Client	NCHS
Project Name	RANDS 10
Project Number	8935
Survey length (median)	20-minute survey
Population	18+ General Population
Pretest	N=100
Main	N=9,400 (4,000 AmeriSpeak web; 400 AmeriSpeak phone; 5,000 opt-in)
MODE	Web and Phone
Language	English
Sample Source	AmeriSpeak and Cint/Lucid Non-probability sample
Incentive	5,000 web; 10,000 phone
Survey description	General Health Q1 2024
Eligibility Rate	100%

Gender identity. All data about gender identity were collected before Executive Order 14168 issued on January 20, 2025 that changed how federal departments could collect gender information. Experimental questions about gender identity were fielded in RANDS 10. RANDS 10 respondents were asked, "Are you female, male, transgender, non-binary, or another gender?" Respondents had the option to select one or more responses, and to provide the term they used to describe themselves if another gender. In compliance with the executive order (Exec. Order No. 14168, 2025) and OPM guidance (OPM Memo, 2025), these data are not available through the RDC.

Standard demographic preloads:

Var Name	Include on Preload Testing-page?	Var Type	Var length	Variable Label
S_AGE	Y	Numeric	5	Age
S_SEX	Y	String	8	Gender
S_RACETH	Y	Numeric	8	Race/ethnicity
S_EDUC	N	Numeric	6	Education
S_EDUC5	Y	Numeric	4	5-level education
S_MARITAL	Y	Numeric	9	Marital Status
S_EMPLOY	Y	Numeric	8	Current employment status
S_INCOME	N	Numeric	8	Household income
S_HHINC_4	N	Numeric	4	4-level income
S_HHINC_9	N	Numeric	4	9-level income
S_STATE	Y	String	7	State
S_METRO	N	Numeric	7	Metropolitan area flag
S_INTERNET	N	Numeric	10	Household internet access
S_HOUSING	N	Numeric	9	Home ownership
S_HOME_TYPE	N	Numeric	11	Building type of panelist's residence
S_PHONESERVC	N	Numeric	11	Telephone service for the household
S_HHSIZE	N	Numeric	8	Household size (including children)
S_HH01	N	Numeric	6	Number of HH members age 0-1
S_HH25	N	Numeric	6	Number of HH members age 2-5
S_HH612	N	Numeric	7	Number of HH members age 6-12
S_HH1317	N	Numeric	8	Number of HH members age 13-17
S_HH18OV	N	Numeric	8	Number of HH members age 18+
S_file_date	N	Date	11	
S_GENFRACE	N	Numeric	8	GenF custom race

These populated as a pre-load when the panelists get sampled into the survey

Standard sample preloads

Variable Name	Include on Preload Testing-only page?	Variable Type	Variable Label
Username	N	Numeric	Analogous to Member_PIN
P_Batch	N	Numeric	Batch Number (if only one assignment, then everyone will be 1)
Dialmode	N	Numeric	CATI Dialmode (predictive, preview, etc)
P_LCS	N	Numeric	Life cycle stage, 0=released but not touched
Y_FCELLP	N	String	
Surveylength	N	Numeric	Estimated length of survey
Incentwcomma	N	String	Study specific
P_Hold01	N	Numeric	Prevents dialing cases without phone numbers
PANEL_TYPE	Y	Numeric	1 AmeriSpeak 2 Next Generation

			3 GenF Extended (not in use)
			4 AmeriSpeak Teen Panel
			11 UTUS Converted
			12 Lurie
			20 Lucid
			21 SSI
			50 Household 13-17
			51 Household < 13
			52 Household Adult

Custom survey-specific preloads

Variable Name	Program in VCC?	Include on Preload Testing-only page?	Variable Type	Variable Label
S_BASEWEIGHT	No	Yes	Numeric	
S_INVPROB	No	Yes	Numeric	
S_INVPROB_WEB	No	Yes	Numeric	
S_VSTRAT	No	Yes	Numeric	
S_VSTRAT_SAMP	No	Yes	Numeric	
S_VPSU	No	Yes	Numeric	
S_NRFU	No	Yes	Numeric	
P_RCRTYR	No	Yes	Numeric	Panel Recruitment Year 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023
P_PA001NEW	Yes	No	Numeric	Panelist Preload: Trust in People 1 Most people can be trusted 2 Most people cannot be trusted 3 It depends
P_TRSTMED	Yes	No	Numeric	Panelist Preload: General Trust in News Media 1 None 2 A little 3 A moderate amount 4 A lot 5 A great deal
P_PA002	Yes	No	Numeric	Panelist Preload: Trust in Washington DC to do what is right

				1 Just about always 2 Most of the time 3 Only some of the time 4 Almost never
P_PA003	Yes	No	Numeric	Panelist Preload: Trust Media to Report the News Fairly 1 Just about always 2 Most of the time 3 Only some of the time 4 Almost never
P_VOTENEW	Yes	No	Numeric	Panelist Preload: Current Voter Registration 1 Registered at current address 2 Registered at a different address 3 Not currently registered 4 I am not eligible to vote 5 Not Sure
P_PA025	Yes	No	Numeric	Panelist Preload: Religiosity 1 Very religious 2 Moderately religious 3 Slightly religious 4 Not religious at all
P_PA026	Yes	No	Numeric	Panelist Preload: Spirituality 1 Very spiritual 2 Moderately spiritual 3 Slightly spiritual 4 Not spiritual at all
P_NEWPROD	Yes	No	Numeric	Panelist Preload: Usually try new products 1 Strongly Disagree 2 Disagree 3 Neither Agree or Disagree 4 Agree 5 Strongly Agree
P_SHOP	Yes	No	Numeric	Panelist Preload: Like to Shop for what is new 1 Strongly Disagree 2 Disagree 3 Neither Agree or Disagree 4 Agree 5 Strongly Agree
P_BRANDTECH	Yes	No	Numeric	Panelist Preload: Like to tell Others about new brands or technology 1 Strongly Disagree 2 Disagree 3 Neither Agree or Disagree 4 Agree

				5 Strongly Agree
P_HL052	Yes	No	Numeric	Panelist Preload: Past 12 Months seen a Mental Health Professional 1 Yes 2 No
P_HL053	Yes	No	Numeric	Panelist Preload: Past 12 Months see a Dentist 1 Yes 2 No
P_LANG_OTHER3N	Yes	No	Numeric	Panelist Preload: Content Consumption Language 1 English 2 Other language from LANGOTHER2NEW
RID	No	No	String	Lucid Sample ID
ZIP_CODE	Yes	Yes	String	ZIPCODE

This survey will use the following RND_xx variables:
Note, these are randomized in the script (NOT preloads)

RND_xx	Associated survey Qs
RND_00	
RND_01	PROBE_EDSHVS_FILL
RND_02	
RND_03	
RND_04	
RND_05	
RND_06	

PHONE SCRIPTS
[CATI - OUTBOUND]
INTRO
Hello, my name is $I. I'm calling from AmeriSpeak by NORC. May I please speak with [FIRSTNAME]?

