**Attachment A**: Rapid Surveys System Round 7 Questionnaire

***National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Cancer Prevention and Control (DCPC)* – *Cigarette Smoking and Barriers to Access for Lung Cancer Screening***

Cigarette smoking habits

Disclosing smoking to health professionals

Lung cancer screening

Knowledge of recommendations

Ever had low-dose CT scan

Reasons for not getting scan

Beliefs about smoking and lung cancer

**National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Nutrition, Physical Activity, and Obesity (DNPAO) – *GLP-1 Prescriptions and Usage***

Obesity and weight-related health conditions

Use of GLP-1 medications

Access to prescription and medication

Use of compounded medication

 Access issues – cost and shortages

 Stopping or reducing due to side effects or symptoms

**National Institutes of Health (NIH), National Center for Complementary and Integrative Health (NCCIH) – *Complementary and Integrative Health***

Visits to complementary/integrative health practitioners

 Insurance coverage for acupuncture

Personal integrative health practices

**National Center for Emerging and Zoonotic Infectious Disease (NCEZID), Division of Vector-Borne Disease (BVBD) – *Lyme Disease Prevention Methods***

Reside in state with high incidence of Lyme disease

Likelihood of using Lyme prevention methods

 **NCHS Rapid Survey System - Round 7**

**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 = SEX
IPSOS = SEX

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 [IF CAWI: 20 minutes; IF CATI: 30 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 2018 (6 U.S.C. § 663) 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 [IF CAWI: 20 minutes; IF CATI: 30 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 2018 (6 U.S.C. § ) 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 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]

LIF – LIFE SATISFACTION

[CREATE “START\_TIME\_LIF” AND “START\_DATE\_LIF”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

LIF\_GENERAL

[CAWI] In general, how satisfied are you with your life? [CATI: Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?]

[CAWI RESPONSE OPTIONS:]

1 Very satisfied

2 Satisfied

3 Dissatisfied

4 Very dissatisfied

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 VERY SATISFIED

2 SATISFIED

3 DISSATISFIED

4 VERY DISSATISFIED

[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 hypertension, 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

1. NO

[SHOW IF CHR\_HYPEV = 1]

[S]

CHR\_HYPSTILL

Do you still have hypertension, also called high blood pressure?

[CAWI] *If you take medication to control your health condition, 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

1. 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

1. No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF CHR\_CHLEV = 1]

[S]

CHR\_CHLSTILL

Do you still have 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

1. NO

[SHOW ALL]

[S]

CHR\_CAREV

Have you ever been told by a doctor or other health professional that you had cardiovascular disease, including coronary heart disease, angina, a stroke, or a heart attack?

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

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF CHR\_CAREV = 1]

[S]

CHR\_CARSTILL

Do you still have cardiovascular disease, including coronary heart disease, angina, a stroke, or a heart attack?

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

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

CHR\_OBEV

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

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

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

[CAWI RESPONSE OPTIONS:]

1 Yes

1. No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF CHR\_OBEV = 1]

[S]

CHR\_OBSTILL

Do you still have obesity?

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

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

[CAWI RESPONSE OPTIONS:]

1 Yes

1. No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

CHR\_SLAPEV

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

[CAWI] *If you use a medical device such as a positive airway pressure or PAP machine to control your sleep apnea, please answer yes.*

[CATI] ENTER '1' IF RESPONDENT IS USING A MEDICAL DEVICE TO CONTROL HIS/HER SLEEP APNEA.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF CHR\_SLAPEV = 1]

[S]

CHR\_SLAPSTILL

Do you still have sleep apnea?

[CAWI] *If you use a medical device such as a positive airway pressure or PAP machine to control your sleep apnea, please answer yes.*

[CATI] ENTER '1' IF RESPONDENT IS USING A MEDICAL DEVICE TO CONTROL HIS/HER SLEEP APNEA.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. 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

1. NO

[SHOW ALL]

[S]

CHR\_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?

[CAWI RESPONSE OPTIONS:]

1 Yes

1. No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. 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

1. NO

[CREATE “END\_CHR\_TIME” AND “END\_CHR\_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

DIB - DIABETES

[CREATE “START\_TIME\_DIB” AND “START \_DATE\_DIB”; 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

1. NO

[SHOW IF DIB\_DIBEV = 1]

[S]

DIB\_DIBSTILL

Do you still have diabetes?

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

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

[CAWI RESPONSE OPTIONS:]

1     Yes

0     No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1     YES

1. NO

[SHOW IF DIB\_PREDIB = 1 AND DIB\_DIBSTILL=0]

[S]

DIB\_PDIBSTILL

Do you still have prediabetes or borderline diabetes?

[CAWI RESPONSE OPTIONS:]

1     Yes

0     No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1     YES

1. NO

[SHOW IF DIB\_DIBEV = 1 AND DIB\_DIBSTILL=1]

[S]

DIB\_DIBTYPE

According to your doctor or other health professional, what type of diabetes do you have? [CATI: Is it type 1, type 2, or some other type? If you don't remember or weren't told, that's OK.]

[CAWI RESPONSE OPTIONS:]

1. Type 1
2. Type 2
3. Some other type

-9 I don’t know what type I have

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. TYPE 1
2. TYPE 2
3. SOME OTHER TYPE

-9 DON’T KNOW

[CREATE “END\_TIME\_DIB” AND “END \_DATE\_DIB”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

SOC - SOCIAL/WORK LIMITATIONS

[CREATE “START\_TIME\_SOC” AND “START\_DATE\_SOC”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[DISP]

SOC\_INTRO

These next questions are about activities that can be difficult for some people because of physical, mental, or emotional conditions.

