NCHS Rapid Surveys System

NATIONAL CENTER FOR HEALTH STATISTICS

Questionnaire Programming Specifications

RSS-7 (English version)

Last revised August 20, 2025

CDC
U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

National Center for Health Statistics: Rapid Survey Systems
RSS-7 Questionnaire Programming Specifications

Acknowledgments

Public Domain Notice

Recommended Citation

National Center for Health Statistics: Rapid Surveys Systems. *RSS-7 Questionnaire Programming Specifications.* Hyattsville, Maryland. 2025

Originating Office

Centers for Disease Control and Prevention, National Center for Health Statistics, 3311 Toledo Road, Hyattsville, MD 20782. For questions about this document, please email NCHSRapids@cdc.gov.

Nondiscrimination Notice

Centers for Disease Control and Prevention
National Center for Health Statistics
Division of Health Interview Statistics
Rapid Survey Systems

RSS-7 Questionnaire Content

Section Abbreviation	Section Name	Page
HIS	Self-Reported Health Status	6
LIF	Life Satisfaction	7
CHR	Chronic Conditions	8
DIB	Diabetes	13
SOC	Social/Work Limitations	15
EMP	Employment	16
VET	Veteran Status	18
LYM	Lyme Disease Prevention Methods	19
ACC	Access/Utilization	21
CIH	Complementary and Integrative Health	24
GLP	GLP-1 Medication Access	27
CIG	Health Behaviors – Cigarette Smoking	37
LUN	Lung Cancer Screening	38
HCA	Health Care Access	50
MED	Health Care Utilization – Prescription Medication	50
INT	Internet/HIT	52
TEL	Telephone Use	54
MTL	Mental Health – Anxiety and Depression	55
FER	Pregnancy History and Family Planning	57
BMI	BMI/Obesity	68
MAR	Marital Status	69
LAN	Language Items	71
DEM	Race/Ethnicity	72
CIV	Civic Engagement	75

How to Use This Questionnaire

The primary purpose of this document is to provide Web/CATI programming specifications that outline the question and response option wording, variable names, variable types (e.g., single response, multi-check), response values, universe/skip logic, allowable numeric ranges, text character limits, error messages, and other necessary instructions for formatting (e.g., items per page). Programming instructions are presented in all caps in brackets and use green text. Respondent facing text is shown in black. Programming specifications for RSS-7 are as follows:

QUESTION INFORMATION FORMATTING:

- [UNIVERSE/SKIP LOGIC]
- [QUESTION TYPE]
    - S = SINGLE RESPONSE
    - M = MULTI-CHECK
    - NUMBOX = NUMERIC INPUT
    - TEXTBOX = TEXT INPUT
    - GRID
- VARIABLE NAME
- QUESTION STEM
    - IF CAWI/CATI QUESTION TEXT IS DIFFERENT, "[CAWI]" AND "[CATI]" PRECEDES MODE SPECIFIC TEXT
- RESPONSE OPTION TEXT AND VALUES
    - CAWI RESPONSE OPTIONS AND VALUES
    - CATI RESPONSE OPTIONS AND VALUES, IF DIFFERENT FROM CAWI; ELSE ONLY ONE COMMON SET OF RESPONSE OPTIONS ARE SPECIFIED. CATI INSTRUCTIONS AND RESPONSE OPTIONS THAT SHOULD **NOT** BE READ WILL BE IN ALL CAPS AND INCLUDE "DO NOT READ" INSTRUCTIONS; ELSE CATI TEXT/RESPONSE OPTIONS SHOULD BE READ BY INTERVIEWER.

REFUSALS/DON'T KNOW INSTRUCTIONS:
- CAWI REFUSALS/DON'T KNOW = 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) = -9
- CATI REFUSALS/DON'T KNOW = 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 IN THE QUESTION.

PAGE FORMATTING:

ON WEB DISPLAY ONE ITEM PER PAGE UNLESS OTHERWISE SPECIFIED. SCREEN BREAKS ARE DENOTED BY LINES BETWEEN ITEMS.

SURVEY PRELOADS AND COMPUTED VARIABLES:

PRELOAD/COMPUTE THE FOLLOWING VARIABLES TO USE IN SURVEY LOGIC:
- HHSIZE = NUMERIC HOUSEHOLD SIZE, CAPPED AT 6+
- AGE = NUMERIC AGE IN YEARS
- SEX
    - MALE = 1
    - FEMALE = 2
- QUEX_LANG (BASED ON LANGUAGE SELECTED BY RESPONDENT IN INSTRUMENT):
    - ENGLISH = 1
    - SPANISH = 2

INT - INTRODUCTION

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.

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.

- 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. § 663) 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]

LIF – LIFE SATISFACTION

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

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

[CAWI RESPONSE OPTIONS:]
1 Very satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied

[CATI RESPONSE OPTIONS - DO NOT READ:]
1 VERY SATISFIED
2 SATISFIED
3 DISSATISFIED
4 VERY DISSATISFIED

[CREATE "END_LIF_TIME" AND "END_LIF_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 <u>ever</u> 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 IF CHR_HYPEV = 1]
[S]
CHR_HYPSTILL
Do you <u>still</u> have 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 <u>ever</u> 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 IF CHR_CHLEV = 1]
[S]
CHR_CHLSTILL
Do you <u>still</u> have high cholesterol?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CHR_CAREV
Have you <u>ever</u> been told by a doctor or other health professional that you had cardiovascular disease, including coronary heart disease, angina, a stroke, or a heart attack?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CHR_CAREV = 1]
[S]
CHR_CARSTILL
Do you <u>still</u> have cardiovascular disease?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CHR_OBEV
Have you <u>ever</u> been told by a doctor or other health professional that you had obesity?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CHR_OBEV = 1]
[S]
CHR_OBSTILL
Do you <u>still</u> have obesity?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CHR_SLAPEV
Have you <u>ever</u> been told by a doctor or other health professional that you had sleep apnea?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CHR_SLAPEV = 1]
[S]
CHR_SLAPSTILL
Do you still have sleep apnea?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CHR_CANEV
Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CHR_COPDEV
Have you ever been told by a doctor or other health professional that you had Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CHR_ASEV
Have you <u>ever</u> been told by a doctor or other health professional that you had asthma?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CHR_ASEV=1]
[S]
CHR_ASTILL
Do you <u>still</u> have asthma?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF CHR_ASTILL=1]
[S]
CHR_AS12M
During the past 12 months, have you had an episode of asthma or an asthma attack?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    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 <u>ever</u> 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 <u>ever</u> told you that you had gestational diabetes, a type of diabetes that <u>only</u> 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 <u>ever</u> told you that you had diabetes?

