**Attachment H: The Obesity & Type II Diabetes Risk Assessment: Adult Survey – Follow-up**

*If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.*

---

**Paperwork Reduction Act Burden Statement**

This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development's Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 85 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The OMB number for this collection is OMB 2528-0337 which expires on XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME at XXXX@XXXXX.XXX or call XXX-XXX-XXXX.

**Privacy Act Statement**

**Authority:** Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).
**Purpose:** Evaluation of the Community Choice Demonstration (CCD).
**Routine Use:** The information will be used for the purpose set forth above and may be provided to Congress or other Federal, state, and local agencies, when determined necessary.
**Disclosure:** Records will be used for research and statistical analysis and will not be used to make decisions that affect the rights, benefits, or privileges of specific individuals.
**SORN ID:** Community Choice Demonstration Evaluation Data Files, HUD/PDR-09

---

Note: Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

**MOVED ADULT Follow-Up SURVEY**

**Introduction**

This survey will cover a wide range of topics that will help us understand how neighborhoods may impact adult health outcomes, like diabetes and depression. Some of the questions we ask will be about you, some will be about your household, and others will be about your neighborhood. It should take about 85 minutes to complete the survey. Are you ready to begin?

**SECTION A. NEIGHBORHOOD**

Let's start by talking about your neighborhood. In this part of the survey, we will ask questions about the food choices in your neighborhood, opportunities to walk around your neighborhood, neighborhood safety, police presence in your neighborhood, and what you think about your neighbors and friends.

**GENERAL NEIGHBORHOOD SATISFACTION**

1. How many years have you lived in your current neighborhood?

   Number of years (please round to the nearest number): _____
   Less than one year: _____ months
   Skip question

2. How many years have you lived in your current home?

   Number of years (please round to the nearest number): _____
   Less than one year: _____ months
   Skip question

The first two questions are about neighborhood satisfaction.

A1. Which of the following statements best describes how satisfied you are with your current neighborhood?

€ Very satisfied
€ Somewhat satisfied
€ In the middle
€ Somewhat dissatisfied
€ Very dissatisfied
€ Don't know
€ Prefer not to answer

A2. Do you agree or disagree with this statement: “The neighborhood conditions where I live make it harder to be the parent I want to be for my children”?

€ Strongly disagree
€ Disagree
€ Agree somewhat
€ Agree
€ Strongly Agree
€ Don’t know
€ Prefer not to answer

The next question are about specific features of your current neighborhood.

A3. How satisfied are you with …

a. The friendliness of neighbors in your neighborhood?
b. The racial and ethnic mix of your neighborhood?
c. How near your neighborhood is to your job?
d. Your neighborhood’s access to public transportation?
e. The appearance of your neighborhood (cleanliness, lack of graffiti)?
f. The amenities of your neighborhood (parks, access to shops, places of worship, schools, dining)?
g. How near your neighborhood is to your family and friends?
h. The size of your home?
i. The quality of your home?
    1. Very Satisfied
    2. Satisfied
    3. Neither satisfied nor dissatisfied
    4. Dissatisfied
    5. Very Dissatisfied
    6. Not applicable (for item c, only)
    7. Don't know
    8. Prefer not to answer

A4. Which of the following are located in or near your current neighborhood? (Check all that apply) *[Respondent needs to check either Yes, No, or Not Applicable for items A– K., unless L. Prefer not to answer is checked.]*

a. One or more of my children’s childcare providers
b. One or more of my children’s after-school activities
c. My job or the job of another person in the household

d. Other family members who do not live with me
e. Close friends who do not live with me
f. My church or place of worship
g. Other community groups I or my family is involved with
h. My primary care doctor
i. The primary care doctor of one or more of my children
j. Other medical services that I or others in the household use regularly
k. Other important services (specify)_____
l. Prefer not to answer

**NEIGHBORHOOD FOOD ENVIRONMENT**

We would like to find out about the way that you think about the food choices in your neighborhood. Please answer these questions thinking about the food stores in the neighborhood near where you live. I will read three statements about the food choices in your neighborhood. Please tell me whether you agree or disagree with each statement [provide card with response options to the participant]. [if asked: you can define your neighborhood how you define your neighborhood.]

[*Source: Green, S. & Glanz, K. (2015). Development of the Perceived Nutrition Environment Measures Survey. American Journal of Preventative Medicine.*]

A5. It is easy to buy fresh fruits and vegetables in my neighborhood.

€ Strongly disagree
€ Somewhat disagree
€ Neither agree nor disagree
€ Somewhat agree
€ Strongly agree
€ Don't know
€ Prefer not to answer

A6. The fresh produce in my neighborhood is of high quality.

€ Strongly disagree
€ Somewhat disagree
€ Neither agree nor disagree
€ Somewhat agree
€ Strongly agree
€ Don't know
€ Prefer not to answer

A7. Fresh fruit and vegetables in my neighborhood are expensive.

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

**NEIGHBORHOOD WALKABILITY**

The next questions are about walking around your neighborhood. I will read four statements. Please tell me the extent to which you agree or disagree with each statement

A8. There are many places to go within walking distance of my home.

[*Source: https://www.ipenproject.org/documents/publications_docs/NEWS%20and%20NEWS-A.pdf*]

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

A9. My neighborhood offers many opportunities to be physically active.

[*Source: https://academic.oup.com/aje/article/165/8/858/185012*]

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

A10. It is pleasant to walk in my neighborhood.

[*Source: https://academic.oup.com/aje/article/165/8/858/185012*]

- € Strongly disagree

- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

A11. I often see other people walking in my neighborhood.

[*Source:* *https://academic.oup.com/aje/article/165/8/858/185012*]

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

**NEIGHBORHOOD SAFETY**

The next three questions are about neighborhood safety.

A12. How safe are the streets near your home during the day? Would you say very safe, safe, somewhat unsafe, unsafe, or very unsafe?

- € Very safe
- € Safe
- € Somewhat unsafe
- € Unsafe
- € Very unsafe
- € Don't know
- € Prefer not to answer

A13. How safe are the streets near your home at night? (Would you say very safe, safe, somewhat unsafe, unsafe, or very unsafe?)

