MODE = WEB, CATI

REFUSALS/DON'T KNOW:

CAWI REFUSALS/DK:
DO NOT INCLUDE DON'T KNOW/REFUSED OPTIONS ON SCREEN FOR CAWI UNLESS SPECIFIED IN ITEM RESPONSE OPTIONS. CODE REFUSALS/SKIPS AS FOLLOWS:
    IMPLICIT REFUSAL/WEB SKIP = -6
    DON'T KNOW (WHEN SPECIFIED ON SCREEN) = -9

CATI REFUSALS/DK:
INCLUDE THE FOLLOWING DON'T KNOW/REFUSED OPTIONS FOR INTERVIEWERS ON SCREEN FOR ALL QUESTIONS IN CATI. INTERVIEWERS SHOULD NOT READ REF/DK OPTIONS UNLESS OTHERWISE SPECIFIED IN RESPONSE OPTIONS. CODE AS FOLLOWS:
    REFUSAL = -7
    DON'T KNOW = -9

LEGITIMATE SKIPS
CODE ALL LEGITIMATE SKIPS FOR CATI AND CAWI AS FOLLOWS:
    LEGITIMATE SKIP = -8

ANSWER REQUIREMENT/ PROMPTS AND VALIDATION
RESPONDENTS SHOULD BE ABLE TO SKIP ALL ITEMS, AND NO ITEMS SHOULD BE REQUIRED. DO NOT USE SOFT PROMPTS FOR ITEMS THAT ARE SKIPPED. ERROR/VALIDATION MESSAGES (E.G., OUT OF BOUNDS RESPONSES) SHOULD BE PROGRAMMED AS SPECIFIED.

QUESTION INFORMATION FORMATTING:
ALL QUESTIONS WILL BE FORMATTED AS FOLLOWS:
[UNIVERSE/SKIP LOGIC]
[QUESTION TYPE]
    DISP = TEXT DISPLAY
    S = SINGLE RESPONSE
    M = MULTI-CHECK
    NUMBOX = NUMERIC INPUT
    TEXTBOX = TEXT INPUT
    GRID = MATRIX GRID
VARIABLE NAME
QUESTION STEM
    IF CAWI/CATI QUESTION TEXT IS DIFFERENT, "[CAWI]" AND "[CATI]" WILL PRECEDE MODE SPECIFIC TEXT
CAWI RESPONSE OPTIONS
CATI RESPONSE OPTIONS IF DIFFERENT FROM CAWI; ELSE ONLY ONE COMMON SET OF RESPONSE OPTIONS WILL BE SPECIFIED.

CATI INSTRUCTIONS AND RESPONSE OPTIONS THAT SHOULD **NOT** BE READ WILL BE IN ALL CAPS. CATI RESPONSE OPTIONS WILL ALSO INCLUDE "DO NOT READ" INSTRUCTIONS; ELSE CATI TEXT/RESPONSE

OPTIONS SHOULD BE READ BY INTERVIEWER. NORC/IPSOS MAY FORMAT RESPONSE OPTIONS THAT SHOULD NOT BE READ AS ALL CAPS AND/OR IN LOWER CASE WITH EXPLICIT "DO NOT READ" INSTRUCTIONS.

ON WEB DISPLAY ONE ITEM PER PAGE UNLESS OTHERWISE SPECIFIED. SCREEN BREAKS ARE DENOTED BY LINES BETWEEN ITEMS.

CREATE VARIABLES:
QUEX_LANG
BASED ON LANGUAGE SELECTED IN INSTRUMENT:
    ENGLISH = 1
    SPANISH = 2

PRELOAD PROFILE DEMOGRAPHICS AND RENAME/CREATE VARIABLES AS FOLLOWS:
HHSIZE
    NUMERIC HH SIZE, CAPPED AT 6+
AGE
    NORC = DOB (RECODE DOB TO AGE IN YEARS)
    IPSOS = AGECONS
        NUMERIC AGE IN YEARS
SEX
    NORC = S_GENDER
    IPSOS = QGENDER
        1   MALE
        2   FEMALE
EDUCATION
    NORC = EDUCATION
    IPSOS = Q15 AND Q15A (RECODE INTO ONE VARIABLE)
        1   No formal education
        2   1st, 2nd, 3rd, or 4th grade
        3   5th or 6th grade
        4   7th or 8th grade
        5   9th grade
        6   10th grade
        7   11th grade
        8   12th grade NO DIPLOMA
        9   HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)
        10   Some college, no degree
        11   Associate degree
        12   Bachelor's degree
        13   Master's degree
        14   Professional or Doctorate degree

RACE
    NORC = RACE_1
    IPSOS = CPSRACE & CPSASIAN (RECODE INTO ONE VARIABLE)
        1   White
        2   Black or African American

3	American Indian or Alaska Native
4	Asian Indian
5	Chinese
6	Filipino
7	Japanese
8	Korean
9	Vietnamese
10	Other Asian
11	Native Hawaiian
12	Guamanian or Chamorro
13	Samoan
14	Other Pacific Islander
15	Some other race

HISPAN

NORC = HISPAN

IPSOS = Q13

1	Not Hispanic
2	Mexican, Mexican American, Chicano
3	Puerto Rican
4	Cuban
5	Other Spanish/Hispanic/Latino

INCOME

NORC = INCOME

IPSOS = Q35 & Q36 (RECODE INTO ONE VARIABLE)

1	Less than $5,000
2	$5,000 to $9,999
3	$10,000 to $14,999
4	$15,000 to $19,999
5	$20,000 to $24,999
6	$25,000 to $29,999
7	$30,000 to $34,999
8	$35,000 to $39,999
9	$40,000 to $49,999
10	$50,000 to $59,999
11	$60,000 to $74,999
12	$75,000 to $84,999
13	$85,000 to $99,999
14	$100,000 to $124,999
15	$125,000 to $149,999
16	$150,000 to $174,999
17	$175,000 to $199,999
18	$200,000 or more

INTRODUCTION

[DISPLAY IF CAWI]

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. The information being collected will assist NCHS and CDC in their ongoing efforts to track the health of the American public. Your data will be kept 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 Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583).

If you have any questions about your rights as a participant in this research study, call NCHS' Ethics Review Board toll-free at 1-800-223-8118 and mention you are calling about Protocol #2023-04. Your call will be returned as soon as possible.

[PROGRAMMER: REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BOARDED BY THIN BLACK BOX/OUTLINE]

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS H21-8, Atlanta, GA 30333; ATTN: PRA (0920-1408).

We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), and the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. § 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

- We are asking for your help on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.
- This survey will take on average 20 minutes 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.
- The information being collected will assist NCHS and CDC in their ongoing efforts to track the health of the American public.
- Your data will be kept confidential, and will be used for statistical purposes only by NCHS staff and agents and will not be disclosed or released to other persons without your consent.
- If you have any questions about your rights as a participant in this research study, call NCHS' Ethics Review Board toll-free at 1-800-223-8118 and mention you are calling about Protocol #2023-04. Your call will be returned as soon as possible.

[PROGRAMMER: REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BOARDED BY THIN BLACK BOX/OUTLINE]

[CATI] READ THE FOLLOWING IF THE RESPONDENT HAS ADDITIONAL QUESTIONS ABOUT BURDEN, PRIVACY, OR CONFIDENTIALITY

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS H21-8, Atlanta, GA 30333; ATTN: PRA (0920-1408).

We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), and Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. § 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

[PROGRAMMER: SECTION HEADERS ARE FOR INTERNAL USE ONLY. DO NOT PROGRAM TO APPEAR ON SCREEN.]

[CREATE "START_TIME" AND "START_DATE"; RECORD START_TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

HIS - SELF-REPORTED HEALTH STATUS

[CREATE "START_HIS" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[S]
HIS_GENERAL
[CAWI] Would you say your health in general is...