[CAWI RESPONSE OPTIONS:]

    1 Yes

0 No

    1 YES
    0   NO

[SHOW IF DIB_DIBEV = 1]
[S]
DIB_DIBSTILL
Do you <u>still</u> have diabetes?

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

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

[CAWI RESPONSE OPTIONS:]

    1 Yes
    0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1 YES
    0   NO

[SHOW IF (DIB_PREDIB = 1 AND DIB_DIBSTILL=0) OR (DIB_PREDIB=1 AND DIB_DIBEV=0, -6, -7, -9) OR (DIB_PREDIB=1 AND DIB_DIBEV=1 AND DIB_DIBSTILL= -6, -7, -9)]
[S]
DIB_PDIBSTILL
Do you <u>still</u> have prediabetes or borderline diabetes?

[CAWI RESPONSE OPTIONS:]

    1 Yes
    0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

    1 YES
    0   NO

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

[CAWI RESPONSE OPTIONS:]
    1   Type 1
    2   Type 2
    3   Some other type
   -9   I don't know what type I have

1   TYPE 1
2   TYPE 2
3   SOME OTHER TYPE
-9 DON'T KNOW

[CREATE "END_DIB_TIME" AND "END _DIB_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?

    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]

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

1   YES
0   NO

[SHOW IF EMP_EMPLOY=0, -6, -7, -9]
[S]
EMP_ABSENTWK
Did you have a job or business <u>last week</u>, 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 <u>main</u> 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]

VET – VETERAN STATUS

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

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

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW IF VET_AFVET = 1]
[S]
VET_AFVETTRN
Were you on active duty <u>only</u> for training in the Reserves or National Guard?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

  1 YES
  0 NO

[SHOW IF VET_AFVET = 1 AND VET_AFVETTRN = 0]
[S]
VET_COMBAT
Did you ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

[CAWI RESPONSE OPTIONS:]
  1 Yes
  0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]
  1 YES
  0 NO

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

LYM – LYME DISEASE PREVENTION METHODS
[CREATE "START_LYM_TIME" AND "START_LYM_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
LYM_DISP
Lyme disease is an infection spread by the bite of a black-legged tick. How likely are you to use each of the following methods for preventing Lyme disease? [CATI: Would you say definitely, very likely, somewhat likely, somewhat unlikely, very unlikely, or would you definitely not do this?]
[SHOW ALL]
[S]
LYM_PREVA
If it were available, getting an annual vaccine to prevent Lyme disease.

[CAWI RESPONSE OPTIONS:]
  1 Definitely
  2 Very likely
  3 Somewhat likely
  4 Somewhat unlikely
  5 Very unlikely
  6 Definitely not

[CATI RESPONSE OPTIONS - DO NOT READ:]
  1 DEFINITELY
  2 VERY LIKELY
  3 SOMEWHAT LIKELY
  4 SOMEWHAT UNLIKELY

    5   VERY UNLIKELY
    6   DEFINITELY NOT

[SHOW ALL]
[S]
LYM_PREVB
Taking a single dose of antibiotics within 72 hours of a known tick bite.

[CAWI RESPONSE OPTIONS:]
    1   Definitely
    2   Very likely
    3   Somewhat likely
    4   Somewhat unlikely
    5   Very unlikely
    6   Definitely not

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   DEFINITELY
    2   VERY LIKELY
    3   SOMEWHAT LIKELY
    4   SOMEWHAT UNLIKELY
    5   VERY UNLIKELY
    6   DEFINITELY NOT

[SHOW ALL]
[S]
LYM_PREVC
Using bug spray on your skin or clothing.

[CAWI RESPONSE OPTIONS:]
    1   Definitely
    2   Very likely
    3   Somewhat likely
    4   Somewhat unlikely
    5   Very unlikely
    6   Definitely not

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   DEFINITELY
    2   VERY LIKELY
    3   SOMEWHAT LIKELY
    4   SOMEWHAT UNLIKELY
    5   VERY UNLIKELY
    6   DEFINITELY NOT

[SHOW ALL]
[S]
LYM_PREVD

Wearing clothing that has been pretreated with a long-lasting permethrin [IF CATI: (PRONOUNCED: pr-MEH-thruhn)] bug repellent.

    1   Definitely
    2   Very likely
    3   Somewhat likely
    4   Somewhat unlikely
    5   Very unlikely
    6   Definitely not

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   DEFINITELY
    2   VERY LIKELY
    3   SOMEWHAT LIKELY
    4   SOMEWHAT UNLIKELY
    5   VERY UNLIKELY
    6   DEFINITELY NOT

[PROGRAMMER: DISPLAY LYM_DISP – LYM_PREVD ON SAME PAGE. DISPLAY LYM_PREVA-LYM_PREVD IN RANDOMIZED ORDER.]

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

ACC – ACCESS/UTILIZATION
[CREATE "START_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 <u>usually</u> 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]
[NUMBOX]
ACC_RETAIL

Retail health clinics are located in a pharmacy, grocery store, or supercenter.

During the past 12 months, how many times have you gone to a retail health clinic about your health?

Common examples of retail health clinics include places like CVS Minute Clinic, Walgreens Health Clinic, or clinics in a Walmart or Kroger supermarket. These clinics can provide common services such as certain vaccinations, as well as testing for or treatment of minor uncomplicated illnesses.

[CATI] ENTER '96' IF NUMBER IS 96 OR GREATER.

[PROGRAMMER: DISPLAY ERROR MESSAGE IF >96: Please enter a number between 0 and 96. If the number of times is greater than 96, please enter '96'.]

[NUMBOX] times [RANGE=00-96]

[SHOW ALL]
[NUMBOX]
ACC_URGENT

An urgent care center is located in its own building or space. These centers can provide services such as x-rays and stitches.

During the past 12 months, how many times have you gone to an urgent care center about your health?

An urgent care center can provide common vaccinations, testing for or treatment of illnesses. They can also treat illnesses or injuries that require immediate care but are not serious enough to require a visit to a hospital emergency room. This is different from a hospital emergency room. These centers provide care during business hours, evenings, and weekends.