- € Very safe
- € Safe
- € Somewhat unsafe
- € Unsafe
- € Very unsafe
- € Don't know

€ Prefer not to answer

A14. How often are you worried about gun violence in your neighborhood? Would you say:

€ None of the time
€ A little of the time
€ Some of the time
€ Most of the time
€ All of the time
€ Don't know
€ Prefer not to answer

A15. Please tell me if any of the following things have happened to you or anyone who lives with you in the past 6 months.

a. Was anyone's purse, wallet, or jewelry snatched from them?
b. Was anyone threatened with a knife or gun?
c. Was anyone beaten or assaulted?
d. Was anyone stabbed or shot?
e. Did anyone try to break into your home?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

**NEIGHBORHOOD POLICING**

The next three questions are about policing in your neighborhood. How much do you agree or disagree with the following statements.

A16. Excessive policing is a problem in my neighborhood.

€ Strongly disagree
€ Somewhat disagree
€ Neither agree nor disagree
€ Somewhat agree
€ Strongly agree
€ Don't know
€ Prefer not to answer

A17. I am worried that my children will be targeted by the police in my neighborhood.

€ Strongly disagree
€ Somewhat disagree

- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

A18. The police do a good job in responding to people in the neighborhood after being victims of crime.

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

Adapted from Project on Human Development in Chicago Neighborhoods Community Survey (Boehme et al, 2020)

**NEIGHBORHOOD SOCIAL ENVIRONMENT**

Now I am going to read some statements about things that people in your neighborhood may or may not do. Please tell me how much you agree with each of the following statements [provide card with response options]:

[*Source: Collective Efficacy Short Form – 10*]

A19. People around here are willing to help their neighbors.

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

A20. This is a close-knit neighborhood.

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree

- € Don't know
- € Prefer not to answer

A21. People in this neighborhood can be trusted.

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

A22. People in this neighborhood generally don't get along with each other.

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

A23. People in this neighborhood do not share the same values.

- € Strongly disagree
- € Somewhat disagree
- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

**COLLECTIVE EFFICACY**

Could your neighbors be counted on to intervene if…[provide response card with options]:

[*Source: Collective Efficacy Short Form – 10*]

A24. Children are skipping school and hanging out on a street corner. Would you say it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that your neighbors would intervene?

- € Very likely

€ Likely
€ Neither likely nor unlikely
€ Unlikely
€ Very unlikely
€ Don't know
€ Prefer not to answer

A25. Children are spray-painting graffiti on a local building. [Would you say it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that your neighbors would intervene?]

€ Very likely
€ Likely
€ Neither likely nor unlikely
€ Unlikely
€ Very unlikely
€ Don't know
€ Prefer not to answer

A26. Children are showing disrespect to an adult. [Would you say it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that your neighbors would intervene?]

€ Very likely
€ Likely
€ Neither likely nor unlikely
€ Unlikely
€ Very unlikely
€ Don't know
€ Prefer not to answer

A27. A fight broke out in front of their house. [Would you say it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that your neighbors would intervene?]

€ Very likely
€ Likely
€ Neither likely nor unlikely
€ Unlikely
€ Very unlikely
€ Don't know
€ Prefer not to answer

A28. The fire station closest to their home was threatened with budget cuts. [Would you say it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that your neighbors would intervene?]

€ Very likely
€ Likely
€ Neither likely nor unlikely
€ Unlikely
€ Very unlikely
€ Don't know
€ Prefer not to answer

**INSTRUMENTAL SUPPORT FROM NEIGHBORS**

Now I am going to ask you about people in your neighborhood. Please think about people outside your immediate household and who are not part of your family. Tell me if you know people in the neighborhood who…

[*Source: Mobilizing Social Capital; https://www.tandfonline.com/doi/abs/10.1080/02673037.2016.1140724?journalCode=chos20*]

A29. You could borrow a car from, if you needed it.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

A30. Could give you a ride, if you needed it.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

A31. Could babysit for your children, if you needed it.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

A32. Could help you with a computer, if you needed it.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

A33. Are active in community organizations.
€ Yes
€ No

€ Don't know
€ Prefer not to answer

A34. Could give you advice about job opportunities, if you asked for it.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

A35. Could bring you food or medicine, if you get sick.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

A36. You could discuss personal matters with, if you wanted to.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

A37. Would lend you $100, if you needed it.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

A38. You could have a meal with, if you wanted to.
€ Yes
€ No
€ Don't know
€ Prefer not to answer

**BRIDGING SOCIAL CAPITAL**

The next questions are about your friends. Please tell me if the following statements describe nearly all, most, some, a few, or none of your friends [provide response options on a card].

[*Source: New question, adapted from prior survey, Schwartz (2014); onhttps://www.sciencedirect.com/science/article/pii/S0277953613005479?via%3Dihub*]

A39. My friends live in the neighborhood. Would you say:
€ All

€ Most
€ Some
€ None
€ Don't know
€ Prefer not to answer

A40. My friends have graduated from college.

€ All
€ Most
€ Some
€ None
€ Don't know
€ Prefer not to answer

A41. My friends are different races or ethnicities than me.

€ All
€ Most
€ Some
€ None
€ Don't know
€ Prefer not to answer

**SECTION B. HOME AND HOUSEHOLD**

In this next part of the survey, we are interested in learning more about your home and your household.

B1. Where do you currently live?

€ In an apartment, home, or room that you rent or sublet
€ In a home or apartment that you own
€ In an apartment, home, or room that friends or extended family rents where you contribute to part of the rent
€ With friends or family, where you do not pay any rent
€ Homeless or in a group shelter
€ Other housing arrangement: _____
€ Don't know
€ Prefer not to answer

B2. Do you agree or disagree with this statement: "The size or physical condition of my home makes it harder to be the parent I want to be for my children"?

€ Strongly disagree
€ Somewhat disagree

- € Neither agree nor disagree
- € Somewhat agree
- € Strongly agree
- € Don't know
- € Prefer not to answer

B3. Where you live now, how much of a problem are rats, mice, cockroaches or other vermin?

- € Big problem
- € Small problem
- € No problem at all
- € Don't know
- € Prefer not to answer

**SOCIAL SERVICE PARTICIPATION**

I would like to ask you about different sources of income or assistance you or people in your family living with you now may receive. Your responses to these questions will not affect your family's eligibility for housing assistance or other types of assistance. By family, I mean the people you told us about at enrollment who live with you now and who would move with you if you moved. Remember your responses will remain confidential and you can skip any question you don't feel comfortable answering.