[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\_TIME\_SOC” AND “END\_DATE\_SOC”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

EMP – EMPLOYMENT

[CREATE “START\_TIME\_EMP” AND “START\_DATE\_EMP”; 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:]

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

[CATI RESPONSE OPTIONS – READ IF NECESSARY:]

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

[SHOW ALL]

EMP\_INSEMP\_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]

VET – VETERAN STATUS

[CREATE “START\_TIME\_VET” AND “START\_DATE\_VET”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

VET\_AFVET

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

Guard?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF VET\_AFVET = 1]

[S]

VET\_AFVETTRN

Were you on active duty only for training in the Reserves or National Guard?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF VET\_AFVET = 1 AND VET\_AFVETTRN = 0]

[S]

VET\_COMBAT

Did you ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[CREATE “END\_TIME\_VET” AND “END\_DATE\_VET”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

**LYM – LYME DISEASE PREVENTION METHODS**

[CREATE “START\_LYM\_TIME” AND “START\_LYM\_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

LYM\_STATE

What state do you currently live in?

[CATI: DO NOT READ STATE LIST UNLESS REQUESTED BY RESPONDENT]

[PROGRAM AS DROP-DOWN LIST OF ALL U.S. STATES AND WASHINGTON, D.C.]

[SHOW ALL]

[S]

LYM\_DISP

Lyme disease is an infection spread by the bite of a black-legged tick. How likely are you to use each of the following methods for preventing Lyme disease? [CATI: Would you say definitely, very likely, somewhat likely, somewhat unlikely, very unlikely, or would you definitely not do this?]

[SHOW ALL]

[S]

LYM\_PREVA

Getting an annual vaccine to prevent Lyme disease if it were available.

[CAWI RESPONSE OPTIONS:]

1 Definitely

2 Very likely

3 Somewhat likely

4 Somewhat unlikely

5 Very unlikely

6 Definitely not

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 DEFINITELY

2 VERY LIKELY

3 SOMEWHAT LIKELY

4 SOMEWHAT UNLIKELY

5 VERY UNLIKELY

6 DEFINITELY NOT

[SHOW ALL]

[S]

LYM\_PREVB

Taking antibiotics within 72 hours of a known tick bite.

[CAWI RESPONSE OPTIONS:]

1 Definitely

2 Very likely

3 Somewhat likely

4 Somewhat unlikely

5 Very unlikely

6 Definitely not

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 DEFINITELY

2 VERY LIKELY

3 SOMEWHAT LIKELY

4 SOMEWHAT UNLIKELY

5 VERY UNLIKELY

6 DEFINITELY NOT

[SHOW ALL]

[S]

LYM\_PREVC

Using bug spray on your skin or clothing in areas with ticks.

[CAWI RESPONSE OPTIONS:]

1 Definitely

2 Very likely

3 Somewhat likely

4 Somewhat unlikely

5 Very unlikely

6 Definitely not

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 DEFINITELY

2 VERY LIKELY

3 SOMEWHAT LIKELY

4 SOMEWHAT UNLIKELY

5 VERY UNLIKELY

6 DEFINITELY NOT

[SHOW ALL]

[S]

LYM\_PREVD

Wearing clothing that has been pre-treated with a long-lasting permethrin bug repellent.

[CAWI RESPONSE OPTIONS:]

1 Definitely

2 Very likely

3 Somewhat likely

4 Somewhat unlikely

5 Very unlikely

6 Definitely not

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 DEFINITELY

2 VERY LIKELY

3 SOMEWHAT LIKELY

4 SOMEWHAT UNLIKELY

5 VERY UNLIKELY

6 DEFINITELY NOT

[PROGRAMMER: DISPLAY LYM\_DISP1 – LYM\_PREVD ON SAME PAGE. DISPLAY LYM\_PREVA-LYM\_PREVD IN RANDOMIZED ORDER.]

[CREATE “END\_LYM\_TIME” AND “END\_LYM\_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

ACC – ACCESS/UTILIZATION

[CREATE “START\_TIME\_ACC” AND “STAR\_DATE\_ACC”; 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 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
6. 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
6. 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] times [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] times [RANGE=00-96]

[CREATE “END\_TIME\_ACC” AND “END\_DATE\_ACC”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CIH - COMPLEMENTARY AND INTEGRATIVE HEALTH

[CREATE “START\_TIME\_CIH” AND “START\_DATE\_CIH”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

CIH\_HLTH12M

During the past 12 months, have you seen any of the following practitioners for health reasons?

* Ayurvedic Doctor or Vaidya
* Curandero
* Hierbero or Yerbera
* Native American Healer or Medicine Man
* Shaman
* Sobador

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW ALL]

[DISP]

CIH\_DISP1

During the past 12 months…

[SHOW ALL]

[S]

CIH\_HOMEO

Did you see a practitioner of Homeopathy for your health?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW ALL]

[S]

CIH\_REIKI

Did you see a practitioner for energy healing or Reiki for your health?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW ALL]

[S]

CIH\_ACUPUN

Did you see a practitioner for acupuncture for your health?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[PROGRAMMER: DISPLAY CIH\_DISP1 – CIH\_ACUPUN ON SAME PAGE]

[SHOW IF CIH\_ACUPUN = 1]

[S]

CIH\_ACU12M

During the past 12 months, how many times did you see a practitioner for acupuncture?

