Attachment 1: Proposed Web Questionnaire Introduction Screen and RANDS Questionnaire

Form Approved OMB No. 0920-0222 Exp. Date: 08/31/2021

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Proposed Web Questionnaire Introduction Screen

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 20 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 [42 U.S.C. 242m(d)] and the Confidential Information and Statistical Efficiency Act (Title V of PL 107-347).

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 #2016-16-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.

RANDS Questionnaire

[Please note: questions that begin with either A_ or B_ will only be administered to one half of a split sample. Questions that are greyed out are for programming purposes only, and will not be administered separately to respondents]

FORM "A"

A_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]

PROBE1 When you answered the previous question about your health, what did you think of? (*Please select all that apply.*)

- 1 Your diet and nutrition
- 2 Your exercise habits
- 3 Your smoking or drinking habits

	4			lems or condit						
	5			nes you seek l		ı care				
	6			in that you ha						
	7	Your ability	to do	daily activitie	es wi	thout assista	nce			
	8	The amount	of sle	eep you get						
	9	Something e	lse							
		o .								
A_PROBE2_1	1	How would	l vou	rate your diet	and i	nutrition?				
	1	Excellent		Very Good	3	Good	4	Fair	5	Poor
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A_PROBE2_2)	How would	l vou	rate your exe	rcise	hahits?				
I_I RODL2_2	1	Excellent		Very Good	3	Good	4	Fair	5	Poor
	_	LACCITCH	_	very dood	5	Good	7	ran	J	1 001
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A_PROBE2_3				rate your smo		_		Esia.	_	Door
	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor
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A_PROBE2_4			-	-			_	oblems or con		
	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor
	_			7.0	_					
A_PROBE2_5								healthcare yo		
	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor
A_PROBE2_0	6		l you	rate yourself	in ter	ms of pain?				
	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor
A_PROBE2_7	7	How would	l you	rate your abil	ity to	do daily act	ivities v	vithout assistai	nce?	
	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor
				J						
A_PROBE2_8	В	How would	l vou	rate the amou	nt of	sleep vou ge	et?			
	1	Excellent		Very Good	3	1 0	4	Fair	5	Poor
				, s=y = s = s	_					
A_PROBE2_9	9	How would	l vou	rate vourself	in ter	ms of how f	requentl	y you get sick	?	
I_I RODLE_	1	Excellent	-	Very Good	3	Good	4	Fair	5	Poor
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	7		1							
		[Don't Kno	w]							
	9	[Refused]								
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	Skip	: <u>(If FHICOV=</u>	=2, SI	kip to MCAID	PRB;	<u>Otherwise,</u>	<u>continu</u>	<u>e)</u>		
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HIKIND								ance or health		
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	2	Medicare								
	3	Medi-Gap								
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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) No coverage of any type 11 97 [Don't Know] 99 [Refused] Which of the following describes how you got your health insurance? (Please select all that apply.) Through a current or former employer, union, or professional association 1 2 Through one of my parent's, spouse's or other relative's current or former employers 3 Through military service (by self, parent, or spouse) 4 It's given to all people older than 65 and people under 65 with disabilities 5 It's provided by the government to people who have difficulty affording health insurance 6 Purchased directly (by self, parent, or spouse) Through <u>healthcare.gov</u> or one of the state health insurance marketplaces 7 9 Somewhere else (If Respondent AGE \geq 65, AND HIKIND \neq 3, ADMINISTER MCAREPRB; Skip: *If HIKIND==1, Skip to HDHP; Otherwise, Skip to PROBE5)* Are you now covered by any other state or government assistance program that helps pay for healthcare? Yes 1 2 No 7 Don't Know 9 [Refuse] (All in PROBE4, skip to PROBE5) Skip: Is the annual deductible for medical care for this plan less than \$1,300 or \$1,300 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-ofnetwork care, do not include those deductible amounts here. Less than \$1,300 1 2 \$1,300 or more 7 [Don't Know] 9 [Refused] Which of the following best describes a deductible? The amount you or a family member pay each month for coverage 1 2 The amount you have to pay before your insurance will start paying your bills 3 A fixed payment you make for each covered service or visit 4 The maximum amount you have to pay out-of-pocket per year for covered services

PROBE3

PROBE4

HDHP

PROBE5

7

9

Don't Know

[Refused]

PROBE6 Which of the following best describes a premium?

- 1 The amount you or a family member pay each month for coverage
- 2 The amount you have to pay before your insurance will start paying your bills
- 3 A fixed payment you make for each covered service or visit
- 4 The maximum amount you have to pay out-of-pocket per year for covered services
- 7 Don't Know
- 9 [Refused]

PROBE7

Do you have to pay a certain amount for health care before your health insurance will start paying your medical bills?

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

PROBE8

Do you or a family member have to pay a certain amount each month for health care coverage?

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

The next series of questions will ask you about certain medical conditions.

HYPEV

Have you <u>ever</u> 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]

How did you define hypertension? PROBE9 A feeling when you are stressed or overwhelmed 1 2 A medical condition when a medical professional tells you that you have chronic high blood pressure 3 A medical condition when a medical professional tells you that you have had one or two high blood pressure readings Something else 9 PROBE10 How did you find out about your blood pressure status? From a doctor or medical professional during an appointment 1 2 From a medical professional at an emergency room From a test at a free clinic or health screening event 3 4 From a home blood pressure cuff 5 From a machine at a grocery store, pharmacy, or some other type of store You have never had my blood pressure measured 6 9 Somewhere else *Skip: (If code 1 in HYPEV, Continue; Otherwise, Skip to CHLEV)* **HYPYR** During the past 12 months, have you had hypertension, also called high blood pressure? 1 Yes 2 No 7 [Don't Know] 9 [Refused] **HYPMDEV2** Was any medicine ever prescribed by a doctor for your high blood pressure? Yes 1 2 No 7 [Don't Know] 9 [Refused] Skip: (If code 1 in HYPMDEV2, Continue; Otherwise, Skip to CHLEV) Are you now taking any medicine prescribed by a doctor for your high blood pressure? **HYPMED2** 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? Yes 1 2 No 7 [Don't Know] 9 [Refused] PROBE11 How did you find out about your cholesterol status? From a doctor or medical professional during an appointment 1 2 From a medical professional at an emergency room 3 From a test at a free clinic or health screening event From a home blood test kit 4