> [IF RESPONDENT IS AVAILABLE]
> Thank you for your continued participation in AmeriSpeak. I am calling to let you know that your next survey is available. The survey takes approximately [SURVEYLENGTH] minutes to complete. If you complete the survey, you will receive [INCENTWCOMMA] AmeriPoints for your time. We will keep all of your answers confidential. Shall we proceed?
>
> Great. As always, for quality assurance purposes, this call may be recorded or monitored.

[CATI-INBOUND]
INTRO
Thank you for calling AmeriSpeak by NORC. My name is $I. How are you today?

And are you calling to take your next survey?

I just need to confirm that I'm speaking with [FIRSTNAME] [LASTNAME]. Is that you?

Great. This survey takes approximately [SURVEYLENGTH] minutes to complete over the phone and you will receive [INCENTWCOMMA] AmeriPoints for your time. We will keep all of your answers confidential.

As always, for quality assurance purposes, this call may be recorded or monitored.

Shall we proceed?

[CATI-CALLBACK]
CBINTRO
Hello, my name is $I. I'm calling from AmeriSpeak by NORC. We previously spoke with [FIRSTNAME] about completing an AmeriSpeak survey. Is [FIRSTNAME] available?

> [IF RESPONDENT IS AVAILABLE]
> Hello, my name is $I, calling from AmeriSpeak by NORC. We previously spoke with you about completing an AmeriSpeak survey. Are you available now to continue?
>
> As always, for quality assurance purposes, this call may be recorded or monitored.

[DISPLAY THIS AM LANGUAGE IF SurveyAccessEnd-CALLDATE>1 DAY]
 [CATI-MISSED OUTBOUND, ANSWERING MACHINE]
AM1

Hello, this message is [FIRSTNAME] [LASTNAME]. I'm calling from AmeriSpeak from NORC to let you know that you have a survey waiting for you. The survey will take approximately [SURVEYLENGTH] minutes and you will receive [INCENTWCOMMA] AmeriPoints for your time. Call us toll-free at 888-326-9424 and enter your PIN number, [MEMBER_PIN], to complete your survey and receive rewards. Thank you.

[DISPLAY THIS AM LANGUAGE IF SurveyAccessEnd-CALLDATE>1 DAY]
 [CATI-ANSWERING MACHINE MISSED APPOINTMENT CALLBACK]
AMHARD
Hello, this message is for [FIRSTNAME] and I'm calling from AmeriSpeak from NORC. When we spoke previously, you requested that we call you back <at this time>. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call any time at 888-326-9424 and enter your PIN number, [MEMBER_PIN], to complete your survey and receive rewards. Thank you.

[DISPLAY THIS AM LANGUAGE IF SurveyAccessEnd-CALLDATE>1 DAY]
 [CATI-ANSWERING MACHINE MISSED CALLBACK]
AMSOFT
Hello, this message is for [FIRSTNAME]. I am calling from AmeriSpeak from NORC. We are calling you back to complete your AmeriSpeak survey. Remember, you will receive rewards for completing this survey. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call any time at 888-326-9424 and enter your PIN number, [MEMBER_PIN], to complete this survey. Thank you.

[DISPLAY THIS AM LANGUAGE IF SurveyAccessEnd-CALLDATE=1 DAY]
[CATI-NEARING END OF FIELD, ANSWERING MACHINE]
AMEND
Hello, this message is for [FIRSTNAME]. I'm calling from AmeriSpeak from NORC to let you know that a survey will be ending tomorrow. We'd love to hear from you so please call us toll-free at 888-326-9424 and enter your PIN number, [MEMBER_PIN], to complete your survey and receive rewards.   Thank you.

Please include the following options for all questions in CATI:
        77 DON'T KNOW
        99 REFUSED

Please code refusals in CAWI:
        98 IMPLICIT REFUSAL, WEB SKIP
        Do not code 77 Don't Know/99 Refused options in CAWI unless written in item response options

---

Text shown in green includes researcher notes and should not be included in the programming.

[START OF SURVEY]

CREATE DATA-ONLY VARIABLE: QUAL
1=Qualified Complete
2=Not Qualified
3=In progress

AT START OF SURVEY COMPUTE QUAL=3 "IN PROGRESS"

CREATE MODE_START
1=CATI
2=CAWI

NCHS RANDS 10 2024
Date: December 22, 2023

IF PANEL_TYPE<20 SURVEY LOGO IS AMERISPEAK LOGO (STANDARD SURVEY HEADER)
IF PANEL_TYPE>=20, SURVEY LOGO IS NORC IMAGE

INSERT RELEVANTID CHECK HERE FOR PANEL_TYPE=20, 21, 22
IF FAILS RELEVANTID (CHK_DUP=1) THEN TERM

TERM MUST REDIRECT TO TO OPT-IN VENDOR

https://samplicio.us/s/ClientCallBack.aspx?RIS=30&RID=[insert_value]

[SHOW IF MODE_PREF=CATI and MODE_JS=CAWI]
[COPY FROM ATEST SID 3900]
#[DISPLAY]
[AUTO-DIRECT BACK TO PORTAL AFTER 120 SECONDS]
[INCREASE FONT SIZE BY ~20-25%, MAKE INSTRUCTIONS/OVERALL SCREEN STANDOUT MORE]

DISPLAY_CATI_INTRO.
Thank you for starting your new AmeriSpeak survey! However, this survey must be completed over the phone. To complete this survey and receive your [INCENTWCOMMA] AmeriPoints, please give us a call at 888-326-9424 to complete this survey. You will then be requested to enter your numeric PIN: [PIN] and the zip code we have on file: [ZIP_CODE].

#[SHOW IF PANEL_TYPE<20 – THIS SCREEN FOR AMSP SAMPLE ONLY]
[DISPLAY]
WINTRO_1.
[CAWI] Hello [FIRSTNAME], thank you for agreeing to participate in our new AmeriSpeak survey!

[ALL] This survey is about general health topics and behaviors.

[CAWI] To thank you for sharing your opinions, we will give you a reward of [INCENTWCOMMA] AmeriPoints after completing the survey. As always, your answers are confidential.

[CAWI] *Please use the "Continue" button to move forward within the questionnaire. Do not use your browser buttons.*

[SHOW IF PANEL_TYPE>=20 – THIS SCREEN FOR OPT-IN SAMPLE ONLY]
#[DISPLAY]
OPTINTRO.
Thank you for agreeing to participate in our survey! This survey is about general health topics and behaviors. Your answers are confidential.