[CAWI RESPONSE OPTIONS:]

1 Only one time

2 2-5 times

3 6-10 times

4 11-15 times

5 16-20 times

6 More than 20 times

[CATI RESPONSE OPTIONS – READ IF NECESSARY:]

1 Only one time

2 2-5 times

3 6-10 times

4 11-15 times

5 16-20 times

6 More than 20 times

[SHOW IF CIH\_ACUPUN = 1]

[S]

CIH\_ACUCOST

During the past 12 months, were any of the costs of seeing a practitioner for acupuncture covered by health insurance?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[DISP]

CIH\_DISP2

During the past 12 months…

[SHOW ALL]

[S]

CIH\_TAICHI

Did you practice Tai Chi for your own health?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW ALL]

[S]

CIH\_QIGONG

Did you practice Qi Gong for your own health?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[PROGRAMMER: DISPLAY CIH\_DISP2 – CIH\_QIGONG ON SAME PAGE]

[SHOW ALL]

[S]

CIH\_MUSART

During the last three months, did you create, practice, or perform music or other art forms for your own health?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[CREATE “END\_TIME\_CIH” AND “END\_DATE\_CIH”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

GLP – GLP-1 MEDICATION ACCESS

[CREATE “START\_TIME\_GLP” AND “START\_DATE\_GLP”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

GLP\_WEIGHT

How would you describe your weight?

[CAWI RESPONSE OPTIONS:]

1 Very overweight

1. Slightly overweight
2. About the right weight
3. Slightly underweight
4. Very underweight

[CATI RESPONSE OPTIONS – READ IF NECESSARY:]

1 Very overweight

1. Slightly overweight
2. About the right weight
3. Slightly underweight
4. Very underweight

[SHOW ALL]

[S]

GLP\_LOSEWT

In the past 12 months, has a doctor or other health professional talked to you about losing weight to improve your health?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[DISP]

GLP\_DISP1

The next questions are about medications for diabetes and weight loss.

[SHOW ALL]

[S]

GLP\_MED12M

In the past 12 months, have you taken an oral or injectable medication for diabetes or weight loss, such as Ozempic, Rybelsus, Wegovy, Mounjaro, Zepbound, Saxenda, Victoza, Trulicity, Byetta, or Bydureon BCise?

*These are also known as GLP-1 medications and may contain semaglutide, tirzepatide, liraglutide, dulaglutide, or exenatide.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_MEDNOW

Are you now taking this medication?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_MEDRX

In the past 12 months, did you have a prescription from a doctor or other health professional for this medication?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MEDRX = 1]

[S]

GLP\_MEDINFO

Did the person prescribing your medication provide information about the type of nutrition needed for those who take this medicine?

*For example, eating enough protein and fiber, staying well-hydrated, or eating small portion sizes to reduce stomach discomfort.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MEDRX = 1]

[S]

GLP\_MEDACT

Did the person prescribing your medication provide information about the physical activity and exercise needed for those who take this medicine?

*For example, getting moderate intensity exercise throughout the week or incorporating resistance or strength training into your routine.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[DISP]

GLP\_DISP2

In the past 12 months, did you get your prescription or medication from...?

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_RX12Ma

A primary care doctor or a specialist, filled at a pharmacy

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_RX12Mb

An online provider like Weight Watchers or Noom that provides medication and helps you plan a healthy diet and exercise routine

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_RX12Mc

An online company like Hims and Hers that only provides medication

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY GLP\_DISP2- GLP\_RX12Mc ON THE SAME PAGE]

[SHOW IF GLP\_MED12M = 1]

[DISP]

GLP\_DISP2

In the past 12 months, did you get your prescription or medication from...?

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_RX12Md

A medical spa or cosmetic medical center

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_RX12Me

Somewhere else

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY GLP\_DISP2- GLP\_RX12Me ON THE SAME PAGE]

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_COMPMED

Compounded medications include the same active ingredients as popular name brand drugs but are not FDA-approved. They are made by specialized pharmacies and are often used as an alternative when a medication is in short supply.

In the past 12 months, have you taken a generic, compounded version of this medication?

[CAWI RESPONSE OPTIONS:]

1 Yes

1. No

-9 Don’t know

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. YES
2. NO

-9 DON’T KNOW

[SHOW IF GLP\_MED12M = 1]

[DISP]

GLP\_DISP3

During the past 12 months, were any of the following true for you?

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_DOSEa

You skipped doses of this medication.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_DOSEb

You took less of this medication than prescribed.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_DOSEc

You delayed filling a prescription for this medication.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_DOSEd

You stopped taking this medication entirely.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY GLP\_DISP3- GLP\_DOSEd ON THE SAME PAGE]

[SHOW IF GLP\_DOSEa = 1]

[DISP]

GLP\_DISP4

Did you skip doses of this medication…?

[SHOW IF GLP\_DOSEa = 1]

[S]

GLP\_DOSEWHYa

Because of the cost

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF GLP\_DOSEa = 1]

[S]

GLP\_DOSEWHYb

Because it was not available or out of stock at your pharmacy

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY GLP\_DISP4- GLP\_DOSEWHYb ON THE SAME PAGE]

[SHOW IF GLP\_DOSEb = 1]

[DISP]

GLP\_DISP5

Did you take less of this medication…?

[SHOW IF GLP\_DOSEb = 1]

[S]

GLP\_LESSWHYa

Because of the cost

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF GLP\_DOSEb = 1]

[S]

GLP\_LESSWHYb

Because it was not available or out of stock at your pharmacy

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY GLP\_DISP5- GLP\_LESSWHYb ON THE SAME PAGE]

[SHOW IF GLP\_DOSEc = 1]

[DISP]

GLP\_DISP6

Did you delay filling a prescription for this medication…?