From a test when you donated blood 5 6 You have never had your cholesterol levels tested 9 Somewhere else_ Skip: (If code 1 in CHLEV, Continue; Otherwise, Skip to A EPHEV) During the past 12 months, have you had high cholesterol? **CHLYR** Yes 1 2 No 7 [Don't Know] 9 [Refused] **CHLMDEV2** Was any medication <u>ever</u> prescribed by a doctor to help lower your cholesterol? Yes 1 2 No 7 [Don't Know] 9 [Refused] Skip: (If code 1 in CHLMDEV2, Continue; Otherwise, Skip to A_EPHEV) Are you now taking any medicine prescribed by a doctor to help lower your cholesterol? CHLMDNW2 1 Yes 2 No 7 [Don't Know] 9 [Refused] **A_EPHEV** Have you ever been told by a doctor or other health professional that you had emphysema? Yes 1 2 No 7 [Don't Know] 9 [Refused] Have you ever been told by a doctor or other health professional that you had chronic A_COPDEV obstructive pulmonary disease, also called COPD? 1 Yes 2 No [Don't Know] 9 [Refused] Have you ever been told by a doctor or other health professional that you had chronic A_CBRCHYR bronchitis? Yes 1 2 Nο 7 [Don't Know] 9 [Refused] PROBE12 How did you find out about your lung heath? From a doctor or medical professional during an appointment 1 2 From a medical professional at an emergency room Page 6 of 40

9 Somewhere else Skip: (If code 1 in A EPHEV or A COPDEV or A CBRCHYR, Continue; Otherwise, Skip to AASMEV) PROBE13 Which condition were you told you had? (*Please select all that apply.*) **COPD** 1 2 Emphysema 3 Chronic Bronchitis 4 **Bronchitis** 5 Something else -7 [Don't Know] -9 [Refused] PROBE14 Thinking about the most recent time you had symptoms of Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis, how long did the symptoms last? Less than one week 1 2 One week to less than one month 3 One month to less than three months 4 Three or more months -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] PROBE15 How did you find out about your asthma status? From a doctor or medical professional during an appointment 1 From a medical professional at an emergency room 2 3 From a test at a free clinic or health screening event From a sports coach or a fitness professional You have never been tested or told about your asthma status 6 9 Somewhere else_ Skip: (If code 1 AASMEV, Continue; Otherwise, Skip to PREDIB_A) **AASSTILL** Do you still have asthma? 1 Yes 2 No 7 [Don't Know] 9 [Refused] During the past 12 months have you had an episode of asthma, or an asthma attack? **AASMYR** Yes 1 2 No Page 7 of 40

From a test at a free clinic or health screening event You have never been tested or told about your lung health

3

4

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

AASMERYR

<u>During the past 12 months</u> 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]

PREDIB_A

Has a doctor or other health professional <u>ever</u> told you that you had prediabetes or borderline diabetes?

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

Skip: (If FEMALE, Continue; Otherwise, Skip to DIBEV A)

GESDIB_A

Has a doctor or other health professional EVER told you that you had gestational diabetes, a type of diabetes that occurs ONLY during pregnancy?

*Read if necessary: Gestational diabetes is diabetes that you did not have prior to being pregnant and goes away after you are pregnant. Pregnant women are usually screened for gestational diabetes during the 24th to 28th week of pregnancy.

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

DIBEV_A

(<u>If Respondent is FEMALE</u>): Not including prediabetes or gestational diabetes, has a doctor or other health professional <u>ever</u> told you that you had diabetes?

(<u>If Respondent is MALE</u>): Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes?

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

PROBE16

How did you find out about your blood sugar status?

- 1 From a doctor or medical professional during an appointment
- 2 From a medical professional at an emergency room
- From a test at a free clinic or health screening event
- 4 From a home blood test kit
- 5 From a test at when you donated blood
- 6 You have never had your blood sugar tested
- 9 Somewhere else____

DIBAGE_A (If Respondent is FEMALE): How old were you when a doctor or other health professional first told you that you had diabetes, not including prediabetes or gestational diabetes)? (If Respondent is MALE): How old were you when a doctor or other health professional first told you that you had diabetes, not including prediabetes diabetes? Age at which diagnosed [Don't Know] 997 999 [Refused] DIBPILL A Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents. 1 Yes 2 Nο 7 [Don't Know] 9 [Refused] DIBINS_A Insulin can be taken by shot or pump. Are you <u>now</u> taking insulin? 1 Yes 2 No 7 [Don't Know] 9 [Refused] A_CHPAIN6M In the past six months, how often did you have pain? Never 1 2 Some days 3 Most days 4 Every day 7 [Don't Know] 9 [Refused] *Skip:* (*If A CHPAIN6M=2-4, continue; otherwise, skip to RX12M*) A_PAINLMT6 Over the past six months, how often did pain limit your life or work activities? 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? A little 1 2 A lot Somewhere in between a little and a lot 3 7 [Don't Know] 9 [Refused]

PROBE17 Which of the following statements, if any, describe your pain? (Please select all that apply.) It is constantly present 1 2 Sometimes I'm in a lot of pain and sometimes it's not so bad 3 Sometimes it is unbearable and excruciating When I get my mind on other things, I'm not aware of the pain 4 5 Medication can take my pain away completely 6 My pain is because of my work 7 My pain is because of exercise 8 My pain is minor and infrequent Somewhere else 9 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] Skip: (If OPIOID1=1, continue; otherwise skip to PROBE18) 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 PROBE18*)

OPIOID3		During the past 3 months, how often did you take a prescription opioid?
	1	Some days
	2	Most days
	3	Every day
	7	[Don't Know]
	9	[Refused]

PROBE18 Which of the following pain relievers have you used in the past year? (*Select all that apply*)

- 1 Hydrocodone
- 2 Vicodin
- 3 Norco

- 4 Lortab
- 5 Oxycodone
- 6 OxyContin
- 7 Percocet
- 8 Percodan
- 9 Aspin
- Tylenol or Acetaminophen
- 11 Advil or Ibuprofen
- 12 Alieve or Naproxen
- 13 Something else____

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 A ECIGEV A)

SMKNOW

Do you <u>now</u> 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 CIGQTYR; Otherwise, Skip to A ECIGEV A)

SMKQTNO

How long has it been since you quit smoking cigarettes?

- 1 (OPEN: 1-120) (enter time period in SMKQTTP below)
- 7 [Don't Know]
- 9 [Refused]

SMKOTTP

* Enter time period for time since guit smoking.

- 1 Day(s)
- 2 Week(s)
- 3 *Month(s)*
- 4 Year(s)
- 7 [Don't Know]
- 9 [Refused]

Skip: (All in SMKQTTP, Skip to A ECIGEV A)

CIGQTYR

During the <u>past 12 months</u>, have you stopped smoking for more than one day <u>because you</u> were trying to quit smoking?