B4. At any time in the last 12 months did any family members living here receive SNAP or food stamp benefits?

- € Yes
- € No [SKIP TO B6]
- € Don't know [SKIP TO B6]
- € Prefer not to answer [SKIP TO B6]

[*Source: National Health Interview Survey*]

B5. Did any family members living here receive SNAP or food stamp benefits in the LAST 30 days?

- € Yes
- € No
- € Don't know
- € Prefer not to answer

[*Source: National Health Interview Survey*]

B6. At any time in the last 12 months did any family members living here receive benefits from the WIC program, that is, the Women, Infants, and Children program?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

B7. At any time in the last 12 months, did any child in your family receive free or reduced-cost breakfasts or lunches at school through the National School Lunch Program?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

**FOOD SECURITY**

These six questions are about your household's food situation. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months – that is, since last [NAME OF CURRENT MONTH].

[if needed: Some people may find the next few questions personal. Please remember you can choose not to answer any question.]

[*Source: NHANES; https://www.ers.usda.gov/media/8282/short2012.pdf*]

B8. The first statement is, "The food that we bought just didn't last, and we didn't have money to get more." Was this often, sometimes, or never true for your household?

€ Often true
€ Sometimes true
€ Never true
€ Don't know
€ Prefer not to answer

B9. “We couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for your household in the last 12 months?

€ Often true
€ Sometimes true
€ Never true
€ Don’t know
€ Prefer not to answer

B10. In the last 12 months, since last [NAME OF CURRENT MONTH] did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

€ Yes
€ No (SKIP TO B12)
€ Don’t know (SKIP TO B12)
€ Prefer not to answer (SKIP TO B12)

B11. [IF B10=Yes] How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?

€ Almost every month
€ Some months but not every month
€ Only 1 or 2 months
€ Don’t know
€ Prefer not to answer

B12. In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?

€ Yes
€ No
€ Don’t know
€ Prefer not to answer

B13. In the last 12 months, were you ever hungry but didn’t eat because there wasn’t enough money for food?

€ Yes
€ No
€ Don’t know
€ Prefer not to answer

The next three questions are about characteristics of your household that may affect your future plans.

**PREDICTABILITY**

B14. Sometimes things happen in life that messes everything up. Do you think something like this will happen to you or your family in the next 12 months? How likely or unlikely is it that something like that will happen to you or your family in the next 12 months? Would you say…

- € Very likely
- € likely
- € Neither likely nor unlikely
- € unlikely
- € Very unlikely
- € Don't know
- € Prefer not to answer

**PET OWNERSHIP**

Having pets can impact how much time you spend outdoors and getting around.

B15. Does your household currently have a dog?

- € Yes
- € No
- € Don't know
- € Prefer not to answer

**HEALTH LIMITING MOVING**

B16. Would the health of anyone in your household make it more challenging for you to move to a new neighborhood?

- € Yes
- € No
- € Don't know
- € Prefer not to answer

[*Source: New question*]

**SECTION C. INDIVIDUAL**

[only if respondent is not completing child survey] The rest of the questions I'm going to ask are all about you as an individual. First, I have some questions about your habits, behaviors, and experiences. Then I will ask about your mood, thoughts, and feelings. Next, I'll ask about your health and healthcare. Lastly, I'll ask some questions about your background.

We'll start by talking about your habits and behaviors.

[If respondent is completing the child survey] The next set of questions I'm going to ask are all about you as an individual. First, I have some questions about your habits, behaviors, and experiences. Then I will ask about your mood, thoughts and feelings. Next, I'll ask about your health and healthcare. Lastly, I'll ask some questions about your background. Once we are all done asking questions about you, we will ask you some questions about your child.

We'll start by talking about your habits and behaviors.

**PHYSICAL ACTIVITY**

The first set of questions asks about different types of activities you do and where you do them.

> [*Source: International Physical Activity Questionnaire - Short Form; https://youthrex.com/wp-content/uploads/2019/10/IPAQ-TM.pdf*]

***Sitting***
Think about the time you spent sitting **on weekdays** during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

[interviewer instructions: respondent may use either hours or minutes per day. Please record either but not both]

C1. During the last 7 days, how much time did you spend sitting on a weekday?

€ X hours per day_____
€ X minutes per day_____
€ Don't know/not sure
€ Prefer not to answer

***Walking***
Think about the time you spent walking **in the last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

C2. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

- € # of days per week _____
- € No walking [SKIP FOLLOWING QUESTION]
- € Don't know/not sure [SKIP TO FOLLOWING QUESTION]
- € Prefer not to answer [SKIP TO FOLLOWING QUESTION]

C3. How much time did you usually spend walking on one of those days?

- € X hours per day_____
- € X minutes per day_____
- € Don't know/not sure
- € Prefer not to answer

***Vigorous activity***

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

C4. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling if at all?

- € # of days per week_____
- € No vigorous physical activity [SKIP TO MODERATE ACTIVITY]
- € Don't know/not sure [SKIP TO MODERACTE ACTIVITY]
- € Prefer not to answer [SKIP TO MODERATE ACTIVITY]

C5. [IF AT LEAST 1 DAY PER WEEK] How much time did you usually spend doing vigorous physical activities on one of those days?

- € X hours per day _____
- € X minutes per day_____
- € Don't know/not sure
- € Prefer not to answer

***Moderate activity***

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

C6. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis if at all? Do not include walking.

€ # of days per week _____
€ No moderate physical activity [SKIP FOLLOWING QUESTION]
€ Don't know/not sure [SKIP FOLLOWING QUESTION]
€ Prefer not to answer [SKIP FOLLOWING QUESTION]

C7. [IF AT LEAST 1 DAY PER WEEK] How much time did you usually spend doing moderate physical activities on one of those days?

€ X hours per day_____
€ X minutes per day_____
€ Don't know/not sure
€ Prefer not to answer

***Location of physical activity***

C8. In the past month, where have you gone for physical activity? Please let us know all of the places you've gone.[Respondent may select multiple options]

€ Park
€ Trail or another walking/running path
€ Gym/recreation center
€ Your own home
€ Home of a family member or a friend
€ Work
€ Retail outlets (malls)
€ Streets/sidewalks
€ Physical therapy or rehabilitation
€ Other (please specify type of place)
€ I don't engage in physical activity
€ I don't know
€ Prefer not to answer

[*Source: RAND Corporation's PHRESH Survey (Pittsburgh Hill/Homewood Research On Neighborhood Change and Health*]

C9. In the past month, how often did you walk to places in your neighborhood for exercise, pleasure, or to get somewhere you needed to go?

