

NCHS Rapid Survey System - Round 6

MODE = WEB, CATI (NORC ONLY)

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

NORC/IPSOS: AS NECESSARY, INCLUDE YOUR STANDARD PANEL CAWI INTRO SCREENS AND CATI INBOUND/OUTBOUND/CALLBACK/VOICEMAIL SCRIPTS BEFORE "INTRODUCTION."

INTRODUCTION

[DISPLAY IF CAWI]

The National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC), 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.

[DISPLAY IF CATI]

- We are asking for your help on behalf of the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC).
- 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_TIME_HIS" AND "START_DATE_HIS"; RECORD TIME IN HH:MM:SS; RECORD START_DATE IN MM:DD:YYYY]

[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_TIME_HIS" AND "END_DATE_HIS"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHR - CHRONIC CONDITIONS

[CREATE "START_TIME_CHR" AND "START_DATE_CHR"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[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

[SHOW ALL]

[S]

CHR_CHLEV

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

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_ASEV

Have you ever 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
-

[SHOW IF CHR_ASTILL=1]

[S]

CHR_AS12M

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
-

[SHOW ALL]

[S]

CHR_CANEV

Have you ever been told by a doctor or other health professional that you had...

Cancer or a malignancy of any kind?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_CHDEV

...Coronary heart disease?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_ANGEV

...Angina, also called angine pectoris?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

CHR_MIEV

...A heart attack, also called myocardial infarction?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY CHR_CANEV-CHR_MIEV ON THE SAME PAGE.]

[CREATE "END_CHR_TIME" AND "END_CHR_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

DIB - DIABETES

[CREATE "START_DIB_TIME" AND "START_DIB_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

DIB_PREDIB

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF SEX = 2]

[S]

DIB_GESDIB

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

DIB_DIBEV

[IF DIB_GESDIB = 1 AND DIB_PREDIB = 0, -6, -7, -9, FILL: Not including gestational diabetes, has; IF DIB_PREDIB = 1 AND DIB_GESDIB = 0, -6, -7, -8, -9, FILL: Not including prediabetes, has; IF DIB_GESDIB = 1 AND DIB_PREDIB = 1, FILL: Not including prediabetes or gestational diabetes, has; ELSE, FILL: Has] a doctor or other health professional ever told you that you had diabetes?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_DIB_TIME" AND "END_DIB_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

SSS -- STROKE SIGNS AND SYMPTOMS

[CREATE "START_SSS_TIME" AND "START_SSS_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[PROGRAMMER NOTE: FOR ITEMS SSS_DROOP – SSS_URINE, RANDOMIZE ORDER OF RESPONSE OPTIONS AS 1,2,3,4 OR 4,3,2,1 BY RESPONDENT – I.E., EACH RESPONDENT SEES THE SAME ORDERING ACROSS ITEMS SSS_DROOP – SSS_URINE]

[SHOW ALL]

[S]

SSS_DROOP

If any of the following happened to you or a friend or relative, what do you think would be the best thing to do?

Sudden drooping of the face, especially on one side

[CAWI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[CATI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[SHOW ALL]

[S]

SSS_NUMB

Sudden numbness or weakness of an arm or leg, especially on one side

[CAWI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[CATI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[SHOW ALL]

[S]

SSS_SPEECH

Sudden slurred or garbled speech

[CAWI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[CATI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[SHOW ALL]

[S]

SSS_SIGHT

Sudden trouble seeing in one or both eyes

[CAWI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[CATI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[PROGRAMMER NOTE: DISPLAY ITEMS SSS_DROOP - SSS_SIGHT ON THE SAME PAGE.]

[SHOW ALL]

[S]

SSS_BALANCE

If any of the following happened to you or a friend or relative, what do you think would be the best thing to do?

Sudden trouble walking, dizziness, or loss of balance

[CAWI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[CATI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[SHOW ALL]

[S]

SSS_MUSCLES

Cramping or locking of muscles of hand or fingers

[CAWI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[CATI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[SHOW ALL]

[S]

SSS_URINE

Burning feeling during urination and cloudy urine

[CAWI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[CATI RESPONSE OPTIONS:]

- 1 Wait 1 day, then decide
- 2 Wait 1 hour, then decide
- 3 Call doctor's office immediately
- 4 Call 911 or another emergency number immediately

[PROGRAMMER NOTE: DISPLAY ITEMS SSS_BALANCE – SSS_URINE ON THE SAME PAGE.]

[SHOW ALL]

[S]

SSS_STRKACT

If you thought someone was having a stroke, what do you think would be the best thing to do?

[CAWI RESPONSE OPTIONS:]

- 1 Wait and monitor their symptoms
- 2 Call 911 or another emergency number
- 3 Call their doctor or health professional
- 4 You or someone else drive them to the hospital
- 5 Have them drive themselves to the hospital

[CATI RESPONSE OPTIONS :]

- 1 Wait and monitor their symptoms
- 2 Call 911 or another emergency number
- 3 Call their doctor or health professional
- 4 You or someone else drive them to the hospital
- 5 Have them drive themselves to the hospital

[PROGRAMMER NOTE: RANDOMIZE ORDER OF RESPONSE OPTIONS.]

[SHOW ALL]

[S]

CHR_STREV

Have you ever been told by a doctor or other health professional that you had a stroke?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW ALL]

[S]

SSS_SEENSTR

Have you ever seen another person having a stroke?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES

0 NO

[SHOW ALL]

[S]

SSS_RELSTR

Do you have any close friends or relatives who have had a stroke?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

-9 Don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

-9 DON'T KNOW

[SHOW ALL]

[M]

SSS_HLTHJOBS

For this next question, you may select more than one answer. Do you now or have you ever held any of the following jobs or titles?

- | | |
|---------------|---|
| SSS_HLTHJOBSa | First responder, including as a firefighter, paramedic, or EMT |
| SSS_HLTHJOBSb | Medical doctor |
| SSS_HLTHJOBSc | Nurse, including as a registered nurse or nurse practitioner |
| SSS_HLTHJOBSd | Aide in a hospital, assisted living facility, or other nursing facility |
| SSS_HLTHJOBSe | Other healthcare professional |
| SSS_HLTHJOBSf | None of these |

[PROGRAMMER: USE MULTI-SELECT FORMAT WHERE SELECTED = 1, UNSELECTED = 0. ALL OPTIONS SHOULD DISPLAY AS SEPARATE VARIABLES IN DATASET. DO NOT ALLOW SSS_HLTHJOBSf ("None of these") TO BE SELECTED IN COMBINATION WITH OTHER RESPONSES.]

