**Appendix 1—Questionnaire for First Round of Cognitive Interviews (Interviewer Administered NHIS Questions)**

**OMB No. 0920-0222: Approval expires 07/31/2018**

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| The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).  Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0222). |

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The National Center for Health Statistics, part of the Centers for Disease Control and Prevention, is conducting a study and we need your help. We are interested in your health and wellness, and will be asking you a series of questions about your health history, behaviors, and opinions. This should take about 60 minutes or less to complete. Participation in this survey is completely voluntary, and you may skip any question(s) you do not want to answer and may quit the survey at any time. You will not receive any monetary reward or incentive for participating in this survey. The information being collected is for research purposes only, and will assist NCHS and CDC in their ongoing efforts to track the health of the American public. Your data will be held confidential, will be used for statistical purposes only, and will not be disclosed or released to other persons without your consent in accordance with Section 308(d) of the Public Health Service Act and the Confidential Information and Statistical Efficiency Act.

If you have any questions about this study, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #2010-19-XX [**Note: The amendment number will be inserted into the form once NCHS ERB approval has been received**]. Your call will be returned as soon as possible.

Click the “Next” button below to begin.

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| **PHSTAT** | **Question Text** | | | | | |
| Would you say [fill: your/ALIAS’s] health in general is excellent, very good, good, fair, or poor? | | | | | | |
| **Answer Categories (Select Only 1)** | | | | | | |
| Excellent | | Very good | | Good | | Fair |
| Poor | | | *<Don’t Know>* | | <*Refused*> | |
| **Question Universe** | | *All Sample Respondents* | | | | |
| **Skip Instructions** | | *GO TO FSRUNOUT* | | | | |

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| **FSRUNOUT** | **Question Text** | | | |
| I worried whether my food would run out before I got money to buy more | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Often True | | Sometimes True | Never True | *<Don’t Know>* |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,3,DK,R> GO TO FSLAST* | | |

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| **FSLAST** | **Question Text** | | | |
| The food that I bought just didn't last, and I didn't have money to get more. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Often True | | Sometimes True | Never True | *<Don’t Know>* |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,3,DK,R> GO TO FSBALANC* | | |

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| **FSBALANC** | **Question Text** | | | |
| I couldn't afford to eat balanced meals.? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Often True | | Sometimes True | Never True | *<Don’t Know>* |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,3,DK,R> GO TO FSSKIP* | | |

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| **FSSKIP** | **Question Text** | | | |
| In the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,3,DK,R> GO TO FSLESS* | | |

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| **FSLESS** | **Question Text** | | | |
| In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,3,DK,R> GO TO FSHUNGRY* | | |

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| **FSHUNGRY** | **Question Text** | | | |
| In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,3,DK,R> GO TO FSWEIGHT* | | |

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| **FSWEIGHT** | **Question Text** | | | |
| In the last 30 days, did you lose weight because there wasn't enough money for food? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,3,DK,R> GO TO FHCDV2W* | | |

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| **FHCDV2W** | **Question Text** | | | |
| During the last 2 weeks, did you see a doctor or other health care professional at a doctor's office, a clinic, an emergency room, or some other place? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1> GO TO PHCDVN2W; <2,DK,R> GO TO F10DVYR* | | |

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| **PHCDVN2W** | **Question Text** | | | |
| How many times did you visit a doctor or other health care professional during the last 2 weeks? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to FHCDV2W* | | |
| **Skip Instructions** | | *GO TO F10DVYR* | | |

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| **F10DVYR** | **Question Text** | | | |
| During the past 12 months, did you receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *GO TO FHICOV* | | |

