

## Attachment 2: Questions to be cognitively tested

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Please be aware that **green text** is used below to highlight those items that will be included among the split samples.

*(Note: **Assign PHSTATA to respondents in split Sample “A”. Assign PHSTATB to respondents in split Sample “B”.**)*

**PHSTATA**                      Would you say your health in general is excellent, very good, good, fair, or poor?

|    |              |
|----|--------------|
| 1  | Excellent    |
| 2  | Very good    |
| 3  | Good         |
| 4  | Fair         |
| 5  | Poor         |
| -7 | [Don't Know] |
| -9 | [Refused]    |

**PHSTATB**                      Would you say your health in general is very good, good, fair, bad, or very bad?

|    |              |
|----|--------------|
| 1  | Very good    |
| 2  | Good         |
| 3  | Fair         |
| 4  | Bad          |
| 5  | Very bad     |
| -7 | [Don't Know] |
| -9 | [Refused]    |

The next few questions are about health insurance, including health insurance obtained through employment or purchased directly, as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

**FHICOV**                      Are you covered by any kind of health insurance or some other kind of health care plan?

|    |              |
|----|--------------|
| 1  | Yes          |
| 2  | No           |
| -7 | [Don't Know] |
| -9 | [Refused]    |

*Skip: (If FHICOV=2, Skip to WRKCOR; Otherwise, continue)*

**HIKIND**                      Do you have any of the following kinds of health insurance or health care coverage? 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. *(Select all that apply)*

|    |   |
|----|---|
| 1  | Private Health Insurance                                  |
| 2  | Medicare  |
| 3  | Medi-Gap  |
| 4  | Medicaid  |
| 5  | SCHIP (CHIP/Children's Health Insurance Program)          |
| 6  | Military health care (TRICARE/VA/CHAMP-VA)                |
| 7  | Indian Health Service                                     |
| 8  | State-sponsored health plan                               |
| 9  | Other government program                                  |
| 10 | Single service plan (e.g., dental, vision, prescriptions) |
| -7 | [Don't Know]  |

-9 [Refused]

*Skip: (If HIKIND inc. 1, continue; otherwise, skip to WRKCOR)*

- PLNMGD** What type of private plan do you have?
- 1 HMO (Health Maintenance Organization)
  - 2 IPA (Individual Practice Plan)
  - 3 PPO (Preferred Provider Organization)
  - 4 POS (Point of Service)
  - 5 Fee-for-Service
  - 6 Indemnity
  - 7 Some other kind of plan
  - 7 [Don't Know]
  - 9 [Refused]

- MGCHMD** Under your private plan, can you choose any doctor or must you choose one from a specific group or list of doctors?
- 1 Choose any doctor
  - 2 Choose from a group or list
  - 7 [Don't Know]
  - 9 [Refused]

- PCPREQ** Does this plan require you to have a primary care doctor who approves all your care?
- 1 Yes
  - 2 No
  - 7 [Don't Know]
  - 9 [Refused]

- WRKCOR** Which of the following were you doing last week?
- 1 Working for pay at a job or business
  - 2 With a job or business but not at work
  - 3 Looking for work
  - 4 Working, but not for pay, at a family-owned job or business
  - 5 Not working at a job or business and not looking for work
  - 7 [Don't Know]
  - 9 [Refused]

- HYPEV** Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?
- 1 Yes
  - 2 No
  - 7 [Don't Know]
  - 9 [Refused]

*Skip: (If code 1 in HYPEV, Continue; Otherwise, Skip to NEWLUNG)*

- HYPMDEV2** Has a doctor ever prescribed any medicine for your high blood pressure?
- 1 Yes
  - 2 No
  - 7 [Don't Know]
  - 9 [Refused]

- HYPMED2** Are you now taking any medicine prescribed by a doctor for your high blood pressure?
- 1 Yes
  - 2 No
  - 7 [Don't Know]
  - 9 [Refused]