[CATI] ENTER '96' IF NUMBER IS 96 OR GREATER.

[PROGRAMMER: DISPLAY ERROR MESSAGE IF >96: Please enter a number between 0 and 96. If the number of times is greater than 96, please enter '96'.]

[NUMBOX] times [RANGE=00-96]

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

CIH - COMPLEMENTARY AND INTEGRATIVE HEALTH
[CREATE "START_CIH_TIME" AND "START_CIH_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW ALL]
[S]
CIH_HLTH12M
During the past 12 months, have you seen any of the following practitioners for health reasons?
- Ayurvedic [IF CATI: (PRONOUNCED: ay-yur-VAY-dik)]Doctor or Vaidya [IF CATI: (PRONOUNCED: VAY-dee-uh)]
- Curandero [IF CATI: (PRONOUNCED: kur-uhn-DEH-row)]
- Hierbero [IF CATI: (PRONOUNCED: yehr-BEH-roh)] or Yerbera [IF CATI: (PRONOUNCED: yehr-BEH-rah)]
- Native American Healer or Medicine Man
- Shaman [IF CATI: (PRONOUNCED: SHAA-muhn)]
- Sobador [IF CATI: (PRONOUNCED: soh-BAH-dohr)]

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW ALL]
[DISP]
CIH_DISP1
During the past 12 months…

[SHOW ALL]
[S]
CIH_HOMEO
Did you see a practitioner of Homeopathy for your health?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW ALL]
[S]
CIH_REIKI
Did you see a practitioner for energy healing or Reiki [IF CATI: (PRONOUNCED: RAY-kee)] for your health?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CIH_ACUPUN
Did you see a practitioner for acupuncture for your health?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY CIH_DISP1 – CIH_ACUPUN ON SAME PAGE]

[SHOW IF CIH_ACUPUN = 1]
[S]
CIH_ACU12M
During the past 12 months, how many times did you see a practitioner for acupuncture?

[CAWI RESPONSE OPTIONS:]
    1   Only one time
    2   2-5 times
    3   6-10 times
    4   11-15 times
    5   16-20 times
    6   More than 20 times

[CATI RESPONSE OPTIONS – READ IF NECESSARY:]
    1   ONLY ONE TIME
    2   2-5 TIMES
    3   6-10 TIMES
    4   11-15 TIMES
    5   16-20 TIMES
    6   MORE THAN 20 TIMES

[SHOW IF CIH_ACUPUN = 1]
[S]
CIH_ACUCOST
During the past 12 months, were any of the costs of seeing a practitioner for acupuncture covered by health insurance?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[SHOW ALL]
[DISP]
CIH_DISP2
During the past 12 months…

[SHOW ALL]
[S]
CIH_TAICHI
Did you practice Tai Chi [IF CATI: (PRONOUNCED: TIE-chee)] for your own health?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
CIH_QIGONG
Did you practice Qi Gong [IF CATI: (PRONOUNCED: chee-GUHNG)] for your own health?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY CIH_DISP2 – CIH_QIGONG ON SAME PAGE]

[SHOW ALL]
[S]
CIH_MUSART
During the last three months, did you create, practice, or perform music or other art forms for your own health?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

 1 YES
 0 NO

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

GLP – GLP-1 MEDICATION ACCESS

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

[SHOW ALL]
[S]
GLP_WEIGHT
How would you describe your weight?

[CAWI RESPONSE OPTIONS:]
 1 Very overweight
 2 Slightly overweight
 3 About the right weight
 4 Slightly underweight
 5 Very underweight

[CATI RESPONSE OPTIONS :]
 1 Very overweight
 2 Slightly overweight
 3 About the right weight
 4 Slightly underweight
 5 Very underweight

[SHOW ALL]
[S]
GLP_LOSEWT
In the past 12 months, has a doctor or other health professional talked to you about losing weight to improve your health?

[CAWI RESPONSE OPTIONS:]
 1 Yes
 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]
 1 YES
 0 NO

[SHOW ALL]
[DISP]
GLP_DISP1

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

[SHOW ALL]
[S]
GLP_MED12M
In the past 12 months, have you taken an oral or injectable medication for diabetes or weight loss, such as Ozempic [IF CATI: (PRONOUNCED: oh-ZEM-pick)], Rybelsus [IF CATI: (PRONOUNCED: reb-EL-sus)], Wegovy [IF CATI: (PRONOUNCED: wee-GOH-vee)], Mounjaro [IF CATI: (PRONOUNCED: mown-JAHR-OH)], Zepbound [IF CATI: (PRONOUNCED: ZEHP-bownd)], Saxenda [IF CATI: (PRONOUNCED: sax-end-ah)], Victoza [IF CATI: (PRONOUNCED: VIC-tow-za)], Trulicity [IF CATI: (PRONOUNCED: TRU-li-si-tee)], Byetta [IF CATI: (PRONOUNCED: bye-A-tuh)], or Bydureon BCise [IF CATI: (PRONOUNCED: by-DUR-ee-on B-cise)]?

These are also known as GLP-1 medications and may contain semaglutide ([IF CATI: (PRONOUNCED: sem-ah-GLOO-tide)]*, tirzepatide* [IF CATI: (PRONOUNCED: ter-ZEP-uh-tide)]*, liraglutide* [IF CATI: (PRONOUNCED: LIR-a-GLOOD-tide)]*, dulaglutide* [IF CATI: (PRONOUNCED: doo-luh-GLOO-tide)]*, or exenatide* [IF CATI: (PRONOUNCED: ex-END-a-tide)]*.*

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[S]
GLP_MEDNOW
Are you <u>now</u> taking this medication?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[S]
GLP_MEDRX
In the past 12 months, did you have a prescription from a doctor or other health professional for this medication?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

    1   YES
    0   NO

[SHOW IF GLP_MEDRX = 1]
[S]
GLP_MEDINFO

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MEDRX = 1]
[S]
GLP_MEDACT

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[DISP]
GLP_DISP2

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

[IF CAWI: *By "your prescription or medication," we mean your oral or injectable medication for diabetes or weight loss, also known as GLP-1 medication.*]

[IF CATI: READ IF NECESSARY: By "your prescription or medication," we mean your oral or injectable medication for diabetes or weight loss, also known as GLP-1 medication.]

