

## Attachment 1: A listing of Proposed Changes

### Prescription Opioid Questions in Prescription Drug Module

OPD12M\_A. 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, dentist, or other health professional? Examples include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, and Percodan. If you are not sure, please tell me the name of the drug and I can look it up.

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

Universe: Sample adults 18+ who were prescribed medication in the past 12 months

Skip instructions:

<1> goto OPD3M\_A

<2,7,9> goto next section

OPD3M\_A. During the past 3 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?

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

Universe: Sample adults 18+ who were taking a prescription opioid in the past 12 months

Skip instructions:

<1> goto OPDACUTE\_A

<2,7,9> goto next section

OPDACUTE\_A. During the past 3 months, did you take a prescription opioid to treat short-term or acute pain, such as pain due to a broken bone or muscle sprain, pain from dental work, or pain following surgery?

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

Universe: Sample adults 18+ who were taking a prescription opioid in the past 3 months

Skip instructions: goto OPDCHRONIC\_A

OPDCHRONIC\_A. During the past 3 months, did you take a prescription opioid to treat long-term or chronic pain, such as low back pain, frequent headaches or migraines, or joint pain or arthritis?

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

Universe: Sample adults 18+ who were taking a prescription opioid in the past 3 months

Skip instructions:

<1> goto OPDFREQ\_A

<2,7,9> goto next section

OPDFREQ\_A. During the past 3 months, how often did you take a prescription opioid? Would you say some days, most days, or every day?

- 1 Some days
- 2 Most days
- 3 Every day
- 7 Refused
- 9 Don't know

Universe: Sample adults 18+ who were taking a prescription opioid in the past 3 months to treat long-term or chronic pain

Skip instructions: goto next section

### **Pain Management Questions For Rotating Pain Module**

PAIPHYSTPY\_A. Over the past three months, did you use any of the following to manage your pain?

... Physical therapy, rehabilitative therapy, or occupational therapy?

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

Universe: Sample adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip instructions: goto PAICHIRO\_A

PAICHIRO\_A. READ IF NECESSARY: Over the past three months, did you use any of the following to manage your pain?

...Spinal manipulation or other forms of chiropractic care?

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

Universe: Sample adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip instructions: goto PAITALKTPY\_A

PAITALKTPY\_A. READ IF NECESSARY: Over the past three months, did you use any of the following to manage your pain?

...Talk therapies such as cognitive-behavioral therapy (CBT)?

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

Universe: Sample adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip instructions: goto PAIPROGRAM\_A

PAIPROGRAM\_A. READ IF NECESSARY: Over the past three months, did you use any of the following to manage your pain?

...A chronic pain self-management program or workshop?

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

Universe: Sample adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip instructions: goto PAIGROUP\_A

PAIGROUP\_A. READ IF NECESSARY: Over the past three months, did you use any of the following to manage your pain?

...Chronic pain support groups?

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

Universe: Sample adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip instructions: goto PAIYOGA\_A

PAIYOGA\_A. READ IF NECESSARY: Over the past three months, did you use any of the following to manage your pain?

...Yoga or tai chi?

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

Universe: Sample adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip instructions: goto PAIMASSAGE\_A

PAIMASSAGE\_A. READ IF NECESSARY: Over the past three months, did you use any of the following to manage your pain?

...Massage?

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

Universe: Sample adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip instructions: goto PAIMEDIATE\_A

PAIMEDIATE\_A. READ IF NECESSARY: Over the past three months, did you use any of the following to manage your pain?

...Meditation, guided imagery, or other relaxation techniques?

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

Universe: Sample adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip instructions: goto next question in chronic pain module [PAIMNG3M\_A]

### **Arthritis Questions in Rotating Pain Module**

The next questions refer to your joints. Please do NOT include the back or neck.

ARTHRITIS\_1. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

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

UniverseText: Sample adults 18+

Skip instructions:

<1> ARTHRITIS\_2

<2,7,9> goto ARTHRITIS\_3

ARTHRITIS\_2. Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

- 00-10 0-10
- 97 Refused
- 99 Don't know

UniverseText: Sample adults who have had any symptoms of pain, aching, or stiffness in or around a joint during the past 30 days

Skip instructions: goto ARTHRITIS\_3

ARTHRITIS\_3. Earlier, you said that a doctor or other health professional had told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh). Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

UniverseText: Sample adults 18+ with joint pain or arthritis

Skip instructions: goto ARTHRITIS\_4

ARTHRITIS\_4. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

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

UniverseText: Sample adults 18+ with joint pain or arthritis

Skip instructions: goto ARTHRITIS\_5

ARTHRITIS\_5. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

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

UniverseText: Sample adults 18+ with joint pain or arthritis

Skip instructions: goto ARTHRITIS\_6

ARTHRITIS\_6. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

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

UniverseText: Sample adults 18+ with joint pain or arthritis

Skip instructions: goto next section

## Diabetes Continuous Insulin Use Questions in Diabetes Core Module

DIBINS2. Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?

