Attachment 1: Questionnaire

Household Roster

ROSTER   **Starting with yourself, please list the names of all
the people who live in your household and
indicate your relationship to them.**

	NAME	**RELATIONSHIP**	**GENDER**	**AGE**
1.		[*SELF*]		
2.				
3.				
4.				
...				
k.				

Health Behaviors and Conditions

PHSTAT   **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
- **77.** [Don't Know]
- **99.** [Refused]

PART1   **About how often do you spend time with family or friends?**
- **1.** Never
- **2.** Some days
- **3.** Most days
- **4.** Every day
- **77.** [Don't Know]
- **99.** [Refused]

PART2   **About how often do you get out of the house for fun, for example, to see a movie,
to play or watch a game, or to visit a friend?**
- **1.** Never
- **2.** Some days
- **3.** Most days
- **4.** Every day
- **77.** [Don't Know]
- **99.** [Refused]

PART3   **About how often do you get out of the house for work?**
- **1.** Never

2. Some days
3. Most days
4. Every day
77. [Don't Know]
99. [Refused]

PART4 **About how often do you run errands, such as shopping or going to doctor appointments?**
1. Never
2. Some days
3. Most days
4. Every day
77. [Don't Know]
99. [Refused]

AASMEV **Have you <u>ever</u> been told by a doctor or other health professional that you had asthma?**
1. Yes
2. No
77. [Don't Know]
99. [Refused]

PREDIB **Has a doctor or other health professional <u>ever</u> told you that you had prediabetes or borderline diabetes?**
1. Yes
2. No
77. [Don't Know]
99. [Refused]

[SKIP: If GENDER=Female, continue to GESDIB; if GENDER!=Female, skip to DIBEV]

GESDIB **Has a doctor or other health professional <u>ever</u> told you that you had *gestational diabetes*, a type of diabetes that occurs <u>only</u> during pregnancy? [EST #7]**
1. Yes
2. No
77. [Don't Know]
99. [Refused]

DIBEV **[Not including prediabetes or gestational diabetes] Has a doctor or other health**

professional <u>ever</u> told you that you had diabetes? [EST #7]

1. Yes
2. No
77. [Don't Know]
99. [Refused]

CANEV   **Have you <u>ever</u> been told by a doctor or other health professional that you had cancer or a malignancy of any kind? [EST #5]**

1. Yes
2. No
77. [Don't Know]
99. [Refused]

SMKEV   Have you smoked at least 100 cigarettes in your entire life? [EST #1]

1. Yes
2. No
77. [Don't Know]
99. [Refused]

SMKNOW   Do you now smoke cigarettes every day, some days, or not at all? [EST #2]

1. Yes
2. No
77. [Don't Know]
99. [Refused]

HEIGHTIN   How tall are you without shoes? [EST #3]
1.   [Open – options for feet and inches, record inches]
77.   [Don't Know]
99.   [Refused]

WEIGHTLB   How much do you weigh without shoes? [EST #4]
1.   [Open – record pounds]
77.   [Don't Know]
99.   [Refused]

Pain and Pain Management

RX12M   **At any time in the past 12 months, did you take prescription medication?**
1.   Yes
2.   No
77.   [Don't Know]
99.   [Refused]

PAIFRQ3M   **In the past three months, how often did you have pain? Would you say never, some days, most days, or every day?**
1.   Never
2.   Some days
3.   Most days
4.   Every day
77.   [Don't Know]
99.   [Refused]
[SKIP: If PAIFRQ3M = c(1,RF,DK), goto OPD12M, ELSE if PAIFRQ3M = c(2,3,4), goto PAIAMNT]

PAIAMNT   **Thinking about the last time you had pain, how much pain did you have? [*IF MODE=PHONE, READ:* Would you say a little, a lot, or somewhere in between?]**
1.   A little
2.   A lot
3.   Somewhere in between a little and a lot
77.   [Don't Know]
99.   [Refused]

PAIMOTHER   **Over the past three months, what approaches did you use to manage your pain?**
1.   [Open Text/Verbatim. Allow 100 characters]
77.   [Don't Know]
99.   [Refused]

Opioids

OPIOID1   **Have you ever, in your entire life, taken opioid painkillers prescribed 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.