[SHOW ALL]

[S]

SSS_FAST

Prior to taking this survey, had you heard of the FAST acronym for recognizing stroke symptoms?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_SSS_TIME" AND "END_SSS_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CIG - HEALTH BEHAVIORS (CIGARETTE SMOKING)

[CREATE "START_CIG_TIME" AND "START_CIG_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

CIG_SMKEV

Have you smoked at least 100 cigarettes in your entire life?

[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 now 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 now 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.

Do not include marijuana use.

[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_CIGAREV

Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar even one time?

"Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer.

Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF CIG_CIGAREV =1]

[S]

CIG_CIGARCUR

Do you now smoke regular cigars, cigarillos, or little filtered cigars 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 IF CIG_CIGARCUR=1 OR 2]

[NUMBOX]

CIG_CIGAR30D

On how many of the past 30 days have you smoked a regular cigar, cigarillo, or little filtered cigar?

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

[NUMBOX] days [RANGE=00-30]

[SHOW ALL]

[S]

CIG_SMOKESEV1

Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), nicotine pouches, or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF SMOKESEV1 = 1]

[S]

CIG_SMOKESCR1

Do you NOW use smokeless tobacco products 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

[CREATE "END_CIG_TIME" AND "END_CIG_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

PPP -- PRODUCE PRESCRIPTION PROGRAMS

[CREATE "START_PPP_TIME" AND "START_PPP_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[DISP]

PPP_INTRO

These next questions are about health care and programs that help people get food and groceries.

[SHOW ALL]
[S]
PPP_HLTHCARE

In the past 12 months, have you received any health care?

Include any health care received at a health center, urgent care, clinic including one in a drug store or grocery store, mobile or worksite clinic, doctor's office, outpatient clinic, hospital, or hospital emergency room.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHCARE =1]
[S]
PPP_HLTHFOOD

At any of those health care visits, were you asked if [IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: your family] could afford enough food to eat?

The questions could have been on a paper or online form you completed before the visit or during a conversation with clinical staff at the visit.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHFOOD =1]
[S]
PPP_RUNOUT

Did you ever answer that you worried whether your food would run out before you had money to buy more?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHFOOD =1]

[S]

PPP_NOTLAST

Did you ever answer that the food you bought just didn't last and you didn't have money to get more?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHCARE =1]

[DISP]

PPP_DISP

These next questions are about different ways clinical staff at a health care visit might help you get food.

[SHOW IF PPP_HLTHCARE =1]

[S]

PPP_BANKINFO

At any of those health care visits...

...did someone give you information on where you can get food from a food pantry, food bank, church, or other place that helps with free food?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHCARE =1]

[S]

PPP_WHELINFO

...did someone give you information on how to get home-delivered meal services like Meals on Wheels or another service that delivers free meals?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF PPP_HLTHCARE =1]

[S]

PPP_WICINFO

...did someone give you information about a food assistance program you could contact to help get additional food for you and your family?

This information could include websites, addresses or phone numbers for Women, Infants, and Children or WIC, Supplemental Nutrition Assistance Program or SNAP, or food stamps.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER NOTE: DISPLAY PPP_BANKINFO - PPP_WICINFO ON THE SAME PAGE.]

[SHOW IF PPP_HLTHCARE =1]

[S]

PPP_BANKHELP

During or after any of those health care visits...

...did someone sign you up, help you sign up, or call to connect you with a location where you can get food from a food bank, food pantry, church, or other place that helps with free food?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHCARE =1]

[S]

PPP_WHELHELP

...did someone sign you up, help you sign up, or call to connect you with a church, shelter, home-delivered meal service like Meals on Wheels, or other place that helps with free meals?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHCARE =1]

[S]

PPP_WICHELP

...did someone sign you up, help you sign up, or call to sign you up for Women, Infants, and Children or WIC, Supplemental Nutrition Assistance Program or SNAP, or food stamps?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHCARE =1]

[S]

PPP_PRODHELP

...did someone sign you up, help you sign up, or call to sign you up for a fruit and vegetable prescription program that provides coupons, "bucks," or a gift card to get a box or bag of produce to pick up or have delivered to your home?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: DISPLAY PPP_BANKHELP - PPP_PRODHELP ON THE SAME PAGE.]

[SHOW IF PPP_PRODHELP =1]

[S]

PPP_PRODUSE

Have you used the coupons, "bucks," or gift card to get a box or bag of produce from the fruit and vegetable prescription program?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_HLTHCARE =1]

[S]

PPP_MEDHELP

During or after any of those health care visits, did someone sign you up, help you sign up, or call to sign you up for meals or groceries specifically prepared to help manage a medical condition you have?

These meals and groceries are tailored for people with diet-related conditions. For example, someone with high blood pressure or hypertension may receive low sodium meals or groceries tailored to treat their disease.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PPP_MEDHELP =1]

[S]

PPP_MEDUSE

Did you use the meals or groceries related to your medical condition that were offered to you?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

ACC – ACCESS/UTILIZATION

[CREATE "START_ACC_TIME" AND "START_ACC_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

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 years (MORE THAN 5 YEARS BUT LESS THAN 10 YEARS AGO)
 - 6 10 years ago or more
 - 0 Never
-

[SHOW IF ACC_HTHLAST =1,2,3,4,5,6]

[S]

ACC_VISITYP

Was this a wellness visit, physical, or general purpose check-up?

This type of visit typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or other health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. The visits are usually scheduled in advance and occur when you are not sick or injured.

If a wellness exam was combined with a sick care visit, include this visit.

[IF SEX = 2, FILL: An obstetrician/gynecologist (OB/GYN) may perform this visit.]

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF ACC_VISITYP =0, -6, -7, -9]

[S]

ACC_HTHLASTB

About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general purpose check-up?

