

## Attachment 2. Previous use and Development

The Whole Person Health items to be evaluated were developed by the National Institutes of Health (NIH)' National Center for Complementary and Integrated Health (NCCIH) for potential inclusion in federal and private surveys. NCCIH hosted a workshop to explore theoretical and methodological approaches to measuring Whole Person Health (<https://www.nccih.nih.gov/news/events/methodological-approaches-for-whole-person-research>) and followed this with a public request for information and extensive discussions with subject matter experts. [1] [2]

The response scale for the Whole Person Health concepts—quality of life, social and family connections, diet, physical activity, stress, sleep, ability to manage health, and spirituality—mirrors the typical unbalanced approach used to measure self-rated health (Excellent, Very Good, Good, Fair, and Poor). While these questions have not been tested previously as a whole, similar items about diet, exercise, sleep, and ability to manage health conditions were previously approved by OMB for inclusion in RANDS 3 and RANDS 8 (<https://www.cdc.gov/nchs/rands/data.htm>). As noted in Supporting Statement A, the overall goal of this mixed method project is to evaluate these survey items, and NCHS understands that approval here does not necessarily mean that OMB would approve any or all these items for inclusion in other federal information collections.

In addition to NCCIH's Whole Person Health items under evaluation, RANDS 10 will include:

- 1) Other items that will allow comparisons to each of the eight Whole Person Health constructs.
- 2) Health-related items that will be used in NCHS' typical approach to calibrate the panel weights to the National Health Interview Survey (NHIS).
- 3) Health-related and demographic items that will be used as covariates in analysis and benchmarks for evaluation of RANDS to other surveys.
- 4) Other items included for question evaluation and methodological research, including web probes.

Many of the items in the latter three groups are the same that OMB has previously approved for inclusion in RANDS 9 and earlier. Table A1 displays the planned RANDS 10 items, whether OMB has previously approved the item for inclusion in previous rounds of RANDS, and the source (if appropriate).

| Variable Name | Question Wording                                                                   | Previously Approved for RANDS | Primary Purpose for Inclusion | Source           |
|---------------|------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------|
| PHSTAT        | Would you say your health in general is excellent, very good, good, fair, or poor? | Yes                           | Benchmark                     | NHIS             |
| PROBE_SRH     | When you said your health in general was [INSERT RESPONSE FROM PHSTAT ;            | Yes                           | Methodological                | CCQDER-Developed |

|            |                                                                                                                                                                                                                       |     |                           |                                  |
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|            | MAKE FIRST<br>LETTER<br>LOWERCASE], which<br>of the following, if any,<br>were you thinking<br>about?                                                                                                                 |     |                           |                                  |
| WPH_QOL    | How would you rate<br>your quality of life,<br>focusing on what<br>matters most to you?                                                                                                                               | No  | Whole<br>Person<br>Health | WHO Quality of Life<br>Scale [3] |
| WPH_SOC    | How would you rate<br>your social and family<br>connections ?                                                                                                                                                         | No  | Whole<br>Person<br>Health | NCCIH-developed                  |
| WPH_DIET   | In general, how healthy<br>is your overall diet?                                                                                                                                                                      | No  | Whole<br>Person<br>Health | NHANES                           |
| WPH_PHYS   | How would you rate<br>your physical activity?                                                                                                                                                                         | No  | Whole<br>Person<br>Health | NCCIH-developed                  |
| WPH_STRESS | How would you rate<br>your ability to manage<br>stress?                                                                                                                                                               | No  | Whole<br>Person<br>Health | NCCIH-developed                  |
| WPH_SLEEP  | How would you rate<br>your sleep                                                                                                                                                                                      | No  | Whole<br>Person<br>Health | NCCIH-developed                  |
| WPH_SPIRIT | How would you rate<br>your spirituality or<br>spiritual life?                                                                                                                                                         | No  | Whole<br>Person<br>Health | NCCIH-developed                  |
| WPH_HEALTH | How would you rate<br>your ability to manage<br>your most bothersome<br>symptom or health<br>concern?                                                                                                                 | No  | Whole<br>Person<br>Health | NCCIH-developed                  |
| GAD2       | Over the last 2 weeks,<br>how often have you<br>been bothered by the<br>following problems                                                                                                                            | Yes | Benchmark                 | NHIS                             |
| PHQ2       | Over the last 2 weeks,<br>how often have you<br>been bothered by the<br>following problems                                                                                                                            | Yes | Benchmark                 | NHIS                             |
| SOCERRNDS  | Because of a physical,<br>mental, or emotional<br>condition, do you have<br>difficulty doing errands<br>alone such as visiting a<br>doctor's office or<br>shopping?                                                   | Yes | Benchmark                 | NHIS                             |
| SOCSCLPAR  | Because of a physical,<br>mental, or emotional<br>condition, do you have<br>difficulty participating<br>in social activities such<br>as visiting friends,<br>attending clubs and<br>meetings, or going to<br>parties? | Yes | Benchmark                 | NHIS                             |
| SOCWRKLIM  | Are you limited in the<br>kind or amount of work<br>you can do because of a<br>physical, mental, or                                                                                                                   | Yes | Benchmark                 | NHIS                             |

