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### **Proposed Web Questionnaire Introduction Screen**



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. You will not receive any monetary reward or incentive for participating in this survey. The information being collected is for research purposes only, and will assist NCHS and CDC in their ongoing efforts to track the health of the American public. Your data will be held 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 the Confidential Information and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018, Pub. L. No. 115-435, 132 Stat. 5529, § 302).

If you have any questions about this study, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #2016-16-XX [**Note: The amendment number will be inserted into the form once NCHS ERB approval has been received**]. Your call will be returned as soon as possible.

Click the “Next” button below to begin.

### **Proposed Phone Interview Introduction**

Introduction and verification of respondent’s name.

Explain why calling

- o We are asking for your help as we construct a health survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.

## Attachment 1: Cognitive Interviewing and RANDS Questionnaire Including Intro Screen/Script

- o Phone call takes on average 20 minutes to complete.

Share confidentiality, informed consent, and voluntary participation information

- o All information which would permit identification of an individual, a practice, or an establishment will be held 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' Confidentiality Officer at (888) 642-1459.
- o Participation is voluntary, but will assist greatly in helping further our nation's understanding of health and how we ask the public about public health issues.

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### SECTION: Chronic Conditions

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[SP; PROMPT TWICE IF REFUSED]

[COPY FROM ATEST SID 2292]

PHSTAT.

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:

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

---

[SP]

SOCERRNDS.

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?]

RESPONSE OPTIONS:

1. No difficulty
  2. Some difficulty
  3. A lot of difficulty
  4. Cannot do this at all
-

[SP]

SOCSCLPAR.

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 Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]

RESPONSE OPTIONS:

1. No difficulty
  2. Some difficulty
  3. A lot of difficulty
  4. Cannot do this at all
- 

[SP]

SOCWRKLIM.

Are you limited in the kind OR amount of work you can do because of a physical, mental, or emotional problem? [CATI Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]

RESPONSE OPTIONS:

1. No difficulty
  2. Some difficulty
  3. A lot of difficulty
  4. Cannot do this at all
- 

[SP]

[COPY FROM ADEV SID 1804]

USUALPL.

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

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

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

[COPY FROM ATEST SID 2765]

[GRID SP]

CHRONSERIES.

[CAWI] The next few questions are about medical conditions you may have been told you had.

[SPACE]

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

[CATI] Now I'm going to ask you about certain medical conditions.

[SPACE]

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

[CATI] **READ AS NECESSARY** Have you ever been told by a doctor or other health professional that you had...

**GRID ITEMS, RANDOMIZE:**

- HYPEV.** Hypertension, also called high blood pressure?
- CHLEV.** High cholesterol?
- CHDEV.** Coronary heart disease?
- ASEV.** Asthma?
- COPDEV.** Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis?
- CANEV.** Cancer or a malignancy of any kind?
- ARTHEV.** Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**CAWI RESPONSE OPTIONS:**

1. Yes
2. No

**CATI RESPONSE OPTIONS:**

1. YES
  2. NO
- 

[SHOW IF HYPEV = 1]

[SP]

**HYPDIF**

Were you told on two or more DIFFERENT visits that you had hypertension or high blood pressure?

**CAWI RESPONSE OPTIONS:**

1. Yes
2. No

**CATI RESPONSE OPTIONS:**

1. YES
  2. NO
- 

[SHOW IF HYPDIF = 1]

[SP]

**HYP12M**

During the past 12 months, have you had hypertension or high blood pressure?

**CAWI RESPONSE OPTIONS:**

1. Yes

2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF HYPEV = 1]

[SP]

HYPMED

Are you NOW taking any medication prescribed by a doctor for your high blood pressure?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF CHLEV = 1]

[SP]

CHL12M

During the past 12 months, have you had high cholesterol?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF CHLEV = 1]

[SP]

CHLMED

Are you NOW taking any medication prescribed by a doctor to help lower your cholesterol?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF ASEV = 1]

[SP]

ASTILL

Do you still have asthma?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF ASEV = 1]

[SP]

ASAT12M

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF ASEV = 1]

[SP]

ASER12M

During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[GRID SP]

PULMSERIES.

Attachment 1: Cognitive Interviewing and RANDS Questionnaire Including Intro Screen/Script

[CAWI] The next few questions are about other medical conditions you may have been told you had.

[SPACE]

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

[CATI] Now I'm going to ask you about some other medical conditions.

[SPACE]

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

[CATI] **READ AS NECESSARY** Have you ever been told by a doctor or other health professional that you had...

GRID ITEMS, RANDOMIZE:

- ANGEV. Angina, also called angina pectoris?
- MIEV. A heart attack, also called myocardial infarction?
- STREV. A stroke?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

PREDIB.