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

A ECIGEV A

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 <u>ever</u> used an e-cigarette <u>even one</u> time?

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

PROBE19

What counts as an e-cigarette? (*select all that apply*)

- 1 A vape with cannabis, THC, or CBD oil
- 2 A vape with nicotine or other flavored oil
- 3 A hookah-pen or e-hookah
- 4 An e-vaporizer
- 5 A tobacco cigarette or cigar
- 7 A marijuana cigarette
- 8 Other___

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 <u>light or moderate</u> leisure time physical activities for <u>at least 10 minutes</u> that cause <u>only light</u> sweating or a <u>slight to moderate</u> increase in breathing or heart rate?

*If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

Number of times (enter time period in MODTP below)

996 [Unable to do this type of activity]

997 [Don't Know]

999 [Refused]

MODTP

- * Enter time period for light or moderate leisure-time physical activities
- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 6 [*Unable to do this activity*]
- 7 [Don't Know]
- 9 [Refused]

Skip: (If code 1 - 4 in MODTP, Continue; Otherwise, Skip to VIGNO)

MODLNGNO

About how long do you do these light or moderate leisure-time physical activities each

time?

Number of minutes/hours (enter time period in MODLNGTP below)

997 [Don't Know]

999 [Refused]

MODLNGTP	1 2 7 9	* Enter time period for length of light or moderate leisure-time physical activities. Minutes Hours [Don't Know] [Refused]
PROBE20	1 2 3 4 5 6 7 8 9 11 -7 -9	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.) Running Jogging Walking or hiking for exercise Walking to or from an activity Walking at work Working out with exercise equipment Cycling, swimming, or other aerobic exercises Yoga or stretching Playing sports Other [Don't Know] [Refused]
VIGNO	996 997 999	How often do you do <u>vigorous</u> leisure-time physical activities for <u>at least 10 minutes</u> that cause <u>heavy</u> sweating or <u>large</u> increases in breathing or heart rate? *Read if necessary: How many times per day, per week, per month, or per year do you do these activities? Number of times (enter time period in VIGTP below) [Unable to do this type of activity] [Don't Know] [Refused]
VIGTP	0 1 2 3 4 6 7 9	* Enter time period for vigorous leisure-time physical activities Never Per day Per week Per month Per year [Unable to do this activity] [Don't Know] [Refused] (If code 1 - 4 in VIGTP, Continue; Otherwise, Skip to STRNGNO)
VIGLNGNO		About how long do you do these vigorous leisure-time physical activities each time?
	997 999	Number of minutes/hours (enter time period in VIGLNGTP below) [Don't Know] [Refused]
VIGLNGTP	1	* Enter time period for length of vigorous leisure-time physical activities. Minutes

Hours

9 [Refused] PROBE21 Which of the following types of physical activity, if any, did you include when you answered the previous question? (*Please select all that apply.*) 1 Running 2 Jogging 3 Walking or hiking for exercise 4 Walking to or from an activity 5 Walking at work 6 Working out with exercise equipment 7 Cycling, swimming, or other aerobic exercises 8 Yoga or stretching 9 Playing sports Other 11 [Don't Know] -7 -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? (Include all such activities even if you have mentioned them before.) *Read if necessary: How many times per day, per week, per month, or per year do you do these activities? Number of times (enter time period in STRNGTP below) [Unable to do this type of activity] 996 997 [Don't Know] 999 [Refused] * Enter time period for strengthening activities **STRNGTP** 0 Never Per day 1 2 Per week 3 Per month 4 Per year 6 [Unable to do this activity] 7 [Don't Know] 9 [Refused] PROBE22 In the last week, did you do any of the following things for 20 or more minutes at once? (Please select all that apply.) Running 1 2 Jogging 3 Walking outside of work 4 Lifting or carrying heavy objects outside of work 6 Working out with exercise equipment 7 Cycling, swimming, or other aerobic exercises 8 Yoga or stretching 9 Playing sports 10 Yardwork or cleaning your home [Don't Know] -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, Continue; Otherwise, skip to PROBE23)

ALC5UPNO

(<u>If gender is FEMALE</u>): In the <u>past year</u>, on how many <u>days</u> did you have 4 or more drinks of any alcoholic beverage?

(If gender is MALE): In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage?

* Read if necessary: How many days per week, per month or per year did you have [4 or more/ 5 or more] drinks in a single day?

_ Number of days

(enter time period in ALC5UPTP below)

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

ALC5UPTP

- * Enter time period for days per week, per month or per year.
- 0 Never / None
- 1 Per week
- 2 Per month
- 3 Per year
- 7 [Don't Know]
- 9 [Refused]

Skip: (If code 0 in ALC5UPTP, Skip to PROBE23; Otherwise, Continue)

BINGE1

(*If gender is FEMALE*): Considering all types of alcoholic beverages, <u>during the past 30 days</u>, how many times did you have 4 or more drinks on an occasion?

(*If gender is MALE*): Considering all types of alcoholic beverages, <u>during the past 30</u> days, how many times did you have 5 or more drinks on an occasion?

____ Number of times

- 97 [Don't Know]
- 99 [Refused]

PROBE23

In the last 30 days, what is the largest number of drinks you have consumed in a single day?

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

PROBE24

When answering the previous questions, what did you count as a drink? (Please select all

	1 2 3 4 5 -7 -9	that apply.) A can or bottle of beer or malt liquor A glass of wine or shot of liquor A bottle of wine or liquor A drink you purchased from a restaurant or bar A drink you made or poured for yourself [Don't Know] [Refused]
ACISLEEP		On average, how many hours of sleep do you get in a 24-hour period? Number of hours
	97 99	[Don't Know] [Refused]
ACISLPFL	0 1 2 3 4 5 6 7 97	In the past week, how many times did you have trouble falling asleep? Did not have trouble falling asleep in the past week 1 time 2 times 3 times 4 times 5 times 6 times 7 or more times [Don't Know] [Refused]
ACISLPST	0 1 2 3 4 5 6 7 97	In the past week, how many times did you have trouble staying asleep? Did not have trouble staying asleep in the past week 1 time 2 times 3 times 4 times 5 times 6 times 7 or more times [Don't Know] [Refused]
ACISLPMD	0 1 2 3 4 5 6 7 97	In the past week, how many times did you take medication to help you fall asleep or stay asleep? Did not take medication to help sleep in the past week 1 time 2 times 3 times 4 times 5 times 6 times 7 or more times [Don't Know] [Refused]