|        |                                                                                                                                                                  |     |             |      |
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|        | emotional problem?                                                                                                                                               |     |             |      |
| HYPEV  | Have you ever been told by a doctor or other health professional that you had hypertension                                                                       | Yes | Calibration | NHIS |
| CHLEV  | Have you ever been told by a doctor or other health professional that you had high cholesterol                                                                   | Yes | Calibration | NHIS |
| CHDEV  | Have you ever been told by a doctor or other health professional that you had coronary heart disease                                                             | Yes | Calibration | NHIS |
| ASEV   | Have you ever been told by a doctor or other health professional that you had asthma                                                                             | Yes | Calibration | NHIS |
| COPDEV | Have you ever been told by a doctor or other health professional that you had Chronic Obstructive Pulmonary Disease (C.O.P.D.), emphysema, or chronic bronchitis | Yes | Calibration | NHIS |
| CANEV  | Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind                                                 | Yes | Calibration | NHIS |
| ARTHEV | Have you ever been told by a doctor or other health professional that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia         | Yes | Calibration | NHIS |
| CHL12M | During the past 12 months, have you had high cholesterol?                                                                                                        | Yes | Benchmark   | NHIS |
| ASTILL | Do you still have asthma?                                                                                                                                        | Yes | Benchmark   | NHIS |
| ANGEV  | Have you ever been told by a doctor or other health professional that you had angina, also called angina pectoris?                                               | Yes | Calibration | NHIS |
| MIEV   | Have you ever been told by a doctor or other health professional that you had a heart attack, also called myocardial infarction?                                 | Yes | Calibration | NHIS |
| STREV  | Have you ever been told by a doctor or other health professional that you had a stroke?                                                                          | Yes | Calibration | NHIS |
| PREDIB | Has a doctor or other health professional ever                                                                                                                   | Yes | Calibration | NHIS |

|           |                                                                                                                                                         |     |             |      |
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|           | told you that you had prediabetes or borderline diabetes?                                                                                               |     |             |      |
| GESDIB    | Has a doctor or other health professional ever told you that you had gestational diabetes, a type of diabetes that occurs <u>only</u> during pregnancy? | Yes | Calibration | NHIS |
| DIBEV     | Not including prediabetes or gestational diabetes, has a doctor or other health professional ever told you that you had diabetes?                       | Yes | Calibration | NHIS |
| SMKEV     | Have you smoked at least 100 cigarettes in your entire life?                                                                                            | Yes | Covariate   | NHIS |
| ALCDAY5   | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?                                 | Yes | Covariate   | NHIS |
| AVEDRNK3  | During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?                                                | Yes | Covariate   | NHIS |
| DRNK3GE5  | Considering all types of alcoholic beverages, how many times during the past 30 days did you have [4/5] or more drinks on an occasion?                  | Yes | Covariate   | NHIS |
| MAXDRNK5  | During the past 30 days, what is the largest number of drinks you had on any occasion?                                                                  | Yes | Covariate   | NHIS |
| ACCSINT   | Do you have access to the Internet?                                                                                                                     | Yes | Calibration | NHIS |
| ACCSHOM   | Do you have access to the Internet from your home?                                                                                                      | Yes | Calibration | NHIS |
| HIT_GRID  | During the past 12 months, have you used the Internet for any of the following reasons?                                                                 | Yes | Calibration | NHIS |
| EMPLASTWK | Last week, did you work for pay at a job or business?                                                                                                   | Yes | Covariate   | NHIS |
| CEVOLUN1  | During the past 12 months, did you spend any time volunteering for any organization or association?                                                     | Yes | Calibration | NHIS |
| CEVOLUN2  | Some people don't think of activities they do infrequently or for                                                                                       | Yes | Calibration | NHIS |