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF GENDER= 2]

[SP]

GESDIB

[SHOW IF (PREDIB= 1)] Has a doctor or other health professional <u>ever</u> told you that you had gestational diabetes, a type of diabetes that occurs <u>only</u> during pregnancy?

CAWI RESPONSE OPTIONS:

1. Yes

2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

DIBEV.

[SHOW IF (PREDIB= 1)] Not including prediabetes, has a doctor or other health professional <u>ever</u> told you that you had diabetes?

[SHOW IF (GESDIB= 1)] Not including gestational diabetes, has a doctor or other health professional <u>ever</u> told you that you had diabetes?

[SHOW IF (PREDIB= 1 & GESDIB= 1)] Not including prediabetes or gestational diabetes, has a doctor or other health professional <u>ever</u> told you that you had diabetes?

[SHOW IF (PREDIB=2,77,98,99)] Has a doctor or other health professional <u>ever</u> told you that you had diabetes?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

SECTION: Health and Civic Behaviors

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[SP]

SMKEV

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
-

[SHOW IF SURV\_MODE=1]

[SP]

ACSSINT.

Do you have access to the Internet?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF ACCSSINT=1]

[SP]

ACSSHOM.

Do you have access to the Internet from your home?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

HITLOOK.

During the past 12 months, have you used the Internet for any of the following reasons? To look for health or medical information.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

HITCOMM.

During the past 12 months, have you used the Internet for any of the following reasons? To communicate with a doctor or doctor's office.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

HITTEST.

During the past 12 months, have you used the Internet for any of the following reasons? To look up medical test results.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

[COPY FROM ADEV SID 1804]

EMPLASTWK.

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

CEVOLUN1.

During the past 12 months, did you spend any time volunteering for any organization or association?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
-

[SHOW IF CEVOLUN1=2, 77, 98, 99]

[SP]

CEVOLUN2.

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
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

CEMMETNG.

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
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

CEVOTELC.

Did you vote in the LAST LOCAL elections, such as for mayor, councilmembers, or school board?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

AFVET.

Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

SECTION: Traumatic Brain Injury

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[DISPLAY]

TBIINTRO.

The next questions are about head injuries that may have occurred in the past 12 months. Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.

---

[SP]

TBILOCMEMDAZ.

During the past 12 months, as a result of a blow or jolt to the head, have you been knocked out or lost consciousness, been dazed or confused, or had a gap in your memory?

[SPACE]

[CAWI - REMOVE BOLD] <i> Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months. </i>

[CATI] READ IF NEEDED: PLEASE THINK ABOUT ALL HEAD INJURIES, FOR EXAMPLE, FROM PLAYING SPORTS, CAR ACCIDENTS, FALLS, OR BEING HIT BY SOMETHING OR SOMEONE THAT MAY HAVE OCCURRED IN THE PAST 12 MONTHS

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF TBILOCMEMDAZ= 2, 77, 98, 99]

[SP]

TBIHEADSYM.

During the past 12 months, as a result of a blow or jolt to the head, have you had headaches, sensitivity to light or noise, balance problems, or changes in mood or behavior?

[SPACE]

[CAWI - REMOVE BOLD] <i> Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months. </i>

[CATI] READ IF NEEDED: PLEASE THINK ABOUT ALL HEAD INJURIES, FOR EXAMPLE, FROM PLAYING SPORTS, CAR ACCIDENTS, FALLS, OR BEING HIT BY SOMETHING OR SOMEONE THAT MAY HAVE OCCURRED IN THE PAST 12 MONTHS

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

TBISPORT.

Did you experience this blow or jolt to the head while playing a sport, or while engaged in physical fitness or a recreational activity for fun or competition?

[SPACE]

[CAWI - REMOVE BOLD] <i> Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months. </i>

[CATI] READ IF NEEDED: PLEASE THINK ABOUT ALL HEAD INJURIES, FOR EXAMPLE, FROM PLAYING SPORTS, CAR ACCIDENTS, FALLS, OR BEING HIT BY SOMETHING OR SOMEONE THAT MAY HAVE OCCURRED IN THE PAST 12 MONTHS

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

TBIMOI.

When you got your most recent head injury, which best describes how you got hurt? Please select one

CAWI RESPONSE OPTIONS:

1. I fell and hit my head
2. A car or motorcycle crash
3. Bumped my head on something

4. An object fell on me
5. Bicycle crash
6. I got hit in the head during a fight or an argument
7. Collided with another person
8. Felt dizzy or sick and fell, or passed out
9. Other, please specify [TEXTBOX]

CATI RESPONSE OPTIONS:

1. I FELL AND HIT MY HEAD
2. A CAR OR MOTORCYCLE CRASH
3. BUMPED MY HEAD ON SOMETHING
4. AN OBJECT FELL ON ME
5. BICYCLE CRASH
6. I GOT HIT IN THE HEAD DURING A FIGHT OR AN ARGUMENT
7. COLLIDED WITH ANOTHER PERSON
8. FELT DIZZY OR SICK AND FELL, OR PASSED OUT
9. OTHER, PLEASE SPECIFY [TEXTBOX]

---

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

TBICHKCONC.