€ At least once a day in the past month
€ 3-6 times a week in the past month
€ Once or twice a week in the past month
€ 2-3 times in the past month

€ Once in the past month
€ Never in the past month
€ Don't know
€ Prefer not to answer

[*Source: RAND Corporation's PHRESH Survey (Pittsburgh Hill/Homewood Research On Neighborhood Change and Health*]

**DIET**

The next set of questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

[*Source: NCI Dietary Screener; https://epi.grants.cancer.gov/diet/shortreg/instruments/dsq-in-nhanes-09-10-interviewer-administered-english-version.pdf*]

C10. During the past month, how often did you eat hot or cold cereals? You can tell me per day, per week, or per month.

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never [SKIP TO C12]
€ Don't know [SKIP TO C12]
€ Prefer not to answer [SKIP TO C12]

C11. [SKIP IF C10=Never, Don't know or prefer not to answer] During the past month, what kind of cereal did you usually eat?

€ [OPEN RESPONSE]_____
€ Don't Know
€ Prefer not to answer

C12. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda. You can tell me per day, per week, or per month.

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C13. During the past month, how often did you drink 100% pure fruit juices such as orange, mango, apple, grape and pineapple juices? Do not include fruit-flavored drinks with added sugar

or fruit juice you made at home and added sugar to. (You can tell me per day, per week, or per month.)

- € ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
- € Never
- € Don't know
- € Prefer not to answer

C14. (During the past month), how often did you drink coffee or tea that had sugar or honey added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea. (You can tell me per day, per week, or per month.)

- € ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
- € Never
- € Don't know
- € Prefer not to answer

C15. (During the past month), how often did you drink sweetened fruit drinks, sports or energy drinks, such as Kool-Aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull, or Vitamin Water? Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks. (You can tell me per day, per week, or per month.)

- € ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
- € Never
- € Don't know
- € Prefer not to answer

C16. (During the past month), how often did you eat fruit? Include fresh, frozen or canned fruit. Do not include juices. (You can tell me per day, per week, or per month.)

- € ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
- € Never
- € Don't know
- € Prefer not to answer

C17. (During the past month), how often did you eat a green leafy or lettuce salad, with or without other vegetables? (You can tell me per day, per week, or per month.)

- € ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
- € Never
- € Don't know

€ Prefer not to answer

C18. (During the past month), how often did you eat any kind of fried potatoes, including french fries, home fries, or hash brown potatoes? (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C19. (During the past month), how often did you eat any kind of potatoes, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad? (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C20. (During the past month), how often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do not include green beans. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C21. (During the past month), how often did you eat brown rice or other cooked whole grains, such as bulgur, cracked wheat or millet? Do not include white rice. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C22. (During the past month), not including what you just told me about--green salads, potatoes, cooked dried beans--how often did you eat other vegetables? (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never

€ Don't know
€ Prefer not to answer

C23. (During the past month), how often did you have Mexican-type salsa made with tomato? (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C24. (During the past month), how often did you eat pizza? Include frozen pizza, fast food pizza, and homemade pizza. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C25. (During the past month), how often did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? Do not include tomato sauce on pizza. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C26. (During the past month), how often did you eat any kind of cheese? Include cheese as a snack, cheese on burger, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do not include cheese on pizza. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C27. Please look at this card, during the past month, how often did you eat red meat such as beef, pork, ham, or sausage? Do not include chicken, turkey or seafood. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know

€ Prefer not to answer

C28. Please look at this card, (during the past month), how often did you eat any processed meat, such as bacon, lunch meats, or hot dogs? (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C29. (During the past month), how often did you eat whole grain bread including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do not include white bread. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C30. During the past month, how often did you eat chocolate or any other types of candy? Do not include sugar-free candy.

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C31. (During the past month), how often did you eat doughnuts, sweet rolls, Danish, muffins, pan dulce, or pop-tarts? Do not include sugar-free items. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C32. (During the past month), how often did you eat cookies, cake, pie, or brownies? Do not include sugar-free kinds. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know

€ Prefer not to answer

C33. (During the past month), how often did you eat ice cream or other frozen desserts? Do not include sugar-free kinds. (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

C34. (During the past month), how often did you eat popcorn? (You can tell me per day, per week, or per month.)

€ ___ ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS
€ Never
€ Don't know
€ Prefer not to answer

**EATING OUT**

C35. Next I'm going to ask you about meals. By meal, I mean breakfast, lunch and dinner. During the past 7 days, how many meals did you get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

€ None [SKIP TO NEXT SECTION]
€ [ENTER NUMBER 1-21]_____
€ More than 21 times
€ Don't know [SKIP TO NEXT SECTION]
€ Prefer not to answer [SKIP TO NEXT SECTION]

[*Source: Frequency of Eating Out and Cooking At Home (NHANES)*]

C36. [ASK IF C35 = >than 1] How many of those meals did you get from a fast-food or pizza place?

€ [ENTER NUMBER 1-21]_____
€ None
€ More than 21 times
€ Don't know
€ Prefer not to answer

[*Source: Frequency of Eating Out and Cooking At Home (NHANES)*]

**FOOD PURCHASING**

The next three questions are about where you buy your food.

[*Source: Green, S. & Glanz, K. (2015). Development of the Perceived Nutrition Environment Measures Survey. American Journal of Preventative Medicine.*]

C37. What type of store is the store where you buy most of your food? [Note to interviewer: Respondents may select more than one option].

€ Supermarket
€ Small grocery store
€ Corner store or convenience store
€ Supercenter (like Wal-Mart or Costco)
€ Other (please specify):
€ Don't know
€ Prefer not to answer

C38. Thinking about the store where you buy most of your food, how do you usually travel to this store?

€ Walk
€ Bicycle
€ Bus or other public transportation
€ Drive your own car
€ Get a ride
€ Other (please specify):
€ Don't know
€ Prefer not to answer

C39. About how long does it take to get from your home to the store where you buy most of your food?

