

## Attachment 1: Questions to be cognitively tested

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### WALKING

**WALK1.** The next questions are about walking for transportation. I will ask you separately about walking for other reasons like relaxation or exercise. DURING THE PAST 7 DAYS, did you walk for transportation?

1. Yes
2. No
7. Don't know
9. Refused

Skip Instructions:      If Yes: go to WALK2  
                                  If No, DK, or Refused: go to WALK4

**WALK2.** IN THE PAST 7 DAYS, how many times did you do that? *Read if necessary: Walk for at least 10 minutes to get some place.*

\_\_\_\_\_ Number of times

**WALK3.** [How long did that walk take?/ On average, how long did those walks take?]

\_\_\_\_\_ Number of minutes or hours

**WALK4.** Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. DURING THE PAST 7 DAYS, did you walk for any of these reasons?

1. Yes
2. No
7. Don't know
9. Refused

Skip Instructions:      If Yes: go to WALK5  
                                  If No, DK, or Refused: go to WALK8

**WALK5.** IN THE PAST 7 DAYS, how many times did you do that?

\_\_\_\_\_ Number of times

**WALK6.** [How long did that walk take?/On average, how long did those walks take?]

\_\_\_\_\_ Number of minutes or hours

**WALK7.** How often (or frequently?) does the [Leisure, Transportation, Leisure and Transportation] walking you reported earlier take place where you live?

*Read if necessary: By 'where you live', we mean "in your neighborhood?"*

- Almost always
- Most of the time
- Some of the time
- A little of the time
- Never
- Refused
- Don't know

**WALK8.** The next questions are about where you live. *Read if necessary: These questions are about your walking or places you can walk, not walking by other people.*

Where you live what is the main type of housing?

- Single-family houses
- Multi-unit homes (duplexes, 4-plexes, row houses)
- Apartments or condominiums
- Apartments above street retail
- Other
- Refused
- Don't know

## **SLEEP**

**SLEEP1.** On average, how many hours of sleep do you get in a 24 hour period?

*Interviewer instructions: Do not read answer categories, until after respondent gives initial answers. If respondent gives an exact number that doesn't fit in the range ask if which of neighboring 2 are best.*

- Less than 5 hours
- 5-6 hours
- 6-7 hours
- 7-8 hours
- 8-9 hours
- More than 9 hours
- Refused
- Don't know

## **SMOKING**

**SMOKE1:** In your life, have you ever smoked cigarettes?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

Skip Instructions:      If Yes: go to SMOKE2

If No, DK, or Refused: go to next section (LUNG1)

**SMOKE2:** On average, about how many cigarettes do you NOW smoke a day?

\_\_\_\_\_ Cigarettes a day

**SMOKE3:** On how many of the PAST 30 DAYS did you smoke a cigarette?

\_\_\_\_\_ Days

Skip Instructions:     If 0: go to SMOKE5  
                              Else; go to SMOKE4

**SMOKE4:** On average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

\_\_\_\_\_ Cigarettes a day

**SMOKE5:** Have you ever smoked fairly regularly?

1. Yes
2. No
7. Don't know
9. Refused

Skip Instructions:     If Yes: go to SMOKE6  
                              If No, DK, or Refused: go to next section (LUNG1)

**SMOKE5:** How old were you when you FIRST started to smoke fairly regularly?

\_\_\_\_\_ Years old

**SMOKE6:** How long has it been since you quit smoking cigarettes?

\_\_\_\_\_ Years/Months/Days

**SMOKE7:** When you last smoked FAIRLY REGULARLY, how many cigarettes did you usually smoke per day?

\_\_\_\_\_ Cigarettes a day

**SMOKE8:** What is the average number of cigarettes that you smoked daily during the longest period that you smoked?

\_\_\_\_\_ Cigarettes a day

### **CT Scans and X-rays of Chest Area**

**LUNG1.** The following questions are about CT scans. During this test, you lie down on your back and are moved through a donut shaped x-ray machine while holding your breath. You DO NOT swallow any dye or need an injection before you have a low-dose CT scan.

Have you EVER had a low-dose CT scan of your chest area?

1. Yes
2. No

- 7. Don't know
- 9. Refused

Skip Instructions:      If Yes: go to LUNG2  
                                    If No, DK, or Refused: go to next section (OPIOIDS1)

**LUNG2.** Lung cancer screening is when someone who does not have any symptoms of lung cancer is given a low-dose CT scan of the chest to screen for lung cancer. Were any of the CT scans of your chest area done to screen for lung cancer?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

**LUNG3.** At the time of your MOST RECENT low-dose CT scan, were you experiencing any of the following symptoms related to lung cancer: coughing up blood, cough that had gotten worse recently, shortness of breath that had gotten worse recently, or unexplained weight loss?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

**LUNG4:** Sometimes people get a chest CT because they have symptoms that are related to lung cancer, and a doctor needs to determine if cancer is causing those symptoms. Other times people have been a heavy cigarette smoker for many years and have reached an age where a low-dose CT test is used to screen for cancer at an early stage. Why did you have a CT scan or chest x-ray? *Read if necessary: Lung cancer symptoms include coughing up blood, a bad cough that gets worse over time, shortness of breath that gets worse over time, or unexplained weight loss.*

- 1 Because I had symptoms
- 2 To screen for cancer, because I was a heavy smoker who didn't have any lung cancer symptoms.
- 7 Refused
- 9 Don't know