[SHOW IF GLP\_DOSEc = 1]

[S]

GLP\_DELAYa

Because of the cost

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF GLP\_DOSEc = 1]

[S]

GLP\_DELAYb

Because it was not available or out of stock at your pharmacy

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY GLP\_DISP6- GLP\_DELAYb ON THE SAME PAGE]

[SHOW IF GLP\_DOSEd = 1]

[DISP]

GLP\_DISP7

Did you stop taking this medication entirely…?

[SHOW IF GLP\_Q10d = 1]

[S]

GLP\_STOPa

Because of the cost

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF GLP\_DOSEd = 1]

[S]

GLP\_STOPb

Because it was not available or out of stock at your pharmacy

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY GLP\_DISP7- GLP\_STOPb ON THE SAME PAGE]

[SHOW IF GLP\_MED12M = 1 AND ANY OF EMP\_INSURA-G = 1]

[S]

GLP\_INSPAY

In the past 12 months, how much did your health insurance pay for this medication? [CATI: Did insurance pay for none, part, or all of the cost?]

[CAWI RESPONSE OPTIONS:]

1 None of the cost

1. Part of the cost
2. All of the cost

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 None of the cost

1. Part of the cost
2. All of the cost

[SHOW IF GLP\_MED12M = 1]

[S]

GLP\_SYMPTOMS

Have you reduced or stopped taking this medication due to any side effects or symptoms?

*Side effects or symptoms can include low blood sugar, nausea, vomiting, diarrhea, abdominal pain, dehydration, or pancreatic, kidney, and gallbladder issues.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[CREATE “END\_TIME\_GLP” AND “END\_DATE\_GLP”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CIG - HEALTH BEHAVIORS (CIGARETTE SMOKING)

[CREATE “START\_TIME\_CIG” AND “START\_DATE\_CIG”; 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]

[NUMBOX]

CIG\_AGE1

How old were you when you first started to smoke cigarettes fairly regularly?

[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 old [RANGE=00-99]

1. I have never smoked cigarettes regularly

[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 IF CIG\_SMKNOW = 2, 3]

[NUMBOX]

CIG\_AGE2

How old were you when you last smoked cigarettes regularly?

[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 old [RANGE=00-99]

[CREATE “END\_TIME\_CIG” AND “END\_DATE\_CIG”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

LUN – LUNG CANCER SCREENING

[CREATE “START\_TIME\_LUN” AND “START\_ DATE\_LUN”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW IF CIG\_SMKEV=1]

[S]

LUN\_AVERAGE

Thinking about the entire time that you have smoked, we want to know the average number of cigarettes that you smoked per day.

What would be the easiest way for you to tell us the average number of cigarettes that you smoked per day?

[CAWI: *A typical pack is 20 cigarettes.*]

[CATI – READ IF NECESSARY: A typical pack is 20 cigarettes.]

[CAWI RESPONSE OPTIONS:]

1. Average number of cigarettes
2. Average number of packs

[CATI RESPONSE OPTIONS:]

1. Average number of cigarettes
2. Average number of packs

[SHOW IF LUN\_AVERAGE = 1, -7, -9]

[NUMBOX]

LUN\_AVGCIG

Over the entire time that you have smoked, what is the average number of cigarettes that you smoked per day?

[CAWI: *A typical pack is 20 cigarettes.*]

[CATI – READ IF NECESSARY: A typical pack is 20 cigarettes.]

[NUMBOX] cigarettes smoked per day [RANGE=01-95]

[SHOW IF LUN\_AVGCIG = -7, -9]

[NUMBOX]

LUN\_AVGCIG2

The answers people give us about their cigarette smoking are important to this study’s success. We know that this information is personal, but please remember your answer will be kept confidential.

Over the entire time that you have smoked, what is the average number of cigarettes that you smoked per day?

[CAWI: *A typical pack is 20 cigarettes.*]

[CATI – READ IF NECESSARY: A typical pack is 20 cigarettes.]

[NUMBOX] cigarettes smoked per day [RANGE=01-95]

[SHOW IF LUN\_AVERAGE = 2]

[NUMBOX]

LUN\_AVGPACK

Over the entire time that you have smoked cigarettes, what is the average number of packs that you smoked per day?

[CAWI: *A typical pack is 20 cigarettes.*]

[CATI – READ IF NECESSARY: A typical pack is 20 cigarettes.]

[NUMBOX] packs smoked per day [RANGE=01-10]

[SHOW IF LUN\_AVGPACK = -7,-9]

[NUMBOX]

LUN\_AVGPACK2

The answers people give us about their cigarette smoking are important to this study’s success. We know that this information is personal, but please remember your answer will be kept confidential.

Over the entire time that you have smoked cigarettes, what is the average number of packs that you smoked per day?

[CAWI: *A typical pack is 20 cigarettes.*]

[CATI – READ IF NECESSARY: A typical pack is 20 cigarettes.]

[NUMBOX] packs smoked per day [RANGE=01-10]

[SHOW ALL]

[S]

LUN\_DOCASK

Has a doctor or other health professional ever asked you if you smoked cigarettes?

*The question could have been asked on a paper or online form you completed before the health care visit or during a conversation at the visit.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF CIG\_SMKEV=1 AND LUN\_DOCASK=1]

[S]

LUN\_NOTSHARE

Have you ever chosen not to share that you smoke cigarettes with a doctor or health professional?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_NOTSHARE=1]

[DISP]

LUN\_DISP1

What were the reasons why you did not share that you smoke cigarettes with them?

