in such investigations. Instruments utilized to assess immigration status differ across studies, making cross-study comparisons difficult. Few studies have relied on probability sampling. Almost no data are available on field performance of instruments developed to assess immigration status.

Conclusions
Development of an appropriate instrument requires consideration of the definition of immigrant to be used, the level of respondent knowledge to be presumed, the political and social climate that exists at the time of the survey administration, the populations and geographic locales with which the instrument will be utilized, the complexity of the instrument, and methods of the instrument administration. In view of the paucity of data pertaining to the field performance of instruments used to assess immigration status, any instrument considered for use must be field tested and revised appropriately before incorporation into a national survey. The appropriateness of any particular sampling strategy should be evaluated in the context of the field testing.

Keywords: immigrants • immigration status • health research

The Assessment of Immigration Status in Health Research

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Chapter 1
Executive Summary

This paper explores various methodological issues relating to immigrant health, including the definition of an immigrant, the assessment of immigrant status, and sampling and recruitment strategies for studies relating to immigrant health. This examination proceeded in two phases. The first consisted of a literature review of 179 separate U.S.-based studies identified through computer searches of MEDLINE, POPLINE (a social science data base), PSYCHLIT, AGELINE, and ERIC (Educational Resources Information Center), PAIS (Public Affairs Information Service), Family Studies Database, and SOCIOFILE for the years 1977–98. Searches were conducted using the key words “immigrant,” “immigration,” “refugee,” “health,” “health care,” “health services,” “illness,” “disease,” “health status,” “medical,” “Medicaid,” and “Medicare.” The bibliographies of the articles that were obtained provided additional references. Two categories of articles were eliminated for the purpose of this review: Articles that addressed the issue of immigrant health on a theoretical basis without reference to a definition, specific group, or empirical research and historical pieces, such as an examination of Pittsburgh’s typhoid epidemic during the early part of this century. A total of 179 U.S.-based studies were reviewed. To better understand the criteria used, efforts were made to contact one or more of the named investigators of any study in which the criteria used to define immigrant were unclear.

Three basic paradigms for the ascertainment of immigration status were identified from the literature: A social science definition, an immigration law definition, and a public benefit definition. The appropriate choice of a paradigm is primarily dependent on the purpose of the investigation, the nature of the target population, and the projected purpose for which the findings are to be used. The measurement of immigration status has generally rested on the ascertainment of the respondent’s place of birth, on an algorithm constructed for a particular study, or on inferences based on the source of recruitment or screening for particular benefits. Although some studies have utilized random sampling strategies, the majority have relied on organization-based network sampling, snowball sampling, or convenience sampling. Details relating to these issues are provided in the review of the literature, chapter 3 of this report.

The second phase of the study required the review of sample instruments used to assess immigration status. These were requested from all investigators who relied on an algorithm for this determination. Those that were available are discussed in chapter 4 and are included as appendixes. A total of 22 basic instruments and two revised versions were examined. Details are provided with respect to the purpose of the study in which the instrument was used, the funding source(s), the study design, sampling procedures, the geographic area of the study, the study population, and the field performance. The discussion of each instrument also
contains an assessment of its expected performance on national surveys based on the data available. In general, little information was available regarding the field performance of any of the instruments used.

This review of the relevant literature and various instruments for the assessment of immigration status gives rise to the following conclusions:

- In general, research relating to immigrants and their health has not attended to the methodological issues inherent in such investigations. These issues include, most notably, the definition of an immigrant, assessment of the reliability and validity of measures to determine immigration status, measurement of biases that attend the various sampling approaches used, and the various sources of recruitment.

- The instruments developed for the assessment of immigration status differ across studies, making cross-study comparisons difficult. To some extent, these differences cannot be completely avoided, as the legal criteria for immigration subcategories may change over time.

- The assumptions that underlie the specific classification criteria used in any particular study are rarely stated explicitly, rendering it again difficult to make cross-study comparisons and to interpret the findings of any specific study. Many studies implicitly suggest that immigration status is static, e.g., if an individual once entered as an immigrant, the individual is always an immigrant. Such assumptions may be inappropriate, depending on the hypothesis under investigation. Variations in acculturation level exist at the individual and group levels. These differences may also demand attention depending on the hypothesis under investigation.

- The majority of studies in which immigration status has been examined are cross-sectional in nature. The ability of any particular instrument to detect changes in immigration status over time has not been examined. Additionally, few if any studies have attempted to examine changes in health or access to health care concurrent with changes in immigration status.

- Few studies have relied on random samples of individuals but instead have used organization-based network sampling, snowball sampling, and convenience sampling. Few authors have addressed the reasons underlying their choice of sampling strategy. However, these choices may be related to difficulty in locating the target population, such as undocumented individuals; reluctance of individuals to participate in a study in which they may have to disclose information about their immigration status; the closed nature of some of the communities in which the research is carried out; and the lack of telephone access to portions of the target communities. Neither the potential direction or extent of the resulting biases nor the ability to generalize the research findings as a result of reliance on nonrandom sampling strategies has been adequately addressed in the relevant literature.

- Almost no data are available with respect to the field performance of any of the instruments for the assessment of immigration status, including instruments based on individuals’ self-reports. This includes, for instance, instrument reliability and validity, refusal rates, time required for instrument administration, preferred method of administration (e.g., written survey or oral interview), and interviewer training issues. Data are also lacking with respect to coding and analysis issues.

Based on the foregoing, the following recommendations are made:

- In view of the paucity of data pertaining to the field performance of most existing instruments, it is strongly recommended that any instrument considered for use be field tested and revised appropriately before incorporation into a national survey.

- A decision must be made regarding the intended usage of the data and, accordingly, the paradigm that will guide the development of the instrument. Reliance on an immigration law or public benefits framework requires a more complex instrument, but also provides the greatest flexibility for the use of the resulting data, e.g., studies involving access to care issues, utilization issues, health status, etc.

As an example, a study relating to access to care or health services utilization must consider an individual’s legal status because that status may be determinative of eligibility for health care benefits in the absence of private health insurance or sufficient private resources to cover costs. In this context, even the identification of individuals as permanent residents (green card holders) would be inadequate as current law distinguishes between the following:

- Qualified eligible aliens who can receive publicly funded health care services
- Qualified ineligible aliens who, although otherwise eligible, are subject to a temporary bar to the receipt of benefits and can receive only emergency services through public funding
- Unqualified aliens who, based upon their current immigration status, are ineligible for publicly funded care other than emergency services

A misclassification of individuals could lead to erroneous conclusions, e.g., that permanent residents as a group, rather than ineligible qualified permanent residents, are responsible for a large proportion of emergency department presentations.

- The development of the instrument must consider the level of respondent knowledge that is to be presumed. For instance, designation of place of birth requires very little sophistication on the part of the respondent, but self-classification of specific immigration status may, depending on the population, the individual, or the state of the law at a given time, require a great deal of knowledge. It is recommended that
It appears that the efficiency and complexity of self-administration of the instrument and a level of complexity to permit distinction between critical categories of immigrants.

- The political and social climate at a particular time may potentially affect the questions that are to be asked and the prospective respondents’ willingness to provide the information requested. For instance, previous studies have indicated that individuals may delay seeking care where they feared being reported for their immigration status. It is not known, however, how this fear may impact refusal rates because of the lack of adequate data pertaining to field testing and refusal rates.

- The instrument should be field tested in a variety of geographic locales and with a variety of populations. To date, the majority of instruments have been utilized with Latino or Asian immigrant populations. It is not all clear, for instance, that an instrument acceptable in one community will be acceptable in another. Too, a large proportion of the instruments available have been utilized in the West and in large urban areas. A national survey would necessarily demand that the instrument be utilized in other regions of the country and in smaller communities.

- In field testing the proposed instrument, attention should be paid to various sampling strategies. It may be advisable, for instance, to test the instrument in different locations, using a different sampling approach in each. The validity of the proposed instrument should also be assessed during this testing phase.

- It appears that the efficiency and effectiveness of various data collection strategies have not been evaluated. Consequently, it is not known whether response rates and data reliability would be enhanced or diminished through the use of telephone interviews, in-person interviews, or mail-in questionnaires/surveys. Use of a complex instrument would seem to mitigate against reliance on mail-in responses. Telephone interviews may be less likely than in-person interviews to encompass the undocumented population.

- Depending on the complexity of the instrument to be used and the mechanism for use (e.g., survey or oral interview), extensive interviewer training may be necessary. Although studies outside of the immigration context indicate that interviews are facilitated by reliance on interviewers of the same ethnic and linguistic background as the respondents, it is not known whether this also applies in the context of an assessment of immigration status. Consequently, the impact of the interviewer’s characteristics on the course of the interview or the prospective participant’s initial willingness to respond is unclear.

- The questions recommended for inclusion in an assessment of immigration status vary depending on the paradigm chosen and the hypothesis to be tested. For instance, in a study of the incidence and prevalence of cancer within specific groups, it may be important to know the proportion of an individual’s life spent in the United States, but the individual’s legal status may not be relevant. However, a study examining health services utilization by immigrants with cancer would require additional information regarding individuals’ legal status because it may be relevant to issues relating to access to care. The following suggested questions attempt to consider the various contexts in which a need for immigration status may arise:

A. Where were you born?  
__________ (country)

**Explanation**—This question is a threshold question that distinguishes between U.S. citizens by birth and all others. This information is critical regardless of the paradigm being used for assessment of immigration status. The designation of a specific country permits more detailed analysis that may be particularly helpful in studies relating to incidence and prevalence of specific disorders.

B. Where was your mother born?  
__________ (country)

C. Where was your father born?  
__________ (country)

D. What is your birth date?  

**Explanation**—These three questions are necessary to determine whether the individual may be a U.S. citizen despite birth outside of the United States, i.e., whether the person may have derived citizenship from one or both parents (immigration and public benefit law paradigms).

E. If you were not born in the United States, how many years have you spent in the United States, counting all the time together?

**Explanation**—This question is not relevant to an assessment of immigration status per se, but may be useful to those needing a surrogate measure of acculturation.

F. Did you become a citizen of the United States through naturalization?  
______ yes  
______ no

**Explanation**—This question assesses change in immigration status to that of a citizen. This information is important when utilizing an immigration or public benefit law paradigm because the response provides additional information relating to current eligibility for publicly funded health care benefits.

IF YES, STOP IMMIGRATION QUESTIONS HERE. IF NO, CONTINUE WITH G.

G. Are you a permanent resident (green card holder) or conditional permanent resident?  
______ yes  
______ no

**Explanation**—This question is not

H. In what year did you receive your green card or your conditional permanent residence?
Explanation—Questions G and H will determine whether an individual is a permanent resident or conditional permanent resident. (Conditional residents are individuals who receive permanent residence through marriage to a U.S. citizen on a conditional basis for 2 years. They must subsequently demonstrate that the marriage was valid for the purposes of immigration to be adjusted to permanent residence.) An inquiry regarding the date on which permanent residence was received will provide some indication as to whether the individual is eligible for publicly funded medical benefits or is subject to a 5-year bar on their receipt (immigration law/public benefit law paradigms).

IF A PERMANENT RESIDENT, END IMMIGRATION QUESTIONS HERE. OTHERWISE CONTINUE WITH I.

I. Have you received political asylum or withholding of deportation?  
_______ yes  _______ no

Explanation—Individuals who have received political asylum or withholding of deportation are, under current law, qualified aliens not subject to the 5-year bar and are consequently eligible for full-scope publicly funded medical care (immigration law/public benefit law paradigms). This information is critical in evaluating access and utilization issues.

K. If you received parole for more than 1 year, when does that status end?

Explanation—Individuals who have received parole status for 1 year or more are, under current law, qualified aliens not subject to the 5-year bar and are consequently eligible for full-scope publicly funded medical care (immigration law/public benefit law paradigms). This information is critical in evaluating access and utilization issues.

L. Which of the following best describes your current immigration status?

1. Permission to be in the United States for a temporary period but without permission to work, e.g., tourist, student, and that permission has not expired
2. Permission to be in the United States for a temporary period with permission to work, e.g., student, corporate transferee, temporary worker and that permission has not expired
3. Entered the United States legally for a temporary period but stayed past the time allowed
4. No papers to enter the United States and no permission to work
5. No papers to enter the United States but received permission to work

Explanation—These categories distinguish between those who are in the United States legally as nonimmigrants, with and without employment authorization, and those who entered illegally and have or do not have permission to work. (Some individuals may have entered illegally but because of specific court cases or temporary status newly applied to a class of persons, may have received permission to work.) These questions, together with questions regarding employment status, permit inferences to be made regarding the legality of an individual’s presence and, depending on other data collected, potential ability to access care. For instance, if an individual reports that he/she is in the United States legally but without permission to work, but also reports that he/she is working, it can be inferred that the individual is actually here illegally because he/she is in violation of status. Individuals who are employed may have greater access to monetary and/or insurance resources for health care services and/or may use services differently than individuals who are here legally but without authorization to work and without employment.

The mode of administration is important in deciding the format of the questions. For instance, skip patterns may be confusing to individuals completing a self-administered questionnaire. However, this should not be a problem in a face-to-face interview. The following set of questions are recommended as an alternative to skip patterns with self-administered instruments.

A. Which of the following best describes your current immigration status?

1. U.S. citizen
2. Permanent resident
3. Conditional resident through marriage to a U.S. citizen
4. Recipient of asylum or withholding of deportation
5. Recipient of parole status for 1 year or more
6. Permission to be in the United States for a temporary period but without permission to work, e.g., tourist, certain students, that permission has not expired
7. Permission to be in the United States for a temporary period with permission to work, e.g., student, corporate transferee, temporary worker, and that permission has not expired
8. Entered the United States legally for a temporary period but stayed past the time allowed
9. No papers to be in the United States and no permission to work
10. No papers to be in the United States but received permission to work

B. Which of the following best describes your immigration status when you first entered the United States?
1. Permanent resident
2. Conditional resident through marriage to a U.S. citizen
3. Recipient of asylum or withholding of deportation
4. Recipient of parole status for 1 year or more
5. Permission to be in the United States for a temporary period but without permission to work, e.g., tourist, certain students, and that permission has not expired
6. Permission to be in the United States for a temporary period with permission to work, e.g., student, corporate transferee, temporary worker, and that permission has not expired
7. Entered the United States legally for a temporary period but stayed past the time allowed
8. No papers to be in the United States and no permission to work
9. No papers to be in the United States but received permission to work

C. In what year did you first enter the United States?

Explanation—These questions avoid the confusion that may accompany skip patterns. They also avoid the confusion that may accompany use of the term "nonimmigrant." In the legal context, that term refers to individuals who are in the United States legally with specific types of permission but who generally do not have the intent to remain here permanently. (There are exceptions to the intent requirement.) However, individuals who are not immigrant, i.e., green card holders, may erroneously self-classify as "nonimmigrants," regardless of their legal status, because they know that they are not immigrants. Use of the questions without a skip pattern also assumes a greater level of understanding on the part of the respondents, e.g., that individuals who may have derived citizenship are aware that they are citizens. A choice of instrument will depend to some degree on the extent of misclassification that is acceptable. However, the extent of misclassification that attends either of these approaches is not known.

Chapter 2
Introduction

A significant body of literature has been developed relating to immigrants, health, and health care. For instance, immigration status has been considered in the examination of explanatory models for specific diseases (Ailinger and Dear, 1997; DeSantis, 1993; Ying, 1990), the relationship between immigration status, access to care, and barriers to care (Asch, et al., 1994; Cobb-Clark, 1991; Cornelius, et al., 1984; Jenkins, et al., 1996; Loue and Oppenheim, 1994), health care service utilization patterns (August, 1984; Chavez, et al., 1986; Chi, 1984; Guendelman, 1991; Heer and Jackson, 1984; Tran, et al., 1997), risk factors for specific diseases (Hingson, et al., 1991; Klatky and Armstrong, 1991; Shimizu, et al., 1991; Sorenson and Shen, 1996a; Zuber, et al., 1997), the incidence and/or prevalence of specific diseases among immigrant groups (Shrout, et al., 1992; Vega, et al., 1985; Villa, et al., 1997), and the impact of immigrants' usage of publicly funded health care on the health care system (Siddharthan and Ahern, 1996; Siddharthan and Alalasundaram, 1993).

Despite this impressive attention to immigration status as a variable of interest, relatively few researchers have focused on the methodological issues that attend its use, including the underlying definition of immigrant, the measures used to determine immigration status, the biases that may result from the definitions and measurements used, and the strengths and weaknesses of specific sampling strategies. This review includes an examination of the various definitions of immigrant that have been used in the literature, a discussion of the measures that have been used and the context of their use, and an examination of the various sampling strategies that have been used.

Methods

Computer searches were conducted of the following data bases for the years 1977–98: MEDLINE, POPLINE (a social science data base), PSYCHLIT, AGELINE, and ERIC (Educational Resources Information Center), PAIS (Public Affairs Information Service), Family Studies Database, and SOCIOFILE. Searches were conducted using the key words "immigrant," "immigration," "refugee," "health," "health care," "health services," "illness," "disease," "health status," "medical," "Medicaid," and "Medicare." The bibliographies of the articles that were obtained provided additional references. Two categories of articles were eliminated for the purpose of this review: Articles that addressed the issue of immigrant health on a theoretical basis without reference to a definition, specific group, or empirical research and historical pieces, such as an examination of Pittsburgh's typhoid epidemic during the early part of this century. A total of 179 U.S.-based studies were reviewed. To better understand the criteria used, efforts were made to contact one or more of the named investigators of any study in which the criteria used to define "immigrant" were unclear.

Sample instruments for the assessment of immigration status were requested from all investigators who relied on an algorithm for this determination. Those that were available are discussed in chapter 4 and are included in the appendixes. A total of 22 basic instruments plus two revised versions were examined. Details are provided with respect to the purpose of the study in which the instrument was
used, the funding source(s), the study design, sampling procedures, the geographic area of the study, the study population, and the field performance. The discussion of each instrument also contains an assessment of its expected performance on national surveys, based on the data available.

Chapter 3
Literature Review

Defining Immigrant

The Social Science Paradigm

In general, three broad paradigms exist for the definition of immigrant and the determination of immigration status: Social science, immigration law, and public benefit law/entitlement.

Logically, a study’s definition or measurement of immigration status should be consistent with the purpose for which it is being used. As the following discussion indicates however, researchers’ choice of measurement has not always been logically consistent with the enunciated purpose.

Additionally, differences in the methods used across studies often render a comparison of study findings difficult.

Social science has defined migration as “the relatively permanent movement of persons over a significant distance” (Sills, 1968: volume 1: 286).

Other definitions have included the following:

- We define migration as the physical transition of an individual or a group from one society to another. This transition usually involves abandoning one social setting and entering a different one (Eisenstadt, 1955:1).
- Migration is a relatively permanent moving away of... migrants, from one geographical location to another, preceded by decision-making on the part of the migrants on the basis of a hierarchically ordered set of values or valued ends and resulting in changes in the interactional set of migrants (Mangalam, 1968:8).

- Migration is defined as a permanent or semipermanent change of residence (Lee, 1966:49).

These definitions seem to indicate that all individuals who have relocated across international borders, whether temporarily or permanently, voluntarily or involuntarily, repetitively or on a single occasion, legally or illegally, and for whatever purpose are to be considered immigrants.

Herein lies the beginning of the confusion found in the literature. The permanency of relocation and immigrant status may be difficult to determine. A student may relocate to the United States, intending to remain for only a few years, but in fact remains permanently. In the social science definition of immigrant, it would appear that once an immigrant, always an immigrant. However, reliance on relocation as a basis for ascertainment of immigration status may be misplaced if the purpose of the study is to assess access to care or the economic impact of immigrants’ utilization of health services. For instance, unlike temporary immigrants such as tourists and students, immigrants who have relocated to the United States but have become either permanent resident aliens (green card holders) or U.S. citizens are entitled to specified publicly funded health care benefits. Inclusion of such persons with the undocumented merely because all of these categories of persons are immigrants may be questionable where the purpose of the study is to assess the economic impact of their health care.

Similar issues attend the definition of refugee, a category of persons that has been much researched. Refugee status, within the social science definition, generally refers to an involuntary migrant. In this sense, all refugees are migrant, but not all migrants are refugees. Additionally, there are no accepted criteria to determine when a refugee is no longer to be considered a refugee, such as permanent resettlement or acquisition of a new nationality (Sills, 1968, volume 13: 362).

Dasgupta and Warrier, 1996, explicitly relied on the social science paradigm in their ethnography of battered Asian Indian women. They defined an immigrant for the purpose of that study as an individual born outside of the United States who came to the United States as an adult, regardless of their actual legal status. Many studies, particularly those relating to risk factors and incidence/prevalence rates for specific diseases, appear to have relied implicitly on the social science paradigm, i.e., individuals who have relocated from another country, regardless of their current legal status or the length of time that they have been present in the United States. In most such instances, researchers have classified individuals based on whether they were born in the United States or abroad, or on the basis of their specific place of birth (Alston and Aguirre, 1987; Buskin, et al., 1994; Ehnert, et al., 1992; Herrinton, et al., 1994; Klatsky and Armstrong, 1991; Lee, et al., 1993; Rosenwaike and Hempstead, 1989; Rossing, et al., 1995; Shimazu, et al., 1991; Sorenson and Shen, 1996a, 1996b; Stanford, et al., 1995; Ziegler, et al., 1993).

What appears to be implicit reliance on this definition may be misplaced in a number of contexts. As an example, Weitzman and Berry, 1992, also included Puerto Ricans in their study of the health care needs of female immigrant home attendants in New York City, presumably utilizing the social science definition of immigrant. However, the policy implications of their findings may differ greatly with respect to Puerto Ricans and non-Puerto Ricans because of differences in eligibility for publicly funded health care, as Puerto Ricans are citizens by birth. However, these policy implications are difficult to evaluate because the conclusions fail to adequately distinguish between the two groups.

Hingson, et al., 1991, compared levels of human immunodeficiency virus (HIV) knowledge and levels of behavioral risk for HIV transmission among native-born and foreign-born students. Although data pertaining to length of U.S. residence were obtained, differences in level of knowledge and risk behavior were reported by immigration status (immigrant versus...
not an immigrant), but not by length of time in the United States. Although immigration status was found to be associated with lower levels of knowledge and higher frequency of specified risk behaviors, one must query whether acculturation level or proportion of life spent inside/outside of United States would have been a more appropriate measure.

The Immigration Law Paradigm

Reliance on a definition of immigrant pursuant to immigration law has been most frequent in the context of studies pertaining to the utilization of publicly funded health care (August, 1984; Norton, et al., 1996; Siddharthan and Alalasundaram, 1993; Undocumented Workers Policy Research Project, 1984), and various dimensions of access to care (Asch, et al., 1994; Cornelius, et al., 1984; Gelfand, 1991; Loue and Oppenheim, 1994), patterns of health care utilization (Chavez, et al., 1997; Guendelman, 1991; Guendelman and Jasis, 1992). Unlike the social science definition, immigration law distinguishes between immigrants, those persons who intend to remain permanently, and nonimmigrants, those who come with the intent to remain only temporarily. The category of immigrants would include, for instance, permanent resident aliens, individuals who have been granted asylum or refugee status, and conditional residents. Examples of nonimmigrants are tourists, students, temporary business persons, sports players, and dancers. Citizens are distinguished from immigrants and nonimmigrants by their birth in the United States, their naturalization as U.S. citizens, or the derivation of citizenship through their parents, pursuant to specified criteria.

In some situations, an individual’s status is not clearly defined. For instance, an individual might present for admission to the United States claiming asylum from his or her country. Successful application requires that the individual demonstrate that he or she is unwilling or unable to return to the country or is unable or unwilling to avail him- or herself of the protection of that country because of persecution or a well-founded fear of persecution, and that the persecution stems from the individual’s race, religion, nationality, membership in a particular social group, or political opinion. An individual who has applied for asylum but has not yet been granted asylum is neither a nonimmigrant in the legal sense, nor an immigrant, although clearly he or she is an immigrant within the social science definition of the term.

Additionally, documented status is not synonymous with legal status, nor is undocumented status synonymous with illegal status. The asylum applicant, for instance, may have documentation to remain in the United States pending resolution of his or her claim to asylum, but this is not synonymous with legal status, which is what is at issue (Loue, 1992; Loue and Foerstel, 1994; Loue and Foerstel, 1996).

The health literature reflects confusion with the more complex distinctions. In their study of uncompensated medical care to individuals in Dade County, Florida, Siddharthan and Alalasundaram, 1993, classified as undocumented all patients who were unable to produce any documents establishing legal residency. Refugees were classified as entrants and included with undocumented individuals, although pursuant to then-existing immigration law, they would have been considered documented and legally present (Immigration and Nationality Act, (INA) section 207) and, pursuant to then-existing public benefit law (see below), they would have been eligible for Medicaid benefits and would not be classifiable as individuals receiving uncompensated care (Loue and Foerstel, 1994). The potential for misclassification of individuals was also present in a later study of inpatient utilization of health care by undocumented individuals compared to Medicaid beneficiaries and uninsured residents (Siddharthan and Ahern, 1996). In this study, all individuals without proof of legal residency were classified as undocumented and ineligible for Medicaid benefits, although U.S. citizens are not required to possess any proof of residency or citizenship and certain undocumented aliens were entitled, at the time of the study, to full Medicaid benefits despite their undocumented status (see “Public Benefit Law”).

Public Benefit Law

Public benefit law adds yet another level of complexity to the definition of immigrant. Before the passage and effective date of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, various classes of persons were considered immigrants for the purpose of Medicaid eligibility, although they were not considered immigrants within the context of immigration law and may, in fact, have been undocumented. For instance, individuals who were undocumented with the intent to remain in the United States permanently and whose presence was known to the Immigration and Naturalization Service (INS), but whose departure the INS was not contemplating enforcing were classified under public benefit law as “permanently residing under color of law” (PRUCOL). This status legally entitled them to public benefits, although they might not have had a legal status in the country (Loue and Foerstel, 1996). Reliance on an immigration or social science definition of immigrant may be misplaced where the purpose of the study is to assess the burden of uncompensated care by non-U.S.-born persons because such individuals would have been undocumented, i.e., unable to produce proof of legal residency, but would have been legally entitled to receive publicly funded care pursuant to Federal law.

In contrast, current immigration law provides that not only undocumented individuals but also some individuals with legal immigration status, including some permanent residents, are ineligible for publicly funded medical care. A brief explanation of the governing criteria may be helpful.

The availability of publicly funded medical care to otherwise eligible aliens was greatly curtailed with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Act) and the Illegal Immigration Reform and Immigrant
Responsibility Act of 1996 (IIRAIRA). In general, aliens who are not considered “qualified aliens” within the meaning of the Welfare Act are ineligible for the receipt of Federal publicly funded benefits with the exception of the following:

- Medical assistance under the Medicaid program for emergency medical services not related to an organ transplant procedure
- Short-term, noncash, in-kind emergency disaster relief
- Public health assistance for immunizations for immunizable diseases and for the testing and treatment of symptoms of communicable diseases, whether or not the symptoms are caused by a communicable disease
- Programs, services, or assistance that deliver in-kind services at the community level, do not condition the provision of assistance or the amount or cost of that assistance on the recipient’s resources or income, and are necessary for the protection of life or safety. These programs and services include crisis counseling and intervention services; child protection; adult protective services; violence and abuse prevention; services for victims of domestic abuse; short-term shelter for homeless persons, victims of domestic abuse, or runaway, abused, or abandoned children; assistance for individuals during periods of adverse weather conditions; soup kitchens, community food banks, and other nutritional services; medical and public health services, such as the treatment and prevention of diseases and injuries; and activities to protect the life and safety of community residents.

The Welfare Act provides that the following categories of aliens are to be considered qualified aliens for the purpose of determining eligibility for federally funded public benefits, such as medical care under various currently existing programs:

- Those admitted as lawful permanent resident aliens
- Those who have been granted asylum under section 208 of the INA
- Those who have been admitted as refugees under section 207 of the INA
- Those who have been paroled into the United States under section 212(d)(5) of the INA for a minimum period of 1 year
- Those whose deportation is withheld under the former section 243(h) of the INA
- Those who were granted conditional entry pursuant to former INA section 203(a)(7) in effect before April 1, 1980
- Certain battered spouses and children

For a battered spouse or child to qualify as a “qualified alien” for the purpose of eligibility for Federal public benefits, the following requirements must be met:

- The alien must have been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a member of the spouse or parent’s family residing in the same household as the alien and with the consent or acquiescence of the spouse or parent or the alien’s child has been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a member of the spouse or parent’s family residing in the same household as the alien and with the consent or acquiescence of the spouse or parent.
- There is a substantial connection between the battery or cruelty and the need for the benefits.
- The alien has had a petition approved or has a petition pending that sets forth a prima facie case for status as the battered spouse or child of a United States citizen.
- The batterer no longer lives in the same household as the battered spouse or child.