[CATI] Would you say your health in general is excellent, very good, good, fair, or poor?

[CAWI RESPONSE OPTIONS:]
   1   Excellent
   2   Very good
   3   Good
   4   Fair
   5   Poor

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   EXCELLENT
   2   VERY GOOD
   3   GOOD
   4   FAIR
   5   POOR

[CREATE "END_HIS" AND RECORD TIME IN HH:MM:SS]

CHR - CHRONIC CONDITIONS

[CREATE "START_CHR" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[S]
CHR_HYPEV
Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

[CAWI] *If you take medication to control your high blood pressure, please answer yes.*

[CATI] ENTER '1' (YES) IF RESPONDENT IS TAKING MEDICATION TO CONTROL HIS/HER HIGH BLOOD PRESSURE.

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   YES
        0   NO

Have you <u>ever</u> been told by a doctor or other health professional that you had high cholesterol?

If you take medication to control your high cholesterol, please answer yes.

ENTER '1' IF RESPONDENT IS TAKING MEDICATION TO CONTROL HIS/HER HIGH CHOLESTEROL.

        1   Yes
        0   No

        1   YES
        0   NO

Have you <u>ever</u> been told by a doctor or other health professional that you had…

A heart attack, also called myocardial infarction?

        1   Yes
        0   No

        1   YES
        0   NO

A stroke?

        1   Yes

0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW ALL]
[S]
CHR_CANEV
Cancer or a malignancy of any kind?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[PROGRAMMER: DISPLAY CHR_HRTEV – CHR_CANEV ON THE SAME PAGE]

_____

[SHOW ALL]
[S]
CHR_ASEV
Have you <u>ever</u> been told by a doctor or other health professional that you had asthma?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

_____

[SHOW IF CHR_ASEV=1]
[S]
CHR_ASTILL
Do you still have asthma?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   YES
        0   NO

During the past 12 months, have you had an episode of asthma or an asthma attack?

[CAWI RESPONSE OPTIONS:]
        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   YES
        0   NO

These next questions are about illnesses or health problems that your biological relatives had.

Do not include relatives who you are related to by marriage or adoption. Include your biological parents, brothers, sisters, children, and grandparents.

Have any of your biological relatives ever had...

A heart attack, also called myocardial infarction?

[CAWI RESPONSE OPTIONS:]
        1   Yes
        0   No
        -9   I don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   YES
        0   NO

A stroke?
[CAWI RESPONSE OPTIONS:]

1   Yes
0   No
-9   I don't know

1   YES
0   NO

[SHOW ALL]
[S]
CHR_RCANEV
Cancer or a malignancy of any kind?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No
-9   I don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
1   NO

[PROGRAMMER: DISPLAY GEN_RHRTEV - CHR_RCANEV ON THE SAME PAGE]

[CREATE "END_CHR" AND RECORD TIME IN HH:MM:SS]

DIFFICULTY WITH VISION/HEARING/COMMUNICATION/COGNITION

[CREATE "START_DIS" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[S]
DIS_GLASS
Do you wear glasses or contact lenses?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW ALL]
[S]
DIS_DIFSEE

Do you have difficulty [IF DIS_GLASS=1, FILL: seeing, even when wearing glasses; ELSE, FILL: seeing]?
[CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]
1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

[SHOW ALL]
[S]
DIS_AID
Do you use a hearing aid?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW ALL]
[S]
DIS_DIFHEAR
Do you have difficulty [IF DIS_AID =1, FILL: hearing, even when using your hearing aids; ELSE, FILL: hearing]? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]
1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY

4   CANNOT DO THIS AT ALL

Do you have difficulty walking or climbing steps? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]
1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

Using your usual language, do you have difficulty communicating, for example, understanding or being understood? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]
1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NO DIFFICULTY
2   SOME DIFFICULTY
3   A LOT OF DIFFICULTY
4   CANNOT DO THIS AT ALL

Do you have difficulty remembering or concentrating? [CATI] 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 this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW ALL]
[S]
DIS_DIFCARE
Do you have difficulty with self-care, such as washing all over or dressing? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[CREATE "END_DIS" AND RECORD TIME IN HH:MM:SS]

SOC - SOCIAL/WORK LIMITATIONS
[CREATE "START_SOC" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[S]
SOC_ERRANDS
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty

    4   Cannot do this at all

    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW ALL]
[S]
SOC_PARACTIV
Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities, such as visiting friends, attending clubs and meetings, or going to parties? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]
    1   No difficulty
    2   Some difficulty
    3   A lot of difficulty
    4   Cannot do this at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   NO DIFFICULTY
    2   SOME DIFFICULTY
    3   A LOT OF DIFFICULTY
    4   CANNOT DO THIS AT ALL

[SHOW ALL]
[S]
SOC_SCWRKLIM
Are you limited in the kind <u>or</u> amount of work you can do because of a physical, mental, or emotional problem?

Work includes paid work, volunteer work, school work, and homework.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO
[CREATE "END_SOC" AND RECORD TIME IN HH:MM:SS]

ACC – ACCESS/UTILIZATION

ACC_HTHINTRO
These next questions are about your health care.

ACC_HTHLAST
About how long has it been since you last saw a doctor or other health professional about your health?

Include doctors seen while a patient in a hospital. Do not include dental care.

[CAWI RESPONSE OPTIONS:]
  1   Less than 12 months ago
  2   More than 1 year but less than 2 years ago
  3   More than 2 years but less than 3 years ago
  4   More than 3 years but less than 5 years ago
  5   More than 5 years but less than 10 years ago
  6   10 years ago or more
  0   Never

[CATI RESPONSE OPTIONS – READ IF NECESSARY:]
  1   Within the past year (ANY TIME LESS THAN 12 MONTHS AGO)
  2   Within the last 2 years (MORE THAN 1 YEAR BUT LESS THAN 2 YEARS AGO)
  3   Within the last 3 years (MORE THAN 2 YEARS BUT LESS THAN 3 YEARS AGO)
  4   Within the last 5 years (MORE THAN 3 YEARS BUT LESS THAN 5 YEARS AGO)
  5   Within the last 10 (MORE THAN 5 YEARS BUT LESS THAN 10 YEARS AGO)
  6   10 years ago or more
  0   Never

ACC_HTHUSUAL
Is there a place that you usually go to if you are sick and need health care?

[CAWI RESPONSE OPTIONS:]
  1   Yes, there is a single place

3   Yes, there is more than one place
2   No, there is no place

1   YES
2   THERE IS NO PLACE
3   THERE IS MORE THAN ONE PLACE

_____

[SHOW IF ACC_HTHUSUAL = 1, 3]
[S]
ACC_HTHTYPE
What kind of place [IF ACC_HTHUSUAL=1, FILL: is it; ELSE, FILL: do you go to most often]? [CATI] Is it a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; a VA medical center or VA outpatient clinic; or some other place?

A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and usually do not see the same health care provider at each visit.

[CAWI RESPONSE OPTIONS:]
1   A doctor's office or health center
2   Urgent care center or clinic in a drug store or grocery store
3   Hospital emergency room
4   A VA medical center or VA outpatient clinic
5   Some other place
0   I do not go to one place most often

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   A DOCTOR'S OFFICE OR HEALTH CENTER
2   URGENT CARE CENTER OR CLINIC IN A DRUG STORE OR GROCERY STORE
3   HOSPITAL EMERGENCY ROOM
4   A VA MEDICAL CENTER OR VA OUTPATIENT CLINIC
5   SOME OTHER PLACE
0   YOU DO NOT GO TO ONE PLACE MOST OFTEN

_____
[SHOW ALL]
[NUMBOX]
ACC_URGENT

During the past 12 months, how many times have you gone to an urgent care center or a clinic in a drug store or grocery store about your health?

