

Attachment A: Rapid Survey System Round 9 Questionnaire

National Center on Birth Defects and Developmental Disabilities (NCBDDD), Division of Birth Defects and Infant Disorders (DBDID) – Birth defects prevention and folic acid

Taken any vitamin in the past year
Taken any vitamins containing folate
Type of folate in vitamin (folic acid, another folate, or both)
How often vitamin containing folate taken in a typical week
Sources of information about vitamins
Preferred source of information about vitamins
Encouraged by doctor or provider to take daily vitamin with folic acid
Awareness that folic acid reduces risk of birth defects of brain and spine
Awareness of timing of folic acid to prevent birth defects of brain and spine
Current and future pregnancy plans
Currently have diabetes
Using diabetic pills to lower blood sugar
Using insulin
Using GLP-1 medication to lower blood sugar or lose weight
Managing diabetes through diet and exercise

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Nutrition, Physical Activity, and Obesity (DNPAO) – Awareness and attitudes about highly processed foods

Confidence in identifying highly processed foods
Best guess of how often highly processed foods consumed in past week
Perceived healthiness of highly processed food consumption
Main reason for consuming highly processed foods
Awareness of new Dietary Guidelines
Awareness of recommendation to avoid highly processed foods

National Center for Health Statistics (NCHS), Division of Health and Nutrition Examination Survey (DHANES) – Diet and nutritional behaviors

Bought fast food in past 24 hours
Bought food from convenience store in past 24 hours
How often drank soda in past week
How often drank other sugar-sweetened beverages in past week
How often drank diet or artificially sweetened soda in past week
How often drank other diet or artificially sweetened beverages in past week
How often drank carbonated water in past week
Use app or online tool to track diet
How often use nutrition labels when choosing food

**Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB),
Office of Epidemiology and Research (OER) - Parent-reported diet behaviors among children**

Ever drink follow-on formula

How often children in household were provided milk in past week

Type of milk most often provided (cow, plant-based, other)

Fat content of cow's milk most often provided

Past week served raw or unpasteurized milk

Past week served flavored milk

How often children in household were provided sweetened foods or desserts in past week

How often children in household were provided vegetables in past week

How often children in household were provided salty snacks in past week

How often children in household were provided diet or artificially sweetened beverages in past week

How often children in household were provided sugary beverages in past week

How often parents bought fast food for children in household in past week

How often parents use nutrition labels when choosing food for children in household

Planning and preparing family meals

Shopping for family food

Eating meals together as a family

Ability to afford food

NCHS Rapid Survey System - Round 9

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 or CIPSEA (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 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 Confidential Information Protection and Statistical Efficiency Act or CIPSEA (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_HIS_TIME" AND "START_HIS_DATE"; 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_HIS_TIME" AND "END_HIS_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

CHR - CHRONIC CONDITIONS

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

[SHOW ALL]

[S]

CHR_HYPEV

Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_CHLEV

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

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_ASEV

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[DISP]

CHR_DISP1

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

[SHOW ALL]

[S]

CHR_CANEV

Cancer or a malignancy of any kind?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_CHDEV

Coronary heart disease?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_ANGEV

Angina, also called angina pectoris?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_MIEV

A heart attack, also called myocardial infarction?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CHR_STREV

A stroke?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

[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
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 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_DIB_TIME" AND "START_DIB_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

DIB_PREDIB

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF SEX = 2]

[S]

DIB_GESDIB

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

DIB_DIBEV

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW DIB_PREDIB = 1 OR DIB_DIBEV = 1]

[S]

DIB_DIBPILL

Are you now taking diabetic pills to lower your blood sugar?

These are sometimes called oral agents or oral hypoglycemic agents.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW DIB_PREDIB = 1 OR DIB_DIBEV = 1]

[S]

DIB_DIBINS

Insulin can be taken by shot or pump. Are you now taking insulin?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW DIB_PREDIB = 1 OR DIB_DIBEV = 1]

[S]

DIB_GLP

[IF DIB_DIBINS = 1, FILL: Other than insulin, are you; ELSE FILL: Are you] taking any injectable medications to lower your blood sugar or lose weight?

These medications include GLP-1 injectables, such as Ozempic [IF CATI: (PRONOUNCED: oh-ZEM-pick)], Wegovy [IF CATI: (PRONOUNCED: wee-GOH-vee)], Saxenda [IF CATI: (PRONOUNCED: sax-end-ah)], Victoza [IF CATI: (PRONOUNCED: VIC-tow-za)], Trulicity [IF CATI: (PRONOUNCED: TRU-li-si-tee)], and Mounjaro [IF CATI: (PRONOUNCED: mown-JAHR-OH)].

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW DIB_PREDIB = 1 OR DIB_DIBEV = 1]

[S]

DIB_DIETEX

Are you now managing your [IF DIB_DIBEV = 0, FILL: prediabetes; ELSE FILL: diabetes] through diet and exercise?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

BMI - BMI\ OBESITY

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

[SHOW IF SEX = 2 AND AGE <=49]

[S]

BMI_PREGNOW

Are you currently pregnant?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[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 BMI_PREGNOW = 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 WEIGHT 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]

IMM - HEALTH CARE UTILIZATION - IMMUNIZATION

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

[SHOW ALL]

[S]

IMM_SHTFLU12

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

IMM_SHTCOV19

The next question is about coronavirus or COVID-19 vaccination. During the past 12 months, have you had at least one dose of COVID-19 vaccination? [IF CAWI: COVID-19 vaccines approved for use in the United States are made by Pfizer-BioNTEC (also called Comirnaty), Moderna (also called Spikevac), and Novavax.] [IF CATI: COVID-19 vaccines approved for use in the United States are made by Pfizer-BioNTEC, also called Comirnaty (**PRONOUNCED: koe-mir'-na-tee**), Moderna, also called Spikevac, and Novavax.]