After this happened were you checked for a concussion or brain injury by a doctor, nurse, paramedic, athletic trainer, or other health care professional?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

---

[SHOW IF TBICHKCONC = 1]

[SP]

TBIWHRCHK.

Where did the first evaluation by this health care professional take place?

CAWI RESPONSE OPTIONS:

1. Your regular doctor or primary care physician's office
2. A hospital or emergency department
3. An urgent care clinic
4. On the sideline (for example, at a sporting event)
5. Somewhere else, please specify [TEXTBOX]

CATI RESPONSE OPTIONS:

1. YOUR REGULAR DOCTOR OR PRIMARY CARE PHYSICIAN'S OFFICE
  2. A HOSPITAL OR EMERGENCY DEPARTMENT
  3. AN URGENT CARE CLINIC
  4. ON THE SIDELINE, FOR EXAMPLE, AT A SPORTING EVENT
  5. SOMEWHERE ELSE, PLEASE SPECIFY [TEXTBOX]
- 

[SHOW IF TBICHKCONC = 1]

[SP]

TBIDX.

Following this head injury, did a medical professional diagnose you with a concussion or traumatic brain injury?

CAWI RESPONSE OPTIONS:

1. Yes
2. No
3. Don't Know

CATI RESPONSE OPTIONS:

1. YES
  2. NO
  3. DON'T KNOW
- 

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

WORKMISS.

Did you miss any work or school due to the head injury?

CAWI RESPONSE OPTIONS:

4. Yes
1. No
2. Don't Know

CATI RESPONSE OPTIONS:

1. YES
  2. NO
  3. DON'T KNOW
- 

[SHOW IF WORKMISS = 1]

[NUMBOX]

WORKMISSA.

How many days? It is okay to give your best guess.

<u>Number of days:</u>

[NUMBER BOX, RANGE 0-999, 7777, 9998, 9999]

---

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

SYMSTILL.

Are you still experiencing any head injury-related symptoms?

CAWI RESPONSE OPTIONS:

1. Yes
2. No
3. Don't Know

CATI RESPONSE OPTIONS:

1. YES
  2. NO
  3. DON'T KNOW
- 

[SHOW IF SYMSTILL = 2]

[SP]

SYMRECA.

How long did it take for all of your head injury-related symptoms to go away?

CAWI RESPONSE OPTIONS:

1. Less than 1 day
2. 1 - 2 days
3. 3 - 7 days
4. More than 7 days

CATI RESPONSE OPTIONS:

1. LESS THAN 1 DAY
  2. 1 - 2 DAYS
  3. 3 - 7 DAYS
  4. MORE THAN 7 DAYS
- 

SECTION: Firearms Safety

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[DISPLAY]

FIREARMSINTRO.

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

---

[SP]

BRFSS\_FA1.

Are any firearms now kept in or around your home?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF BRFSS\_FA1 = 1]

[SP]

BRFSS\_FA2.

Are any of these firearms now loaded?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF BRFSS\_FA2 = 1]

[SP]

BRFSS\_FA3.

Are any of these loaded firearms also unlocked?

[SPACE]

[CAWI - REMOVE BOLD] <i> By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.. </i>

[CATI] BY UNLOCKED, WE MEAN YOU DO NOT NEED A KEY OR A COMBINATION OR A HAND/FINGERPRINT TO GET THE GUN OR TO FIRE IT. DON'T COUNT THE SAFETY AS A LOCK.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
-

SECTION: COVID and Long COVID

---

[SP]

COVIDEV.

Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF COVIDEV = 2, 77, 98, 99]

[SP]

NHIS\_TEST.

Have you ever been tested for Coronavirus or COVID-19?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF COVIDEV=1 OR NHIS\_TEST=1]

[SP]

SYMPTOMS.

How would you describe your coronavirus symptoms when they were at their worst?

[SPACE]

[CATI] WOULD YOU SAY NO SYMPTOMS, MILD SYMPTOMS, MODERATE SYMPTOMS, OR SEVERE SYMPTOMS?

CAWI RESPONSE OPTIONS:

1. No symptoms
2. Mild symptoms
3. Moderate symptoms
4. Severe symptoms

CATI RESPONSE OPTIONS:

Attachment 1: Cognitive Interviewing and RANDS Questionnaire Including Intro Screen/Script

1. NO SYMPTOMS
  2. MILD SYMPTOMS
  3. MODERATE SYMPTOMS
  4. SEVERE SYMPTOMS
- 

[SHOW IF P\_LONGCOVID = 1 AND COVIDEV=1 OR NHIS\_TEST=1]

[SP]

SYMP3MO.

Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

[SPACE]

Long term symptoms may include: Tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as “brain fog”), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF SYMP3MO=1 OR ONS\_LONG = 1]

[TEXTBOX]

PROBE\_LONG

When answering the previous question, which symptoms were you specifically thinking about?

[LARGE TEXTBOX]

---

[SHOW IF P\_LONGCOVID = 1 AND COVIDEV=1 OR NHIS\_TEST=1]

[SP]

SYMPNOW

Do you have symptoms now?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
-

[SHOW IF P\_LONGCOVID = 2 AND COVIDEV=1 OR NHIS\_TEST=1]

[SP]

ONS\_LONG

Would you describe yourself as having “long COVID,” that is, you are still experiencing symptoms more than 3 months after you first had COVID-19, that are not explained by something else?

CAWI RESPONSE OPTIONS:

1. Yes
2. No
3. Don't Know

CATI RESPONSE OPTIONS:

1. YES
  2. NO
  3. DON'T KNOW
- 

[SHOW IF ONS\_LONG=1]

[SP]

ONS\_IMPACT

Does this reduce your ability to carry-out day-to-day activities compared with the time before you had COVID-19?

CAWI RESPONSE OPTIONS:

1. Yes, a lot
2. Yes, a little
3. Not at all
4. Don't Know

CATI RESPONSE OPTIONS:

1. YES, A LOT
  2. YES, A LITTLE
  3. NOT AT ALL
  4. DON'T KNOW
- 

SECTION: Immunization

---

[DISPLAY]

FLUINTRO.

There are currently vaccines available for seasonal influenza and coronavirus or COVID-19. You will first be asked questions about seasonal flu vaccination and then about coronavirus or COVID-19 vaccination

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[SP]

SHTFLU12M

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
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[NUMBOX]

**SHTFLUM**

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

<u>MONTH:</u>

[NUMBER BOX, RANGE 1-12, 7777, 9998, 9999]

<u>YEAR:</u>

[NUMBER BOX, RANGE 1950-2022, 7777, 9998, 9999]

---

[SP]

SHTPNUEV

A pneumonia shot is also known as a pneumococcal vaccine. Have you EVER had a pneumonia shot?

[DISPLAY/READ IF NECESSARY]: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax<sup>®</sup>, and conjugate, also known as Prevnar<sup>®</sup> or Vaxneuvance<sup>®</sup>.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF SHTPNUEV =1]

[SP]

SHTPNEUNB

How many pneumonia shots have you ever had?

CAWI RESPONSE OPTIONS:

1. One pneumonia shot
2. Two pneumonia shots
3. More than two pneumonia shots

CATI RESPONSE OPTIONS:

1. ONE PNEUMONIA SHOT
  2. TWO PNEUMONIA SHOTS
  3. MORE THAN TWO PNEUMONIA SHOTS
- 

[SP]

SHTCVD191

The next questions are about coronavirus or COVID-19 vaccination. Have you had at least one dose of a COVID-19 vaccination?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF SHTCVD191=1]

[SP]

SHTCVD19NM

How many COVID-19 vaccinations have you received?

[SPACE]

*Count each individual dose you have received. For instance, a two-shot series of an mRNA vaccine like Pfizer or Moderna, would count as two vaccinations.*

CAWI RESPONSE OPTIONS:

1. 1 vaccination
2. 2 vaccinations
3. 3 vaccinations
4. 4 or more vaccinations

CATI RESPONSE OPTIONS:

1. 1 VACCINATION
  2. 2 VACCINATIONS
  3. 3 VACCINATIONS
  4. 4 OR MORE VACCINATIONS
- 

VAX\_HES.

Overall, how hesitant about vaccines in general would you consider yourself to be?

[SPACE]

Please think about all vaccines, and not just the COVID-19 vaccines.

RESPONSE OPTIONS:

1. Not at all hesitant
  2. Not that hesitant
  3. Somewhat hesitant
  4. Very hesitant
- 

[SP]

VAX\_SIDE.

Have concerns about serious, long-term side effects impacted your decision to get vaccinated in the past?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

VAX\_KNOW.

Do you personally know anyone who has had a serious, long-term side effect from a vaccine?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

VAX\_MD.

Is your doctor or health provider your most trusted source of information about vaccines?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

VAX\_RISK.

How confident are you that the benefits of vaccines outweigh their risks?

RESPONSE OPTIONS:

1. Very confident
  2. Somewhat confident
  3. Not at all confident
- 

[SP]

VAX\_HERD.