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| **FHICOV** | **Question Text** | | | | |
| The next few questions are about health insurance, including health insurance obtained through employment, purchased directly, as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills. Are you covered by any kind of health insurance or some other kind of health care plan? | | | | | |
| **Answer Categories (Select Only 1)** | | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> | |
| **Question Universe** | | *All sample respondents* | | | |
| **Skip Instructions** | | *<1, DK,R> GO TO HIKIND; <2> GO TO WRKCOR* | | | |
| **HIKIND** | **Question Text** | | | | |
| What kinds of health insurance or health care coverage do you have? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized. You may more than one answer. | | | | | |
| **Answer Categories (Select One or More)** | | | | | |
| Private Health Insurance | | Medicare | Medi-Gap | Medicaid | |
| SCHIP (CHIP/Children's Health Insurance Program) | | Military health care (TRICARE/VA/CHAMP-VA) | Indian Health Service | State-sponsored health plan | |
| Other government program | | Single service plan (e.g., dental, vision, prescriptions) | No coverage of any type | *<Don’t Know>* | *<Refused>* |
| **Question Universe** | | *Respondents who answered <1,DK,R> to FHICOV* | | | |
| **Skip Instructions** | | *<1> GO TO PLNMGD; <2,3,4,5,6,7,8,9,10,11,DK,R> GO TO WRKCOR* | | | |

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| **PLNMGD** | **Question Text** | | | | |
| What type of private plan do you have? | | | | | |
| **Answer Categories (Select Only 1)** | | | | | |
| HMO (Health Maintenance Organization) | | IPA (Individual Practice Plan) | PPO (Preferred Provider Organization) | POS (Point of Service) | Fee-for-Service |
| Indemnity | | Some Other Kind of Plan | | *<Don’t Know>* | *<Refused>* |
| **Question Universe** | | *Respondents who answered <1> to HIKIND* | | | |
| **Skip Instructions** | | *<1,2,3,4,5,6,DK,R> GO TO MGCHMD* | | | |

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| **MGCHMD** | **Question Text** | | | |
| Under you private plan, can you choose any doctor or must you choose one from a specific group or list of doctors? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Choose Any Doctor | | Choose from a Group or List | *<Don’t Know>* | *<Refused>* |
| **Question Universe** | | *Respondents who answered <1,DK,R> to FHICOV* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO PCPREQ* | | |

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| **PCPREQ** | **Question Text** | | | |
| Does this plan require you to have a primary care doctor who approves all your care? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to HIKIND* | | |
| **Skip Instructions** | | *GO TO GO TO WRKCOR* | | |

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| **WRKCOR** | **Question Text** | | | | | |
| Which of the following were you doing last week? | | | | | | |
| **Answer Categories (Select Only 1)** | | | | | | |
| Working for pay at a job or business | | With a job or business but not at work | | Looking for work | | Working, but not for pay, at a family-owned job or business |
| Not working at a job or business and not looking for work | | | *<Don’t Know>* | | <*Refused*> | |
| **Question Universe** | | *All Sample Respondents* | | | | |
| **Skip Instructions** | | *<1,DK,R> GO TO HYPEV; <2,3,4,5> GO TO WHYNOWK2* | | | | |

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| **WHYNOWK2** | **Question Text** | | | |
| What is the main reason you did not work last week? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Taking care of house or family | | Going to school | Retired | On a planned vacation from work |
| On family or maternity leave | | Temporarily unable to work for health reasons | Have job or contract and off-season | On layoff |
| Disabled | | Other | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <2,3,4,5> to WRKCOR* | | |
| **Skip Instructions** | | *GO TO HYPEV* | | |

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| **HYPEV** | **Question Text** | | | |
| Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | <1> GO TO HYPMDEV2; <2, DK, R> *GO TO EPHEV* | | |

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| **HYPMDEV2** | **Question Text** | | | |
| Has a doctor ever proscribed any medicine for you high blood pressure? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All respondents who answered <1> to HYPEV* | | |
| **Skip Instructions** | | *GO TO HYPMED2* | | |

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| **HYPMED2** | **Question Text** | | | |
| Are you now taking any medicine prescribed by a doctor for your high blood pressure? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All respondents who answered <1> to HYPEV* | | |
| **Skip Instructions** | | *GO TO EPHEV* | | |

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| **EPHEV** | **Question Text** | | | |
| Have you ever been told by a doctor or other health professional that you had emphysema? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | |  | | |
| **Skip Instructions** | | *GO TO COPDEV* | | |

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| **COPDEV** | **Question Text** | | | |
| Have you ever been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | |  | | |
| **Skip Instructions** | | *GO TO AASMEV* | | |

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| **AASMEV** | **Question Text** | | | |
| Have you ever been told by a doctor or other health professional that you had asthma? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All Sample Respondents* | | |
| **Skip Instructions** | | *<1, DK, R> GO TO AASSTILL; <2> GO TO DIBEV* | | |