[SHOW IF GLP_MED12M = 1]
[S]
GLP_RX12Ma
A primary care doctor or a specialist, filled at a pharmacy?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[S]
GLP_RX12Mb
An online provider like Weight Watchers or Noom that provides medication and helps you plan a healthy diet and exercise routine?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[S]
GLP_RX12Mc
An online company like Hims and Hers that only provides medication?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[S]
GLP_RX12Md
A medical spa or cosmetic medical center?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[SHOW IF GLP_MED12M = 1]
[S]
GLP_RX12Me
Somewhere else?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY GLP_DISP2- GLP_RX12Me ON THE SAME PAGE]

[SHOW IF GLP_MED12M = 1]
[S]
GLP_COMPMED
Compounded medications include the same active ingredients as popular name brand drugs but are not FDA-approved. They are made by specialized pharmacies and are often used as an alternative when a medication is in short supply.

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No
   -9   Don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]
    0   YES
    1   NO
   -9   DON'T KNOW

[SHOW IF GLP_MED12M = 1]
[DISP]
GLP_DISP4

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

[SHOW IF GLP_MED12M = 1]
[S]
GLP_DOSEa
You skipped doses of this medication.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[S]
GLP_DOSEb
You took less of this medication than prescribed.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[S]
GLP_DOSEc
You delayed filling a prescription for this medication.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_MED12M = 1]
[S]
GLP_DOSEd
You stopped taking this medication entirely.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY GLP_DISP4- GLP_DOSEd ON THE SAME PAGE]

[SHOW IF GLP_DOSEa = 1]
[DISP]
GLP_DISP5
Did you skip doses of this medication…

[SHOW IF GLP_DOSEa = 1]
[S]
GLP_DOSEWHYa
Because of the cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_DOSEa = 1]
[S]
GLP_DOSEWHYb
Because it was not available or out of stock at your pharmacy?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY GLP_DISP5- GLP_DOSEWHYb ON THE SAME PAGE]

[SHOW IF GLP_DOSEb = 1]
[DISP]
GLP_DISP6
Did you take less of this medication…

[SHOW IF GLP_DOSEb = 1]
[S]
GLP_LESSWHYa
Because of the cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_DOSEb = 1]
[S]
GLP_LESSWHYb
Because it was not available or out of stock at your pharmacy?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY GLP_DISP6- GLP_LESSWHYb ON THE SAME PAGE]

[SHOW IF GLP_DOSEc = 1]
[DISP]
GLP_DISP7
Did you delay filling a prescription for this medication…

[SHOW IF GLP_DOSEc = 1]
[S]
GLP_DELAYa
Because of the cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_DOSEc = 1]
[S]
GLP_DELAYb
Because it was not available or out of stock at your pharmacy?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY GLP_DISP7- GLP_DELAYb ON THE SAME PAGE]

[SHOW IF GLP_DOSEd = 1]
[DISP]
GLP_DISP8
Did you <u>stop taking</u> this medication entirely…

[SHOW IF GLP_DOSEd = 1]
[S]
GLP_STOPa
Because of the cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF GLP_DOSEd = 1]
[S]
GLP_STOPb
Because it was not available or out of stock at your pharmacy?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY GLP_DISP8- GLP_STOPb ON THE SAME PAGE]

[SHOW IF GLP_MED12M = 1]
[S]
GLP_INSPAY
In the past 12 months, how much did your health insurance pay for this medication? [CATI: Did insurance pay for none, part, or all of the cost?]

[CAWI RESPONSE OPTIONS:]
    1   None of the cost
    2   Part of the cost
    3   All of the cost

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   NONE OF THE COST
2   PART OF THE COST
3   All of the cost

[SHOW IF GLP_MED12M = 1]
[S]
GLP_SYMPTOMS
Have you reduced or stopped taking this medication due to any side effects or symptoms?

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

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[CREATE "END_GLP_TIME" AND "END_GLP_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 <u>entire life</u>?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1   YES
0   NO

[SHOW IF CIG_SMKEV=1]
[NUMBOX]
CIG_AGE1
How old were you when you <u>first</u> started to smoke cigarettes fairly regularly?

[PROGRAMMER: IF AGE IS MISSING/IMPUTED AND RESPONSE >120 OR IF AGE IS NOT MISSING/IMPUTED AND RESPONSE > AGE + 2 YEARS, DISPLAY ERROR MESSAGE: Please enter a value less than or equal to your current age. DISPLAY "I have never smoked cigarettes regularly" AS A CHECKBOX BENEATH THE NUMERC ENTRY OPTION. DO NOT ALLOW NUMERIC ENTRY AND SELECTION OF "I HAVE NEVER SMOKED CIGARETTES REGULARLY"]

[NUMBOX] years old [RANGE=00-120]
    1   [IF CAWI: I; IF CATI: You] have never smoked cigarettes regularly

---

[SHOW IF CIG_SMKEV=1]
[S]
CIG_SMKNOW
Do you <u>now</u> smoke cigarettes every day, some days, or not at all?

[CAWI RESPONSE OPTIONS:]
    1   Every day
    2   Some days
    3   Not at all

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   EVERY DAY
    2   SOME DAYS
    3   NOT AT ALL

[SHOW IF CIG_SMKNOW = 2, 3 AND 'I HAVE NEVER SMOKED CIGARETTES REGULARLY' IS NOT SELECTED IN CIG_AGE1]
[NUMBOX]
CIG_AGE2
How old were you when you last smoked cigarettes regularly?

[PROGRAMMER: IF AGE IS MISSING/IMPUTED AND RESPONSE > 120 OR IF AGE IS NOT MISSING/IMPUTED AND RESPONSE > AGE + 2 YEARS, DISPLAY ERROR MESSAGE IF >120: Please enter a value less than or equal to your current age.]

[NUMBOX] years old [RANGE=00-120]

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

LUN – LUNG CANCER SCREENING
[CREATE "START_LUN_TIME" AND "START_LUN_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[SHOW IF CIG_SMKEV=1]
[S]
LUN_AVERAGE

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

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

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

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

[CAWI RESPONSE OPTIONS:]
    1   Average number of cigarettes
    2   Average number of packs

[CATI RESPONSE OPTIONS:]
    1   Average number of cigarettes
    2   Average number of packs

[SHOW IF LUN_AVERAGE = 1, -6, -7, -9]
[NUMBOX]
LUN_AVGCIG
Over the entire time that you have smoked, what is the average number of cigarettes that you smoked per day?