1. Yes
2. No
77. [Don't Know]
99. [Refused]

[SKIP: IF OPIOID1 = c(2, DK, R), goto MISUSE, ELSE if OPIOID1 = 1, continue]

OPD12M   **During the past 12 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?**

1. Yes
2. No
77. [Don't Know]
99. [Refused]

[SKIP: IF OPD12M = c(2, DK, R), goto OPIOID9; ELSE if OPD12M = 1, continue]]

OPIOID3   **Are you still taking any of these?**

1. Yes
2. No
77. [Don't Know]
99. [Refused]

[SKIP: If OPIOID4 = c(2, DK, R), goto DISORDER1; ELSE if OPIOID3 = 1, continue]

OPIOID4   **About how long have you been taking opioid pain medication?**

1. Less than a week
2. 1 to 4 weeks
3. 1 to 6 months
4. 6 months to a year
5. 1 to 5 years
6. 5 years or more
77. [Don't Know]
99. [Refused]

OPIOID5 **Was there a time when you were in so much pain that you needed to take more medication than was prescribed to help relieve your pain?**
  1. Yes
  2. No
  77. [Don't Know]
  99. [Refused]

OPIOID6 **How concerned would you be to lose access to your medication?**
  1. Very concerned
  2. A little concerned
  3. Not at all concerned
  77. [Don't Know]
  99. [Refused]

OPIOID7 **If you stopped taking your medication, do you believe that you would…**
  [mark all that apply]
  1. Have intolerable pain
  2. Be unable to sleep
  3. Go through withdrawal
  77. [Don't Know]
  99. [Refused]

DISORDER1 **Was there ever a month or more that you spent a lot of your time getting or using opioid pain medication?**
  1. Yes
  2. No
  77. [Don't Know]
  99. [Refused]

DISORDER2 **Did you ever try to set limits on how often or how much opioid pain medication you would use?**
  1. Yes
  2. No
  77. [Don't Know]
  99. [Refused]

DISORDER3 **Did you ever need to use more opioid pain medication than you used to in order to get the effect you wanted?**
  1. Yes
  2. No
  77. [Don't Know]
  99. [Refused]

DISORDER4   **During the past 12 months, did using prescription pain relievers cause you to give up or spend less time doing important activities such as working, going to school, taking care of children, or doing fun things?**
   1.   Yes
   2.   No
   77.   [Don't Know]
   99.   [Refused]

OPIOID8   **Are you concerned that you may be addicted to opioids?**
   1.   Yes
   2.   No
   77.   [Don't Know]
   99.   [Refused]

[SKIP: ALL goto OPIOID11]

OPIOID9   **About how long have you been taking opioid pain medication?**
   1.   Less than a week
   2.   1 to 4 weeks
   3.   1 to 6 months
   4.   6 months to a year
   5.   1 to 5 years
   6.   5 years or more
   77.   [Don't Know]
   99.   [Refused]

OPIOID10   **Did you stop taking the painkillers because… [mark all that apply]**
1. There was no longer a medical reason to take them
2. They were not helping
3. You could no longer get a prescription
4. You were worried about becoming addicted
5. You were addicted and wanted to quit
77. [Don't Know]
99. [Refused]

[SKIP: IF OPD12M = c(2, DK, R), goto MISUSE; ELSE IF OPD12M = 1, continue]

OPIOID11   In the past year, have you had any opioid pain medicine left over from a prescription?
1. Yes
2. No
77. [Don't Know]
99. [Refused]

[SKIP: If OPIOID11 = c(2, DK, R), goto OPIOID13; ELSE if OPIOID11 = 1 continue]

OPIOID12   What did you do with the leftover medicine?
1. Disposed of it
2. Kept it
3. Used it myself
4. Gave it to someone else to use
5. Sold it
77. [Don't Know]
99. [Refused]

OPIOID13   About how often in the past 12 months did you take pain medicine more frequently or
in higher doses than was prescribed to you?
1. Never [Go To OPIOID16]
2. Once or twice in the year
3. Once or twice a month or so
4. Every day or nearly every day
77. [Don't Know]
99. [Refused]

[SKIP: If OPIOID13 = c(1, DK, R), goto MISUSE; ELSE IF OPIOID13 = c(2-4) continue]