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

WPH - WHOLE PERSON HEALTH

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

[SHOW ALL]

[S]

WPH_PHQOL

The next questions will ask you to rate different areas of your health.

How would you rate your quality of life, focusing on what matters most to you?

[CATI] Would you say 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

[SHOW ALL]

[S]

WPH_SOCFC

How would you rate your social and family connections?

[CATI] Would you say 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

[SHOW ALL]

[S]

WPH_DIET

In general, how healthy is your overall diet?

[CATI] Would you say 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

[SHOW ALL]

[S]

WPH_PHYSA

How would you rate your physical activity, compared with people in your age group?

[CATI] Would you say 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

[SHOW ALL]

[S]

WPH_STRESS

How would you rate your ability to manage stress?

[CATI] Would you say 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

[SHOW ALL]

[S]

WPH_SLEEP

How would you rate your sleep?

[CATI] Would you say 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

[SHOW ALL]

[S]

WPH_SPRT

How would you rate your ability to find meaning and purpose in your daily life?

[CATI] Would you say 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

[SHOW ALL]

[S]

WPH_MANGH

How would you rate your ability to manage your health, focusing on aspects of your health that matter most to you?

[CATI] Would you say 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_WPH_TIME" AND "END_WPH_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

DIS - DIFFICULTY WITH VISION/HEARING/COMMUNICATION/COGNITION

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

[SHOW ALL]

[S]

DIS_GLASS

Do you wear glasses or contact lenses?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

DIS_DIFSEE

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

DIS_AID

Do you use a hearing aid?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW ALL]

[S]

DIS_DIFHEAR

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

DIS_DIFWLK

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

DIS_DIFCOM

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

DIS_DIFREM

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

DIS_DIFCARE

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

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

SOC - SOCIAL/WORK LIMITATIONS

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

[SHOW ALL]

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

PAI – HEALTH STATUS – PAIN

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

[SHOW ALL]

[S]

PAI_FREQ3M

The next questions are about pain you may have had in the past three months.

In the past three months, how often did you have pain? [CATI] Would you say never, some days, most days, or every day?

Please answer based on your usual use of medication.

[CAWI RESPONSE OPTIONS:]

0 Never

1 Some days

2 Most days

3 Every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

0 NEVER

1 SOME DAYS

2 MOST DAYS

3 EVERY DAY

[SHOW IF PAI_FREQ3M= 1, 2, OR 3]

[S]

PAI_AMNT

Thinking about the last time you had pain, how much pain did you have? [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 IF PAI_FREQ3M = 1, 2, OR 3]

[S]

PAI_WKLM3M

Over the past three months, how often did your pain limit your life or work activities? [CATI] Would you say never, some days, most days, or every day?

[CAWI RESPONSE OPTIONS:]

- 0 Never
- 1 Some days
- 2 Most days
- 3 Every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 NEVER
- 1 SOME DAYS
- 2 MOST DAYS
- 3 EVERY DAY

[SHOW IF PAI_FREQ3M = 1, 2, OR 3]

[S]

PAI_AFFM3M

Over the past three months, how often did your pain affect your family and significant others? [CATI]
Would you say never, some days, most days, or every day?

[CAWI RESPONSE OPTIONS:]

- 0 Never
- 1 Some days
- 2 Most days
- 3 Every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 NEVER
- 1 SOME DAYS
- 2 MOST DAYS
- 3 EVERY DAY

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

CIG - HEALTH BEHAVIORS (CIGARETTE SMOKING)

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

[SHOW ALL]

[S]

CIG_SMKEV

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF CIG_SMKEV=1]

[S]

CIG_SMKNOW

Do you now smoke cigarettes every day, some days, or not at all?

[CAWI RESPONSE OPTIONS:]

- 1 Every day
- 2 Some days
- 3 Not at all

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL

[SHOW ALL]

[S]

CIG_ECIGEV

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

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

These questions concern electronic vaping products for nicotine use.

Do not include marijuana use.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF CIG_ECIGEV=1]

[S]

CIG_ECIGNOW

Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

These questions concern electronic vaping products for nicotine use.

Do not include marijuana use.

[CAWI RESPONSE OPTIONS:]

- 1 Every day
- 2 Some days
- 3 Not at all

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL

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

FOC – FOLIC ACID

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

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

[S]

FOC_VITAMINEV

The next questions are about vitamins you may have taken in the past 12 months.

In the past 12 months, have you taken any vitamins or multivitamins?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF SEX = 2 AND AGE 18-49 AND FOC_VITAMINEV = 1]

[S]

FOC_ANYFOLATE

Do any of the vitamins or multivitamins you take contain folic acid or another type of folate?

Other types of folate include methylated folate [IF CATI: (PRONOUNCED: METH-il-lated FOH-late)], 5-MTHF, methylfolate [IF CATI: (PRONOUNCED: METH-il-FOH-late)], L-5-methyltetrahydrofolate [IF CATI: (PRONOUNCED: EL-FIVE-METH-il-TET-ra-HYDRO-FOH-late)], L-5-MTHF, levomefolate [IF CATI: (PRONOUNCED: LEV-o-MEH-foh-late)], deplin [IF CATI: (PRONOUNCED: DEP-lin)], and mefolinate [IF CATI: (PRONOUNCED: MEF-o-lin-ate)].

Some vitamins contain both folic acid and other types of folate. You can find this information on the Supplement Facts label on your vitamin's packaging.