Please use the "Continue" button to navigate between the questions within the questionnaire. Do not use your browser buttons.

[COPY FROM ATEST SID 3900]
#[DISPLAY]
CONFID_DISPLAY.
Some of the content of the questions in the survey are sensitive in nature. This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The Certificate of Confidentiality protects your privacy by prohibiting disclosure of identifiable, sensitive research information to anyone not connected to the research. This means that the researchers cannot release or use information that may identify you in any action or suit unless you say it is okay. An example would be a court subpoena.

The Certificate does not stop reporting what federal, state or local laws require. Some examples are laws that require reporting of child or elder abuse and threats to harm yourself or others. CIPSEA, explained on the next screen, does protect from this reporting and covers this research. Neither protect from any physical harm to yourself or others that may result from this survey. If at any point you do not feel safe while completing the survey, you can stop the survey and complete it at a later time that is better. There will also be resources available throughout the survey should you feel you need talk with anyone.

[COPY FROM ATEST SID 3900]
[DISPLAY]
#[SHOW IF CAWI]
WEBINTRO.

Centers for Disease
Control and Prevention

[SPACE]
<unbold>The National Center for Health Statistics, part of the Centers for Disease Control and Prevention, 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. You will not receive any monetary reward or incentive from the government for participating in this survey. The information being collected is for research purposes only, and will assist NCHS and CDC in their ongoing efforts to track the health of the American public. Your data will be held 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 the Confidential Information and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018, Pub. L. No. 115-435, 132 Stat. 5529, § 302).
[SPACE]
If you have any questions about this study, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #7420. Your call will be returned as soon as possible.
[SPACE]
[REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BORDED BY THIN BLACK BOX/OUTLINE]

Notice - CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333; ATTN: PRA (0902-0222).

Assurance of confidentiality - 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) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). 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.

Click the "Continue" button below to begin. <remove unbold>

[COPY FROM ATEST SID 3900]
[DISPLAY]
#[SHOW IF CATI]
PHONEINTRO.

- o   <unbold>We are asking for your help as we conduct a health survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.
- o   The phone call takes on average 20 minutes to complete.
- o   All information which would permit identification of an individual, a practice, or an establishment will be held 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' Confidentiality Officer at (888) 642-1459.
- o   Participation is voluntary, but will assist greatly in helping further our nation's understanding of health and how we ask the public about public health issues. <remove unbold>

[SPACE]
[REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BORDED BY THIN BLACK BOX/OUTLINE]

The CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, they can be sent to the CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0902-0222).

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) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). 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.

SECTION: Non-probability Sample Demographics

[FORCE RESPONSE: "Please enter in your age. We require this information for your responses to be counted."]
#[SHOW IF PANEL_TYPE>=20]
[NUMBOX]
AGE2.
What is your current age?

[0-100] years

[IF AGE2<18, TERMINATE AND SET QUAL=2]

[COMPUTE S_AGE=AGE2]

[FORCE RESPONSE]
#[SHOW IF PANEL_TYPE>=20]
[NUMBOX]
ZIP.
What is your zipcode?

__[00000-99999,777777,999998,999999]__
[ZIP validation check: must contain 5-digits, only numbers, leading 0s okay]

[FORCE RESPONSE]
#[SHOW IF PANEL_TYPE>=20]
[DROPDOWN]
STATE2.
What state do you live in?

[DROPDOWN LIST OF STATES]

[COMPUTE S_STATE=STATE2]

[FORCE RESPONSE]
[CUSTOM PROMPT: "Information about any possible Hispanic ethnicity is very important. We greatly appreciate your response to this question."]
#[SHOW IF PANEL_TYPE>=20]
[SP]
HISPAN.
This question is about Hispanic ethnicity. Are you of Spanish, Hispanic, or Latino descent?

RESPONSE OPTIONS:

1. No, I am not
2. Yes, Mexican, Mexican-American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, Central American
6. Yes, South American
7. Yes, Caribbean
8. Yes, Other Spanish/Hispanic/Latino ....

[FORCE RESPONSE]
#[SHOW IF PANEL_TYPE>=20]
[MP]
RACE_1.
Please indicate what you consider your racial background to be. We greatly appreciate your help. The categories we use may not fully describe you, but they do match those used by the Census Bureau.
[SPACE]

Please check one or more categories below to indicate what <u>race or races</u> you consider yourself to be.

RESPONSE OPTIONS:
 1 White
 2 Black or African American
 3 American Indian or Alaska Native – <i>Type in name of enrolled or principal tribe.</i>
 [TEXTBOX]
    [SPACE]
 4 Asian Indian
 5 Chinese
 6 Filipino
 7 Japanese
 8 Korean
 9 Vietnamese
 10 Other Asian – <i>Type in race</i> [TEXTBOX]
    [SPACE]
 11 Native Hawaiian
 12 Guamanian or Chamorro
 13 Samoan
 14 Other Pacific Islander – <i>Type in race</i> [TEXTBOX]
    [SPACE]
 15 Some other race – <i>Type in race</i> [TEXTBOX]

#[SHOW IF PANEL_TYPE>=20]
[FORCE RESPONSE]
[SP]
HHSIZE1.

Tell us a little about your household. <u>Including yourself</u>, how many persons currently live in your household at least 50 percent of the time? Please include any children as well as adults.

RESPONSE OPTIONS:
1. One person, I live by myself
2. Two persons
3. Three persons
4. Four persons
5. Five persons
6. Six or more persons

[COMPUTE S_HHSIZE1=HHSIZE1]

#[SHOW IF HHSIZE1>1]
[FORCE RESPONSE]
[NUMBOXES]
Please tell us how many persons currently living in your household, including yourself, are…

HH01S. ___ 0-1 years old
HH25S. ___ 2-5 years old
HH612S. ___ 6-12 years old
HH1317S. ___ 13-17 years old
HH18OVS. ___ 18 years old or older
HHtotal. ____ Total household members

HHtotal SHOULD SHOW AUTO-SUM OF HH01S-H18OVS
DO NOT ALLOW R TO CONTINUE IN SURVEY IF HHtotal<HHSIZE1

COMPUTE   HH01=HH01S .
COMPUTE   HH25=HH25S .
COMPUTE   HH612=HH612S .
COMPUTE   HH1317=HH1317S .
COMPUTE   HH18OV=HH18OVS .

COMPUTE   HHMINORS=sum(HH01, HH25, HH612, HH1317)

#[SHOW IF PANEL_TYPE>=20]
[DISPLAY]
HHINCINTRO.
The next question is about the <u>total income</u> of YOUR HOUSEHOLD for [CURRENTYEAR-1]. Please include your own income PLUS the income of all members living in your household (including cohabiting partners and armed forces members living at home). Please count income BEFORE TAXES and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits).