[SHOW IF LUN\_NOTSHARE=1]

[S]

LUN\_INSUR

It might have negatively affected the cost of my health insurance, life insurance, or long-term care insurance.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_NOTSHARE=1]

[S]

LUN\_JUDGED

I would have been judged negatively by the doctor or health professional.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_NOTSHARE=1]

[S]

LUN\_TREAT

I would have been treated differently by the doctor or health professional.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_NOTSHARE=1]

[S]

LUN\_LECTURE

I did not want a lecture about smoking from the doctor or health professional.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY LUN\_DISP1 – LUN\_LECTURE ON SAME PAGE]

[SHOW IF LUN\_NOTSHARE=1]

[DISP]

LUN\_DISP2

What were the reasons why you did not share that you smoke cigarettes with them?

[SHOW IF LUN\_NOTSHARE=1]

[S]

LUN\_ASHAME

I felt ashamed about smoking.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_NOTSHARE=1]

[S]

LUN\_READY

I was not ready to quit smoking.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_NOTSHARE=1]

[S]

LUN\_SHOTHER

Some other reason.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY LUN\_DISP2 – LUN\_SHOTHER ON SAME PAGE]

[SHOW ALL]

[S]

LUN\_CANCER

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

LUN\_LCSCREEN

Lung cancer screenings are recommended for people who…

* Are between the ages of 50 and 80,
* Smoke now or have quit smoking in the past 15 years,
* Have smoked at least “20 pack years,” such as smoking one pack of cigarettes a day for 20 years, or two packs a day for 10 years, or four packs a day for five years.

Before this survey, did you know the recommendations for who should get lung cancer screening?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >=40]

[S]

LUN\_BENEFIT

During the past 12 months, did a doctor or other health professional talk with you about the benefits of having a scan to check for lung cancer?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >=40]

[S]

LUN\_HARMS

During the past 12 months, did a doctor or other health professional talk with you about the harms of having a scan to check for lung cancer?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE >=40]

[S]

LUN\_LOWDOCT

Have you ever had a low-dose CT scan of your chest area?

During this test, you are lying down and moved through a donut-shaped x-ray machine while holding your breath.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=1]

[S]

LUN\_CTSCREEN

Was your most recent low-dose CT scan of your chest area done to check or screen for lung cancer?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[DISP]

LUN\_DISP3

What are the reasons you have not had a low-dose CT scan for lung cancer screening?

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_NOREC

My health care provider has never recommended a lung cancer screening to me.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_HEALTHY

I am healthy.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF (LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2) AND CIG\_SMKEV=1]

[S]

LUN\_BLAMED

I am afraid of being judged or blamed for smoking.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_NOTIME

It is hard to find time to get a lung cancer screening.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY LUN\_DISP3 – LUN\_NOTIME ON SAME PAGE]

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[DISP]

LUN\_DISP4

What are the reasons you have not had a low-dose CT scan for lung cancer screening?

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_TRANSPO

It is hard for me to get reliable transportation to get a lung cancer screening.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_EXPOSE

I am concerned about being exposed to radiation from a low-dose CT scan.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_CONCERN

I am concerned about other harms from getting a low-dose CT scan.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_NORISK

I am at low or no risk of getting lung cancer.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY LUN\_DISP4 – LUN\_NORISK ON SAME PAGE]

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[DISP]

LUN\_DISP5

Are any of the following a reason why you have not had a low-dose CT scan for lung cancer screening?

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_ANXIOUS

Knowing the results would make me anxious or stressed.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_COST

I am concerned about the cost of screening.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF LUN\_LOWDOCT=2 OR LUN\_CTSCREEN=2]

[S]

LUN\_SCOTHER

Some other reason.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY LUN\_DISP5 – LUN\_SCOTHER ON SAME PAGE]

[SHOW ALL]

[DISP]

LUN\_DISP6

How much do you agree or disagree with the following statements? [CATI: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

[SHOW ALL]

[S]

LUN\_BLAME

People with lung cancer are to blame for their illness.

[CAWI RESPONSE OPTIONS:]

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

[SHOW ALL]

[S]

LUN\_CHOICES

People with lung cancer have made poor lifestyle choices.

[CAWI RESPONSE OPTIONS:]

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

[SHOW ALL]

[S]

LUN\_STILLRISK

You are still at risk of getting lung cancer, even if you do not smoke.

[CAWI RESPONSE OPTIONS:]

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

[SHOW ALL]

[S]

LUN\_ASSUME

If someone told me they had lung cancer, I would assume it is because they smoked.

[CAWI RESPONSE OPTIONS:]

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

[PROGRAMMER: DISPLAY LUN\_DISP6 – LUN\_ASSUME ON SAME PAGE]

[CREATE “END\_TIME\_LUN” AND “END\_ DATE\_LUN”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

HCA – HEALTH CARE ACCESS

[CREATE “START\_TIME\_HCA” AND “START\_DATE\_HCA”; 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\_TIME\_HCA” AND “END\_DATE\_HCA”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

MED – HEALTH CARE UTILIZATION – PRESCRIPTION MEDICATION

[CREATE “START\_TIME\_MED” AND “START\_DATE\_MED”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

MED\_RX12MA

At any time in the past 12 months, did you take prescription medication?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF MED\_RX12MA = 1]

MED\_DSPL

During the past 12 months, were any of the following true for you?