Urgent care centers and clinics or drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

This is different from a hospital emergency room.

[CATI] ENTER '96' IF NUMBER IS 96 OR GREATER.

[PROGRAMMER: DISPLAY ERROR MESSAGE IF >96: Please enter a number between 0 and 96.]

[NUMBOX] times [RANGE=0-96]

[SHOW ALL]
[NUMBOX]
ACC_HOSP

During the past 12 months, how many times have you gone to a hospital emergency room about your health?

This includes emergency room visits that resulted in a hospital admission.

[CATI] ENTER '96' IF NUMBER IS 96 OR GREATER.

[PROGRAMMER: DISPLAY ERROR MESSAGE IF >96: Please enter a number between 0 and 96.]

[NUMBOX] times [RANGE=0-96]

[SHOW ALL]
[S]
ACC_HOSP12M
During the past 12 months, have you been hospitalized overnight?

Do not include an overnight stay in the emergency room.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[CREATE "END_ACC" AND RECORD TIME IN HH:MM:SS]

HCA – HEALTH CARE ACCESS

HCA_DLYCOST
During the past 12 months, have you <u>delayed</u> getting medical care because of the cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

HCA_DNTCOST
During the past 12 months, was there any time when you needed medical care, but <u>did not get it</u> because of the cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

CIG - HEALTH BEHAVIORS (CIGARETTE SMOKING)

CIG_SMKEV
Have you smoked at least 100 cigarettes in your <u>entire life</u>?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CIG_SMKEV=1]
[S]
CIG_SMKNOW
Do you <u>now</u> smoke cigarettes every day, some days, or not at all?

[CAWI RESPONSE OPTIONS:]
    1   Every day
    2   Some days
    3   Not at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   EVERY DAY
    2   SOME DAYS
    3   NOT AT ALL

[SHOW ALL]
[S]
CIG_ECIGEV
Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

Electronic cigarettes, e-cigarettes, and other electronic vaping products include JUULs, vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

These questions concern electronic vaping products for nicotine use.

Do not include marijuana use.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CIG_ECIGEV=1]
[S]
CIG_ECIGNOW
Do you <u>now</u> use e-cigarettes or other electronic vaping products every day, some days, or not at all?

These questions concern electronic vaping products for nicotine use.

19

Do not include marijuana use.

FAMILY HEALTH HISTORY

[CREATE "START_FHH" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[DISP]
FHH_INTRO
The next questions are about your family health history. This includes illnesses, past diagnoses, and health problems that your relatives had.

Do not include relatives who you are related to by marriage or adoption. Include your biological parents, brothers, sisters, children, and grandparents.

[SHOW ALL]
[S]
FHH_HISTIMP
How important is knowing your family health history to your own health? [CATI] Would you say it is not at all important, somewhat important, or very important?

[CAWI RESPONSE OPTIONS:]
    0   Not at all important
    1   Somewhat important
    2   Very important

[CATI RESPONSE OPTIONS – DO NOT READ:]
    0   NOT AT ALL IMPORTANT
    1   SOMEWHAT IMPORTANT
    2   VERY IMPORTANT

[SHOW ALL]

FHH_DISP1

How much do you know about the health history of your <biological parents and grandparents>? [CATI]
Would you say you know nothing at all, some, or a lot about the health history of your biological...?

[PROGRAMMER: HYPERLINK "BIOLOGICAL PARENTS AND GRANDPARENTS" AND SHOW THE FOLLOWING TEXT IN POP-UP WHEN LINK IS CLICKED: Do not include relatives who you are related to by marriage or adoption. Include your biological parents, brothers, sisters, children, and grandparents. RECORD LINK CLICKS.]

[SHOW ALL]
[S]
FHH_MOM
Mother?

[CAWI RESPONSE OPTIONS:]
  0   Nothing at all
  1   Some
  2   A lot

[CATI RESPONSE OPTIONS – DO NOT READ:]
  0   NOTHING AT ALL
  1   SOME
  2   A LOT

[SHOW ALL]
[S]
FHH_FATH
Father?

[CAWI RESPONSE OPTIONS:]
  0   Nothing at all
  1   Some
  2   A lot

[CATI RESPONSE OPTIONS – DO NOT READ:]
  0   NOTHING AT ALL
  1   SOME
  2   A LOT

[SHOW ALL]
[S]
FHH_MATGP
Mother's parents, that is, either of your maternal grandparents?
[CAWI RESPONSE OPTIONS:]
  0   Nothing at all
  1   Some
  2   A lot

    0   NOTHING AT ALL
    1   SOME
    2   A LOT

[SHOW ALL]
[S]
FHH_PATGP
Father's parents, that is, either of your paternal grandparents?

[CAWI RESPONSE OPTIONS:]
    0   Nothing at all
    1   Some
    2   A lot

[CATI RESPONSE OPTIONS – DO NOT READ:]
    0   NOTHING AT ALL
    1   SOME
    2   A LOT

[PROGRAMMER: DISPLAY FHH_MOM-FHH_PATGP ON THE SAME PAGE]

[SHOW ALL]
[S]
FHH_COLLECT
Have you ever actively collected health information from your <biological relatives> for purposes of developing a family health history?

[PROGRAMMER: HYPERLINK "BIOLOGICAL RELATIVES" AND SHOW THE FOLLOWING TEXT IN POP-UP WHEN LINK IS CLICKED: Do not include relatives who you are related to by marriage or adoption. Include your biological parents, brothers, sisters, children, and grandparents. RECORD LINK CLICKS.]

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
FHH_OTHER

Have you ever shared your family health history with <u>other relatives</u>, to make them aware of their own health risks?

    1   Yes
    0   No

    1   YES
    0   NO

[SHOW ALL]
FHH_HCP
Have you ever shared your family health history with your <u>doctor or health care provider</u>, such as through forms you filled out during visits, patient portals, or conversations with your doctor?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
FHH_DIFCOL
How difficult is it to collect information about the health history of my <biological relatives>. [CATI] Would you say you say not at all difficult, somewhat difficult, or very difficult?

[PROGRAMMER: HYPERLINK "BIOLOGICAL RELATIVES" AND SHOW THE FOLLOWING TEXT IN POP-UP WHEN LINK IS CLICKED: Do not include relatives who you are related to by marriage or adoption. Include your biological parents, brothers, sisters, children, and grandparents. RECORD LINK CLICKS.]

[CAWI RESPONSE OPTIONS:]
    0   Not at all difficult
    1   Somewhat difficult
    2   Very difficult

[CATI RESPONSE OPTIONS – DO NOT READ:]
    0   NOT AT ALL DIFFICULT
    1   SOMEWHAT DIFFICULT
    2   VERY DIFFICULT

FHH_DISP2

Do any of the following reasons make it difficult to collect information about the health history of your <biological relatives>?

[PROGRAMMER: HYPERLINK "BIOLOGICAL RELATIVES" AND SHOW THE FOLLOWING TEXT IN POP-UP WHEN LINK IS CLICKED: Do not include relatives who you are related to by marriage or adoption. Include your biological parents, brothers, sisters, children, and grandparents. RECORD LINK CLICKS.]

[SHOW ALL]
[S]
FHH_KNWCOL
[CATI: You; CAWI: I] do not know what information to collect.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW ALL]
[S]
FHH_ORG
[CATI: You; CAWI: I] find it hard to organize or store the information.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
FHH_NOCONT
[CATI: You; CAWI: I] are not in contact with [CATI: your; CAWI: my] relatives or they are no longer alive.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
FHH_UNCOMF
[CATI: You are; CAWI: I am] uncomfortable asking [CATI: your; CAWI: my] relatives.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
FHH_DIFOTHER
Some other reason?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY FHH_KNWCOL-FHH_DIFOTHER ON THE SAME PAGE]

[CREATE "END_FHH" AND RECORD TIME IN HH:MM:SS]

GENETIC TESTING FOR CANCER AND HEART DISEASE
[CREATE "START_GEN" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[DISP]
GEN_INTRO
The next questions are about genetic testing. This is when your blood or saliva is tested to see if you are at high risk of getting certain diseases in the future due to your genes. This <u>does not</u> include tests to determine if you have the disease now.