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| **AASSTILL** | **Question Text** | | | |
| Do you still have asthma? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1,DK,R> to AASMEV* | | |
| **Skip Instructions** | | *GO TO AASMYR* | | |

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| **AASMYR** | **Question Text** | | | |
| During the past 12 months have you had an episode of asthma, or an asthma attack? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1,DK,R> to AASMEV* | | |
| **Skip Instructions** | | *GO TO AASMERYR* | | |

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| **AASMERYR** | **Question Text** | | | |
| During the past 12 months have you had to visit an emergency room or urgent care center because of asthma? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1,DK,R> to AASMEV* | | |
| **Skip Instructions** | | *GO TO DIBEV* | | |

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| **DIBEV** | **Question Text** | | | | | |
| [Fill1 for female respondents: Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?]/[Fill2 for male respondents: Have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?] | | | | | | |
| **Answer Categories (Select Only 1)** | | | | | | |
| Yes | | No | | Borderline | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | | *All sample respondents* | | | |
| **Skip Instructions** | | | *<1> GO TO DIBAGE; <2,DK,R> GO TO DIBPRE1; <3> GO TO INSLN* | | | |

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| **DIBPRE1** | **Question Text** | | | |
| Have you ever been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <2,DK,R> to DIBEV* | | |
| **Skip Instructions** | | *<1> GO TO INSLN; <2,DK,R> GO TO CBRCHYR* | | |

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| **DIBAGE** | **Question Text** | | | |
| How old were you when a doctor or other health professional first told you that you had diabetes or sugar diabetes? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to DIBEV* | | |
| **Skip Instructions** | | *GO TO INSLN* | | |

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| **INSLN** | **Question Text** | | | |
| Are you now taking insulin? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to DIBEV; or answered <1> to DIBRE1* | | |
| **Skip Instructions** | | *GO TO DIBPILL* | | |

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| **DIBPILL** | **Question Text** | | | |
| Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to DIBEV; or answered <1> to DIBRE1* | | |
| **Skip Instructions** | | *GO TO CBRCHYR* | | |

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| **CBRCHYR** | **Question Text** | | | |
| Have you ever been told by a doctor or other health professional that you had chronic bronchitis? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | |  | | |
| **Skip Instructions** | | *GO TO SMKEV* | | |

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| **SMKEV** | **Question Text** | | | |
| These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All Sample Respondents* | | |
| **Skip Instructions** | | *<1> GO TO SMKNOW; <2,DK,R> GO TO SMKANY* | | |

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| **SMKNOW** | **Question Text** | | | | | |
| How often do you now smoke cigarettes? Every day, some days or not at all? | | | | | | |
| **Answer Categories (Select Only 1)** | | | | | | |
| Every Day | | Some Days | | Not At All | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | | *Respondents who answered <1> to SMKEV* | | | |
| **Skip Instructions** | | | *<1,2> GO TO CIGQTYR; <3> GO TO SMKQTNO; <DK,R> GO TO VIGNO* | | | |

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| **SMKQTNO** | **Question Text** | | | |
| How long has it been since you quit smoking cigarettes? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <3> to SMKNOW* | | |
| **Skip Instructions** | | *GO TO VIGNO* | | |

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| **CIGQTYR** | **Question Text** | | | |
| During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1,2> to SMKNOW* | | |
| **Skip Instructions** | | *GO TO VIGNO* | | |

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| **SMKANY** | **Question Text** | | | |
| Have you ever smoked a cigarette even one time? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <2,DK,R> to SMKEV* | | |
| **Skip Instructions** | | *GO TO VIGNO* | | |

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| **VIGNO** | **Question Text** | | | |
| How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heave sweating or large increases in breathing or heart rate? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE][ADD DROP DOWN FOR UNIT OF MEASUREMENT (HOUR/DAY/WEEK/MONTH/YEAR)] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *GO TO MODNO* | | |

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| **MODNO** | **Question Text** | | | |
| How often do you do light or moderate leisure time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE][ADD DROP DOWN FOR UNIT OF MEASUREMENT (HOUR/DAY/WEEK/MONTH/YEAR) | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *GO TO STRNGNO* | | |