**CHLEV** Have you ever been told by a doctor or other health professional that you had high cholesterol?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

**CHLYR** During the past 12 months, have you had high cholesterol?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

**CHLMDEV2** Was any medication ever prescribed by a doctor to help lower your cholesterol?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

**CHLMDNW2** Are you now taking any medicine prescribed by a doctor to help lower your cholesterol?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

*(Note: Assign EPHEV, COPDEV, and CBRCHYR to respondents in split Sample "C")*

**EPHEV** Have you ever been told by a doctor or other health professional that you have emphysema?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

**COPDEV** Have you ever been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

*(Note: Assign NEWLUNG to respondents in split Sample "D")*

**NEWLUNG** Have you ever been told by a doctor or other medical professional that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?  
1 Yes  
2 No  
-7 Don't Know  
9 Refused

**AASMEV** Have you ever been told by a doctor or other health professional that you had asthma?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

**AASSTILL** Do you still have asthma?  
1 Yes  
2 No

-7 [Don't Know]  
-9 [Refused]

*Skip (If AASSTILL=1, continue; otherwise skip to AASMYR)*

**AASMYR** During the past 12 months have you had an episode of asthma, or an asthma attack?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

**AASMERYR** During the past 12 months have you had to visit an emergency room or urgent care center because of asthma?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

**DIBPRE1** 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?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

*Skip: (If code 1 in DIBPRE1, Skip to INSLN; Otherwise, Continue)*

**DIBEV** *(If Respondent is FEMALE, display:)* Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?  
  
*(If Respondent is MALE, display:)* Have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

*Skip: (If DIBEV=1, skip to DIBAGE; If DIBEV=3, skip to INSLN; otherwise, skip to CBRCHRY)*

**DIBAGE** How old were you when a doctor or other health professional first told you that you had diabetes or sugar diabetes?  
1 \_\_\_\_\_  
-7 [Don't Know]  
-9 [Refused]

**INSLN** Are you now taking insulin?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

**DIBPILL** Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]



**CBRCHYR** During the past 12 months, have you been told by a doctor or other health professional that you had chronic bronchitis?

1 Yes  
 2 No  
 -7 [Don't Know]  
 -9 [Refused]

*(Note: Assign CHPAIN6M, PAINLMT6, and PAIN\_4 to respondents in split Sample "E")*

**CHPAIN6M** In the past six months, how often did you have pain? Would you say...

1 Never  
 2 Some days  
 3 Most days  
 4 Every day  
 -7 [Don't Know]  
 -9 [Refused]

*Skip (If CHPAIN6M=2-4, continue; otherwise, skip to RX12M)*

**PAINLMT6** Over the past six months, how often did pain limit your life or work activities? Would you say...

1 Never  
 2 Some days  
 3 Most days  
 4 Every day  
 -7 [Don't Know]  
 -9 [Refused]

**PAIN\_4** Thinking about the last time you had pain, how much pain did you have? Would you say...

1 A little  
 2 A lot  
 3 Somewhere in between a little and a lot  
 -7 [Don't Know]  
 -9 [Refused]

*(Note: Assign PAIN\_2, PAINLMT3, and PAIN\_4 to respondents in split Sample "F")*

**PAIN\_2** In the past 3 months, how often did you have pain? Would you say...

1 Never  
 2 Some Days  
 3 Most Days  
 4 Every Day  
 -7 [Don't Know]  
 -9 [Refused]

*Skip (If PAIN\_2=2-4, continue; otherwise, skip to RX12M)*

**PAINLMT3** Over the past three months, how often did pain limit your life or work activities? Would you say...

1 Never  
 2 Some days  
 3 Most days  
 4 Every day  
 -7 [Don't Know]  
 -9 [Refused]

**PAIN\_4** Thinking about the last time you had pain, how much pain did you have? Would you say...

1 A little  
 2 A lot  
 3 Somewhere in between a little and a lot  
 -7 [Don't Know]

-9 [Refused]

**RX12M** During the past 12 months, were you prescribed medication by a doctor or other health professional?

- 1 Yes
- 2 No
- 7 [Don't Know]
- 9 [Refused]

**OPIOID1** These next questions are about the use of prescription pain relievers called opioids. When answering these questions, please do not include over-the-counter pain relievers such as aspirin, Tylenol, Advil, or Aleve.