OPIOID14   What were the reasons you used the pain medicine more frequently or in higher doses than was prescribed?
1. To help with pain
2. To help with an injury or pain for which I never had a prescription
3. To get high
4. Because I am dependent on them and need to have them
5. To help with my energy level
6. Because of suicidal thoughts
7. Other reasons not already listed: (please specify):_____
77. [Don't Know]
99. [Refused]

MISUSE   **The next question asks about using opioid pain relievers in any way a doctor did not direct you to use them.   When you answer this question, please think only about your use of the drug in any way a doctor did not direct you to use it, including:**
• Using it without a prescription of your own
• Using it in greater amounts, more often, or longer than you were told to take it
• Using it in any other way a doctor did not direct you to use it

Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?
1. Yes
2. No
77. [Don't Know]
99. [Refused]

OPIOID15   Have you ever in your life taken someone else's opioid medication?
1. Yes
2. No
77. [Don't Know]
99. [Refused]

[SKIP: If OPIOID15 = c(2, DK, R) AND OPIOID1 = 1, goto OPIOID18; ELSE if OPIOID15 = c(2, DK, R) and OPIOID1 = c(2, DK, R), goto PROBE_OPD; ELSE if OPIOID15 = 1, continue]

OPIOID16   About how often in the past 12 months did you take prescription pain relievers not prescribed to you?
1. Never
2. Once or twice in the year
3. Once or twice a month or so
4. Every day or nearly every day
77. [Don't Know]
99. [Refused]

OPIOID17   What were the reasons you used opioid pain killers not prescribed to you?
  1.   Because I ran out of my prescription
  2.   To help with an injury or pain for which I never had a prescription
  3.   To get high
  4.   Because I am dependent on them and need to have them
  5.   To help with my energy level
  6.   Because of suicidal thoughts
  7.   Other reasons not already listed: (please specify):_____
  77.   [Don't Know]
  99.   [Refused]

OPIOID18   Have you ever experienced withdrawal symptoms or had trouble getting off an opioid?
  1.   Yes
  2.   No
  77.   [Don't Know]
  99.   [Refused]

[SKIP: If OPIOID18 = c(2, DK, R), goto PROBE_OPD, ELSE continue]

OPIOID19   Did you experience these withdrawal symptoms or have trouble getting off an opioid in the last year?

  1.   Yes
  2.   No
  77.   [Don't Know]
  99.   [Refused]

PROBE_OPD   Please select the statements, if any, which apply to you [mark all that apply]
  1.   I have never taken an opioid painkiller in my life
  2.   I don't like to take pills; I'm not a pill person
  3.   I have only taken opioid pills briefly to help recover from injury or medical surgery
  4.   I have pain that requires me to take opioid painkillers
  5.   I use opioid pain relievers responsibly
  6.   I'm addicted or used to be addicted to opioids
  7.   I have heard about the opioid crisis in the news
  8.   I know someone who has been hurt by opioid painkillers
  77.   [Don't Know]
  99.   [Refused]

Disability

[Note: Each item to be administered for respondent and all other members of household more than 2 years old]

Activities of Daily Living Set (2015 NHIS)

FLAADL   **Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?**
[fill2: Do not include family members age 2 and under.]
   1.   Yes
   2.   No
  77. [Don't Know]
  99. [Refused]

[SKIP: If FLAADL =1, AND if a single-person household, store the person number in PLAADL and goto LABATH; ELSE If FLAADL =1, AND if multiple person household, goto PLAADL; If FLAADL = c(2,R,D), goto AD8_Intro]

PLAADL   **Who is this?**
(Anyone else?)
   1.   Yes
   2.   No
  77. [Don't Know]
  99. [Refused]

[NOTE: Administer c(LABATH, LADRESS, LAEAT, LABED, LATOILET, LAHOME) to all reference people noted in PLAADL]

LABATH   **[fill: Do you/Does ALIAS] need the help of other persons with...**
Bathing or showering?
   1.   Yes
   2.   No
  77. [Don't Know]
  99. [Refused]

LADRESS   **[fill: Do you/Does ALIAS] need the help of other persons with...**
Dressing?
   1.   Yes
   2.   No
  77. [Don't Know]
  99. [Refused]

LAEAT [fill: Do you/Does ALIAS] need the help of other persons with...
Eating?
1. Yes
2. No
77. [Don't Know]
99. [Refused]