Include genetic testing done by a health care provider or genetic counselor or from a home test, such as 23andMe or Color Genomics.

[SHOW ALL]
[DISP]
GEN_DISP1
Have you <u>ever</u> had a genetic test to determine if you have a greater risk of getting...

[SHOW ALL]
[S]
GEN_CANTST
Cancer?
    1   Yes
    0   No
   -9   I don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW ALL]
[S]
GEN_HRTTST
Heart disease?
    1   Yes
    0   No
   -9   I don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    2   NO

[PROGRAMMER: DISPLAY GEN_CANTST-GEN_HRTTST ON THE SAME PAGE]

[SHOW IF GEN_CANTST=0, -6,-7, -9]
[S]
GEN_CANKNW
Prior to taking this survey, did you know that genetic tests can be used to see if a person has a high risk of getting cancer in the future?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GEN_HRTTST=0, -6,-7, -9]
[S]
GEN_HRTKNW
Prior to taking this survey, did you know that genetic tests can be used to see if a person has a high risk of getting heart disease in the future?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANTST=0, -6,-7, -9]
[S]
GEN_CANINT
Are you interested in getting a genetic test to find out if you are at high risk of getting cancer in the future?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_HRTTST=0,-6,-7, -9]
[S]
GEN_HRTINT
Are you interested in getting a genetic test to find out if you are at high risk of getting heart disease in the future?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GEN_CANTST=1 OR GEN_HRTTST=1]
[DISP]
GEN_DISP2

Why did you have genetic testing to find out if you are at high risk of getting [IF GEN_CANTST=1 AND GEN_HRTTST=0, -6,-7,-9, FILL: cancer; IF_GEN_CANTST=0, -6,-7,-9 AND GEN_HRTTST=1, FILL: heart disease; IF GEN_CANTST=1 AND GEN_HRTTST=1, FILL: cancer and heart disease] in the future? [CATI] Is it because...

[SHOW IF GEN_CANTST=1 OR GEN_HRTTST=1]
[S]
GEN_SHRSLT1
[CATI: You; CAWI: I] want to share the genetic test results with [CATI: your; CAWI: my] relatives.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANTST=1 OR GEN_HRTTST=1]
[S]
GEN_KNWDIFF1
Knowing [CATI: your; CAWI: my] risk of [IF GEN_CANTST=1 AND GEN_HRTTST=0, -6,-7,-9, FILL: cancer; IF_GEN_CANTST=0, -6,-7,-9, AND GEN_HRTTST=1, FILL: heart disease; GEN_CANTST=1 AND GEN_HRTTST=1, FILL: cancer and heart disease] would make a difference in [CATI: your; CAWI: my] health care decisions.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANTST=1 OR GEN_HRTTST=1]
[S]
GEN_KNWCHG1
Knowing [CATI: your; CAWI: my] risk of [IF GEN_CANTST=1 AND GEN_HRTTST=0, -6,-7,-9, FILL: cancer; IF_GEN_CANTST=0, -6,-7,-9, AND GEN_HRTTST=1, FILL: heart disease; IF GEN_CANTST=1 AND GEN_HRTTST=1, FILL: cancer and heart disease] would encourage [CATI: you; CAWI: me] to change [CATI: your; CAWI: my] health habits.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANTST=1 OR GEN_HRTTST=1]
[S]
GEN_DRREC1
[CATI: Your; CAWI: My] doctor or health care provider recommended [CATI: you; CAWI: I] get a genetic test for [IF GEN_CANTST=1 AND GEN_HRTTST=0, -6,-7,-9, FILL: cancer; IF GEN_CANTST=0, -6,-7,-9, AND GEN_HRTTST=1, FILL: heart disease; IF GEN_CANTST=1 AND GEN_HRTTST=1, FILL: cancer and heart disease].

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[PROGRAMMER: DISPLAY GEN_SHRSLT1- GEN_DRREC1 ON THE SAME PAGE]

[SHOW IF GEN_CANINT=1 OR GEN_HRTINT=1]
[DISP]
GEN_DISP3
Why are you interested in having genetic testing to find out if you are at high risk of getting [IF GEN_CANINT=1 AND GEN_HRTINT=0, -6,-7,-9, FILL: cancer; IF GEN_CANINT=0-6,-7,-9, AND GEN_HRTINT=1, FILL: heart disease; IF GEN_CANINT=1 AND GEN_HRTINT=1, FILL: cancer and heart disease] in the future? [CATI]: Is it because...

[SHOW IF GEN_CANINT=1 OR GEN_HRTINT=1]
[S]
GEN_SHRSLT2
[CATI: You; CAWI: I] want to share the genetic test results with [CATI: your; CAWI: my] relatives.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    2   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    2   NO

[SHOW IF GEN_CANINT=1 OR GEN_HRTINT=1]
[S]
GEN_KNWDIFF2
Knowing [CATI: your; CAWI: my] risk of getting [IF GEN_CANINT=1 AND GEN_HRTINT=0, -6,-7,-9, FILL: cancer; IF GEN_CANINT=0, -6,-7,-9, AND GEN_HRTINT=1, FILL: heart disease; IF GEN_CANINT=1 AND GEN_HRTINT=1, FILL: cancer and heart disease] would make a difference in [CATI: your; CAWI: my] health care decisions.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    2   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    2   NO

[SHOW IF GEN_CANINT=1 OR GEN_HRTINT=1]
[S]
GEN_KNWCHG2
Knowing [CATI: your; CAWI: my] risk of [IF GEN_CANINT=1 AND GEN_HRTINT=0, -6,-7,-9, FILL: cancer; IF GEN_CANINT=0, -6,-7,-9, AND GEN_HRTINT=1, FILL: heart disease; IF GEN_CANINT=1 AND GEN_HRTINT=1, FILL: cancer and heart disease] would encourage [CATI: you; CAWI: me] to change [CATI: your; CAWI: my] health habits.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    2   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    2   NO

[SHOW IF GEN_CANINT=1 OR GEN_HRTINT=1]
[S]
GEN_DRREC2
[CATI: Your; CAWI: My] doctor or health care provider recommended [CATI: you; CAWI: I] get a genetic test for [IF GEN_CANINT=1 AND GEN_HRTINT=0, -6,-7,-9, FILL: cancer; IF GEN_CANINT=0, -6,-7,-9, AND GEN_HRTINT=1, FILL: heart disease; IF GEN_CANINT=1 AND GEN_HRTINT=1, FILL: cancer and heart disease]?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    2   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    2   NO

[PROGRAMMER: DISPLAY GEN_SHRSLT2- GEN_DRREC2 ON THE SAME PAGE]

_____

[SHOW IF GEN_CANINT=0 OR GEN_HRTINT=0]
[DISP]
GEN_DISP4
Why aren't you interested in having genetic testing to find out if you are at high risk for getting [IF GEN_CANINT=0 AND (GEN_HRTTST=1 OR GEN_HRTINT=1), FILL: cancer; IF GEN_HRTINT =0 AND (GEN_CANINT = 1 OR GEN_CANTST=1), FILL: heart disease; IF GEN_CANINT=0 AND GEN_HRTINT=0, FILL: cancer or heart disease] in the future? [CATI] Is it because…

[SHOW IF GEN_CANINT=0 OR GEN_HRTINT=0]
[S]
GEN_STRESS
Knowing that [CATI: you; CAWI: I] have a high risk of [IF GEN_CANINT=0 AND (GEN_HRTTST=1 OR GEN_HRTINT=1), FILL: cancer; IF GEN_HRTINT =0 AND (GEN_CANINT = 1 OR GEN_CANTST=1), FILL: heart disease; IF GEN_CANINT=0 AND GEN_HRTINT=0, FILL: cancer or heart disease] would make [CATI: you; CAWI: me] anxious or stressed.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANINT=0 OR GEN_HRTINT=0]
[S]
GEN_NOHELP
[CATI: You; CAWI: I] do not think the genetic test results would be helpful to [CATI: you; CAWI: me].