Do you believe that getting vaccinated helps protect others from getting disease?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

CVD19\_HES.

Thinking specifically about the COVID-19 vaccines, how hesitant would you consider yourself to be?

RESPONSE OPTIONS:

1. Not at all hesitant
  2. Not that hesitant
  3. Somewhat hesitant
  4. Very hesitant
  77. Don't know
- 

[MP]

[RECORD TIME ON SCREEN]

PROBE\_VAX.

When answering the previous question about your hesitance towards the COVID-19 vaccines, which of the following, if any, were you thinking about?

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] SELECT ALL THAT APPLY

RESPONSE OPTIONS, RANDOMIZE 1-9:

1. Overall social benefit of vaccine
  2. Long-term health impacts
  3. Speed of development
  4. Government approval process
  5. Personal risk of getting vaccinated
  6. Risk of contracting COVID-19
  7. Information you received from a medical provider
  8. Information you received from friends or social media
  9. Previous experiences with vaccines
  10. Something else, please specify: [TEXTBOX]
- 

SECTION: Affect

---

[COPY FROM ATEST SID 1804]

[SP]

[RECORD TIME ON SCREEN]

ANXFREQ.

How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

CAWI RESPONSE OPTIONS:

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never

CATI RESPONSE OPTIONS:

1. DAILY
  2. WEEKLY
  3. MONTHLY
  4. A FEW TIMES A YEAR
  5. NEVER
- 

[COPY FROM ATEST SID 1804]

[SP]

[RECORD TIME ON SCREEN]

ANXMED.

Do you take prescription medication for these feelings?

CAWI RESPONSE OPTIONS:

1. Yes

2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

---

[COPY FROM ATEST SID 1804]

[SHOW IF (ANXFREQ=1,2,3,4,77,98,99) OR ((ANXFREQ=5) AND (ANXMED=1,77,98,99))]

[SP]

[RECORD TIME ON SCREEN]

ANXLEVEL.

Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?

[CATI] Would you say a little, a lot, or somewhere in between?

CAWI RESPONSE OPTIONS:

1. A little
2. A lot
3. Somewhere in between a little and a lot

CATI RESPONSE OPTIONS:

1. A LITTLE
2. A LOT
3. SOMEWHERE IN BETWEEN A LITTLE AND A LOT

---

[COPY FROM ATEST SID 1804]

CREATE DOV\_ANX; DISPLAY FOR TESTING PURPOSES

If ANXFREQ == 4 or ANXFREQ==5, DOV\_ANX=1;

If ANXFREQ==1, 2, or 3 AND ANXLEVEL==1, DOV\_ANX=2;

If ANXFREQ==2, or 3 AND ANXLEVEL==3, DOV\_ANX=2;

If ANXFREQ==3 AND ANXLEVEL==2, DOV\_ANX=2

If ANXFREQ==1 AND ANXLEVEL==3, DOV\_ANX=3

If ANXFREQ==2 AND ANXLEVEL==2, DOV\_ANX=3;

If ANXFREQ==1 AND ANXLEVEL==2, DOV\_ANX=4;

If ANXFREQ==77,98,99 OR ANXLEVEL==77,98,99, DOV\_ANX=99

---

[SP]

ANXEV.

Have you ever been told by a doctor or other health professional that you had any type of anxiety disorder?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[COPY FROM ATEST SID 1804]

[SP]

[RECORD TIME ON SCREEN]

DEPFREQ.

How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

CAWI RESPONSE OPTIONS:

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never

CATI RESPONSE OPTIONS:

1. DAILY
  2. WEEKLY
  3. MONTHLY
  4. A FEW TIMES A YEAR
  5. NEVER
- 

[COPY FROM ATEST SID 1804]

[SP]

[RECORD TIME ON SCREEN]

DEPMED.

Do you take prescription medication for depression?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[COPY FROM ATEST SID 1804]

[SHOW IF (DEPFREQ=1,2,3,4,77,98,99) OR ((DEPFREQ=5) AND (DEPMED=1,77,98,99))]

[SP]

[RECORD TIME ON SCREEN]

DEPLEVEL.

Thinking about the last time you felt depressed, how depressed did you feel?

[CATI] Would you say a little, a lot, or somewhere in between?