LABED [fill: Do you/Does ALIAS] need the help of other persons with...
Getting in or out of bed or chairs?
1. Yes
2. No
77. [Don't Know]
99. [Refused]

LATOILT [fill: Do you/Does ALIAS] need the help of other persons with...
Using the toilet, including getting to the toilet?
1. Yes
2. No
77. [Don't Know]
99. [Refused]

LAHOME [fill: Do you/Does ALIAS] need the help of other persons with...
Getting around inside the home?
1. Yes
2. No
77. [Don't Know]
99. [Refused]

[NOTE TO NORC: Create ADL_DOV variable: 1 = At least 2 of (LABATH, LADRESS, LAEAT, LABED, LATOILET, LAHOME) = 1; 0 = <2 of (LABATH, LADRESS, LAEAT, LABED, LATOILET, LAHOME) = 1]

Functional Disability/Washington Group Modified Short Set (2019 NHIS)

DIFF Do [fill:you/ALIAS]have difficulty walking or climbing steps? [*IF MODE=PHONE, READ IF NECESSARY:* Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
77. [Don't Know]
99. [Refused]

COMDIFF **Using [fill: your/their] usual language, do [fill:you/ALIAS] have difficulty communicating, for example, understanding or being understood? [*IF MODE=PHONE, READ IF NECESSARY:* Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]**
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all
   77. [Don't Know]
   99. [Refused]

COGMEMDFF **Do [fill:you/ALIAS] have difficulty remembering or concentrating? [*IF MODE=PHONE, READ:* Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]**
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all
   77. [Don't Know]
   99. [Refused]

[SKIP: If COGMEMDFF = c(1,RF,DK), goto UPPSLFCR; ELSE if COGMEMDFF = c(2-4), goto COGTYPEDFF]

COGTYPEDFF **Is that a difficulty with remembering, concentrating, or both?**
   1. Difficulty remembering only
   2. Difficulty concentrating only
   3. Difficulty with both remembering and concentrating
   77. [Don't Know]
   99. [Refused]

[SKIP: IF COGTYPEDFF = c(1,3), goto COGFRQDFF; ELSE if COGTYPEDFF = c(2,RF,DK), goto UPPSLFCR]

COGFRQDFF **How often do [fill:you/ALIAS] have difficulty remembering? [*IF MODE=PHONE, READ* Would you say sometimes, often or all of the time?]**
   1. Sometimes
   2. Often
   3. All of the time
   77. [Don't Know]
   99. [Refused]

COGAMTDFF   **Do [fill:you/ALIAS] have difficulty remembering a few things, a lot of things, or almost everything?**

1.   A few things
2.   A lot of things
3.   Almost everything
77.   [Don't Know]
99.   [Refused]

SOCERRNDS   **Because of a physical, mental, or emotional condition, do [fill:you/ALIAS] have difficulty doing errands alone such as visiting a doctor's office or shopping? [*IF MODE=PHONE, READ IF NECESSARY:* Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]**

  1. No difficulty
  2. Some difficulty
  3. A lot of difficulty
  4. Cannot do at all
  77. [Don't Know]
  99. [Refused]

SOCSCLPAR   **Because of a physical, mental, or emotional condition, do [fill:you/ALIAS] have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties? [*IF MODE=PHONE, READ IF NECESSARY:* Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]**

  1. No difficulty
  2. Some difficulty
  3. A lot of difficulty
  4. Cannot do at all
  77. [Don't Know]
  99. [Refused]

LEARNDFF   **Do [fill:you/ALIAS] have difficulty learning how to do things most people your age can learn? [IF MODE=PHONE, READ IF NECESSARY: Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]**

  1. No difficulty
  2. Some difficulty
  3. A lot of difficulty
  4. Cannot do at all
  77. [Don't Know]
  99. [Refused]

[SKIP: IF AGE/ALIAS AGE <22, goto ANXFREQ; IF AGE/ALIAS AGE >=22, continue]

AGEONSET   **You said that [fill:you/ALIAS] had difficulty with [FILL if DIF, COGMEMDFF, COMDIFF = c(3,4), ADL_DOV = 1, or SOCERRNDS, LEARNDFF = c(2,3,4), walking/remembering or concentrating//communicating/self care/doing errands along/learning to do things] __, did [this difficulty/ any of these difficulties] begin before age 22?**