[FORCE RESPONSE] Information about your household income is very important. We greatly appreciate your response and will keep your answer confidential.]
#[SHOW IF PANEL_TYPE>=20]
[SP]
INCOME2.
Was your total HOUSEHOLD income in [CURRENTYEAR-1]…

RESPONSE OPTIONS:
1. Less than $5,000
2. $5,000 to $9,999
3. $10,000 to $14,999
4. $15,000 to $19,999
5. $20,000 to $24,999
6. $25,000 to $29,999
7. $30,000 to $34,999
8. $35,000 to $39,999
9. $40,000 to $49,999
10. $50,000 to $59,999
11. $60,000 to $74,999
12. $75,000 to $84,999
13. $85,000 to $99,999
14. $100,000 to $124,999
15. $125,000 to $149,999
16. $150,000 to $174,999
17. $175,000 to $199,999
18. $200,000 or more

[COMPUTE S_INCOME=INCOME2]
IF INCOME2=1-6   S_HHINC4=1
IF INCOME2=7-10   S_HHINC4=2
IF INCOME2=11-13   S_HHINC4=3
IF INCOME2=14-18   S_HHINC4=4

IF INCOME2=1-2   S_HHINC9=1
IF INCOME2=3-4   S_HHINC9=2
IF INCOME2=5-6   S_HHINC9=3
IF INCOME2=7-8   S_HHINC9=4
IF INCOME2=9   S_HHINC9=5
IF INCOME2=10-11   S_HHINC9=6
IF INCOME2=12-13   S_HHINC9=7
IF INCOME2=14-15   S_HHINC9=8
IF INCOME2=16-18   S_HHINC9=9

[FORCE RESPONSE]
#[SHOW IF PANEL_TYPE=>20]

[SP]
ATTENTION.
Below is a list of numbers. Please select the number seven.

RESPONSE OPTIONS:

1. 1
2. 3
3. 5
4. 7
5. 9
6. 11
7. 12

[IF ATTENTION<>4, TERMINATE AND SET QUAL=2]

#[SHOW IF PANEL_TYPE>=20]
[SP] [FORCE RESPONSE]
HOME_TYPE2.
Which best describes the building where you live?

RESPONSE OPTIONS:
1. A one-family house detached from any other house
2. A one-family house attached to one or more houses
3. A building with 2 or more apartments
4. A mobile home or trailer
5. Boat, RV, van, etc

#[SHOW IF PANEL_TYPE>=20]
[SP] [FORCE RESPONSE]
HOUSING2.
Share with us a little about where you live.   Are your living quarters…

RESPONSE OPTIONS:
1. Owned or being bought by you or someone in your household
2. Rented for cash
3. Occupied without payment of cash rent

#[SHOW IF PANEL_TYPE>=20]
[SP] [FORCE RESPONSE]
Q5PHONE.
What best describes your telephone service for your household?

RESPONSE OPTIONS:

1. Landline telephone only
2. Have a landline, but mostly use cellphone
3. Have cellphone, but mostly use landline
4. Cellphone only
5. No telephone service

[FORCE RESPONSE]
#[SHOW IF PANEL_TYPE>=20]
[SP]
MARITAL2.
Are you…

RESPONSE OPTIONS:
1. Married
2. Widowed
3. Divorced
4. Separated
5. Never married

[COMPUTE S_MARITAL=MARITAL2]

[FORCE RESPONSE]
#[SHOW IF PANEL_TYPE>=20]
[SP]
EDUC2.
What is the highest level of school you have completed?

RESPONSE OPTIONS:
1. No formal education
2. 1st, 2nd, 3rd, or 4th grade
3. 5th or 6th grade
4. 7th or 8th grade
5. 9th grade
6. 10th grade
7. 11th grade
8. 12th grade no diploma
9. High school graduate – high school diploma or the equivalent (GED)
10. Some college, no degree
11. Associate degree
12. Bachelor's degree
13. Master's degree
14. Professional or Doctorate degree

[COMPUTE S_EDUC=EDUC2]
IF EDUC2=1-8   COMPUTE S_EDUC5=1

IF EDUC2=9   COMPUTE S_EDUC5=2
IF EDUC2=10-11   COMPUTE S_EDUC5=3
IF EDUC2=12   COMPUTE S_EDUC5=4
IF EDUC2=13-14   COMPUTE S_EDUC5=5

[FORCE RESPONSE]
#[SHOW IF PANEL_TYPE>=20]
[SP]
EMPLOY2.
Which statement best describes your current employment status?

RESPONSE OPTIONS:
1. Working – as a paid employee
2. Working – self-employed
3. Not working – on temporary layoff from a job
4. Not working – looking for work
5. Not working – retired
6. Not working – disabled
7. Not working – other

 [COMPUTE S_EMPLOY=EMPLOY2]

[FORCE RESPONSE]
#[SHOW IF PANEL_TYPE>=20]
[NUMBOX]
AGECONFIRM.
What year were you born?

[NUMBOX: 0-[CURRENTYEAR]]

PN: TERMINATE AND SEND TO TERMSORRY IF ([CURRENTYEAR] – AGECONFIRM) > (AGE2 + 2) OR
([CURRENTYEAR] – AGECONFIRM) < (AGE2 - 2)

#[SHOW IF PANEL_TYPE>=20]
[DISPLAY]
TERMSORRY_OFF.
Thank you for your time today. Unfortunately, you are not eligible for this study. We appreciate your
participation.

SET QUAL=2 AND REDIRECT TO OPT-IN VENDOR

Cint/Lucid redirects:
https://samplicio.us/s/ClientCallBack.aspx?RIS=20&RID=[insert_value]

SECTION: Whole Person Health

PROGRAMMING: CREATE "TM_START_WPH"; CREATE "DATE_START_ WPH"
CAPTURE TIME IN TM_START_ WPH
CAPTURE DATE IN DATE_START_ WPH

[COPY FROM ATEST SID 3900]
#[SP; PROMPT TWICE IF REFUSED]
PHSTAT.
Would you say your <u>health in general</u> 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:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

[COPY FROM ATEST SID 3900]
#[SHOW IF PHSTAT=1,2,3,4,5]
[MP]
PROBE_SRH.
When you said your health in general was [INSERT RESPONSE FROM PHSTAT; MAKE FIRST LETTER LOWERCASE], which of the following, if any, were you thinking about?
[SPACE]
[CAWI - REMOVE BOLD] <i>Select all that apply. </i>
[CATI] SELECT ALL THAT APPLY

RESPONSE OPTIONS:
1. Your diet and nutrition
2. Your exercise habits
3. Your smoking or drinking habits
4. Your health problems or conditions
5. Your lack of health problems or conditions
6. The amount of pain that you have
7. Your ability to do daily activities without assistance
8. The amount of sleep you get

9. Your mental or emotional health
10. The Coronavirus or COVID-19 pandemic
11. Something else, please specify: [TEXTBOX]
12. None of the above [SP]

#[SP; PROMPT TWICE IF REFUSED]
WPH_QOL.
How would you rate your quality of life, focusing on what matters most to you?