During the past 12 months, have you taken any opioid pain relievers prescribed by a doctor or dentist? Examples include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet and Percodan.

- 1 Yes
- 2 No
- 7 [Don't Know]
- 9 [Refused]

**OPIOID2** During the past 3 months, have you taken any opioid pain relievers prescribed by a doctor or dentist?

- 1 Yes
- 2 No
- 7 [Don't Know]
- 9 [Refused]

*Skip (If OPIOID2=1, continue; otherwise skip to SMKEV)*

**OPIOID3** During the past 3 months, how often did you take a prescription opioid? Would you say some days, most days, or every day?

- 1 Some days
- 2 Most days
- 3 Every day
- 7 [Don't Know]
- 9 [Refused]

These next questions are about cigarette smoking.

**SMKEV** Have you smoked at least 100 cigarettes in your entire life?

- 1 Yes
- 2 No
- 7 [Don't Know]
- 9 [Refused]

*Skip: (If code 1 in SMKEV, Continue; Otherwise, Skip to SMKANY)*

**SMKNOW** How often do you now smoke cigarettes? Every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 [Don't Know]
- 9 [Refused]

*Skip: (If code 3 in SMKNOW, Continue; If code 1 or 2 in SMKNOW, Skip to CIGQTRY; Otherwise, Skip to MODNO)*

**SMKQTNO** How long has it been since you quit smoking cigarettes?

- 1 \_\_\_\_\_
- 7 [Don't Know]
- 9 [Refused]

*Skip: (All in SMKQTNO N/SMKQTNO F, Skip to MODNO)*

**CIGQTYR** During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?

- 1 Yes
- 2 No
- 7 [Don't Know]
- 9 [Refused]

*(Skip: All in CIGQTRY, Skip to MODNO)*

**SMKANY** Have you ever smoked a cigarette even one time?

- 1 Yes
- 2 No
- 7 [Don't Know]
- 9 [Refused]

*(Note: show ECIGEV\_AE to respondents in split sample "E"; show ECIGEV\_AF and PROBE1 to respondents in split sample "G")*

**ECIGEV\_AE** The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke. Have you ever used an e-cigarette even one time?

- 1 Yes
- 2 No
- 7 [Don't Know]
- 9 [Refused]

*(Note: show ECIGEV\_AF and PROBE1 to respondents in split sample "H")*

**ECIGEV\_AF** Have you ever used an e-cigarette even one time?

- 1 Yes
- 2 No
- 7 [Don't Know]
- 9 [Refused]

**PROBE1** When answering the previous question were you thinking of: *(select all that apply)*

- 1 Regular e-cigarette
- 2 vape pen
- 3 hookah-pen
- 4 e-hookah
- 5 e-vaporizer
- 6 regular cigarette
- 7 marijuana cigarette
- 8 cigar
- 9 Other *(please specify)*

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your leisure time.