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| **STRNGNO** | **Question Text** | | | |
| How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE][ADD DROP DOWN FOR UNIT OF MEASUREMENT (HOUR/DAY/WEEK/MONTH/YEAR) | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *GO TO ALC1YR* | | |

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| **ALC1YR** | **Question Text** | | | |
| In any one year, have you had at least 12 drinks of any type of alcoholic beverage? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1> GO TO ALC12MNO; <2,DK,R> GO TO ALCLIFE* | | |

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| **ALCLIFE** | **Question Text** | | | |
| In your entire life, have you had at least 12 drinks of any type of alcoholic beverage? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1> GO TO ALC12MNO; <2,DK,R> GO TO AHGT\_FT* | | |

|  |  |  |  |  |
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| **ALC12MNO** | **Question Text** | | | |
| In the past year, how often did you drink any type of alcoholic beverage? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to ALCLIFE* | | |
| **Skip Instructions** | | *GO TO ALCAMT* | | |

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| **ALCAMT** | **Question Text** | | | |
| On those days that you drank alcoholic beverages in the past year, , how many drinks did you have on the average? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to ALCLIFE* | | |
| **Skip Instructions** | | *GO TO ALC5UPNO* | | |

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| **ALC5UPNO** | **Question Text** | | | |
| In the past year, on how many days did you have [FILL BASED ON GENDER (MALE AND FEMALE, RESPECTIVELY): 5 or more/4 or more} drinks of any alcoholic beverage? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to ALCLIFE* | | |
| **Skip Instructions** | | *GO TO BINGE* | | |

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| **BINGE** | **Question Text** | | | |
| Considering all types of alcoholic beverages, during the past 30 days, how many times did you have [FILL BASED ON GENDER (MALE AND FEMALE, RESPECTIVELY): 5 or more/4 or more] drinks on an occasion | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *Respondents who answered <1> to ALCLIFE* | | |
| **Skip Instructions** | | *GO TO AHGT\_FT* | | |

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| **AHGT\_FT** | **Question Text** | | | |
| How tall are you without shoes? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN RESPONSE?] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All Sample Respondents* | | |
| **Skip Instructions** | | *GO TO AWGT\_LB* | | |

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| **AWGT\_LB** | **Question Text** | | | |
| How much do you weigh without shoes? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN RESPONSE?] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All Sample Respondents* | | |
| **Skip Instructions** | | *GO TO AHCDLY\_1* | | |

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| **AHCDLY\_1** | **Question Text** | | | |
| You couldn't get through on the telephone. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCDLY\_2* | | |

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| **AHCDLY\_2** | **Question Text** | | | |
| You couldn't get an appointment soon enough. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCDLY\_3* | | |

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| **AHCDLY\_3** | **Question Text** | | | |
| Once you get there, you have to wait too long to see the doctor. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCDLY\_4* | | |

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| **AHCDLY\_4** | **Question Text** | | | |
| The clinic or doctor’s office wasn't open when you could get there. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCDLY\_5* | | |

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| **AHCDLY\_5** | **Question Text** | | | |
| You didn't have transportation. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCAFY\_1* | | |

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| **AHCAFY\_1** | **Question Text** | | | |
| Prescription medicines. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCAFY\_2* | | |

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| **AHCAFY\_2** | **Question Text** | | | |
| Mental health care or counseling. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCAFY\_3* | | |

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| **AHCAFY\_3** | **Question Text** | | | |
| Dental care (including checkups). | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCAFY\_4* | | |

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| **AHCAFY\_4** | **Question Text** | | | |
| Eyeglasses. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCAFY\_5* | | |

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| **AHCAFY\_5** | **Question Text** | | | |
| To see a specialist. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,2,DK,R> GO TO AHCAFY\_6* | | |