**OPIOIDS**

**PAIN1.** In the past three months, how often did you have pain?

- Never
- Some days
- Most days
- Every day

**PAIN2.** Over the past three months, how often did pain limit your life or work activities?

- Never
- Some days
- Most days
- Every day

**PAIN3.** Thinking about the last time you had pain, how much pain did you have?

- A little
- A lot

Somewhere in between

**PAIN4.** Which of the following statements, if any, describe your pain in the past three months?

It is constantly present

Sometimes I'm in a lot of pain and sometimes it's not so bad

When I get my mind on other things, I'm not aware of the pain

It is occasional and does not last

Medication can take my pain away completely

My pain is because of my work

My pain is because of exercise

**OPIOID1.** Have you ever, in your entire life, taken opioid painkillers prescribed to you by a doctor or dentist for any kind of injury, surgery, or chronic condition? Examples include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, Percodan, and Tramadol. Please do not include over-the-counter pain relievers such as aspirin, Tylenol, Advil, or Aleve.

Yes

No

Skip Instructions:    If Yes: go to OPIOID2  
                                  If No: go to OPIOID16

**OPIOID2.** In the last 12 months, have you taken any opioid painkillers prescribed to you for a surgery, injury, or chronic condition?

Yes

No

Skip Instructions:    If Yes: go to OPIOID3  
                                  If No: go to OPIOID9

**OPIOID3.** Which opioid painkillers have you taken in the last 12 months? If you took more than one, please provide the name for each.

List prescriptions: \_\_\_\_\_

**OPIOID4.** Are you still taking any of these?

Yes

No

Skip Instructions:    If Yes: go to OPIOID5  
                                  If No: go to OPIOID9

**OPIOID5.** About how long have you been taking opioid pain medication?

Less than a week

1 to 4 weeks

1 to 6 months

6 months to a year

1 to 5 years

5 years or more

**OPIOID6.** How concerned would you be to lose access to your medication?

- Very concerned
- A little concerned
- Not at all concerned

**OPIOID7.** If you stopped taking your medication, do you believe that you would...

**7a.** Have intolerable pain

- Yes
- No

**7b.** Be unable to sleep

- Yes
- No

**7c.** Go through withdrawal

- Yes
- No

**OPIOID8.** Are you concerned that you may be addicted to opioids?

- Yes
- No

Skip Instructions: All go to OPIOID11.

**OPIOID9.** About how long were you taking opioid painkillers?

- Less than a week
- 1 to 4 weeks
- 1 to 6 months
- 6 months to a year
- 1 to 5 years
- 5 years or more

**OPIOID10.** Did you stop taking the painkillers because... [mark all that apply]

- There was no longer a medical reason to take them
- They were not helping
- You could no longer get a prescription
- You were worried about becoming addicted
- You were addicted and wanted to quit

**OPIOID11.** In the past year, have you had any opioid pain medicine left over from a prescription?

- Yes
- No

Skip Instructions: If Yes: go to OPIOID12.  
If No: go to OPIOID13.

**OPIOID12.** What did you do with the leftover medicine?

Disposed of it  
Kept it  
Used it myself  
Gave it to someone else to use  
Sold it

**OPIOID13.** Did you ever take your prescription opioid pain medicine more frequently or in higher doses than was prescribed?

Yes  
No

Skip Instructions: If Yes: go to OPIOID14.  
If No: go to OPIOID16.

**OPIOID14.** About how often in the past 12 months did you take pain medicine more frequently or in higher doses than was prescribed to you?

Never  
Once or twice in the year  
Once or twice a month or so  
Every day or nearly every day

**OPIOID15.** What were the reasons you used the pain medicine more frequently or in higher doses than was prescribed?

To help with pain for which I already had a prescription  
To help with an injury or pain for which I never had a prescription  
To get high  
Because I am dependent on them and need to have them  
To help with my energy level  
Because of suicidal thoughts  
Other reasons not already listed: (please explain): \_\_\_\_\_

**OPIOID16.** Have you ever in your life taken someone else's opioid medication, that is, pain relievers not prescribed to you by your doctor?

Yes  
No

Skip Instructions: If Yes: go to OPIOID17  
If No to OPIOID16 but Yes to OPIOID1: go to OPIOID19  
If No to OPIOID16 and No to OPIOID1: go to OPIOID21

**OPIOID17.** About how often in the past 12 months did you take prescription pain relievers not prescribed to you?

Never  
Once or twice in the year  
Once or twice a month or so  
Every day or nearly every day

**OPIOID18.** What were the reasons you used opioid pain killers not prescribed to you?

- To help with pain for which I already had a prescription
- To help with an injury or pain for which I never had a prescription
- To get high
- Because I am dependent on them and need to have them
- To help with my energy level
- Because of suicidal thoughts
- Other reasons not already listed: (please explain): \_\_\_\_\_

**OPIOID19.** Have you ever experienced withdrawal symptoms or had trouble getting off an opioid?

- Yes
- No

Skip Instructions:    If Yes: go to OPIOID20  
                                  If No: go to OPIOID21

**OPIOID20.** Did you experience these withdrawal symptoms or have trouble getting off an opioid in the last year?

- Yes
- No

**OPIOID21.** Please select the statements, if any, which apply to you:

- I'm not sure what an opioid is
- I have never taken an opioid painkiller in my life
- I don't like to take pills; I'm not a pill person
- I have only taken opioid pills briefly to help recover from injury or medical surgery
- I have pain that requires me to take opioid painkillers
- I use opioid pain relievers responsibly
- I'm addicted or used to be addicted to opioids
- I understand the harm opioids can cause
- I have heard about the opioid crisis in the news
- I know someone who has been hurt by opioid painkillers