€ 10 minutes or less
€ 11 to 20 minutes
€ 21 to 30 minutes
€ More than 30 minutes
€ Don't know
€ Prefer not to answer

**TRANSPORTATION**

The next questions are about different ways people may get from place to place in your neighborhood and how you get around.

[*Source: Massey, Climbing Mount Laurel study*]

C40. Do you or anyone in your household  own or lease a motor vehicle?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

C41. [IF C40 NOT YES] Do you have reliable access to a vehicle?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

C42. How many days a week do you make use of public transportation, including buses, trains, and subways?

€ 1-7 days_____
€ I don't use public transportation
€ Don't know
€ Prefer not to answer

C43. How long would it take you to get to the nearby bus, train, or subway stop?

€ < 15mins
€ 15 to 30 mins
€ 31 to 45 mins
€ 46 min to 1 hour
€ > 1 hour
€ Don't know
€ Prefer not to answer

C44. How good is the public transportation service in your neighborhood?

€ Very poor
€ Poor
€ Neither poor nor good
€ Good
€ Very good
€ Don't know

€ Prefer not to answer

**SLEEP**

The next four questions relate to your sleep habits. When answering, think about your usual sleep habits during the past month only. [note to interviewer, the following may be added: Your answers should indicate the most accurate reply for the majority of days and nights in the past month. ]

[*Source: Sancho-Domingo, C., Carballo, J., Caloma-Carmona, A., & Buysse, D. (2021). Brief version of the Pittsburgh Sleep Quality Index (B-PSQI) and measurement invariance across sex and age in a population-based sample. Psychological Assessment.*]

C45. During the past month, what time have you usually gone to bed at night?

€ Bedtime AM/PM: [OPEN RESPONSE]_____
€ Don't know
€ Prefer not to answer

C46. During the past month, how long does it usually take you to fall asleep each night?

€ Number of:_____minutes OR hours
€ Don't know
€ Prefer not to answer

C47. During the past month, what time have you usually gotten up in the morning?

€ GETTING UP TIME: AM/PM_____
€ Don't know
€ Prefer not to answer

C48. During the past month, how would you rate your sleep quality overall? Would you say…

€ Very good
€ Fairly good
€ Fairly bad
€ Very bad
€ Don't know
€ Prefer not to answer

**SUBSTANCE USE**

Now I would like to ask you some questions about tobacco, alcohol, and weight control. We are asking these questions of everyone in the study. Remember that the information you provide

will be kept private and your name will never be linked to your responses in reports. [IF NEEDED: Some people may find the next few questions personal. Please remember you can choose not to answer any question.]

***Tobacco***

The first few questions are about cigarette smoking.

C49. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

€ Yes
€ No [SKIP TO C52]
€ Don't know [SKIP TO C52]
€ Prefer not to answer [SKIP TO C52]

[*Source: National Health Interview Survey*]

C50. [ASK IF C49=YES] Do you NOW smoke cigarettes every day, some days, or not at all?

€ Every day
€ Some days
€ Not at all
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C51. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? [Read if necessary: Snus [pronounced "snoos"] (Swedish for snuff) is a moist smokeless tobacco usually sold in small pouches that are placed under the lip against the gum.)

€ Every day
€ Some days
€ Not at all
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C52. Do you currently use e-cigarettes or other electronic vaping products every day, some days, or not at all? [Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. Interviewer note: These questions

concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.]

€ Every day
€ Some days
€ Not at all
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

***Binge-drinking***

This next question is about drinking alcohol.

C53. Over the past 2 weeks, how many occasions have you had [5 (male)/4 (female)] or more drinks in a row?

€ None
€ Once
€ Twice
€ 2 to 5 times
€ 6 to 9 times
€ 10 or more times
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

**DIET BEHAVIORS**

*The last several questions in this part are about behaviors you may use to control your weight or what you eat.*

C54. How often have you gone on a diet during the last year? By 'diet' I mean changing the way you eat so you can lose weight. Dieting includes any changes, big or small, that you made to lose weight.

€ Never
€ One to four times
€ Five to ten times
€ More than ten times
€ I am always dieting
€ Don't know

€ Prefer not to answer

[*Source: Dieting and disordered eating behaviors among adolescents; https://www-sciencedirect-com.proxy1.library.jhu.edu/science/article/pii/S0002822311004251*

C55. Do you NOW take any of the following prescription medicines to lose weight or manage diabetes? (Show card with weight loss medicines approved by the FDA.) (*Prompt if needed: These are medicines prescribed by a doctor or other health practitioner.* )

€ Yes
€ No
€ Don't know
€ Prefer not to answer

C56. Have you done any of the following things in order to lose weight or keep from gaining weight during the past year including fasting, ate very little food, took diet pills, made yourself vomit, used laxatives, used diuretics (water pills), used food substitute (powder or special drinks), skipped meals, or smoked more cigarettes? Please say yes if you have done one or more of those things. Remember, we will not share your answers with anyone. [interview, please use list for items]

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: Dieting and disordered eating behaviors among adolescents; https://www-sciencedirect-com.proxy1.library.jhu.edu/science/article/pii/S0002822311004251*

C57. In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge-eating)?

€ Yes
€ No [SKIP TO NEXT SECTION]
€ Don't know [SKIP TO NEXT SECTION]
€ Prefer not to answer [SKIP TO NEXT SECTION]

[*Source: https://www.sph.umn.edu/sph-2018/wp-content/uploads/2019/12/project-eat-gen2-adolescent-survey.pdf*]

C58. [if C57= YES] During the times when you ate this way, did you feel like you couldn't stop eating or control what or how much you were eating?

€ Yes
€ No

€ Don't know
€ Prefer not to answer

[*Source: https://www.sph.umn.edu/sph-2018/wp-content/uploads/2019/12/project-eat-gen2-adolescent-survey.pdf*]

**DISCRIMINATION AND SAFETY**

We hope to better understand more about everyone in the study's personal experiences. The next few questions are about how you are treated in your everyday life. [if needed: if you feel that these questions are too personal, you can choose not to answer them.]