ACIREST In the past week, on how many days did you wake up feeling well rested? 0 Never felt rested in the past week 1 1 day 2 2 days 3 3 days 4 4 days 5 5 days 6 6 days 7 7 days 97 [Don't Know] [Refused] 99 PROBE25 In the past week, what time did you typically go to sleep? [OPEN (hh:mm AM/PM)] 1 [Don't Know] -7 -9 [Refused] PROBE26 In the past week, what time did you typically wake up? [OPEN (hh:mm AM/PM)] 1 -7 [Don't Know] -9 [Refused] In the past week, did you take any naps? PROBE27 1 Yes 2 No [Don't Know] -7 -9 [Refused] *Skip*: (If PROBE27==1, continue; otherwise skip to ACISAD) PROBE28 In the past week, how long was your typical nap? [OPEN (hours minutes)] 1 -7 [Don't Know] -9 [Refused] During the past 30 days, how often did you feel... ACISAD So sad that nothing could cheer you up? All of the time 1 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] *Skip*: (If ACISAD=1:4, continue; otherwise skip to ACINERV) Which of the following statements, if any describe your feelings of being so sad that PROBE29

nothing could cheer you up? (Please select all that apply.)

- 1 Sometimes the feelings can be so intense that I cannot get out of bed.
- The feelings sometimes interfere with my life, and I wish that I did not have them.
- 3 I get over the feelings quickly
- 5 Feeling that way is normal, and everyone feels that way sometimes
- 6 I have been told by a medical professional that I have depression
- 9 Somewhere else

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]

Skip: (If ACINERV=1:4, continue; otherwise skip to ACIRSTLS)

PROBE30

Which of the following statements, if any describe your feelings of being nervous or anxious? (*Please select all that apply.*)

- Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.
- These are positive feelings that help me to accomplish goals and be productive.
- 3 The feelings sometimes interfere with my life, and I wish that I did not have them.
- 4 Feeling that way is normal, and everyone feels that way sometimes
- 5 I have been told by a medical professional that I have anxiety.
- 6 Something else

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

	7 9	[Don't Know] [Refused]
PROBE31		Would you consider everything being an effort a good thing or a bad thing?
	1	Good thing
	2	Bad thing
	3	Neither good nor bad
	6	Something else
	Skip: ((If ACIEFFRT=1:4, continue; otherwise skip to ACIWTHLS)
PROBE32		How concerned are you about feeling as if everything is an effort?
	1	Very concerned
	2	Somewhat concerned
	3	A little concerned
	4	Not at all concerned
ACIWTHLS		Worthless?
	1	All of the time
	2	Most of the time
	3	Some of the time
	4	A little of the time
	5 7	None of the time
	9	[Don't Know] [Refused]
	3	[Refuseu]
TIRED_1		In the past 3 months, how often did you feel very tired or exhausted?
	1	Never
	2	Some Days
	3	Most Days
	4 7	Every Day [Don't Know]
	9	[Refused]
	Skip (If TIRED_1=1, skip to A_PHQ1; otherwise continue)
TIRED_2		Thinking about the last time you felt very tired or exhausted, how long did it last?
	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?
	1	A little
	2	A lot
	3	Somewhere in between a little and a lot
	7	[Don't Know]
	9	[Refused]
		Page 19 of 40

5

None of the time

A_PHQ1	1 2 3 4 7 9	Little interest or pleasure in doing things Not at all Several days More than half the days Nearly every day [Don't Know] [Refused]
A_PHQ2	1 2 3 4 7 9	Feeling down, depressed, or hopeless Not at all Several days More than half the days Nearly every day [Don't Know] [Refused]
A_PHQ3	1 2 3 4 7 9	Trouble falling or staying asleep, or sleeping too much Not at all Several days More than half the days Nearly every day [Don't Know] [Refused]
A_PHQ4	1 2 3 4 7 9	Feeling tired or having little energy Not at all Several days More than half the days Nearly every day [Don't Know] [Refused]
A_PHQ5	1 2 3 4 7 9	Poor appetite or overeating Not at all Several days More than half the days Nearly every day [Don't Know] [Refused]
A_PHQ6	1 2 3 4 7 9	Feeling bad about yourself — or that you are a failure or have let yourself or your family down Not at all Several days More than half the days Nearly every day [Don't Know] [Refused]

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

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

Skip: (If any of A PHQ1 – A PHQ8 = 2,3,4, continue; otherwise END SURVEY)

A_PHQImp

We just talked about problems you have been bothered by over the past 2 weeks. Altogether, 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
- 7 [Don't Know]
- 9 [Refused]

A_PROBE33

Which of the following statements, if any describe your feelings of being sad or depressed?

- 1 Sometimes the feelings can be so intense that I cannot get out of bed.
- The feelings sometimes interfere with my life, and I wish that I did not have them.
- 3 I get over the feelings quickly
- 5 Feeling that way is normal, and everyone feels that way sometimes
- 6 I have been told by a medical professional that I have depression
- 9 Somewhere else____

FORM "B"