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

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

[NUMBOX] cigarettes smoked per day [RANGE=01-100]

[PROGRAMMER: IF ENTRY OUTSIDE OF RANGE, DISPLAY ERROR MESSAGE: "Please enter a value between 1 and 100."]

[SHOW IF LUN_AVERAGE=1, -6, -7, -9 AND LUN_AVGCIG = -6, -7, -9]]
[NUMBOX]
LUN_AVGCIG2
The answers people give us about their cigarette smoking are important to this study's success. We know that this information is personal, but please remember your answer will be kept confidential.

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

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

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

[NUMBOX] cigarettes smoked per day [RANGE=01-100]

[PROGRAMMER: IF ENTRY OUTSIDE OF RANGE, DISPLAY ERROR MESSAGE: "Please enter a value between 1 and 100."]

[SHOW IF LUN_AVERAGE = 2]
[NUMBOX]
LUN_AVGPACK
Over the entire time that you have smoked cigarettes, what is the average number of packs that you smoked per day?

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

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

[NUMBOX] packs smoked per day [RANGE=01-5]

[PROGRAMMER: IF ENTRY OUTSIDE OF RANGE, DISPLAY ERROR MESSAGE: "Please enter a value between 1 and 5."]

[SHOW IF LUN_AVERAGE=2 AND LUN_AVGPACK = -6, -7,-9]
[NUMBOX]
LUN_AVGPACK2
The answers people give us about their cigarette smoking are important to this study's success. We know that this information is personal, but please remember your answer will be kept confidential.

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

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

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

[NUMBOX] packs smoked per day [RANGE=01-5]

[PROGRAMMER: IF ENTRY OUTSIDE OF RANGE, DISPLAY ERROR MESSAGE: "Please enter a value between 1 and 10."]

[SHOW ALL]
[S]
LUN_DOCASK
Has a doctor or other health professional <u>ever</u> asked you if you smoked cigarettes?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[SHOW IF CIG_SMKEV=1 AND LUN_DOCASK=1]
[S]
LUN_NOTSHARE
Have you ever chosen <u>not</u> to share that you smoke cigarettes with a doctor or health professional?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_NOTSHARE=1]
[DISP]
LUN_DISP1
What were the reasons why you did <u>not</u> share that you smoke cigarettes with them?

[SHOW IF LUN_NOTSHARE=1]
[S]
LUN_INSUR
It might have negatively affected the cost of [IF CAWI: my; IF CATI: your] health insurance, life insurance, or long-term care insurance.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_NOTSHARE=1]
[S]
LUN_JUDGED
[IF CAWI: I; IF CATI: You] would have been judged negatively by the doctor or health professional.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_NOTSHARE=1]
[S]
LUN_TREAT
[IF CAWI: I; IF CATI: You] would have been treated differently by the doctor or health professional.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_NOTSHARE=1]
[S]
LUN_LECTURE
[IF CAWI: I; IF CATI: You] did not want a lecture about smoking from the doctor or health professional.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY LUN_DISP1 – LUN_LECTURE ON SAME PAGE]

[SHOW IF LUN_NOTSHARE=1]
[DISP]
LUN_DISP2
What were the reasons why you did not share that you smoke cigarettes with them?

[SHOW IF LUN_NOTSHARE=1]
[S]
LUN_ASHAME
[IF CAWI: I; IF CATI: You] felt ashamed about smoking.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_NOTSHARE=1]
[S]
LUN_READY
[IF CAWI: I was; IF CATI: You were] not ready to quit smoking.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_NOTSHARE=1]
[S]
LUN_SHOTHER
Some other reason.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO
[PROGRAMMER: DISPLAY LUN_DISP2 – LUN_SHOTHER ON SAME PAGE]

[SHOW ALL]
[S]
LUN_CANCER
Have you ever been told by a doctor or other health professional that you had lung cancer?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW ALL]
[S]
LUN_LCSCREEN
Lung cancer screenings are recommended for people who…
- Are between the ages of 50 and 80,
- Smoke now or have quit smoking in the past 15 years,
- Have smoked at least "20 pack years," such as smoking one pack of cigarettes a day for 20 years, or two packs a day for 10 years, or four packs a day for five years.

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE >=40]
[S]
LUN_BENEFIT
During the past 12 months, did a doctor or other health professional talk with you about the <u>benefits</u> of having a scan to check for lung cancer?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE >=40]
[S]
LUN_HARMS
During the past 12 months, did a doctor or other health professional talk with you about the <u>harms</u> of having a scan to check for lung cancer?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE >=40]
[S]
LUN_LOWDOCT
Have you ever had a low-dose CT scan of your chest area?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[SHOW IF LUN_LOWDOCT=1]
[S]
LUN_CTSCREEN
Was your most recent low-dose CT scan of your chest area done to check or screen for lung cancer?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[DISP]
LUN_DISP3
What are the reasons you have <u>not</u> had a low-dose CT scan for lung cancer screening?

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_NOREC
[IF CAWI: My; IF CATI: Your] health care provider has never recommended a lung cancer screening to [IF CAWI: me; IF CATI: you].

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_HEALTHY
[IF CAWI: I am; IF CATI: You are] healthy.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF (LUN_LOWDOCT=0 OR LUN_CTSCREEN=0) AND CIG_SMKEV=1]
[S]
LUN_BLAMED
[IF CAWI: I am; IF CATI: You are] afraid of being judged or blamed for smoking.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_NOTIME
It is hard to find time to get a lung cancer screening.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY LUN_DISP3 – LUN_NOTIME ON SAME PAGE]

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[DISP]
LUN_DISP4
What are the reasons you have not had a low-dose CT scan for lung cancer screening?

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_TRANSPO
It is hard for [IF CAWI: me; IF CATI: you] to get reliable transportation to get a lung cancer screening.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_EXPOSE

[IF CAWI: I am; IF CATI: You are] concerned about being exposed to radiation from a low-dose CT scan.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_CONCERN
[IF CAWI: I am; IF CATI: You are] concerned about other harms from getting a low-dose CT scan.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_NORISK
[IF CAWI: I am; IF CATI: You are] at low or no risk of getting lung cancer.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY LUN_DISP4 – LUN_NORISK ON SAME PAGE]

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[DISP]
LUN_DISP5
What are the reasons you have <u>not</u> had a low-dose CT scan for lung cancer screening?

