

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

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

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).

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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.

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

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		

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		

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		

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		

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		

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		

FSWEIGHT	Question Text		
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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		

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		

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		

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		

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	Military health care (TRICARE/VA/CHAMP-VA)	Indian Health Service	State-sponsored health plan

Program)				
Other government program	Single service plan (e.g., dental, vision, prescriptions)	No coverage of any type	<Don't Know>	<Refused>
Question Universe	<i>Respondents who answered <1,DK,R> to FHICOV</i>			
Skip Instructions	<1> GO TO PLNMGD; <2,3,4,5,6,7,8,9,10,11,DK,R> GO TO WRKCOR			

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	<i>Respondents who answered <1> to HIKIND</i>			
Skip Instructions	<1,2,3,4,5,6,DK,R> GO TO MGCHMD			

MGCHMD	Question Text			
Under your private plan, can you choose <u>any</u> doctor or <u>must</u> 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	<i>Respondents who answered <1,DK,R> to FHICOV</i>			
Skip Instructions	<1,2,DK,R> GO TO PCPREQ			

PCPREQ	Question Text			
Does this plan <u>require</u> 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	<i>Respondents who answered <1> to HIKIND</i>			
Skip Instructions	GO TO GO TO WRKCOR			

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		

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		

HYPEV	Question Text		
Have you <u>ever</u> 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		

HYPMDEV2	Question Text		
Has a doctor <u>ever</u> 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		

HYPMED2	Question Text		
Are you <u>now</u> 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		

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		

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		

AASMEV	Question Text		
Have you <u>ever</u> 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		

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		

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		

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		

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			

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			

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			

INSLN	Question Text			
Are you <u>now</u> 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			

DIBPILL	Question Text			
Are you <u>now</u> 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			

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		

SMKEV	Question Text		
These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your <u>entire life</u> ?			
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		

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			

SMKQTN O	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			

CIGQTYR	Question Text		
During the <u>past 12 months</u> , 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		

SMKANY	Question Text		
Have you ever smoked a cigarette even <u>one time</u> ?			
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		

VIGNO	Question Text		
How often do you do <u>vigorous</u> 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		

MODNO	Question Text		
How often do you do <u>light or moderate</u> 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		

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		

ALC1YR	Question Text		
In <u>any one year</u> , 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		

ALCLIFE	Question Text		
In your <u>entire life</u> , 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		

ALC12MNO	Question Text		
In the <u>past year</u> , 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		

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		

ALC5UPNO	Question Text		
In the <u>past year</u> , on how many <u>days</u> 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		

BINGE	Question Text		
Considering all types of alcoholic beverages, <u>during the past 30 days</u> , 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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

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		

AWEBOFN O	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		

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		

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		

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		