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANINT=0 OR GEN_HRTINT=0]
[S]
GEN_NOREC
[CATI: Your; CAWI: My] doctor or other health care provider has not recommended genetic testing for
[IF GEN_CANINT=0 AND (GEN_HRTTST=1 OR GEN_HRTINT=1), FILL: cancer; IF GEN_HRTINT =0 AND
(GEN_CANINT = 1 OR GEN_CANTST=1), FILL: heart disease; IF GEN_CANINT=0 AND GEN_HRTINT=0, FILL:
cancer or heart disease] to [CATI: you; CAWI: me].

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANINT=0 OR GEN_HRTINT=0]
[S]
GEN_KEEP
[CATI: You are; CAWI: I am] concerned that [CATI: your; CAWI: my] genetic test results could impact
[CATI: your; CAWI: my] ability to get or keep insurance or a job?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANINT=0 OR GEN_HRTINT=0]
[S]
GEN_MISUSE
[CATI: You are; CAWI: I am] are concerned that [CATI: your; CAWI: my] genetic test results could be
misused or shared with people who [CATI: you; CAWI: I] do not want to see them.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF GEN_CANINT=0 OR GEN_HRTINT=0]
[S]
GEN_COST

[CATI: You are; CAWI: I am] concerned about the cost of the test.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[PROGRAMMER: DISPLAY GEN_STRESS-GEN_COST ON THE SAME PAGE]

EMP – EMPLOYMENT

[CREATE "START_EMP" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[S]
EMP_EMPLOY
Last week, did you work for pay at a job or business?

[CAWI] If you work at a family business, but not for pay, select yes.

[CATI] If you work at a family business, but not for pay, please tell me that too.

[CATI] INTERVIEWER - IF THE RESPONDENT SAYS THEY WORK, BUT NOT FOR PAY, AT A FAMILY-OWNED JOB OR BUSINESS, ENTER '1' FOR YES.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF EMP_EMPLOY=0, -6, -7, -9]
[S]
EMP_ABSENTWK
Did you have a job or business last week, but were temporarily absent due to illness, vacation, family or maternity leave, or some other reason?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   YES
0   NO

[S]
EMP_WHYNOWRK
What is the <u>main</u> reason you were not working for pay at a job or business last week?

[CAWI RESPONSE OPTIONS:]

    0   Unemployed, laid off, looking for work
    1   Seasonal or contract work
    2   Retired
    3   Unable to work for health reasons or disabled
    4   Taking care of house or family
    5   Going to school
    6   Working at a family-owned job or business, but not for pay
    7   Other

[CATI RESPONSE OPTIONS – READ IF NECESSARY:]

    0   Unemployed, laid off, looking for work
    1   Seasonal or contract work
    2   Retired
    3   Unable to work for health reasons or disabled
    4   Taking care of house or family
    5   Going to school
    6   Working at a family-owned job or business, but not for pay
    7   Other

[S]
EMP_LOOK
Are you actively looking for work?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[NUMBOX]
EMP_NUMJOB

How many jobs do you currently work?

If you are self-employed, count work with multiple customers, clients, or businesses as one job.

[PROGRAMMER: DISPLAY ERROR MESSAGE IF > 20: Please enter a number between 1 and 20.]

[NUMBOX] jobs [RANGE 1-20]

[SHOW IF EMP_NUMJOB = 2-20]
[NUMBOX]
EMP_ALLHRS
In a typical week, about how many hours do you work at all your jobs or businesses combined?

[PROGRAMMER: DISPLAY ERROR MESSAGE IF > 99: Please enter a number between 1 and 99.]

[NUMBOX] hours [RANGE 1-99]

[SHOW IF EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1]
[NUMBOX]
EMP_HRSMAIN
In a typical week, [IF EMP_NUMJOB = 1, FILL: about how many hours do you work; IF EMP_NUMJOB = 2-20, -6, -7, -9, FILL: about how many hours do you work at your main job or business, that is, the job at which you usually work the most hours]?

[PROGRAMMER: DISPLAY ERROR MESSAGE IF > 99: Please enter a number between 1 and 99.]

[NUMBOX] hours [RANGE 1-99]

[SHOW IF EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1]
[S]
EMP_HRSMORE
At your [IF EMP_NUMJOB = 1, FILL: job; IF EMP_NUMJOB = 2-20, -6, -7, -9, FILL: main job, that is, the job at which you usually work the most hours,] would you like to work more hours, about the same hours, or fewer hours?

    1   More hours
    2   About the same number of hours
    3   Fewer hours

[SHOW IF EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1]

EMP_TYPE
[GRID]
At your, [IF EMP_NUMJOB=1, FILL: job; IF EMP_NUMJOB = 2-20, -6, -7, -9, FILL: main job, that is, the job at which you usually work the most hours,] are you...

[PROGRAMMER: DISPLAY EMP_TYPEA-EMP_TYPEF IN GRID FORMAT WITH Y/N RESPONSE COLUMNS, WHERE YES=1 AND NO=0]

EMP_TYPEA Employed directly by a business, company, government, or nonprofit organization?
EMP_TYPEB Employed by a temporary employment agency?
EMP_TYPEC Employed by a contract firm, other than a temporary employment agency?
EMP_TYPED An independent contractor?
EMP_TYPEE Self-employed, not an independent contractor?
EMP_TYPEF Other?

[SHOW IF EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1]
[S]
EMP_TAX
At your current [IF EMP_NUMJOB=1, FILL: job; IF EMP_NUMJOB = 2-20, -6, -7, -9, FILL: main job, that is, the job at which you usually work the most hours,] are taxes deducted or withheld from your pay?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW IF EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1]
[S]
EMP_PDLEAVE
At your [IF EMP_NUMJOB=1, FILL: job; IF EMP_NUMJOB = 2-20, -6, -7, -9, FILL: main job, that is, the job at which you usually work the most hours,] do you receive paid leave?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW IF EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1]
EMP_UPLEAVE

[IF EMP_PDLEAVE=1, FILL: In addition to your paid leave, are; ELSE: Are] you allowed to take time off from work <u>without</u> pay?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW IF EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1]
[S]
EMP_WHENWRK
When was the last time you worked for pay at a job or business, even if only for a few days?

    1   Within the past 12 months
    2   1-5 years ago
    3   Over 5 years ago
    4   Never worked

[SHOW ALL]
EMP_INSUR
[GRID]
Are you covered by any of the following types of health insurance or health coverage plans?