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_ANXIOUS
Knowing the results would make [IF CAWI: me; IF CATI: you] anxious or stressed.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_COST
[IF CAWI: I am; IF CATI: You are] concerned about the cost of screening.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF LUN_LOWDOCT=0 OR LUN_CTSCREEN=0]
[S]
LUN_SCOTHER
Some other reason.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY LUN_DISP5 – LUN_SCOTHER ON SAME PAGE]

[SHOW ALL]
[DISP]
LUN_DISP6
How much do you agree or disagree with the following statements? [CATI: Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?]

[SHOW ALL]
[S]
LUN_BLAME
People with lung cancer are to blame for their illness.

[SHOW ALL]
[S]
LUN_CHOICES
People with lung cancer have made poor lifestyle choices.

[SHOW ALL]
[S]
LUN_STILLRISK
You are still at risk of getting lung cancer, even if you do not smoke.

[SHOW ALL]
[S]
LUN_ASSUME

If someone told [IF CAWI: me; IF CATI: you] they had lung cancer, [IF CAWI: I; IF CATI: you] would assume it is because they smoked.

[CAWI RESPONSE OPTIONS:]
1   Strongly agree
2   Somewhat agree
3   Somewhat disagree
4   Strongly disagree

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   STRONGLY AGREE
2   SOMEWHAT AGREE
3   SOMEWHAT DISAGREE
4   STRONGLY DISAGREE

[PROGRAMMER: DISPLAY LUN_DISP6 – LUN_ASSUME ON SAME PAGE]

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

HCA – HEALTH CARE ACCESS
[CREATE "START_HCA_TIME" AND "START_HCA_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 <u>delayed</u> 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 <u>did not get it</u> because of the cost?

[CAWI RESPONSE OPTIONS:]
1   Yes
0   No

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

MED – HEALTH CARE UTILIZATION – PRESCRIPTION MEDICATION

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

[SHOW ALL]
[S]
MED_RX12MA
At any time in the past 12 months, did you take prescription medication?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF MED_RX12MA = 1]
MED_DSPL
During the past 12 months, were any of the following true for you?

[SHOW IF MED_RX12MA = 1]
[S]
MED_RXSK12MA
You skipped medication doses to save money.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

 [CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF MED_RX12MA = 1]
[S]
MED_RXLS12MA
You took less medication to save money.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF MED_RX12MA = 1]
[S]
MED_RXDL12MA
You <u>delayed</u> 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 MED_DSPL – MED_RXDL12MA ON SAME PAGE]

[SHOW ALL]
[S]
MED_RXDG12MA
During the past 12 months, was there any time when you needed prescription medication, but <u>did not get it</u> because of cost?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[CREATE "END_MED_TIME" AND "END_MED_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?

[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]

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 <u>inside</u> 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

   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]

MTL - MENTAL HEALTH -- ANXIETY AND DEPRESSION
[CREATE "START_MTL_TIME" AND "START_MTL_DATE"; RECORD TIME IN HH:MM:SS; RECORD DATE IN MM:DD:YYYY]

[PROGRAMMER: DISPLAY IN FOOTER/BOTTOM OF EACH SCREEN IN MTL MENTAL HEALTH SECTION: Need help? Click here for resources.]

[PROGRAMMER: HYPERLINK ABOVE SHOULD OPEN IN NEW WINDOW AND DISPLAY THE FOLLOWING: Thank you for participating in this study. We realize that some of the topics covered are quite personal and can be difficult to think and talk about. We appreciate your willingness to be a part of this study and want you to know that we recognize the important contribution you have made. Sometimes when people have participated in a study like this, they realize that they are interested in following up on some of the issues that they have been asked about in the study with someone who is professionally trained to deal with these kinds of issues.

If you want to speak further with someone, you can reach the National Suicide & Crisis Lifeline at 988.]

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

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

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

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   DAILY
    2   WEEKLY
    3   MONTHLY
    4   A FEW TIMES A YEAR
    0   NEVER

[SHOW ALL]
[S]
MTL_ANXMEDS
Do you take prescription medication for these feelings?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No
[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY MTL_ANXIETY– MTL_ANXMEDS ON SAME PAGE]

[SHOW IF MTL_ANXIETY = 1, 2, 3, 4,-6,-7,-9 OR MTL_ANXMEDS = 1,-6,-7,-9]
[S]
MTL_ANXLVL
Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? [CATI] Would you say a little, a lot, or somewhere in between?

[CAWI RESPONSE OPTIONS:]
    1   A little
    2   A lot
    3   Somewhere in between a little and a lot

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   A LITTLE
    2   A LOT
    3   SOMEWHERE IN BETWEEN A LITTLE AND A LOT

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

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

[CAWI RESPONSE OPTIONS:]
    1   Daily
    2   Weekly
    3   Monthly
    4   A few times a year
    0   Never

[CATI RESPONSE OPTIONS – DO NOT READ:]
    1   DAILY
    2   WEEKLY
    3   MONTHLY
    4   A FEW TIMES A YEAR
    0   NEVER

[SHOW ALL]
[S]
MTL_DEPMEDS
Do you take prescription medication for depression?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY MTL_DEPRESS – MTL_DEPMEDS ON SAME PAGE]

[SHOW IF MTL_DEPRESS = 1,2,3,4,-6,-7,-9 OR MTL_DEPMEDS =1,-6,-7,-9]
[S]
MTL_DEPLVL
Thinking about the last time you felt depressed, how depressed did you feel? [CATI] Would you say a little, a lot, or somewhere in between?
[CAWI RESPONSE OPTIONS:]
    1   A little
    2   A lot
    3   Somewhere in between a little and a lot

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   A LITTLE
    2   A LOT
    3   SOMEWHERE IN BETWEEN A LITTLE AND A LOT

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

FER – PREGNANCY HISTORY AND FAMILY PLANNING

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

[SHOW IF AGE = 18-49 AND SEX = 2]
[DISP]
FER_INTRO
The next section is about your experience with childbearing and pregnancy. The first question asks when you started having your menstrual periods.

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_PERAGE
How old were you when you had your <u>first</u> menstrual period?