Qualified aliens who entered the United States after the date of enactment of the Welfare Act will be subject to a 5-year bar on the receipt of benefits under any Federal means-tested program, including medical benefit programs. The following groups of aliens are exempt from this bar, pursuant to amendments to the Welfare Act made by the Balanced Budget Act of 1997:

- Refugees admitted under section 207 of the INA
- Asylees admitted under section 208 of the INA
- Aliens who have received withholding of deportation under former section 243(h) of the INA
- Certain veterans, active duty members of the armed services, and their spouses and unmarried dependent children
- Cuban-Haitian entrants as defined in section 501(e)(2) of the Refugee Education Assistance Act of 1980 who have been paroled into the United States for a minimum period of 1 year

Even after the 5-year period, the availability of publicly funded medical benefits to qualified aliens through Federal programs will be severely restricted because of new rules relating to the deeming of sponsors’ and sponsors’ spouses’ income and resources. These new rules provide that the income and resources of an alien’s sponsor and sponsor’s spouse will be counted as if they belonged to the alien in determining the alien’s eligibility for the benefit under the Federal program, until the alien naturalizes or accrues 40 qualifying quarters for the purpose of social security. Three categories of aliens will be exempt from these deeming provisions: Asylees, refugees, and lawful permanent residents who have earned or who have been credited with 40 qualifying quarters for social security purposes. Additionally, certain battered spouses and children will be exempt from the deeming provisions for a 1-year period. This 1-year period may be extended if there is a formal recognition by the INS, a judge, or an administrative law judge that the battering occurred and a determination by the agency providing the benefits that the battery continues to have a connection to the need for the benefits. A 1-year exemption to the deeming requirement is also available to lawful permanent residents who have been abandoned by their sponsors or whose
sponsors’ contributions are inadequate to assure shelter or food.

Pursuant to IIRAIRA, as noted previously, many aliens will be ineligible for most federally funded benefits or will be barred from receiving such benefits for at least 5 years. However, aliens who are otherwise eligible, regardless of their immigration status, will be able to receive emergency Medicaid services that are not related to an organ transplant procedure. An emergency medical condition is defined as a medical condition, including labor and delivery, that manifests by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the patient’s health in serious jeopardy, in serious impairment to bodily functions, or in the serious dysfunction of any bodily organ or part. The House and Senate conferees, in discussing restrictions on eligibility, specifically restricted emergency medical care to that care that “is strictly of an emergency nature, such as medical treatment administered in an emergency room, critical care unit, or intensive care unit.”

Pursuant to IIRAIRA, aliens who are not qualified aliens, nonimmigrants pursuant to the INA, or aliens who have been paroled into the United States under section 212(d)(5) of the INA for 1 year or less are not eligible to receive under section 212(d)(5) of the INA for 1 year or less are not eligible to receive State or local benefits except for:

- Assistance for health care items and services that are necessary for the treatment of an emergency medical condition, as defined previously
- Short-term, noncash, in-kind emergency disaster relief
- Public health assistance for immunizations for immunizable diseases and for the testing and treatment of communicable diseases even if the symptoms are not caused by a communicable disease
- Programs, services, or assistance that deliver in-kind services at the community level, do not condition the provision of assistance or the amount or cost of that assistance on the income or resources of the beneficiary and are necessary for the protection of life or safety

States may decide to provide their own benefits to categories of aliens other than those listed above, but to do so, the State must affirmatively enact legislation that specifically provides for such eligibility.

Choice of Paradigm

Based on the foregoing, various criteria are suggested for consideration in the selection of a paradigm in the context of a particular study:

- The purpose of the study, e.g., to examine changes in health status regardless of legal status (social science paradigm) or to examine the impact of utilization on the health care system (immigration/public benefit law paradigms)
- The target population, e.g., all non-U.S.-born individuals or individuals with a specific legal status
- The projected purpose of the findings, e.g., the development of disease prevention programs or the formulation of health care financing policy

Measuring Immigration Status

Place of Birth

Many studies have classified individuals as immigrants on the basis of their birth or their parents’ birth inside or outside of the United States or by their specific place of birth. (See table 1. For examples of such instruments, see chapter 4 and appendix XIV.) This is especially true of studies that have relied on secondary data, such as birth and death certificates (Chavkin, et al., 1987; Rosenwaike and Hempstead, 1989; Selby, et al., 1984; Sorenson and Shen, 1996a, 1996b), census data (Bean, et al., 1995; Bean, et al., 1997; Borjas and Trejo, 1991; Frey, 1995), Medicaid data (Norton, et al., 1996), or mandatory surveillance data (Ehnert, et al., 1992; Moore, et al., 1997). Use of an individual’s place of birth as an indicator of immigration status offers several advantages. First, it is time efficient to ascertain place of birth and is significantly less complex in nature than many of the algorithms that have been developed. Second, it reflects to some degree definitions of all three basic paradigms for definition of an immigrant. Third, it may be the only existing indicator of immigration status in many secondary data bases. However, reliance on this measure may be inadequate in a variety of contexts.

First, reliance on place of birth collapses individuals into two categories (United States/non-United States) regardless of the actual residence experience of the individual. Assume, for instance, that one is studying risk factors for a specific form of cancer. A 60-year-old individual born abroad who has spent 45 years in the United States may be quite different with respect to variables under examination (nutrition and other environmental exposures) than a 60-year-old individual who only recently relocated to this country. In such an instance, it may be advisable to consider, in addition to place of birth, the proportion of one’s lifetime spent in the United States.

Reliance on place of birth as a measure of immigration status in the context of health services research may result in misclassification because of its failure to reflect any of the nuances of either immigration law or public benefits law. For instance, assume that a researcher is interested in determining the extent of health care utilization by citizens and noncitizens. Place of birth represents a very crude measure because some individuals born outside of the United States may have derived citizenship from their parents or may have become naturalized citizens and may consequently be classified as noncitizens based upon their place of birth.

In this regard, reliance on parental place of birth and grandparents’ place of birth in addition to subject place of birth will minimize misclassification of U.S. citizens as immigrants, within the meaning of immigration law and public benefit law (Hubbell et al., 1989, 1991, 1995; Lee, Crittenden, and Yu, 1996; Sherraden and Barrera, 1997). (See chapter 4 and corresponding
appendixes.) Most citizens who were born outside of the United States but have derived citizenship through their parents will have had parents and/or grandparents who were born in the United States. It is unclear to what extent the inclusion of this factor would result in greater misclassification of noncitizens as citizens. Reliance on parents’ prior place of residence, rather than their place of birth, will not serve to minimize misclassification, however, as residence is not synonymous with citizenship (Lambert and Lambert, 1984). (See chapter 4 and corresponding appendix.)

There are no published reports evaluating the validity or reliability of place of birth as a measure of immigration status. It should be noted as well that place of birth by itself does not have the potential to distinguish between categories of individuals other than citizens and noncitizens.

Algorithms

A relatively small proportion of health studies relating to immigrants have relied on algorithms consisting of multiple criteria to determine immigration status. For instance, Asch, et al., 1994, relied on country of birth, length of time in the United States, U.S. citizenship status, and self-reported immigration status to determine immigration status. (See chapter 4 and corresponding appendix.) Chavez, et al., 1997, in their study of the health status of Latinos in Orange County, California, used a complex algorithm consisting of the following factors: Place of birth, self-reported status as a legal resident, possession or lack of papers or false papers, lack of papers but application for permanent residence, lack of papers but application for asylum, status as a naturalized citizen, possession of temporary protected status, and receipt of political asylum. (This algorithm is similar to the one used by Hubbell, et al., 1995, and is discussed in chapter 4 and the corresponding appendix.)

Heer and Falasco’s algorithm (1982), used in a study that examined the socioeconomic status of mothers of Mexican origin, relied on a complex algorithm tied to legal requirements of immigration status: Place of birth, citizenship status, possession of an alien registration card, date of first arrival in the United States, number of years as a resident in the United States, and whether the individual had left the United States for 6 months or more. Based on the responses to these questions, individuals were classified as undocumented, legal residents or naturalized citizens, or native-born citizens. Cornelius, et al., 1984, utilized the following factors to assess immigration status in the context of a study relating to access to care by Mexican immigrants: Place of birth, type of immigration papers at first and last entry to the United States, application date for immigration papers, and date of receipt of immigration papers. (See chapter 4 and corresponding appendix.) Loue and Oppenheim, 1994, used a legal framework to classify individuals in their pilot study of HIV-positive individuals’ access to care: Place of birth, current specific immigration status and immigration category, type of entry into the United States, length of time authorized to remain in the United States, and length of time in the United States. No published reports indicate the validity or reliability of these methods.

Guendelman’s study (1991) examining factors related to choice of care in the United States or Mexico by service users on the Mexican border evaluated immigration status based on whether the person had valid papers that permitted legal entry into the United States or whether the person had no documentation. It is unclear how the validity of the papers was assessed; data are not available on the extent of misclassification, if any. Additionally, the possession or lack of entry documentation is relevant to the question of whether one can gain entry to the United States; it does not adequately address either specific immigration status or eligibility for health care.

Loue and Foerstel, 1996, have reported on an assessment of immigration status and health benefit eligibility instrument that integrates the immigration law and public benefit law definitions of immigration status. (See chapter 4 and corresponding appendix for additional detail.) The reliability and validity of the instrument were assessed against an intake questionnaire used by attorneys to determine immigration status. The instrument was reported to have good construct validity. The reproducibility of the results between the two surveys ranged from excellent to good. The kappa statistic for the determination of whether an individual was documented or undocumented was 1.00, while the kappa statistic for the category of documentation among those who were documented was 0.47. This appears to be the only instrument for which reliability and validity have been reported. This instrument has been revised to incorporate changes effectuated by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Illegal Immigration Reform and Responsibility Act of 1996, but has not been reexamined for reliability and validity. (See chapter 4 and corresponding appendix.)

The Mexican Migration Project utilizes a complex algorithm that incorporates detailed data relating to entries, manner of entry, and length of residence in the United States. (See chapter 4 and corresponding appendix.)

Other Measures

Various other strategies have been used to assess immigration status, including knowledge, inference based on source of recruitment, and screening for eligibility for specific immigration benefits. Each of these is discussed in greater detail later.

In a study of service delivery to Russian immigrants, Gelfand, 1986, did not utilize a measurement tool to assess immigration status. This writer was advised that the investigator assumed that the participants were immigrants, presumably based on an inference that all persons receiving services at these locations were, in fact, either refugees or other immigrants. However, administrators and lawyers for the named nonprofit agencies indicated that
they do not provide access to their clients or listings of their clients to any researchers as a matter of policy.
Participants in Dasgupta and Warrier’s study of battered Asian Indian women (1996) were all acquaintances of the investigators (personal communication). Somewhat similarly, Faller, 1985, presumed in the context of a study of perinatal health care needs that all Hmong women who self-identified as Hmong were immigrants to the United States.

Several studies have explicitly inferred from the source of recruitment or the specific circumstances that the subjects of the study were, in fact, immigrants or refugees. Die and Seelbach, 1988, assumed that all individuals recruited for their health study from the Vietnamese Resettlement Office were refugees, as did Duncan and Simmons, 1996, who recruited their participants from the Refugee Resettlement Program of the VA Council of Churches (personal communication).

No additional efforts were made to verify refugee status. In a study of drownings in Imperial County, California, it was assumed that individuals were undocumented if they had drowned while crossing from Mexico and someone from their family or home town reported it, or they had drowned, were judged by the coroner’s office or sheriff’s department to be Hispanic, and no one had reported them missing (Agocs, et al., 1994; personal communication with R. B. Trent). North and Houston, 1976, presumed in their study of the role of illegal aliens in the U.S. labor market that any alien who had been detained or arrested by the INS was illegally present in the United States. The validity and reliability of this strategy to determine immigration status is clearly dependent on the extent of misclassification at the source of recruitment, which is difficult to ascertain.

Other studies have relied on specific criteria under immigration law to identify subsets of eligible participants. For instance, Blum, et al., 1993, and Gelfand, 1991, presumed in the context of their studies that individuals applying for legalization under the Immigration Reform and Control Act of 1986 were actually undocumented, because eligibility for amnesty benefits was limited to individuals who had entered the United States illegally or who had had legal status at entry but whose status had expired. It is unlikely that individuals who knowingly have legal status in the United States would self-identify as undocumented through an application process. Consequently, this measurement strategy may be useful in limited circumstances depending on the objective of the study. For instance, this strategy permits the classification of individuals as documented or undocumented, but may be inadequate for the identification of individuals who are eligible or ineligible for a particular immigration status.

A number of studies have utilized participants’ self-assessments of immigration status (Aroian, 1993; Robinson, 1985; Schilit and Nimnicht, 1990). (See chapter 4 and corresponding appendix.) Often, the participants’ designation of immigration status must conform to one of various predefined categories. This may result in misclassification due to a failure to include all possible statuses or to overly broad classifications that collapse together categories of immigrants who may differ greatly on critical factors. Misclassification may also result from respondents’ misunderstanding of either the question or their own status or because of deliberate misreporting.

### Sampling Strategies and Sources of Recruitment

A variety of sampling strategies have been utilized including snowball sampling, random sampling, multistage sampling, and convenience sampling. Sources of recruitment have included churches, nonprofit agencies, hospitals and clinics, schools, ongoing studies, apartment complexes, residential facilities, union locals, and telephone listings. Each of these strategies is discussed in greater detail, following a brief discussion of sampling frame construction.

### The Sampling Frame

The sampling frame is essentially a listing of eligible units, e.g., individuals or households, composing a population from which the sample will be drawn. A sampling frame must include all or nearly all of the members of the relevant population if it is to be representative (Fink, 1995). Frames that are constructed for general population samples are often derived from existing lists, such as telephone listings or organizational listings. These may be inadequate for use in the context of health studies with immigrants because they are likely to omit the homeless, migrants, those without telephones, those who are detained or incarcerated, and those who may be relatively more hidden in the community because of fears relating to their immigration status and the lack of necessity for a higher level of interaction with others, as may be the case with women and young children.

### Snowball Sampling

Snowball sampling has been used in a variety of contexts, including studies of health service utilization (Chavez, et al., 1986; May, 1992; Salcido, 1982), access to care (Cornelius, et al., 1984), perceptions of risk and illness (D’Avanzo, et al., 1994; DeSantis, 1993; Hattar-Pollara and Meleis, 1995; Tabora and Flaskerud, 1997), health, illness, and health care experiences (Kuss, 1997; Lipson, 1992; Meleis, et al., 1992; Thompson, 1991; Weeks, et al., 1989), and risk behaviors (Wewers, et al., 1995).

Refusal rates using snowball sampling techniques appear to be generally low (Cornelius, 1982). Snowball sampling may permit access to a range of subcategories of immigrants, including those who are undocumented and also allows the investigator to verify information from one respondent with data gathered from others. However, snowball sampling may result in selection bias: The resulting sample is more likely to include individuals who are present in the United States on a long-term basis and consequently have the relationships that allow them to be identified through a snowball sampling process (Cornelius, 1982). Only one identifiable published study has analyzed the networks resulting from snowball
sampling to allow inferences to be made regarding the nature and extent of possible selection bias (Cornelius, et al., 1984).

**Random and Multistage Sampling**

Several studies have utilized random sampling, often in conjunction with a one- or two-stage random digit dialing scheme (Chavez, et al., 1997; Guendelman, 1991; Hurh and Kim, 1990; Kolody, et al., 1986; Meinhardt, et al., 1986; Pang, 1996; Portes, et al., 1992; Siddharthan and Sowers-Hoag, 1989; Sowers-Hoag and Siddharthan, 1992; Tran, et al., 1997; Vega, et al., 1985; Ziegler, et al., 1993). (Undocumented individuals cannot, clearly, be sampled through a strict random sampling procedure, however, because of the clandestine nature of their presence and the difficulty in locating them.) Published literature does not indicate the refusal rates to participation among noncitizens.

**Convenience Sampling**

Convenience sampling may facilitate recruitment of eligible individuals. Convenience samples have most frequently been drawn from clinics (Ailinger and Dear, 1997; Bass, et al., 1992; Catanzaro and Moser, 1982; Parenti, et al., 1987; Ying, 1990), schools (Braun, et al., 1996; Brindis, et al., 1995; Schili and Nimnicht, 1990), unions, (Weitzman and Berry, 1992), and churches and other community-based groups and organizations (DeSantis and Thomas, 1992; Kennedy, 1992; Laffrey, et al., 1989; Lee, et al., 1993; Loue and Oppenheim, 1994; McCloskey, et al., 1995; Meleis, et al., 1992; Mui, 1996a, 1996b). However, reliance on this sampling strategy may result in serious selection bias and an inability to generalize the results.

**Reliance on Secondary Data Bases**

Various researchers have relied on existing data, such as birth and death certificates (Chavkin, et al., 1987; Rosenwaike and Hempstead, 1989; Selby, et al., 1984; Sorenson and Shen, 1996a, 1996b), census data (Bean, et al., 1995; Bean, et al., 1997; Borjas and Trejo, 1991; Frey, 1995), Medicaid data (Norton, et al., 1996), or mandatory surveillance data (Ehnert, et al., 1992; Moore, et al., 1997). Reliance on census data may be problematic because of the omission of undocumented and homeless individuals (Margolis, 1995; Passel, 1985). For instance, Passel’s 1985, estimates of the 1980 census results indicate that 20 to 40 percent of undocumented individuals were not counted. Additionally, census data do not provide information relating to immigration status. Rather, all immigrants are treated as an homogenous group; although significant differences may exist between groups due to the nonrandom distribution of certain characteristics (de la Puente, 1992). The inability to control for immigration status or these characteristics through either restriction or analysis may produce biased results.

Use of mandatory surveillance data, such as is required by States for the reporting of tuberculosis and other communicable diseases, may result in an incomplete sampling frame due to the unwillingness of noncitizens to present for treatment and diagnosis (Asch, et al., 1994). Agency records based on patient self-identification of immigration status may also yield less than a complete sample. Individuals may be reluctant to self-identify as nonnative because of distrust of the investigators (Lipson and Meleis, 1989), fear of the potential immigration consequences (Asch, et al., 1994; Lipson and Meleis, 1989; Messias, 1996), or a feeling or belief that they are no longer immigrants because of length of residency in the United States or change of legal status.

**Discussion**

This literature review of the methodology used to assess immigration status raises several critical issues. First, it is extremely difficult to identify on the basis of the available published literature the definitions relied on by researchers, the measurements used, the reliability, validity, and field performance of those measures, and the sampling strategies and recruitment schemes utilized. The vast majority of published articles do not adequately address the methodology underlying the assessment of immigration status. It cannot be determined from this review whether this gap in the literature reflects editorial discretion, a concern for brevity by either authors or editors, a lack of interest in the methodological issues surrounding health research with immigrant populations, and/or a lack of researcher sophistication with respect to these issues.

Second, reported research frequently relies implicitly on one or more of the three paradigms noted above for the identification of immigrants and immigration status. However, few authors explicitly state these underlying definitions or relate them to the purpose of their studies. In some instances, the selection of the underlying paradigm appears to be inappropriate to the enunciated purpose of the study.

The measurements used to assess immigration status and the classification schemes for that status differ tremendously across studies. This lack of consistency is to some extent valid. For instance, a study of risk factors for breast or prostate cancer may be more interested in the fact of migration than the legal status of an individual, whereas a study of barriers to accessing care is more likely to focus on legal status. However, measures and classification schemes used differ even within the same genre of study, e.g., health care access, making it difficult to compare methodological and substantive findings across studies.

Few researchers have reported on the field performance or the validity or the reliability of the measures used to assess immigration status. Based on the literature review alone, it would appear that most researchers have not considered these issues in the development of their instruments. Although a number of authors have speculated in the context of their
articles’ discussion sections that their data may be subject to misclassification, no published articles could be located that actually assess the extent of misclassification.

Reliance on secondary data bases for classification of immigration status is also problematic. The literature review would seem to indicate that the vast majority of researchers do not discuss the limitations and biases inherent in the data bases on which they are relying. For example, changing criteria for alien eligibility for publicly funded health care services are rarely incorporated into analyses addressing immigrants’ access to care.

Sampling schemes and recruitment strategies have also varied across studies and range from random sampling to convenience sampling. Few published articles contain data relating to the success of the strategies used, e.g., rates of refusal among immigrants or among particular classes of immigrants, or the ability of any particular sampling scheme to encompass specified subgroups of individuals, such as undocumented persons. It is, consequently, extremely difficult to evaluate the potential of success of a particular sampling or recruitment method in a specific context. The literature does seem to indicate, however, that snowball sampling results in relatively low refusal rates and provides the most effective mechanism for the identification and enrollment of individuals in specified subgroups, such as the undocumented or migrant farmworkers.

Study design represents yet another methodological issue raised by this literature review, but not addressed in depth previously. Most of the identified published studies focusing on immigrant health have relied on a cross-sectional design (table 1). Utilization of this design in this context brings with it all of the advantages that generally attend the use of cross-sectional design, including efficiency and decreased cost. However, significant limitations attend the use of this study design. First, instruments developed to assess immigration status in the context of cross-sectional study may not be appropriate for use in a longitudinal study where immigration status or immigration classifications external to the study may change over time. Second, reliance on a cross-sectional design impedes the ability to make causal inferences and to assess changes in health status or health care access in conjunction with changes in immigration status over time. This lack of information may then impact the ability to develop and implement relevant and appropriate policy relating to immigrant health care.

Chapter 4
Review of Current Instruments

This section provides a review of the instruments for which copies were available from public sources or were provided by study investigators directly. This section reviews 20 different instruments for the determination of immigration status, setting forth a description of the purpose, design, and funding source of the study in which it was used; the sampling procedures used; the geographical area in which it was used; the populations with which the instrument was used; the field performance of the instrument; and the expected performance of the instrument in national surveys.

Appendix I
(Aroian)

Description of Instrument: Immigration status is determined on the basis of three questions: Place of birth, citizenship status (yes/no), and status at time of initial entry into the United States (refugee/immigrant visa issued abroad/conditional immigrant/temporary resident/illegal alien/other).

Purpose of Study: The instrument was utilized in the context of two studies, one that examined the emotional difficulties associated with the experiences of Irish individuals migrating illegally to the United States, and the second with sources of social support and conflict for Polish immigrants.

Irish Immigrant Study

Funding Source(s): Funded in part by grants from Sigma Theta Tau and Boston College.

Study Design: Cross-sectional; data collected through questionnaire and in-depth, open-ended interview.

Sampling Procedures: 17 Irish immigrants over the age of 18 and residents of the Boston area; recruited through a key informant familiar with the community and snowball sampling.

Geographic Area: Boston.

Population: Irish.

Field Performance: Data unavailable. Response rate to immigration questions specifically and participation generally are unavailable.

Polish Social Support/Conflict Study

Purpose of Study: To examine sources of social support and conflict.

Funding Source(s): Funded by the American Nurses’ Foundation and Boston College.

Study Design: Cross-sectional; data collected through questionnaire and semistructured interview.

Sampling Procedures: Recruitment through written and in-person advertisements in Polish organizations and activities sponsored by the Polish community; stratified sampling by wave of migration (World War II wave, 1960–70’s, and Solidarity era 1981–89).

Geographic Area: Seattle-Tacoma area of Washington State.


Field Performance: Data unavailable. No data relating to reliability or construct validity. Response rate to immigration questions specifically and participation generally are unavailable.

Expected Performance on National Surveys: Reliance on two questions for a determination of immigration status, rather than a complex algorithm, is
clearly simpler. These particular questions have been used with two diverse populations (Irish and Polish), seemingly successfully. It appears likely to distinguish between citizens and noncitizens. However, it is unclear to what extent these questions will permit distinctions between various categories of noncitizens. First, individuals may not know their own immigration status because of the complexity of the law and/or their individual situations. Second, the categories as enunciated are overlapping and exclusionary. For instance, someone here illegally may be claiming refugee status. It is unclear whether the individual would self-classify as a refugee or as an alien illegally present. Individuals may have obtained their immigrant status while in the United States through the process known as adjustment of status, yet there is no way for them to indicate this, other than by self-classifying as “other.” However, permanent residents are then likely to be included in the same classification as parolees, recipients of voluntary departure, and various other statuses. Individuals in many of these other statuses are currently ineligible for publicly funded care, rendering analysis of many issues, such as access and utilization, problematic.

Appendix II
Asch, et al.

Description of Instrument:
Immigration status is determined on the basis of responses to these questions: Country of birth, status as a U.S. citizen (yes/no/refused/unsure/no answer), self-reported current status (permanent resident or green card/temporary resident/without papers/student or tourist visa/expired visa/asylee/other), and length of time in United States.

Purpose of Study: To examine the relationship between immigration-related variables, symptoms, and delay in seeking care for tuberculosis.

Funding Source(s): Robert Wood Johnson Foundation.

Study Design: Cross-sectional.

Sampling Procedures: Survey of 313 consecutive patients with active tuberculosis from 95 different facilities.

Geographic Area: Los Angeles County.

Population: Not specified; most common languages of study population were English, Spanish, Mandarin, Tagalog, and Vietnamese.

Field Performance: Data unavailable with respect to refusal rate. Researchers report that interviewers made an average of 16 attempts to contact respondents. Interview data were compared to tuberculosis registry data for variables derived from both sources, including country of birth; investigators reported “good agreement” (no statistics available).

Expected Performance on National Surveys: This particular instrument is subject to many of the same strengths and deficiencies as the Aroian instrument (appendix I). As with the Aroian instrument, the form requests that the study participant reach a conclusion regarding his or her immigration status and presumes sufficient knowledge on the part of that individual to be able to do so accurately. The validity of this assumption is untested. As with the Aroian instrument, the categories that are delineated may unintentionally promote misclassification or may classify together categories of individuals with distinctly different statuses. For instance, individuals who have received withholding of deportation would be classified as “other,” but unlike corporate executives or professional athletes, who would also be classifiable as “other,” are entitled to remain in the United States permanently and to receive publicly funded health care benefits.

Appendix III
Cornelius, et al.

Description of Instrument:
Immigration status is determined indirectly through a series of questions:

- Are you in the process of getting papers?
- Would you like to get papers?
- Did you have trouble getting into the country?
- Would there be any advantage to you in getting papers?
- The first time that you came to the United States, did you enter with papers or did you have to enter without them?
- And the most recent time you came to the United States, did you enter with papers or did you have to enter without them?

Purpose of Study: To review methodological issues in interviewing undocumented persons.

Funding Source(s): Unavailable.

Study Design: Review paper.

Sampling Procedures: Recommends snowball sampling.

Geographic Area: Various; includes San Diego County, California.


Field Performance: Cornelius’ assessment of this approach is that it is good; no specific reliability or validity data available. No quantitative data are available with respect to response rate on immigration questions. Cornelius indicates that the “fieldwork is likely to be complex, difficult, and time-consuming . . .” Cornelius indicates that research involving nondetained illegal immigrants in the United States requires acceptance of “something less than conventionally rigorous standards of population sampling” as well as the use of well-trained interviewers with extensive personal contacts in the research community.

Expected Performance on National Surveys: These questions most likely distinguish undocumented from documented individuals. However, it is not clear that these questions, which are much more vague and indirect than those seen on numerous other instruments, would distinguish between various subcategories of documented individuals. The questions as posed are
difficult to administer other than in the context of a personal interview, as contrasted with a written survey instrument. It appears that these questions have been used primarily with Spanish-speaking populations. Consequently, it is unclear how well they would perform when used with other populations.

**Appendix IV**
(Curiel, et al.)

**Description of Instrument:** Immigration status is assessed by self-report (born in the United States, naturalized citizen, pending naturalization, pending resident status, or other).

**Purpose of Study:** To assess knowledge of and need for health, social, and educational services among Hispanic residents of Oklahoma City.

**Funding Source(s):** Starting Right.

**Study Design:** Cross-sectional.

**Sampling Procedures:** Household within targeted geographic areas.

**Geographic Area:** Oklahoma City.

**Population:** 212 Hispanic households.

**Field Performance:** Data unavailable. Data relating to reliability and validity unavailable. No data are available with respect to response rate to immigration question or overall refusal rate for study participation.

**Expected Performance on National Surveys:** These questions are likely to distinguish citizens from noncitizens but are not likely to distinguish between various classifications of immigrants.

**Appendix V**
(Dumka, Roosa, and Jackson) (Form unavailable)

**Description of Instrument:** Immigration status is assessed by place of birth. There is no form available, but reliance on this question is reviewed here.