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW IF SEX = 2 AND AGE 18-49 AND FOC_ANYFOLATE = 1]

[M]

FOC_FOLICTYPE

What type of folic acid or folate is in your vitamins or multivitamins? *Please [IF CAWI: select; IF CATI: tell me] all that apply.*

[IF CATI: READ IF NECESSARY:] Other types of folate include methylated folate [IF CATI: (PRONOUNCED: METH-il-lated FOH-late)], 5-MTHF, methylfolate [IF CATI: (PRONOUNCED: METH-il-FOH-late)], L-5-methyltetrahydrofolate [IF CATI: (PRONOUNCED: EL-FIVE-METH-il-TET-ra-HYDRO-FOH-late)], L-5-MTHF, levomefolate [IF CATI: (PRONOUNCED: LEV-o-MEH-foh-late)], deplin [IF CATI: (PRONOUNCED: DEP-lin)], and mefolinate [IF CATI: (PRONOUNCED: MEF-o-lin-ate)].

Some vitamins contain both folic acid and other types of folate. You can find this information on the Supplement Facts label on your vitamin's packaging.

[CAWI RESPONSE OPTIONS:]

- 1 Folic Acid
- 2 Another type of folate
- 9 Don't Know [EXCLUSIVE]

[CATI RESPONSE OPTIONS:]

- 1 Folic Acid
- 2 Another type of folate
- 9 Don't Know [EXCLUSIVE]

[SHOW IF SEX = 2 AND AGE = 18-49 AND FOC_ANYFOLATE = 1]

[NUMBOX]

FOC_FOLICOFT

In a typical week, how often do you take a vitamin or multivitamin containing folic acid or folate?

If it varies, please give us your best guess.

[NUMBOX] days per week [RANGE: 0-7]

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

[S]

FOC_INFODOC

The next questions are about different sources you might go to for information on vitamins. Do you get information on vitamins from...

Doctors or other healthcare providers?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

[S]

FOC_INFOHOL

Alternative or holistic practitioners, such as an acupuncturist or herbalist?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

[S]

FOC_INFOMEDIA

Social media?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

[S]

FOC_INFOWEB

Websites or forums?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER: DISPLAY FOC_INFODOC-FOC_INFOWEB ON THE SAME PAGE. RANDOMIZE ORDER OF FOC_INFOHOL-FOC_INFOWEB]

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

[DISP]

FOC_INFODISP

Do you get information on vitamins from...

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

[S]

FOC_INFOPODS

Podcasts or radio?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

[S]

FOC_INFOAPPS

Wellness or health apps?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

[S]

FOC_INFOFAM

Family and friends?

[CAWI RESPONSE OPTIONS:]

- 1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

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

[S]

FOC_INFOOTH

Another source?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY FOC_INFODISP-FOC_INFOOTH ON THE SAME PAGE. RANDOMIZE ORDER OF FOC_INFOPDS -FOC_INFOFAM]

[SHOW IF SEX = 2 AND AGE = 18-49 AND AT LEAST TWO OF FOC_INFODOC - FOC_INFOOTH = 1]

[S]

FOC_INFOPREF

Out of the different sources you might go to for information on vitamins, which one is your preferred source?

[PROGRAMMER: DISPLAY LIST OF OPTIONS SELECTED IN FOC_INFODOC - FOC_INFOOTH = 1. DISPLAY LIST IN SAME ORDER THEY WERE DISPLAYED TO RESPONDENTS (I.E., SAME RANDOMIZED ORDER). RESPONDENT CAN ONLY PICK ONE AND THEY SHOULD BE READ OUT LOUD IN CATI.]

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

[S]

FOC_DAILYVIT

Has a doctor or healthcare provider ever encouraged you to take a daily vitamin with folic acid?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

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

[S]

FOC_DEFECTS

Do you think taking a vitamin with folic acid can reduce the risk of birth defects of the brain and spine?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW IF SEX = 2 AND AGE = 18-49 AND FOC_DEFECTS = 1]

[S]

FOC_STARTFOL

When do you think women should start taking folic acid to reduce the risk of birth defects of the brain and spine? [CATI] Would you say, by the end of the first trimester, at least one month before conception, or I don't know?

[CAWI RESPONSE OPTIONS:]

- 1 By the end of the first trimester
- 2 At least one month before conception
- 9 Don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 BY THE END OF THE FIRST TRIMESTER
- 2 AT LEAST ONE MONTH BEFORE CONCEPTION
- 9 DON'T KNOW

[SHOW IF SEX = 2 AND AGE = 18-49 AND BMI_PREGNOW = 0, -7, -8, -9]

[S]

FOC_PREGPLANS

Within the next 12 months, which of the following best describes your pregnancy plans? [CATI] Would you say [SHOW IF BMI_PREGNOW = -7, -8, -9: you are currently pregnant,] you are trying to get pregnant now, you are planning to get pregnant in the next 12 months, you are not planning to get pregnant in the next 12 months, or you cannot get pregnant or have a child?

[CAWI RESPONSE OPTIONS:]

- 1 [SHOW IF BMI_PREGNOW = -7, -8, -9: I am currently pregnant]
- 2 I am trying to get pregnant now
- 3 I am planning to get pregnant in the next 12 months
- 4 I am not planning to get pregnant in the next 12 months
- 5 I cannot get pregnant or have a child

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 [SHOW IF BMI_PREGNOW = -7, -8, -9: YOU ARE CURRENTLY PREGNANT]

- 2 YOU ARE TRYING TO GET PREGNANT NOW
- 3 YOU ARE PLANNING TO GET PREGNANT IN THE NEXT 12 MONTHS
- 4 YOU ARE NOT PLANNING TO GET PREGNANT IN THE NEXT 12 MONTHS
- 5 YOU CANNOT GET PREGNANT OR HAVE A CHILD

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

ROS - ROSTER

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

[SHOW ALL]

[S]

ROS_ANYCHILD

Are there any children under the age of 18 living in your household?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF ROS_ANYCHILD=1]

[NUMBOX]

ROS_NUMCHILD

How many children under the age of 18 live in your household?