(Please select all that apply.) 1 Your diet and nutrition 2 Your exercise habits 3 Your smoking or drinking habits 4 Your health problems or conditions 5 The amount of times you seek health care 6 The amount of pain that you have 7 Your ability to do daily activities without assistance 8 The amount of sleep you get 9 Something else B_PROBE2_1 Please rate your agreement with the following statements: I have a healthy diet 1 Strongly Agree 2 Somewhat Disagree 3 Somewhat Disagree 4 Strongly Disagree B_PROBE2_2 Please rate your agreement with the following statements: I get enough exercise 1 Strongly Agree 2 Somewhat Disagree 3 Somewhat Disagree 4 Strongly Disagree B_PROBE2_3 Please rate your agreement with the following statements: I drink more than I should 1 Strongly Agree 2 Somewhat Disagree 3 Somewhat Disagree 4 Strongly Disagree B_PROBE2_4 Please rate your agreement with the following statements: I smoke more than I should 1 Strongly Agree 2 Somewhat Disagree 4 Strongly Disagree B_PROBE2_4 Please rate your agreement with the following statements: I smoke more than I should 1 Strongly Agree 3 Somewhat Disagree 4 Strongly Disagree B_PROBE2_4 Please rate your agreement with the following statements: I smoke more than I should 5 Strongly Agree 5 Somewhat Disagree 6 Somewhat Disagree 7 Somewhat Disagree 8 Somewhat Disagree 9 Somewhat Disagree	B_PHSTATB	Would you say your health in general is very good, good, fair, bad, or very bad?
FROBE1 Fair Bad Very bad Don't Knowl Refused] PROBE1 When you answered the previous question about your health, what did you think of? (Please select all that apply.) Your diet and nutrition Your exercise habits Your health problems or conditions To amount of fires you seek health care The amount of pain that you have Your ability to do daily activities without assistance The amount of sleep you get Something else Please rate your agreement with the following statements: I have a healthy diet Strongly Agree Somewhat Disagree B_PROBE2_1 Please rate your agreement with the following statements: I get enough exercise Strongly Agree Somewhat Disagree B_PROBE2_2 Please rate your agreement with the following statements: I drink more than I should Strongly Disagree B_PROBE2_3 Please rate your agreement with the following statements: I drink more than I should Strongly Agree Somewhat Disagree B_PROBE2_4 Please rate your agreement with the following statements: I smoke more than I should Strongly Disagree B_PROBE2_5 Please rate your agreement with the following statements: I smoke more than I should Strongly Disagree B_PROBE2_5 Please rate your agreement with the following statements: I smoke more than I should Strongly Disagree B_PROBE2_5 Please rate your agreement with the following statements: I smoke more than I should Strongly Disagree B_PROBE2_5 Please rate your agreement with the following statements: I'm satisfied with my sleep Somewhat Disagree B_PROBE2_5 Please rate your agreement with the following statements: I'm satisfied with my sleep Somewhat Disagree Somewhat Disagree Somewhat Disagree Somewhat Disagree Somewhat Disagree Somewhat Disagree		Very good
## Bad 5	2	Good
Second Problems Second Pro	3	Fair
PROBE1 When you answered the previous question about your health, what did you think of? (Please select all that apply.) 1 Vour diet and nutrition 2 Vour exercise habits 3 Vour smoking or drinking habits 4 Vour health problems or conditions 5 The amount of times you seek health care 6 The amount of times you seek health care 7 Vour ability to do daily activities without assistance 8 The amount of sleep you get 9 Something else	4	Bad
PROBE1 When you answered the previous question about your health, what did you think of? (Please select all that apply.) Your diet and nutrition Your exercise habits Your health problems or conditions The amount of pain that you have Your ability to do aduly activities without assistance The amount of sleep you get Something else	5	Very bad
PROBE1 When you answered the previous question about your health, what did you think of? (Please select all that apply.) 1 Your diet and nutrition 2 Your exercise habits 3 Your smoking or drinking habits 4 Your health problems or conditions 5 The amount of times you seek health care 6 The amount of times you seek health care 7 Your ability to do daily activities without assistance 8 The amount of sleep you get 9 Something else	7	[Don't Know]
(Please select all that apply.) Your diet and nutrition 2 Your smoking or drinking habits 3 Your smoking or drinking habits 4 Your health problems or conditions 5 The amount of pain that you have 7 Your ability to do daily activities without assistance 8 The amount of sleep you get 9 Something else	9	[Refused]
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2 Vour exercise habits 3 Your smoking or drinking habits 4 Your health problems or conditions 5 The amount of times you seek health care 6 The amount of pain that you have 7 Your ability to do daily activities without assistance 8 The amount of sleep you get 9 Something else		(Please select all that apply.)
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4	2	Your exercise habits
5 The amount of times you seek health care 6 The amount of pain that you have 7 Your ability to do daily activities without assistance 8 The amount of sleep you get 9 Something else	3	Your smoking or drinking habits
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4 Strongly Disagree		
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	4	• • •

B_PROBE2_6	Please rate your agreement with the following statements: I don't have any
	major health problems or medical conditions
1	Strongly Agree
2	Somewhat Agree
3	Somewhat Disagree
4	Strongly Disagree
B_PROBE2_7	Please rate your agreement with the following statements: I frequently experience pain
1	Strongly Agree
2	Somewhat Agree
3	Somewhat Disagree
4	Strongly Disagree
B_PROBE2_8	Please rate your agreement with the following statements: I'm able to perform my daily activities independently
1	Strongly Agree
	Somewhat Agree
2 3	Somewhat Disagree
4	Strongly Disagree
B_PROBE2_9	Please rate your agreement with the following statements: I get sick more often than other people
1	Strongly Agree
2	Somewhat Agree
3	Somewhat Disagree
4	Strongly Disagree
•	

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 MCAIDPRB; 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) Indian Health Service 7 State-sponsored health plan 8 9 Other government program Single service plan (e.g., dental, vision, prescriptions) 10 No coverage of any type 11

	97 99	[Don't Know] [Refused]
PROBE3	1 2 3 4 5 6 7 9	Which of the following describes how you got your health insurance? (Please select all that apply.) Through a current or former employer, union, or professional association Through one of my parent's, spouse's or other relative's current or former employers Through military service (by self, parent, or spouse) It's given to all people older than 65 and people under 65 with disabilities It's provided by the government to people who have difficulty affording health insurance Purchased directly (by self, parent, or spouse) Through healthcare.gov or one of the state health insurance marketplaces Somewhere else (If Respondent $AGE \ge 65$, $AND HIKIND \ne 3$, $ADMINISTER MCAREPRB$; $If HIKIND = 1$, $Skip to HDHP$; $Otherwise$, $Skip to PROBE5$)
PROBE4	1 2 7 9	Are you now covered by any other state or government assistance program that helps pay for healthcare? Yes No Don't Know [Refuse]
	Skip:	(All in PROBE4, skip to PROBE5)
НДНР	1 2 7 9	Is the annual deductible for medical care for this plan less than \$1,300 or \$1,300 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here. Less than \$1,300 standard or more [Don't Know] [Refused]
PROBE5	1 2 3 4 7 9	Which of the following best describes a deductible? The amount you or a family member pay each month for coverage The amount you have to pay before your insurance will start paying your bills A fixed payment you make for each covered service or visit The maximum amount you have to pay out-of-pocket per year for covered services Don't Know [Refused]
PROBE6	1 2 3 4 7 9	Which of the following best describes a premium? The amount you or a family member pay each month for coverage The amount you have to pay before your insurance will start paying your bills A fixed payment you make for each covered service or visit The maximum amount you have to pay out-of-pocket per year for covered services Don't Know [Refused]