**Purpose of Study:** To evaluate mothers’ supportive parenting and inconsistent discipline practices as mediators of the effects of multiple risk factors and family conflict on children’s conduct and depression.

**Funding Source(s):** National Institute for Mental Health Grant 2-P50-MH39246-06.

**Study Design:** Cross-sectional.

**Sampling Procedures:** 121 low-income Mexican immigrant and Mexican American mothers and their fourth grade children. The mothers were recruited from a larger sample of 167 families recruited for a parent training intervention through two schools in a southwestern city.

**Geographic Area:** Southwest.

**Population:** 121 mothers, of whom 94 (78 percent) were born in Mexico.

**Field Performance:** The entire instrument was pretested with Spanish-speaking students, some of whom took it home to test with their relatives. The instrument was not pretested with the target population. There was a 9-percent refusal rate to participation. The refusal rate for this specific item is unavailable. There is no information available on the immigration status of those refusing to participate. Data relating to validity and reliability are unavailable.

**Expected Performance on National Surveys:** Reliance on place of birth most likely distinguishes between most citizens and noncitizens. It does not permit further delineation between various classifications of noncitizens and does not permit identification of those who are citizens other than by birth.

**Appendix VIa**
(Heer and Falasco)

**Description of Instrument:** Immigration status is determined through a series of questions relating to birth in the United States (yes/no), place of birth, citizenship status in United States (yes/no), possession of an alien registration card (green card) (yes/no), year of entry into the United States, and periods of absence from the United States of 6 months or more. On the basis of these responses, individuals were classified as being an undocumented immigrant, a legal resident alien or naturalized citizen of the United States, or a U.S. citizen by birth. Individuals claiming status as a permanent resident alien were asked to show their alien registration (green) card.

**Purpose of Study:** To examine the socioeconomic status of recent mothers of Hispanic origin living in Los Angeles County.

**Funding Source(s):** Grant 5 R01 HD14342 from the National Institute of Child Health and Human Development.

**Study Design:** Cross-sectional; 903 interviews of one parent of all babies whose mother or father reported on the child’s birth certificate Mexican origin and parental place of birth in either the United States or Mexico.

**Sampling Procedures:** Probability sampling of birth certificates for Los Angeles County for 1980 and 1981. Individuals excluded from study if mother under the age of 18, the baby was of low birthweight, the baby had died or been adopted, or the mother had suffered complications during pregnancy. The final sample included 700 interviews of mothers born outside the United States and 188 interviews with mothers born in the United States.

**Geographic Area:** Los Angeles County, California.

**Population:** Mexican ethnicity.

**Field Performance:** No data available with respect to reliability or construct validity. Weighted nonresponse rate for all respondents gathered from frame of mothers born in the United States was 52.9 percent and was 48.5 percent for those born outside of the United States. Nonresponse was attributable to new unknown addresses, names found not to be qualified, lack of response to three attempts at contact, lack of contact by the cutoff date, and refusals.

**Expected Performance on National Surveys:** As with appendixes I and II, this instrument is relatively simple to
administer in the context of a national survey. Although there are no data available with regard to validity or reliability, it appears that it would be able to distinguish between U.S. citizens and permanent residents. It is not clear, though, that it would correctly classify individuals who are legally temporarily in the United States or undocumented. The instrument appears to have been used with only one population, making it difficult to assess its acceptability to other communities.

Appendix VIb
(Heer and Falasco)

Description of Instrument:
Immigration status is determined through a series of questions relating to place of birth, citizenship status in United States (yes/no), possession of an alien registration card (green card) (yes/no), basis of eligibility for permanent residence, temporary status in the United States, year of first and most recent entries into the United States, and number of times that the individual has come to live in the United States.

Purpose of Study: Not available.

Description of Instrument: Not available.

Study Design: Not available.

Sampling Procedures: Not available.

Geographic Area: Los Angeles County, California.

Population: Mexican ethnicity.

Field Performance: Data unavailable.

Expected Performance on National Surveys: See appendix VIa.

Appendix VII
(Hubbell, Chavez, Mishra, Magana, and Valdez)

Description of Instrument:
Immigration status is determined through a series of questions relating to place of birth, father’s place of birth, mother’s place of birth, date of birth, date of most recent entry into the United States, number of years of residence in the United States, current immigration status (legal permanent resident, without papers, no papers but requested work permit, no papers but requested permanent residence, no papers but requested political asylum, United States citizen, temporary protected status, political asylee/refugee, other), and intent to remain permanently in the United States.

Purpose of Study: The instrument was used for two studies. The first study pertains to the development of a breast cancer control program for Latinas (Hubbell, Chavez, Mishra, Magana, and Valdez, 1995). The second study compares health service utilization of documented and undocumented immigrants in Orange County, California (Chavez, Hubbell, Mishra, and Valdez, 1997).

Breast Cancer Control Program

Funding Source(s): Public Health Service grant 5R01CA52931 from the National Cancer Institute, National Institutes of Health, Department of Health and Human Services.

Study Design: Cross-sectional.

Sampling Procedures: Participants in ethnographic interviews were recruited through organization-based network sampling. Participants in the telephone survey were randomly selected from telephone listings.

Geographic Area: Orange County, California.


Field Performance: Data unavailable. In a study by Chavez, Hubbell, Mishra, and Valdez, 1997, (see table 1), which utilized a similar instrument, there was an overall cooperation rate of 78.5 percent, defined as the number of completed interviews divided by the sum of the completed interviews plus refusals by eligible individuals. A total of 19 of 533 (3.6 percent) non-U.S.-born respondents in that study did not respond to the question pertaining to immigration status.

Expected Performance on National Surveys: Although no data are available with respect to validity, it appears that the instrument would be able to distinguish U.S. citizens from noncitizens with minimum misclassification, because of the detailed questions relating to place of birth. As with the instrument reviewed previously, this instrument presumes that individuals will be able to accurately self-classify immigration status. However, the various immigration classifications are overlapping, e.g., someone may have no papers and may have requested a work permit and permanent residence or may have temporary protected status and have applied for political asylum, rendering the accuracy of self-classification somewhat questionable. The instrument appears to have been used predominantly, if not exclusively, with immigrants from Latin America. Consequently, it is unclear how well it would perform in other groups. Because of the instrument’s relative brevity, it would be relatively easy to administer in the context of a survey.

Comparative Analysis, Orange County

Funding Source(s): National Cancer Institute (5 R01 CA 51931).

Study Design: Cross-sectional.

Sampling Procedures: Subset from random sample of women in Orange County who participated in study of knowledge, attitudes, beliefs, and practices related to breast and cervical cancer.

Geographic Area: Orange County, California.

Population: Latina immigrants (Mexican, Central American, and South American) and Puerto Rican women.
Appendix VIII
(Hubbell, Waitzkin, Mishra, Dombrink, and Chavez)

Description of Instrument: Self-classification as citizen resident, student visa, worker visa, visitor visa, or undocumented.

Purpose of Study: To determine local access to medical care among Latinos.

Funding Source(s): Center for Orange County Research, St. Joseph Health System Foundation (St. Jude Hospital), the California Community Foundation, and the U.S. Public Health Service (PE 19154–07).

Study Design: Cross-sectional.

Sampling Procedures: Telephone surveys of residents in the northern inland portion of Orange County, from October 19, 1987 through February 2, 1988. In October 1987, selection of 300 families with incomes less than 125 percent of national poverty level and 352 families with incomes between 125 percent and 200 percent of poverty level, selected randomly from census tracts in which at least 100 households had incomes below the national poverty level, according to the 1980 census. In February 1988, selected 306 families with incomes greater than 200 percent of the Federal poverty level (“nonpoor”) from random sample of telephone numbers of families living in the same geographic location as the low-income group selected in October 1987.

Geographic Area: Northern inland portion of Orange County, California.

Population: Poor and nonpoor Latinos.

Field Performance: Data unavailable.

Expected Performance on National Surveys: The instrument appears to distinguish well between those who are citizens and those who are not. There may be some misclassification due to the limited number of categories available, e.g., those with political asylum are not encompassed within any of the enumerated categories.

Appendix IX
(Lambert and Lambert)

Description of Instrument: The assessment of immigration status is based primarily on the respondent’s reported place of birth. Data are also collected on country of prior residence, country of parents’ prior residence, length of residence in United States, and length of parents’ residence in United States.

Purpose of Study: To examine the effects of a standard role induction procedure on immigrant patients having their first therapy experience.

Funding Source(s): Data unavailable.

Study Design: Behavioral intervention.

Sampling Procedures: 30 participants recruited through intake workers at community mental health center.

Field Performance: 25 percent general refusal rate; several refusals on immigration questions specifically. No data are available with respect to reliability or validity.

Expected Performance on National Surveys: This instrument appears relatively simple and straightforward to administer. However, reliance on the questions in addition to place of birth does not contribute to the determination of immigration status because the instrument relies on parental residence, rather than place of birth, for a determination of citizenship. However, place of residence is not synonymous or coterminous with place of birth/nationality. Second, the instrument is unable to distinguish between subcategories of noncitizens, e.g., documented/undocumented, permanent resident/temporary resident, etc. Unlike many of the other instruments, the Lambert instrument was utilized with a Korean rather than Latin American population.

Appendix X
(Lee, Crittenden, and Yu)

Description of Instrument: Immigration status is determined on the basis of several questions: Place of birth, parents’ place of birth, date of entry into the United States, whether a U.S. citizen, and reason for leaving country of birth.

Purpose of Study: To examine the effects of quantitative, structural, and functional aspects of social relationships on the level of depressive symptoms among elderly Korean immigrants, as part of an overall needs assessment survey of the ethnic elderly in Chicago.

Funding Source(s): Not available.

Study Design: Cross-sectional.

Sampling Procedures: The sampling frame for the 1988 Ethnic Elderly Needs Assessment Survey consisted of Korean immigrants aged 50 years or older residing in uptown Chicago. This sampling frame consisted of approximately 2,000 names. A random sample of 400 names were selected from this list. Of these, 284 individuals were contacted by interviewers, and 200 Korean elders were interviewed between May 1988 and August 1988.

Geographic Area: Chicago area.

Population: Korean immigrants aged 50 years or older.

Field Performance: 30-percent general refusal rate; data unavailable with respect to immigration questions. No information on reliability or validity.

Expected Performance on National Surveys: Although no data are available with respect to validity, it appears that the instrument would be able to distinguish U.S. citizens from noncitizens with minimum misclassification, because of the detailed questions relating to place of birth. As with the instrument reviewed previously, this instrument presumes that individuals will be able to accurately self-classify immigration status. This is one of the few instruments to have been used with a non-Latino population.
Appendix XIa

(Loue and Foerstel)

Description of Instrument: Immigration status is determined through a series of questions relating to individual’s and family’s immigration situation. Each question requires a yes or no response, which then leads the interviewer to the next appropriate question. Responses to each indicated question along the path leads to a conclusion regarding the individual’s current immigration status and eligibility for publicly funded health care benefits.

Purpose of Study: To develop an instrument for health care providers to determine immigration status and assess eligibility for publicly funded health care benefits, such as Medicaid and Medicare.

Funding Source(s): Funded in part by Alliance Healthcare Foundation in conjunction with study of human immunodeficiency virus (HIV) risk behaviors and HIV knowledge among nine different Asian and Pacific Islander communities in San Diego County.

Study Design: Cross-sectional.

Sampling Procedures: Convenience and snowball sampling. Recruitment conducted face to face.

Geographic Area: San Diego County.


Field Performance: No refusals in the field. The reliability and validity of the instrument were assessed against an intake questionnaire used by immigration attorneys to assess clients’ immigration status. The kappa statistic for the determination of whether an individual was documented or undocumented was 1.0. The kappa statistic for the category of documentation among individuals who were documented was 0.47. (See Loue and Foerstel, 1996.)

Expected Performance on National Surveys: This is the only instrument for which detailed data are available with respect to construct validity and reliability. The instrument as it is now constituted is out of date because of changes effectuated by recent Federal welfare and immigration reform legislation. Consequently, the instrument should not be used in national surveys. (See appendix XIb for discussion of revised form.)

Unlike most other instruments, this instrument leads the respondent down any number of pathways depending on the response to particular questions. The ultimate conclusion regarding immigration status is based on these responses. Consequently, this instrument does not presume that the respondent has sufficient knowledge to self-classify his or her immigration status. However, because of the complexity of the divergent pathways, this instrument is most appropriate for use in the context of an interview, rather than a written survey.

Appendix XIb

(Loue)

Description of Instrument: This is a revised version of the form described in appendix XIa. The revised version incorporates changes in the law effectuated by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996.

Purpose of Study: To evaluate the efficacy of an HIV prevention intervention for Latinas.

Funding Source(s): National Institute of Mental Health.

Study Design: Phase 2 is cross-sectional and consists of interviews with 75 men and 75 women at each of two sites (individuals of Mexican ethnicity in San Diego County, California, and individuals of Puerto Rican ethnicity in Cuyahoga County, Ohio). Phase 3 is an HIV prevention intervention trial to be conducted at each of the two sites. Phase 2 is ongoing at each of the sites.

Sampling Procedures: Organization-based network sampling and snowball sampling.

Geographic Area: San Diego County, California (immigration component).

Population: 75 men and 75 women of Mexican ethnicity.

Field Performance: A total of 61 interviews in San Diego have been completed to date. To date, there has been a 1-percent general refusal rate and no refusals to respond to the immigration questions.

Expected Performance on National Surveys: This revised version has not been validated and, unlike the previous version, is currently being used only with Latino immigrants. The instrument has the same strengths and weaknesses as the original version, described previously.

Appendix XII

(Loue, Faust, and Bunce)

Description of Instrument: Immigration status is determined through a series of questions:

- How long have you been living in the United States?
- Now, some people who are immigrants have a green card. Other people have other kinds of permission to be here. Do you have a green card or do you have another kind of permission?
- Has the kind of permission changed since August 22, 1996?
- If the permission has changed, what kind of permission do you have now?
- Sometimes people have permission but then it is not good anymore. Did this happen to you?

Purpose of Study: To assess the ability of immigrants in Cuyahoga and Lorain Counties, Ohio, to access medical care following the passage of the Federal welfare and immigration reform legislation.

Funding Source(s): Contract with health care institution.

Study Design: Cross-sectional.

Sampling Procedures: Snowball and institution-based network sampling to recruit sample of 251 immigrants.

Geographic Area: Cuyahoga and Lorain Counties in northeast Ohio.
Population: All non-U.S. citizens were eligible.

Field Performance: Approximately a 5- to 10-percent refusal rate to participate in study. No refusals to answer immigration questions. Interviews were conducted face to face with trained interviewers. Approximately 10 percent of the sample provided responses that did not accurately indicate immigration status, e.g., applied for some kind of work permit.

Expected Performance on National Surveys: These questions do not distinguish between citizens and noncitizens because citizens were ineligible to participate and were excluded after initial screening based on place of birth only. No data are available with respect to the validity or reliability of the instrument.

Appendix XIII
(Mehta)

Description of Instrument: Immigration status is assessed through a series of questions focusing on self-reported immigration status (naturalized U.S. citizen, resident/green card holder, temporary/tourist visa, student visa, birth in the United States), number of years in the United States, and the year of entry into the United States.

Purpose of Study: To assess the relationship between acculturation and mental health.

Funding Source(s): American Psychological Association’s Minority Fellowship Program.

Study Design: Cross-sectional.

Sampling Procedures: Community sample recruited through cultural and community associations.

Geographic Area: Unspecified.

Population: 195 Indian immigrants, one-half of whom were U.S. citizens.

Field Performance: Data unavailable. Data relating to validity and reliability unavailable. Forty-five percent of the surveys were completed and returned at cultural festivals, forty-three percent were returned by mail, and eleven percent were returned at designated temples or grocery stores where participants could receive the study stipend. It was estimated that the return rate for mail-in surveys ranged from 26 percent to 42 percent across regions. Face-to-face solicitation resulted in almost 100 percent participation.

Expected Performance on National Surveys: These questions most likely distinguish between citizens, permanent residents, and some nonimmigrants. The number and nature of the categories are insufficient to distinguish between nonimmigrants and undocumented persons.

Appendix XIV
(Perilla, et al.)

Description of Instrument: Immigration status is assessed by place of birth and date of entry into the United States.

Purpose of Study: To identify predictors of domestic violence in a sample of 60 immigrant Latinas, 30 of whom had sought help for abuse and 30 of whom had sought assistance for other family issues.

Funding Source(s): APA Minority Fellowship Dissertation grant; Hispanic services of Saint Joseph’s Hospital, Atlanta.

Study Design: Cross-sectional; data collected through a semistructured questionnaire and a set of eight standardized instruments.

Sampling Procedures: Recruited through programs provided to the Latino community by a Catholic hospital.

Geographic Area: Unspecified southeastern metropolitan area.

Population: 43 Mexican-born women and 17 women born in other Latin American countries.

Field Performance: No refusals in the field.

Expected Performance on National Surveys: Designation of place of birth provides the simplest means for classification of individuals as U.S. citizens or noncitizens. However, as indicated in the context of the literature review, this schema is subject to misclassification, the extent of which remains undetermined. Further, reliance on place of birth as a measure of immigration status presumes that an individual retains the status of immigrant regardless of the number of years in the United States or his or her legal status. Ultimately, reliance on place of birth as a measure tracks the social science paradigm for the definition of an immigrant.

Usage of this criteria alone is unlikely to provoke refusals to respond. It has been used in numerous populations and geographic areas. Unlike other instruments requiring self-assessment of status, place of birth neither presumes a more sophisticated level of knowledge on the part of the respondent, as does the Hubbell instrument, nor requires more extensive interviewer training, as does the Loue and Foerstel instrument.

Appendix XV
(Robinson)

Description of Instrument: Immigration status is determined on the basis of one question, which asks the respondent to report his or her status as a citizen, permanent resident, or parolee.

Purpose of Study: To evaluate the effectiveness of two bilingual, nontraditional mental health peer counseling programs providing services to Southeast Asian refugees.

Funding Source(s): Unavailable.

Study Design: Evaluation; longitudinal.

Sampling Procedures: 150 clients of 2 mental health centers, representing 100-percent sample of all Southeast Asian clients at these two centers between July 1983 and December 1984.

Geographic Area: Minneapolis-St. Paul.

Population: Cambodian, Lao, Hmong, and Vietnamese clients of two mental health centers.
Field Performance: Data unavailable. No data are available on reliability or construct validity of this measure. Evaluation study; included all immigrant clients.

Expected Performance on National Surveys: This assessment can be presumed to distinguish, in most cases, between permanent resident and U.S. citizens. It lacks the ability to distinguish between all other classes of entrants to the United States and allows only for the additional designation of parolee, which is a relatively rare status. Consequently, confusion in the field and misclassification of status are likely.

Appendix XVI (Schilit and Nimnicht)

Description of Instrument: This instrument is specific to individuals who qualified or believed they qualified for legal status pursuant to the provisions of the Immigration Reform and Control Act of 1986 (IRCA) (amnesty and special agricultural worker status). Immigration status is determined by a series of five questions: The kind of immigration document that the respondent currently possesses, the country of origin, the year in which the individual came to live in the United States, the basis of eligibility for status under IRCA, and the status of any application for legal residency that has been filed.

Purpose of Study: To gather descriptive data relating to individuals legalized under IRCA.

Funding Source(s): Florida State Department of Health and Rehabilitative Services, Tallahassee.

Study Design: Cross-sectional.

Sampling Procedures: Written interviews of 1,000 individuals selected from adult education classes; interviews with 300 individuals recruited through churches and labor camps.

Geographic Area: Broward, Collier, Dade, Orange, Palm Beach, and Polk counties, Florida.

Population: Individuals who had obtained their legal status based on illegal entry or undocumented status in the United States before January 1, 1982, (amnesty individuals) and individuals who obtained legal status based on their employment as seasonal agricultural workers as defined by the IRCA. The study population consisted of Haitian and Hispanic individuals (Colombia, El Salvador, Guatemala, Honduras, Nicaragua, and other unspecified countries).

Field Performance: Data unavailable. No data available with respect to refusal/response rates or reliability and validity.

Expected Performance on National Surveys: This instrument to assess immigration status was developed for use during the period of effectiveness of the IRCA. Consequently, as currently constituted, it should not be used in the field because it emphasizes some items that are no longer relevant. Like many of the other instruments used, this measure presumes that the individual is able to appropriately self-classify his or her immigration status. It apparently has been used in written form in the field with some success, although specific data relating to field performance is unavailable.

Appendix XVII (Sherraden and Barrera)

Description of Instrument: Immigration status is assessed for the respondent’s mother and father, based on the parental place of birth. The respondent’s immigration status is assessed based on her place of birth and her self-reported immigration status (U.S. citizen, green card, work permit, undocumented, or don’t know). The respondent’s partner’s immigration status is determined based on the respondent’s report.

Purpose of Study: To examine the family support and birth outcomes among second-generation Mexican immigrants.

Funding Source(s): Robert Wood Johnson Foundation, University of Missouri, and University of Missouri-St. Louis.

Study Design: Cross-sectional.

Sampling Procedures: Participants recruited through a teaching hospital, a public hospital, a federally financed community health center, board of health clinics, and community hospitals; interviews with 41 second-generation Mexican-American women.

Geographic Area: Chicago.

Population: Second-generation Mexican-American women who gave birth to low birthweight infants, excluding mothers with incorrect telephone numbers, those who had relocated, and those with disconnected telephone numbers. Approximately 14 percent of the participants were born outside of the United States but arrived in the United States before the age of 5.

Field Performance: Data unavailable. Data relating to construct validity and reliability unavailable. There were two refusals to participate in the study. No data are available with respect to response/refusal rates for the immigration questions.

Expected Performance on National Surveys: The instrument appears to have the ability to distinguish between U.S. citizens, permanent residents, undocumented individuals, and all others. The ability to distinguish between various subgroups of other immigrants who may differ from each other with respect to significant variables, is questionable. For instance, classification of individuals under the category of “work permit” includes those who are here legally on temporary visas as managers or journalists, some types of students, some professionals, and some agricultural workers, as well as individuals who have received asylum, withholding of deportation, or various administrative remedies. Presumably, the health issues facing low-wage agricultural workers are quite different from those facing managers, and access to care issues are quite different for recipients of asylum as
Appendix XIX
(University of Pennsylvania: Mexican Migration Project)

Description of Instrument: Immigration history assessed at various points in time through detailed questions relating to type of entry, place of crossing, documentation at entry, cost of entry. Immigration status is assessed through a series of questions asking respondent if he/she was “indocumentado” (undocumented) or illegal or had used “documentos falso” (false documents).

Purpose of Study: To create a comprehensive data set on Mexican migration to the United States.

Funding Source(s): National Institute of Child Health and Human Development (Grant 1 R37 HD-24047).

Study Design: Longitudinal.

Sampling Procedures: A sample of 200 households from each of two to five Mexican communities was obtained each year through simple random sampling. A smaller number of households was sampled if the size of the community was less than 500 residents. An additional nonrandom sample of 10 to 20 out-migrant households from each community were interviewed during their sojourns in the United States.

Geographic Area: National.

Population: Mexican.

Field Performance: Investigator reported that these questions had no effect on the refusal rate for interviews conducted in Mexico.

Expected Performance on National Surveys: This instrument requires great detail regarding the migration experience. It is likely that it will distinguish well between U.S. citizens, permanent residents, undocumented individuals, and some other subgroups of sojourners to the United States. However, the complexity of the instrument precludes its use in the context of a written survey. Reliance on the instrument in the context of personal interviews would require extensive interviewer training. Unlike many of the instruments, it does not presume respondent ability to self-classify immigration status. The investigator advised that he doesn’t think that the “lack of problems would hold for a survey done in the United States, where illegal respondents would be very reluctant to talk to unknown outsiders.”

Appendix XX
(Urban Institute: Ku, Fix, and Enchautegui)

Description of Instrument: Immigration status determined through series of questions requiring a yes/no response. Each response prompts individual to proceed to next appropriate question. Instrument appears to be able to distinguish between U.S. citizens, permanent residents, and all others.

Purpose of Study: Data not yet available from investigator.

Funding Source(s): Data not yet available from investigator.

Study Design: Data not yet available from investigator.

Sampling Procedures: 1,625 households at each site. The sample is composed from administrative data used to locate users of food stamps and through random digit dialing.

Geographic Area: Los Angeles County and New York City.

Population: The study contains 400 families that lost food stamps during 1997; 400 families that have retained food stamps in their entirety; 400 families above 200 percent of the poverty level; 400 families below the poverty level; and 400 families containing at least one elderly individual. Most of the elderly come from one of the other subgroups. Households are sampled only if they contain at least one foreign-born adult.

Field Performance: No data available.

Expected Performance National Surveys: Inadequate data to assess.
Appendix XXI
(Current Population Survey)

Description of Instrument: The survey is conducted monthly by the U.S. Bureau of the Census. The basic survey includes questions about labor force participation of each household member age 15 years and older, country of birth, and citizenship. Approximately 50,000 households are eligible to be interviewed each month. Approximately 3,200 households are not interviewed each month because of unavailability.

Purpose of Study: To collect labor-force-related information. Secondary purposes include the collection of data pertaining to educational enrollment and attainment; income and poverty status; fertility, voting activity, and nativity; citizenship; year of entry; and parental nativity of respondents.

Funding Source(s): Federal Government.

Study Design: Longitudinal.

Sampling Procedures: The sampling frame consists of housing units enumerated in the last previous census. A total of 47,000 to 50,000 households are eligible to be interviewed each month; of these, approximately 3,200 are not interviewed because of unavailability. Each monthly sample contains eight rotation panels and every housing unit in the survey is assigned to a specified panel. Each panel is rotated out of the survey over a 16-month period and is then replaced by a new panel. The new panel is interviewed for 4 consecutive months, is taken out of the sample for 8 months, and is then put back into the sample for another 4 consecutive months and, finally, is replaced. There is approximately a 75-percent overlap in the sample from month to month and a 50-percent overlap from year to year for the same month. Undercoverage is estimated to be approximately 8 percent, which varies by race, age, and sex.

Geographic Area: Nationwide.

Population: Civilian noninstitutionalized population of the United States.

Field Performance: Nonresponse has averaged approximately 6.5 percent monthly. The item-specific nonresponse rate varies, from less than 1 percent for demographic items including place of birth to 12 percent for earnings items.

Expected Performance on National Surveys: There are discrepancies between the information reported via the Current Population Survey and the data reported by the Immigration and Naturalization Service with respect to numbers of individuals naturalized during a specific period.

Appendix XXII
(Survey of Income and Program Participation)

Description of Instrument: A proposed battery consists of three questions: Status at time of entry into the United States, whether that status has been changed to permanent residence, and the date of such change.

Purpose of Study: To collect source and amount of income, labor force information, program participation and eligibility data, and general demographic characteristics to measure the effectiveness of existing Federal, State, and local programs; to estimate future costs and coverage for government programs, such as food stamps; and to provide improved statistics on the distribution of income in the country.

Funding Source(s): Federal Government.

Study Design: Longitudinal.

Sampling Procedures: The survey design is a continuous series of national panels, with sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2 1/2 years to 4 years. The SIPP sample is a multistage-stratified sample of the U.S. civilian noninstitutionalized population.

Geographic Area: National.


Field Performance: Some information is available at this Web site: http://www.sipp.census.gov/sipp/qp/pdf/c5.pdf

Expected Performance on National Surveys: This formulation would appear to distinguish well between permanent residents and nonpermanent residents at the time of their entry into the United States. The category of nonimmigrant assumes that individuals understand the legal meaning of nonimmigrant and do not think of themselves as nonimmigrants simply because they do not have permanent residence. The category of “other” may encompass not only those who are here without documentation or who entered illegally, but also individuals who are here legally in some other status, e.g., individual grant of parole, who are qualified aliens under the current public benefit laws. The questions may not provide accurate information regarding an individual’s current immigration status. For instance, an individual may have entered the United States as a permanent resident, but may have lost that status because of a variety of circumstances; the battery does not inquire regarding current status.

Chapter 5
Conclusions and Recommendations

This review of the relevant literature and various instruments for the assessment of immigration status gives rise to the following conclusions:

- In general, research relating to immigrants and their health has not attended to the methodological issues inherent in such investigations. These issues include, most notably, the definition of an immigrant, assessment of the reliability and validity of measures to determine immigration status, measurement of biases that attend the various sampling approaches used, and the various sources of recruitment.
The instruments developed for the assessment of immigration status differ across studies, making cross-study comparisons difficult. To some extent, these differences cannot be completely avoided, as the legal criteria for immigration subcategories may change over time.