If more than 9 children under the age of 18 live in your household, enter 9.

[NUMBOX] children [RANGE: 1-9]

[PROGRAMMER NOTE: IF NUMBER OUTSIDE OF RANGE, DISPLAY ERROR MESSAGE: "Please enter a number between 1 and 9."]

[SHOW IF ROS_ANYCHILD= 1]

[S]

ROS_RELATION

Are you the biological, step, adoptive, or foster parent of any of these children?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF ROS_ANYCHILD= 1]

[S]

ROS_CHILD12

Are any of the children living in your household under 12 years old?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

SOS - SOCIAL SUPPORT

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

[SHOW ALL]

[S]

SOS_SUPPORT

The next questions are about social and emotional support.

How often do you get the social and emotional support you need?

[CATI] Would you say always, usually, sometimes, rarely, never?

[CAWI RESPONSE OPTIONS:]

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 ALWAYS
- 2 USUALLY
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER

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

LON - LONELINESS

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

[SHOW ALL]

[S]

LON_LONELY

How often do you feel lonely?

[CATI] Would you say always, usually, sometimes, rarely, never?

[CAWI RESPONSE OPTIONS:]

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 ALWAYS
- 2 USUALLY
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER

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

SCN - SOCIAL CONNECTION

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

[SHOW ALL]

[S]

SCN_SCONNECT1

In a typical week, and not including people you live with, how many times do you get together with people that you care about and feel close to?

[CATI] Would you say never or less than once a week, 1 to 2 times a week, 3 to 4 times a week, or 5 or more times a week?

[CAWI RESPONSE OPTIONS:]

- 1 Never or less than once a week
- 2 1 to 2 times a week

- 3 3 to 4 times a week
- 4 5 or more times a week

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 NEVER OR LESS THAN ONCE A WEEK
- 2 1 TO 2 TIMES A WEEK
- 3 3 TO 4 TIMES A WEEK
- 4 5 OR MORE TIMES A WEEK

[SHOW ALL]

[S]

SCN_SCONNECT2

In a typical week, and not including people you live with, how many times do you talk on the telephone or by video with people that you care about and feel close to?

[CATI] Would you say never or less than once a week, 1 to 2 times a week, 3 to 4 times a week, or 5 or more times a week?

[CAWI RESPONSE OPTIONS:]

- 1 Never or less than once a week
- 2 1 to 2 times a week
- 3 3 to 4 times a week
- 4 5 or more times a week

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 NEVER OR LESS THAN ONCE A WEEK
- 2 1 TO 2 TIMES A WEEK
- 3 3 TO 4 TIMES A WEEK
- 4 5 OR MORE TIMES A WEEK

[SHOW ALL]

[S]

SCN_SCONNECT3

During the past 12 months, how many times did you attend religious services?

Do not include special occasions such as weddings, funerals, or other special events.

[CATI] Would you say zero times, 1 to 3 times, 4 to 11 times, or 12 or more times?

[CAWI RESPONSE OPTIONS:]

- 0 Zero times
- 1 1 to 3 times
- 2 4 to 11 times
- 3 12 or more times

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 ZERO TIMES

- 1 1 TO 3 TIMES
- 2 4 TO 11 TIMES
- 3 12 OR MORE TIMES

[SHOW ALL]

[S]

SCN_SCONNECT4

During the past 12 months, how many times did you attend meetings of clubs or organizations you belong to?

[CATI] Would you say you do not belong to a group, zero times, 1 to 3 times, 4 to 11 times, or 12 or more times?

[CAWI RESPONSE OPTIONS:]

- 1 I do not belong to a club or organization
- 2 Zero times
- 3 1 to 3 times
- 4 4 to 11 times
- 5 12 or more times

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 DOES NOT BELONG TO A CLUB OR ORGANIZATION
- 2 ZERO TIMES
- 3 1 TO 3 TIMES
- 4 4 TO 11 TIMES
- 5 12 OR MORE TIMES

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

SPS – SOCIAL PARENTING SUPPORT

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

[SHOW IF ROS_RELATION = 1]

[S]

SPS_PARENTCON1

The next questions are about your experiences being a parent and raising children. Specifically, we want you to think about the children in your home who are under 18 years of age.

How often do you get the social and emotional support you need with parenting and raising children?

[CATI] Would you say always, usually, sometimes, rarely, or never?

[CAWI RESPONSE OPTIONS:]

- 1 Always
- 2 Usually
- 3 Sometimes

- 4 Rarely
- 5 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 ALWAYS
- 2 USUALLY
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER

[SHOW IF ROS_RELATION = 1]

[S]

SPS_PARENTCON2

How often do you find it difficult handling day-to-day demands of parenting and raising children?

[CATI] Would you say every day, most days, some days, rarely, or never?

[CAWI RESPONSE OPTIONS:]

- 1 Every day
- 2 Most days
- 3 Some days
- 4 Rarely
- 5 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 EVERY DAY
- 2 MOST DAYS
- 3 SOME DAYS
- 4 RARELY
- 5 NEVER

[SHOW IF ROS_RELATION = 1]

[S]

SPS_PARENTCON3

How often do you talk, chat, or connect with other parents about your children or their children?

[CATI] Would you say every day, most days, some days, rarely, or never?

[CAWI RESPONSE OPTIONS:]

- 1 Every day
- 2 Most days
- 3 Some days
- 4 Rarely
- 5 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 EVERY DAY

- 2 MOST DAYS
- 3 SOME DAYS
- 4 RARELY
- 5 NEVER

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

MTH - MENTAL HEALTH

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

[SHOW ALL]

[S]

MTH_PHQ41

Now [CATI, FILL: I'm; CAWI, FILL: we're] going to ask you about several problems. Please tell [CATI, FILL: me; CAWI, FILL: us] how often you have been bothered, over the last 2 weeks, by any of the following problems. [CATI] For each problem there are 4 possible answers: not at all, several days, more than half of the days, or nearly every day.