[PROGRAMMER: DISPLAY EMP_INSURA-EMP_INSURH IN GRID FORMAT WITH Y/N RESPONSE COLUMNS, WHERE YES = 1 AND NO = 0]

EMP_INSA Insurance through a current or former employer or union of your own or another family member
EMP_INSB Insurance purchased directly from an insurance company by you or another family member
EMP_INSC Medicare, for people 65 and older or people with certain disabilities
EMP_INSD Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
EMP_INSE TRICARE or other military health care
EMP_INSF VA [CAWI: (enrolled for VA health care); CATI: That is, enrolled for VA health care]
EMP_INSG Indian Health Service
EMP_INSH Any other type of health insurance or health coverage plan (*please specify*) [TEXTBOX]

[SHOW IF (EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1) AND (EMP_INSA = 1)]
[S]

EMP_INSEMP
Did you obtain this coverage through your own employer or union?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW IF (EMP_EMPLOY = 1 OR EMP_ABSENTWK = 1) AND (EMP_INSA=0, -6,-7, -9 OR (EMP_INSA= 1 AND EMP_INSEMP = 0))]
[S]
EMP_OFFER
Does your employer or union offer health insurance?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW IF (EMP_INSA = 1 AND (EMP_EMPLOY = 0 AND EMP_ABSENTWK = 0)) OR (EMP_INSEMP = 0)]
[S]
EMP_INSFAM
Did you obtain this coverage through a family member's employer or union?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[CREATE "END_EMP" AND RECORD TIME IN HH:MM:SS]

SOCIAL DETERMINANTS – FOOD INSECURITY
[CREATE "START_FSC" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[DISP]
FSC_INTRO
These next questions are about whether [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: your family] were always able to afford the food you needed in the last 30 days.

[SHOW ALL]
[DISP]
FSC_DISP1
[CAWI] The following are statements that people have made about their food situation. How often were the following true for [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: your family] in the last 30 days?

[CATI] I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: your family] in the last 30 days.

[SHOW ALL]
[S]
FSC_WORRY
[IF HH SIZE = 1, FILL: I was; IF HH SIZE >1, FILL: We were] worried whether [IF HH SIZE = 1, FILL: my; ELSE IF HH SIZE >1, FILL: our] food would run out before [IF HH SIZE = 1, FILL: I; IF HH SIZE >1, FILL: we] got money to buy more. [CATI – REPEAT AS NECESSARY] Was this often true, sometimes true, or never true for you in the last 30 days?

[CAWI RESPONSE OPTIONS:]
  1   Often true
  2   Sometimes true
  3   Never true

[CATI RESPONSE OPTIONS – DO NOT READ:]
  1   OFTEN TRUE
  2   SOMETIMES TRUE
  3   NEVER TRUE

[SHOW ALL]
[S]
FSC_NOTLAST
The food [IF HH SIZE = 1, FILL: I; ELSE IF HH SIZE >1, FILL: we] bought just didn't last, and [IF HH SIZE = 1, FILL: I; ELSE IF HH SIZE >1, FILL: we] didn't have money to get more. [CATI – REPEAT AS NECESSARY] Was this often true, sometimes true, or never true for you in the last 30 days?

[CAWI RESPONSE OPTIONS:]
  1   Often true
  2   Sometimes true
  3   Never true

[CATI RESPONSE OPTIONS – DO NOT READ:]
  1   OFTEN TRUE

2   SOMETIMES TRUE
3   NEVER TRUE

[SHOW ALL]
[S]
FSC_AFFORD
[IF HH SIZE = 1, FILL: I; ELSE IF HH SIZE >1, FILL: We] couldn't afford to eat balanced meals. [CATI –
REPEAT AS NECESSARY] Was this often true, sometimes true, or never true for you in the last 30 days?

[CAWI RESPONSE OPTIONS:]
    1   Often true
    2   Sometimes true
    3   Never true

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   OFTEN TRUE
    2   SOMETIMES TRUE
    3   NEVER TRUE

[PROGRAMMER: DISPLAY FSC_WORRY-FSC_AFFORD ON THE SAME PAGE]

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_SKIP
In the last 30 days, did [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: you or other adults in your family]
ever cut the size of your meals or skip meals because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF FSC_SKIP = 1]
[NUMBOX]
FSC_SKIPNUM
In the last 30 days, how many days did this happen?

[PROGRAMMER: DISPLAY ERROR MESSAGE IF NUMBER OF DAYS IS >30: Please enter a number of days
between 0 and 30.]

[NUMBOX] days [RANGE=0-30]

[PROGRAMMER: DISPLAY FSC_SKIP AND FSC_SKIPNUM ON THE SAME PAGE]

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_EATLESS
In the last 30 days, did [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: you or other adults in your family]
ever eat less than you felt you should because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   YES
   0   NO

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_NOTEAT
In the last 30 days, were [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: you or other adults in your family]
ever hungry but didn't eat because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   YES
   0   NO

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_LOSEWT
In the last 30 days, did [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: you or other adults in your family]
lose weight because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   YES
   0   NO

[SHOW IF FSC_WORRY=1,2 OR FSC_NOTLAST=1,2 OR FSC_AFFORD=1,2]
[S]
FSC_NOEATDAY
In the last 30 days, did [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: you or other adults in your family] ever not eat for a whole day because there wasn't enough money for food?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF FSC_NOEATDAY=1]
[NUMBOX]
FSC_NOEATNUM
In the last 30 days, how many days did this happen?

[PROGRAMMER: DISPLAY ERROR MESSAGE IF NUMBER OF DAYS IS >30: Please enter a number of days between 0 and 30.]

[NUMBOX] days [RANGE=0-30]

[PROGRAMMER: DISPLAY FSC_NOEATDAY AND FSC_NOEATNUM ON THE SAME PAGE]

[CREATE "END_FSC" AND RECORD TIME IN HH:MM:SS]

CIV - CIVIC ENGAGEMENT
[CREATE "START_CIV" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[DISP]
CIV_INTRO

The next questions are about activities you may have done in your community.

[SHOW ALL]
[S]
CIV_VOL12M
During the past 12 months, did you spend any time volunteering for any organization or association?

[CAWI RESPONSE OPTIONS:]
    1   Yes

0   No

SHOW IF CIV_VOL12M=0]
[S]
CIV_VOLOTH
Some people don't think of activities they do infrequently or for children's schools or youth organizations as volunteer activities. During the past 12 months, have you done any of these types of activities?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[SHOW ALL]
[S]
CIV_MEET
During the past 12 months, did you attend a public meeting, such as a zoning or school board meeting, that discussed a local issue?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[SHOW ALL]
[S]
CIV_VOTELOCL
Did you vote in the last local elections, such as for mayor, councilmembers, or school board?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
  1   YES
  0   NO

[CREATE "END_CIV" AND RECORD TIME IN HH:MM:SS]

LAN - LANGUAGE ITEMS
[CREATE "START_LAN" AND RECORD TIME IN HH:MM:SS]

[SHOW IF QUEX_LANGUAGE=1; AUTO PUNCH 1 (YES) IF QUEX_LANGUAGE=2]
[S]
LAN_OTHERLAN
Do you speak a language other than English at home?

[CAWI RESPONSE OPTIONS:]
  1   Yes
  0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
  1   Yes
  0   No

[SHOW IF LAN_OTHERLAN=1]
[S]
LAN_MEDIA
When you watch television, read news online or in print, or listen to the radio, which language do you use most often?

[CAWI RESPONSE OPTIONS:]
  1   English
  2   Spanish
  3   Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]
  1   ENGLISH
  2   SPANISH
  3   ANOTHER LANGUAGE

[SHOW IF LAN_OTHERLAN=1]
[S]
LAN_DOCTOR
When you see a doctor or other health care professional, which language do you use most often?

[CAWI RESPONSE OPTIONS:]

    1   English
    2   Spanish
    3   Another language

    1   ENGLISH
    2   SPANISH
    3   ANOTHER LANGUAGE

[SHOW IF LAN_OTHERLAN=1]
[S]
LAN_SOCIAL
When you participate in social activities, such as visiting friends, attending clubs and meetings, or going to parties, which language do you use most often?

[CAWI RESPONSE OPTIONS:]
    1   English
    2   Spanish
    3   Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   ENGLISH
    2   SPANISH
    3   ANOTHER LANGUAGE

[CREATE "END_LAN" AND RECORD TIME IN HH:MM:SS]

INT - INTERNET/HIT
[CREATE "START_INT" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[S]
INT_DISP
These next questions are about your use of the Internet.