***Everyday Discrimination Scale***

C59. In your day-to-day life how often have any of the following things happened to you? Almost every day, at least once a week, a few times a month, a few times a year, less than once a year, or never? [*These are the response options for each question*]

a. You are treated with less courtesy or respect than other people. _____
b. You receive poorer service than other people at restaurants or stores. _____
c. People act as if they think you are not smart. _____
d. People act as if they are afraid of you. _____
e. You are threatened or harassed. _____

€ Almost every day
€ At least once a week
€ A few times a month
€ A few times a year
€ Less than once a year
€ Never
€ Don't know
€ Prefer not to answer

[*Source: Everyday Discrimination Scale, Short Form; https://scholar.harvard.edu/davidrwilliams/node/32397*]

C60. [IF RESPONSE TO AT LEAST ONE QUESTION ABOVE IS "A FEW TIMES A YEAR" OR MORE] What do you think is the main reason for this experience? [SELECT ALL THAT APPLY. This item is asked only once and not for each time that a person reports discrimination]

€ Your Ancestry or National Origins
€ Your Sex
€ Your Race
€ Your Age
€ Your Religion

€ Your Height
€ Your Weight
€ Some other Aspect of Your Physical Appearance
€ Your Sexual Orientation
€ Your Education or Income Level
€ Don't know
€ Prefer not to answer

[*Source: Everyday Discrimination Scale, Short Form; https://scholar.harvard.edu/davidrwilliams/node/32397*]

***Experienced weight stigma***

C61. Have you ever been [READ EACH BELOW] because of your weight? [If needed: this may be because of over or underweight, as well as body shape].

| | Yes | No | Don't know | Prefer not to answer |
|---|---|---|---|---|
| a. Teased | ☐ | ☐ | ☐ | ☐ |
| b. Treated unfairly | ☐ | ☐ | ☐ | ☐ |
| c. Discriminated against | ☐ | ☐ | ☐ | ☐ |

[*Source: Experienced Stigma Scale; https://pubmed-ncbi-nlm-nih-gov.proxy1.library.jhu.edu/34061867/.*]

**MENTAL HEALTH**

Now that we've talked about your usual behaviors and experiences, I'd like to ask some questions about your mood, thoughts, and feelings. Remember your responses are confidential and you can skip any question you feel uncomfortable answering.

***Body satisfaction***

The first two questions are about how you feel about your body. We are asking these questions of everyone and your responses will be kept private.

C62. On a scale from 1 to 10, where 1 is "Extremely Unsatisfied" and 10 is "Extremely Satisfied", how satisfied are you with your weight?

€ [*Scale from 1 to 10*] _____
€ Don't know
€ Prefer not to answer

[*Source: Does Body Satisfaction Matter?; https://pubmed.ncbi.nlm.nih.gov/16857537/*]

C63. On a scale from 1 to 10, where 1 is "Extremely Unsatisfied" and 10 is "Extremely Satisfied", how satisfied are you with your body shape?

€ [*Scale from 1 to 10*]_____
€ Don't know
€ Prefer not to answer

[*Source: Does Body Satisfaction Matter?; https://pubmed.ncbi.nlm.nih.gov/16857537/*]

***Eating to cope***

The next few questions are about how you feel when you are eating. I will list five reasons people may choose to eat. For each, please tell me whether this is never, rarely, sometimes, often, or always true for you [give card with response options].

C64. In the past 12 months, how often have you eaten… [READ ANSWER CHOICES]

| | Never | Rarely | Sometimes | Often | Always | Don't know | Prefer not to answer |
|---|---|---|---|---|---|---|---|
| a. Because you're depressed or sad | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b. because you feel worthless or inadequate | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c. as a way to help you cope | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d. as a way to comfort yourself | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e. as a way to avoid thinking about something unpleasant and to distract yourself | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

[*Source*: *Motivations to Eat subscale; Depression; https://www-sciencedirect-com.proxy1.library.jhu.edu/science/article/pii/S0092656602005743*]

***Depression and Anxiety***

The next questions are about how you have been feeling.

C65. Thinking about the last 2 weeks, please tell me how often you have been bothered by each [show card with response options].

| | Not at all | Several days | More than half the days | Nearly every day | Don't know | Prefer not to answer |
|---|---|---|---|---|---|---|
| a. Little interest or pleasure in | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | | |
|---|---|---|---|---|---|---|
| doing things | | | | | | |
| b. Feeling down, depressed, or hopeless | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c. Trouble falling or staying asleep or sleeping too much | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d. Feeling tired or having little energy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e. Poor appetite or overeating. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g. Trouble concentrating on things, such as reading the newspaper or watching television | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i. Feeling nervous, anxious, or on edge | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| j. Not being able to stop or control worrying | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

[*Source: Kroenke, K., Spitzer, R., & Williams, J. (2001). The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine.*]

[*Source: Generalized Anxiety Disorder 2-item (GAD-2);* *https://www.hiv.uw.edu/page/mental-health-screening/gad-2*]

***Perceived stress***

The next four questions are about stress you may have felt in the past month. Please tell me how often you have felt each of these things on a scale from never to very often [show card with response options].

[*Source: Perceived Stress Scale (PSS-4); Wartig, S., Forshaw, M., … & White, A. (2013). New, normative English-sample data for the Short Form Perceived Stress Scale (PSS-4). Journal of Health Psychology.*]

C66. In the last month, how often have you felt that you were unable to control the important things in your life?

€ Never
€ Almost never
€ Sometimes
€ Fairly often
€ Very often
€ Don't know
€ Prefer not to answer

C67. In the last month, how often have you felt confident about your ability to handle your personal problems?

€ Never
€ Almost never
€ Sometimes
€ Fairly often
€ Very often
€ Don't know
€ Prefer not to answer

C68. In the last month, how often have you felt that things were going your way?

€ Never
€ Almost never
€ Sometimes
€ Fairly often
€ Very often
€ Don't know
€ Prefer not to answer

C69. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

€ Never
€ Almost never
€ Sometimes
€ Fairly often
€ Very often
€ Don't know
€ Prefer not to answer

C70. How often do you get the social and emotional support you need?

€ Never
€ Almost never
€ Sometimes

€ Fairly often
€ Very often
€ Don't know
€ Prefer not to answer

[modified from: https://www.cdc.gov/nchs/data/nhis/teen/NHIS-teen-survey-instrument-508.pdf]

***Perceived Constraints of Sense of Control***

I have some more questions about your feelings.

C71. Please tell me whether you agree or disagree with each of the following five statements.