Over the last two weeks, how often have you been bothered by

little interest or pleasure in doing things? [CATI] Would you say not at all, several days, more than half of the days, or nearly every day?

[CAWI RESPONSE OPTIONS:]

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 NOT AT ALL
- 1 SEVERAL DAYS
- 2 MORE THAN HALF THE DAYS
- 3 NEARLY EVERY DAY

[SHOW ALL]

[S]

MTH_PHQ42

feeling down, depressed, or hopeless? [CATI] Would you say not at all, several days, more than half of the days, or nearly every day?

[CAWI RESPONSE OPTIONS:]

- 0 Not at all
- 1 Several days

- 2 More than half the days
- 3 Nearly every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 NOT AT ALL
- 1 SEVERAL DAYS
- 2 MORE THAN HALF THE DAYS
- 3 NEARLY EVERY DAY

[PROGRAMMER: DISPLAY MTH_PHQ41 AND MTH_PHQ42 ON SAME PAGE.]

[SHOW ALL]

[S]

MTH_AGAD1

Over the last two weeks, how often have you been bothered by

feeling nervous, anxious, or on edge? [CATI] Would you say not at all, several days, more than half of the days, or nearly every day?

[CAWI RESPONSE OPTIONS:]

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 NOT AT ALL
- 1 SEVERAL DAYS
- 2 MORE THAN HALF THE DAYS
- 3 NEARLY EVERY DAY

[SHOW ALL]

[S]

MTH_AGAD2

not being able to stop or control worrying? [CATI] Would you say not at all, several days, more than half of the days, or nearly every day?

[CAWI RESPONSE OPTIONS:]

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 NOT AT ALL
- 1 SEVERAL DAYS
- 2 MORE THAN HALF THE DAYS
- 3 NEARLY EVERY DAY

[PROGRAMMER: DISPLAY MTH_AGAD1 AND MTH_AGAD2 ON SAME PAGE.]

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

MTL - HEALTH CARE UTILIZATION - MENTAL HEALTH VISITS

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

[SHOW ALL]

[S]

MTL_MHRXA

During the past 12 months, did you take prescription medication to help you with any other emotions or with your concentration, behavior, or mental health?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW ALL]

[S]

MTL_MHTRPY

During the past 12 months, did you receive counseling or therapy from a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF MTL_MHTRPY =1]

[S]

MTL_MHTPYNOW

Are you currently receiving counseling or therapy from a mental health professional?

[CAWI RESPONSE OPTIONS:]

- 1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

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

HCA - HEALTH CARE ACCESS

[CREATE "START_HCA1_TIME" AND "START_HCA1_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

HCA_MHTHDLY

During the past 12 months, have you delayed getting counseling or therapy from a mental health professional 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_MHTND

During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional 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_HCA1_TIME" AND "END_HCA1_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

ACC - ACCESS/ UTILIZATION

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

[SHOW ALL]

[S]

ACC_HTHLAST

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Less than 12 months ago
- 2 More than 1 year but less than 2 years ago
- 3 More than 2 years but less than 3 years ago
- 4 More than 3 years but less than 5 years ago
- 5 More than 5 years but less than 10 years ago
- 6 10 years ago or more
- 0 Never

[CATI RESPONSE OPTIONS – READ IF NECESSARY:]

- 1 Within the past year (ANY TIME LESS THAN 12 MONTHS AGO)
- 2 Within the last 2 years (MORE THAN 1 YEAR BUT LESS THAN 2 YEARS AGO)
- 3 Within the last 3 years (MORE THAN 2 YEARS BUT LESS THAN 3 YEARS AGO)
- 4 Within the last 5 years (MORE THAN 3 YEARS BUT LESS THAN 5 YEARS AGO)
- 5 Within the last 10 years (MORE THAN 5 YEARS BUT LESS THAN 10 YEARS AGO)
- 6 10 years ago or more
- 0 Never

[SHOW ALL]

[S]

ACC_HTHUSUAL

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes, there is a single place
- 3 Yes, there is more than one place
- 2 No, there is no place

[CATI RESPONSE OPTIONS – DO NOT READ:]

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

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

[S]

ACC_HTHTYPE

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

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

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

ACC_HOSP12M

During the past 12 months, have you been hospitalized overnight?

Do not include an overnight stay in the emergency room.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

HCA - HEALTH CARE ACCESS

[CREATE "START_HCA2_TIME" AND "START_HCA2_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[S]

HCA_DLYCOST

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

HCA_DNTCOST

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_HCA2_TIME" AND "END_HCA2_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

PAY - SOCIAL DETERMINANTS: PAYING MEDICAL BILLS

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

[SHOW ALL]

[S]

PAY_BILL12M

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

PAY_PAYWORRY

If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

[CATI] Are you very worried, somewhat worried, or not at all worried?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

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

HCU - HEALTH CARE UTILIZATION - PRESCRIPTION MEDICATION

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

[SHOW ALL]

[S]

HCU_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 HCU_RX12MA = 1]

[S]

HCU_RXSK12MA

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

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 HCU_RX12MA = 1]

[S]

HCU_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 HCU_RX12MA = 1]

[S]

HCU_RXDL12MA

You delayed filling a prescription to save money.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER: DISPLAY HCU_RXSK12MA- HCU_RXDL12MA ON SAME PAGE]

[SHOW ALL]

[S]

HCU_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_HCU_TIME" AND "END_HCU _DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

DNU - DIET AND NUTRITION

[CREATE "START_DNU_TIME" AND "START_DNU _DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]

[DISP]

DNU_DISP

The next questions ask about the food and drink you have had in the past week.