[SHOW IF MED\_RX12MA = 1]

[S]

MED\_RXSK12MA

You skipped medication doses to save money.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF MED\_RX12MA = 1]

[S]

MED\_RXLS12MA

You took less medication to save money.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF MED\_RX12MA = 1]

[S]

MED\_RXDL12MA

You delayed filling a prescription to save money.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[PROGRAMMER: DISPLAY MED\_DSPL – MED\_RXDL12MA ON SAME PAGE]

[SHOW ALL]

[S]

MED\_RXDG12MA

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[CREATE “END\_TIME\_MED” AND “END\_DATE\_MED”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

INT – INTERNET/HIT

[CREATE “START\_TIME\_INT” AND “START\_DATE\_INT”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[DISP]

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\_TIME\_INT” AND “END\_DATE\_INT”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

TEL - TELEPHONE USE

[CREATE “START\_TIME\_TEL” AND “START\_DATE\_TEL”; 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\_TIME\_TEL” AND “END\_DATE\_TEL”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

MTL - MENTAL HEALTH (ANXIETY AND DEPRESSION)

[CREATE “START\_TIME\_MTL” AND “START\_DATE\_MTL”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

MTL\_ANXIETY

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

*If you take medication for these feelings, please answer based on your usual use of medication.*

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

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

[SHOW ALL]

[S]

MTL\_ANXMEDS

Do you take prescription medication for these feelings?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY MTL\_ANXIETY– MTL\_ANXMEDS ON SAME PAGE]

[SHOW IF MTL\_ANXIETY = 1, 2, 3, 4,-6,-7,-9  OR MTL\_ANXMEDS = 1,-6,-7,-9 ]

[S]

MTL\_ANXLVL

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 - DO NOT READ:]

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

[SHOW ALL]

[S]

MTL\_DEPRESS

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

*If you take medication for these feelings, please answer based on your usual use of medication.*

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

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

[SHOW ALL]

[S]

MTL\_DEPMEDS

Do you take prescription medication for depression?

[CAWI RESPONSE OPTIONS:]

1 Yes

1. No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY MTL\_DEPRESS – MTL\_DEPMEDS ON SAME PAGE]

[SHOW IF MTL\_DEPRESS = 1,2,3,4,-6,-7,-9 OR MTL\_DEPMEDS =1,-6,-7,-9]

[S]

MTL\_DEPLVL

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 - DO NOT READ:]

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

[CREATE “END\_TIME\_MTL” AND “END\_DATE\_MTL”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

FER – PREGNANCY HISTORY AND FAMILY PLANNING

[CREATE “START\_FER\_TIME” AND “START\_FER\_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW IF AGE = 18-49 AND SEX = 2]

[DISP]

FER\_INTRO

The next section is about your experience with childbearing and pregnancy. The first question asks when you started having your menstrual periods.

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_PERAGE

How old were you when you had your first menstrual period?

[CAWI RESPONSE OPTIONS:]

[NUMBOX] years [RANGE=5-49]

0 I have never had a menstrual period

[CATI RESPONSE OPTIONS – DO NOT READ:]

[NUMBOX] years [RANGE=5-49]

0 I HAVE NEVER HAD A MENSTRUAL PERIOD

[PROGRAMMER: DO NOT ALLOW NUMERIC ENTRY AND SELECTION OF “I HAVE NEVER HAD A MENSTRUAL PERIOD”]

­

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_PREG

Are you pregnant now?

[CAWI RESPONSE OPTIONS:]

1 Yes

1. No

-9 Don’t know

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. YES
2. NO

-9 DON’T KNOW

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_PREGNUM

The next question asks about any pregnancies you have had -- whether they resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy.

[IF FER\_PREG = 1: Including this pregnancy, how; IF FER\_PREG != 1: How] many times have you been pregnant in your life?

[CAWI RESPONSE OPTIONS:]

[NUMBOX] times [RANGE=1-49]

0 I have never been pregnant

[CATI RESPONSE OPTIONS – DO NOT READ:]

[NUMBOX] times [RANGE=1-49]

0 I HAVE NEVER BEEN PREGNANT

[PROGRAMMER: DO NOT ALLOW NUMERIC ENTRY AND SELECTION OF “I HAVE NEVER BEEN PREGNANT”]

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_PREGNUM >= 1]

[S]

FER\_LIVENUM

The next question asks about any live births you have had.

How many babies did you have that were born alive?

Please include babies that may have died shortly after birth and babies that you placed for adoption.

[NUMBOX] babies [RANGE=0-49]

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_PREG = 0]

[S]

FER\_SURGERY

Have you ever had surgery or other medical procedures that make it impossible for you to get pregnant [IF FER\_PREGNUM > 0: again] or carry [IF FER\_PREGNUM = 0: a; IF FER\_PREGNUM > 0: another] baby?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_PREG = 0 AND FER\_SURGERY= 0]

[S]

FER\_PHYSPOS

Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have [IF FER\_PREGNUM = 0: a; IF FER\_PREGNUM > 0: another] baby?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_PLANS

The next question is about your feelings about having [IF FER\_PREGNUM = 0: a; IF FER\_PREGNUM >0: another] baby, whether or not you are able to, or plan to have one.

Looking to the future, [IF FER\_SURGERY = 1 OR FER\_PHYSPOS = 0: if it were possible,] would you, yourself, want to have [IF FER\_PREGNUM = 0: a; IF FER\_PREGNUM > 0: another] baby at some time?

[CATI: If you are currently pregnant, please consider some time after this pregnancy is over. Would you say definitely yes, probably yes, probably no, definitely no?]