This kind of visit typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or other health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. These visits are usually scheduled in advance and occur when you are not sick or injured.

If a wellness exam was combined with a sick care visit, include this visit.

[IF SEX = 2, FILL: An obstetrician/gynecologist (OB/GYN) may perform this visit.]

[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 years (MORE THAN 5 YEARS BUT LESS THAN 10 YEARS AGO)
 - 6 10 years ago or more
 - 0 Never
-

[SHOW ALL]

[S]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

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

[SHOW IF ACC_HTHUSUAL = 1, 3, -6, -7, -9]

[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_RETAIL

Retail health clinics are located in a pharmacy, grocery store, or supercenter.

During the past 12 months, how many times have you gone to a retail health clinic about your health?

Common examples of retail health clinics include places like CVS Minute Clinic, Walgreens Health Clinic, or clinics in a Walmart or Kroger supermarket. These clinics can provide common services such as certain vaccinations, as well as testing for or treatment of minor uncomplicated illnesses.

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

[PROGRAMMER: DISPLAY ERROR MESSAGE IF >96: Please enter a number between 0 and 96. If the number of times is greater than 96, please enter '96'.]

[NUMBOX] visits [RANGE=00-96]

[SHOW ALL]

[NUMBOX]

ACC_URGENT

An urgent care center is located in its own building or space. These centers can provide services such as x-rays and stitches.

During the past 12 months, how many times have you gone to an urgent care center about your health?

An urgent care center can provide common vaccinations, testing for or treatment of illnesses. They can also treat illnesses or injuries that require immediate care but are not serious enough to require a visit to a hospital emergency room. This is different from a hospital emergency room. These centers provide care during business hours, evenings, and weekends.

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

[PROGRAMMER: DISPLAY ERROR MESSAGE IF >96: Please enter a number between 0 and 96. If the number of times is greater than 96, please enter '96'.]

[NUMBOX] visits [RANGE=00-96]

[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. If the number of times is greater than 96, please enter '96'.]

[NUMBOX] visits [RANGE=00-96]

[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
-

[SHOW ALL]

[S]

ACC_VIDPHN

During the past 12 months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_ACC_TIME" AND "END_ACC_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

HCA – HEALTH CARE ACCESS

[CREATE "START_HCA_TIME" AND "START_HCA_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

HCA_DLYCOST

During the past 12 months, have you delayed getting medical care because of the cost?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW ALL]

[S]

HCA_DNTCOST

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_HCA_TIME" AND "END_HCA_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

IMM – HEALTH CARE UTILIZATION – IMMUNIZATION

[CREATE “START_IMM_TIME” AND “START_IMM_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[DISP]

IMM_INTRO

There are currently vaccines available for seasonal influenza and coronavirus or COVID-19. [IF CAWI, FILL: We; IF CATI, FILL: I] will ask you questions about seasonal flu vaccination and then about coronavirus or COVID-19 vaccination.

[SHOW ALL]

[S]

IMM_SHTFLU12

There are two types of flu vaccinations. One is a shot, and the other is a spray, mist, or drop in the nose. During the past 12 months, have you had a flu vaccination?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF IMM_SHTFLU12 =1]

[S]

IMM_FLUMNTH

During what month and year did you receive your most recent flu vaccine?

[CAWI RESPONSE OPTIONS:]

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 JANUARY
- 2 FEBRUARY
- 3 MARCH
- 4 APRIL
- 5 MAY
- 6 JUNE
- 7 JULY
- 8 AUGUST
- 9 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER

[PROGRAMMER: SHOW OPTIONS 1-12 AS A DROPDOWN]

[SHOW IF IMM_SHTFLU12 =1]

[S]

IMM_FLUYR

[CAWI RESPONSE OPTIONS:]

- 1 2024
- 2 2025

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 2024
- 2 2025

[PROGRAMMER: SHOW OPTIONS 1-2 AS A DROPDOWN. IF MONTH/YEAR SELECTED IS A FUTURE DATE, DISPLAY ERROR MESSAGE: Date cannot be in the future. Please try again.]

[PROGRAMMER: DISPLAY IMM_FLUMNTH AND IMM_FLUYR ON THE SAME PAGE.]

[SHOW ALL]

[S]

IMM_SHTPNUEV

A pneumonia shot is also known as a pneumococcal [CATI: pronounced: noo-mow-kaa-kl] vaccine. Have you ever had a pneumonia shot?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES

0 NO

[CREATE "END_IMM_TIME" AND "END_IMM_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

HPV - HPV SELF-TESTING

[CREATE "START_HP_V_TIME" AND "START_HP_V_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW IF AGE >= 21 AND SEX = 2]

[DISP]

HPV_INTRO

These next questions are about two types of tests you may have had to look for cervical cancer – Pap tests or Pap smears, and HPV or human papillomavirus tests.

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_LASTPAP

About how long has it been since you last had a Pap test or Pap smear, where a doctor or nurse put an instrument in the vagina and took a sample to check for abnormal cells that could turn into cervical cancer?

[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 I have never had a Pap test

[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 years (MORE THAN 5 YEARS BUT LESS THAN 10 YEARS AGO)
 - 6 10 years ago or more
 - 0 You have never had a Pap test
-

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_SWABEV

Have you ever had an HPV test, where a doctor or nurse put a swab in the vagina and took a sample to test for the HPV virus?

This test may have been done on its own, or at the same time as a Pap test.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No
- 9 Don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
 - 9 DON'T KNOW
-

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_PREFTEST

There is a new option to use a simple kit to test for HPV infection yourself:

- To use, you insert a swab about an inch into your vagina and rotate it for about 30 seconds.
- The kit is designed to be easy to use, and the results are accurate.
- You can do this test yourself in clinics and doctor's offices, and in the future, you may also be able to do the test at home.

If available, would you prefer to do this test yourself rather than having an HPV test done by a doctor or nurse? [CATI: If you have no preference, you can say that as well.]