|             |                                                                                                                                                                                  |     |                                   |                                 |
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|             | children's schools or youth organizations as volunteer activities. During the past 12 months, have you done any of these types of activities?                                    |     |                                   |                                 |
| 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?                                              | Yes | Calibration                       | NHIS                            |
| CEVOTELC    | Did you vote in the last local elections, such as for mayor, councilmembers, or school board?                                                                                    | Yes | Calibration                       | NHIS                            |
| LSATIS4     | In general, how satisfied are you with your life?                                                                                                                                | Yes | Evaluation of Whole Person Health | NHIS                            |
| HEALTHYDAY2 | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?                | Yes | Evaluation of Whole Person Health | CDC [4]                         |
| HEALTHYDAY3 | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | Yes | Evaluation of Whole Person Health | CDC [4]                         |
| HEALTHYDAY4 | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?           | Yes | Evaluation of Whole Person Health | CDC [4]                         |
| LSNS6_1     | Considering the people to whom you are related by birth, marriage, or adoption, how many relatives do you: See or hear from at least once a month?                               | No  | Evaluation of Whole Person Health | Lubben Social Network Scale [5] |
| LSNS6_2     | Considering the people to whom you are related by birth, marriage, or adoption, how many relatives do you: Feel at ease with that you can talk about                             | No  | Evaluation of Whole Person Health | Lubben Social Network Scale [5] |

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|                | private matters?                                                                                                                                                 |    |                                   |                                                                                      |
| LSNS6_3        | Considering the people to whom you are related by birth, marriage, or adoption, how many relatives do you: Feel close to such that you could call them for help? | No | Evaluation of Whole Person Health | Lubben Social Network Scale [5]                                                      |
| LSNS6_4        | Considering all of your friends, including those who live in your neighborhood, how many do you: See or hear from at least once a month?                         | No | Evaluation of Whole Person Health | Lubben Social Network Scale [5]                                                      |
| LSNS6_5        | Considering all of your friends, including those who live in your neighborhood, how many do you: Feel at ease with that you can talk about private matters?      | No | Evaluation of Whole Person Health | Lubben Social Network Scale [5]                                                      |
| LSNS6_6        | Considering all of your friends, including those who live in your neighborhood, how many do you: Feel close to such that you could call them for help?           | No | Evaluation of Whole Person Health | Lubben Social Network Scale [5]                                                      |
| STRAIN1        | How often do members of your family or friends criticize you?                                                                                                    | No | Evaluation of Whole Person Health | Midlife in the United States Survey (MIDUS) [6]                                      |
| STRAIN2        | How often do members of your family or friends make too many demands on you?                                                                                     | No | Evaluation of Whole Person Health | Midlife in the United States Survey (MIDUS) [6]                                      |
| STRAIN3        | How often do members of your family or friends let you down when you are counting on them?                                                                       | No | Evaluation of Whole Person Health | Midlife in the United States Survey (MIDUS) [6]                                      |
| STRAIN4        | How often do members of your family or friends get on your nerves?                                                                                               | No | Evaluation of Whole Person Health | Midlife in the United States Survey (MIDUS) [6]                                      |
| PULSE_SOC1     | How often do you get the social and emotional support you need?                                                                                                  | No | Evaluation of Whole Person Health | Census Household Pulse Survey in coordination with the Office of the Surgeon General |
| PULSE_SOC2     | How often do you feel lonely?                                                                                                                                    | No | Evaluation of Whole Person Health | Census Household Pulse Survey in coordination with the Office of the Surgeon General |
| PULSE_SOCIND 1 | In a typical week, how often do you talk on the telephone with family, friends, or neighbors?                                                                    | No | Evaluation of Whole Person Health | Census Household Pulse Survey in coordination with the Office of the Surgeon General |