PROBE7 Do you have to pay a certain amount for health care before your health insurance will start paying your medical bills? Yes 1 2 No 7 Don't Know 9 [Refused] PROBE8 Do you or a family member have to pay a certain amount each month for health care coverage? 1 Yes 2 No 7 Don't Know 9 [Refused] The next series of questions will ask you about certain medical conditions. **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] PROBE9 How did you define hypertension? A feeling when you are stressed or overwhelmed 1 2 A medical condition when a medical professional tells you that you have chronic high blood pressure 3 A medical condition when a medical professional tells you that you have had one or two high blood pressure readings 9 Something else_ How did you find out about your blood pressure status? PROBE10 1 From a doctor or medical professional during an appointment From a medical professional at an emergency room 2 3 From a test at a free clinic or health screening event 4 From a home blood pressure cuff From a machine at a grocery store, pharmacy, or some other type of store 5 6 You have never had your blood pressure measured 9 Somewhere else_ *Skip:* (*If code 1 in HYPEV, Continue; Otherwise, Skip to CHLEV*) **HYPYR** During the past 12 months, have you had hypertension, also called high blood pressure? Yes 1 2 No [Don't Know] [Refused] **HYPMDEV2** Was any medicine ever prescribed by a doctor for your high blood pressure? Yes 1 2 No [Don't Know] 7 9 [Refused]

Skip: (If code 1 in HYPMDEV2, Continue; Otherwise, Skip to CHLEV)

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? Yes 1 2 No 7 [Don't Know] 9 [Refused] How did you find out about your cholesterol status? PROBE11 From a doctor or medical professional during an appointment 1 2 From a medical professional at an emergency room From a test at a free clinic or health screening event 3 4 From a home blood test kit 5 From a test at when you donated blood You have never had your cholesterol levels tested 6 Somewhere else Skip: (If code 1 in CHLEV, Continue; Otherwise, Skip to NEWLUNG) **CHLYR** During the past 12 months, have you had high cholesterol? 1 Yes 2 No 7 [Don't Know] [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] Skip: (If code 1 in CHLMDEV2, Continue; Otherwise, Skip to NEWLUNG) CHLMDNW2 Are you <u>now</u> taking any medicine prescribed by a doctor to help lower your cholesterol? Yes 1 2 No 7 [Don't Know] 9 [Refused] **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]
PROBE12	1 2 3 4 9	How did you find out about your lung heath? From a doctor or medical professional during an appointment From a medical professional at an emergency room From a test at a free clinic or health screening event You have never been tested or told about your lung health Somewhere else
	Skip:	(If code 1 in NEWLUNG, Continue; Otherwise, Skip to AASMEV)
PROBE13	1 2 3 4 5 -7	Which condition were you told you had? (Please select all that apply.) COPD Emphysema Chronic Bronchitis Bronchitis Something else [Don't Know] [Refused]
PROBE14	1 2 3 4 -7 -9	Thinking about the most recent time you had symptoms of Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis, how long did the symptoms last? Less than one week One week to less than one month One month to less than three months Three or more months [Don't Know] [Refused]
AASMEV		Have you <u>ever</u> been told by a doctor or other health professional that you had
	1 2 7 9	asthma? Yes No [Don't Know] [Refused]
PROBE15		How did you find out about your asthma status?
	1 2 3 4 6 9	From a doctor or medical professional during an appointment From a medical professional at an emergency room From a test at a free clinic or health screening event From a sports coach or a fitness professional You have never been tested or told about your asthma status Somewhere else **(If code 1 AASMEV, Continue; Otherwise, Skip to PREDIB A)
AASSTILL		Do you still have asthma?
THOUTHE	1 2 7 9	Yes No [Don't Know] [Refused]
AASMYR	1	<u>During the past 12 months</u> have you had an episode of asthma, or an asthma attack? Yes
		Page 27 of 40

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

AASMERYR

<u>During the past 12 months</u> 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]

PREDIB_A

Has a doctor or other health professional <u>ever</u> told you that you had prediabetes or borderline diabetes?

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

Skip: (If FEMALE, Continue; Otherwise, Skip to DIBEV_A)

GESDIB_A

Has a doctor or other health professional EVER told you that you had gestational diabetes, a type of diabetes that occurs ONLY during pregnancy?

*Read if necessary: Gestational diabetes is diabetes that you did not have prior to being pregnant and goes away after you are pregnant. Pregnant women are usually screened for gestational diabetes during the 24th to 28th week of pregnancy.

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

DIBEV_A

(<u>If Respondent is FEMALE</u>): Not including prediabetes or gestational diabetes, has a doctor or other health professional <u>ever</u> told you that you had diabetes?

(<u>If Respondent is MALE</u>): Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes?

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

PROBE16

How did you find out about your blood sugar status?

- 1 From a doctor or medical professional during an appointment
- 2 From a medical professional at an emergency room
- From a test at a free clinic or health screening event
- 4 From a home blood test kit
- 5 From a test at when you donated blood
- 6 You have never had your blood sugar tested
- 9 Somewhere else

Skip: (*If DIBEV A=1, continue; otherwise, skip to B PAIN 2*)

DIBAGE_A

(If Respondent is FEMALE): How old were you when a doctor or other health

diabetes)? (If Respondent is MALE): How old were you when a doctor or other health professional first told you that you had diabetes, not including prediabetes diabetes? Age at which diagnosed 997 [Don't Know] [Refused] 999 DIBPILL_A Are you <u>now</u> 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] **DIBINS_A** Insulin can be taken by shot or pump. Are you <u>now</u> taking insulin? 1 Yes 2 No 7 [Don't Know] 9 [Refused] **B_PAIN_2** In the past 3 months, how often did you have pain? 1 Never 2 Some Days 3 Most Davs 4 **Every Day** 7 [Don't Know] 9 [Refused] *Skip:* (*If B PAIN 2=2-4, continue; otherwise, skip to RX12M*) Over the past three months, how often did pain limit your life or work activities? **B_PAINLMT3** 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? 1 A little 2 A lot 3 Somewhere in between a little and a lot 7 [Don't Know] 9 [Refused] PROBE17 Which of the following statements, if any, describe your pain? (Please select all that apply.) It is constantly present 1 Sometimes I'm in a lot of pain and sometimes it's not so bad 2 3 Sometimes it is unbearable and excruciating When I get my mind on other things, I'm not aware of the pain 4

Medication can take my pain away completely

5

professional <u>first</u> told you that you had diabetes, not including prediabetes or gestational

- 6 My pain is because of my work
- 7 My pain is because of exercise
- 8 My pain is minor and infrequent
- 9 Somewhere else____

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]

Skip: (*If OPIOID1=1, continue; otherwise skip to PROBE18*)

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 PROBE18*)

OPIOID3

During the past 3 months, how often did you take a prescription opioid?