[CAWI RESPONSE OPTIONS:]

- 1 Yes, prefer testing myself
- 2 No, prefer doctor or nurse testing me
- 3 Have no preference

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES, PREFER TESTING MYSELF
 - 2 NO, PREFER DOCTOR OR NURSE TESTING ME
 - 3 HAVE NO PREFERENCE
-

[SHOW IF AGE >= 21 AND SEX = 2]

[DISP]

HPV_DISP

[IF HPV_PREFTEST = 2, FILL: Even if you prefer to have the HPV test done by a doctor or nurse, which; IF HPV_PREFTEST = 1, 3, -6, -7, -9, FILL: Which] of the following, if any, do you think would be a benefit of doing an HPV test yourself?

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_PRIVACY

[IF CAWI: I; IF CATI: You] would have more privacy.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_EMBARRASS

It would be less embarrassing.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_PAIN

It would be less painful.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_STRESS

It would be less stressful.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER NOTE: RANDOMIZE DISPLAY OF HPV_PRIVACY - HPV_STRESS ON SINGLE PAGE WITH HPV_DISP AT TOP OF PAGE.]

[SHOW IF AGE >= 21 AND SEX = 2]

[DISP]

HPV_DISP

[IF HPV_PREFTEST = 2, FILL: Even if you prefer to have the HPV test done by a doctor or nurse, which; IF HPV_PREFTEST = 1, 3, -6, -7, -9, FILL: Which] of the following, if any, do you think would be a benefit of doing an HPV test yourself?

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_CONVEN

It would be more convenient.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]
HPV_CONTROL

[IF CAWI: I; IF CATI: You] would feel more in control.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]
HPV_DOCTR

[IF CAWI: I; IF CATI: You] do not like physical exams by doctors or nurses.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]
HPV_OTHBEN

Another benefit.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: RANDOMIZE DISPLAY OF HPV_CONVEN - HPV_CONTROL WITH HPV_DOCTR AND HPV_OTHBEN ANCHORED AT BOTTOM ON SINGLE PAGE WITH HPV_DISP AT TOP OF PAGE.]

[SHOW IF AGE >= 21 AND SEX = 2]

[DISP]

HPV_DISP2

[IF HPV_PREFTEST = 1: Even if you prefer to do the HPV test yourself, which of the following, if any, would concern you?;

ELSE IF HPV_PREFTEST = 2, 3, -6, -7, -9: Which of the following, if any, would concern you about doing an HPV test yourself?]

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_TESTERR

[IF CAWI: I; IF CATI: You] might do the test wrong.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_SELFEMB

[IF CAWI: I; IF CATI: You] would feel embarrassed doing the test [IF CAWI: myself; IF CATI: yourself].

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_PAININJ

[IF CAWI: I am; IF CATI: You are] worried that it could be painful or [IF CAWI: I; IF CATI: you] could injure [IF CAWI: myself; IF CATI: yourself].

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_ACCURACY

[IF CAWI: I am; IF CATI: You are] worried the results would be less accurate than a test done by a doctor or nurse.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF AGE >= 21 AND SEX = 2]

[S]

HPV_OTHCONC

Another concern.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER: RANDOMIZE DISPLAY OF HPV_TESTERR-HPV_OTHCONC ON THE SAME PAGE WITH HPV_DISP2 ALWAYS DISPLAYED FIRST AND HPV_OTHCONC ALWAYS DISPLAYED LAST.]

[SHOW IF HPV_PREFTEST = 1, 3]

[S]

HPV_LOCATION

Right now, you can do the HPV test yourself in places like clinics and doctor's offices, but in the future, you may also be able to do the test at home and return the kit using the mail.

[IF HPV_PREFTEST = 3, FILL: If you were going to do an HPV test yourself, would; IF HPV_PREFTEST = 1, FILL: Would] you prefer to do this HPV test at home or to test yourself in a clinic or doctor's office?
[CATI: If you have no preference, you can say that as well.]

[CAWI RESPONSE OPTIONS:]

- 1 Home
- 2 Clinic or doctor's office
- 3 Have no preference

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 HOME
 - 2 CLINIC OR DOCTOR'S OFFICE
 - 3 HAVE NO PREFERENCE
-

[SHOW IF HPV_LOCATION = 1]

[DISP]

HPV_DISP3

Which of the following, if any, are reasons you would prefer doing an HPV test yourself at home?

[SHOW IF HPV_LOCATION = 1]

[S]

HPV_LOCCONV

It would be more convenient to test [IF CAWI: myself; IF CATI: yourself] at home.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF HPV_LOCATION = 1]

[S]

HPV_LOCPRIV

[IF CAWI: I; IF CATI: You] prefer the privacy of testing [IF CAWI: myself; IF CATI: yourself] at home.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF HPV_ LOCATION = 1]

[S]

HPV_LOCTIME

[IF CAWI: I; IF CATI: You] could take the test on [IF CAWI: my; IF CATI: your] own time.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF HPV_ LOCATION = 1]

[S]

HPV_LOCTRAV

It is hard for [IF CAWI: me; IF CATI: you] to get to a clinic or doctor's office.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: RANDOMIZE DISPLAY OF HPV_LOCCONV - HPV_LOCTRAV ON SINGLE PAGE WITH HPV_DISP3 AT TOP OF PAGE.]

[SHOW IF HPV_ LOCATION = 1]

[DISP]

HPV_DISP3

Which of the following, if any, are reasons you would prefer doing an HPV test yourself at home?

[SHOW IF HPV_ LOCATION = 1]

[S]

HPV_LOCCOMF

[IF CAWI: I; IF CATI: You] would be more comfortable in [IF CAWI: my; IF CATI: your] home.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF HPV_ LOCATION = 1]

[S]

HPV_LOCDCOC

[IF CAWI: I; IF CATI: You] I do not like going to the doctor.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF HPV_ LOCATION = 1]

[S]

HPV_LOCOTHA

Another reason.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: RANDOMIZE DISPLAY OF HPV_LOCCOMF - HPV_LOCDOC ON SINGLE PAGE WITH HPV_DISP3 AT TOP OF PAGE. ANCHOR HPV_LOCOTH AT BOTTOM OF PAGE.]

[SHOW IF HPV_ LOCATION = 2]
[DISP]
HPV_DISP4

Which of the following, if any, are reasons you would prefer doing an HPV test yourself at a clinic or doctor's office?

[SHOW IF HPV_ LOCATION = 2]
[S]
HPV_LOCMAIL

[IF CAWI: I; IF CATI: You] do not want to use the mail for at-home medical tests.