[CAWI: *If you are currently pregnant, please consider some time after this pregnancy is over.*]

[CAWI RESPONSE OPTIONS:]

1 Definitely yes

2 Probably yes

3 Probably no

4 Definitely no

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 DEFINITELY YES

2 PROBABLY YES

3 PROBABLY NO

4 DEFINITELY NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_SURGERY = 0 AND FER\_PHYSPOS = 1]

[S]

FER\_INTEND

Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions to have [IF FER\_PREGNUM = 0: a; IF FER\_PREGNUM > 0: another] baby in the future.

Looking to the future, do you intend to have [IF FER\_PREGNUM = 0: a; IF FER\_PREGNUM > 0: another] baby at some time?

*Intend refers to what you are actually going to try to do. Do not count intended adoptions or stepchildren.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_INTEND = 1]

[S]

FER\_EXPECT

When do you expect your [IF FER\_PREGNUM = 0: first; IF FER\_PREGNUM > 0: next] child to be born? [CATI: If you are currently pregnant, please consider some time after this pregnancy is over. Would you say within the next 2 years, 2-5 years from now, or more than 5 years from now?]

[CAWI: *If you are currently pregnant, please consider some time after this pregnancy is over.*]

[CAWI RESPONSE OPTIONS:]

1 Within the next 2 years

2 2-5 years from now

3 More than 5 years from now

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 WITHIN THE NEXT 2 YEARS

2 2-5 YEARS FROM NOW

3 MORE THAN 5 YEARS FROM NOW

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_PREGNUM = 0]

[S]

FER\_SEXMALE

At any time in your life, have you ever had sexual intercourse with a male, that is, made love, had sex, or gone all the way?

*Do not count oral sex, anal sex, or other forms of sexual activity that do not involve vaginal penetration.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_SEXMALE=1 OR FER\_PREGNUM > 0]

[S]

FER\_SEXM12M

During the last 12 months, that is, since July 2024, have you had sexual intercourse with a male partner?

*Do not count oral sex, anal sex, or other forms of sexual activity that do not involve vaginal penetration.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. YES
2. NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_SEXM12M = 1]

[S]

FER\_PREVENT

A list of methods that some people use to prevent pregnancy or to prevent sexually transmitted disease is shown below:

* Birth control pills
* Condoms or rubbers
* Female sterilization (tubal ligation, hysterectomy, other)
* Partner’s vasectomy
* Depo-Provera injectables (shot every 3 months)
* Withdrawal, pulling out
* Calendar rhythm method
* Standard Days or CycleBeads method
* Safe period by temperature or cervical mucus test (for example: Two Day Method, Billings Ovulation Method, Symptothermal Method)
* Natural Cycles app
* Contraceptive patch (Ortho-Evra or Xulane)
* Vaginal contraceptive ring (NuvaRing, EluRyng, or Annovera)
* Emergency contraception pills (for example: Plan B, Preven, Ella, Next Choice, Julie, "Morning after" pills)
* Hormonal implant (Norplant, Implanon, or Nexplanon)
* IUD (for example, Copper-T, Paragard, Mirena, Skyla, Liletta, Kyleena)
* Other methods (for example, Vaginal contraceptive film, diaphragm, female condom, foam, jelly or cream, cervical cap, suppository, insert, Today sponge, Phexxi Gel, Lunelle (monthly shot))

The last time you had intercourse with a male partner, did you or he use any method?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. YES
2. NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_PREVENT = 0]

[S]

FER\_WANTPREG

Is the reason you did not use a method of birth control because you, yourself, wanted to become pregnant?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_WANTPREG = 0]

[S]

FER\_WHYNOBC

Which one of these is the main reason that you did not use birth control?

1. [IF CAWI: I; IF CATI: You] did not expect to have sex
2. [IF CAWI: I; IF CATI: You] did not think [IF CAWI: I; IF CATI: you] could get pregnant
3. [IF CAWI: I; IF CATI: You] didn’t really mind if [IF CAWI: I; IF CATI: you] got pregnant
4. [IF CAWI: I was; IF CATI: You were] worried about the side effects of birth control
5. [IF CAWI: My; IF CATI: Your] male partner did not want [IF CAWI: me; IF CATI: you] to use a birth control method
6. [IF CAWI: My; IF CATI: Your] male partner himself did not want to use a birth control method
7. Other reason

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_BCDOC

The questions in this section are about recent medical visits for family planning services, as well as other types of pregnancy and health care services for women. The first series asks whether in the past 12 months, that is, since July 2024, you have received any of these birth control services from a doctor or other medical care provider.

In the past 12 months, have you received a method of birth control or a prescription for a method?

*This includes getting pills, or a new prescription for pills, a new diaphragm or IUD, or a new supply of condoms, from a doctor or medical care provider.*

*Do not count visits to drug stores or other stores or pharmacies, to refill prescriptions or to buy supplies.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_TESTBC

In the past 12 months, have you received a check-up or medical test related to using a birth control method?

*This includes procedures or lab tests used to detect medical conditions or problems. These may refer to routine visits or visits made because of specific problems related to contraceptive use.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_INFOBC

In the past 12 months, from a doctor or other medical care provider, have you received counseling or information about birth control?

*Includes counseling or information related to whether to use birth control methods, how to get them, information about different methods, and how they are used]*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_INFOSTER

In the past 12 months, have you received counseling or information about getting sterilized?

*Includes counseling about a surgical procedure that makes female pregnancy impossible, most commonly a tubal ligation.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_PLANB

In the past 12 months, from a doctor or other medical care provider, have you received emergency contraception pills, a prescription for emergency contraception pills, or counseling or information about emergency contraception pills?