  1. Yes
  2. No
  77. [Don't Know]
  99. [Refused]

ANXFREQ   **How often do [fill:you/ALIAS] feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?**
1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
77. [Don't Know]
99. [Refused]

ANXMED   **Do [fill:you/ALIAS] take prescription medication for these feelings?**
1. Yes
2. No
77. [Don't Know]
99. [Refused]

[SKIP: If ANXMED = c(1,RF,DK), goto ANXLEVEL; ELSE if ANXMED = 2 AND if ANXFREQ = 5, goto DEPFREQ; ELSE if ANXMED =2 AND if ANXFREQ = c(1-4, RF, DK), goto ANXLEVEL]

ANXLEVEL   **Thinking about the last time you felt worried, nervous or anxious, how would [fill:you/ALIAS] describe the level of these feelings? [*IF MODE=PHONE, READ:* Would you say a little, a lot, or somewhere in between?]**
1. A little
2. A lot
3. Somewhere in between a little and a lot
77. [Don't Know]
99. [Refused]

DEPFREQ   **How often do [fill:you/ALIAS] feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?**
1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
77. [Don't Know]
99. [Refused]

DEPMED   **Do [fill:you/ALIAS] take prescription medication for depression?**
1. Yes

[SKIP: If DEPMED = c(1,RF,DK), goto DEPLEVEL; ELSE if DEPMED = 2 AND if DEPFREQ = 5, goto FLAADL; ELSE if DEPMED =2 AND if DEPFREQ = c(1-4, RF, DK), goto DEPLEVEL]

DEPLEVEL   **Thinking about the last time [fill:you/ALIAS] felt depressed, how depressed did [fill: you/they] feel? [*IF MODE=PHONE, READ:* Would you say a little, a lot, or somewhere in between?]**
1. A little
2. A lot
3. Somewhere in between a little and a lot
77. [Don't Know]
99. [Refused]

AD-8

[If answering about self or if roster relationship is familial, REFERNCEPERIOD = "in the last several years"; if roster relationship is not familial, REFERENCEPERIOD = "since you have known him/her"]

AD8_Intro   **[IF MODE = PHONE, read: "I'll now read some statements about [fill: you/him/her]. If there has been a change [fill: REFERENCEPERIOD] caused by [fill: you/him/her] thinking or memory problems, please say 'yes.'"] [IF MODE = WEB, display: "Please read the following statements and indicate whether [fill: you have experience/you have noticed] a change [fill: REFERENCEPERIOD] caused by thinking or memory problems.**
1. Yes
2. No
77. [Don't Know]
99. [Refused]

AD8_1   **[IF MODE = PHONE, read if needed: "Has there been a change in"] remember the month or year.**
1. Yes
2. No
77. [Don't Know]
99. [Refused]

AD8_2   [IF MODE = PHONE, read if needed: "Has there been a change in"] repeating questions, stories, or statements.
1.   Yes
2.   No
77.   [Don't Know]
99.   [Refused]

AD8_3   [IF MODE = PHONE, read if needed: "Has there been a change in"] amount of difficulty remembering appointments.
1.   Yes
2.   No
77.   [Don't Know]
99.   [Refused]

AD8_4   [IF MODE = PHONE, read if needed: "Has there been a change in"] amount of interest in hobbies or activities.
1.   Yes
2.   No
77.   [Don't Know]
99.   [Refused]

AD8_5   [IF MODE = PHONE, read if needed: "Has there been a change in"] amount of difficulty handling money matters like balancing a checkbook or paying bills.
1.   Yes
2.   No
77.   [Don't Know]
99.   [Refused]

AD8_6   [IF MODE = PHONE, read if needed: "Has there been a change in"] amount of trouble learning how to use a tool, appliance or gadget, for example a TV remote control or microwave.
1.   Yes
2.   No
77.   [Don't Know]
99.   [Refused]

AD8_7   [IF MODE = PHONE, read if needed: "Has there been a change in"] problems in judgement, for example falling for scams or buying inappropriate gifts.
1.   Yes
2.   No

77. [Don't Know]
99. [Refused]

AD8_8   **[IF MODE = PHONE, read if needed: "Has there been a change in"] daily problems with thinking or memory.**
1. Yes
2. No
77. [Don't Know]
99. [Refused]