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| PULSE_SOCIND 2 | In a typical week, how often do you get together with friends or relatives?                                                                                                                | No  | Evaluation of Whole Person Health | Census Household Pulse Survey in coordination with the Office of the Surgeon General |
| PULSE_SOCIND 5 | In a typical week, how often do you text or message with family, friends, or neighbors?                                                                                                    | No  | Evaluation of Whole Person Health | Census Household Pulse Survey in coordination with the Office of the Surgeon General |
| PULSE_SOCIND 3 | In a typical month, how often do you attend church or religious services?                                                                                                                  | No  | Evaluation of Whole Person Health | Census Household Pulse Survey in coordination with the Office of the Surgeon General |
| PULSE_SOCIND 4 | In a typical month, how often do you attend meetings of the clubs or organizations you belong to?                                                                                          | No  | Evaluation of Whole Person Health | Census Household Pulse Survey in coordination with the Office of the Surgeon General |
| SUPPORT        | How often do you get the social and emotional support that you need?                                                                                                                       | Yes | Evaluation of Whole Person Health | BRFSS                                                                                |
| UCLA1          | How often do you feel socially isolated from others?                                                                                                                                       | Yes | Evaluation of Whole Person Health | UCLA Loneliness Scale [7]                                                            |
| UCLA2          | How often do you feel you lack companionship?                                                                                                                                              | Yes | Evaluation of Whole Person Health | UCLA Loneliness Scale [7]                                                            |
| UCLA3          | How often do you feel left out?                                                                                                                                                            | Yes | Evaluation of Whole Person Health | UCLA Loneliness Scale [7]                                                            |
| DQQ_GRID       | Yesterday, did you eat any of the following foods/have any of the following beverages?                                                                                                     | No  | Evaluation of Whole Person Health | UNICEF Diet Quality Questionnaire [8]                                                |
| DQQ29          | Yesterday, did you get food from any place like McDonald's, Burger King, Subway, Dunkin, Wendy's, Taco Bell, or Chick-Fil-A?                                                               | No  | Evaluation of Whole Person Health | UNICEF Diet Quality Questionnaire [8]                                                |
| MODNO          | How often do you do light or moderate leisure time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate? | Yes | Evaluation of Whole Person Health | NHIS                                                                                 |
| MODLNGNO       | About how long do you do these light or moderate leisure-time physical activities each time?                                                                                               | Yes | Evaluation of Whole Person Health | NHIS                                                                                 |
| VIGNO          | How often do you do vigorous leisure time physical activities for at least 10 minutes that                                                                                                 | Yes | Evaluation of Whole Person Health | NHIS                                                                                 |

|               |                                                                                                                                                                                                                                          |     |                                   |                                     |
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|               | cause heavy sweating or a large increase in breathing or heart rate?                                                                                                                                                                     |     |                                   |                                     |
| VIGLNGNO      | About how long do you do these vigorous leisure-time physical activities each time?                                                                                                                                                      | Yes | Evaluation of Whole Person Health | NHIS                                |
| STRNGNO       | How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?                                                                                     | Yes | Evaluation of Whole Person Health | NHIS                                |
| PROBE_PHYSACT | In the last week, did you do any of the following things for 20 or more minutes at once?                                                                                                                                                 | Yes | Methodological                    | CCQDER-Developed                    |
| STRESS        | Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? | Yes | Evaluation of Whole Person Health | BRFSS                               |
| PSS_2         | In the last month, how often have you felt that you were unable to control the important things in your life?                                                                                                                            | No  | Evaluation of Whole Person Health | Perceived Stress Scale [9]          |
| PSS_4         | In the last month, how often have you felt confident about your ability to handle your personal problems?                                                                                                                                | No  | Evaluation of Whole Person Health | Perceived Stress Scale [9]          |
| PSS_5         | In the last month, how often have you felt that things were going your way?                                                                                                                                                              | No  | Evaluation of Whole Person Health | Perceived Stress Scale [9]          |
| PSS_10        | In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?                                                                                                                         | No  | Evaluation of Whole Person Health | Perceived Stress Scale [9]          |
| PSQI_1        | During the past month, what time have you usually gone to bed at night?                                                                                                                                                                  | No  | Evaluation of Whole Person Health | Pittsburgh Sleep Quality Index [10] |
| PSQI_2        | During the past month, how long (in minutes) has it usually taken you to fall asleep each night?                                                                                                                                         | No  | Evaluation of Whole Person Health | Pittsburgh Sleep Quality Index [10] |
| PSQI_3        | During the past month, what time have you usually gotten up in the                                                                                                                                                                       | No  | Evaluation of Whole Person        | Pittsburgh Sleep Quality Index [10] |