[CAWI RESPONSE OPTIONS:]
[NUMBOX] years [RANGE=5-49]
    0   I have never had a menstrual period

[CATI RESPONSE OPTIONS – DO NOT READ:]
[NUMBOX] years [RANGE=5-49]
    0   I HAVE NEVER HAD A MENSTRUAL PERIOD

[PROGRAMMER: DO NOT ALLOW NUMERIC ENTRY AND SELECTION OF "I HAVE NEVER HAD A MENSTRUAL PERIOD." IF NUMERIC ENTRY OUTSIDE OF RANGE OR RESPONSE IS GREATER THAN CURRENT AGE, DISPLAY MESSAGE: Please enter a value less than or equal to your current age. If you were under 5 years old, please enter '5.']

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_PREG
Are you pregnant now?

[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 AGE = 18-49 AND SEX = 2]
[S]
FER_PREGNUM
The next question asks about any pregnancies you have had -- whether they resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy.

[IF FER_PREG = 1: Including this pregnancy, how; IF FER_PREG != 1: How] many times have you been pregnant <u>in your life</u>?

[CAWI RESPONSE OPTIONS:]
[NUMBOX] times [IF PER_PREG=1, RANGE=1-99; ELSE, RANGE=0-99]

[CATI RESPONSE OPTIONS – DO NOT READ:]
[NUMBOX] times [IF FER_PREG=1, RANGE=1-99; ELSE, RANGE=0-99]

[PROGRAMMER: DO NOT ALLOW NUMERIC ENTRY AND SELECTION OF "I HAVE NEVER BEEN PREGNANT." IF NUMERIC ENTRY OUTSIDE OF RANGE, DISPLAY MESSAGE: Your response is out of range. Please try again.]

[SHOW IF AGE = 18-49 AND SEX = 2 AND (((FER_PREG=0, -6, -7, -9) AND FER_PREGNUM >= 1) OR (FER_PREG=1 AND FER_PREGNUM > 1))]
[S]
FER_LIVENUM
The next question asks about any live births you have had.

How many babies did you have that were born alive?

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

[NUMBOX] babies [RANGE=0-99]

PROGRAMMER: IF NUMERIC ENTRY OUTSIDE OF RANGE, DISPLAY MESSAGE: Your response is out of range. Please try again.]

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER_PREG = 0]
[S]
FER_SURGERY
Have you ever had surgery or other medical procedures that make it impossible for you to get pregnant [IF FER_PREGNUM > 0: again] or carry [IF FER_LIVENUM = 0, -6, -7, -9: a; IF FER_LIVENUM > 0: another] baby?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER_PREG = 0 AND FER_SURGERY= 0]
[S]
FER_PHYSPOS
Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have [IF FER_LIVENUM = 0, -6, -7, -9: a; IF FER_LIVENUM > 0: another] baby?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

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

The next question is about your feelings about having [IF FER_LIVENUM = 0, -6, -7, -9: a; IF FER_LIVENUM >0: another] baby, whether or not you are able to, or plan to have one.

Looking to the future, [IF FER_SURGERY = 1 OR FER_PHYSPOS = 0: if it were possible,] would you, yourself, want to have [IF FER_LIVENUM = 0, -6, -7, -9: a; IF FER_LIVENUM > 0: another] baby at some time?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Definitely yes
    2   Probably yes
    3   Probably no
    4   Definitely no

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   DEFINITELY YES
    2   PROBABLY YES
    3   PROBABLY NO
    4   DEFINITELY NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND ((FER_SURGERY = 0 AND FER_PHYSPOS = 1) OR FER_PREG=1)]
[S]
FER_INTEND

Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions to have [IF FER_LIVENUM = 0, -6, -7, -9: a; IF FER_LIVENUM > 0: another] baby in the future.

Looking to the future, do you intend to have [IF FER_LIVENUM = 0, -6, -7, -9: a; IF FER_LIVENUM > 0: another] baby at some time?

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

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER_INTEND = 1]
[S]
FER_EXPECT
When do you expect your [IF FER_LIVENUM = 0, -6, -7, -9 AND FER_PREG=0: first; IF FER_LIVENUM > 0 OR FER_PREG=1: next] child to be born? [CATI: If you are currently pregnant, please consider some time after this pregnancy is over. Would you say within the next 2 years, 2-5 years from now, or more than 5 years from now?]

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

[CAWI RESPONSE OPTIONS:]
    1   Within the next 2 years
    2   2-5 years from now
    3   More than 5 years from now

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   WITHIN THE NEXT 2 YEARS
    2   2-5 YEARS FROM NOW
    3   MORE THAN 5 YEARS FROM NOW

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER_PREGNUM = 0]
[S]
FER_SEXMALE
At any time in your life, have you ever had sexual intercourse with a male, that is, made love, had sex, or gone all the way?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND (FER_SEXMALE=1 OR FER_PREGNUM > 0)]
[S]
FER_SEXM12M
During the last 12 months, that is, since July 2024, have you had sexual intercourse with a male partner?

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

    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER_SEXM12M = 1]
[S]
FER_PREVENT
[IF CAWI: A list; IF CATI: I have a list] of methods that some people use to prevent pregnancy or to prevent sexually transmitted disease [IF CAWI: is shown below:] [IF CATI: If it would be helpful for me to provide specific examples of these methods, I can read those.]

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

    1   YES
    0   NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER_PREVENT = 0]
[S]
FER_WANTPREG
Is the reason you did not use a method of birth control because you, yourself, wanted to become pregnant?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE = 18-49 AND SEX = 2 AND FER_WANTPREG = 0]
[S]
FER_WHYNOBC
Which one of these is the main reason that you did not use birth control?

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

[PROGRAMMER: RANDOMIZE ORDER OF RESPONSE OPTIONS, ANCHORING RESPONSE OPTION 6 "OTHER" TO ALWAYS BE LAST]

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_DISP
The questions in this section are about recent medical visits for family planning services, as well as other types of pregnancy and health care services for women.

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_BCDOC
In the past 12 months, that is since July 2024, have you received a method of birth control or a prescription for a method from a doctor or medical care provider?