The assumptions which underlie the specific classification criteria used in any particular study are rarely stated explicitly, rendering it again difficult to make cross-study comparisons and to interpret the findings of any specific study. Many studies implicitly suggest that immigration status is static, e.g., if an individual once entered as an immigrant, the individual is always an immigrant. Such assumptions may be inappropriate, depending on the hypothesis under investigation. Variations in acculturation level exist at the individual and group levels. These differences may also demand attention depending on the hypothesis under investigation.

The majority of studies in which immigration status has been examined are cross-sectional in nature. The ability of any particular instrument to detect changes in immigration status over time has not been examined. Additionally, few if any studies have attempted to examine changes in health or access to health care concurrent with changes in immigration status.

Few studies have relied on random samples of individuals but instead have used organization-based network sampling, snowball sampling, and convenience sampling. Few authors have addressed the reasons underlying their choice of sampling strategy. However, these choices may be related to difficulty in locating the target population, such as undocumented individuals; reluctance of individuals to participate in a study in which they may have to disclose information about their immigration status; the closed nature of some of the communities in which the research is carried out; and the lack of telephone access to portions of the target communities. Neither the potential direction or extent of the resulting biases nor the ability to generalize the research findings as a result of reliance on nonrandom sampling strategies has been adequately addressed in the relevant literature.

Almost no data are available with respect to the field performance of any of the instruments for the assessment of immigration status, including instruments based on individuals’ self-reports. This includes, for instance, instrument reliability and validity, refusal rates, time required for instrument administration, preferred method of administration (e.g., written survey or oral interview), and interviewer training issues. Data are also lacking with respect to coding and analysis issues.

Based on the foregoing, the following recommendations are made:

- In view of the paucity of data pertaining to the field performance of most existing instruments, it is strongly recommended that any instrument considered for use be field tested and revised appropriately before incorporation into a national survey.

- A decision must be made regarding the intended usage of the data and, accordingly, the paradigm that will guide the development of the instrument. Reliance on an immigration law or public benefits framework requires a more complex instrument, but also provides the greatest flexibility for the use of the resulting data, e.g., studies involving access to care issues, utilization issues, health status, etc.

As an example, a study relating to access to care or health services utilization must consider an individual’s legal status because that status may be determinative of eligibility for health care benefits in the absence of private health insurance or sufficient private resources to cover costs. In this context, even the identification of individuals as permanent residents (green card holders) would be inadequate as current law distinguishes between qualifications, ineligible aliens who, although otherwise eligible are subject to a temporary bar to the receipt of benefits and can receive only emergency services through public funding, and

- Unqualified aliens who, based upon their current immigration status, are ineligible for publicly funded care other than emergency services. A misclassification of individuals could lead to erroneous conclusions, e.g., that permanent residents as a group, rather than ineligible qualified permanent residents, are responsible for a large proportion of emergency department presentations.

- The development of the instrument must consider the level of respondent knowledge that is to be presumed. For instance, designation of place of birth requires very little sophistication on the part of the respondent, but self-classification of specific immigration status may, depending on the population, the individual, or the State of the law at a given time, require a great deal of knowledge. It is recommended that any measure of immigration status strike a balance between a level of simplicity sufficient to permit self-administration of the instrument and a level of complexity to permit distinction between critical categories of immigrants.

- The political and social climate at a particular time may potentially affect the questions that are to be asked and the prospective respondents’ willingness to provide the information requested. For instance, previous studies have indicated that individuals may delay seeking care where they feared being reported for their immigration status. It is not known, however, how this fear may impact refusal rates due to the lack of adequate data pertaining to field testing and refusal rates.
The instrument should be field tested in a variety of geographic locales and with a variety of populations. To date, the majority of instruments have been used with Latino or Asian immigrant populations. It is not at all clear, for instance, that an instrument acceptable in one community will be acceptable in another. Too, a large proportion of the instruments available have been utilized in the West and in large urban areas. A national survey would necessarily demand that the instrument be used in other regions of the country and in smaller communities.

In field testing the proposed instrument, attention should be paid to various sampling strategies. It may be advisable, for instance, to test the instrument in different locations, using a different sampling approach in each. The validity of the proposed instrument should also be assessed during this testing phase.

It appears that the efficiency and effectiveness of various data collection strategies have not been evaluated. Consequently, it is not known whether response rates and data reliability would be enhanced or diminished through the use of telephone interviews, in-person interviews, or mail-in questionnaires/surveys. Use of a complex instrument would seem to mitigate against reliance on mail-in responses. Telephone interviews may be less likely than in-person interviews to encompass the undocumented population.

Depending on the complexity of the instrument to be used and the mechanism for use (e.g., survey or oral interview), extensive interviewer training may be necessary. Although studies outside of the immigration context indicate that interviews are facilitated by reliance on interviewers of the same ethnic and linguistic background as the respondents, it is not known whether this also applies in the context of an assessment of immigration status. Consequently, the impact of the interviewer’s characteristics on the course of the interview or the prospective participant’s initial willingness to respond is unclear.

The questions recommended for inclusion in an assessment of immigration status vary depending on the paradigm chosen and the hypothesis to be tested. For instance, in a study of the incidence and prevalence of cancer within specific groups, it may be important to know the proportion of an individual’s life spent in the United States, but the individual’s legal status may not be relevant. However, a study examining health services utilization by immigrants with cancer would require additional information regarding individuals’ legal status because it may be relevant to issues relating to access to care. The following suggested questions attempt to consider the various contexts in which a need for immigration status may arise.

A. Where were you born? (country)

Explanation—This question is a threshold question that differentiates between U.S. citizens by birth and all others. This information is critical regardless of the paradigm being used for assessment of immigration status. The designation of a specific country permits more detailed analysis, which may be particularly helpful in studies relating to incidence and prevalence of specific disorders.

B. Where was your mother born? (country)

C. Where was your father born? (country)

D. What is your birth date?

Explanation—These three questions are necessary to determine whether the individual may be a U.S. citizen despite birth outside of the United States, i.e., whether the person may have derived citizenship from one or both parents (immigration and public benefit law paradigms).

E. If you were not born in the United States, how many years have you spent in the United States, counting all the time together?

Explanation—This question is not relevant to an assessment of immigration status per se, but may be useful to those needing a surrogate measure of acculturation.

F. Did you become a citizen of the United States through naturalization? yes no

Explanation—This question assesses change in immigration status to that of a citizen. This information is important when utilizing an immigration or public benefit law paradigm because the response provides additional information relating to current eligibility for publicly funded health care benefits.

IF YES, STOP IMMIGRATION QUESTIONS HERE. IF NO, CONTINUE WITH G.

G. Are you a permanent resident (green card holder) or conditional permanent resident? yes no

IF YES, ANSWER H. IF NO, SKIP TO I.

H. In what year did you receive your green card or your conditional permanent residence?

Explanation—Questions G and H together will determine whether an individual is a permanent resident or conditional permanent resident. (Conditional residents are individuals who receive permanent residence through marriage to a U.S. citizen on a conditional basis for 2 years. They must subsequently demonstrate that the marriage was valid for the purposes of immigration to be adjusted to permanent residence.) An inquiry regarding the date on which permanent residence was received will provide some indication as to whether the individual is eligible for publicly funded medical benefits or is subject to a 5-year bar on their receipt (immigration law/public benefit law paradigms).
IF A PERMANENT RESIDENT, END IMMIGRATION QUESTIONS HERE. OTHERWISE CONTINUE WITH I.

I. Have you received political asylum or withholding of deportation?  
______ yes  _______ no

Explanation—Individuals who have received political asylum or withholding of deportation are, under current law, qualified aliens not subject to the 5-year bar and are consequently eligible for full-scope publicly funded medical care (immigration law and public benefit law paradigms). This information is critical in evaluating access and utilization issues. This question does not provide adequate information for the classification of “refugee” within a social science paradigm because it focuses the inquiry on the individual’s legal status rather than his/her subjective reasons for leaving the country of origin/nationality. The subjective reason, however, is not determinative of status under either the immigration or public benefit law paradigms.

IF YES, END IMMIGRATION QUESTIONS HERE. IF NO, CONTINUE WITH J.

J. Have you received parole status for 1 year or more?  
______ yes  _______ no

IF YES, CONTINUE AND END WITH K. IF NO, PROCEED TO L.

Explanation—Individuals who have received parole status for 1 year or more are, under current law, qualified aliens not subject to the 5-year bar and are consequently eligible for full-scope publicly funded medical care (immigration and public benefit law paradigms). This information is critical in evaluating access and utilization issues.

K. If you received parole for more than 1 year, when does that status end?  

Explanation—This information indicates whether the individual’s permission is still valid and, consequently, whether the individual is entitled to receive full-scope publicly funded medical services (immigration and public benefit law paradigms). This issue is critical for studies relating to access to care and utilization.

L. Which of the following best describes your current immigration status?

1. Permission to be in the United States for a temporary period but without permission to work, e.g., tourist, student, and that permission has not expired
2. Permission to be in the United States for a temporary period, with permission to work, e.g., student, corporate transferee, temporary worker and that permission has not expired
3. Entered the United States legally for a temporary period but stayed past the time allowed
4. No papers to enter the United States and no permission to work
5. No papers to enter the United States but received permission to work

Explanation—These categories distinguish between those who are in the United States legally as nonimmigrants, with and without employment authorization, and those who entered illegally and have or do not have permission to work. (Some individuals may have entered illegally but because of specific court cases or temporary status newly applied to a class of persons, may have received permission to work.) These questions, together with questions regarding employment status, permit inferences to be made regarding the legality of an individual’s presence and, depending on other data collected, potential ability to access care. For instance, if an individual reports that he/she is in the United States legally but without permission to work, but also reports that he/she is working, it can be inferred that the individual is actually here illegally because he/she is in violation of status. Individuals who are employed may have greater access to monetary and/or insurance resources for health care services and/or may use services differently than individuals who are here legally but without authorization to work and without employment.

Skip patterns may be confusing to some. The following set of questions is recommended as an alternative.

A. Which of the following best describes your current immigration status?

1. U.S. citizen
2. Permanent resident
3. Conditional resident through marriage to a U.S. citizen
4. Recipient of asylum or withholding of deportation
5. Recipient of parole status for 1 year or more
6. Permission to be in the United States for a temporary period but without permission to work, e.g., tourist, certain students, and that permission has not expired
7. Permission to be in the United States for a temporary period with permission to work, e.g., student, corporate transferee, temporary worker, and that permission has not expired
8. Entered the United States legally for a temporary period but stayed past the time allowed
9. No papers to be in the United States and no permission to work
10. No papers to be in the United States but received permission to work

B. Which of the following best describes your immigration status when you first entered the United States?

1. Permanent resident
2. Conditional resident through marriage to a U.S. citizen
3. Recipient of asylum or withholding of deportation
4. Recipient of parole status for 1 year or more
5. Permission to be in the United States for a temporary period but without permission to work, e.g., tourist, certain students, and that permission has not expired
6. Permission to be in the United States for a temporary period with permission to work, e.g., student, corporate transferee, temporary worker, and that permission has not expired.

7. Entered the United States legally for a temporary period but stayed past the time allowed.

8. No papers to be in the United States and no permission to work.

9. No papers to be in the United States but received permission to work.

C. In what year did you first enter the United States?

**Explanation**—These questions avoid the confusion that may accompany skip patterns. They also avoid the confusion that may accompany use of the term “nonimmigrant.” In the legal context, that term refers to individuals who are in the United States legally with specific types of permission but who generally do not have the intent to remain here permanently. (There are exceptions to the intent requirement.) However, individuals who are not immigrant, i.e., green card holders, may erroneously self-classify as “nonimmigrants,” regardless of their legal status, because they know that they are not immigrants. Use of the questions without a skip pattern also assumes a greater level of understanding on the part of the respondents, e.g., that individuals who may have derived citizenship are aware that they are citizens. A choice of instrument will depend to some degree on the extent of misclassification that is acceptable. However, the extent of misclassification that attends either of these approaches is not known.

## Chapter 6
### Literature Cited


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Table 1. Summary of Immigration Measures Used in Health-related Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose/design of study</th>
<th>Data/sample</th>
<th>Definition/measure of immigrant</th>
<th>Geographic area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agocs, et al., 1994</td>
<td>Activities associated with drowning</td>
<td>Records of all investigations by sheriff-coroner of deaths due to injury or unknown cause</td>
<td>Classified as undocumented if drowned while crossing from Mexico and this was reported by someone in decedent's home town or found dead, judged to be Hispanic, and had not been reported missing</td>
<td>Imperial County, California</td>
</tr>
<tr>
<td>Ailinger and Dear, 1997</td>
<td>Latino immigrants explanatory models of tuberculosis (TB) infection</td>
<td>Convenience sample 65 individuals enrolled in TB preventive therapy in health department, interviews</td>
<td>Country of origin</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Alston and Aguirre, 1987</td>
<td>Examine factors relating to differences in functional impairment in Mexican elderly</td>
<td>1976 Survey of Income and Education by U.S. census</td>
<td>Place of birth</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Anderson, et al., 1993</td>
<td>Develop acculturation scale for southeast Asian immigrants</td>
<td>Telephone listing; snowball sampling</td>
<td>Unspecified definition; length of the U.S. residence</td>
<td>Ohio</td>
</tr>
<tr>
<td>Aroian, 1992^{app.1}</td>
<td>Sources of social support for Polish immigrants</td>
<td>25 interviews; recruited through community organizations</td>
<td>Place of birth, citizenship status, status at time of initial entry into the United States¹</td>
<td>Seattle-Tacoma, Washington</td>
</tr>
<tr>
<td>Aroian, 1993^{app.1}</td>
<td>Mental health difficulties of “illegal” Irish immigrants</td>
<td>17 interviews; snowball sampling</td>
<td>Place of birth, citizenship status status at time of initial entry into the United States¹</td>
<td>Boston, Massachusetts</td>
</tr>
<tr>
<td>Asch, et al., 1994^{app.211}</td>
<td>Examine relation of immigration status and delay in care</td>
<td>313 consecutive patients, 95 facilities; adults only, must speak English, Spanish, Tagalog, Vietnamese, or Mandarin</td>
<td>Country of birth, length of time in the United States, U.S. citizenship, immigration status¹</td>
<td>Los Angeles County, California</td>
</tr>
<tr>
<td>August, 1984</td>
<td>Examine pattern of health service use among Rhode Island's southeast Asian refugees</td>
<td>Rhode Island Medicaid/Refugee Medical Assistance data</td>
<td>Refugee status; determination of status unspecified</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>Barry, et al., 1990</td>
<td>Prevalence of purified protein derivation (PPD) positivity in school testing program</td>
<td>7th and 10th grade students</td>
<td>Country of origin</td>
<td>Boston, Massachusetts</td>
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<tr>
<td>Bass, et al., 1992</td>
<td>Analyze results of primary care based screening program for parasitosis</td>
<td>Pediatric clinic</td>
<td>Birth in Latin American country</td>
<td>Massachusetts</td>
</tr>
<tr>
<td>Bean, et al., 1995</td>
<td>Probability of receiving AFDC, SSI transfer payments</td>
<td>1980, 1990 censuses</td>
<td>Place of birth, mode of entry; students and Puerto Ricans not classified as immigrants</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Bean, et al., 1997</td>
<td>Estimate probability receiving AFDC, SSI transfer payments</td>
<td>1 percent public use microdata sample (PUMS) 1980, 1990 census</td>
<td>Immigrant household: Any household in which the head of household, spouse, or both are foreign born</td>
<td>Nationwide</td>
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<tr>
<td>Bhatt, 1994</td>
<td>Socioeconomic influences in medical practice</td>
<td>Cambodian refugee patient population, 1993–94</td>
<td>Unspecified</td>
<td>Long Beach, California</td>
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<tr>
<td>Braun, et al., 1996</td>
<td>Perceptions of dementia among Vietnamese immigrants</td>
<td>Focus groups; recruited from English classes¹</td>
<td>Not specified</td>
<td>Hawaii</td>
</tr>
<tr>
<td>Study</td>
<td>Purpose/design of study</td>
<td>Data/sample</td>
<td>Definition/measure of immigrant</td>
<td>Geographic area</td>
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<tr>
<td>Brindis, et al., 1995</td>
<td>Identify differences in risk-taking Latino immigrant and native-born</td>
<td>Teen Health Risk Survey, 1,789 high school students, two schools</td>
<td>Place of birth</td>
<td>Northern California</td>
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<tr>
<td>Buskin, et al., 1994</td>
<td>Examine risk factors for TB in adults</td>
<td>Self-administered questionnaires, patients at local TB clinic; case-control study</td>
<td>Unspecified; appears to be foreign versus U.S. born</td>
<td>King County, Washington</td>
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<tr>
<td>Catanzaro and Moser, 1982</td>
<td>Evaluate health status of refugees from Cambodia, Laos, Vietnam</td>
<td>Recruited from medical center clinic; referred to clinic by community organizations</td>
<td>Unspecified</td>
<td>San Diego, California</td>
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<tr>
<td>Chan, et al., 1996</td>
<td>Examine reasons for seeking medical care in the United States</td>
<td>University hospital emergency department 20 miles from U.S.-Mexico border</td>
<td>Self-reported immigration status as part of emergency department (ED) intake procedures</td>
<td>San Diego, California</td>
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<tr>
<td>Chaulk, et al., 1995</td>
<td>Evaluate community-based directly observed therapy (DOT) for TB control; ecological study</td>
<td>City-specific data (Baltimore and other metro areas)</td>
<td>Foreign birth¹</td>
<td>20 cities with more than 250,000 residents</td>
</tr>
<tr>
<td>Chavez, 1984</td>
<td>Impact of socioeconomic factors on Mexican immigrants use of health services</td>
<td>Survey of 2,103 persons</td>
<td>Place of birth</td>
<td>San Diego County, California</td>
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<tr>
<td>Chavez and Buriel, 1988</td>
<td>Mother-child interactions involving child with epilepsy</td>
<td>Unspecified²</td>
<td>Place of birth, length of residency in the United States, language usage</td>
<td>Unspecified</td>
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<tr>
<td>Chavez, et al., 1986</td>
<td>Utilization of health services by Mexican immigrant women</td>
<td>In-home interviews of 1,028 women; snowball sampling</td>
<td>Place of birth</td>
<td>San Diego, California</td>
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<tr>
<td>Chavez, et al., 1997</td>
<td>Descriptive comparison of Latinas and whites, various dimensions</td>
<td>Telephone survey; random digit dialing</td>
<td>Self-reported as legal resident, without papers or with false papers, no papers but requested work permit, no papers but requested permanent residence, no papers but requested asylum, naturalized citizen, temporary protected status, political asylee; place of birth</td>
<td>Orange County, California</td>
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<tr>
<td>Chavkin, et al., 1987</td>
<td>Descriptive study, risk factors for specified reproductive outcomes</td>
<td>Birth and death certificates, 1980–84</td>
<td>Mother’s birthplace as recorded on newborn’s birth certificate</td>
<td>New York City, New York</td>
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<tr>
<td>Chi, 1984</td>
<td>Utilization patterns of migrant farm workers</td>
<td>Interviews of 218 migrant farm workers from New York Migrant Health Interview Survey, 1982</td>
<td>Unspecified²</td>
<td>Wayne County, New York</td>
</tr>
<tr>
<td>Cohen, 1985</td>
<td>Study of “controlarse” among individuals from Guatemala, El Salvador, and Andean nations</td>
<td>40 individuals recruited through health providers, and children’s schools</td>
<td>Unspecified</td>
<td>Washington, D.C.</td>
</tr>
<tr>
<td>Cornelius, et al., 1984⁴⁷</td>
<td>Access to care among Mexican immigrants</td>
<td>Interviews 1981 to 1982, recruited through snowball sampling</td>
<td>Place of birth, type of immigration papers at first and last entry to the United States, application date for immigration papers, date of receipt of immigration papers</td>
<td>San Diego County, California</td>
</tr>
<tr>
<td>Curiel, et al., 1993⁴⁷</td>
<td>Needs assessment of Hispanic residents</td>
<td>212 households surveyed, 1992 to 1993</td>
<td>Self-reported status¹</td>
<td>Oklahoma City, Oklahoma</td>
</tr>
<tr>
<td>Dasgupta and Warrier, 1996</td>
<td>Ethnography of Asian Indian battered women</td>
<td>12 women, recruited from personal acquaintances</td>
<td>Place of birth, length of time in the United States; immigrant: Came to the United States as adult regardless of actual status¹</td>
<td>Unspecified</td>
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<tr>
<td>Study</td>
<td>Purpose/design of study</td>
<td>Data/sample</td>
<td>Definition/measure of immigrant</td>
<td>Geographic area</td>
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<tr>
<td>D'Avanzo, et al., 1994</td>
<td>Perceptions of stress-related factors among Cambodian refugees</td>
<td>120 Cambodian women recruited through snowball sampling</td>
<td>Ever been in refugee camp¹</td>
<td>Lowell, Long Beach, California</td>
</tr>
<tr>
<td>Davis, et al., 1982</td>
<td>Examine pregnancy outcome</td>
<td>Birth certificates, obstetric records</td>
<td>Ethnicity of name; Laotians and Cambodians assumed to be immigrants; immigrant and refugee used synonymously</td>
<td>Santa Clara County, California</td>
</tr>
<tr>
<td>DeSantis, 1989</td>
<td>Health care orientation of Cuban and Haitian immigrant mothers</td>
<td>Interviews with 30 Haitian and 30 Cuban mothers, 1984; source of recruitment unspecified</td>
<td>Place of birth</td>
<td>Dade County, Florida</td>
</tr>
<tr>
<td>DeSantis, 1993</td>
<td>Concepts of health among Haitian immigrants</td>
<td>Nonprobability sample of 76 adults recruited through churches, snowball sampling</td>
<td>Place of birth, raised in Haiti, entered the United States after 1978</td>
<td>South Florida</td>
</tr>
<tr>
<td>DeSantis and Thomas, 1992</td>
<td>Attitudes toward health education</td>
<td>Interviews with 30 Haitian mothers, recruited from churches, community</td>
<td>Unspecified</td>
<td>Dade County, Florida</td>
</tr>
<tr>
<td>Dewey, et al., 1986</td>
<td>Health assessment of southeast Asian preschoolers</td>
<td>Nonprofit health screening clinic</td>
<td>Place of birth, date of entry into the United States</td>
<td>Sacramento, California</td>
</tr>
<tr>
<td>Die and Seelbach, 1988</td>
<td>Descriptive data relating to health</td>
<td>60 Vietnamese immigrants through Vietnamese Resettlement Office</td>
<td>Place of birth¹</td>
<td>Southeast Texas</td>
</tr>
<tr>
<td>Driscoll and Upchurch, 1995</td>
<td>Post-immigration childbearing practices of Mexican women in the United States</td>
<td>1990 Panel Study of Income Dynamics/Latino National Political Survey; 408 women born in Mexico between 1930–72 who immigrated</td>
<td>Unspecified²</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Dumka, et al., 1997¹</td>
<td>Effect of parental discipline on child depression and conduct disorder</td>
<td>121 mothers and children, from parent-training intervention</td>
<td>Place of birth¹</td>
<td>Southwestern city</td>
</tr>
<tr>
<td>Duncan and Simmons, 1996</td>
<td>Health practices among Russian and Ukrainian immigrants</td>
<td>Questionnaire of 30 adults, recruited from refugee resettlement program</td>
<td>Assumed immigrants based on recruitment source</td>
<td>Virginia</td>
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<tr>
<td>Ehnert, et al., 1992</td>
<td>Analysis of statewide surveillance data for 1 year for cysticercosis</td>
<td>Mandatory confidential morbidity reports</td>
<td>Place of birth</td>
<td>Los Angeles County, California</td>
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<tr>
<td>Elert, et al., 1991</td>
<td>Examine parents' perceptions of children with long-term health problems</td>
<td>16 Chinese immigrant families and 15 Euro-Canadian families recruited by community health nurses in two urban health units serving working class and immigrant populations</td>
<td>Place of birth³</td>
<td>Canada</td>
</tr>
<tr>
<td>Erickson and Hoang, 1980</td>
<td>Medical evaluations of Indochinese refugees</td>
<td>Attendees at clinic, 1979–80</td>
<td>Unspecified²</td>
<td>Hartford, Connecticut</td>
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<tr>
<td>Erickson, 1994</td>
<td>Description of pregnancy prevention program</td>
<td>Recruitment source unspecified; 350 participants</td>
<td>Place of birth</td>
<td>Los Angeles, California</td>
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<tr>
<td>Faller, 1985</td>
<td>Perinatal needs of immigrant Hmong women</td>
<td>32 interviewees, recruited from clinic, social service agencies</td>
<td>Assumed immigrant status if individual self-identified as Hmong¹</td>
<td>Denver, Colorado</td>
</tr>
<tr>
<td>Frey, 1995</td>
<td>Impact of migration on state elderly population</td>
<td>1990 census</td>
<td>Migration from abroad</td>
<td>Nationwide</td>
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<tr>
<td>Gaviria, et al., 1982</td>
<td>Perinatal health in Mexican American community</td>
<td>Interviews of 89 women; source of recruitment unspecified</td>
<td>Place of birth</td>
<td>Chicago, Illinois</td>
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<tr>
<td>Gelfand, 1986</td>
<td>Service delivery to Russian immigrants</td>
<td>Self-administered questionnaire, 259 individuals recruited from nonprofit agency³</td>
<td>Knew were immigrants¹</td>
<td>New York</td>
</tr>
<tr>
<td>Gelfand, 1991</td>
<td>Survey of health and health insurance status</td>
<td>Applicants for legalization under IRCA, recruited through immigration attorneys and nonprofit agencies</td>
<td>Self-identified as undocumented through application process</td>
<td>Maryland</td>
</tr>
</tbody>
</table>
### Table 1. Summary of Immigration Measures Used in Health-related Studies—Con.