[SHOW IF MODE = CATI; AUTO PUNCH 1 (YES) IF MODE = CAWI]
[S]
INT_ACCESS

Do you have access to the Internet?

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF INT_ACCESS=1]
[S]
INT_HOMEACC
Do you have access to the Internet from your home?

Include Internet and data use through a computer, tablet, smartphone, or other electronic device.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF INT_ACCESS=1]
INT_DSPL
During the past 12 months, have you used the Internet for any of the following reasons?

Include Internet and data use through a computer, tablet, smartphone, or other electronic device.

[SHOW IF INT_ACCESS=1]
[S]
INT_USEMED
To look for health or medical information.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF INT_ACCESS=1]
[S]
INT_USEDOC
To communicate with a doctor or doctor's office.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1   YES
        0   NO

[SHOW IF INT_ACCESS=1]
[S]
INT_USETEST
To look up medical test results.

[CAWI RESPONSE OPTIONS:]
        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   YES
        0   NO

[PROGRAMMER: DISPLAY INT_USEMED - INT_USETEST ON SAME PAGE]

[CREATE "END_INT" AND RECORD TIME IN HH:MM:SS]

TEL - TELEPHONE USE
[CREATE "START_TEL" AND RECORD TIME IN HH:MM:SS]
[SHOW ALL]
[S]
TEL_NONCELL
Is there at least one telephone <u>inside</u> your home that is currently working and is not a cell phone?

[CAWI RESPONSE OPTIONS:]
        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   YES
        0   NO

[SHOW ALL]
[S]
TEL_CELL
Do you have a working cell phone?

[CAWI RESPONSE OPTIONS:]
        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
        1   YES

0   NO

[S]
TEL_HHCELL
Do you live with anyone at your home who has a working cell phone?

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   YES
   0   NO

[CREATE "END_TEL" AND RECORD TIME IN HH:MM:SS]

SEXUAL HEALTH
[CREATE "START_SEX" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[DISP]
SEX_INTRO
The next set of questions are about your sexual health. Sexual health means being comfortable in your body, having a healthy sex life that satisfies you, and being in relationships that feel safe and supportive.

[SHOW ALL]
[S]
SEX_REL
How much do you agree or disagree with the following statement?

[CATI, FILL: You; CAWI FILL: I] have had a safe and supportive sexual relationship. [CATI] Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or have you never had a sexual relationship?

[CAWI RESPONSE OPTIONS:]
   1   Strongly agree
   2   Somewhat agree
   3   Somewhat disagree
   4   Strongly disagree
   0   I have never had a sexual relationship

[CATI RESPONSE OPTIONS
   1   STRONGLY AGREE
   2   SOMEWHAT AGREE

3   SOMEWHAT DISAGREE
        4   STRONGLY DISAGREE
        0   HAVE NEVER HAD A SEXUAL RELATIONSHIP

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_FUL
How much do you agree or disagree with the following statement?

My sexual relationships are fulfilling most of the time. [CATI] Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

[CAWI RESPONSE OPTIONS:]
        1   Strongly agree
        2   Somewhat agree
        3   Somewhat disagree
        4   Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
        1   STRONGLY AGREE
        2   SOMEWHAT AGREE
        3   SOMEWHAT DISAGREE
        4   STRONGLY DISAGREE

[SHOW IF SEX_REL = 1, 2, 3, 4]
[DISP]
SEX_DISP1
In your sexual relationships, how often do you talk about:

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_GETOUT
Your thoughts or feeling about the relationship and what you want to get out of it? [CATI] Would you say always, usually, sometimes, rarely, or never?

[CAWI RESPONSE OPTIONS:]
        4   Always
        3   Usually
        2   Sometimes
        1   Rarely
        0   Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
        4   ALWAYS
        3   USUALLY

    2   SOMETIMES
    1   RARELY
    0   NEVER

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_LIKE
What you like and dislike doing sexually? [CATI] Would you say always, usually, sometimes, rarely, or never?

[CAWI RESPONSE OPTIONS:]
    4   Always
    3   Usually
    2   Sometimes
    1   Rarely
    0   Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
    4   ALWAYS
    3   USUALLY
    2   SOMETIMES
    1   RARELY
    0   NEVER

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_BNDRS
Your sexual boundaries? [CATI] Would you say always, usually, sometimes, rarely, or never?

[CAWI RESPONSE OPTIONS:]
    4   Always
    3   Usually
    2   Sometimes
    1   Rarely
    0   Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
    4   ALWAYS
    3   USUALLY
    2   SOMETIMES
    1   RARELY
    0   NEVER

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_FEEL

How certain sexual situations make you feel both physically and emotionally? [CATI] Would you say always, usually, sometimes, rarely, or never?

[CAWI RESPONSE OPTIONS:]

4 Always
3 Usually
2 Sometimes
1 Rarely
0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

4 ALWAYS
3 USUALLY
2 SOMETIMES
1 RARELY
0 NEVER

[PROGRAMMER: DISPLAY SEX_GETOUT- SEX_FEEL ON THE SAME PAGE]

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_COMFTLK
Would you say you are comfortable talking to your sexual partners about your sexual health?
[CAWI RESPONSE OPTIONS:]

1 Yes
0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES
0 NO

[SHOW IF SEX_REL = 1, 2, 3, 4]
[DISP]
SEX_DISP2
Are you ever hesitant to talk to your sexual partners about your sexual health for any of the following reasons?

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_HURTPTR
[CATI, FILL: You; CAWI FILL: I] do not want to offend them of hurt their feelings.

[CAWI RESPONSE OPTIONS:]

1 Yes

51

0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_HONEST
[CATI, FILL: You; CAWI FILL: I] do not trust [CATI, FILL: your; CAWI FILL: my] partner to be honest with me.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_DESCFEEL1
[CATI, FILL: You; CAWI FILL: I] do not know how to describe [CATI, FILL: your; CAWI FILL: my] feelings.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SEX_REL = 1, 2, 3, 4]
[S]
SEX_PUNDSTD
[CATI, FILL: You; CAWI FILL: I] do not think my partner would understand me.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY SEX_HURTPTR- SEX_PUNDSTD ON THE SAME PAGE]

[SHOW ALL]
[S]
SEX_HLTSVS
In the past 12 months, did you receive any sexual health services like sexually transmitted infection (STI) or HIV testing, STI treatment, HIV PrEP (pre-exposure prophylaxis), or birth control? [CATI] If you are not sure or don't know, you may say that, too.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No
   -9   Don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    1   NO

[SHOW IF SEX_HLTSVS =1]
[DISP]
SEX_DISP3
Did you receive sexual health services at any of the following locations?

[SHOW IF SEX_HLTSVS =1]
[S]
SEX_DR
A doctor's office?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SEX_HLTSVS =1]
[S]
SEX_CLINIC
A community or public health clinic?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   YES
    1   NO

[SHOW IF SEX_HLTSVS =1]
[S]
SEX_HOSP
A hospital including the emergency room and outpatient clinics?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SEX_HLTSVS =1]
[S]
SEX_URGCLIN
An urgent care or in-store health clinic?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    1   No

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   YES
    1   NO

[SHOW IF SEX_HLTSVS =1]
[S]
SEX_TELHLTH
A telehealth appointment?
[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY SEX_DR-SEX_TELHLTH ON THE SAME PAGE]

[SHOW ALL]
[S]
SEX_TLKDR
Are you comfortable talking to <u>any</u> healthcare providers about your sexual health, relationships, and behaviors?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[DISP]
SEX_DISP4
Are you hesitant to talk to healthcare providers about your sexual health, relationships, and behaviors because:

[SHOW ALL]
[S]
SEX_JUDGE
[CATI, FILL: You; CAWI FILL: I] fear they would judge [CATI, FILL: you; CAWI FILL: me].