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

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_TESTBC
In the past 12 months, have you received a check-up or medical test related to using a birth control method?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_INFOBC
In the past 12 months, from a doctor or other medical care provider, have you received counseling or information about birth control?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1 YES
    0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_INFOSTER
In the past 12 months, have you received counseling or information about getting sterilized?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1 YES
    0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_PLANB
In the past 12 months, from a doctor or other medical care provider, have you received emergency contraception pills, a prescription for emergency contraception pills, or counseling or information about emergency contraception pills?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1 YES
    0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_PAPTEST
In the past 12 months, have you received a Pap test -- where a doctor or nurse put an instrument in the vagina and took a sample to check for abnormal cells that could turn into cervical cancer?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1 YES
    0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_PELVEXAM
In the past 12 months, have you received a pelvic exam -- where a doctor or nurse puts one hand in the vagina and the other on the abdomen?

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1 YES
    0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_STDTEST
In the past 12 months, have you been tested for a sexually transmitted disease?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1 YES
    0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_FERTILITY
Have you ever gone, either alone or with a spouse or partner, to a doctor or other medical care provider to talk about ways to help you become pregnant? Please include telehealth visits by video or phone.

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1 YES
    0 NO

[S]
FER_FERTNOW
Are you currently pursuing medical help for you to become pregnant?

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

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1 YES
    0 NO

[SHOW IF AGE = 18-49 AND SEX = 2]
[S]
FER_DOCPREV
Not counting routine check-ups, prenatal care, or advice about a pregnancy, have you ever been to a doctor or other medical care provider to help you prevent miscarriage or pregnancy loss? Please include telehealth visits by video or phone.

[CAWI RESPONSE OPTIONS:]
    1   Yes
    0   No

[CATI RESPONSE OPTIONS - DO NOT READ:]
    1   YES
    0   NO

[PROGRAMMER: DISPLAY IN FOOTER/BOTTOM OF FER_DOCPREV SCREEN: Need help? Click here for resources.]

[PROGRAMMER: HYPERLINK ABOVE SHOULD OPEN IN NEW WINDOW AND DISPLAY THE FOLLOWING:
Thank you for participating in this study. We realize that some of the topics covered are quite personal and can be difficult to think and talk about. We appreciate your willingness to be a part of this study and want you to know that we recognize the important contribution you have made. Sometimes when people have participated in a study like this, they realize that they are interested in following up on some of the issues that they have been asked about in the study with someone who is professionally trained to deal with these kinds of issues.

If you want to speak further with someone, you can reach the National Women's Health Information Center at 1-800-994-WOMEN (9662). More information can be found at https://www.womenshealth.gov/.]

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

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

[SHOW ALL]
[NUMBOX]
BMI_HEIGHT
How tall are you without shoes?

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

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

BMI_HEIGHTFT
[NUMBOX] feet [RANGE = 2-9]
BMI_HEIGHTIN
[NUMBOX] inches [RANGE = 0-11]

1   Report height in centimeters

[PROMPT IF BMI_HEIGHTFT OUT OF RANGE: PLEASE ENTER A NUMBER OF FEET BETWEEN 2 AND 9.]
[PROMPT IF BMI_HEIGHTIN OUT OF RANGE: PLEASE ENTER A NUMBER OF INCHES BETWEEN 0 AND 11.]

[IF BMI_HEIGHT = 1, SHOW BMI_CEN ON SAME SCREEN AND HIDE BMI_HEIGHTFT AND BMI_HEIGHTIN]
[NUMBOX]
BMI_CEN

[NUMBOX] centimeters [RANGE = 60-213]

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

[SHOW ALL]
[NUMBOX]
BMI_WEIGHT
[IF FER_PREG = 1, FILL: How much did you weigh before your pregnancy?; ELSE, FILL: How much do you weigh?]

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

[PROGRAMMER: INCLUDE SEPARATE NUMBOX FOR POUNDS WITH CORRESPONDING LABEL; ALSO INCLUDE A SINGLE SELECT OPTION TO REPORT 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]

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]
[DISP]
MAR_DISP
The next questions are about marriage and cohabitation.

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

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

[CAWI RESPONSE OPTIONS:]
1   Married
2   Living with a partner together as an unmarried couple
3   Neither

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   MARRIED
2   LIVING WITH A PARTNER TOGETHER AS AN UNMARRIED COUPLE
3   NEITHER

[SHOW IF MAR_MARITAL = 2, 3, -6,-7,-9]
[S]
MAR_EVMARRY
Have you ever been married?

[CAWI RESPONSE OPTIONS:]
1 Yes
0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]
1 YES
0 NO

[SHOW IF MAR_MARITAL = 2 AND MAR_EVMARRY=1]
[S]
MAR_LEGAL
What is your current legal marital status? [CATI: Are you married, widowed, divorced, or separated?]

[CAWI RESPONSE OPTIONS:]
1 Married
2 Widowed
3 Divorced
4 Separated

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 MARRIED
2 WIDOWED
3 DIVORCED
4 SEPARATED

[SHOW IF MAR_MARTIAL = 3 AND MAR_EVMARRY=1]
[S]
MAR_WIDIVSEP
[CAWI] Are you… [CATI] Are you widowed, divorced, or separated?

[CAWI RESPONSE OPTIONS:]
1 Widowed
2 Divorced
3 Separated

[CATI RESPONSE OPTIONS – DO NOT READ:]
1 WIDOWED
2 DIVORCED
3 SEPARATED

[CREATE "END_MAR_TIME" AND "END_MAR_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

[SHOW IF LAN_OTHERLAN=1]
[S]
LAN_MEDIA
When you watch television, read news online or in print, or listen to the radio, which language do you use most often?

[CAWI RESPONSE OPTIONS:]
1   English
2   Spanish
3   Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   ENGLISH
2   SPANISH
3   ANOTHER LANGUAGE

[SHOW IF LAN_OTHERLAN=1]
[S]
LAN_DOCTOR
When you see a doctor or other health care professional, which language do you use most often?

[CAWI RESPONSE OPTIONS:]
1   English
2   Spanish
3   Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   ENGLISH
2   SPANISH
3   ANOTHER LANGUAGE

[SHOW IF LAN_OTHERLAN=1]
[S]
LAN_SOCIAL
When you participate in social activities, such as visiting friends, attending clubs and meetings, or going to parties, which language do you use most often?

1   English
2   Spanish
3   Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]
1   ENGLISH
2   SPANISH
3   ANOTHER LANGUAGE

[CREATE "END_LAN_TIME" AND "END_LAN_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]

[SHOW ALL]
[S]
DEM_STATE
What state do you currently live in?

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

[CREATE "END_DEM_TIME" AND "END_DEM_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]