<table>
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<tr>
<th>Study</th>
<th>Purpose/design of study</th>
<th>Data/sample</th>
<th>Definition/measure of immigrant</th>
<th>Geographic area</th>
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<tbody>
<tr>
<td>Ghaemi-Ahmadi, 1992</td>
<td>Attitudes towards breastfeeding among immigrants</td>
<td>Interviews with 150 immigrant mothers; recruitment unclear, part of a larger study</td>
<td>Unspecified</td>
<td>Unspecified</td>
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<tr>
<td>Gilbert, 1987</td>
<td>Drinking practices among immigrant Mexican women</td>
<td>Reanalysis of data from 1976 survey</td>
<td>Unspecified</td>
<td>California</td>
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<tr>
<td>Gilman, et al., 1992</td>
<td>Health practices of Mien refugees</td>
<td>119 refugees</td>
<td>Unspecified</td>
<td>Richmond, California</td>
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<tr>
<td>Golding, et al., 1993</td>
<td>Risk factors for secondary depression</td>
<td>Los Angeles Epidemiologic Catchment Area</td>
<td>Unspecified</td>
<td>Los Angeles, California</td>
</tr>
<tr>
<td>Gozdziak, 1988</td>
<td>Descriptive study of needs of elderly refugees</td>
<td>Interviews with 100 elderly refugees; source of recruitment unspecified</td>
<td>Unspecified</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Guendelman, 1991</td>
<td>Factors related to choice of care in the United States or Mexico by service users on Mexican border</td>
<td>Random sample of 660 households</td>
<td>Whether person has valid papers that permit legal entry into the United States, such as passport, green card, working permit, border crossing card, tourist visa, or no documentation</td>
<td>Tijuana, Mexico</td>
</tr>
<tr>
<td>Guendelman, et al., 1995</td>
<td>Sustainability of health advantage to newborns; cross-sectional</td>
<td>Multistage sampling neighborhoods</td>
<td>Birth in Mexico</td>
<td>San Diego County, California</td>
</tr>
<tr>
<td>Guendelman and English, 1995</td>
<td>Examine birth outcomes</td>
<td>Community-based household survey 1992–93</td>
<td>Place of birth; “newcomer” lived in the United States less than 5 years “long term” lived in the United States more than 5 years</td>
<td>San Diego and Contra Costa Counties, California</td>
</tr>
<tr>
<td>Guendelman and Jasis, 1992</td>
<td>Factors associated with childbirth in California by border residents of Tijuana</td>
<td>1987 household survey of binational health service utilization on the U.S.-Mexico border; 660 households</td>
<td>Whether individual has U.S. citizenship or residency</td>
<td>Tijuana, Mexico</td>
</tr>
<tr>
<td>Guendelman and Witt, 1992</td>
<td>Assess strategies to improve prenatal care</td>
<td>67 providers and consumers of prenatal care in 12 focus groups</td>
<td>Unspecified</td>
<td>San Francisco, California</td>
</tr>
<tr>
<td>Halfon, et al., 1997</td>
<td>Medicaid access and enrollment of Latino children</td>
<td>Household survey of parents of 817 families</td>
<td>Based on self-report, classified as unauthorized resident, authorized resident, or citizen</td>
<td>Los Angeles, California</td>
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<tr>
<td>Hattar-Pollara and Meleis, 1995</td>
<td>Describes experiences of Jordanian immigrant women</td>
<td>Snowball sampling</td>
<td>Unspecified</td>
<td>San Francisco, California area</td>
</tr>
<tr>
<td>Heer and Falasco, 1982</td>
<td>Socioeconomic status of mothers of Mexican origin</td>
<td>Sampling frame of probability sample of birth certificates 1980–81</td>
<td>Place of birth, citizenship status, possession of alien registration card, date of first arrival in the United States, number of years resident in the United States, departure from the United States for 6 months or more; individuals classified as undocumented, legal residents or naturalized citizens, or native-born citizens</td>
<td>Los Angeles, California</td>
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<tr>
<td>Heer and Jackson, 1984</td>
<td>Utilization of health and welfare services by Mexican families</td>
<td>Interviews 1980–81 of foreign born parents of children selected from a frame of probability sampling of birth certificates</td>
<td>Place of origin</td>
<td>Los Angeles County, California</td>
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<tr>
<td>Herrinton, et al., 1994</td>
<td>Comparison of incidence rates of ovarian cancer between Asian migrants and U.S.-born Asians</td>
<td>Cancer Surveillance, Epidemiology, and End Result (SEER) data, 1973–86</td>
<td>Place of birth classified as United States, homeland, or other</td>
<td>San Francisco, Oakland, California; Hawaii; Western Washington State</td>
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<tr>
<td>Hingson, et al., 1991</td>
<td>Ascertain levels of human immunodeficiency virus (HIV) knowledge, behavioral risks</td>
<td>Survey of 3,049 students from a random sample of schools</td>
<td>Place of birth; length of U.S. residence</td>
<td>Boston, Massachusetts</td>
</tr>
<tr>
<td>Hubbell, et al., 1989</td>
<td>Determine unmet needs of low income families</td>
<td>Telephone survey of 652 adults selected randomly from specified census tracts</td>
<td>Place of birth, place of parents’ birth</td>
<td>Orange County, California</td>
</tr>
<tr>
<td>Study</td>
<td>Purpose/design of study</td>
<td>Data/sample</td>
<td>Definition/measure of immigrant</td>
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<tr>
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<tr>
<td>Hubbell, et al., 1991 app.VIII</td>
<td>Assess access to care among Latinos</td>
<td>Telephone survey of 958 persons response rate 66.3 percent</td>
<td>Place of birth, place of parents’ birth, date of most recent entry into the United States, current immigration status, intent to remain in the United States permanently</td>
<td>Orange County, California</td>
</tr>
<tr>
<td>Hubbell, et al., 1995 app.VII</td>
<td>Assess breast cancer attitudes, knowledge, and behaviors among Latinas, and Anglo women</td>
<td>Ethnography, 121 female participants and 30 physicians</td>
<td>Place of birth, place of parents’ birth, date of most recent entry into the United States, current immigration status, intent to remain in the United States permanently. Current status self-reported as legal resident, without papers or false papers, no papers but requested work permit, asylum, or permanent residence, naturalized citizen, temporary protected status, political asylee.</td>
<td>Orange County, California</td>
</tr>
<tr>
<td>Hurh and Kim, 1990</td>
<td>Examine correlates of mental health among Korean immigrants</td>
<td>Diagnostic interviews with 622 Korean immigrants more than 20 years old, random sampling from frame constructed from listings</td>
<td>Identified as Korean by name; measure of immigration unspecified</td>
<td>Chicago, Illinois</td>
</tr>
<tr>
<td>Hurh and Kim, 1990</td>
<td>Examine adaptation stages and mental health of Korean male immigrants</td>
<td>Epidemiologic survey 622 Korean immigrants more than 20 years old; random sample constructed from various lists</td>
<td>Place of birth¹</td>
<td>Chicago, Illinois</td>
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<tr>
<td>Ikels, 1986</td>
<td>Study of natural helpers</td>
<td>Three individuals</td>
<td>Unspecified</td>
<td>Boston, Massachusetts</td>
</tr>
<tr>
<td>Jensen, 1988</td>
<td>Examine utilization of public assistance by immigrants and native-born</td>
<td>PUMS</td>
<td>Puerto Ricans born in the United States: Native-born; Puerto Ricans whose place of residence 5 years prior was other than 1 of 50 states: Recent immigrant; Puerto Rican; born outside of the United States but lived in 1 of 50 states 5 years prior: Not recent immigrant</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Jenkins, et al., 1996</td>
<td>Examine traditional health beliefs as barrier to care</td>
<td>Interviews of random sample of Vietnamese; list developed from telephone books</td>
<td>Place of birth</td>
<td>San Francisco and Alameda counties, California</td>
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<tr>
<td>Kennedy, 1992</td>
<td>Descriptive study of homeless immigrant youth</td>
<td>Nonprofit agency for homeless youth</td>
<td>Self-identified, place of birth</td>
<td>San Francisco, California</td>
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<tr>
<td>Kim, 1997</td>
<td>Loneliness in older Korean immigrants</td>
<td>Recruitment unspecified</td>
<td>Unspecified²</td>
<td>Large unspecified city</td>
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<tr>
<td>Kolody, et al., 1986</td>
<td>Examine relationship between depressive symptoms and somatic complaints</td>
<td>Modified random digit dialing telephone survey of 1,342 participants</td>
<td>Place of birth</td>
<td>Santa Clara County, California</td>
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<tr>
<td>Krishnan and Berry, 1992</td>
<td>Acculturative stress and acculturation attitudes among Asian Indians</td>
<td>Interviews of 76 Asian Indian immigrants</td>
<td>Unspecified²</td>
<td>Midwestern city</td>
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<tr>
<td>Kuo and Tsai, 1986</td>
<td>Protective factors from psychological impairment among immigrants</td>
<td>Randomly selected households from existing telephone and organizational listings</td>
<td>Place of birth, age of relocation to the United States, year of entry into the United States¹</td>
<td>Seattle, Washington</td>
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<tr>
<td>Kuss, 1997</td>
<td>Family planning experiences of Vietnamese women</td>
<td>Interviews with 15 women from community organizations and snowball sampling</td>
<td>Unspecified²</td>
<td>Washington</td>
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<tr>
<td>Laffrey, et al., 1989</td>
<td>Health needs assessment Arab-American immigrants</td>
<td>Focus groups, key informants interviews, self-administered questionnaire with 47 respondents; recruited from 3 social groups in 2 cities</td>
<td>Country of origin</td>
<td>California</td>
</tr>
<tr>
<td>Study</td>
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<td>Lambert and Lambert, 1984 app.IX</td>
<td>Effect of role preparation for psychotherapy on immigrants seeking mental health services</td>
<td>30 individuals recruited 1981</td>
<td>Length of U.S. residence, place of birth, country of parents’ prior residence, country of prior residence, length of parents’ residence in the United States¹</td>
<td>Hawaii</td>
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<tr>
<td>Lanska, 1997</td>
<td>Geographic distribution, stroke mortality</td>
<td>National Center for Health Statistics (NCHS) and census 1979–81</td>
<td>Place of birth outside the United States but place of residence at death in the United States</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Lauderdale, et al., 1997</td>
<td>Estimate of hip fracture incidence in Asian American elderly; cohort</td>
<td>Medicare data base</td>
<td>Persons of Asian ancestry were identified by surname from among those with race codes “Asian American” and “other.” Year of immigration was deduced from date of issuance of social security number.</td>
<td>Nationwide</td>
</tr>
<tr>
<td>LeClere, et al., 1994</td>
<td>Adapt model of health care to immigrants</td>
<td>1990 National Health Interview Survey (NHIS)</td>
<td>Country of origin, duration of residence</td>
<td>Nationwide</td>
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<tr>
<td>Lee, et al., 1993</td>
<td>Risk factors for cardiovascular disease in elderly Korean Americans</td>
<td>Clients of senior citizen center</td>
<td>Place of birth</td>
<td>San Jose, California</td>
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<tr>
<td>Lipson, 1991</td>
<td>Ethnographic study of Afghan refugees</td>
<td>29 individuals, convenience sample</td>
<td>Unspecified</td>
<td>Northern California</td>
</tr>
<tr>
<td>Lipson, 1992</td>
<td>Examine health of Iranian immigrants</td>
<td>Snowball sampling</td>
<td>Unspecified²</td>
<td>- - -</td>
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<tr>
<td>Lipson, et al., 1995</td>
<td>Community survey of Afghans</td>
<td>Telephone, community surveys; 196 families</td>
<td>Unspecified²</td>
<td>San Francisco Bay area, California</td>
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<tr>
<td>Loue and Foerstel, 1996 app.Xa</td>
<td>Assessment of immigration status instrument</td>
<td>50 interviews, convenience sample</td>
<td>Used flow chart to identify current status, potential immigration remedies, and eligibility for public benefits</td>
<td>San Diego County, California</td>
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<tr>
<td>Loue and Oppenheim, 1994</td>
<td>Pilot study of access to care of HIV-infected immigrants</td>
<td>Self-identified HIV positive recent and undocumented immigrants recruited from nonprofit agency</td>
<td>Place of birth; immigration status; type of entry into the United States; length of time authorized to remain in the United States; length of time in the United States</td>
<td>San Diego County, California</td>
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<tr>
<td>Mack, et al., 1985</td>
<td>Patterns of occurrence of specified neoplasms in Hispanic community</td>
<td>USC Cancer Surveillance Program and census data</td>
<td>Birthplace, age at immigration as determined by social security number</td>
<td>Los Angeles, California</td>
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<tr>
<td>Mattson and Lew, 1991</td>
<td>Evaluate southeast Asian health project</td>
<td>Interviews with 119 women recruited from clinic</td>
<td>Unspecified²</td>
<td>Long Beach, California</td>
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<tr>
<td>May, 1992</td>
<td>Describe social networks and help seeking among Arab American immigrants</td>
<td>Snowball sampling, interview-based</td>
<td>Unspecified²</td>
<td>6 counties, Arizona</td>
</tr>
<tr>
<td>McCaw and DeLay, 1985</td>
<td>Examine disease prevalence among Afghan and Ethiopian refugees in San Francisco</td>
<td>110 Ethiopian and 59 Afghan refugee patients from refugee screening clinic at San Francisco General Hospital Medical Center</td>
<td>Referred by resettlement agencies; required to show proof of refugee status</td>
<td>San Francisco, California</td>
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<tr>
<td>McCloskey, et al., 1995</td>
<td>Psychological effects of domestic and political violence on immigrant mothers and children</td>
<td>70 interviews with Mexican and Central American mother-child pairs; recruited from refugee program and communitywide solicitation, other studies; telephone interviews</td>
<td>Unspecified²</td>
<td>Texas</td>
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</tbody>
</table>
Table 1. Summary of Immigration Measures Used in Health-related Studies—Con.

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<th>Definition/measure of immigrant</th>
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</thead>
<tbody>
<tr>
<td>Mehta, 1998</td>
<td>Assess relationship between acculturation and mental health</td>
<td>Community sample of 195 Indian immigrants, over one-half of whom were U.S. citizens</td>
<td>Place of birth, self-reported immigration status¹</td>
<td>Unspecified</td>
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<tr>
<td>Meinhardt, et al., 1986</td>
<td>Epidemiologic survey of mental health status of southeast Asian refugees</td>
<td>Combines household sampling and random sampling from phone lists; 1,684 interviewed</td>
<td>Unspecified²</td>
<td>Santa Clara County, California</td>
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<tr>
<td>Meleis, et al., 1992</td>
<td>Examine relationship between immigration and the health of Middle Eastern immigrants</td>
<td>Snowball sampling; recruitment through churches, clubs</td>
<td>Country of origin; length of time in the United States</td>
<td>Unspecified</td>
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<tr>
<td>Mittman, et al., 1998</td>
<td>Assess efficacy of cross-cultural education program for genetic counseling for Asian and Pacific Islander and Latin American immigrants</td>
<td>Clinical data, 1988–93 for 1,921 clients and 509 significant others</td>
<td>Place of birth¹</td>
<td>San Francisco, California</td>
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<tr>
<td>Montepio, 1987</td>
<td>Examination of folk medicine in Filipino American experience</td>
<td>Interviews with 50 Filipinos; source of recruitment unspecified</td>
<td>Unspecified; author cannot be located</td>
<td>Los Angeles, California</td>
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<td>Moon, 1996</td>
<td>Predictors of morale in elderly Korean immigrants</td>
<td>131 persons living in high-rise senior citizen apartment complex</td>
<td>Unspecified²</td>
<td>Los Angeles, California</td>
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<td>Moon and Pearl, 1990</td>
<td>Experiences of alienation</td>
<td>131 Korean immigrants</td>
<td>Unspecified</td>
<td>Oklahoma and California</td>
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<td>Moore, et al., 1997</td>
<td>Descriptive analysis of TB data</td>
<td>Mandatory case reporting</td>
<td>Place of birth</td>
<td>Nationwide</td>
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<tr>
<td>Mui, 1996a</td>
<td>Assess stressful life events in elderly Chinese immigrants</td>
<td>Recruited from senior centers and meal sites; 50 interviews</td>
<td>Unspecified²</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Mui, 1996b</td>
<td>Use of geriatric depression scale as screening instrument for elderly Chinese immigrants</td>
<td>50 individuals recruited from senior centers and meal sites</td>
<td>Unspecified²</td>
<td>Unspecified²</td>
</tr>
<tr>
<td>Nagi and Haavio-Mannila, 1980</td>
<td>Examine utilization of health services</td>
<td>Probability sample of continental U.S. residents excluding Alaska</td>
<td>Birth outside the United States</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Nah, 1993</td>
<td>Examine barriers to service delivery for Korean immigrants</td>
<td>Random sample of 90 Korean families from 10 ethnic churches</td>
<td>Unspecified²</td>
<td>New York</td>
</tr>
<tr>
<td>North and Houstoun, 1976</td>
<td>Role of illegal aliens in the U.S. labor market</td>
<td>Sample of “illegal aliens” who have been detained by the Immigration and Naturalization Service (INS), Border Patrol</td>
<td>Illegal status assumed from the fact that they were detained/arrested; questions relating to employment as illegal alien; original entry into the United States as student or tourist</td>
<td>Various areas with high immigration</td>
</tr>
<tr>
<td>Norton, et al., 1996</td>
<td>Usage of Medicaid-funded labor and delivery services by aliens in California</td>
<td>Medicaid data 1987–91</td>
<td>Default coding; assumed all those classified under the Omnibus Budget Reconciliation Act were undocumented but eligible for benefits under State law</td>
<td>California</td>
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<tr>
<td>Otero-Sabogal, et al., 1995</td>
<td>Psychosocial correlates of smoking</td>
<td>Self-identified Latina and non-Latina adolescents</td>
<td>Place of birth, parents’ place of birth, length of U.S. residence</td>
<td>San Francisco and San Mateo counties, California</td>
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<tr>
<td>Pang, 1996</td>
<td>Self-care strategy of Korean immigrants</td>
<td>Random sample of 230 participants derived from sampling frame of 995 eligible persons compiled from various community lists, plus 444 by snowball sampling (total 674)</td>
<td>Unspecified²</td>
<td>Washington, D.C.</td>
</tr>
<tr>
<td>Parenti, et al., 1987</td>
<td>Evaluation of health status of 239 refugees in the United States</td>
<td>Recruited from health clinic in Brighton, Massachusetts, and Washington, D.C.</td>
<td>Unspecified; authors unable to provide information</td>
<td>Brighton, Massachusetts, Washington, D.C.</td>
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<tr>
<td>Peragallo, et al., 1998</td>
<td>Identify factors associated with care in Latina immigrant women</td>
<td>114 interviews with Mexican, Mexican American, and Puerto Rican women recruited from community</td>
<td>Place of birth¹</td>
<td>Large midwest city</td>
</tr>
<tr>
<td>Study</td>
<td>Purpose/design of study</td>
<td>Data/sample</td>
<td>Definition/measure of immigrant</td>
<td>Geographic area</td>
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</tr>
<tr>
<td><strong>Perilla, et al., 1994</strong></td>
<td>Predictors of domestic violence among Latinas</td>
<td>60 interviews; sample recruited from Catholic hospital</td>
<td>Place of birth, date of entry into the United States¹</td>
<td>Southeast metro area</td>
</tr>
<tr>
<td><strong>Pickwell and Warnock, 1994</strong></td>
<td>Description of symptoms presented to nurse practitioner by undocumented individuals detained in residential facility for undocumented</td>
<td>Residents of residential facility</td>
<td>Assumed to be undocumented because detained in facility of INS¹</td>
<td>San Diego, California</td>
</tr>
<tr>
<td><strong>Portes, et al., 1992</strong></td>
<td>Use of mental health system</td>
<td>Random sample of Mariel Cubans and Haitian refugees from primary sampling units</td>
<td></td>
<td>Miami, Florida</td>
</tr>
<tr>
<td><strong>Reynoso, et al., 1993</strong></td>
<td>Affect of acculturation on teen pregnancy</td>
<td>116 pregnant teens attending university clinic</td>
<td>Birthplace, birthplace of parents, U.S. citizenship</td>
<td>Unspecified</td>
</tr>
<tr>
<td><strong>Robinson, 1985</strong></td>
<td>Evaluate mental health peer counseling program for southeast Asian refugees</td>
<td>150 clients of two mental health programs (total sample)</td>
<td>Self-reported immigration status as parolee, permanent resident, or citizen</td>
<td>Minneapolis-St. Paul, Minnesota</td>
</tr>
<tr>
<td><strong>Rosenwaike, 1988</strong></td>
<td>Cancer mortality among Mexican immigrants</td>
<td>NCHS and census data</td>
<td>Place of birth</td>
<td>Nationwide</td>
</tr>
<tr>
<td><strong>Rossing, et al., 1995</strong></td>
<td>Incidence rates of primary cancer of thyroid</td>
<td>SEER data</td>
<td>Place of birth</td>
<td>San Francisco, Oakland, California; Hawaii; Western Washington State</td>
</tr>
<tr>
<td><strong>Rowe and Jackson, 1988</strong></td>
<td>Dental screening and education among southeast Asian refugees</td>
<td>Recruited through community sites</td>
<td>Unspecified</td>
<td>Fresno County, California</td>
</tr>
<tr>
<td><strong>Rumbaut, et al., 1988</strong></td>
<td>Socioeconomic and demographic factors affecting the health of Mexican and Indochinese immigrants</td>
<td>Interviews with 2,103 Mexican immigrants, 739 Indochinese immigrants; snowball sampling</td>
<td>Unspecified</td>
<td>San Diego, California</td>
</tr>
<tr>
<td><strong>Rumbaut and Weeks, 1996</strong></td>
<td>Basis for epidemiological paradox with respect to immigrants superior perinatal health outcomes</td>
<td>Comprehensive Perinatal Program</td>
<td>Place of birth¹</td>
<td>San Diego, California</td>
</tr>
<tr>
<td><strong>Salcido, 1982</strong></td>
<td>Utilization of health services by undocumented persons; descriptive</td>
<td>Snowball sampling, recruitment from agencies, structured interviews with 34 mothers</td>
<td>Undocumented persons: Persons who enter the United States without the necessary documentation and subject to deportation. Documented: Persons who have secured the necessary migration documentation to enter from Mexico.</td>
<td>Los Angeles, California</td>
</tr>
<tr>
<td><strong>Salgado de Snyder, 1987</strong></td>
<td>Factors associated with acculturative stress</td>
<td>140 immigrant Mexican women multistage sampling starting with county’s marriage licenses</td>
<td>Birthplace</td>
<td>Los Angeles, California</td>
</tr>
<tr>
<td><strong>Schapiro, 1988</strong></td>
<td>Identity formation of Lao refugee adolescents</td>
<td>15 interviews</td>
<td>Unspecified²</td>
<td>Unspecified²</td>
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<tr>
<td><strong>Schill and Nimnicht, 1990</strong></td>
<td>Descriptive study of persons newly legalized/eligible aliens under IRCA.</td>
<td>1,300 written interviews; recruited through adult education classes</td>
<td>Specific to persons applying for status under IRCA; type of documentation; basis for eligibility under IRCA; country of origin; year of entry into the United States; status of application for residency</td>
<td>Six counties in Florida</td>
</tr>
<tr>
<td><strong>Selby, et al., 1984</strong></td>
<td>Validity of Spanish surname infant mortality rate as indicator</td>
<td>Linked birth and infant death records, 1974–75</td>
<td>Parental nativity as indicated on birth records</td>
<td>Harris County, Texas</td>
</tr>
<tr>
<td><strong>Sherraden and Barrera, 1997</strong></td>
<td>Examine pregnancy and childbirth experiences of Mexican immigrants</td>
<td>Mothers of low birthweight babies, with telephones, identified through hospital/clinic records, 1992–94</td>
<td>Birthplace; self-reported immigration status</td>
<td>Chicago, Illinois</td>
</tr>
<tr>
<td>Study</td>
<td>Purpose/design of study</td>
<td>Data/sample</td>
<td>Definition/measure of immigrant</td>
<td>Geographic area</td>
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<tr>
<td>Shimizu, et al., 1991</td>
<td>Risks of prostate and breast cancer in 3 racial/ethnic groups</td>
<td>Los Angeles Tumor Registry</td>
<td>Birthplace</td>
<td>Los Angeles, California</td>
</tr>
<tr>
<td>Shrout, et al., 1992</td>
<td>Compare prevalence of mental health characteristics across groups</td>
<td>Multistage probability sampling</td>
<td>Country of birth, parents' country of birth, parents' ethnicity, grandparents' country of birth, grandparents' ethnicity</td>
<td>Los Angeles, California; Puerto Rico</td>
</tr>
<tr>
<td>Siddharthan, 1990</td>
<td>Variables associated with use of fee for service or capitated plan under Medicare</td>
<td>Telephone survey of elderly residents</td>
<td>Place of birth</td>
<td>Dade County, Florida</td>
</tr>
<tr>
<td>Siddharthan and Ahern, 1996</td>
<td>Severity of illness and resource use among undocumented persons</td>
<td>Eligible discharges from Jackson Memorial Hospital</td>
<td>Lack of documents establishing residency</td>
<td>Dade County, Florida</td>
</tr>
<tr>
<td>Siddharthan and Alalasundaram, 1993</td>
<td>Examine extent of uncompensated care provided to undocumented aliens</td>
<td>Hospital financial, admissions, discharge data</td>
<td>Failure to produce document = classification as undocumented; uses “refugee” synonymously with asylee and entrant</td>
<td>Dade County, Florida</td>
</tr>
<tr>
<td>Siddharthan and Sowers-Hoag, 1989</td>
<td>Attitudes toward health care of elderly Cuban immigrants and native-born Americans</td>
<td>1,448 respondents recruited through two-stage random digit procedure</td>
<td>Unspecified</td>
<td>Southeast Florida</td>
</tr>
<tr>
<td>Sorenson and Shen, 1996a</td>
<td>Examine trends in youth suicide</td>
<td>Death certificates, 1970–92</td>
<td>Birthplace: Foreign versus the United States; “foreign born” and “immigrant” used interchangeably</td>
<td>California</td>
</tr>
<tr>
<td>Sorenson and Shen, 1996b</td>
<td>Homicide risk in immigrants, 1970–92</td>
<td>Death certificates</td>
<td>Place of birth</td>
<td>California</td>
</tr>
<tr>
<td>Sowers-Hoag and Siddharthan, 1992</td>
<td>Use of social services by immigrants</td>
<td>Survey of 1,438 elderly persons recruited through 2-stage random digit dialing process</td>
<td>Unspecified</td>
<td>Southeast Florida</td>
</tr>
<tr>
<td>Stanford, et al., 1995</td>
<td>Examine breast cancer incidence</td>
<td>SEER data</td>
<td>Place of birth</td>
<td>San Francisco, Oakland, California; Hawaii; Western Washington State</td>
</tr>
<tr>
<td>Starrett and Decker, 1986</td>
<td>Use of health services by ethnic elderly</td>
<td>1,805 randomly sampled noninstituitionalized elderly Hispanics</td>
<td>U.S. nativity, U.S. citizenship</td>
<td>National</td>
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<tr>
<td>Stellman and Wang, 1994</td>
<td>Comparison of cancer mortality rates</td>
<td>Death certificates</td>
<td>Place of birth</td>
<td>New York City, New York</td>
</tr>
<tr>
<td>Swenson, et al., 1989</td>
<td>Comparison of fertility and menstrual characteristics</td>
<td>Adolescents recruited from health department</td>
<td>Unspecified</td>
<td>Minneapolis, Minnesota</td>
</tr>
<tr>
<td>Tabora and Flaskerud, 1997</td>
<td>Describe mental health beliefs and practices of Chinese American immigrant women</td>
<td>Convenience and snowball sampling, 86 Chinese American women</td>
<td>Place of birth</td>
<td>Los Angeles, California</td>
</tr>
<tr>
<td>Taylor and Barton, 1994</td>
<td>Study of Vietnamese, Laotian, Ethiopian, Soviet refugees</td>
<td>Unspecified</td>
<td>Names of potential participants obtained from preexisting lists and contractors working with immigrant communities; relied on self-reported status as refugee (“Are you a refugee?” yes/no)</td>
<td>Texas</td>
</tr>
<tr>
<td>Thompson, 1991</td>
<td>Examine psychosocial adjustment among refugee women</td>
<td>12 to 16 KKhmer women recruited by referral from health care providers and snowball sampling</td>
<td>Unspecified</td>
<td>Maine</td>
</tr>
<tr>
<td>Study</td>
<td>Purpose/design of study</td>
<td>Data/sample</td>
<td>Definition/measure of immigrant</td>
<td>Geographic area</td>
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</tr>
<tr>
<td>Tori and Amawattana, 1993</td>
<td>Comparison of HIV knowledge and attitudes between Thais in the United States and Thailand</td>
<td>465 students from Thammasar U. in Thailand; 850 participants solicited in the United States from Thai Buddhist temple (26 percent response rate)</td>
<td>Place of birth&lt;br&gt;1</td>
<td>Bangkok, Thailand; San Francisco, California</td>
</tr>
<tr>
<td>Tran, et al., 1987</td>
<td>Examine psychological well-being of Vietnamese refugees</td>
<td>Survey of 160 persons; source and method of recruitment unspecified</td>
<td>Assumed refugee if entered the United States between 1975 and 1982&lt;br&gt;2</td>
<td>Dallas-Ft. Worth, Texas</td>
</tr>
<tr>
<td>Tran, et al., 1997</td>
<td>Utilization of health services among foreign-born Hispanic elderly</td>
<td>Probability sample of 1,114 Hispanics from 1988 National Survey of Hispanic Elderly People; telephone interviews</td>
<td>Unspecified; appears to be country of origin</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Undocumented Workers Policy Research Project, 1984&lt;br&gt;Series XVIII</td>
<td>Use of public services by undocumented aliens in Texas</td>
<td>Interviews with 808 undetained households and 63 detained households; opinions of providers</td>
<td>Place of birth, papers at entry to the United States, type of papers, continuing validity of papers date of entry, reason for coming to the United States</td>
<td>Texas</td>
</tr>
<tr>
<td>Urrutia-Rojas and Aday, 1991</td>
<td>Community assessment of Hispanic immigrants and refugees</td>
<td>Multistage sampling, 242 interviews from 365 eligible households (66 percent)</td>
<td>Unspecified&lt;br&gt;2</td>
<td>Houston, Texas</td>
</tr>
<tr>
<td>VanGeest and Johnson, 1997</td>
<td>Descriptive study of substance use among homeless</td>
<td>465 client records randomly selected from medical clinic</td>
<td>Individuals reporting noncitizen status, including refugees and undocumented persons</td>
<td>Chicago, Illinois</td>
</tr>
<tr>
<td>Vega, et al., 1985</td>
<td>To determine prevalence of psychoneuroses among Mexican Americans and whites</td>
<td>1,176 telephone interviews; random digit dialing</td>
<td>Unspecified&lt;br&gt;2</td>
<td>Santa Clara County, California</td>
</tr>
<tr>
<td>Vega, et al., 1986</td>
<td>Role of confidant support in moderating depressive symptoms in Mexican immigrant women</td>
<td>1,915 interviews, multistage sampling</td>
<td>Unspecified</td>
<td>San Diego County, California</td>
</tr>
<tr>
<td>Vega, et al., 1987</td>
<td>Test Fabrega Migration Adaptation Model as predictor for depressive symptomatology in immigrant Mexican women</td>
<td>Sample from enrollees in randomized trial testing efficacy of social support interventions to prevent onset of depressive symptomatology</td>
<td>Unspecified</td>
<td>San Diego, California</td>
</tr>
<tr>
<td>Vega, et al., 1997</td>
<td>Determine prevalence of perinatal drug exposure cross-sectional</td>
<td>11,001 participants, California Substance Exposure Study</td>
<td>Birthplace foreign versus United States</td>
<td>California</td>
</tr>
<tr>
<td>Villa, et al., 1997</td>
<td>Comparative analysis of chronic disease prevalence among Koreans and non-Hispanic whites</td>
<td>Multistage sampling; 223 Koreans, 201 non-Hispanics</td>
<td>Unspecified&lt;br&gt;2</td>
<td>Los Angeles County, California</td>
</tr>
<tr>
<td>Warheit, et al., 1985</td>
<td>Examine mental health consequences of immigration</td>
<td>551 Mexican Americans; probability sample</td>
<td>Place of birth</td>
<td>Santa Clara County, California</td>
</tr>
<tr>
<td>Weeks, et al., 1989</td>
<td>Fertility patterns among refugees from Cambodia, Laos, and Vietnam</td>
<td>Indochinese Health and Adaptation Project of UCSD and SDSU, Family Planning Knowledge (random sampling); Attitudes and Practice of the Southeast Asian Refugee Project of UCSF (snowball sampling for sampling frame)</td>
<td>Unspecified</td>
<td>San Diego, San Francisco, California</td>
</tr>
<tr>
<td>Weeks and Rumbaut, 1991</td>
<td>Calculate infant mortality rates for specific ethnic groups</td>
<td>Linked birth and infant death records</td>
<td>Ethnicity of surname; definition/determination of refugee status unspecified&lt;br&gt;2</td>
<td>San Diego, California metropolitan area</td>
</tr>
</tbody>
</table>
Table 1. Summary of Immigration Measures Used in Health-related Studies—Con.