[CAWI RESPONSE OPTIONS:]
1 Yes
0 No

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

[SHOW IF HPV_ LOCATION = 2]
[S]
HPV_LOCKNOW

[IF CAWI: I; IF CATI: You] would not want other people [IF CAWI: I; IF CATI: you] live with to know [IF CAWI: I am; IF CATI: you are] taking an HPV test.

[CAWI RESPONSE OPTIONS:]
1 Yes
0 No

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

[SHOW IF HPV_ LOCATION = 2]
[S]

HPV_LOCCLEAN

A clinic or doctor's office would be a cleaner place to test [IF CAWI: myself; IF CATI: yourself].

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: RANDOMIZE DISPLAY HPV_LOCMail - HPV_LOCCLEAN ON SINGLE PAGE WITH HPV_DISP4 AT TOP OF PAGE.]

[SHOW IF HPV_ LOCATION = 2]

[DISP]

HPV_DISP4

Which of the following, if any, are reasons you would prefer doing an HPV test yourself at a clinic or doctor's office?

[SHOW IF HPV_ LOCATION = 2]

[S]

HPV_LOCHELP

At a clinic or doctor's office, staff would be available to help [IF CAWI: me; IF CATI: you] or answer [IF CAWI: my; IF CATI: your] questions.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF HPV_ LOCATION = 2]

[S]

HPV_LOCNEED

[IF CAWI: I; IF CATI: You] have to go to the doctor anyway.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF HPV_ LOCATION = 2]

[S]

HPV_LOCOTHB

Another reason.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: RANDOMIZE DISPLAY OF HPV_LOCHELP AND HPV_LOCNEED ON SINGLE PAGE WITH HPV_DISP4 AT TOP OF PAGE AND HPV_LOCOTHB ANCHORED AT BOTTOM OF PAGE.]

[CREATE "END_HPV_TIME" AND "END_HPV_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

SOC - SOCIAL/WORK LIMITATIONS

[CREATE "START_SOC_TIME" AND "START_SOC_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[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

[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_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 or 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_TIME" AND "END_SOC_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

PAY - SOCIAL DETERMINANTS: PAYING MEDICAL BILLS

[CREATE "START_PAY_TIME" AND "START_PAY_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[DISP]

PAY_INTRO

Now [IF CAWI, FILL: We are; IF CATI, FILL: I am] going to ask you about your medical bills. Include bills for doctors, dentists, hospitals, therapists, medication, equipment, and nursing home or home care.

[SHOW ALL]

[S]

PAY_BILL12M

In the past 12 months, did you or anyone in your family have problems paying or were unable to pay medical bills?

Include bills from doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF PAY_BILL12M =1, -6, -7, -9]

[S]

PAY_MEDBILL

[IF HH SIZE = 1, FILL: Do you; IF HH SIZE >1, FILL: Does anyone in your family] currently have any medical bills that you are unable to pay at all?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

PAY_PAYWORRY

If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?
[CATI] Are you very worried, somewhat worried, or not at all worried?

- 1 Very worried
- 2 Somewhat worried
- 3 Not at all worried

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 VERY WORRIED
- 2 SOMEWHAT WORRIED
- 3 NOT AT ALL WORRIED

[CREATE "END_PAY_TIME" AND "END_PAY_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CWD - CHRONIC WASTING DISEASE

[CREATE "START_CWD_TIME" AND "START_CWD_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[DISP]

CWD_DISP

The next questions are about the consumption and hunting of deer or elk.

[SHOW ALL]

[S]

CWD_EVEATEN

Have you ever eaten deer or elk meat?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CWD_EVHUNT

Have you ever gone hunting for deer or elk?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF CWD_EVHUNT = 1]

[NUMBOX]

CWD_HUNTAGE

Approximately how old were you the first time you went hunting for deer or elk?

[PROGRAMMER: IF AGE IS MISSING/IMPUTED, DISPLAY ERROR MESSAGE IF >99: Please enter an age between 0 and 99. IF AGE IS NOT MISSING/IMPUTED, DISPLAY ERROR MESSAGE IF > AGE + 2 YEARS: Please enter a valid age.]

[NUMBOX] years [RANGE=00-99]

[SHOW IF CWD_EVHUNT = 1]

[S]

CWD_OFTHUNT

Since your first time hunting, about how often have you gone deer or elk hunting?

[CAWI RESPONSE OPTIONS:]

- 1 Every year
- 2 Most years
- 3 Some years
- 4 Hardly ever

[CATI RESPONSE OPTIONS:]

- 1 Every year
 - 2 Most years
 - 3 Some years
 - 4 Hardly ever
-

[SHOW IF CWD_EVHUNT = 1]

[S]

CWD_HUNTST00

Since 2000, which states have you hunted deer or elk in?
[PROGRAM AS MULTI-SELECT QUESTION WITH FULL LIST US STATES]

[SHOW IF CWD_EVHUNT = 1]
[S]
CWD_HUNTCONF

[IF CAWI: We; IF CATI: I] have recorded that you have hunted deer or elk in the following states since 2000: {FILL STATES SELECTED IN CWD_HUNTST00}.

Is this correct?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF ONLY TWO STATES WERE SELECTED IN CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE. IF CWD_HUNTCONF=1, ROUTE RESPONDENT BACK TO CWD_HUNTST00 TO UPDATE THEIR RESPONSE. OTHERWISE, CONTINUE.]

[SHOW IF CWD_EVHUNT = 1 AND (IF COLORADO, WYOMING, OR NEBRASKA NOT SELECTED ON CWD_HUNTST00 OR CWD_HUNTST00=-6,-7,-9)]

[S]
CWD_COWYNE

Just to confirm, since 2000, have you hunted deer or elk in Colorado, Wyoming, or Nebraska?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF CWD_HUNTST00 = COLORADO, WYOMING, OR NEBRASKA OR IF CWD_COWYNE = 1]

[S]
CWD_HRVEST00

Did you harvest any deer or elk while hunting in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF CWD_HUNTST00 CONTAINS COLORADO, WYOMING OR NEBRASKA, FILL ONLY SELECTED STATE NAMES IN CWD_HRVST00. IF ONLY TWO STATES WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE. ELSE, IF CWD_COWYNE=1, FILL "Colorado, Wyoming, or Nebraska".]