**MODNO** 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?

- 1 \_\_\_\_\_
- 7 [Don't Know]



-9 [Refused]

*Skip: (If code 0 or BLANK in MODNO, Skip to VIGNO; Otherwise, Continue)*

**MODLNGNO** About how long do you do these light or moderate leisure-time physical activities each time?  
1 \_\_\_\_\_  
-7 [Don't Know]  
-9 [Refused]

**VIGNO** How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?  
1 \_\_\_\_\_  
-7 [Don't Know]  
-9 [Refused]

*Skip: (If code 0 or BLANK in MODNO, Skip to STRNGNO; Otherwise, Continue)*

**VIGLNGNO** About how long do you do these vigorous leisure-time physical activities each time?  
1 \_\_\_\_\_  
-7 [Don't Know]  
-9 [Refused]

**STRNGNO** How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?  
1 \_\_\_\_\_  
-7 [Don't Know]  
-9 [Refused]

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

**ALC1YR** In any one year, have you had at least 12 drinks of any type of alcoholic beverage?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

*Skip: (If code 1 in ALC1YR, Skip to ALC12MNO; Otherwise, Continue)*

**ALC5UPNO** *(If code 2 in DEMO GENDER, display:)* In the past year, on how many days did you have 4 or more drinks of any alcoholic beverage?

*(If code 1 in DEMO GENDER, display:)* In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage?

1 \_\_\_\_\_  
-7 [Don't Know]  
-9 [Refused]

**BINGE** *(If code 2 in DEMO GENDER, display:)* Considering all types of alcoholic beverages, during the past 30 days, how many times did you have 4 or more drinks on an occasion?

*(If code 1 in DEMO GENDER, display:)* Considering all types of alcoholic beverages, during the past 30 days, how many times did you have 5 or more drinks on an occasion?

1 \_\_\_\_\_  
-7 [Don't Know]  
-9 [Refused]

**ACISLEEP** On average, how many hours of sleep do you get in a 24-hour period?  
1 \_\_\_\_\_  
-7 [Don't Know]

-9 [Refused]

**ACISLPFL** In the past week, how many times did you have trouble falling asleep?

1 \_\_\_\_\_

-7 [Don't Know]

-9 [Refused]

**ACISLPST** In the past week, how many times did you have trouble staying asleep?

1 \_\_\_\_\_

-7 [Don't Know]

-9 [Refused]

**ACISLPMD** In the past week, how many times did you take medication to help you fall asleep or stay asleep?

1 \_\_\_\_\_

-7 [Don't Know]

-9 [Refused]

**ACIREST** In the past week, on how many days did you wake up feeling well rested?

1 \_\_\_\_\_

-7 [Don't Know]

-9 [Refused]

The next questions are about feelings you may have experienced over the past 30 days.

During the past 30 days, how often did you feel...

**ACISAD** So sad that nothing could cheer you up?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

-7 [Don't Know]

-9 [Refused]

**ACINERV** Nervous?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

-7 [Don't Know]

-9 [Refused]

**ACIRSTLS** Restless or fidgety?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

-7 [Don't Know]

-9 [Refused]

**ACIHOPLS** Hopeless?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

-7 [Don't Know]

-9 [Refused]

**ACIEFFRT** That everything was an effort?  
1 All of the time  
2 Most of the time  
3 Some of the time  
4 A little of the time  
5 None of the time  
-7 [Don't Know]  
-9 [Refused]

**ACIWTHLS** Worthless?  
1 All of the time  
2 Most of the time  
3 Some of the time  
4 A little of the time  
5 None of the time  
-7 [Don't Know]  
-9 [Refused]

Now I'm going to ask you some questions about your ability to do different activities, and how you've been feeling. Although some of these questions may seem similar to ones you have already answered, it is important that we ask them all.

**ANX\_1** How often do you feel worried, nervous, or anxious? Would you say...  
1 Daily  
2 Weekly  
3 Monthly  
4 A few times a year  
5 Never  
-7 [Don't Know]  
-9 [Refused]

**ANX\_2** Do you take medication for these feelings?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

*Skip: (If ANX\_1=5 AND ANX\_2=2, skip to DEP\_1; otherwise, continue)*

**ANX\_3** Thinking about the last time you felt worried, nervous, or anxious, how would you describe the level of these feelings? Would you say...  
1 A little  
2 A lot  
3 Somewhere in between a little and a lot  
-7 [Don't Know]  
-9 [Refused]