|        |                                                                                                                                  |    |                                   |                                     |
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|        | morning?                                                                                                                         |    | Health                            |                                     |
| PSQI_4 | During the past month, how many hours of actual sleep did you get at night?                                                      | No | Evaluation of Whole Person Health | Pittsburgh Sleep Quality Index [10] |
| PSQI_5 | During the past month, how often have you had trouble sleeping [for the following reasons]                                       | No | Evaluation of Whole Person Health | Pittsburgh Sleep Quality Index [10] |
| PSQI_6 | During the past month, how would you rate your sleep quality overall?                                                            | No | Evaluation of Whole Person Health | Pittsburgh Sleep Quality Index [10] |
| PSQI_7 | During the past month, how often have you taken medicine to help you sleep?                                                      | No | Evaluation of Whole Person Health | Pittsburgh Sleep Quality Index [10] |
| PSQI_8 | During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? | No | Evaluation of Whole Person Health | Pittsburgh Sleep Quality Index [10] |
| PSQI_9 | During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?                | No | Evaluation of Whole Person Health | Pittsburgh Sleep Quality Index [10] |
| SWBS_1 | [Strongly agree: Strongly Disagree]...I don't know who I am, where I come from, or where I am going.                             | No | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11]      |
| SWBS_2 | [Strongly agree: Strongly Disagree]...I believe that God/a Higher Power loves me and cares about me                              | No | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11]      |
| SWBS_3 | [Strongly agree: Strongly Disagree]...I have a personally meaningful relationship with God/a Higher Power.                       | No | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11]      |
| SWBS_4 | [Strongly agree: Strongly Disagree]...I feel very fulfilled and satisfied with my life.                                          | No | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11]      |
| SWBS_5 | [Strongly agree: Strongly Disagree]...I don't get much personal strength and support from God/a Higher Power.                    | No | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11]      |
| SWBS_6 | [Strongly agree: Strongly Disagree]...I believe that God/a Higher Power is concerned about my problems.                          | No | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11]      |

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| SWBS_7  | [Strongly agree: Strongly Disagree]...I feel good about my future.                                                                                | No  | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11] |
| SWBS_8  | [Strongly agree: Strongly Disagree]... My life doesn't have much meaning.                                                                         | No  | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11] |
| SWBS_9  | [Strongly agree: Strongly Disagree]... My relationship with God/a Higher Power contributes to my sense of well-being.                             | No  | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11] |
| SWBS_10 | [Strongly agree: Strongly Disagree]...I believe there is some real purpose for my life.                                                           | No  | Evaluation of Whole Person Health | Spiritual Wellbeing Scale [11] |
| HICOV   | Are you covered by any kind of health insurance or some other kind of health care plan?                                                           | Yes | Covariate                         | NHIS                           |
| HIKIND  | What kinds of health insurance or health care coverage do you have?                                                                               | Yes | Covariate                         | NHIS                           |
| USUALPL | Is there a place that you usually go to if you are sick and need health care?                                                                     | Yes | Covariate                         | NHIS                           |
| EDSA    | [How often have any of the following things happened to you?].... You are treated with less courtesy or respect than other people.                | Yes | Covariate                         | NHIS                           |
| EDSB    | [How often have any of the following things happened to you?].... Compared to other people, you receive poorer service at restaurants or stores . | Yes | Covariate                         | NHIS                           |
| EDSC    | [How often have any of the following things happened to you?].... People act as if they think you are not smart.                                  | Yes | Covariate                         | NHIS                           |
| EDSD    | [How often have any of the following things happened to you?].... People act as if they are afraid of you .                                       | Yes | Covariate                         | NHIS                           |
| EDSE    | [How often have any of the following things happened to you?].... You are threatened or harassed.                                                 | Yes | Covariate                         | NHIS                           |
| EDS_FU  | What do you think the main reason is for these                                                                                                    | Yes | Methodological                    | NHIS                           |