[SHOW IF CWD_HUNTST00= SOUTH DAKOTA, WISCONSIN, ILLINOIS, UTAH, NEW MEXICO, KANSAS, WEST VIRGINIA, OR NEW YORK]

[S]

CWD_HUNTST05

Since 2005, have you hunted for deer or elk in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF ONLY TWO STATES FROM APPLICABLE LIST WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE.]

[SHOW IF CWD_HUNTST00 = SOUTH DAKOTA, WISCONSIN, ILLINOIS, UTAH, NEW MEXICO, KANSAS, WEST VIRGINIA, OR NEW YORK]

[S]

CWD_HRVST05

Did you harvest any deer or elk while hunting in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF ONLY TWO STATES FROM APPLICABLE LIST WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE.]

[SHOW IF CWD_HUNTST00 = VIRGINIA OR NORTH DAKOTA]

[S]

CWD_HUNTST10

Since 2010, have you hunted for deer or elk in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF CWD_HUNTST00 = VIRGINIA OR NORTH DAKOTA]

[S]

CWD_HRVEST10

Did you harvest any deer or elk while hunting in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF CWD_HUNTST00 = MINNESOTA, MARYLAND, MISSOURI, PENNSYLVANIA, TEXAS, IOWA, OR MICHIGAN]

[S]

CWD_HUNTST15

Since 2015, have you hunted for deer or elk in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF ONLY TWO STATES FROM APPLICABLE LIST WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE.]

[SHOW IF CWD_HUNTST00 = MINNESOTA, MARYLAND, MISSOURI, PENNSYLVANIA, TEXAS, IOWA, OR MICHIGAN]

[S]

CWD_HRVEST15

Did you harvest any deer or elk while hunting in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF ONLY TWO STATES FROM APPLICABLE LIST WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE.]

[SHOW IF CWD_HUNTST00 = ARKANSAS, MONTANA, MISSISSIPPI, TENNESSEE, OR OHIO]

[S]

CWD_HUNTST20

Since 2020, have you hunted for deer or elk in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[PROGRAMMER NOTE: IF ONLY TWO STATES FROM APPLICABLE LIST WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE.]

[SHOW IF CWD_HUNTST00 = ARKANSAS, MONTANA, MISSISSIPPI, TENNESSEE, OR OHIO]
[S]
CWD_HRVEST20

Did you harvest any deer or elk while hunting in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF ONLY TWO STATES FROM APPLICABLE LIST WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE.]

[SHOW IF CWD_HUNTST00 = IDAHO, ALABAMA, LOUISIANA, NORTH CAROLINA, OKLAHOMA, FLORIDA, KENTUCKY, INDIANA, OR CALIFORNIA]
[S]
CWD_HUNTST12M

In the past 12 months, have you hunted for deer or elk in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF ONLY TWO STATES FROM APPLICABLE LIST WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE.]

[SHOW IF CWD_HUNTST00 = IDAHO, ALABAMA, LOUISIANA, NORTH CAROLINA, OKLAHOMA, FLORIDA, KENTUCKY, INDIANA, OR CALIFORNIA]
[S]

CWD_HRVEST12M

Did you harvest any deer or elk while hunting in {FILL SELECTED STATE NAME(S)}?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: IF ONLY TWO STATES FROM APPLICABLE LIST WERE SELECTED ON CWD_HUNTST00, FILL AS "X or Y" WITH NO COMMA. IF 3+ STATES WERE SELECTED, FILL WITH "X, Y, or Z" WITH COMMAS SEPARATING EACH STATE.]

[SHOW IF ANY OF CWD_HRVEST00, CWD_HRVEST05, CWD_HRVEST10, CWD_HRVEST15, CWD_HRVEST20, OR CWD_HRVEST12M = 1]

[S]

CWD_PROCESSa

Since 2000, have you processed deer or elk you harvested in any of the following ways?

[IF CAWI: I processed my own meat.; IF CATI: You processed your own meat.]

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF ANY OF CWD_HRVEST00, CWD_HRVEST05, CWD_HRVEST10, CWD_HRVEST15, CWD_HRVEST20, OR CWD_HRVEST12M = 1]

[S]

CWD_PROCESSb

[IF CAWI: Someone I know processed the meat, such as a family member, friend, neighbor, or another hunter.; IF CATI: Someone you know processed the meat, such as a family member, friend, neighbor, or another hunter.]

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF ANY OF CWD_HRVEST00, CWD_HRVEST05, CWD_HRVEST10, CWD_HRVEST15, CWD_HRVEST20, OR CWD_HRVEST12M = 1]

[S]

CWD_PROCESSc

[IF CAWI: I took it to a commercial meat processor.; IF CATI: You took it to a commercial meat processor.]

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF ANY OF CWD_HRVEST00, CWD_HRVEST05, CWD_HRVEST10, CWD_HRVEST15, CWD_HRVEST20, OR CWD_HRVEST12M = 1]

[S]

CWD_PROCESSd

[IF CAWI: I donated the whole animal to a charity like a food bank or Hunters for the Hungry.; IF CATI: You donated the whole animal to a charity like a food bank or Hunters for the Hungry.]

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF ANY OF CWD_HRVEST00, CWD_HRVEST05, CWD_HRVEST10, CWD_HRVEST15, CWD_HRVEST20, OR CWD_HRVEST12M = 1]

[S]

CWD_PROCESSe

[IF CAWI: I did something else.; IF CATI: You did something else.]

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER NOTE: DISPLAY CWD_PROCESSa - CWD_PROCESSE ON THE SAME PAGE.]

[SHOW ALL]

[S]

CWD_EVHEARD

Chronic wasting disease or CWD is an illness affecting deer and elk in parts of the United States. Prior to this survey, had you ever heard of chronic wasting disease, also known as zombie deer disease?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF CWD_EVHEARD = 1]

[S]

CWD_KNWMUCH

Prior to this survey, how much did you know about chronic wasting disease?