<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose/design of study</th>
<th>Data/sample</th>
<th>Definition/measure of immigrant</th>
<th>Geographic area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weitzman and Berry, 1992</td>
<td>Examine health care needs of female immigrant home attendants; cohort</td>
<td>Newly hired home attendants represented by union local</td>
<td>Country of origin; Puerto Ricans included as immigrants</td>
<td>New York City, New York</td>
</tr>
<tr>
<td>Wewers, et al., 1995</td>
<td>Misclassification of smoking status among southeast Asian immigrants</td>
<td>Interviews of 1,403 persons; list constructed from telephone book, others recruited from organizations and snowball sampling</td>
<td>Place of birth&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Franklin County, Ohio</td>
</tr>
<tr>
<td>Whitaker and Edwards, 1991</td>
<td>Assess efficacy of U.S. HIV-1 screening policy for immigrants</td>
<td>Applicants for permanent resident status from INS and Public Health Service</td>
<td>Self-identified as potential immigrant</td>
<td>United States/Foreign country</td>
</tr>
<tr>
<td>Yeung and Schwartz, 1986</td>
<td>Emotional disturbance in Chinese obstetrical patients</td>
<td>Questionnaire of 124 patients at clinic</td>
<td>Place of birth</td>
<td>New York City, New York</td>
</tr>
<tr>
<td>Yeung, 1990</td>
<td>Explanatory models of depression in immigrant Chinese women</td>
<td>40 immigrant women recruited from health clinic</td>
<td>Unspecified&lt;sup&gt;2&lt;/sup&gt;</td>
<td>San Francisco, California</td>
</tr>
<tr>
<td>Young, et al., 1987</td>
<td>Assess health status</td>
<td>340 “refugees” from Vietnam, Poland, Iraq, Romania, and Hmong</td>
<td>Unspecified&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Detroit, Michigan</td>
</tr>
<tr>
<td>Zambrana, et al., 1991</td>
<td>Examine use of prenatal care</td>
<td>Interviews through prenatal clinic</td>
<td>Birth in Mexico</td>
<td>Los Angeles, California</td>
</tr>
<tr>
<td>Zambrana, et al., 1994</td>
<td>Identify predictors of pediatric emergency department visits by Latino immigrant mothers</td>
<td>Identified through medical charts by hospital intake staff</td>
<td>Birthplace in Mexico, El Salvador, or Guatamala; years in the United States</td>
<td>Los Angeles County, California</td>
</tr>
<tr>
<td>Zambrana, et al., 1997</td>
<td>Role of acculturation and prenatal health behaviors in Mexican women</td>
<td>911 interviews, 1987–89 recruited from prenatal clinics</td>
<td>Place of birth, length of U.S. residency</td>
<td>Los Angeles County, California</td>
</tr>
<tr>
<td>Ziegler, et al., 1993</td>
<td>Breast cancer risk associated with migration; case control</td>
<td>Random digit dialing</td>
<td>Place of birth, parents' place of birth, grandparents' place of birth</td>
<td>California, Hawaii</td>
</tr>
<tr>
<td>Zuber, et al., 1997</td>
<td>Risk of TB in foreign born</td>
<td>TB cases reported to the Centers for Disease Control and Prevention, 1986–94</td>
<td>Place of birth</td>
<td>Nationwide</td>
</tr>
</tbody>
</table>

<sup>1</sup>Not specified in article; information obtained directly from author(s).

<sup>2</sup>Unspecified indicates that the article did not indicate how immigration status was determined. Additional information was not available from the author(s).

<sup>3</sup>Could not be confirmed by agency noted in paper.

<sup>app. I through XXII</sup> indicates the appendix number of each form.
Appendix I

Aroian

DEMOGRAPHIC AND MIGRATION QUESTIONNAIRE

Please write in your answers to the following questions in the spaces provided or put a check mark [✓] next to your chosen answer.

1. What city of the former Soviet Union are you originally from?

2. Your age?

3. Date of arrival in the U.S. (Month and year)

4. Are you a U.S. citizen?
   [ ] 0 - no
   [ ] 1 - yes

5. When did you become a U.S. citizen? (Write in the date if applicable)

6. Who did you come to the U.S. with?
   [ ] 1 - alone
   [ ] 2 - spouse and/or child(ren)
   [ ] 3 - parents
   [ ] 4 - relatives (specify relationship)

7. Who sponsored your coming to the U.S.?
   [ ] 1 - no one
   [ ] 2 - spouse
   [ ] 3 - other family member (specify)
   [ ] 4 - relative (specify relationship)
   [ ] 5 - friend/acquaintance
   [ ] 6 - religious organization
   [ ] 7 - other (specify)
8. Your sex?  
[ ] 1 - male  
[ ] 2 - female

9. Your marital status?  
[ ] 1 - single,  
never married  
[ ] 2 - married or  
living with partner  
[ ] 3 - divorced  
[ ] 4 - legally separated due to  
difficulties in marriage  
[ ] 5 - geographically separated  
due to immigration  
[ ] 6 - widowed

10. Religious affiliation?  

11. To what primary ethnic group (nationality) do you belong?  
<i.e. Jewish, Russian, Armenian, etc.></i>  

12. Your current employment status?  
<i>Check all that apply</i>  
[ ] 1 - employed full time  
[ ] 2 - employed part time  
[ ] 3 - retired  
[ ] 4 - unemployed,  
not looking for work  
[ ] 5 - unemployed,  
looking for work

13. Your occupation in the U.S.?  <i>(Please describe exactly what you do. If you are not  
employed now describe your occupation before you stopped working)</i>  

14. Your occupation prior to immigration?  <i>(Please describe exactly what you did before coming to  
this country or to another country)</i>  

15. What was your household income before taxes  
last year <i>(Include all sources of income)</i>  

How many people were supported with this income?
16. Your education?  
   [ ] 1 - incomplete high school  
   [ ] 2 - high school graduate  
   [ ] 3 - incomplete college  
   [ ] 4 - college graduate  
   [ ] 5 - graduate degree  

   Specify the countries where you were educated:  
   ____________________________

17. Who do you currently live with?  
   Relationship_________ Age______ Relationship_________ Age______  
   Relationship_________ Age______ Relationship_________ Age______  
   Relationship_________ Age______ Relationship_________ Age______

18. Do you have close relatives in the former Soviet Union?  
   [ ] 0 - no  
   [ ] 1 - yes

19. Do you have close relatives in Boston or in the Boston area?  
   [ ] 0 - no  
   [ ] 1 - yes

20. Do you have close relatives (except those already mentioned) within 5 hour drive of your current home?  
   [ ] 0 - no  
   [ ] 1 - yes

21. What language are you most comfortable speaking?  
   [ ] 1 - Russian  
   [ ] 2 - English  
   [ ] 3 - other (specify)  
   [ ] 4 - no preference

22. What was your entry status into the U.S.?  
   [ ] 1 - refugee  
   [ ] 2 - imm. visa issued abroad  
   [ ] 3 - conditional immigrant  
   [ ] 4 - temporary resident  
   [ ] 5 - illegal alien  
   [ ] 4 - other (specify)

THANK YOU!

SOURCE: Questionnaire used in research findings that were published in Aroian, 1992, and Aroian, 1993.
Appendix II

Asch, et al.

In your lifetime, did you ever stay overnight or longer in a hospital for a mental or emotional problem or trouble with your nerves?

(CIRCLE ONE)

YES... ........................................ 1
NO... ........................................... 2
REFUSED... ...................................... 7
NOT SURE/DON'T KNOW... ...................... 8
INTERVIEWER ERROR/ NO ANSWER... ........ 9

57. To get an idea of how income affects health, we would like to know the approximate combined total income for everyone in your household in 1992. That includes all kinds of income, including social security, interest, etc. Was it...

(CIRCLE ONE)

Less than $5,000... ............................ 1
Between $5,000 and $10,000... ................. 2
Between $10,000 and $15,000... ............... 3
Between $15,000 and $25,000... .............. 4
Between $25,000 and $50,000... ............. 5
Between $50,000 and $100,000... ........... 6
More than $100,000... ....................... 7
NOT SURE, DON'T KNOW... ................. 8
NO ANSWER/INTERVIEWER ERROR... ....... 9

58. In what country were you born?

VERBATIM RESPONSE

CODE: AFTER: INTERVIEW COMPLETE WITH CODE BOOK

COUNTRY CODE

IF RESPONSE TO #58 IS "UNITED STATES" SKIP TO #62

59. About what date did you come to the U.S. to stay?

URGE TO BE AS EXACT AS POSSIBLE

DATE (MON) / (DAY) / (YR)

50. Are you a U.S. citizen? Remember that all your answers are completely confidential, including this one.

(CIRCLE ONE)

YES... ........................................ 1
NO... ........................................... 2
REFUSED... ...................................... 7
NOT SURE / DON'T KNOW... ...................... 8
INTERVIEWER ERROR / NO ANSWER... ........ 9
61. Tell me which of the following best describes your current status:

(CIRCLE ONE)

Permanent resident (green card)....................... 1
Temporary resident........................................ 2
Without papers............................................... 3
Student or tourist visa....................................... 4
Expired visa..................................................... 5
Asylee.......................................................... 6
Some other paper................................................ 7

62. Have you ever been in jail or prison?

(CIRCLE ONE)

YES........................................................................... 1
NO............................................................................. 2--->SKIP TO #64
REFUSED..................................................................... 7--->SKIP TO #64
NOT SURE/DON'T KNOW............................................. 8--->SKIP TO #64
INTERVIEWER ERROR/ NO ANSWER............................ 9

63. Over the last 2 years, how long did you spend in prison or jail?

____ ___ DAYS

____ ___ WEEKS

____ ___ MONTHS

44. END TIME (24 HR FORMAT) __________

SOURCE: Excerpt taken from a questionnaire used in research findings that were published in Asch, et al., 1994.
Appendix III

Cornelius, et al.

degree of direct eye contact with the respondent. When dealing with open-ended questions, this often requires the interviewer to make only fragmentary notes on the response, and fill them in after the interview is completed. I and other researchers (e.g., Arias, 1981) have found the tape recorder to be an extremely useful tool in making interviews with non-detained undocumented immigrants as informal and non-threatening as possible. However, use of the tape recorder in a large-scale study to record most or all interview responses is not practical. The difficulties of coding and processing interview responses from verbatim tape transcripts are overwhelming. Even the 185 two-to-three hour interviews which I taped in 1978 required nearly two years to transcribe, code, and analyze.

Care can also be taken in question wording to minimize the sensitivity of certain topics which must be discussed in interviews with non-detained undocumented immigrants. The most obvious example is a question about the respondent’s immigration status. Usually, the interviewer has no advance information on the immigration status of the respondent. In my own research, and in the on-going San Diego County study, we simply proceed on the assumption that most of our interviewees are undocumented, unless and until they prove otherwise in the course of an interview. In my 1978 fieldwork I never asked directly whether the respondent had papers or not; instead, I would ask a much less threatening (at least in format) question, such as

"Y ahora...piensa arreglar papeles?" (And now, are you thinking about getting papers?)

"¿Está arreglando papeles?" (Are you in the process of getting papers?)

"¿Le gustaría arreglar papeles?" (Would you like to get papers?)
"Tenía dificultades en entrar?" (Did you have trouble getting into the country?)

"Había una ventaja en arreglar papeles?" (Would there be any advantage to you, in getting papers?)

If it was apparent from the response to this initial question that the respondent was undocumented, I would follow up immediately with a series of questions about mode of entry into the U.S., efforts to obtain legal papers, payments to coyotes (smugglers of illegal migrants into the U.S.), dealings with immigration lawyers, and related matters.6

In the more highly structured interviews being done in San Diego County, the immigration status questions are asked in the following form:

"La primera vez que llegó a los Estados Unidos...entró con papeles, o tuvo que entrar sin papeles?" (The first time that you came to the U.S. did you enter with papers, or did you have to enter without them?)

"Y la última vez que llegó a los Estados Unidos...Entró con papeles, o tuvo que entrar sin papeles?" (And the most recent time you came to the U.S., did you enter with papers, or did you have to enter without them?)

We have found that use of the Spanish verb "tener" (to have to do something) in this context is just enough to soften the question and avoid a fearful or hostile reaction. Interviewers are also instructed to be sure to keep the interview "moving" well at that point.

In the current San Diego County study we are finding that the most sensitive questions do not relate to immigration status, or even to

6 Quite often an undocumented interviewee (at least one who has been approached in a non-threatening way) will readily acknowledge his illegal status with no prompting at all. This may occur, for example, in the course of reporting his job history in the United States, or in discussions of the migration history of the respondent’s relatives.

SOURCE: Excerpt taken from a questionnaire used in research findings that were published in Cornelius, et al., 1984.
Appendix IV

Do you think that your neighborhood needs a community center where most services could be in one building?

a. ___ yes
b. ___ no
c. ___ don't know

What kinds of services may be needed for youths that are getting in trouble or have had contact with the police? (multiple answers)

a. ___ youth or recreation centers
b. ___ leadership clubs in school
c. ___ alternative education programs
d. ___ role model programs
e. ___ counseling services
f. ___ other (specify)____________________

The next questions are purely voluntary and completely confidential. You can stop at anytime. Would you mind answering them?

Number of people living in the present household?

a. ___ adults (18 & over)
b. ___ children (17 & under)

Your residence status:

a. ___ born in the USA
b. ___ naturalised citizen
c. ___ pending naturalisation
d. ___ pending resident status
e. ___ other (specify)____________________

Number of family members living in the house? _______

Thank you for your time and effort in completing this survey. We hope that this information will be helpful in improving the community services offered to you and your family in the future. All information is confidential.

THANK YOU!

SOURCE: Excerpt taken from a questionnaire used in research findings that were published in Curiel, et al., 1993.
Appendix V

Dumka, Roosa, and Jackson

Form unavailable.
Appendix VIa

Heer and Falasco

1980 Questionnaire

ID#___________
C.T___________
Weight________

QUESTIONNAIRE FOR NEW MOTHERS OF MEXICAN ETHNICITY
IN LOS ANGELES COUNTY

Hello, my name is ___________________________. May I speak with __________________________ (Name of mother)? Would you prefer that I speak in Spanish or English? I am helping to conduct a confidential survey concerned with persons of Mexican descent in the United States. The survey is sponsored by the University of Southern California and the interviewing is being carried out by the C.P.B. Project, Inc. We have gathered a list from the record of recently registered birth certificates in this county and families on that list will be paid $10.00 if they take part in a completely confidential interview.

The purpose of the survey is to find out how well different portions of the Mexican community are getting along. We are especially interested in how well undocumented and documented immigrants are doing, compared to Mexican Americans who were born in the United States.

You and your family were selected for the survey because the birth certificate records indicate that you or your husband is of Mexican descent. As soon as the interviewing has been completed, we shall leave in your possession the only record we have of your name and address so that no one will ever be able to link what you have said on this questionnaire either to you or to your address. We only want to interview persons who are willing to tell us whether or not they are U.S. citizens, and if not, whether or not they are here legally. If you are eligible for the interview and you are willing to participate, you will be free to refuse to answer any question or questions, or to discontinue the interview at any time. However, if you do answer every question, I shall pay you $10.00 at the end of the interview.
So, right now, I would first like to ask you:

1. Do you consider yourself to be of Mexican descent?
   ( ) Yes (skip to 1c)
   ( ) No (ask 1a)

   a. Are you living with a man you consider to be your husband?
      ( ) Yes (ask 1c)
      ( ) No (Say "thank you" and discontinue the interview.)

   b. Is he of Mexican descent?
      ( ) Yes (continue to 1c)
      ( ) No (say "thank you" and discontinue interview)
      ( ) Yes (continue to 1b)
      ( ) No or respondent has no husband (Say "thank you" and discontinue the interview)

   In this interview, we will be asking if you and your close relatives are U.S. citizens. If any of you are not U.S. citizens, we will ask if you have residence papers or if you are undocumented. Are you willing to participate in this interview, and as part of this interview, tell me the answers to these questions when I ask them?
   ( ) Yes (Continue)
   ( ) No (say "thank you" and discontinue the interview)

Before beginning with the remaining questions I should like you first to sign the consent form which I have here with me.

Main Questionnaire
(Interviewer: Please indicate whether respondent is
   ( ) Male
   ( ) Female)

2. Were you born in the United States?
   ( ) Yes (skip to 2f)
   ( ) No (ask 2a and 2b)

   a. In just what country were you born?
      ( ) Mexico
      ( ) Other Latin American nation
      ( ) Other nation

   b. Are you a citizen of the United States?
      ( ) Yes (skip to 2d)
      ( ) No (ask 2c)
c. Do you have an alien registration card (a green or a brown card) which permits you to reside in the United States? May I see this card?
( ) Yes and interviewer was able to see the card.
( ) Yes but interviewer was not able to see the card.
( ) No

d. When did you first come to the United States to live?

_______ (Year)

e. Since you first came to the United States, have you left the United States for a period of six months or more?
( ) Yes (ask 2f)
( ) No (skip to 2ff)

f. How many years have you lived in the United States six months or more each year?

_______ (Number of years)

ff. How many months in 1979 did you live in the U.S.?

_______

g. When did you first come to California to live?
( ) Born in California (skip to 2j)
( ) Came to California in _______ (Year) (ask 2h)

h. Since you first came to California, have you left California for a period of six months or more?
( ) Yes (ask 2i)
( ) No (skip to 2j)

i. How many years have you lived in California for a period of six months or more?

_______ (Number of years)

j. When did you first come to Los Angeles County to live?
( ) Born in Los Angeles County (skip to 3)
( ) Came to Los Angeles County in ______(Year) (ask 2K)

k. Since you first came to Los Angeles County, have you left Los Angeles County for a period of six months or more?
( ) Yes (ask 2l)
( ) No (skip to 3)

l. How many years have you lived in Los Angeles for a period of six months or more?

_______ (Number of years)

Now I would like to know something about your family.
Appendix VIb

Heer and Falasco

Housing Questionnaire

Identification data

Census Tract  Block Group  Block

Introduction

To the person who opened the door for you:

* Good morning (afternoon). Would you prefer that we speak in Spanish or English?

* I am helping to conduct a confidential and anonymous survey of persons who were born in Mexico and live in Los Angeles. The study is sponsored by the University of Southern California in Los Angeles and Colegio de la Frontera Norte in Tijuana, Mexico.

* I would like to ask you if at least one adult lives here who was born in Mexico.
  
  NO - Thank you. (terminate interview)
  
  YES - Continue

* I would like to speak with any adult who was born in México.

If no person born in Mexico is available:

* Then I would like to speak with any other adult who could answer my questions.

To the person who agreed to answer the questions:

We believe that the results of this study will help us to know the needs and aspirations of the persons who live in Los Angeles and were born in Mexico. We do not wish to know anything personal about you or any other members of this household. We are only interested in statistical data. Further, at the end of this interview, we will provide you with the only proof that we have of your name and address and with the names and address of each member of this household. We will do this in such a way that in the future, no one could associate what you have said with the names or the address of your own house. We are especially interested in knowing if the immigrants are documented or undocumented; thus, we will ask you about the legal status of all of the adults of this household who were born in Mexico.

You are completely free to deny or refuse to answer any question or questions or, if you prefer, to terminate the interview at that moment that you decide.

May we begin?
Part II. Household Members

Could you tell me the names of all the persons who normally live in this house, including yourself? Begin with the owner of the house or he/she who rents the house.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Sex</th>
<th>Age</th>
<th>Country born in</th>
<th>What familial relationship is he/she to the owner of the house or he/she who rents the house</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 M</td>
<td></td>
<td>01 México</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 F</td>
<td></td>
<td>02 U.S.A</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>03 Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Familial relationship codes
1 Husband or wife
2 Son or Daughter
3 Brother or Sister
4 Father or Mother
5 Cous, Aunts/Unc, Nieces/Nephews
6 No family relation
Part III. Individual Questionnaire

I would like to ask you questions about each of the persons, starting with the first.

First Person: Write the name ___________________

4. Is this person considered to be of Mexican origin?
   01 Yes  02 No

ONLY IF THIS PERSON WAS BORN IN MEXICO:

If this person is 18 or older, ask 4.1
If this person is 17 or younger, continue with 5

4.1 Is this person a United States Citizen?
   01 Yes (continue with 5)  02 No

4.2 Does this person have a resident alien card (a green or brown card) that allows them to reside in the U.S.?
   01 Yes  02 No (continue with 4.6)

4.3 Did this person get a residency card through amnesty (IRCA 1986)?
   01 Yes  02 No (continue with 4.5)

4.4 Did this person qualify because they:
   01 Had lived in the U.S. prior to 1982 (continue with 5)
   02 Had worked in the fields (continue with 5)

4.5 Did this person get a resident alien card:
   01 Because they were a dependent of a person who obtained a resident alien card through IRCA (continue with 5)
   02 By some other means (continue with 5)

4.6 Does this person have a card which allows him/her to temporarily reside in the U.S.?
   01 Yes (Continue with 5)  02 No

4.7 Is this person in a state of temporary protection which prohibits their deportation from the U.S.?
   01 Yes  02 No

5. In which month and year did this person come to live in the U.S. for the first time?

5.1 In which month and year did this person come to live in the U.S. for the last time?

6. In all, how many years has this person lived in the U.S. for six months or more each year?

6.1 In all, how many times has this person come to live in the U.S.?
Appendix VII

Hubbell, Chavez, Mishra, Magana, and Valdez

---

Orange County Women's Health Care Survey
-Screener-

PHONE NUMBER:

INTRODUCTION:

Hello. I'm from Field Research Corporation, a national public opinion research firm. We are conducting a survey for the University of California at Irvine on women's health issues.

The research is being sponsored by the National Cancer Institute and the information we obtain will be used to help develop health care programs to meet the needs of women in your community. All the information you provide will be strictly confidential -- we don't need your full name or address. But we do need to have the cooperation of as many women as possible so that the survey results reflect the attitudes of all women in your area. If you do not feel like answering a question, please let me know and we will move on to the next question.

A. For this survey, we need to speak with women, 18 years of age or older who live in Orange County. Just to be sure, is this household in Orange County?

[YES] 1 -- CONTINUE
[NO] 2 -- TERMINATE

B. May I speak with the female in your household, 18 years of age or older, who had the most recent birthday?

(IF NECESSARY, SAY: This is so we can randomly select only one person in your household to interview.)

ASK FOR FIRST NAME OF DESIGNATED RESPONDENT

RECORD FIRST NAME:

[IF DESIGNATED RESPONDENT NOT AT HOME NOW, FIND OUT BEST TIME TO CALL BACK.]

WHEN YOU ARE SPEAKING WITH DESIGNATED RESPONDENT:

1. RECORD LANGUAGE PREFERENCE FOR INTERVIEW BELOW:

[ENGLISH] 1
[SPANISH] 2
[NO PREFERENCE] 3

2. First, I need to ask a few background questions such as your ethnicity, country of birth and age...

Would you describe yourself as Hispanic or Latino, non-Hispanic White or Anglo, African-American or Black, Asian or Asian American or Native American?

[HISPANIC/LATINO/INDIGENA] 1
[AFRICAN-AMERICAN OR BLACK] 2
[ASIAN OR ASIAN AMERICAN] 4
[NAIVE AMERICAN] 5
[MIDDLE EASTERN] 6
[OTHER (SPECIFY)]

3. In what country were you born?

[US, except Puerto Rico] 1
[Puerto Rico] 2
[Cuba] 3
[Mexico] 4
[El Salvador] 5
[Guatemala] 6
[Nicaragua] 7
[Other Central American Country] 8
[South American Country] 9
[Specify] 10

[If Hispanic/Latino/Indigena, continue w/ Q.4]

[If foreign-born and Anglo in Q.2, terminate by saying: --- Thank you very much for your time, but we have already completed our quota of interviews with women in this group.]

--- CONTINUE WITH Q.4
4. In what country was your father born?

<table>
<thead>
<tr>
<th>Country</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S., except Puerto Rico</td>
<td>1</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>2</td>
</tr>
<tr>
<td>Cuba</td>
<td>3</td>
</tr>
<tr>
<td>Mexico</td>
<td>4</td>
</tr>
<tr>
<td>El Salvador</td>
<td>5</td>
</tr>
<tr>
<td>Guatemala</td>
<td>6</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>7</td>
</tr>
<tr>
<td>Other Central American Country</td>
<td>8</td>
</tr>
<tr>
<td>Other South American Country</td>
<td>9</td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td></td>
</tr>
</tbody>
</table>

5. In what country was your mother born?

<table>
<thead>
<tr>
<th>Country</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S., except Puerto Rico</td>
<td>1</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>2</td>
</tr>
<tr>
<td>Cuba</td>
<td>3</td>
</tr>
<tr>
<td>Mexico</td>
<td>4</td>
</tr>
<tr>
<td>El Salvador</td>
<td>5</td>
</tr>
<tr>
<td>Guatemala</td>
<td>6</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>7</td>
</tr>
<tr>
<td>Other Central American Country</td>
<td>8</td>
</tr>
<tr>
<td>Other South American Country</td>
<td>9</td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td></td>
</tr>
</tbody>
</table>

6. How would you describe your ethnic identification?

<table>
<thead>
<tr>
<th>Ethnic Identification</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican American/Chicano</td>
<td>1</td>
</tr>
<tr>
<td>Mexican/Mexicano</td>
<td>2</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3</td>
</tr>
<tr>
<td>El Salvadoror</td>
<td>4</td>
</tr>
<tr>
<td>Guatemalan</td>
<td>5</td>
</tr>
<tr>
<td>Nicaraguan</td>
<td>6</td>
</tr>
<tr>
<td>Other Central American Country</td>
<td>7</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>8</td>
</tr>
<tr>
<td>Cuban or Cuban American</td>
<td>9</td>
</tr>
<tr>
<td>Other South American</td>
<td>10</td>
</tr>
<tr>
<td>Anglo American/White</td>
<td>11</td>
</tr>
<tr>
<td>American</td>
<td>12</td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td></td>
</tr>
</tbody>
</table>

7. Could you give me your date of birth? First the year...

REFUSED

7a. How the month...