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know | Prefer not to answer |
|---|---|---|---|---|---|---|---|
| a. Other people determine most of what I can and cannot do | | | | | | | |
| b. There is little I can do to change many of the important things in my life | | | | | | | |
| c. I often feel helpless in dealing with the problems of life | | | | | | | |
| d. What happens in my life is often beyond my control | | | | | | | |
| e. There are many things that interfere with what I want to do | | | | | | | |

[*Source: Perceived Constraints on Sense of Control; https://psycnet.apa.org/record/1998-00299-016*]

The next set of questions are about your health and healthcare.

**HEALTH CONDITIONS**

First, I have some questions about your health and health conditions that you may have. Remember, we will keep your responses confidential.

***Self-rated physical and mental health***

C72. In general, how would you rate your overall health now? Is it…

- € Excellent
- € Very good
- € Good
- € Fair
- € Poor
- € Don't know
- € Prefer not to answer

C73. We would like to know how good or bad your health is TODAY. On a scale of 0 to 100 where 100 means the best health you can imagine and 0 means the worst health you can imagine, how is your health TODAY?

- € RANGE 0-100_____
- € Don't know
- € Prefer not to answer

[*Source: EQL 5D-5L; https://euroqol.org/eq-5d-instruments/sample-demo/*]

C74. Taken all together, how would you say things are these days; would you say that you are very happy, pretty happy, or not too happy?

- € Very happy
- € Pretty happy
- € Not too happy
- € Don't know
- € Prefer not to answer

***Physical health conditions***

C75. [skip if male] Are you currently pregnant?

- €yes
- €no
- €not applicable
- €Don't know
- €prefer not to answer

C76. Have you EVER been told by a doctor or other health professional that you had …Hypertension, also called high blood pressure?

€ Yes
€ No [SKIP TO C79]
€ Don't know [SKIP TO C79]
€ Prefer not to answer [SKIP TO C79]

[*Source: National Health Interview Survey*]

C77. [ASK IF C76=YES] During the past 12 months, have you had hypertension or high blood pressure?

€ Yes
€ No [SKIP TO C79]
€ Don't know [SKIP TO C79]
€ Prefer not to answer [SKIP TO C79]

[*Source: National Health Interview Survey*]

C78. [ASK IF C77=YES] Are you now taking prescribed medicine for your high blood pressure?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C79. Have you ever been told by a doctor or other health professional that you had asthma?

€ Yes
€ No [SKIP TO C84]
€ Don't know [SKIP TO C84]
€ Prefer not to answer [SKIP TO C84]

[*Source: National Health Interview Survey*]

C80. [IF C79=YES] Do you still have asthma?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C81. [IF C79=YES ] During the past 12 months, have you had an episode of asthma or an asthma attack?

€ Yes
€ No [SKIP TO C83]
€ Don't know [SKIP TO C83]
€ Prefer not to answer [SKIP TO C83]

[*Source: National Health Interview Survey*]

C82. [IF C81=YES] During the past 12 months, how many episodes of asthma or asthma attacks did you have?

€ ENTER NUMBER OF ASTHMA ATTACKS _____
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C83. [IFC79=YES] During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C84. Has a doctor or other health professional EVER told you that you had prediabetes or borderline diabetes?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C85. [SKIP IF MALE] Has a doctor or other health professional EVER told you that you had gestational diabetes, a type of diabetes that occurs ONLY during pregnancy?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C86. Has a doctor or other health professional EVER told you that you had diabetes?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C87. [IF C86-YES] How old were you when a doctor or other health professional FIRST told you that you had diabetes?

€ [ENTER AGE]_____
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C88. [IF C84=YES, , OR C86-YES ] Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C89. [IF C84=YES, , OR C86-YES ] Insulin can be taken by shot or pump. Are you NOW taking insulin?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C90. [C86-YES] According to your doctor or other health professional, what type of diabetes do you have? Is it type 1, type 2, or some other type? If you don't remember or weren't told, that's OK

€ Type-1
€ Type-2
€ Some other type
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

***Mental Health Conditions***

[IF NEEDED: Remember, your responses are confidential, and you can skip any question you feel uncomfortable answering.

C91. Has a doctor or other health professional ever diagnosed you with one of the following emotional or mental health conditions?

| | Yes | No | Don't know | Prefer not to answer |
|---|---|---|---|---|
| Anxiety or panic disorder | ☐ | ☐ | ☐ | ☐ |
| Depression | ☐ | ☐ | ☐ | ☐ |
| Other emotional or mental health condition | ☐ | ☐ | ☐ | ☐ |

Other_____

[*Source: Local survey by Sabriya Linton on Baltimore HOPE VI redevelopment*]

C92. In the past 12 months, have you ever received treatment from a doctor or other health professional for an emotional or mental health condition?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: Local survey by Sabriya Linton on Baltimore HOPE VI redevelopment*]

***Health Questionnaire, EQ5D***

Now Next, I will read some questions about activities that people experience in a typical day. For each, please tell me whether each is not a problem for you, a slight problem, a moderate problem, a severe problem, or if you're unable to do it. Please think about what best describes your health TODAY.

C93. First, I would like to ask you about MOBILITY. Would you say that: [card for no problems, slight problems, moderate problems, severe problems, unable to]

- € You have no problems in walking about
- € You have slight problems in walking about
- € You have moderate problems in walking about
- € You have severe problems in walking about
- € You are unable to walk about
- € Don't know
- € Prefer not to answer

[*Source: EQL 5D-5L; https://euroqol.org/eq-5d-instruments/sample-demo/*]

C94. Next, I would like to ask you about SELF-CARE. Would you say that: [card for no problems, slight problems, moderate problems, severe problems, unable to]

- € You have no problems washing or dressing yourself
- € You have slight problems washing or dressing yourself
- € You have moderate problems washing or dressing yourself
- € You have several problems washing or dressing yourself
- € You are unable to wash or dress yourself
- € Don't know
- € Prefer not to answer

[*Source: EQL 5D-5L; https://euroqol.org/eq-5d-instruments/sample-demo/*]

C95. Next I would like to ask you about USUAL ACTIVITIES, for example work, study, housework, family or leisure activities. Would you say that: [card for no problems, slight problems, moderate problems, severe problems, unable to]