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| **AHCAFY\_6** | **Question Text** | | | |
| Follow-up care. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *GO TO HIT1A* | | |

|  |  |  |  |  |
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| **HIT1A** | **Question Text** | | | |
| Look up health information on the Internet. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All Sample Respondents* | | |
| **Skip Instructions** | | *GO TO HIT3A* | | |

|  |  |  |  |  |
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| **HIT3A** | **Question Text** | | | |
| Schedule an appointment with a health care provider. | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All Sample Respondents* | | |
| **Skip Instructions** | | *GO TO ACISAD* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACISAD** | **Question Text** | | | |
| So sad that nothing could cheer you up? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN RESPONSE?] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All Sample Respondents* | | |
| **Skip Instructions** | | *GO TO ACINERV* | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **ACINERV** | **Question Text** | | | | | | |
| Nervous? | | | | | | | |
| **Answer Categories (Select Only 1)** | | | | | | | |
| All of the time | | Most of the time | | | Some of the time | | A little of the time |
| NONE of the time | | | | *<Don’t Know>* | | <*Refused*> | |
| **Question Universe** | | | *All Sample Respondents* | | | | |
| **Skip Instructions** | | | *GO TO ACIRSTLS* | | | | |

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| --- | --- | --- | --- | --- | --- |
| **ACIRSTLS** | **Question Text** | | | | |
| Restless or fidgety? | | | | | |
| **Answer Categories (Select Only 1)** | | | | | |
| All of the time | | Most of the time | | Some of the time | A little of the time |
| NONE of the time | | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | | *All Sample Respondents* | | |
| **Skip Instructions** | | | *GO TO ACIHOPLS* | | |

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| **ACIHOPLS** | **Question Text** | | | | |
| Hopeless? | | | | | |
| **Answer Categories (Select Only 1)** | | | | | |
| All of the time | | Most of the time | | Some of the time | A little of the time |
| NONE of the time | | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | | *All Sample Respondents* | | |
| **Skip Instructions** | | | *GO TO ACIEFFRT* | | |

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| **ACIEFFRT** | **Question Text** | | | | | | | | | |
| That everything was an effort? | | | | | | | | | | |
| **Answer Categories (Select Only 1)** | | | | | | | | | | |
| All of the time | | | Most of the time | | | | Some of the time | | A little of the time | |
| NONE of the time | | | | | | | *<Don’t Know>* | | <*Refused*> | |
| **Question Universe** | | | | | *All Sample Respondents* | | | | | |
| **Skip Instructions** | | | | | *GO TO ACIWTHLS* | | | | | |
| **ACIWTHLS** | | **Question Text** | | | | | | | | |
| Worthless? | | | | | | | | | | |
| **Answer Categories (Select Only 1)** | | | | | | | | | | |
| All of the time | | | | Most of the time | | | | Some of the time | | A little of the time |
| NONE of the time | | | | | | | | *<Don’t Know>* | | <*Refused*> |
| **Question Universe** | | | | | | *All Sample Respondents* | | | | |
| **Skip Instructions** | | | | | | *GO TO AWEBOFNO* | | | | |

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| **AWEBOFNO** | **Question Text** | | | |
| How often do you use the Internet? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| [OPEN NUMERIC RESPONSE] | | | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All Sample Respondents* | | |
| **Skip Instructions** | | *GO TO ANX\_1* | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **ANX\_1** | **Question Text** | | | | | |
| How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never? | | | | | | |
| **Answer Categories (Select Only 1)** | | | | | | |
| Daily | | Weekly | | Monthly | | A Few Times a Year |
| Never | | | *<Don’t Know>* | | <*Refused*> | |
| **Question Universe** | | *All sample respondents* | | | | |
| **Skip Instructions** | | *<1,2,3,4,DK,R> GO TO ANX\_2* | | | | |

|  |  |  |  |  |
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| **ANX\_2** | **Question Text** | | | |
| Do you take medication for these feelings? | | | | |
| **Answer Categories (Select Only 1)** | | | | |
| Yes | | No | *<Don’t Know>* | <*Refused*> |
| **Question Universe** | | *All sample respondents* | | |
| **Skip Instructions** | | *<1,DK,R> OR <1,2,3,4,DK,R> to ANX\_1 GO TO ANX\_3; <4> AND <5> to ANX\_1 END* | | |

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| **ANX\_3** | **Question Text** | | | | |
| Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between? | | | | | |
| **Answer Categories (Select Only 1)** | | | | | |
| A Little | | | A Lot | | Somewhere in Between a Little and a Lot |
| *<Don’t Know>* | | | | <*Refused*> | |
| **Question Universe** | | *Respondents who answered <1,2,3,4,DK,R> to ANX\_1 OR Respondents who answered <1,DK,R> to ANX\_2* | | | |
| **Skip Instructions** | | *<1,2,3, DK, R> END* | | | |