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

PROBE18

Which of the following pain relievers have you used in the past year? (*Select all that apply*)

- 1 Hydrocodone
- 2 Vicodin
- 3 Norco
- 4 Lortab
- 5 Oxycodone
- 6 OxyContin
- 7 Percocet
- 8 Percodan
- 9 Aspin
- 10 Tylenol or Acetaminophen
- 11 Advil or Ibuprofen

	12 13	Alieve or Naproxen Something else
These next qu	estions	are about cigarette smoking.
SMKEV	1 2 7 9	Have you smoked at least 100 cigarettes in your entire life? Yes No [Don't Know] [Refused]
	Ѕкір:	(If code 1 in SMKEV, Continue; Otherwise, Skip to B ECIGEV A)
SMKNOW	1 2 3 7 9	Do you now smoke cigarettes every day, some days, or not at all? Every day Some days Not at all [Don't Know] [Refused]
	_	(If code 3 in SMKNOW, Continue; If code 1 or 2 in SMKNOW, Skip to CIGQTYR; Otherwise, Skip ECIGEV A)
SMKQTNO	1 7 9	How long has it been since you quit smoking cigarettes? (OPEN: 1-120) (enter time period in SMKQTTP below) [Don't Know] [Refused]
SMKQTTP	1 2 3 4 7 9	* Enter time period for time since quit smoking. Day(s) Week(s) Month(s) Year(s) [Don't Know] [Refused]
	Skip:	(All in SMKQTTP, Skip to B_ECIGEV_A)
CIGQTYR	1 2 7 9	During the <u>past 12 months</u> , have you stopped smoking for more than one day because you were trying to quit smoking? Yes No [Don't Know] [Refused]
B_ECIGEV_	A	Have you ever used an e-cigarette <u>even one time</u> ?
	1 2 7 9	Yes No [Don't Know] [Refused]
PROBE19	1 2 3	What counts as an e-cigarette? (<i>select all that apply</i>) A vape with cannabis, THC, or CBD oil A vape with nicotine or other flavored oil A hookah-pen or e-hookah
	4	An e-vaporizer Page 31 of 40

5 A tobacco cigarette or cigar 7 A marijuana cigarette 8 Other 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 <u>light or moderate</u> leisure time physical activities for <u>at least</u> 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate? *If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities? Number of times (enter time period in MODTP below) 996 [Unable to do this type of activity] 997 [Don't Know] 999 [Refused] **MODTP** * Enter time period for light or moderate leisure-time physical activities 0 Never 1 Per day 2 Per week 3 Per month 4 Per year 6 [Unable to do this activity] 7 [Don't Know] 9 [Refused] Skip: (If code 1 - 4 in MODTP, Continue; Otherwise, Skip to VIGNO) **MODLNGNO** About how long do you do these light or moderate leisure-time physical activities each time? Number of minutes/hours (enter time period in MODLNGTP below) 997 [Don't Know] 999 [Refused] **MODLNGTP** * Enter time period for length of light or moderate leisure-time physical activities. 1 Minutes 2 Hours 7 [Don't Know] 9 [Refused] PROBE20 Which of the following types of physical activity, if any, did you include when you answered the previous question? (*Please select all that apply.*) 1 Running 2 **Jogging** 3 Walking or hiking for exercise Walking to or from an activity 4 5 Walking at work 6 Working out with exercise equipment 7 Cycling, swimming, or other aerobic exercises Yoga or stretching 8 Playing sports 9 Other__ 11

-7

[Don't Know]

-9 [Refused] **VIGNO** How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause <u>heavy</u> sweating or <u>large</u> increases in breathing or heart rate? *Read if necessary: How many times per day, per week, per month, or per year do you do these activities? Number of times (enter time period in VIGTP below) [Unable to do this type of activity] 996 997 [Don't Know] 999 [Refused] **VIGTP** * Enter time period for vigorous leisure-time physical activities 0 Never 1 Per day 2 Per week 3 Per month 4 Per vear 6 [Unable to do this activity] 7 [Don't Know] 9 [Refused] Skip: (If code 1 - 4 in VIGTP, Continue; Otherwise, Skip to STRNGNO) **VIGLNGNO** About how long do you do these vigorous leisure-time physical activities each time? (enter time period in VIGLNGTP below) Number of minutes/hours 997 [Don't Know] 999 [Refused] VIGLNGTP * Enter time period for length of vigorous leisure-time physical activities. 1 Minutes 2 Hours 7 [Don't Know] 9 [Refused] PROBE21 Which of the following types of physical activity, if any, did you include when you answered the previous question? (*Please select all that apply.*) 1 Running 2 **Jogging** 3 Walking or hiking for exercise 4 Walking to or from an activity 5 Walking at work Working out with exercise equipment 6 7 Cycling, swimming, or other aerobic exercises

- 8 Yoga or stretching
- 9 Playing sports
- 11 Other
- -7 [Don't Know]
- -9 [Refused]

STRNGNO

How often do you do leisure time physical activities specifically designed to <u>strengthen</u> your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

	996 997 999	*Read if necessary: How many times per day, per week, per month, or per year do you do these activities? Number of times (enter time period in STRNGTP below) [Unable to do this type of activity] [Don't Know] [Refused]
STRNGTP		* Enter time period for strengthening activities
	0	Never
	1	Per day
	2 3	Per week Per month
		Per year
	6	[Unable to do this activity]
	7	[Don't Know]
	9	[Refused]
PROBE22		In the last week, did you do any of the following things for 20 or more minutes at once? (<i>Please select all that apply.</i>)
	1	Running
	2	Jogging
	3	Walking outside of work
	4	Lifting or carrying heavy objects outside of work
	6 7	Working out with exercise equipment Cycling, swimming, or other aerobic exercises
	8	Yoga or stretching
	9	Playing sports
	10	Yardwork or cleaning your home
	-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, Continue; Otherwise, skip to PROBE23)

ALC5UPNO

(If gender is FEMALE): In the past year, on how many days did you have 4 or more drinks of any alcoholic beverage?

(If gender is MALE): In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage?

* Read if necessary: How many days per week, per month or per year did you have [4 or more/ 5 or more] drinks in a single day?