[CATI] Would you say excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

CATI RESPONSE OPTIONS:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

#[SP; PROMPT TWICE IF REFUSED]
WPH_SOC.
How would you rate your social and family connections?

[CATI] Would you say excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

CATI RESPONSE OPTIONS:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

#[SP; PROMPT TWICE IF REFUSED]
WPH_DIET.
In general, how healthy is your overall diet?

[CATI] Would you say excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

CATI RESPONSE OPTIONS:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

#[SP; PROMPT TWICE IF REFUSED]
WPH_PHYS.
How would you rate your physical activity?

[CATI] Would you say excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

CATI RESPONSE OPTIONS:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

#[SP; PROMPT TWICE IF REFUSED]
WPH_STRESS.
How would you rate your ability to manage stress?

[CATI] Would you say excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

CATI RESPONSE OPTIONS:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

#[SP; PROMPT TWICE IF REFUSED]
WPH_SLEEP.
How would you rate your sleep?

[CATI] Would you say excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

CATI RESPONSE OPTIONS:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

#[SP; PROMPT TWICE IF REFUSED]
WPH_SPIRIT.
How would you rate your spirituality or spiritual life?

[CATI] Would you say excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:
1. Excellent
2. Very good
3. Good
4. Fair

5. Poor

CATI RESPONSE OPTIONS:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

#[SP; PROMPT TWICE IF REFUSED]
WPH_HEALTH.
How would you rate your ability to manage your most bothersome symptom or health concern?

[CATI] Would you say excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

CATI RESPONSE OPTIONS:
1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

PROGRAMMING: CREATE "TM_END_WPH"; CREATE "DATE_END_ WPH"
CAPTURE TIME IN TM_END_ WPH
CAPTURE DATE IN DATE_END_ WPH

SECTION: Calibration Variables

PROGRAMMING: CREATE "TM_START_CLBRT"; CREATE "DATE_START_ CLBRT"
CAPTURE TIME IN TM_START_CLBRT
CAPTURE DATE IN DATE_START_CLBRT

[COPY FROM ATEST SID 3900]
#[GRID SP]

[RECORD TIME ON SCREEN]
GAD2.
Over the <u>last 2 weeks</u>, how often have you been bothered by the following problems?

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

GRID ITEMS:
    A.   Feeling nervous, anxious, or on edge
    B.   Not being able to stop or control worrying

CAWI RESPONSE OPTIONS:
    1.   Not at all
    2.   Several days
    3.   More than half the days
    4.   Nearly every day

CATI RESPONSE OPTIONS:
    1.   NOT AT ALL
    2.   SEVERAL DAYS
    3.   MORE THAN HALF THE DAYS
    4.   NEARLY EVERY DAY

[SHOW THIS FOOTER AT THE BOTTOM OF PAGE FOR GAD2]
INSERT FOOTER <center> These questions may be difficult to answer. If you need help, please click here for a list of resources. </center>
LINK BEHIND "HERE": 8935 RANDS 10 Resources.pdf
[IF CATI: TI USE THIS LINK TO ACCESS RESOURCES IF RESPONDENT NEEDS HELP/SUPPORT DURING INTERVIEW]

[COPY FROM ATEST SID 3900]

CREATE DOV_GAD:

WHEN COMPUTING DOV_GAD, FOR GAD2A AND GAD2B, "NOT AT ALL"=0, "SEVERAL"=1, "MORE THAN HALF"=2, "NEARLY EVERY"=3. ALSO, 77s, 98s, and 99s=0

 IF SUM(GAD2A AND GAD2B)>=3, DOV_GAD=1, ELSE DOV_GAD=0

[COPY FROM ATEST SID 3900]
#[GRID SP]
[RECORD TIME ON SCREEN]
PHQ.
Over the <u>last 2 weeks</u>, how often have you been bothered by the following problems?

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

GRID ITEMS:
    A. Little interest or pleasure in doing things
    B. Feeling down, depressed, or hopeless

CAWI RESPONSE OPTIONS:
    1. Not at all
    2. Several days
    3. More than half the days
    4. Nearly every day

CATI RESPONSE OPTIONS:
    1. NOT AT ALL
    2. SEVERAL DAYS
    3. MORE THAN HALF THE DAYS
    4. NEARLY EVERY DAY

[SHOW THIS FOOTER AT THE BOTTOM OF PAGE FOR GAD2]
INSERT FOOTER <center> These questions may be difficult to answer. If you need help, please click here for a list of resources. </center>
LINK BEHIND "HERE": 8935 RANDS 10 Resources.pdf
[IF CATI: TI USE THIS LINK TO ACCESS RESOURCES IF RESPONDENT NEEDS HELP/SUPPORT DURING INTERVIEW]

[COPY FROM ATEST SID 3900]

CREATE DOV_PHQ:

WHEN COMPUTING DOV_PHQ, FOR PHQA AND PHQB, "NOT AT ALL"=0, "SEVERAL"=1, "MORE THAN HALF"=2, "NEARLY EVERY"=3. ALSO, 77s, 98s, and 99s=0

 IF SUM(PHQA AND PHQB)>=3, DOV_PHQ =1, ELSE DOV_ PHQ=0

[COPY FROM ATEST SID 3900]
#[SP]
SOCERRNDS.
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:

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

[COPY FROM ATEST SID 3900]
#[SP]
SOCSCLPAR.
Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties? [CATI: Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]

CAWI RESPONSE OPTIONS:
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do this at all

CATI RESPONSE OPTIONS:
1. NO DIFFICULTY
2. SOME DIFFICULTY
3. A LOT OF DIFFICULTY
4. CANNOT DO THIS AT ALL

[COPY FROM ATEST SID 3900]
#[DISPLAY]
HOVER_DISPLAY1.
[CAWI – DESKTOP/LAPTOP] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please hover over the terms in blue text to see it.
[CAWI – MOBILE] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please tap on the terms in blue text to see it.
[CATI] There are terms in the following question that have some additional information available to help explain what they are. If you are interested in that additional information, please ask me, and I will provide it to you.

[COPY FROM ATEST SID 3900]
#[SP]
SOCWRKLIM.
Are you limited in the kind <u>or</u> amount of work you can do because of a physical, mental, or emotional problem?
CAWI: [INSERT FOLLOWING HOVER TEXT OVER "work": <i>Work includes paid work, volunteer work, schoolwork, and homework. </i>

[CATI] READ IF NEEDED: WORK INCLUDES PAID WORK, VOLUNTEER WORK, SCHOOLWORK, AND HOMEWORK.