CAWI RESPONSE OPTIONS:

1. A little
2. A lot
3. Somewhere in between a little and a lot

CATI RESPONSE OPTIONS:

1. A LITTLE
  2. A LOT
  3. SOMEWHERE IN BETWEEN A LITTLE AND A LOT
- 

[COPY FROM ATEST SID 1804]

CREATE DOV\_DEP; DISPLAY FOR TESTING PURPOSES

```
If DEPFREQ == 4 or DEPFREQ ==5, DOV_DEP=1;  
If DEPFREQ==1, 2, or 3 AND DEPLEVEL==1, DOV_DEP=2;  
If DEPFREQ==2, or 3 AND DEPLEVEL==3, DOV_DEP=2;  
If DEPFREQ==3 AND DEPLEVEL==2, DOV_DEP=2  
If DEPFREQ==1 AND DEPLEVEL==3, DOV_DEP=3  
If DEPFREQ==2 AND DEPLEVEL==2, DOV_DEP=3;  
If DEPFREQ==1 AND DEPLEVEL==2, DOV_DEP=4;  
If DEPFREQ==77,98,99 OR DEPLEVEL==77,98,99, DOV_DEP=99
```

---

[SP]

DEPEV.

Have you ever been told by a doctor or other health professional that you had any type of depression?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[COPY FROM ATEST SID 1804]

[SHOW IF DOV\_ANX=2,3,4 OR ANXEV=1]

[MP]

PROBE\_ANX.

Which of the following statements, if any, describe your feelings of being nervous or anxious?

[SPACE]

CAWI: *Please select all that apply.*

CATI: **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. Sometimes the feelings can be so intense that [CAWI: my; CATI: your] chest hurts and [CAWI: I; CATI: you] have trouble breathing.
  2. These are positive feelings that help [CAWI: me; CATI: you] to accomplish goals and be productive.
  3. The feelings sometimes interfere with [CAWI: my; CATI: your] life, and [CAWI: I; CATI: you] wish that [CAWI: I; CATI: you] did not have them.
  4. Feeling that way is normal, and everyone feels that way sometimes
  5. [CAWI: I; CATI: You] have been told by a medical professional that [CAWI: I; CATI: you] have anxiety.
  6. [CAWI: I; CATI: You] have these feelings because of the Coronavirus pandemic
- 

[COPY FROM ATEST SID 1804]

[SHOW IF DOV\_DEP=2,3,4 OR DEPEV=1]

[MP]

PROBE\_DEP.

Which of the following statements, if any, describe your feelings of being sad or depressed?

[SPACE]

CAWI: *Please select all that apply.*

CATI: **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. Sometimes the feelings can be so intense that [CAWI: I; CATI: you] cannot get out of bed.
  2. The feelings sometimes interfere with [CAWI: my; CATI: your] life, and [CAWI: I; CATI: you] wish that [CAWI: I; CATI: you] did not have them.
  3. [CAWI: I; CATI: You] get over the feelings quickly.
  4. Feeling that way is normal, and everyone feels that way sometimes.
  5. [CAWI: I; CATI: You] have been told by a medical professional that [CAWI: I; CATI: you] have depression.
  6. [CAWI: I; CATI: You] have these feelings because of the Coronavirus pandemic
- 

SECTION CLOSE: Gender

---

[RECORD TIME ON SCREEN]

[SP]

SAAB.

What sex were you assigned at birth, on your original birth certificate?

[CATI] If you are unsure or don't know, you may say "Don't know".

RESPONSE OPTIONS:

1. Male
  2. Female
- 

[SHOW IF P\_GENEXP = 1]

[RECORD TIME ON SCREEN]

[SP]

GENDER\_ID.

What is your current gender?

[SPACE]

[CAWI - REMOVE BOLD] <i> Mark only one. </i>

[CATI] **MARK ONLY ONE**

CAWI RESPONSE OPTIONS:

1. Female
2. Male
3. Transgender
4. [S\_RACETH=6]Two-Spirit
5. I use a different term, please specify: [TEXTBOX]

CATI RESPONSE OPTIONS:

1. Female
  2. Male
  3. Transgender
  4. [S\_RACETH=6]Two-Spirit
  5. You use a different term, please specify: [TEXTBOX]
- 

[SHOW IF P\_GENEXP = 2]

[RECORD TIME ON SCREEN]

[MP]

SINGLE\_GEN.

Which of the following do you identify as?

[SPACE]

[CAWI - REMOVE BOLD] <i> Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

CAWI RESPONSE OPTIONS:

1. Female
2. Male
3. Some other gender identity

CATI RESPONSE OPTIONS:

1. FEMALE
  2. MALE
  3. SOME OTHER GENDER IDENTITY
- 

PROGRAMMING: CREATE DOV\_GENDERMISMATCH; DISPLAY IN TESTING  
IF SAAB=GENDER\_ID OR SINGLE\_GEN(I.E., 1/MALE IN EACH OR 2/FEMALE IN EACH)  
DOV\_GENDERMISMATCH=0  
IF SAAB NE GENDER\_ID or OR SINGLE\_GEN, DOV\_GENDERMISMATCH=1.