[SHOW ALL]

[S]

DNU_FASTPIZZAA

In the past 24 hours, did you buy food for yourself from fast food or pizza places?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

DNU_CONVEN

In the past 24 hours, did you buy food for yourself at convenience stores including gas stations or corner stores?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

DNU_SODA

During the past week, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW ALL]

[S]

DNU_SUGDRINKA

During the past week, how often did you drink sugar-sweetened fruit drinks, such as Kool-aid™ and lemonade, sweet tea, and sports or energy drinks, such as Gatorade™ and Red Bull™? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW ALL]

[S]

DNU_DIETSODA

During the past week, how often did you drink diet or artificially sweetened soda or pop? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
 - 2 1 - 3 TIMES DURING THE PAST WEEK
 - 3 4 - 6 TIMES DURING THE PAST WEEK
 - 4 1 TIME PER DAY
 - 5 2 TIMES PER DAY
 - 6 3 OR MORE TIMES PER DAY
-

[SHOW ALL]

[S]

DNU_DIETOTHA

During the past week, how often did you drink other diet or artificially sweetened beverages? Include low-calorie sports or energy drinks, "light" or "zero" drinks, and artificially sweetened fruit drinks or teas. [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
 - 2 1 - 3 TIMES DURING THE PAST WEEK
 - 3 4 - 6 TIMES DURING THE PAST WEEK
 - 4 1 TIME PER DAY
 - 5 2 TIMES PER DAY
 - 6 3 OR MORE TIMES PER DAY
-

[SHOW ALL]

[S]

DNU_CARBWATER

During the past week, how often did you drink water that is carbonated or sparkling? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Include club soda, seltzer, plain or flavorless sparkling water, and flavored sparkling water.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW ALL]

[S]

DNU_APPS

Have you ever used a smartphone app, website, or other online tool to record and track what you eat?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ROS_RELATION=1]

[S]

DNU_TODDMILK

Next, we have some questions about the nutrition and food that your family eats.

When answering these questions, please think about any children under the age of 18 living in your home.

Did any children living in your home ever drink toddler milk, sometimes called follow-on formulas?

This does not include infant formula that is made for infants less than 12 months old.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF ROS_RELATION = 1]

[S]

DNU_MILKOFT

During the past week, how often was milk provided to any children living in your home at meals or as snacks? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Include cow's milk, plant-based milk such as soy, oat, or almond milk, and any other type of milk.

Do not include breast milk or infant formula.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW IF DNU_MILKOFT > 1]

[S]

DNU_MILKTYP

What type of milk was most often provided?

[CAWI RESPONSE OPTIONS:]

- 1 Cow's milk
- 2 Plant-based milk, such as soy, oat, or almond milk
- 3 Another type of milk

[CATI RESPONSE OPTIONS:]

- 1 Cow's milk
- 2 Plant-based milk, such as soy, oat, or almond milk
- 3 Another type of milk

[SHOW IF DNU_MILKTYP INCLUDES 1]

[S]

DNU_MILKCOW

Which type of cow's milk was most often provided?

[CAWI RESPONSE OPTIONS:]

- 1 Whole
- 2 2%
- 3 1%
- 4 Skim or nonfat

[CATI RESPONSE OPTIONS]

- 1 Whole
- 2 2%
- 3 1%
- 4 Skim or nonfat

[SHOW IF DNU_MILKTYP INCLUDES 1 OR 3]

[S]

DNU_RAWMILK

During the past week, was any of the milk provided raw or unpasteurized milk?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF DNU_MILKOFT > 1]

[S]

DNU_FLAVMILK

During the past week, was any of the milk flavored milk, such as chocolate or strawberry?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF ROS_RELATION = 1]

[S]

DNU_DIETOTHC

During the past week, how often were diet or artificially sweetened drinks provided to any children living in your home at meals or as snacks? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Examples include diet soda, low-calorie sports or energy drinks, “light” or “zero” beverages, or artificially sweetened fruit drinks or teas.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW IF ROS_RELATION= 1]

[S]

DNU_SUGDRINKC

During the past week, how often were sugary drinks provided to any children living in your home at meals or as snacks? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Examples include soda, fruit drinks, sports drinks, chocolate or flavored milk, or sweet tea. Do not include 100% fruit juice.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week

- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW IF ROS_RELATION = 1]

[S]

DNU_DESSERTS

During the past week, how often were sweetened foods or desserts provided to any children living in your home at meals or as snacks? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Examples include candy, cookies, cake, pie, brownies, doughnuts, or ice cream. Do not include sugar-free desserts or sweets.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW IF ROS_RELATION = 1]

[S]

DNU_VEGETABLES

During the past week, how often were vegetables provided to any children living in your home at meals or as snacks? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW IF ROS_RELATION= 1]

[S]

DNU_SALTY

During the past week, how often were salty snacks provided to any children living in your home at meals or as snacks? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Examples include potato chips, corn chips, pretzels, or popcorn.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK

- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW IF ROS_RELATION = 1]

[S]

DNU_FASTPIZZAC

During the past week, how many times did you buy food from fast food places for any children living in your home? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

Include food from quick-service restaurants where you order at a counter or drive-through.

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW ALL]

[S]

DNU_NFOFTEN

How often do you use the Nutrition Facts panel on a food label [CAWI: like in the image below,] when deciding to buy a food product? [CATI: By Nutrition Facts panel, we mean the black-and-white nutrition box printed on most packaged foods that lists calories, serving size, and nutrients. Would you say always, most of the time, sometimes, rarely, or never?]