|                   |                                                                                                                                                                 |     |                |                  |
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|                   | experiences?                                                                                                                                                    |     |                |                  |
| HVSA              | [In your day-to-day life, how often did you]...<br>Try to prepare for possible insults from other people before leaving home?                                   | Yes | Covariate      | NHIS             |
| HVSA              | [In your day-to-day life, how often did you]...<br>Feel that you have to be very careful about appearance to get good service or avoid getting harassed?        | Yes | Covariate      | NHIS             |
| HVSA              | [In your day-to-day life, how often did you]...<br>Carefully watch what you say and how you say it?                                                             | Yes | Covariate      | NHIS             |
| HVSA              | [In your day-to-day life, how often did you]...<br>Try to avoid certain social situations and places?                                                           | Yes | Covariate      | NHIS             |
| PROBE_EDSHVS      | When we asked you how often [PROBE_EDSHVS_FILL], what were you thinking about?                                                                                  | Yes | Methodological | CCQDER-Developed |
| PROBE_DISCRIPTION | When answering the previous few questions about your experiences and how you have been treated, which of the following, if any, were you mainly thinking about? | Yes | Methodological | CCQDER-Developed |
| BURDEN1           | How burdensome was it to complete this survey?                                                                                                                  | Yes | Methodological | CCQDER-Developed |
| BURDEN2           | How difficult was it to answer the questions?                                                                                                                   | Yes | Methodological | CCQDER-Developed |

## Sources

[1] “Methodological Approaches for Whole Person Research Workshop.”

<https://www.nccih.nih.gov/news/events/methodological-approaches-for-whole-person-research>.

[2] Langevin H.M. 2022. “Making Connections to Improve Health Outcomes.” *Global Advances in Health and Medicine*. 11. doi:[10.1177/2164957X221079792](https://doi.org/10.1177/2164957X221079792)

[3] “WHOQOL: Measuring Quality of Life.” <https://www.who.int/tools/whoqol>

[4] Taylor, V.R. 2000. *Measuring Healthy Days: Population Assessment of Health-Related Quality Of Life*. Centers for Disease Control and Prevention, Atlanta GA.  
<https://stacks.cdc.gov/view/cdc/6406>.

[5] Lubben, J., Gironda, M. 2004. “Measuring social networks and assessing their benefits.” In

*Social Networks and Social Exclusion: Sociological and Policy Perspectives*. Phillipson, C., Allan, G., Morgan, D (Eds). Routledge: Philadelphia, PA.

[6] Walen, H, Lachman, M. 2000. "Social Support and Strain from Partner, Family, and Friends: Costs and Benefits for Men and Women in Adulthood". *Journal of Social and Personal Relationships*. 17: 5-30. doi: [10.1177/0265407500171001](https://doi.org/10.1177/0265407500171001).

[7] Hughes ME, Waite LJ, Hawkley LC, Cacioppo JT. 2004. "A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies." *Research on Aging*. 26(6):655-672. doi: [10.1177/0164027504268574](https://doi.org/10.1177/0164027504268574).

[8] "Global Diet Quality Project." <https://www.dietquality.org>.

[9] Cohen, S, Kamarck, T, Mermelstein, R. 1983. "A global measure of perceived stress" *Journal of Health and Social Behavior*. 24(4): 385-396. doi: [10.2307/2136404](https://doi.org/10.2307/2136404).

[10] Buysse, D.J., Reynolds , C.F., Monk , T.H., Berman, S.R., Kupfer , D.J. 1989. "The Pittsburgh sleep quality index: A new instrument for psychiatric practice and research." *Psychiatry Research*. 28 (2): 193-213. doi: [10.1016/0165-1781\(89\)90047-4](https://doi.org/10.1016/0165-1781(89)90047-4).

[11] Ellison, C. W., Smith, J. 1991. "Toward an integrative measure of health and well-being." *Journal of Psychology and Theology*. 19(1): 35-45. doi: [10.1177/009164719101900104](https://doi.org/10.1177/009164719101900104).