CREATE GENDER\_CONFIRM\_TEXT: CONCATENATE TEXT CORRESPONDING TO GENDER\_ID  
IF GENDER\_ID = 1 or SINGLE\_GEN = 1 TEXT TO BE CONCATENATED IS: Female  
IF GENDER\_ID = 2 or SINGLE\_GEN = 2 TEXT TO BE CONCATENATED IS: Male  
IF GENDER\_ID = 3 TEXT TO BE CONCATENATED IS: Transgender  
IF GENDER\_ID = 4 TEXT TO BE CONCATENATED IS: Two-Spirit  
IF GENDER\_ID = 5 or SINGLE\_GEN = 3 TEXT TO BE CONCETANATES IS: some other gender

---

[SHOW IF SAAB=1,2 AND GENDER\_ID=1,2,3,4,5 or SINGLE\_GEN = 1,2,3]

[RECORD TIME ON SCREEN]

[SP]

GENDER\_CONFIRM.

Just to confirm, you were assigned [INSERT VALUE TEXT FROM SAAB, MAKE FIRST LETTER LOWERCASE] at birth and now describe yourself as [INSERT VALUE TEXT FROM GENDER\_ID or SINGLE\_GEN, MAKE FIRST LETTER LOWERCASE; IF GENDER\_ID=5 or or SINGLE\_GEN =3, INSERT 'some other gender']. Is that correct?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[COPY FROM ATEST SID 2765]

[SHOW IF GENDER\_CONFIRM=2]

[RECORD TIME ON SCREEN]

[SP]

SAAB\_RE.

What sex were you assigned at birth, on your original birth certificate?

RESPONSE OPTIONS:

1. Male
2. Female

[COPY FROM ATEST SID 2765]

[SHOW IF GENDER\_CONFIRM=2]

[RECORD TIME ON SCREEN]

[SP]

GENDER\_ID\_RE.

What is your current gender?

[SPACE]

[CAWI - REMOVE BOLD] <i> Mark only one. </i>

[CATI] **MARK ONLY ONE**

CAWI RESPONSE OPTIONS:

1. Female
2. Male
3. Transgender
4. [S\_RACETH=6]Two-Spirit
5. I use a different term, please specify: [TEXTBOX]

CATI RESPONSE OPTIONS:

1. Female
  2. Male
  3. Transgender
  4. [S\_RACETH=6]Two-Spirit
  5. You use a different term, please specify: [TEXTBOX]
- 

[SHOW IF P\_GENEXP = 2]

[RECORD TIME ON SCREEN]

[MP]

SINGLE\_GEN\_RE.

Which of the following do you identify as?

[SPACE]

[CAWI - REMOVE BOLD] <i> Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

CAWI RESPONSE OPTIONS:

1. Female
2. Male
3. Some other gender identity

CATI RESPONSE OPTIONS:

1. FEMALE
2. MALE
3. SOME OTHER GENDER IDENTITY

---

PROGRAMMING: CREATE DOV\_REASKSWITCH – FLAG FOR MISMATCH BETWEEN ORIGINAL SAAB OR GENDER\_ID/SINGLE\_GEN REASK VARIABLES  
IF SAAB\_RE NOT EQUAL SAAB, DOV\_REASKSWITCH=1 'YES, SWITCH'  
IF GENDER\_ID\_RE NOT EQUAL GENDER\_ID, DOV\_REASKSWITCH=1 'YES, SWITCH'  
IF SINGLE\_GEN\_RE NOT EQUAL SINGLE\_GEN, DOV\_REASKSWITCH=1 'YES, SWITCH'  
ELSE, DOV\_REASKSWITCH=0 'NO SWITCH/NO REASK'

---

[COPY FROM ATEST SID 2765]

[SHOW IF SAAB=98,99]

[MP]

PROBE\_SAAB\_REF.

You didn't answer what sex you were assigned at birth, on your original birth certificate? Can you tell us why?

[SPACE]

[CAWI - REMOVE BOLD] <i> Please select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

CAWI RESPONSE OPTIONS:

1. I don't understand what the question is asking
2. I've never seen my birth certificate
3. I don't want to answer this question
4. This was a mistake, I meant to say: [TEXTBOX]
5. Other, specify: [TEXTBOX]

CATI RESPONSE OPTIONS:

1. You don't understand what the question is asking
2. You've never seen your birth certificate
3. You don't want to answer this question
4. This was a mistake, you meant to say: [TEXTBOX]
5. Other, specify: [TEXTBOX]

---

IF GENDER\_CONFIRM = 1            PROBE\_GENDERID\_TEXT = GENDER\_CONFIRM\_TEXT

IF GENDER\_CONFIRM = 2:

IF GENDER\_ID\_RE = 1 TEXT TO BE CONCATENATED IS: Female

IF GENDER\_ID\_RE = 2 TEXT TO BE CONCATENATED IS: Male

IF GENDER\_ID\_RE = 3 TEXT TO BE CONCATENATED IS: Transgender

IF GENDER\_ID\_RE = 4 TEXT TO BE CONCATENATED IS: Two-Spirit

IF GENDER\_ID\_RE = 5 TEXT TO BE CONCETANATES IS: some other gender

---

[SHOW IF GENDER\_ID = 1,2,3,4,5 OR GENDER\_ID\_RE = 1,2,3,4,5]

[RECORD TIME ON SCREEN]

[TEXTBOX]

PROBE\_GENDERID.