Number of days (enter time period in ALC5UPTP below)

7 [Don't Know]

9 [Refused]

	1	1 time
ACISLPST	0	In the past week, how many times did you have trouble staying asleep? Did not have trouble staying asleep in the past week
	JJ	
	97 99	[Don't Know] [Refused]
	7	7 or more times
	6	6 times
	5	5 times
	4	4 times
	3	3 times
	1 2	2 times
	0	Did not have trouble falling asleep in the past week 1 time
ACISLPFL	0	In the past week, how many times did you have trouble falling asleep?
A CHOT DET	שט	[Refused]
	97 99	[Don't Know]
	_	
		Number of hours
ACISLEEP		On average, how many hours of sleep do you get in a 24-hour period?
	-9	[Refused]
	-7	[Don't Know]
	5	A drink you made or poured for yourself
	4	A drink you purchased from a restaurant or bar
	3	A glass of while of shot of fiquor A bottle of wine or liquor
	1 2	A glass of wine or shot of liquor
	1	that apply.) A can or bottle of beer or malt liquor
PROBE24		When answering the previous questions, what did you count as a drink? (<i>Please select all</i>
	- 9	[Refused]
	-7	[Don't Know]
	1	[OPEN]
PROBE23		In the last 30 days, what is the largest number of drinks you have consumed in a single day?
DDODESS		In the lest 20 days , that is the largest number of driple year house consumed in a single
	99	[Refused]
	97	[Don't Know]
		Number of times
		(If gender is MALE): Considering all types of alcoholic beverages, during the past 30 days, how many times did you have 5 or more drinks on an occasion?
BINGE1		(If gender is FEMALE): Considering all types of alcoholic beverages, during the past 30 days, how many times did you have 4 or more drinks on an occasion?
	Skip	: (If code 0 in ALC5UPTP, Skip to PROBE23; Otherwise, Continue)
	9	[Refused]
	7	[Don't Know]
	3	Per year
	2	Per month
	0 1	Per week
ALC5UPTP	0	* Enter time period for days per week, per month or per year. Never / None
AI CSUDTD		* Enter time period for days per week per month or per year

	2	2 times
	3	3 times
	4	4 times
	5	5 times
	6	6 times
	7	7 or more times
	97	[Don't Know]
	99	[Refused]
ACISLPMD		In the past week, how many times did you take medication to help you fall asleep or stay asleep?
	0	Did not take medication to help sleep in the past week
	1	1 time
	2	2 times
	3	3 times
	4	4 times
	5 6	5 times 6 times
	6 7	7 or more times
	97	[Don't Know]
	99	[Refused]
	33	[Refused]
ACIREST		In the past week, on how many days did you wake up feeling well rested?
	0	Never felt rested in the past week
	1	1 day
	2	2 days
	3	3 days
	4	4 days
	5	5 days
	6	6 days
	7	7 days
	97	[Don't Know]
	99	[Refused]
PROBE25		In the past week, what time did you typically go to sleep?
	1	[OPEN (hh:mm AM/PM)]
	-7	[Don't Know]
	-9	[Refused]
PROBE26		In the past week, what time did you typically wake up?
	1	[OPEN (hh:mm AM/PM)]
	-7	[Don't Know]
	-9	[Refused]
PROBE27		In the past week, did you take any naps?
	1	Yes
	2	No
	-7	[Don't Know]
	-9	[Refused]
	Skip:	(If PROBE27==1, continue; otherwise skip to ACISAD)
PROBE28		In the past week, how long was your typical nap?
	1	[OPEN (hours minutes)]
	-7	[Don't Know]
	-9	[Refused]
		Page 36 of 40

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]

Skip: (If ACISAD=1:4, continue; otherwise skip to ACINERV)

PROBE29

Which of the following statements, if any describe your feelings of being so sad that nothing could cheer you up? (*Please select all that apply.*)

- 1 Sometimes the feelings can be so intense that I cannot get out of bed.
- The feelings sometimes interfere with my life, and I wish that I did not have them.
- 3 I get over the feelings quickly
- 5 Feeling that way is normal, and everyone feels that way sometimes
- 6 I have been told by a medical professional that I have depression
- 9 Somewhere else

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]

Skip: (If ACINERV=1:4, continue; otherwise skip to ACIRSTLS)

PROBE30

Which of the following statements, if any describe your feelings of being nervous or anxious? (*Please select all that apply.*)

- Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.
- These are positive feelings that help me to accomplish goals and be productive.
- 3 The feelings sometimes interfere with my life, and I wish that I did not have them.
- 4 Feeling that way is normal, and everyone feels that way sometimes
- I have been told by a medical professional that I have anxiety.
- 6 Something else____

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]

Hopeless? **ACIHOPLS** All of the time 1 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? All of the time 1 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] PROBE31 Would you consider everything being an effort a good thing or a bad thing? Good thing 1 2 Bad thing 3 Neither good nor bad 6 Something else *Skip*: (If ACIEFFRT=1:4, continue; otherwise skip to ACIWTHLS) PROBE32 How concerned are you about feeling as if everything is an effort? 1 Very concerned 2 Somewhat concerned 3 A little concerned 4 Not at all concerned **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] TIRED_1 In the past 3 months, how often did you feel very tired or exhausted? 1 Never 2 Some Days Most Days 3 4 **Every Day** 7 [Don't Know] 9 [Refused] *Skip (If TIRED_1=1, skip to B_GAD1; otherwise continue)* TIRED_2 Thinking about the last time you felt very tired or exhausted, how long did it last? 1 Some of the day

9 [Refused] TIRED 3 Thinking about the last time you felt this way, how would you describe the level of tiredness? 1 A little 2 A lot 3 Somewhere in between a little and a lot 7 [Don't Know] 9 [Refused] Over the last 2 weeks, how often have you been bothered by the following problems? **B_GAD1** Feeling nervous, anxious or on edge Not at all 1 2 Several days 3 More than half the days 4 Nearly every day 7 [Don't Know] 9 [Refused] B_GAD2 Not being able to stop or control worrying Not at all 1 2 Several days More than half the days 3 4 Nearly every day 7 [Don't Know] 9 [Refused] **B_GAD3** Worrying too much about different things Not at all 1 2 Several days 3 More than half the days 4 Nearly every day 7 [Don't Know] 9 [Refused] **B_GAD4** Trouble relaxing Not at all 1 2 Several days 3 More than half the days 4 Nearly every day 7 [Don't Know] 9 [Refused] **B_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 7 [Don't Know] 9 [Refused] B GAD6 Becoming easily annoyed or irritable

2

3

7

Most of the day

All of the day

[Don't Know]

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 7 [Don't Know]
- 9 [Refused]

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

Skip: (If any of B GAD1 – B GAD7 = 2,3,4, continue; otherwise END SURVEY)

B_GADImp

We just talked about problems you have been bothered by over the past 2 weeks. Altogether, 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
- 7 [Don't Know]
- 9 [Refused]

B PROBE34

Which of the following statements, if any describe your feelings of being nervous or anxious? (*Please select all that apply.*)

- Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.
- These are positive feelings that help me to accomplish goals and be productive.
- The feelings sometimes interfere with my life, and I wish that I did not have them.
- 4 Feeling that way is normal, and everyone feels that way sometimes
- I have been told by a medical professional that I have anxiety.
- 6 Something else____