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

[CAWI RESPONSE OPTIONS:]

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 ALWAYS
- 2 MOST OF THE TIME
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER

[SHOW IF ROS_RELATION=1 AND DNU_NFOFTEN = 1, 2, 3, 4]

[S]

DNU_NFOFTCHILD

How often do you use the Nutrition Facts panel on a food label [CAWI:, like in the image below,] when deciding to buy a food product specifically for any children living in your home? [CATI: Would you say always, most of the time, sometimes, rarely, or never?]

[IF CATI: READ IF NECESSARY: By Nutrition Facts panel, we mean the black-and-white nutrition box printed on most packaged foods that lists calories, serving size, and nutrients]

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 9g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

[CAWI RESPONSE OPTIONS:]

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 ALWAYS
- 2 MOST OF THE TIME
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER

[SHOW ALL]

[S]

DNU_MEALPREP

Are you the person who does most of the planning or preparing of meals in your family?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No
- 2 Sometimes

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 YES
- 0 NO
- 2 SOMETIMES

[SHOW ALL]

[S]

DNU_SHAREPREP

Do you share in the planning or preparing of meals with someone else?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW ALL]

[S]

DNU_SHOPPING

Are you the person who does most of the shopping for food in your family?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No
- 2 Sometimes

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
 - 2 SOMETIMES
-

[SHOW ALL]

[S]

DNU_SHARESHOP

Do you share in the shopping for food with someone else?

[CAWI RESPONSE OPTIONS]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF ROS_RELATION = 1]

[S]

DNU_EATTOGETH

During the past week, on how many days did all the family members who live in the household eat a meal together?

[CAWI RESPONSE OPTIONS:]

- 1 0 days
- 2 1-3 days
- 3 4-6 days
- 4 Every day

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 0 DAYS
- 2 1-3 DAYS
- 3 4-6 DAYS
- 4 EVERY DAY

[SHOW ALL]

[S]

PAY_PAYFOOD

Which of these statements best describes your household's ability to afford the food you need during the past 12 months?

[CAWI RESPONSE OPTIONS:]

- 1 We could always afford to eat good nutritious meals
- 2 We could always afford enough to eat but not always the kinds of food we should eat
- 3 Sometimes we could not afford enough to eat
- 4 Often we could not afford enough to eat

[CATI RESPONSE OPTIONS:]

- 1 You could always afford to eat good nutritious meals
- 2 You could always afford enough to eat but not always the kinds of food you should eat
- 3 Sometimes you could not afford enough to eat
- 4 Often you could not afford enough to eat

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

HPF - HIGHLY PROCESSED FOODS

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

[SHOW ALL]

[DISP]

HPF_DISP1

These next questions are about highly processed foods and drinks.

Highly processed foods and drinks are products that have been changed significantly from how they are found in nature. This includes packaged meals and snacks, processed meats, refined carbohydrates, sugar-sweetened drinks, and diet drinks with artificial sweeteners.

Common examples include fried foods, fast food, soda and diet soda, frozen meals, bacon, chicken nuggets, pizza, white bread, flour tortillas, chips, crackers, cookies, packaged pastries, sweetened breakfast cereals, candy, and chocolate.

People also use the term “ultra-processed foods” to describe these products.

[SHOW ALL]

[S]

HPF_IDHPF

How confident are you that you can identify highly processed foods and drinks when choosing what to eat or drink? [CATI: Would you say not at all confident, somewhat confident, or very confident?]

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

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

[SHOW ALL]

[S]

HPF_OFTENHPF

During the past week, what is your best guess of how often you had highly processed foods or drinks? [CATI: You can answer times per day or week. For example, twice a day, once a week, and so forth.]

[CAWI RESPONSE OPTIONS:]

- 1 0 times in the past week
- 2 1 - 3 times during the past week
- 3 4 - 6 times during the past week
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 0 TIMES IN THE PAST WEEK
- 2 1 - 3 TIMES DURING THE PAST WEEK
- 3 4 - 6 TIMES DURING THE PAST WEEK
- 4 1 TIME PER DAY
- 5 2 TIMES PER DAY
- 6 3 OR MORE TIMES PER DAY

[SHOW IF HPF_OFTENHPF>1]

[S]

HPF_HPFAMT

What do you think about the amount of highly processed food you eat?

[CAWI RESPONSE OPTIONS:]

- 1 The amount I eat is okay
- 2 I eat a little too much
- 3 I eat way too much

[CATI RESPONSE OPTIONS:]

- 1 The amount you eat is okay
- 2 You eat a little too much
- 3 You eat way too much

[SHOW IF HPF_OFTENHPF>1]

[S]

HPF_HPFWHY

What is the main reason that you eat highly processed foods and drinks?

[CAWI RESPONSE OPTIONS:]

- 1 I enjoy the taste of these products
- 2 They are familiar to me, and I am used to eating them
- 3 They are cheaper than other foods and drinks
- 4 They are easy to find where I live or work
- 5 They are easy to prepare and save time
- 6 They do not spoil or go bad quickly
- 7 Another reason

[CATI RESPONSE OPTIONS:]

- 1 You enjoy the taste of these products
- 2 They are familiar to you, and I am used to eating them
- 3 They are cheaper than other foods and drinks
- 4 They are easy to find where you live or work
- 5 They are easy to prepare and save time
- 6 They do not spoil or go bad quickly
- 7 Another reason

[SHOW ALL]

[DISP]

HPF_DISP2

If you wanted to know more about highly processed foods, which of the following sources would you go to for information?

[SHOW ALL]

[S]

HPF_TRAINER

Your personal trainer, fitness instructor, or sports coach

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

HPF_NUTRITION

Your nutritionist or dietitian

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

HPF_DOCTOR

Your doctor or another healthcare professional

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

HPF_MEDIA

Social media

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER: DISPLAY HPF_DISP2-HPF_MEDIA ON THE SAME PAGE. RANDOMIZE ORDER OF HPF_TRAINER-HPF_MEDIA]

[SHOW ALL]

[DISP]

HPF_DISP3

If you wanted to know more about highly processed foods, which of the following sources would you go to for information?