[CAWI RESPONSE OPTIONS:]

- 1 Hardly anything
- 2 A little bit
- 3 A fair amount
- 4 A lot

[CATI RESPONSE OPTIONS:]

- 1 Hardly anything
 - 2 A little bit
 - 3 A fair amount
 - 4 A lot
-

[SHOW IF CWD_EVHEARD = 1]

[S]

CWD_CONTEST

How concerned would you be about eating deer or elk meat that was not tested for chronic wasting disease when it was from an area where chronic wasting disease was detected?

[CAWI RESPONSE OPTIONS:]

- 1 Not at all concerned
- 2 Slightly concerned
- 3 Moderately concerned
- 4 Very concerned
- 9 Don't know

[CATI RESPONSE OPTIONS:]

- 1 Not at all concerned
 - 2 Slightly concerned
 - 3 Moderately concerned
 - 4 Very concerned
 - 9 Don't know
-

[SHOW IF CWD_EVHEARD = 1]

[S]

CWD_CONPOS

How concerned would you be about eating deer or elk meat that tested positive for chronic wasting disease?

[CAWI RESPONSE OPTIONS:]

- 1 Not at all concerned
- 2 Slightly concerned
- 3 Moderately concerned
- 4 Very concerned
- 9 Don't know

[CATI RESPONSE OPTIONS:]

- 1 Not at all concerned
 - 2 Slightly concerned
 - 3 Moderately concerned
 - 4 Very concerned
 - 9 Don't know
-

[SHOW IF CWD_EVHEARD = 1]

[S]

CWD_CONHLTH

How concerned are you about chronic wasting disease affecting human health?

[CAWI RESPONSE OPTIONS:]

- 1 Not at all concerned
- 2 Slightly concerned
- 3 Moderately concerned
- 4 Very concerned

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 Not at all concerned
- 2 Slightly concerned
- 3 Moderately concerned
- 4 Very concerned

[SHOW ALL]

[DISP]

CWD_DISP3

Chronic wasting disease is a fatal illness affecting the nervous system of deer and elk. This disease is related to bovine spongiform encephalopathy [IF CATI: (**pronounced: BOH-vine SPUN-ji-form en-CEF-uh-LOP-uh-thee**)], also known as mad cow disease, which can be transmitted to people through eating contaminated meat. However, there is currently no strong evidence that chronic wasting disease can infect people. To find out more about chronic wasting disease, please visit the CDC website.

[CREATE "END_CWD_TIME" AND "END_CWD_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

EMP – EMPLOYMENT

[CREATE "START_EMP_TIME" AND "START_EMP_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

EMP_EMPLOY

Last week, did you work for pay at a job or business?

[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
-

[SHOW IF EMP_EMPLOY=0 AND EMP_ABSENTWK=0]

[S]

EMP_WHYNOWRK

What is the main reason you were not working for pay at a job or business last week?

[CAWI RESPONSE OPTIONS:]

- 0 Unemployed, laid off, or 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, or 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

[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]

[PROGRAMMER: NOTE THAT RESPONDENTS WILL HAVE TO SELECT EMP_INSH=1 BEFORE THEY ARE ALLOWED TO ENTER TEXT INTO THE TEXTBOX]

[PROGRAMMER: IF EMP_INSH =1 AND TEXTBOX LEFT BLANK, PROMPT: You mentioned you had another type of health insurance or health coverage plan. Please enter the name in the text box.]

[CREATE "END_EMP_TIME" AND "END_EMP_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

MAR – MARITAL STATUS

[CREATE "START_MAR_TIME" AND "START_MAR_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[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
-

[SHOW IF MAR_MARITAL = 2, 3, -6,-7,-9]

[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
-

[SHOW IF MAR_MARITAL = 2 AND MAR_EVMARRY=1]

[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
-

[SHOW IF MAR_MARITAL = 3 AND MAR_EVMARRY=1]

[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_TIME" AND "END_MAR_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CIV - CIVIC ENGAGEMENT

[CREATE "START_CIV_TIME" AND "START_CIV_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[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

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 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

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 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

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 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_TIME" AND "END_CIV_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

FSC – SOCIAL DETERMINANTS – FOOD INSECURITY

[CREATE "START_FSC_TIME" AND "START_FSC_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[DISP]

FSC_INTRO

These next questions are about whether [IF HH SIZE = 1, FILL: you were; IF HH SIZE >1, FILL: your family was] 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: CAWI = I was; CATI = You were; IF HH SIZE >1, FILL: CAWI = We were; CATI = Your family was] worried whether [IF HH SIZE = 1, FILL: CAWI = my; CATI = your; IF HH SIZE >1, FILL: CAWI = our; CATI = your] food would run out before [IF HH SIZE = 1, FILL: CAWI = I; CATI = you; IF HH SIZE >1, FILL: CAWI = we; CATI = you] 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: CAWI = I; CATI = You; IF HH SIZE >1, FILL: CAWI = we; CATI = your family] bought just didn't last, and [IF HH SIZE = 1, FILL: CAWI = I; CATI = you; IF HH SIZE >1, FILL: CAWI = we; CATI = your family] 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:]

- 0 OFTEN TRUE
- 1 SOMETIMES TRUE
- 2 NEVER TRUE

[SHOW ALL]

[S]

FSC_AFFORD

[IF HH SIZE = 1, FILL: CAWI = I; CATI = You; IF HH SIZE >1, FILL: CAWI = We; CATI = Your family] 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_DISP1-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 [IF HH SIZE=1, FILL: you; IF HH SIZE >1, FILL: you or other adults in your family] cut the size of your meals or skip meals because there wasn't enough money for food?

[PROGRAMMER: DISPLAY ERROR MESSAGE IF NUMBER OF DAYS IS >30: Please enter a number of days between 1 and 30.]

[NUMBOX] days [RANGE=1-30]

[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 [\[IF HH SIZE = 1, FILL: you; IF HH SIZE >1, FILL: you or other adults in your family\] not eat for a whole day because there wasn't enough money for food](#)~~this happen?~~

[PROGRAMMER: DISPLAY ERROR MESSAGE IF NUMBER OF DAYS IS >30: Please enter a number of days between 1 and 30.]