Please list some things that you associate with being [PROBE\_GENDERID\_TEXT]?

[LARGE TEXTBOX]

---

[SP]

SEXID.

Which of the following best represents how you think of yourself?

CAWI RESPONSE OPTIONS:

1. Lesbian or gay
2. Straight, this is not lesbian or gay
3. Bisexual
4. Something else
1. I don't know

CATI RESPONSE OPTIONS:

1. Lesbian or Gay
  2. Straight, this is not lesbian or gay
  3. Bisexual
  4. Something else
  1. You don't know
- 

[SHOW IF SEXID = 4]

[SP]

PROBE\_SEXID.

What do you mean by "something else"?

RESPONSE OPTIONS:

1. You are not straight, but identify with another label such as queer, trisexual, omnisexual, polysexual, or pansexual
  2. You are asexual or on the asexual spectrum (including, but not limited to, demisexual and greysexual)
  3. You have not figured out or are in the process of figuring out your sexuality
  4. You do not use labels to identify yourself
  5. Something else, please explain [TEXTBOX]
- 
- 

SECTION CLOSE: Burden and Close

---

PROGRAMMING: CREATE TM\_START\_SECCLOSE; CREATE DATE\_START\_SECCLOSE  
CAPTURE TIME IN TM\_START\_SECCLOSE  
CAPTURE DATE IN DATE\_START\_SECCLOSE

[SP]

BURDEN1.

How burdensome was it to complete this survey?

RESPONSE OPTIONS:

1. Not at all burdensome
  2. A little burdensome
  3. Moderately burdensome
  4. Very burdensome
  5. Extremely burdensome
- 

[SP]

BURDEN2.

How difficult was it to answer the questions?

RESPONSE OPTIONS:

1. Not at all difficult
  2. A little difficult
  3. Moderately difficult
  4. Very difficult
  5. Extremely difficult
- 

PROGRAMMING: CREATE TM\_END\_SECCLOSE; CREATE "DATE\_END\_SECCLOSE  
CAPTURE TIME IN TM\_END\_SECCLOSE  
CAPTURE DATE IN DATE\_END\_SECCLOSE

---

RE-COMPUTE QUAL=1 "COMPLETE"

SET CO\_DATE, CO\_TIME, CO\_TIMER VALUES HERE

CREATE MODE\_END

1=CATI

2=CAWI

---

SCRIPTING NOTES: PUT QFINAL1, QFINAL2, QFINAL3 in the same screen.

[SINGLE CHOICE]

QFINAL1.

Thank you for your time today. To help us improve the experience of AmeriSpeak members like yourself, please give us feedback on this survey.

[RED TEXT – CAWI ONLY] If you do not have any feedback for us today, please click “Continue” through to the end of the survey so we can make sure your opinions are counted and for you to receive your AmeriPoints reward.

Please rate this survey overall from 1 to 7 where 1 is Poor and 7 is Excellent.

Poor						Excellent
1	2	3	4	5	6	7

[SINGLE CHOICE – CAWI ONLY]

QFINAL2.

Did you experience any technical issues in completing this survey?

1. Yes – please tell us more in the next question
2. No

[TEXT BOX] [CATI version needs “no” option]

QFINAL3.

Do you have any general comments or feedback on this survey you would like to share? If you would like a response from us, please email [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call (888) 326-9424.

---

[DISPLAY]

END.

[CATI version]

Those are all the questions we have. We will add [INCENTWCOMMA] AmeriPoints to your AmeriPoints balance for completing the survey. If you have any questions at all for us, you can email us at [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call us toll-free at **888-326-9424**. Let me repeat that again: email us at [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call us at **888-326-9424**. Thank you for participating in our new AmeriSpeak survey!

[CAWI version]

Those are all the questions we have. We will add [INCENTWCOMMA] AmeriPoints to your AmeriPoints balance for completing the survey. If you have any questions at all for us, you can email us at [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call us toll-free at **888-326-9424**. Thank you for participating in our new AmeriSpeak survey!

You can close your browser window now if you wish or click Continue below to be redirected to the AmeriSpeak member website.