<table>
<thead>
<tr>
<th>Month</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1</td>
</tr>
<tr>
<td>February</td>
<td>2</td>
</tr>
<tr>
<td>March</td>
<td>3</td>
</tr>
<tr>
<td>April</td>
<td>4</td>
</tr>
<tr>
<td>May</td>
<td>5</td>
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<tr>
<td>June</td>
<td>6</td>
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<tr>
<td>July</td>
<td>7</td>
</tr>
<tr>
<td>August</td>
<td>8</td>
</tr>
<tr>
<td>September</td>
<td>9</td>
</tr>
<tr>
<td>October</td>
<td>10</td>
</tr>
<tr>
<td>November</td>
<td>11</td>
</tr>
<tr>
<td>December</td>
<td>12</td>
</tr>
<tr>
<td>Refused/no answer</td>
<td>13</td>
</tr>
</tbody>
</table>

8. How many people live in your house or apartment, including yourself, your family, friends, and others?

Refused

IF ONE, SKIP TO Q.13 OTHERWISE, ASK Q.9
77. In general, what language(s) do you read and speak? (READ LIST)

Only Spanish        1
Spanish better than English        2
Both equally        3
English better than Spanish        4
Only English        5

78. What language(s) did you use as a child?

Only Spanish        1
Spanish better than English        2
Both equally        3
English better than Spanish        4
Only English        5

79. What language(s) do you usually speak at home?

Only Spanish        1
Spanish better than English        2
Both equally        3
English better than Spanish        4
Only English        5

80. In which language(s) do you usually think?

Only Spanish        1
Spanish better than English        2
Both equally        3
English better than Spanish        4
Only English        5

81. What language(s) do you usually speak with your friends?

Only Spanish        1
Spanish better than English        2
Both equally        3
English better than Spanish        4
Only English        5

[IF HISPANIC/LATINO/INDIGENA AND BORN IN U.S., GO TO Q.84]

82. In what year did you come to the U.S. the last time?

Don't know        1
Refused/no answer  2

83. In total, how many years have you been in the U.S., including all of your trips?

years

Not applicable        1
Don't know        2
Refused/no answer  3

84. What is your current immigration status?

Legal Permanent Residence (Green card, or "Nice")  1
Without papers (undocumented; False documents)  2
Still does not have papers, but has requested work permit  3
Still does not have papers, but has requested permanent residency  4
Still does not have papers, but has requested political asylum  5
U.S. citizen  6
Temporary Protection Status (TPS)  7
Political asylee/refugee  8
Other (SPECIFY)  9
Refused/no answer  10

85. Do you intend to stay permanently in the United States?

Yes        1
No        2
Don't know        3
Refused/no answer  4

SOURCE: Excerpts taken from a questionnaire used in research findings that were published in Hubbell, et al., 1995.
Appendix VIII

Hubbell, Waitzkin, Mishra, Dombrink, and Chavez

4. REFUSED TO ANSWER.

_____ 63q) WAS YOUR TOTAL FAMILY INCOME LAST MONTH (AUGUST) ABOVE OR BELOW $3769?

1. ABOVE
2. BELOW
3. DO NOT KNOW
4. REFUSED TO ANSWER

_____ 63r) WAS YOUR TOTAL FAMILY INCOME LAST MONTH (AUGUST) ABOVE OR BELOW $3969?

1. ABOVE
2. BELOW
3. DO NOT KNOW
4. REFUSED TO ANSWER

_____ 63s) WAS YOUR TOTAL FAMILY INCOME LAST MONTH (AUGUST) ABOVE OR BELOW $4169?

1. ABOVE
2. BELOW
3. DO NOT KNOW
4. REFUSED TO ANSWER

_____ 63t) WAS YOUR TOTAL FAMILY INCOME LAST MONTH (AUGUST) ABOVE OR BELOW $4368?

1. ABOVE
2. BELOW
3. DO NOT KNOW
4. REFUSED TO ANSWER

_____ 64) WHAT IS YOUR (FILL IN THE AD'S NAME)'S RESIDENCY STATUS?
1. U.S. CITIZEN........................____
2. RESIDENT ALIEN......................____
3. STUDENT VISA OR DEPENDENT........____
4. WORKER VISA OR DEPENDENT..........____
5. VISITOR VISA........................____
6. UNDOCUMENTED........................____
7. DO NOT KNOW..........................____
8. REFUSED TO ANSWER....................____

WE ARE PLANNING TO DO A SIMILAR STUDY IN FUTURE AND WOULD LIKE YOU TO PARTICIPATE IN THAT STUDY. DO YOU WISH TO BE CONTACTED AGAIN?

1. YES.....____
2. NO.......____

IF YES, MAY WE HAVE YOUR PHONE NUMBER______________________________

IN THE EVENT YOU CHANGE YOUR RESIDENCE AND/OR PHONE NUMBER, PLEASE COULD YOU INFORM US OF THE CHANGE (GIVE THE RESPONDENT THE SHEET WITH OUR ADDRESS)

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

SOURCE: Excerpt taken from a questionnaire used in research findings that were published in Hubbell, et al., 1991.
Appendix IX

Lambert and Lambert

PATIENT BACKGROUND

Name: ____________________________

1. What is your father's racial or nationality background? __________

2. What is your mother's racial or nationality background? __________

3. What languages do you speak other than English?
   a. ____________________________
   b. ____________________________
   c. ____________________________
   d. ____________________________

4. How many years have you lived in the United States?
   a. _____ 1 year or less.
   b. _____ 13 months to 3 years.
   c. _____ 4 to 7 years.
   d. _____ 8 to 11 years.
   e. _____ 12 to 16 years.
   f. _____ 17 years and over.

5. If you lived in another country before coming here, which country did you live in? ____________________________

6. How long did you live in another country before coming here?
   a. _____ never lived in another country.
   b. _____ 1 year or less.
   c. _____ 13 months to 3 years.
   d. _____ 4 to 7 years.
   e. _____ 8 to 11 years.
   f. _____ 12 to 16 years.
   g. _____ 17 years and over.
How long have your parents lived in the United States?

a. _____ have never lived in the United States.
b. _____ 1 year or less.
c. _____ 13 months to 3 years.
d. _____ 6 to 10 years.
e. _____ 11 to 15 years.
f. _____ over 15 years.

3. If your parents lived in another country before coming here, which country did they come from? ____________________________

9. How long did they live in another country before coming here?

a. _____ less than 15 years.
b. _____ 16 to 25 years.
c. _____ 26 to 35 years.
d. _____ 36 to 45 years.
e. _____ more than 46 years.

10. Do you expect your therapist's race to be alike or different from your own?

a. _____ alike.
b. _____ different.

11. Do you think the therapist's ethnicity or culture will make a difference in your therapy?

1. _____ yes.
2. _____ no.

SOURCE: Questionnaire used in research findings that were published in Lambert and Lambert, 1984.
Appendix X

Lee, Crittenden, and Yu

COOPERATIVES
82. Some elderly persons are getting together to form food and clothing cooperatives. That is, these groups of elderly buy large quantities of these items at cheaper prices and then pass on the savings to the members of the cooperatives. Do you think you would like to belong to a

A. Food cooperative?
   Yes . . . . .(Ask A1) . . . 1
   No . . . . .(Ask B) . . . 2
   Don't know . . .(Ask B) . . . 3

   A1. [IF YES:] Would you be willing to help organize this cooperative?
      Yes . . .(Ask A2) . . . 1
      No . . .(Ask B) . . . 2

   A2. [IF YES:] Would you be willing to help operate this cooperative?
      Yes . . .(Ask B) . . . 1
      No . . .(Ask B) . . . 2

B. Clothing cooperative?
   Yes . . . . .(Ask B1) . . . 1
   No . . . . .(GO TO Q.83) . 2
   Don't know . . .(GO TO Q.83) . 3

   B1. [IF YES:] Would you be willing to help organize this cooperative?
      Yes . . .(Ask B2) . . . 1
      No . . . (Ask Q.83). . 2

   B2. [IF YES:] Would you be willing to help operate this cooperative?
      Yes . . .(GO TO Q.83) . 1
      No . . .(GO TO Q.83) . 2

ETHNIC VALUES AND CULTURE
83. In what country/commonwealth were you born?

   Name of Country/Commonwealth: ________________  [CODER:____/____]

   A. [INTERVIEWER: Is the Respondent born in the U.S.?
      Yes . . . (Ask B) . . . . 1
      No. . . . (Skip to D) . . 2]

   B. [IF U.S. BORN] Was your father born in the U.S.?
      Yes, U.S.-born . . . . . . . . . . 1
      No, not born in the U.S. . . . . . 2

   C. [IF U.S. BORN] Was your mother born in the U.S.?
      Yes, U.S.-born . . . . . . . . (SKIP TO Q.87-A) . . 1
      No, not born in the U.S. . (SKIP TO Q.87-A) . . 2
D. [IF FOREIGN BORN] How old were you when you came to this country?  

_________ years old

E. Did you leave (your country) by choice or by force of circumstances?  

By choice .......... 1  
By force of circumstances ...... 2

F. What was the most important reason you came to this country?  

Conflicts with government in home country ........... 01  
All my assets were confiscated ....................... 02  
No chance to provide the basic necessities for my family. .... 02  
Religious, racial, or ethnocentric intolerance ........... 04  
Fear of death, imprisonment, or harm from government .......... 05  
Offered a job in this country ........................ 06  
Anticipation of better living standards in the U.S. ....... 10  
Assist children in their housework or babysit ............. 11  
Fear of starvation in home country ................ 12  
Fear of lack of opportunities for children in home country . 13  
To receive higher or specialized education in the U.S. ...... 14  
To get married or get married to someone who is here ....... 15  
Was brought over or came with parents and family .......... 16  
Other (please specify) ................................ 17

G. After you made the decision to leave your country or knew that you were coming to this country, how much preparation did you make to adapt to life in the U.S.? (This would include learning to speak, read, and write English; talking to people about what life is like in the U.S.; and other activities of that sort.) Would you say that  

You have prepared a lot? ......................... 1  
You have prepared moderately? ................. 2  
You had a little preparation? .................. 3  
You did not prepare at all? ..................... 4

H. Before you came to the U.S., how well did you read English?  

Very fluently .............................. 1  
Moderately well ............................ 2  
Can make do ................................. 3  
Poorly ...................................... 4  
Not at all .................................. 5

I. Have you lived mostly in (country corresponding to above question) with some time in the United States, mostly in the United States, only in the United States, or about equally in the United States and abroad?  

Mostly abroad, with some time spent in the U.S. ..... 1  
Mostly in the U.S., with some time spent abroad ... 2  
Only in the U.S. ................................ 3  
About equally in the United States and abroad ....... 4

SOURCE: Excerpt taken from a questionnaire used in research findings published in Lee, Crittenden, and Yu, 1996.
ASSESSMENT OF IMMIGRATION STATUS AND HEALTH BENEFIT ELIGIBILITY

I. PLACE OF BIRTH

A. In the United States

1. Were you born in the United States?
   
   No... Go to question I.B.1
   Yes... Go to question I.A.2.

2. Did you give up your citizenship?

   No... United States citizen.
   Eligible for full scope Medicaid and Medicare.
   
   Yes... Go to question I.B.1

B. Outside of the United States

1. Were both parents United States citizens?

   No... Go to question I.B.3
   Yes... Go to question I.B.2

2. Did one of your parents reside in the United States prior to your birth?

   No... Go to question I.B.3

   Yes... United States citizen.
   Eligible for full scope Medicaid and Medicare.

3. Did both of your parents acquire United States citizenship through naturalization?

   No... Go to question I.B.5
   Yes... Go to question I.B.4
4. Were you under the age of 18 and residing in the United States at the time that your parents naturalized?
   No... Go to question I.B.5
   Yes... United States citizen. Eligible for full scope Medicaid and Medicare.

5. Was one parent a United States citizen?
   No... Go to question II.A.1
   Yes... Go to question I.B.6

6. Were you born after 12/24/1952 and before 11/14/1986?
   No... Go to question I.B.8
   Yes... Go to question I.B.7

7. Did the United States citizen parent live in the United States for at least 10 years before your birth, 5 of which were after the parent was 14 years old?
   No... Go to question II.A.1
   Yes... United States citizen. Eligible for full scope Medicaid and Medicare.

8. Were you born after 11/14/1986?
   No... Go to question II.A.1
   Yes... Go to question I.B.9
9. Did your United States citizen parent live in the United States for at least 5 years prior to your birth, 2 of which were after the parent was 14 years old?

No... Go to question I.B.10

Yes... United States citizen. Eligible for full scope Medicaid and Medicare.

10. Were you a permanent resident who applied for and received citizenship ("naturalization") and a certificate showing that you are a United States citizen?

No... Go to question II.A.1

Yes... United States citizen. Eligible for full scope Medicaid and Medicare.

II. CURRENT STATUS

A. Permanent Residence

1. Do you have lawful permanent residence ("green card," "mica")?

No... Go to question II.B.1

Yes... Documented (Permanent Resident). Eligible for full scope Medicaid and Medicare.

B. Amnesty/Special Agricultural Workers

1. Did you apply for status under the amnesty program or the special agricultural worker (SAW) program?

No... Go to question II.C.1

Yes... Go to question II.B.2
2. Is the application filed still being processed by the INS?
   
   No... Go to question II.C.1
   Yes... Go to question II.B.3

3. Since the time that you filed your application, have you been convicted of any felony or of more than two misdemeanors, or of any crimes involving drugs?

   No... Temporary resident/Classifiable as PRUCOL.
       Eligible for full scope Medicaid unless subject to 5-year disqualification.
       Possibly eligible for Medicare.
   
   Yes... Go to question III.A.1

C. Other Status

1. Do you have some other legal status, such as tourist, student, political asylum, refugee status, deferred action, or parole?

   No... Go to question III.A.1
   Yes... Go to question II.C.2

2. Is the status temporary according to a visa that has been issued (for example, business, tourist, student, journalist?)

   No... Go to question II.C.3
   Yes... Go to question II.C.5

3. Is the status a special grant of permission from the INS that gives you the right to be in the United States (parole, deferred action, extended voluntary departure)?

   No... Go to question II.C.4
   Yes... Documented. Classifiable as PRUCOL.
          Entitled to full scope Medicaid.
          Possibly eligible for Medicare.
4. Is the status refugee status or political asylum?

No... Go to question II.C.5

Yes... Documented. Classifiable as PRUCOL.
Entitled to full scope Medicaid.
Possibly eligible for Medicare.

5. Did you do anything to violate your immigration status, such as work without INS permission, commit a crime, work for an employer other than the one approved by the INS, or stay in the United States longer than the INS had authorized?

No... Documented-temporary status.
Entitled to emergency Medicaid only.
Probably not entitled to Medicare.

Yes... Go to question III.A.1

III. POTENTIAL REMEDIES

A. Political Asylum

1. Are you afraid to return to your country of origin?

   No... Go to question III.B.1
   Yes... Go to question III.A.2

2. Are you afraid of being persecuted or have you been persecuted in your country?

   No... Go to question III.B.1
   Yes... Go to question III.A.3
3. Was the persecution based on race, religion, nationality, political opinion, or membership in a particular social group (for example, a labor union or being homosexual or being HIV+)?

No... Go to question III.B.1
Yes... Go to question III.A.4

4. Did you persecute other people?

No... Go to question III.A.5
Yes... Go to question III.B.1

5. Has you been convicted of a very serious crime, such as murder or drug trafficking?

No... Undocumented. Potentially eligible for political asylum. Eligible for emergency Medicaid only. Potentially classifiable as PRUCOL after filing asylum application. If PRUCOL, eligible for full scope Medicaid. Probably not eligible for Medicare.

Yes... Undocumented. Probably no Immigration remedy. Eligible for emergency Medicaid only. Probably not eligible for Medicare.

B. Registry

1. Have you been residing in the United States continuously since before January 1, 1972?

No... Go to question III.C.1
Yes... Go to question III.B.2

2. Have you ever violated narcotic laws, smuggled aliens into the United States, or committed a crime?

No... Go to question III.B.3
Yes... Go to question III.C.1
3. Have you been convicted since 1972 of anything other than a minor traffic violation?

No... Undocumented. Potentially eligible for registry.
Eligible for emergency Medicaid only.
Potentially classifiable as PRUCOL after filing registry application.
If PRUCOL, eligible for full scope Medicaid.
Possibly eligible for Medicare.

Yes... Go to question III.C.1

C. Family Immigration

1. Do you have a United States citizen spouse, parent, or child or sibling over the age of 21 years who is able and willing to petition for you to immigrate?

No... Go to question III.C.2

Yes... Undocumented. Potentially eligible for permanent residence.
Eligible for emergency Medicaid only.
Probably classifiable as PRUCOL once the petition has been filed and approved.
If PRUCOL, eligible for full scope Medicaid.
Probably not eligible for Medicare.

2. Do you have a spouse who is a lawfully admitted permanent resident ("green card") who is willing and able to petition for you to immigrate?

No... Go to question III.C.3

Yes... Undocumented. Potentially eligible for permanent residence.
Eligible for emergency Medicaid only.
Probably not eligible for Medicare.
3. Are you unmarried, with a parent who is a lawfully admitted permanent resident ("green card") who is willing and able to petition for you to immigrate?

   No... Go to question III.C.4.

   Yes... Undocumented. Potentially eligible for permanent residence. Eligible for emergency Medicaid only. Probably not eligible for Medicare.

4. Are you the spouse or unmarried child under the age of 21 of someone who received permanent or temporary residence through the amnesty or special agricultural worker (SAW) program?

   No... Go to question III.D.1

   Yes... Go to question III.C.5

5. Did you enter the United States before May 5, 1988?

   No... Go to question III.D.1

   Yes... Go to question III.C.6

6. Have you been convicted of any felony or of more than two misdemeanors?

   No... Go to question III.C.7

   Yes... Go to question III.D.1

7. Have you been convicted of any crime involving drugs?

   No... Undocumented. Potentially eligible for family fairness. Eligible for emergency Medicaid only. Not eligible for Medicare.

   Yes... Go to question III.D.1
D. Special Immigrants—Juveniles

1. Have you been declared a dependent of a juvenile court in the United States?
   No... Go to question III.E.1
   Yes... Go to question III.D.2

2. Did the court find that you are eligible for long term care?
   No... Go to question III.E.1
   Yes... Go to question III.D.3

3. Has a court or administrative body found that it will not be in your best interest to be returned to another country?
   No... Go to question III.E.1
   Yes... Undocumented. Potentially eligible for permanent residence as special immigrant. Eligible for emergency Medicaid. If gets status as permanent resident, eligible for full scope Medicaid. Probably not eligible for Medicare.

E. Employment Immigration

1. Do you have a potential employer in the United States who is willing to file a petition for you to immigrate to work for him or her?
   No... Go to question III.F.1
   Yes... Go to question III.E.2

2. Does the employer have a real job for you to fill?
   No... Go to question III.F.1
   Yes... Go to question III.E.3
3. Do you have the job skills required for the job?

No... Go to question III.F.1
Yes... Go to question III.E.4

4. Are there probably United States citizens or permanent resident who are qualified to do the job that the employer would offer you, and who would be willing to do that job?

No... Undocumented. Potentially eligible for permanent residence. Eligible for emergency Medicaid only. Probably not eligible for Medicare.

Yes... Go to question III.F.1

F. Suspension of Deportation

1. Have you been continuously physically present in the United States for at least 7 years, with only minor breaks in your presence?

No... Go to question III.G.1
Yes... Go to question III.F.2

2. Have you been convicted during the last 7 years of anything other than a minor traffic violation?

No... Go to question III.F.3

Yes... Undocumented. No obvious immigration remedy. Eligible for emergency Medicaid only. Probably not eligible for Medicare.

3. Do you have a United States citizen or permanent resident spouse, parent, or child?

No... Go to question III.F.5
Yes... Go to question III.F.4
4. Would that spouse, parent, or child suffer a great deal emotionally, physically, or mentally if you were forced to leave the United States?
   
   No... Go to question III.F.5
   Yes... Go to question III.F.6

5. Would you, if forced to leave the United States, suffer more emotionally, mentally, or physically than would most people in the same situation?
   
   No... Go to question III.G.1
   Yes... Go to question III.F.6

6. Have you done anything so bad that the United States might not want you to be here?
   
   No... Undocumented. Potentially eligible for suspension of deportation. Eligible for emergency Medicaid only. Potentially classifiable as PRUCOL after filing of suspension application. If PRUCOL, eligible for full scope Medicaid. Possibly eligible for Medicare.

    Yes... Undocumented. No obvious immigration remedy. Eligible for emergency Medicaid only. Probably not eligible for Medicare.

G. Administrative Remedies (Deferred Action, Voluntary Departure)

1. Are there particularly sympathetic factors in your situation that might convince the INS to let you stay here temporarily, such as a serious illness or the serious illness of a close relative who is a United States citizen or permanent resident?
   
   No... Undocumented. No obvious immigration remedy. Eligible for emergency Medicaid only. Probably not eligible for Medicare.

    Yes... Go to question III.G.2.
2. Have you done anything to make the United States not want you to be here, like commit a crime or use drugs, or abuse a spouse or child?

<table>
<thead>
<tr>
<th>No...</th>
<th>Undocumented. Potentially eligible for administrative remedy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible for emergency Medicaid only.</td>
</tr>
<tr>
<td></td>
<td>Potentially classifiable as PRUCOL depending on nature of administrative remedy granted.</td>
</tr>
<tr>
<td></td>
<td>If PRUCOL, eligible for full scope Medicaid.</td>
</tr>
<tr>
<td></td>
<td>Probably not eligible for Medicare.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes...</th>
<th>Undocumented. No obvious immigration remedy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Entitled to emergency Medicaid only.</td>
</tr>
<tr>
<td></td>
<td>Probably not eligible for Medicare.</td>
</tr>
</tbody>
</table>

SOURCE: Excerpt taken from a questionnaire used in research findings published in Loue and Foerstel, 1996.
Appendix XIb

Loue

Participant ID Number
Date of Interview
Interviewer

ASSESSMENT OF IMMIGRATION STATUS AND HEALTH BENEFIT ELIGIBILITY

I. PLACE OF BIRTH

A. In the United States

1. Were you born in the United States?
   No . . . Go to question I.B.1.
   Yes . . . Go to question I.A.2.

2. Did you give up your citizenship?
   No . . .
   United States citizen.
   Eligible for full scope Medicaid; not subject to 5-year bar.
   Eligible for Medicare.

   Yes . . . Go to question I.B.1.

B. Outside of the United States

1. Were both parents United States citizens?
   No . . . Go to question I.B.3.
   Yes . . . Go to question I.B.2.
2. Did one of your parents reside in the United States prior to your birth?

No . . . Go to question I.B.3.

Yes . . .

United States citizen.
Eligible for full scope Medicaid; not subject to 5-year bar.
Eligible for Medicare.

3. Did both of your parents acquire citizenship through naturalization?

No . . . Go to question I.B.5.

Yes . . . Go to question I.B.4.

4. Were you under the age of 18 and residing in the United States at the time that your parent naturalized?

No . . . Go to question I.B.5.

Yes . . .

United States citizen.
Eligible for full scope Medicaid; not subject to 5-year bar.
Eligible for Medicare.

5. Was one parent a United States citizen?

No . . . Go to question II.A.1.

Yes . . . Go to question I.B.6.
6. Were you born after 12/24/1952 and before 11/14/1986?

   No . . . Go to question I.B.8.
   Yes . . . Go to question I.B.7.

7. Did the United States parent live in the United States for at least 10 years before your birth, 5 of which were after the parent was 14 years old?

   No . . . Go to question II.A.1.
   Yes . . United States citizen.
           Eligible for full scope Medicaid; not subject to 5-year bar.
           Eligible for Medicare.

8. Were you born after 11/14/1986?

   No . . . Go to question II.A.1.
   Yes . . . Go to question I.B.9.

9. Did your United States parent live in the United States for at least 5 years prior to your birth, 2 of which were after the parent was 14 years old?

   No . . . Go to question I.B.10.
   Yes . . United States citizen.
           Eligible for full scope Medicaid; not subject to 5-year bar.
           Eligible for Medicare.
10. Were you a permanent resident who applied for and received citizenship ("naturalization") and a certificate showing that you are a United States citizen?

    No . . .  Go to question I.A.11.
    Yes . . .
      United States citizen.  
      Eligible for full scope Medicaid; not subject to 5-year bar.  
      Eligible for Medicare.

11. Were you a permanent resident who applied for and received citizenship through the Department of State and a United States passport showing that you are a United States citizen?

    No . . .  Go to question II.A.1.
    Yes . . .
      United States citizen.  
      Eligible for full scope Medicaid; not subject to 5-year bar.  
      Eligible for Medicare.

II. CURRENT STATUS

A. Permanent Residence

1. Do you have lawful permanent residence ("green card," "mica")?

    No . . .  Go to question II.B.1.
    Yes . . .
      Documented (permanent resident).  
      Eligible for full scope Medicaid and Medicare.  
      May be subject to 5-year bar on receipt of benefits under federal programs.
B. Other Status

1. Have you been granted status in any of the following categories: asylum, withholding of deportation, or refugee?

   No . . .  Go to question II.B.2.

   Yes . . . Documented. "Qualified alien."
          Eligible for full scope Medicaid. Not subject to 5-year bar.

2. Have you been granted status in either of the following categories: parole for one year or more or conditional entry under the law in effect prior to April 1, 1980?

   No . . .  Go to question II.B.3.

   Yes . . . Documented. "Qualified alien." Eligible for full scope Medicaid; probably subject to 5-year bar on receipt of benefits under federal programs.

3. Have you or your child been battered or subjected to extreme cruelty by a United States citizen spouse/parent, or by a member of your spouse’s family, residing in the same household, with the consent or acquiescence of your spouse?

   No . . .  Go to question III.A.1.

   Yes . . . Individual may be a qualified alien if certain other requirements have been met.
            If a qualified alien, documented. Eligible for full scope Medicaid; not subject to 5-year bar.
III. POTENTIAL REMEDIES

A. Asylum

1. Are you afraid to return to your country of origin or your country of last habitual residence?
   
   No . . . Go to question III.B.1.
   Yes . . . Go to question III.A.2.

2. Are you afraid of being persecuted or have you been persecuted in your country?
   
   No . . . Go to question III.B.1.
   Yes . . . Go to question III.A.3.

3. Was the persecution based on race, religion, nationality, political opinion (including refusal to abort a child or to be sterilized), or membership in a particular social group (such as a labor union, or being a homosexual, or being HIV-positive)?
   
   No . . . Go to question III.B.1.
   Yes . . . Go to question III.A.4.

4. Did you persecute other people?
   
   No . . . Go to question III.A.5.
   Yes . . . Go to question III.B.1.
5. Have you been convicted of a very serious crime, such as murder or drug trafficking?

No . . . Go to question III.A.6.

Yes . . . Probably undocumented. Probably no immigration remedy. Eligible for emergency Medicaid only.

6. Have you already filed an application for asylum, which was denied?

No . . . Go to question III.A.7.

Yes . . . Go to question III.B.1.

7. Have you been in the United States for less than one year?

No . . . Go to question III.B.1.

Yes . . . Individual may be documented or undocumented depending on status at entry and current status. Potentially eligible for asylum but must apply within one year of date of entry into United States. If individual receives asylum, he/she will be "qualified alien" and eligible for receipt of full scope Medicaid benefits; not subject to 5-year bar.

B. Registry

1. Have you been residing in the United States continuously since before January 1, 1972?

No . . . Go to question III.C.1.

Yes . . . Go to question III.B.2.
2. Have you ever violated narcotics laws, smuggled aliens into the United States, or committed a crime?

No . . . Go to question III.B.3.
Yes . . . Go to question III.C.1.

3. Have you been convicted since 1972 of anything other than a minor traffic violation?

No . . .
Undocumented or documented depending on status at entry and current status. Potentially eligible for registry. Currently eligible for emergency Medicaid only. If receives registry, eligible for full scope Medicaid as “qualified alien;” probably subject to 5-year bar.

Yes . . . Go to question III.C.1.

C. Family Immigration

1. Do you have a United States citizen spouse, parent, child or sibling over the age of 21 who is willing and able to petition for you to immigrate?

No . . . Go to question III.C.2.

Yes . . .
Undocumented or documented depending on status at entry and since entry. Potentially eligible for permanent residence. Currently eligible for emergency Medicaid only. Classifiable as a “qualified alien” following receipt of permanent residence; probably subject to 5-year bar.
2. Do you have a spouse who is a lawfully admitted permanent resident ("green card holder") who is willing and able to petition for you to immigrate?

No . . . Go to question III.C.3.

Yes . . .
Undocumented or documented depending on status at entry and since entry. Potentially eligible for permanent residence. Currently eligible for emergency Medicaid only. Classifiable as a "qualified alien" following receipt of permanent residence; probably subject to 5-year bar.

3. Are you unmarried, with a parent who is a lawful permanent resident ("green card holder") who is willing and able to petition for you to immigrate?

No . . . Go to question III.D.1.

Yes . . .
Undocumented or documented depending on status at entry and since entry. Potentially eligible for permanent residence. Currently eligible for emergency Medicaid only. Classifiable as a "qualified alien" following receipt of permanent residence; probably subject to 5-year bar.

D. Special Immigrants--Juveniles

1. Have you been declared a dependent of a juvenile court in the United States?

No . . . Go to question III.E.1.

Yes . . . Go to question III.D.2.
2. Did the court find that you are eligible for long term care?