[SHOW ALL]

[S]

HPF_GOVWEB

Government officials or websites

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

HPF_WELLAPPS

Health and wellness apps

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

HPF_PODS

Podcasts, blogs, or online newsletters

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

HPF_BOOKS

Books, magazines, or newspapers

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

HPF_OTHER

Some other source

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[PROGRAMMER: DISPLAY HPF_DISP3-HPF_OTHER ON THE SAME PAGE. RANDOMIZE ORDER OF HPF_GOVWEB - HPF_BOOKS]

[SHOW ALL]

[S]

HPF_PYRAMID

Are you aware that new Dietary Guidelines for Americans, including an updated food pyramid, were released earlier this year?

[IF CATI: The updated food pyramid shows a variety of foods arranged in an upside-down pyramid or triangle. The widest section at the top shows proteins, dairy, and healthy fats on the left and vegetables and fruits on the right. The tip of the triangle at the bottom shows whole grains.]



[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF HPF_PYRAMID = 1]

[S]

HPF_AVOIDHPF

Are you aware that the new Dietary Guidelines recommend avoiding highly processed foods?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

EMP - EMPLOYMENT

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

[SHOW ALL]

[S]

EMP_EMPLOY

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

[S]

EMP_ABSENTWK

Did you have a job or business last week, but were temporarily absent due to illness, vacation, family or maternity leave, or some other reason?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF EMP_EMPLOY=0 AND EMP_ABSENTWK=0]

[S]

EMP_WHYNOWRK

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - READ IF NECESSARY:]

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

[SHOW ALL]

EMP_INS

[GRID]

Are you covered by any of the following types of health insurance or health coverage plans?

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

EMP_INSA Insurance through a current or former employer or union of your own or another family member

EMP_INSB Insurance purchased directly from an insurance company by you or another family member

EMP_INSC Medicare, for people 65 and older or people with certain disabilities

EMP_INSD Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

EMP_INSE TRICARE or other military health care

EMP_INSF VA [CAWI: (enrolled for VA health care); CATI: That is, enrolled for VA health care]

EMP_INSG Indian Health Service

EMP_INSH Any other type of health insurance or health coverage plan (*please specify*) [TEXTBOX]

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

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

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

MAR - MARITAL STATUS

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

[SHOW ALL]

[S]

MAR_MARITAL

The next questions are about marriage and cohabitation.

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

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

[CAWI RESPONSE OPTIONS:]

1. Married
2. Living with a partner together as an unmarried couple

3. Neither

[CATI RESPONSE OPTIONS - DO NOT READ:]

1. MARRIED
2. LIVING WITH A PARTNER TOGETHER AS AN UNMARRIED COUPLE
3. NEITHER

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

[S]

MAR_EVMARRY

Have you ever been married?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF MAR_MARITAL = 2 AND MAR_EVMARRY=1]

[S]

MAR_LEGAL

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

[CAWI RESPONSE OPTIONS:]

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 MARRIED
- 2 WIDOWED
- 3 DIVORCED
- 4 SEPARATED

[SHOW IF MAR_MARITAL = 3 AND MAR_EVMARRY=1]

[S]

MAR_WIDIVSEP

[CAWI] Are you... [CATI] Are you widowed, divorced, or separated?

[CAWI RESPONSE OPTIONS:]

- 1 Widowed
- 2 Divorced
- 3 Separated

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 WIDOWED
- 2 DIVORCED
- 3 SEPARATED

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

INT - INTERNET/HIT

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

[SHOW ALL]

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

LAN - LANGUAGE ITEMS

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

[SHOW IF QUEX_LANGUAGE=1; AUTO PUNCH 1 (YES) IF QUEX_LANGUAGE=2]

[S]

LAN_OTHERLAN

Do you speak a language other than English at home?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 Yes
- 0 No

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

TEL - TELEPHONE USE

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

[SHOW ALL]

[S]

TEL_NONCELL

Is there at least one telephone inside your home that is currently working and is not a cell phone?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

TEL_CELL

Do you have a working cell phone?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES

0 NO

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

[S]

TEL_HHCELL

Do you live with anyone at your home who has a working cell phone?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

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

CIV - CIVIC ENGAGEMENT

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

[SHOW ALL]

[DISP]

CIV_INTRO

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

[SHOW ALL]

[S]

CIV_VOL12M

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW IF CIV_VOL12M=0]

[S]

CIV_VOLOTH

Some people don't think of activities they do infrequently or for children's schools or youth organizations as volunteer activities. During the past 12 months, have you done any of these types of activities?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CIV_MEET

During the past 12 months, did you attend a public meeting, such as a zoning or school board meeting, that discussed a local issue?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

CIV_VOTELOCL

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

DEM - RACE/ETHNICITY

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

[SHOW ALL]

[M]

DEM_RACE

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

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

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

[SHOW IF DEM_RACEa=1]

[TEXTBOX]

DEM_AIAN

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

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

[TEXTBOX; CHARACTER LIMIT = 150]

[SHOW IF DEM_RACEb=1]

[M]

DEM_ASIAN

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

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

[SHOW IF DEM_RACEc=1]

[M]

DEM_BLACK

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

- 1 African American
- 2 Jamaican

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

[SHOW IF DEM_RACEd=1]

[M]

DEM_HISP

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

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

[SHOW IF DEM_RACEe=1]

[M]

DEM_MENA

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

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

[SHOW IF DEM_RACEf=1]

[M]

DEM_NHPI

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

- 1 Native Hawaiian
- 2 Samoan

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

[SHOW IF DEM_RACEg=1]

[M]

DEM_WHITE

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

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

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