[NUMBOX] days [RANGE=1-30]

[CREATE "END_FSC_TIME" AND "END_FSC_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

LAN - LANGUAGE ITEMS

[CREATE "START_LAN_TIME" AND "START_LAN_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[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

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 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_TIME” AND “END_LAN_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

DEM – RACE/ETHNICITY

[CREATE “START_TIME” AND “START_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[M]

DEM_RACE

What is your race and/or ethnicity? [CATI: Tell me; CAWI: Select all that apply.]

DEM_RACEa	American Indian or Alaska Native
DEM_RACEb	Asian
DEM_RACEc	Black or African American
DEM_RACEd	Hispanic or Latino
DEM_RACEe	Middle Eastern or North African
DEM_RACEf	Native Hawaiian or Pacific Islander
DEM_RACEg	White

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

[SHOW IF DEM_RACEa=1]

[TEXTBOX]

DEM_AIAN

You said that you are American Indian or Alaska Native. Please [CAWI: enter additional details in the space below; CATI: tell me some additional details].

For example, are you Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, or some other group?

[TEXTBOX; CHARACTER LIMIT = 150]

[SHOW IF DEM_RACEb=1]
[M]
DEM_ASIAN

You said that you are Asian. Please [CAWI: select; CATI: tell me] all that apply. Are you:

- 1 Chinese
 - 2 Asian Indian
 - 3 Filipino
 - 4 Vietnamese
 - 5 Korean
 - 6 Japanese
 - 7 Another Asian group, for example Pakistani, Hmong, Afghan, etc. [TEXTBOX; CHARACTER LIMIT = 50]
-

[SHOW IF DEM_RACEc=1]
[M]
DEM_BLACK

You said that you are Black or African American. Please [CAWI: select; CATI: tell me] all that apply. Are you:

- 1 African American
 - 2 Jamaican
 - 3 Haitian
 - 4 Nigerian
 - 5 Ethiopian
 - 6 Somali
 - 7 Another Black or African American group, for example Trinidadian and Tobagonian, Ghanaian, Congolese, etc. [TEXTBOX; CHARACTER LIMIT = 50]
-

[SHOW IF DEM_RACEd=1]
[M]
DEM_HISP

You said that you are Hispanic or Latino. Please [CAWI: select; CATI: tell me] all that apply. Are you:

- 1 Mexican
 - 2 Puerto Rican
 - 3 Salvadoran
 - 4 Cuban
 - 5 Dominican
 - 6 Guatemalan
 - 7 Another Hispanic or Latino group, for example Colombian, Honduran, Spaniard, etc. [TEXTBOX; CHARACTER LIMIT = 50]
-

[SHOW IF DEM_RACEe=1]

[M]

DEM_MENA

You said that you are Middle Eastern or North African. Please [CAWI: select; CATI: tell me] all that apply. Are you:

- 1 Lebanese
 - 2 Iranian
 - 3 Egyptian
 - 4 Syrian
 - 5 Iraqi
 - 6 Israeli
 - 7 Another Middle Eastern or North African group, for example Moroccan, Yemeni, Kurdish, etc. [TEXTBOX; CHARACTER LIMIT = 50]
-

[SHOW IF DEM_RACEf=1]

[M]

DEM_NHPI

You said that you are Native Hawaiian or Pacific Islander. Please [CAWI: select; CATI: tell me] all that apply. Are you:

- 1 Native Hawaiian
 - 2 Samoan
 - 3 Chamorro
 - 4 Tongan
 - 5 Fijian
 - 6 Marshallese
 - 7 Another Native Hawaiian or Pacific Islander group, for example Chuukese, Palauan, Tahitian, etc. [TEXTBOX; CHARACTER LIMIT = 50]
-

[SHOW IF DEM_RACEg=1]

[M]

DEM_WHITE

You said that you are White. Please [CAWI: select; CATI: tell me] all that apply. Are you:

- 1 English
- 2 German
- 3 Irish
- 4 Italian
- 5 Polish
- 6 Scottish
- 7 Another White group, for example French, Swedish, Norwegian, etc. [TEXTBOX; CHARACTER LIMIT = 50]

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

GENDER

[CREATE "START_GEN_TIME" AND "START_GEN_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[M]

GEN_CURGEN

For this next question, you may [IF CATI, FILL: choose; IF CAWI, FILL: select] more than one answer.

What is your gender? Are you [IF CATI, FILL: male, female, transgender, nonbinary, or another gender, or do you prefer not to say?; IF CAWI, FILL: ...]

GEN_CURGENa [CAWI: Male?] [CATI: MALE]

GEN_CURGENb [CAWI: Female?] [CATI: FEMALE]

GEN_CURGENc [CAWI: Transgender, nonbinary, or another gender?] [CATI: TRANSGENDER, NONBINARY, OR ANOTHER GENDER]

GEN_CURGENd [CAWI: Prefer not to say] [CATI: PREFER NOT TO SAY]

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

INT – INTERNET/HIT

[CREATE "START_INT_TIME" AND "START_INT_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[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_DSPL - INT_USETEST ON SAME PAGE]

[CREATE "END_INT_TIME" AND "END_INT_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

TEL - TELEPHONE USE

[CREATE "START_TEL_TIME" AND "START_TEL_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

TEL_NONCELL

Is there at least one telephone inside 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

[SHOW IF TEL_CELL=0 AND HHSIZE>=2]

[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_TIME" AND "END_TEL_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

Thank you for participating in this survey. We realize that some of the topics covered were quite personal and can be difficult to think and talk about. We appreciate your willingness to answer these questions and want you to know that we recognize the important contribution you have made. Sometimes when people have answered questions like these, they realize that they are interested in following up on some of the issues that they have been asked about with someone who is professionally trained to deal with these kinds of issues.

Below are some toll-free numbers of resources that you can use now or in the future if you want to speak further with someone.

- You can reach the National Domestic Violence Hotline at 1-800-799-SAFE (7233).
- You can reach the National Sexual Assault Hotline at 1-800-656-HOPE (4673).
- You can reach the National Child Abuse Hotline at 1-800-4-A-Child (422-4453).
- You can reach the National Suicide Prevention Lifeline at 988.

[PROGRAMMER: DISPLAY THIS SCREEN AFTER RESPONDENT SUBMITS SURVEY RESPONSE.]