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3900]
#[GRID SP]
CHRONSERIES.
[CAWI] The next few questions are about medical conditions you may have been told you had.
[SPACE]
Have you <u>ever</u> been told by a doctor or other health professional that you had…

[CATI] Now I'm going to ask you about certain medical conditions.
[SPACE]
Have you <u>ever</u> been told by a doctor or other health professional that you had…

GRID ITEMS, RANDOMIZE:
    HYPEV. Hypertension, also called high blood pressure?
    CHLEV. High cholesterol?
    CHDEV. Coronary heart disease?
    ASEV.   Asthma?
    COPDEV. Chronic Obstructive Pulmonary Disease (C.O.P.D.), emphysema, or chronic bronchitis?
    CANEV. Cancer or a malignancy of any kind?
    ARTHEV. Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3900]
#[SHOW IF CHLEV = 1]
[SP]
CHL12M.
During the past 12 months, have you had high cholesterol?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3900]
#[SHOW IF ASEV = 1]
[SP]
ASTILL.
Do you still have asthma?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3900]
#[GRID SP]
PULMSERIES.
[CAWI] The next few questions are about other medical conditions you may have been told you had.
[SPACE]
Have you <u>ever</u> been told by a doctor or other health professional that you had…

[CATI] Now I'm going to ask you about some other medical conditions.
[SPACE]
Have you <u>ever</u> been told by a doctor or other health professional that you had…

GRID ITEMS, RANDOMIZE AND RECORD:
ANGEV. Angina, also called angina pectoris?
MIEV.   A heart attack, also called myocardial infarction?
STREV. A stroke?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3900]
#[SP]
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
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3900]
#[SP]
GESDIB.
Has a doctor or other health professional <u>ever</u> told you that you had gestational diabetes, a type of diabetes that occurs <u>only</u> during pregnancy?

[CATI] If being pregnant is not applicable to you, you may also respond with that.

CAWI RESPONSE OPTIONS:
1. Yes
2. No
3. Not applicable

CATI RESPONSE OPTIONS:
1. YES
2. NO
3. NOT APPLICABLE

[COPY FROM ATEST SID 3900]
#[SP]
DIBEV.
[SHOW IF (PREDIB= 1) AND (GESDIB= 1)] Not including prediabetes or gestational diabetes, has a doctor or other health professional <u>ever</u> told you that you had diabetes?

[SHOW IF (PREDIB= 1) AND (GESDIB= 2,3,77,98,99)] Not including prediabetes, has a doctor or other health professional <u>ever</u> told you that you had diabetes?

[SHOW IF (PREDIB= 2,77,98,99) AND (GESDIB= 1)] Not including gestational diabetes, has a doctor or other health professional <u>ever</u> told you that you had diabetes?

[SHOW IF (PREDIB= 2,77,98,99) AND (GESDIB= 2,3,77,98,99)] Has a doctor or other health professional <u>ever</u> told you that you had diabetes?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3900]
#[SP]
SMKEV.
Have you smoked at least 100 cigarettes in your entire life?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3465]
[PROMPT IF EITHER FIELD ON SCREEN IS BLANK/SKIPPED]
[CUSTOM PROMPT: IF 'NUMBER OF DAYS > 7' AND 'PER WEEK/MONTH = PER WEEK', "THE MAXIMUM VALUE FOR 'PER WEEK' IS 7. PLEASE UPDATE YOUR ANSWER TO BE IN RANGE."; DO NOT ALLOW TO PROCEED UNTIL IN RANGE; DISPLAY MESSAGE ABOVE QUESTION TEXT]
[CUSTOM PROMPT: IF 'NUMBER OF DAYS > 30' AND 'PER WEEK/MONTH = PER MONTH', "THE MAXIMUM VALUE FOR 'PER MONTH' IS 30. PLEASE UPDATE YOUR ANSWER TO BE IN RANGE."; DO NOT ALLOW TO PROCEED UNTIL IN RANGE; DISPLAY MESSAGE ABOVE QUESTION TEXT]
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

[CATI] TI INSTRUCTIONS: ALLOW RESPONDENT TO ANSWER OPENLY AND THEN SELECT THE ANSWER THAT MATCHES THEIR RESPONSE; READ RESPONSE OPTIONS ONLY IF THEY NEED IT

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE DROPDOWN.]

[CAWI PROMPT IF ANY ELEMENT ONSCREEN IS MISSING: "Please provide an answer to all parts of the question."]

#[NUMBOX]
ALCDAY5.
<u>Number of days:</u>
[NUMBOX; RANGE 0-30, 7777, 9998, 9999]

#[DROPDOWN]
ALCDAY5_DROP.
<u>Per week/month (select one):</u>
RESPONSE OPTIONS:
1. Per week
2. Per month

PROGRAMMING NOTE: Please keep ALCDAY5 and ALCDAY5_DROP on the same page, and put ALCDAY5_DROP dropdown list to the right, on the same line with ALCDAY5 number box; If "1. Per week" is selected, set NUMBOX limit to '7'; If "2. Per month" is selected, set NUMBOX limit to '30'.

[COPY FROM ATEST SID 3465]
#[SHOW IF ALCDAY5=1 - 30; SKIP IF 77, 98, 99]
[NUMBOX]
AVEDRNK3.
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.
[SPACE]
During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

<u>Number of drinks:</u>
[NUMBER BOX, RANGE 0-100, 777, 998, 999]

COMPUTE DRNK3GE5_INS:

IF PANEL_TYPE<20:
IF SINGLE_GEN=2 ONLY, DRNK3GE5_INS = '5'
ELSE (INCLUDING MULTIPLE ANSWERS), DRNK3GE5_INS = '4'

IF PANEL_TYPE>=20:
IF SINGLE_GEN_OPT=2 ONLY, DRNK3GE5_INS = '5'
ELSE (INCLUDING MULTIPLE ANSWERS), DRNK3GE5_INS = '4'

[COPY FROM ATEST SID 3465]
#[SHOW IF ALCDAY5=1 - 30; SKIP IF 77, 98, 99]
[NUMBOX]
DRNK3GE5.
Considering all types of alcoholic beverages, how many times during the past 30 days did you have [DRNK3GE5_INS] or more drinks on an occasion?

<u>Number of times:</u>
[NUMBER BOX, RANGE 0-100, 777, 998, 999]

[COPY FROM ATEST SID 3465]
#[SHOW IF ALCDAY5=1 - 30; SKIP IF 77, 98, 99]
[NUMBOX]
MAXDRNKS.
During the past 30 days, what is the largest number of drinks you had on any occasion?