**DEP\_1** How often do you feel depressed? Would you say...  
1 Daily  
2 Weekly  
3 Monthly  
4 A few times a year  
5 Never  
-7 [Don't Know]  
-9 [Refused]

**DEP\_2** Do you take medication for depression?  
1 Yes  
2 No  
-7 [Don't Know]  
-9 [Refused]

*Skip: (If DEP\_2=1,-7,-9, continue; if DEP\_2=2, DEP\_1=5, AND CHPAIN6M=2-4,-7,-9, skip to PAIN\_2; otherwise, skip to TIRED\_1)*

**DEP\_3** Thinking about the last time you felt depressed, how depressed did you feel? Would you say...

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot
- 7 [Don't Know]
- 9 [Refused]

**TIRED\_1** In the past 3 months, how often did you feel very tired or exhausted? Would you say...

- 1 Never
- 2 Some Days
- 3 Most Days
- 4 Every Day
- 7 [Don't Know]
- 9 [Refused]

*Skip (If TIRED\_1=1, skip to NEWINJ\_1; otherwise continue)*

**TIRED\_2** Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say...

- 1 Some of the day
- 2 Most of the day
- 3 All of the day
- 7 [Don't Know]
- 9 [Refused]

**TIRED\_3** Thinking about the last time you felt this way, how would you describe the level of tiredness? Would you say...

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot
- 7 [Don't Know]
- 9 [Refused]

*(Note: assign PHQ1-PHQImp to split sample "G"; assign GAD1-GADImp to split sample "H")*

Over the last 2 weeks, how often have you been bothered by any of the following problems?

**PHQ1** Little interest or pleasure in doing things

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

**PHQ2** Feeling down, depressed, or hopeless

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

**PHQ3** Trouble falling or staying asleep, or sleeping too much

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

**PHQ4** Feeling tired or having little energy

- 1 Not at all
- 2 Several days

- 3 More than half the days  
4 Nearly every day
- PHQ5** Poor appetite or overeating  
1 Not at all  
2 Several days  
3 More than half the days  
4 Nearly every day
- PHQ6** Feeling bad about yourself — or that you are a failure or have let yourself or your family down  
1 Not at all  
2 Several days  
3 More than half the days  
4 Nearly every day
- PHQ7** Trouble concentrating on things, such as reading the newspaper or watching television  
1 Not at all  
2 Several days  
3 More than half the days  
4 Nearly every day
- PHQ8** Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual  
1 Not at all  
2 Several days  
3 More than half the days  
4 Nearly every day

*Skip: (If any of PHQ1-PHQ8 = 2,3,4, continue; otherwise skip to NEWLUNG)*

- PHQImp** How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?  
1 Not at all difficult  
2 Somewhat difficult  
3 Very difficult  
4 Extremely difficult

*(Note: assign GAD1-GADImp to split sample “H”)*

Over the last 2 weeks, how often have you been bothered by the following problems?

- GAD1** Feeling nervous, anxious or on edge  
1 Not at all  
2 Several days  
3 More than half the days  
4 Nearly every day
- GAD2** Not being able to stop or control worrying  
1 Not at all  
2 Several days  
3 More than half the days  
4 Nearly every day
- GAD3** Worrying too much about different things

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

**GAD4**

Trouble relaxing

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

**GAD5**

Being so restless that it is hard to sit still

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

**GAD6**

Becoming easily annoyed or irritable

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

**GAD7**

Feeling afraid as if something awful  
might happen

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

*Skip: (If any of GAD1-GAD7 = 2,3,4, continue; otherwise skip to NEWLUNG)*

**GADImp**

If you checked off any problems, how difficult have these problems made it for you to do your  
work, take care of things at home, or get along with other people?

- 1 Not difficult at all
- 2 Somewhat difficult
- 3 Very difficult
- 4 Extremely difficult

*(END OF QUESTIONNAIRE)*