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
SEX_TRUST
[CATI, FILL: You; CAWI FILL: I] do not feel like [CATI, FILL: you; CAWI FILL: I] can trust them.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
SEX_DESCFEEL2
[CATI, FILL: You; CAWI FILL: I] do not know how to describe [CATI, FILL: your; CAWI FILL: my] feelings.

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW ALL]
[S]
SEX_HCPUST
[CATI, FILL: You; CAWI FILL: I] do not think [CATI, FILL: your; CAWI FILL: my] health care provider would understand.

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[PROGRAMMER: DISPLAY SEX_JUDGE-SEX_HCPUST ON THE SAME PAGE]

[SHOW ALL]
[DISP]
SEX_DISP5
Which of the following sources do you turn to for information about sexual health?

[SHOW ALL]
[S]
SEX_SOURCEA
Your family ?

[CAWI RESPONSE OPTIONS:]

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1   YES
    0   NO

[SHOW ALL]
[S]
SEX_SOURCEB
Your partner?

[CAWI RESPONSE OPTIONS:]

1   Yes
        0   No

[SHOW ALL]
[S]
SEX_SOURCEC
Your peers or friends?

[CAWI RESPONSE OPTIONS:]

        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

        1   YES
        0   NO

[SHOW ALL]
[S]
SEX_SOURCED
Your therapist?

[CAWI RESPONSE OPTIONS:]

        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

        1   YES
        0   NO

[SHOW ALL]
[S]
SEX_SOURCEE
Your doctor or health care provider?

CAWI RESPONSE OPTIONS:]

        1   Yes
        0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]

        1   YES
        0   NO

[SHOW ALL]
[S]
SEX_SOURCEF

The Internet or social media?

    1   Yes
    0   No

    1   YES
    0   NO

[SHOW ALL]
[S]
SEX_SOURCEG
Another source?

    1   Yes
    0   No

    1   YES
    0   NO

[SHOW ALL]
[S]
SEX_RELST
Are you currently:

    1   In a sexual relationship with <u>one</u> person
    2   In a sexual relationship with <u>more than one</u> person
    1   Not in a sexual relationship

[SHOW IF SEX_RELST = 1]
[M]
SEX_RELST2
Is this relationship...? *Select all that apply*.

    SEX_RELST2A   A casual sexual relationship?
    SEX_RELST2B   A committed sexual relationship?
    SEX_RELST2C   An open relationship?

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET.]

[SHOW IF SEX_RELST = 2]
[M]
SEX_RELST3
Are any of your current relationships…? Select all that apply.

SEX_RELST3A   A casual sexual relationship?
SEX_RELST3B   A committed sexual relationship?
SEX_RELST3C   An open-relationship?

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET.]

[SHOW ALL]
[DISP]
SEX_DISP6
The next set of questions are about sexual experiences you may have had.

[SHOW ALL]
[M]
SEX_HADSEX

In the past 12 months, have you had vaginal, oral, or anal sex with someone who is…

SEX_HADSEXA A man
SEX_HADSEXB A woman
SEX_HADSEXC Nonbinary, genderqueer, transgender, or did not identify as only male or only female
SEX_HADSEXD I have not had sex in the past 12 months [EXCLUSIVE]

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET.]

[SHOW ALL]
[S]
SEX_NEWPTR

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF SEX_NEWPTR=1]
[M]
SEX_DISC
In the past 12 months, before you had sex with any <u>new</u> partner, did you discuss the following topics?

      SEX_DISCA Using condoms
      SEX_DISCB Hormonal birth control or IUDs
      SEX_DISCC HIV PrEP (pre-exposure prophylaxis)
      SEX_DISCD HIV testing
      SEX_DISCE Sexually transmitted infection (STI) testing

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET.]

[SHOW IF SEX_DISCA = 1 OR SEX_DISCB =1 OR SEX_DISCC = 1 OR SEX_DISCD = 1 OR SEX_DISCE = 1]
[DISP]
SEX_DISP8
In the past 12 months, how often did you discuss the following topics with any of your new sex partners? [CATI] Would you say always, usually, sometimes, rarely, or never?

[SHOW IF SEX_DISCA = 1]
[S]
SEX_CONDOM
Using condoms

[CAWI RESPONSE OPTIONS:]
    4   Always
    3   Usually
    2   Sometimes
    1   Rarely
    0   Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
    4   ALWAYS
    3   USUALLY
    2   SOMETIMES
    1   RARELY
    0   NEVER

[SHOW IF SEX_DISCB = 1]
[S]
SEX_BC
Hormonal Birth Control or IUDs

[CAWI RESPONSE OPTIONS:]
    4   Always

3 Usually
2 Sometimes
1 Rarely
0 Never

4 ALWAYS
3 USUALLY
2 SOMETIMES
1 RARELY
0 NEVER

[SHOW IF SEX_DISCC = 1]
[S]
SEX_HIVPREP
HIV PrEP (pre-exposure prophylaxis)

[CAWI RESPONSE OPTIONS:]
4 Always
3 Usually
2 Sometimes
1 Rarely
0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
4 ALWAYS
3 USUALLY
2 SOMETIMES
1 RARELY
0 NEVER

[SHOW IF SEX_DISCD = 1]
[S]
SEX_HIVTST
HIV testing

[CAWI RESPONSE OPTIONS:]
4 Always
3 Usually
2 Sometimes
1 Rarely
0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
4 ALWAYS
3 USUALLY
2 SOMETIMES
1 RARELY

0   NEVER

[S]
SEX_STITST
Sexually transmitted infection (STI) testing

[CAWI RESPONSE OPTIONS:]
4   Always
3   Usually
2   Sometimes
1   Rarely
0   Never

[CATI RESPONSE OPTIONS - DO NOT READ:]
4   ALWAYS
3   USUALLY
2   SOMETIMES
1   RARELY
0   NEVER

MAR – MARITAL STATUS
[CREATE "START_MAR" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]
[DISP]
MAR_DISP
The next questions are about marriage and cohabitation.

[SHOW ALL]
[S]
MAR_MARITAL
[CAWI] Are you now: [CATI] Are you now married, living with a partner together as an unmarried couple, or neither?

[CATI] INTERVIEWER - IF RESPONDENT ANSWERS BOTH MARRIED AND LIVING WITH A DIFFERENT PARTNER TOGETHER AS AN UNMARRIED COUPLE, ENTER LIVING WITH A PARTNER

[CAWI RESPONSE OPTIONS:]
1   Married
2   Living with a partner together as an unmarried couple
3   Neither

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   MARRIED
2   LIVING WITH A PARTNER TOGETHER AS AN UNMARRIED COUPLE

3   NEITHER

[S]
MAR_EVMARRY
Have you ever been married?

[CAWI RESPONSE OPTIONS:]
   1   Yes
   0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
   1   YES
   0   NO

[S]
MAR_LEGAL
What is your current legal marital status? [CATI: Are you married, widowed, divorced, or separated?]

[CAWI RESPONSE OPTIONS:]
   1   Married
   2   Widowed
   3   Divorced
   4   Separated

[CATI RESPONSE OPTIONS – DO NOT READ:]
   1   MARRIED
   2   WIDOWED
   3   DIVORCED
   4   SEPARATED

[S]
MAR_WIDIVSEP
[CAWI] Are you… [CATI] Are you widowed, divorced, or separated?

[CAWI RESPONSE OPTIONS:]
   1   Widowed
   2   Divorced
   3   Separated

[CATI RESPONSE OPTIONS – DO NOT READ:]
   1   WIDOWED

2   DIVORCED
    3   SEPARATED

[CREATE "END_MAR" AND RECORD TIME IN HH:MM:SS]

[CREATE "END_TIME" AND RECORD TIME IN HH:MM:SS; CREATE END_DATE" AND RECORD DATE IN MM:DD:YYY]