<u>Number of drinks:</u>
[NUMBER BOX, RANGE 0-100, 777, 998, 999]

[COPY FROM ATEST SID 3465]
#[SHOW IF MODE_JS=CATI]
[SP]
ACCSSINT.
Do you have access to the Internet?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

IF MODE_JS =CAWI, AUTO-PUNCH 1 AT ACCSSINT

[COPY FROM ATEST SID 3465]
#[SHOW IF ACCSSINT=1]
[SP]
ACCSSHOM.
Do you have access to the Internet from your home?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3465]
#[SHOW IF ACCSSINT=1]
[DISPLAY]
HOVER_DISPLAY2.

[CAWI – DESKTOP/LAPTOP] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please hover over the terms in blue text to see it.

[CAWI – MOBILE] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please tap on the terms in blue text to see it.

[CATI] There are terms in the following question that have some additional information available to help explain what they are. If you are interested in that additional information, please ask me, and I will provide it to you.

[COPY FROM ATEST SID 3465]
#[SHOW IF ACCSSINT=1]
[GRID; SP]
HIT_GRID.
During the past 12 months, have you used the Internet for any of the following reasons?
[SPACE]
CAWI: [INSERT FOLLOWING HOVER TEXT OVER "Internet": <i>Include Internet and data use through a computer, tablet, smartphone, or other electronic device.</i>
[CATI] READ IF NEEDED: INCLUDE INTERNET AND DATA USE THROUGH A COMPUTER, TABLET, SMARTPHONE, OR OTHER ELECTRONIC DEVICE.

GRID ITEMS:
HITLOOK. To look for health or medical information.
HITCOMM. To communicate with a doctor or doctor's office.
HITTEST. To look up medical test results.

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3465]
#[SP]
EMPLASTWK.
Last week, did you work for pay at a job or business?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3465]
#[SP]
CEVOLUN1.
During the past 12 months, did you spend any time volunteering for any organization or association?

CAWI RESPONSE OPTIONS:
1.   Yes
2.   No

CATI RESPONSE OPTIONS:
1.   YES
2.   NO

[COPY FROM ATEST SID 3465]
#[SHOW IF CEVOLUN1=2,77,98]
[SP]
CEVOLUN2.
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
2.   No

CATI RESPONSE OPTIONS:
1.   YES
2.   NO

[COPY FROM ATEST SID 3465]
#[SP]
CEMMETNG.
During the past 12 months, did you attend a public meeting, such as a zoning or school board meeting, that discussed a local issue?

CAWI RESPONSE OPTIONS:
1.   Yes
2.   No

CATI RESPONSE OPTIONS:
1.   YES
2.   NO

[COPY FROM ATEST SID 3465]
#[SP]
CEVOTELC.
Did you vote in the <u>last local</u> elections, such as for mayor, councilmembers, or school board?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

PROGRAMMING: CREATE "TM_END_ CALIBRATE"; CREATE "DATE_END_ CALIBRATE"
CAPTURE TIME IN TM_END_ CALIBRATE
CAPTURE DATE IN DATE_END_ CALIBRATE

SECTION: Quality of Life

PROGRAMMING: CREATE "TM_START_QOL"; CREATE "DATE_START_ QOL"
CAPTURE TIME IN TM_START_ QOL
CAPTURE DATE IN DATE_START_ QOL

[COPY FROM ATEST SID 3465]
#[SP]
LSATIS4.
In general, how satisfied are you with your life? [CATI: Are you very satisfied, satisfied, dissatisfied, or very dissatisfied?]

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

CATI RESPONSE OPTIONS:
1. VERY SATISFIED
2. SATISFIED
3. DISSATISFIED
4. VERY DISSATISFIED

[COPY FROM ATEST SID 3465]
#[NUMBOX]
HEALTHYDAY2.
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

<u>Number of days:</u>
[NUMBER BOX, RANGE 0-30, 98, 99]

[COPY FROM ATEST SID 3465]
#[NUMBOX]
HEALTHYDAY3.
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

<u>Number of days:</u>
[NUMBER BOX, RANGE 0-30, 98, 99]

[SHOW THIS FOOTER AT THE BOTTOM OF PAGE FOR HEALTHYDAY3]
INSERT FOOTER <center> These questions may be difficult to answer. If you need help, please click here for a list of resources. </center>
LINK BEHIND "HERE": 8935 RANDS 10 Resources.pdf
[IF CATI: TI USE THIS LINK TO ACCESS RESOURCES IF RESPONDENT NEEDS HELP/SUPPORT DURING INTERVIEW]

[COPY FROM ATEST SID 3465]
#[NUMBOX]
HEALTHYDAY4.
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

<u>Number of days:</u>
[NUMBER BOX, RANGE 0-30, 98, 99]

[SHOW THIS FOOTER AT THE BOTTOM OF PAGE FOR HEALTHYDAY4]
INSERT FOOTER <center> These questions may be difficult to answer. If you need help, please click here for a list of resources. </center>
LINK BEHIND "HERE": 8935 RANDS 10 Resources.pdf
[IF CATI: TI USE THIS LINK TO ACCESS RESOURCES IF RESPONDENT NEEDS HELP/SUPPORT DURING INTERVIEW]

PROGRAMMING: CREATE "TM_END_ QOL"; CREATE "DATE_END_ QOL"
CAPTURE TIME IN TM_END_ QOL
CAPTURE DATE IN DATE_END_ QOL

SECTION: Social and Family Connections

PROGRAMMING: CREATE "TM_START_SOC"; CREATE "DATE_START_ SOC"
CAPTURE TIME IN TM_START_ SOC
CAPTURE DATE IN DATE_START_ SOC

#[GRID SP]
LSNS6_FAMILYGRID.
Considering the people to whom you are related by birth, marriage, or adoption, how many relatives do you…

[CATI] TI INSTRUCTIONS: ALLOW RESPONDENT TO ANSWER OPENLY AND THEN SELECT THE ANSWER CATEGORY THAT MATCHES THEIR RESPONSE; READ RESPONSE OPTIONS ONLY IF THEY NEED IT

GRID ITEMS:
        LSNS6_1.   See or hear from at least once a month?
        LSNS6_2.   Feel at ease with that you can talk about private matters?
        LSNS6_3.   Feel close to such that you could call them for help?

CAWI RESPONSE OPTIONS:
0. None
1. One
2. Two
3. Three or Four
4. Five through Eight
5. Nine or More

CATI RESPONSE OPTIONS:
0. NONE
1. ONE
2. TWO
3. THREE OR FOUR
4. FIVE THROUGH EIGHT
5. NINE OR MORE

#[GRID SP]
LSNS6_FRIENDGRID.
Considering all of your friends, including those who live in your neighborhood, how many do you…

[CATI] TI INSTRUCTIONS: ALLOW RESPONDENT TO ANSWER OPENLY AND THEN SELECT THE ANSWER CATEGORY THAT MATCHES THEIR RESPONSE; READ RESPONSE OPTIONS ONLY IF THEY NEED IT

GRID ITEMS:

LSNS6_4.	See or hear from at least once a month?
LSNS6_5.	Feel at ease with that you can talk about private matters?
LSNS6_6.	Feel close to such that you could call them for help?