*Emergency contraception pills are also known as "Plan B" or the “Morning-after pill.” Include counseling, information, or a prescription for the pills, whether or not you obtained the pills.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_PAPTEST

In the past 12 months, have you received a Pap test -- 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 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_PELVEXAM

In the past 12 months, have you received a pelvic exam -- where a doctor or nurse puts one hand in the vagina and the other on the abdomen?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_STDTEST

In the past 12 months, have you been tested for a sexually transmitted disease?

*Includes medical exams, blood tests, or cultures taken to determine whether someone has a sexually transmitted disease or STD. Some sexually transmitted diseases include herpes, gonorrhea, chlamydia, and HIV.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_FERTILITY

Have you ever gone, either alone or with a spouse or partner, to a doctor or other medical care provider to talk about ways to help you become pregnant? Please include telehealth visits by video or phone.

*If main purpose of visit was for something other than seeking help to become pregnant, please select no.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER\_FERTILITY = 1]

[S]

FER\_FERTNOW

Are you currently pursuing medical help for you to become pregnant?

*If you or your spouse/partner plan to visit the doctor or clinic again, please select yes.*

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

1. NO

[SHOW IF AGE = 18-49 AND SEX = 2]

[S]

FER\_DOCPREV

Not counting routine check-ups, prenatal care, or advice about a pregnancy, have you ever been to a doctor or other medical care provider to help you prevent miscarriage or pregnancy loss? Please include telehealth visits by video or phone.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. YES

0 NO

[CREATE “END\_FER\_TIME” AND “END\_FER \_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

BMI - BMI/OBESITY

[CREATE “START\_BMI\_TIME” AND “START\_BMI\_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[NUMBOX]

BMI\_HEIGHT

How tall are you without shoes?

[CATI] IF HEIGHT IS LESS THAN 2 FEET, ENTER 2. IF HEIGHT IS GREATER THAN 9 FEET, ENTER 9.

[PROGRAMMER: INCLUDE SEPARATE NUMBOX FOR FEET AND INCHES ON SAME ROW WITH CORRESPONDING LABELS; ALSO INCLUDE A SINGLE SELECT OPTION TO REPORT HEIGHT IN CENTIMETERS DIRECTLY BELOW NUMBOX ENTRIES.]

BMI\_HEIGHTFT

[NUMBOX] feet [RANGE = 2-9]

BMI\_HEIGHTIN

[NUMBOX] inches [RANGE = 0-11]

1. Report height in centimeters

[PROMPT IF BMI\_HEIGHTFT OUT OF RANGE: PLEASE ENTER A NUMBER OF FEET BETWEEN 2 AND 9.]

[PROMPT IF BMI\_HEIGHTIN OUT OF RANGE: PLEASE ENTER A NUMBER OF INCHES BETWEEN 0 AND 11.]

[IF BMI\_HEIGHT = 1, SHOW BMI\_CEN ON SAME SCREEN AND HIDE BMI\_HEIGHTFT AND BMI\_HEIGHTIN]

[NUMBOX]

BMI\_CEN

[NUMBOX] centimeters [RANGE = 60-213]

[PROMPT IF BMI\_CEN OUT OF RANGE: PLEASE ENTER A NUMBER OF CENTIMETERS BETWEEN 60 AND 213.]

[SHOW ALL]

[NUMBOX]

BMI\_WEIGHT

[IF FER\_PREG = 1, FILL: How much did you weigh before your pregnancy?; ELSE, FILL: How much do you weigh?]

[CATI] IF WEIGHT IS LESS THAN 10 POUNDS, ENTER 10. IF WEIGHT IS GREATER THAN 999 POUNDS, ENTER 999.

[PROGRAMMER: INCLUDE SEPARATE NUMBOX FOR POUNDS WITH CORRESPONDING LABEL; ALSO INCLUDE A SINGLE SELECT OPTION TO REPORT HEIGHT IN KILOGRAMS DIRECTLY BELOW NUMBOX.]

BMI\_LB

[NUMBOX] pounds [RANGE = 10-999]

1. Report weight in kilograms

[PROMPT IF OUT OF RANGE: PLEASE ENTER A NUMBER OF POUNDS BETWEEN 10 AND 999.]

[IF BMI\_WEIGHTLB = 1, SHOW BMI\_KILO ON SAME SCREEN AND HIDE BMI\_LB]

BMI\_KILO

[NUMBOX] kilograms [RANGE = 5-453]

[PROMPT IF OUT OF RANGE: PLEASE ENTER A NUMBER OF KILOGRAMS BETWEEN 5 AND 453.]

[CREATE “END\_BMI\_TIME” AND “END\_BMI\_DATE”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

MAR – MARITAL STATUS

[CREATE “START\_TIME\_MAR” AND “START\_DATE\_MAR”; 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\_MARTIAL = 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\_TIME\_MAR” AND “END\_DATE\_MAR”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

LAN - LANGUAGE ITEMS

[CREATE “START\_TIME\_LAN” AND “START\_DATE\_LAN”; 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\_TIME\_LAN” AND “END\_DATE\_LAN”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

DEM – RACE/ETHNICITY

[CREATE “START\_TIME\_DEM” AND “START\_DATE\_DEM”; 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\_DEM” AND “END\_DATE\_DEM”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CIV - CIVIC ENGAGEMENT

[CREATE “START\_TIME\_CIV” AND “START\_DATE\_CIV”; 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

1. NO

[CREATE “END\_TIME\_CIV” AND “END\_DATE\_CIV”; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]