No . . . Go to question III.E.1.
Yes . . . Go to question III.D.3.

3. Has a court or administrative body found that it will not be in your best interest to be returned to your original country?

No . . . Go to question III.E.1.
Yes . . . Probably undocumented. Currently eligible for emergency Medicaid only. Potentially eligible for permanent residence as a special immigrant. If receives status as a permanent resident, eligible for full scope Medicaid as a "qualified alien"; may be subject to 5-year bar.

E. Employment Immigration

1. Do you have a potential employer in the United States who is willing to file a petition for you to immigrate to work for him/her?

No . . . Go to question III.F.1.
Yes . . . Go to question III.E.2.

2. Does the employer have a real job for you to fill?

No . . . Go to question III.F.1.
Yes . . . Go to question III.E.3.
3. Do you have the job skills required for the job?

No . . . Go to question III.F.1.
Yes . . . Go to question III.E.4.

4. Are there probably United States citizens or permanent residents who are qualified to do the job that the employer would offer you and who would be willing to do that job?

No . . . Undocumented or documented depending on status at entry and current status. Currently eligible for emergency Medicaid only. Potentially eligible for permanent residence. If receives permanent residence, potentially eligible for full scope Medicaid as a “qualified alien”; probably subject to 5-year bar.

Yes . . . Go to question III.F.1.

F. Cancellation of Removal for Non-Lawful Permanent Residents

1. Have you been continuously physically present in the United States for a period of at least 10 years?

No . . . Go to question III.G.1.
Yes . . . Go to question III.F.2.

2. Have you been convicted during this time for any offense other than a minor traffic violation?

No . . . Go to question III.F.3.
Yes . . . Go to question III.G.1.
3. Would your removal from the United States result in exceptional and extremely unusual hardship to your United States citizen or permanent resident spouse or child?

   No . . . Go to question III.G.1.

   Yes . . . 
   Probably undocumented. Currently eligible for emergency Medicaid only. Potentially eligible for cancellation of removal. If receives cancellation, eligible for full scope Medicaid; subject to 5-year bar.

G. Administrative Remedies (Deferred Action, Voluntary Departure)

1. Are there particularly sympathetic factors in your situation that might convince the INS to let you stay here temporarily, such as a serious illness or the serious illness of a close relative who is a United States citizen or permanent resident?

   No . . . Probably undocumented. Currently eligible for emergency Medicaid only. No obvious immigration remedy.

   Yes . . . Go to question III.G.2.

2. Have you done anything to make the United States not want you to be here, like commit a crime, or use drugs, or abuse a spouse or child?

   No . . . Probably undocumented. Currently eligible for emergency Medicaid only. Potentially eligible for administrative immigration remedy.

   Yes . . . Probably undocumented. Currently eligible for emergency Medicaid only. No obvious immigration remedy.
Appendix XII

Loue, Faust, and Bunce

26. Do you have any friends or family members who have had trouble getting health care?

27. What kinds of problems have they had?

28. Have these problems gotten better or worse since August 22, 1996?

(Prompt for possible reasons for change if they think there has been a change.)

29. Are these friends or family members immigrants or are they United States citizens?

30. How long have you been living in ____________ County?

31. In the United States?

32. Now some people who are immigrants have a "green card." Other people have other kinds of permission to be here. Do you have a green card or do you have another kind of permission?

(If person does not indicate what kind of permission, or seems unsure of permission, ask: Some people do not have any permission to be here, but they want to get permission. Or sometimes they had permission but it is not good anymore. Did this happen to you?)

33. Has the kind of permission that you have changed since August 22, 1996?

(If yes, ask how it has changed, e.g., was student, now married to US citizen.)

34. Now, the government passed new laws that talk about who can get health care and who can't. Have you heard about these laws?

SOURCE: Excerpt taken from a questionnaire used in research findings published in Loue, Faust, and Bunce. In press.
Appendix XIII

Mehta

12. Immigration status:
   __Naturalized US citizen;  __Residential status (green card);
   __Temporary (tourist) visa;  __Student visa;  __American born

13. Number of years in the U.S.:

14. Year you came to the U.S.:

15. How old were you when you left India?

16. Have you lived somewhere else besides in India or the U.S.?
   a. Where?
   b. Which years?

17. Home state in India:

18. Reason for migration (check only one):
   __educational opportunities;
   __career opportunities;
   __to accompany spouse/parents;
   __other (please state)______________________

19. What Indian languages do you speak?

20. Number of relatives in North America:
   Who are they (e.g., mother? father? brother? uncle? etc.):

21. Religious preference:
   __Hindu;  __Islam;  __Sikhism;  __Jainism;  __Zoroastrian;
   __Christian;  __Other (please state)___________

22. If applicable, what is your caste?___________
   Sub-caste?___________

*It has been suggested that skin color is one of the many factors that influences how people view others.*

23. Please rate the extent to which you feel that your skin color affects how readily Americans accept you.
   affects not at all     very much affects
   1  2  3  4  5  6

SOURCE: Excerpt taken from a questionnaire used in research findings published in Mehta, 1998.
Appendix XIV

Perilla, et al.

CUESTIONARIO
(Mujeres - Rev.4/13/97)

Caso # _________________________ Tipo _________________________
Entrevistadora: _________________________ Corte: _________________________
Fecha de la entrevista: _________________________ Lugar: _________________________

Nombre de la participante ___________________________________________

Nombre del compañero ___________________________________________

B1. Fecha de nacimiento ___________________________________________

B2. Lugar de nacimiento ___________________________________________

B3. Cuánto tiempo ha estado casada/viviendo con su pareja? ________________

B4. Cuántos niños tiene? Vivos _________________________ Fallecidos:____________________

Nombre de los niños , Edad Lugar de nacimiento
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

B5. Ellos viven con usted? Si nó, con quién viven? _________________________

B6. Cuándo fue la última vez que los vió? _________________________

B7. Quién vive en su casa? Qué relación tienen con usted? Cuántos años tienen?

B8. Usted tiene más familiares viviendo en Atlanta? Cuántos? ______ Qué tan a menudo los ve? __________


B10. Dónde creció usted? ___________________________________________

B11. Con quién vivía? ___________________________________________

B12. Su mamá tomaba bebidas alcohólicas? _________________________

B13. Ella alguna vez se emborrachaba (embriagaba)? Con qué frecuencia? __________

B14. Su papá tomaba bebidas alcohólicas? _________________________

Appendix XV

Robinson

<table>
<thead>
<tr>
<th>Name</th>
<th>Middle</th>
<th>Last Name</th>
<th>Age</th>
<th>Birthdate</th>
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<table>
<thead>
<tr>
<th>ID</th>
<th>Home Phone Number</th>
<th>Work or Other Phone Number</th>
<th>Contact Date</th>
<th>Applicant Code</th>
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<th>Name</th>
<th>Worker Number</th>
<th>Intake Date</th>
<th>Date Arrived U.S.</th>
<th>Date Arrived Minnesota</th>
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<th>Marital Status</th>
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<td>Never Married 3</td>
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<th>Ethnicity</th>
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<td>Thai</td>
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<table>
<thead>
<tr>
<th>Yearly Income</th>
<th>No. Persons Dependent on Income</th>
<th>No. Persons in Household</th>
<th>No. Children in Household</th>
</tr>
</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Lives With</th>
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<tbody>
<tr>
<td>Father</td>
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<table>
<thead>
<tr>
<th>Immigration Status</th>
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<td>Buddhist</td>
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<tr>
<th>Religion</th>
<th>Type</th>
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<tr>
<td>Christian/Protestant</td>
<td>Parolee</td>
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<tr>
<th>Time</th>
<th>Day</th>
<th>Employment</th>
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<table>
<thead>
<tr>
<th>Completed Before Coming to U.S.</th>
<th>Completed in U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check One</td>
<td>Check One</td>
</tr>
<tr>
<td>1. None</td>
<td></td>
</tr>
<tr>
<td>2. Some Elementary/Primary School</td>
<td></td>
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<tr>
<td>3. Completed Elementary School</td>
<td></td>
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<tr>
<td>(Through Grade 6)</td>
<td></td>
</tr>
<tr>
<td>4. Some Junior High/High School</td>
<td></td>
</tr>
<tr>
<td>5. Completed High School</td>
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</tr>
<tr>
<td>6. Some College/University</td>
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<table>
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<th>ESL Class?</th>
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<td>Yes</td>
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<table>
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<th>Vocational Training</th>
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<td>Yes</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Describe</th>
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</table>

<table>
<thead>
<tr>
<th>Source:</th>
<th>How Did Client Find Out About the Program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other AGENCY/PROFESSIONAL</td>
<td>Describe</td>
</tr>
<tr>
<td>Client</td>
<td>Relative</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

| Describe | Describe |

SOURCE: Excerpt taken from a questionnaire used in research findings published in Robinson, 1985.
Appendix XVI

Schilit and Nimnicht

| la letra apropiada, indique que | document do you have? |
| tipo de tarjeta o documento Ud. | (Circle the appropriate letter.) |
| tiene: | |
| I-688A | A Employment Authorization Card (I-688A) |
| I-688 | B Temporary Resident Card (I-688) |
| I-551 | C Permanent Resident Card (I-551) |
| ⚫ traje ningún documento | D I didn’t bring my papers |
| Otro: (indique) | E Other: (indicate) |

6. Indique su ciudadanía (país de origen): Indicate your original country of origin:

| Colombia | A Colombia |
| El Salvador | B El Salvador |
| Guatemala | C Guatemala |
| Haití | D Haití |
| Honduras | E Honduras |
| México | F México |
| Nicaragua | G Nicaragua |
| Otro: (Indique) | H Other: (Specify) |

7. ¿En qué año llegó Ud. a los Estados Unidos para vivir aquí? In what year did you come to live in the U.S.?

<table>
<thead>
<tr>
<th>Año</th>
<th>Year</th>
</tr>
</thead>
</table>

8. ¿Sabe Ud. que después de que obtenga la residencia temporal, tendría que hacer otra solicitud para poder obtener su residencia permanente? Did you know that after you get temporary legal residency status, you have to re-apply to get permanent residency status?

| Sí | A Yes |
| No | B No |

9. ¿Si Ud. ya ha solicitado su residencia permanente, --el "Green card"--, cuál es el estado de su solicitud? If you have already applied for permanent legal residency, -- the "Green card"--, what is the status of the application?

| Aprobada por Inmigración | A Approved by Immigration |
| Rechazada por Inmigración | B Denied by Immigration |
| Estoy esperando a saber. | C I’m still waiting to find out. |
| No la he solicitado todavía. | D I have not yet applied. |

SOURCE: Excerpt taken from a questionnaire used in research findings published in Schilit and Nimnicht, 1990.
Appendix XVII

Sherraden and Barrera

PERSONAL HISTORY, FAMILY BACKGROUND, AND IMMIGRATION HISTORY

We'd like to start by asking about where you grew up, and what your mother and father did, and about other people who were important in your life when you were a child.

Childhood community and household:

Birthplace (INCLUDE TOWN AND STATE) and place(s) were respondent lived as a child.

Born in Mexico/Puerto Rico: Type of community (RURAL, VILLAGE, SMALL TOWN, URBAN) (INDIGENOUS, MESTIZO)

Born in U.S.: Would you say that people who lived in your neighborhood were well off financially, average, poor? (NEIGHBORHOOD, ETHNICITY, ECONOMIC LEVEL)

Who did you live with throughout your childhood (HOUSEHOLD COMPOSITION?) Parents live together always?

Mother:

Birthplace.

How many children did your mother have?

Mother’s work? Paid? Does your mother still do this kind of work?

Mother’s education? Can mother read and write?

How tall is mother?

Still living? If not, how old were you when she died?

Father:

Birthplace.

Father’s work? Paid? Does your father still do this kind of work?

Father’s education? Can father read and write?

How tall is father?

Still living? If not, how old were you when she died?
(PROBE:) Do you think there is a need for other services that are for families like yours? Specify.

**What is your immigration status?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>___</td>
<td>1. U.S. Citizen</td>
</tr>
<tr>
<td>___</td>
<td>2. Green card</td>
</tr>
<tr>
<td>___</td>
<td>3. Work permit</td>
</tr>
<tr>
<td>___</td>
<td>4. Undocumented</td>
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<tr>
<td>___</td>
<td>8. Don’t know</td>
</tr>
</tbody>
</table>

**What is husband/partner’s immigration status?**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>___</td>
<td>1. U.S. Citizen</td>
</tr>
<tr>
<td>___</td>
<td>2. Green card</td>
</tr>
<tr>
<td>___</td>
<td>3. Work permit</td>
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<tr>
<td>___</td>
<td>4. Undocumented</td>
</tr>
<tr>
<td>___</td>
<td>8. Don’t know</td>
</tr>
</tbody>
</table>

**SOURCE:** Excerpt taken from a questionnaire used in research findings published in Sherraden and Barrera, 1997.
Appendix XVIII

Undocumented Workers Policy Research Project

Section I: Demographic Characteristics

First I want to ask you some questions about yourself.

1. Sex (check)
   ___ F ___ M

2. How old are you? ______

3. Where were you born? _________________________

4. Are you married?
   ___ no ___ yes

5. Is this the first time you have come to the United States?
   ___ no ___ yes

6. When you came to the U.S. --this time-- did you have papers to enter?
   ___ no
   ___ yes

   Which documents did you have? _________________________

   Are they still valid? ___ no
   ___ yes

   Do you work? ___ no
   ___ yes

7. What was the reason you came to the U.S.?

   ____________________________________________

   ____________________________________________

8. Prior to coming to the U.S., where did you live?
   In what state? _____________________________
   In what country? _____________________________

9. [SEE THE FOLLOWING PAGE]
9. Please answer the following questions for each person who lives in your house. Let's begin with you and then with each one of the people who live with you, from the oldest to the youngest. (RECORD BELOW)

Instructions

1. Fill in columns 1 through 3 simultaneously.
2. Fill in adults across.
3. Fill in children down by question.
(i.e., ask for all children)
4. Fill in column 10 after the others are complete.

<table>
<thead>
<tr>
<th>Person's relation to you?</th>
<th>Sex</th>
<th>What is this person's age?</th>
<th>Person's place of birth</th>
<th>When did he/she come to U.S.?</th>
<th>How many yrs. of school has he/she finished?</th>
<th>Is this person enrolled in school now?</th>
<th>Does this person go to private or public school?</th>
<th>Employed?</th>
<th>How many of the people in your house are undocumented?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
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<td>1. respondent</td>
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</table>

# Appendix XIX

University of Pennsylvania: Mexican Migration Project

## TABLE A

<table>
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<tr>
<th>Name</th>
<th>Sex</th>
<th>Relation to household head</th>
<th>Household Membership</th>
<th>Year of birth</th>
<th>Place of birth (Municipality and State)</th>
<th>Marital Status (a)</th>
<th>Years of education (b)</th>
<th>Current Principal Economic Activity (c)</th>
<th>Code (d)</th>
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</tbody>
</table>

Informant's Name: ____________________________  (a) Age at First Marriage or Consensual Union  (c) Guide to COMPLETED School Years  (d) Codes

(b) Current Marital Status:

4. Widowed  Academy = 12  College = 17
### TABLE B  HOUSEHOLD HEAD'S MARITAL HISTORY AND INFORMATION ABOUT DECEASED CHILDREN

<table>
<thead>
<tr>
<th>Union</th>
<th>Start Year</th>
<th>Type of union</th>
<th>End Year</th>
<th>Ending Reason</th>
<th>Children</th>
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<td>1</td>
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<td></td>
<td></td>
<td>Birth</td>
<td>Death</td>
</tr>
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<td></td>
<td></td>
<td>Birth</td>
<td>Death</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>Birth</td>
<td>Death</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>Birth</td>
<td>Death</td>
</tr>
</tbody>
</table>

(1) **Type of Union**
- 1 = Religious
- 2 = Civil
- 3 = Consensual Union
- 4 = Religious and Civil
- 9 = Unknown

(2) **Reason for the Termination of Union**
- 1 = Separation
- 2 = Divorce
- 3 = Spouse's Death
- 9 = Unknown


## TABLE C  INFORMATION ON EACH PERSON FROM TABLE A WITH MIGRANT EXPERIENCE WITHIN MEXICO

<table>
<thead>
<tr>
<th>NAME</th>
<th>No. in A</th>
<th>Year of depart.</th>
<th>Duration years &amp; months</th>
<th>Principal destination municipality &amp; State</th>
<th>Principal occupation</th>
<th>Year of depart.</th>
<th>Duration years &amp; months</th>
<th>Principal destination municipality &amp; State</th>
<th>Principal occupation</th>
<th>Hourly wage (pesos)</th>
<th>Total No. of trips</th>
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</tbody>
</table>
### TABLE D  INFORMATION ON EACH PERSON FROM TABLE A WITH MIGRANT EXPERIENCE IN THE UNITED STATES

<table>
<thead>
<tr>
<th>FIRST VISIT TO THE UNITED STATES</th>
<th>MOST RECENT TRIP TO THE UNITED STATES</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>No. in A.</td>
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<tr>
<td>Year of depart.</td>
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<tr>
<td>Duration years &amp; months</td>
<td></td>
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<tr>
<td>Documentation</td>
<td></td>
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<tr>
<td>Principal destination (City and State)</td>
<td></td>
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<tr>
<td>Principal occupation during 1st trip</td>
<td></td>
</tr>
<tr>
<td>Hourly wage (dollars)</td>
<td></td>
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<tr>
<td>Year of depart.</td>
<td></td>
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<tr>
<td>Duration years &amp; months</td>
<td></td>
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<tr>
<td>Documentation</td>
<td></td>
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<tr>
<td>Principal destination (City and State)</td>
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<tr>
<td>Principal occupation during last trip</td>
<td></td>
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<tr>
<td>Hourly wage (dollars)</td>
<td></td>
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<tr>
<td>Total No. of trips</td>
<td></td>
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</tbody>
</table>

**DOCUMENTATION**

1 = Legal Resident (Green Card)  
2 = Labor contract - Bracero  
3 = Labor contract- H2  
4 = Tourist / Local Passport  
5 = Citizen  
6 = Visa Letter  
7 = Undocumented  
8 = Refugee/Political Refugee  
9 = Unknown

**FOR THE ABOVE MENTIONED PEOPLE WHO ARE LEGAL RESIDENTS OF THE**

<table>
<thead>
<tr>
<th>No. in A.</th>
<th>Year of application</th>
<th>Year when documents were received</th>
<th>On the basis of:</th>
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</thead>
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<td></td>
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<td>1 = Spouse</td>
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<td>2 = Son/daughter</td>
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<td>3 = Father/mother</td>
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<td>4 = Sibling</td>
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<td>5 = Amnesty (Refugee)</td>
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<td></td>
<td>6 = Special Agricultural Worker(SAW)</td>
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<td>7 = Through</td>
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<td>job (not SAW)</td>
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<td>8 = Other: .............</td>
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<td>9 = Unknown</td>
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<tr>
<td>Business number</td>
<td>Description/type of business or firm</td>
<td>Year of formation (or when it began)</td>
<td>Year of sale</td>
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</table>

*** (1) mark all that apply:

1 = Savings
2 = Mortgage/bank loan
3 = Family loan
4 = Friends loan
5 = Inheritance
6 = Other: ......................................
9 = Unknown
### TABLE Fa  LABOR HISTORY OF HOUSEHOLD HEAD SINCE HE/SHE BEGAN TO WORK

<table>
<thead>
<tr>
<th>Year</th>
<th>Age</th>
<th>Place (Municipality and State)</th>
<th>Occupation (description)</th>
<th>Code</th>
<th>Duration years</th>
<th>Documents (for employees) in the U.S.)</th>
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<tbody>
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</tbody>
</table>

(1) DOCUMENTATION
1 = Legal Resident (Green Card)
2 = Labor contract - Bracero
3 = Labor contract - H2
4 = Tourist / Local Passport
5 = Citizen
6 = Silva Letter
7 = Undocumented
8 = Refugee/Political Refugee
9 = Unknown

Wage earned in last job in Mexico:
Peso: ........................................ For: ______________________
## TABLE Fb  LABOR HISTORY OF THE HOUSEHOLD HEAD'S SPOUSE SINCE HE/SHE BEGAN TO WORK

<table>
<thead>
<tr>
<th>Year</th>
<th>Age</th>
<th>Place (Municipality and State)</th>
<th>Occupation (description)</th>
<th>Code</th>
<th>Duration years</th>
<th>Documents (for employees) in the U.S.)</th>
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</table>

(1) DOCUMENTATION

1 = Legal Resident (Green Card)
2 = Labor contract - Bracero
3 = Labor contract - H2
4 = Tourist / Local Passport
5 = Citizen
6 = Silva Letter
7 = Undocumented
8 = Refugee / Political Refugee
9 = Unknown

---

Wage earned in last job in México
Pages: .................................. For:..............................
### TABLE G  U.S. MIGRATORY EXPERIENCE OF HOUSEHOLD HEAD'S FAMILY OF ORIGIN

<table>
<thead>
<tr>
<th>Relationship to household head</th>
<th>Sex</th>
<th>Year of First Trip</th>
<th>Do you have a Green Card?</th>
<th>Year of acquisition</th>
<th>Is he/she alive?</th>
<th>Living in the U.S. (City and State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
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<td>Father</td>
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<td>Sibling 1</td>
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</table>
### TABLE K  INFORMATION ON TRIALS AND SUCCESSFUL UNDOCUMENTED BORDER CROSSINGS THROUGHOUT HOUSEHOLD HEAD'S LIFE

<table>
<thead>
<tr>
<th>Year</th>
<th>Place of Border crossing (City and State in Mexico)</th>
<th>Who did you cross with? (1)</th>
<th>Did you cross with a Coyote?</th>
<th>Amount paid to coyote</th>
<th>Who paid?</th>
<th>No. of deportations</th>
<th>Did you manage to cross?</th>
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1) WHO DID YOU CROSS WITH?

1 - Alone
2 - With relatives
3 - With friends
4 - With family and friends
TABLE Ka INFORMATION ABOUT COMMUTING (daily border crossings in order to work in the United States)

Throughout your life, how many times have you had a job in the United States for which you had to cross the border everyday? (for none write 8888)

For those with commuting experience

<table>
<thead>
<tr>
<th>Year in which job started</th>
<th>Occupation</th>
<th>Code</th>
<th>Hourly wage in collars</th>
<th>Year in which you left the job</th>
<th>Year that started</th>
<th>Year that ended</th>
<th>Documentation</th>
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</table>

**DOCUMENTATION**

1 = Legal Resident (Green Card) 4 = Tourist / Local Passport 7 = Undocumented
2 = Labor contract - Bracero 5 = Citizen 8 = Refugee/Political refugee
3 = Labor contract - H2 6 = Silva Letter 9 = Unknown

Appendix XX

Urban Institute: Ku, Fix, and Enchautegui

II. IMMIGRATION STATUS

RF5. The last time [YOU/NAME] came to the US to live [WERE YOU/WAS NAME] admitted as a tourist, with a student visa or with other temporary permit?
   YES .......................... 1 (GO TO RF8)
   NO .......................... 0
   DK .......................... 9
   REFUSED .................... 8

RF6. [WERE YOU/WAS NAME] admitted as a refugee?
   YES .......................... 1 (GO TO RF8)
   NO .......................... 0
   DK .......................... 9
   REFUSED .................... 8

RF7. [WERE YOU/WAS NAME] admitted as a permanent resident?
   YES .......................... 1
   NO .......................... 0
   DK .......................... 9
   REFUSED .................... 8

RF8. [ARE YOU/IS NAME] a citizen of the United States?
   YES .......................... 1
   NO .......................... 0 (GO TO RF12)
   DK .......................... 9 (GO TO RF12)
   REFUSED .................... 8 (GO TO RF12)

RF9. Did [YOU/NAME] become a citizen of the United States through naturalization?
   YES .......................... 1 (GO TO RF11)
   NO .......................... 0
   DK .......................... 9
   REFUSED .................... 8

RF10. Were [YOU/NAME] born a citizen of the United States?
   YES .......................... 1 (GO TO BOX RESPO-F19)
   NO .......................... 0
   DK .......................... 9
   REFUSED .................... 8

RF11. When did [YOU/NAME] become a citizen?
   YEAR ........................
   [If during "1996" or later, asc] MONTH ........................
   DK .......................... 99
   REFUSED .................... 98

   GO TO BOX RESPO-F19
RF12. [ARE YOU/IS NAME] currently a permanent resident? [PROBE: [DO YOU/DOES NAME] have a green card?]
   YES ................................................ 1 (GO TO RF14)
   NO ................................................ 0 (GO TO RF17)
   DK ................................................... 9 (GO TO RF17)
   REFUSED ......................................... 8 (GO TO RF17)

RF14. [HAVE YOU/HAS NAME] applied for US citizenship?
   YES ................................................ 1
   NO ................................................ 0 (GO TO RF17)
   DK ................................................... 9 (GO TO RF17)
   REFUSED ......................................... 8 (GO TO RF17)

RF15. In what year and month did [YOU/NAME] apply for US citizenship?
   YEAR __________________________, MONTH __________________________
   DK .............................................. -99
   REFUSED ..................................... -98

RF16. What is the status of [YOUR/NAME’s] application? Is it still pending, waiting to be sworn, or was citizenship denied? (MARK ONLY ONE)
   STILL PENDING ................................................. 1
   WAITING TO BE SWORN .................................... 2
   DENIED ....................................................... 0
   OTHER (SPECIFY)
   GO TO BOX RESPO-F19

RF17. [DO YOU/DOES NAME] have a document allowing [YOU/(HIM/HER)] to remain for a limited time in the US?
   YES .............................................. 1
   NO ................................................ 0 (GO TO RF19)
   DK ................................................... 9 (GO TO RF19)
   REFUSED ......................................... 8 (GO TO RF19)

RF18. What type of document is that?
   ENTER DESCRIPTION OR NAME
   IF ANSWER TO RF18 IS “GREEN CARD” GO TO BOX RESPO-F19

RF19. [HAVE YOU/HAS NAME] applied for a green card?
   YES .............................................. 1
   NO ................................................ 0
   DK ................................................... 9
   REFUSED ......................................... 8
Nativity Questions on the Current Population Survey

The next few questions ask about each household member's country of birth.

NATVTY  In what country (were/was).......... born? (Enter Code) ________

MNTVTY  In what country was..............'s mother born? __________

FNTVTY  In what country was..............'s father born? __________

(screens with country codes not shown)

AUTOMATED SKIP PATTERN:

If NATVTY = US (1) -> END sequence for this person
If NATVTY = PR* (2) or OA* (3) -> go to INUSYR
If MNTVTY and FNTVTY = US (1), PR* (2) or OA* (3) -> go to INUSYR
ALL OTHERS -> go to CITIZN

CITIZN  (Are/Is) . . . a CITIZEN of the United States?

1. YES  -> go to CITTYPA
2. NO   -> go to INUSYR
3. DK*  -> go to INUSYR
4. R*   -> go to INUSYR

-> go to INUSYR
CITTYPA   (Were/Was) . . . born a citizen of the United States?

1. YES --> go to INUSYR
2. NO  --> go to CITTYPB
3. DK* --> go to CITTYPB
4. R*  --> go to INUSYR

CITTYPB   Did . . . become a citizen of the United States through naturalization?

1. YES --> go to INUSYR
2. NO  --> go to INUSYR
3. DK* --> go to INUSYR
4. R*  --> go to INUSYR

INUSYR    When did . . . come to live in the United States?

1. YEAR 19____
2. ______ years --> programmed exact year verification
3. DK*
4. R*

* PR= Puerto Rico; OA= Outlying Area; DK= Don't Know; R= Refused.

Source: U.S. Census Bureau
Author: Laura K. Yax (Population Division)
Last Revised: May 13, 1998 at 08:28:11 AM

Appendix XXII

Survey of Income and Program Participation

The following sequence of proposed questions, for possible inclusion in the Survey of Income and Program Participation (SIPP) would provide data on immigration status:

Q1. If not a citizen, when you moved to the U.S., what was your immigration status?
   1. immediate relative or family sponsored permanent resident
   2. employment based permanent resident
   3. other permanent resident
   4. granted refugee or asylee status, or granted withholding of deportation because of fear of persecution in your home country
   5. granted parolee status for a period of at least one year (e.g., Russians, Cubans, others)
   6. nonimmigrant (e.g., diplomatic, student, business, or tourist visa)
   7. other

   SKIP: IF 4-7 THEN GO TO Q2

Q2. Has your status been changed to permanent resident?
   1. yes
   2. no
   7. refused
   9. don’t know

Q3. What year was your status changed to permanent resident?
   Year: __________
   9997 refused
   9999 don’t know

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