- 1 Less than 1 month
- 2 1 month to less than 6 months
- 3 6 months to less than 1 year
- 4 year or more
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

Skip: 1-4,R,D goto DIBINS3

DIBINS3. Since you started taking insulin, have you ever stopped taking it for more than 6 months?

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

UniverseText: Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

Skip:

<1> if DIBINS2 = 1,2,3 [goto DIBINS4]; else goto next section.

<2,7,9> goto next section

DIBINS4. Was this only during the first year after you were diagnosed with diabetes?

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

UniverseText: Sample adults 18+ who started taking insulin within a year of being diagnosed with diabetes and stopped taking it for more than six months

Skip:

<1,2,7,9> goto next section

## **Biometric Questions**

We are considering new ways to collect information on America's health in the future. These would be in addition to this survey and you would be paid for the extra time and effort.

BIOMETRIC\_1. How willing would you be to have a nurse come to your home to measure your height, weight, and blood pressure? Would you say definitely willing, somewhat willing, somewhat unwilling, or definitely unwilling?

- 1 Definitely willing
- 2 Somewhat willing
- 3 Somewhat unwilling
- 4 Definitely unwilling
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto BIOMETRIC\_2

BIOMETRIC\_2. How willing would you be to go to a local health clinic to have your height, weight and blood pressure taken? Would you say definitely willing, somewhat willing, somewhat unwilling, or definitely unwilling?

- 1 Definitely willing
- 2 Somewhat willing
- 3 Somewhat unwilling
- 4 Definitely unwilling
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto BIOMETRIC\_3

BIOMETRIC\_3. How willing would you be to have a nurse come to your home to collect a sample of your blood? [READ IF NECESSARY: Would you say definitely willing, somewhat willing, somewhat unwilling, or definitely unwilling?]

- 1 Definitely willing
- 2 Somewhat willing
- 3 Somewhat unwilling
- 4 Definitely unwilling
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto BIOMETRIC\_4

BIOMETRIC4. How willing would you be to go to a local health clinic to give a sample of your blood? [READ IF NECESSARY: Would you say definitely willing, somewhat willing, somewhat unwilling, or definitely unwilling?]

- 1 Definitely willing
- 2 Somewhat willing
- 3 Somewhat unwilling
- 4 Definitely unwilling
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto BIOMETRIC\_5

Another way to collect information in the future is to get it from medical records. Medical records include your medical history, such as laboratory test results, clinical notes, and current list of medications.

BIOMETRIC\_5. How willing would you be to give us permission to directly contact your doctors or other health professionals and get your health information from your medical records? Would you say definitely willing, somewhat willing, somewhat unwilling, or definitely unwilling?

- 1 Definitely willing
- 2 Somewhat willing
- 3 Somewhat unwilling
- 4 Definitely unwilling
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto BIOMETRIC\_6

BIOMETRIC\_6. We could also provide you with an electronic device to wear on your wrist to monitor your heart rate, physical activity, and sleep for one week. How willing would you be to wear this electronic device and provide the data from the device to us?

- 1 Definitely willing
- 2 Somewhat willing
- 3 Somewhat unwilling
- 4 Definitely unwilling
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto next section

## **Respondent burden questions**

Last, we have a few questions about your experience with this survey.

BURDEN\_1. How burdensome was this survey to you?

- 1 Not at all burdensome
- 2 A little burdensome
- 3 Moderately burdensome
- 4 Very burdensome
- 5 Extremely burdensome
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto BURDEN\_2

BURDEN\_2. How difficult or easy was it for you to answer the questions in this survey?

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto BURDEN\_3

BURDEN\_3. How sensitive were the questions in this survey?

- 1 Not at all sensitive
- 2 A little sensitive
- 3 Moderately sensitive
- 4 Very sensitive
- 5 Extremely sensitive
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

Skip: goto next section