- € You have no problems doing your usual activities
- € You have slight problems doing your usual activities
- € You have moderate problems doing your usual activities
- € You have severe problems doing your usual activities
- € You are unable to do your usual activities
- € Don't know
- € Prefer not to answer

[*Source: EQL 5D-5L; https://euroqol.org/eq-5d-instruments/sample-demo/*]

C96. Next, I would like to ask you about PAIN OR DISCOMFORT. Would you say that:

- € You have no pain or discomfort
- € You have slight pain or discomfort

€ You have moderate pain or discomfort
€ You have severe pain or discomfort
€ You have extreme pain or discomfort
€ Don't know
€ Prefer not to answer

[*Source: EQL 5D-5L; https://euroqol.org/eq-5d-instruments/sample-demo/*]

C97. Finally, I would like to ask you about ANXIETY OR DEPRESSION. Would you say that:
€ You are not anxious or depressed
€ You are slightly anxious or depressed
€ You are moderately anxious or depressed
€ You are severely anxious or depressed
€ You are extremely anxious or depressed

[*Source: EQL 5D-5L; https://euroqol.org/eq-5d-instruments/sample-demo/*]

**HEALTHCARE**

The next questions are about your health insurance and health care.

***Insurance***

C98. Are you covered by any health insurance or some other kind of health care plan?

€ Yes
€ No [SKIP TO NEXT SECTION]
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C99. [IF C98=YES] What kinds of health insurance or health care coverage do you have?

€ Private health insurance
€ Medicare
€ Medigap
€ Medicaid(PA: Pennsylvania Medicaid Program, OH: MyCare OHIO, TN: TennCare)
€ Children's Health Insurance Program (CHIP) (PA: Pennsylvania CHIP, OH: Healthy Start, TN: CoverKids)
€ Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMPVA
€ Indian Health Service
€ State-sponsored health plan
€ Other government program

€ No coverage of any type
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

***Usual source of care***

C100. Is there a place that you usually go if you are sick and need health care?

€ Yes
€ No [SKIP TO NEXT SECTION]
€ Don't know [SKIP TO NEXT SECTION]
€ Prefer not to answer [SKIP TO NEXT SECTION]

[*Source: National Health Interview Survey*]

C101. [IF C100=YES] What kind of place?

€ 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
€ Some other place
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

***Health care use***

C102. During the past 12 months, have you been hospitalized overnight?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

***Preventative Medicine***

C103. About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general-purpose check-up?

€ Within the past year (any time less than 12 months ago)
€ Within the last 2 years (1 year but less than 2 years ago
€ Within the last 3 years (2 years but less than 3 years ago)
€ Within the last 5 years (5 years but less than 5 years ago)
€ Within the last 10 years (5 years but less than 10 years)
€ 10 or more years ago
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C104. During the past 12 months, have you DELAYED getting medical care because of the cost?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C105. During the past 12 months, was there any time when you needed medical care, but DID NOT GET IT because of the cost?

€ Yes
€ No
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

C106. There are many other reasons people delay or do not get medical care. During the past 12 months, did you delay or not get medical care for any of the following reasons?

| Reason | Yes | No | Don't know | Prefer not to answer |
|---|---|---|---|---|
| a…Because an appointment wasn't available when you needed it? | ☐ | ☐ | ☐ | ☐ |
| b…Because you couldn't get to the doctor's office or clinic when it was open? | ☐ | ☐ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| c…Because you had difficulty finding a doctor, clinic, or hospital that would accept your health insurance? | ☐ | ☐ | ☐ | ☐ |
| d…Because it takes too long to get to the doctor's office or clinic from your house or work? | ☐ | ☐ | ☐ | ☐ |
| e…Because you were too busy with work or other commitments to take the time? | ☐ | ☐ | ☐ | ☐ |
| f…Because you didn't have transportation | ☐ | ☐ | ☐ | ☐ |

[*Source: National Health Interview Survey*]

C107. About how long has it been since you last had a dental examination or cleaning?

€ Within the past year (any time less than 12 months ago)
€ Within the last 2 years (1 year but less than 2 years ago
€ Within the last 3 years (2 years but less than 3 years ago)
€ Within the last 5 years (5 years but less than 5 years ago)
€ Within the last 10 years (5 years but less than 10 years)
€ 10 or more years ago
€ Don't know
€ Prefer not to answer

[*Source: National Health Interview Survey*]

[only if respondent is not completing child survey] We are almost done with the survey.

**DEMOGRAPHICS AND OTHER INFORMATION**

Now I just have a few final questions about your household finances and work.

C108. In general, how do your household's finances usually work out at the end of the month?

a. There is some money left over
b. There is just enough to make ends meet
c. There is not enough money to make ends meet
d. Don't know
e. Prefer not to answer

C109. Are you currently working for pay?

€ Yes

€ No (*SKIP TO end of survey*)
€ Don't know (SKIP TO end of survey)
€ Prefer not to answer (*SKIP TO end of survey*)

C110. About how many hours per week do you usually work? (*Round the time to the nearest whole hour. For example, if you work 22.5 hours per week, please record 23 hours.*)

€ _Hours
€ Don't know
€ Prefer not to answer

[only if respondent is not completing child survey] Thank you very much for your time, that's the end of this questionnaire. SKIP TO INCENTIVE CONFIRMATION SCREEN

[if respondent is completing child survey] Now we are going to ask you some questions about your child.

AFTER THE PARENT ON CHILD MODULE IS COMPLETE: SKIP TO INCENTIVE CONFIRMATION SCREEN
INCENTIVE CONFIRMATION INTERVIEWER:
Now I'd like to confirm your contact information so that we can send you your electronic gift card as a token of appreciation for your time.

I have your **email address** as: [EMAIL]. Is this correct?

€ Yes (*SKIP TO if respondent is completing child survey*)
€ No
€ Don't know
€ Prefer not to answer

What is your email address?
_____@_____._____ (*SKIP TO if respondent is completing child survey*)
€ Do not have an email address
€ Don't know
€ Prefer not to answer

If you do not have an email address, we will mail your gift card to you. First, I'll need to confirm I have the right address to send this to you. Is < ADDRESS> correct?
€ Yes (*SKIP TO if respondent is completing child survey*)
€ No
€ Don't know

€ Prefer not to answer

What is your address?
Street Address_____
Apartment #
Building Name:_____
City_____ State_____ Zip _____

€ Don't know
€ Prefer not to answer