CAWI RESPONSE OPTIONS:
0. None
1. One
2. Two
3. Three or Four
4. Five through Eight
5. Nine or More

CATI RESPONSE OPTIONS:
0. NONE
1. ONE
2. TWO
3. THREE OR FOUR
4. FIVE THROUGH EIGHT
5. NINE OR MORE

#[GRID SP]
STRAIN_GRID.
How often do members of your family or your friends… [CATI] Would you say never, rarely, some of the time, or often?

GRID ITEMS:

STRAIN1.	Criticize you?
STRAIN2.	Make too many demands on you?
STRAIN3.	Let you down when you are counting on them?
STRAIN4	Get on your nerves?

CAWI RESPONSE OPTIONS:
0. Never
1. Rarely
2. Some of the time
3. Often

CATI RESPONSE OPTIONS:
0. NEVER
1. RARELY
2. SOME OF THE TIME
3. OFTEN

#[SP]
PULSE_SOC1.

How often do you get the social and emotional support you need? [CATI] Would you say always, usually, sometimes, rarely, or never?

CAWI RESPONSE OPTIONS:
1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

CATI RESPONSE OPTIONS:
1. ALWAYS
2. USUALLY
3. SOMETIMES
4. RARELY
5. NEVER

#[SP]
PULSE_SOC2.
How often do you feel lonely? [CATI] Would you say always, usually, sometimes, rarely, or never?

CAWI RESPONSE OPTIONS:
1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

CATI RESPONSE OPTIONS:
1. ALWAYS
2. USUALLY
3. SOMETIMES
4. RARELY
5. NEVER

#[SP]
PULSE_SOCIND1.
In a typical week, how often do you talk on the telephone with family, friends, or neighbors?

RESPONSE OPTIONS:
1. Less than once a week
2. One or two times a week
3. Three or four times a week
4. Five or more times a week

#[SP]
PULSE_SOCIND2.
In a typical week, how often do you get together with friends or relatives?

RESPONSE OPTIONS:
1. Less than once a week
2. One or two times a week
3. Three or four times a week
4. Five or more times a week

#[SP]
PULSE_SOCIND5.
In a typical week, how often do you text or message with family, friends, or neighbors?

RESPONSE OPTIONS:
1. Less than once a week
2. One or two times a week
3. Three or four times a week
4. Five or more times a week

#[SP]
PREPARE16.
In a typical week, how often do you see or talk to people that you care about and feel close to?

RESPONSE OPTIONS:
1. Less than once a week
2. One or two times a week
3. Three or four times a week
4. Five or more times a week

#[SP]
PULSE_SOCIND3.
How often do you attend church or religious services?

RESPONSE OPTIONS:
0. Never or less than once a year
1. 1 to 3 times a year
2. 4 to 11 times a year
3. 12 or more times a year

#[SP]
PULSE_SOCIND4.

Altogether, how often do you attend meetings of clubs or organizations you belong to, such as church groups, unions, fraternal or athletic groups, or school groups?

RESPONSE OPTIONS:
0. [IF CAWI: I; IF CATI: You] do not belong to a group
1. Never or less than once a year
2. 1 to 3 times a year
3. 4 to 11 times a year
4. 12 or more times a year

[COPY FROM ATEST SID 3465]
#[GRID SP]
UCLA_GRID.
The next questions are about how you feel about different aspects of your life. For each one, [CAWI: indicate; CATI: tell me] how often you feel that way. [CATI] Would you say always, usually, sometimes, rarely, or never?

GRID ITEMS:
SUPPORT.   How often do you get the social and emotional support that you need?
UCLA1.   How often do you feel socially isolated from others?
UCLA2.   How often do you feel you lack companionship?
UCLA3.   How often do you feel left out?

CAWI RESPONSE OPTIONS:
1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

CATI RESPONSE OPTIONS:
1. ALWAYS
2. USUALLY
3. SOMETIMES
4. RARELY
5. NEVER

PROGRAMMING: CREATE "TM_END_ SOC"; CREATE "DATE_END_ SOC"
CAPTURE TIME IN TM_END_ SOC
CAPTURE DATE IN DATE_END_ SOC

SECTION: Diet

PROGRAMMING: CREATE "TM_START_DIET"; CREATE "DATE_START_ DIET"
CAPTURE TIME IN TM_START_ DIET
CAPTURE DATE IN DATE_START_ DIET

#[DISPLAY]
DQQ_INTRO.
The next questions are about foods and drinks that you consumed yesterday during the day or night, whether you had it at home or somewhere else.

#[GRID SP; 4,4]
DQQ_GRID1.
Yesterday, did you eat any of the following <u>vegetables and other foods</u>?

GRID ITEMS:

DQQ1.	Bread, rice, pasta, tortilla, or cereal?
DQQ2.	Fresh corn, popcorn, oats, granola, brown rice, or quinoa?
DQQ3.	Potato?
DQQ4.	Beans, refried beans, peas, lentils, hummus, chickpeas, tofu, or lima beans?
DQQ5.	Carrots, orange squash, pumpkin, sweet potato, or red bell pepper?
DQQ6.	Broccoli, spinach, arugula, kale, collards, turnip greens, or mustard greens?
DQQ7.	Lettuce, tomatoes, green beans, celery, green peppers, cabbage, or cucumber?
DQQ8.	Zucchini, mushrooms, eggplant, cauliflower, okra, asparagus, or radish?

CAWI RESPONSE OPTIONS:
1. Yes
0. No

CATI RESPONSE OPTIONS:
1. YES
0. NO

#[GRID SP]
DQQ_GRID2.
Yesterday, did you eat any of the following <u>fruits</u>?

GRID ITEMS:

DQQ9.	Cantaloupe, mango, papaya, apricots, or dried apricots?
DQQ10.	Orange, clementine, mandarin, tangerine, or grapefruit?
DQQ11_1.	Banana, apple, watermelon, grapes, avocado, berries, or cherries?
DQQ11_2.	Pineapple, pear, kiwi, plums, prunes, peaches, or nectarines?

CAWI RESPONSE OPTIONS:
1. Yes
0. No

CATI RESPONSE OPTIONS:
1. YES
0. NO

#[GRID SP]
DQQ_GRID3.
Yesterday, did you eat any of the following <u>sweets</u>?

GRID ITEMS:
DQQ12.   Cakes, cookies, brownies, donuts, pastries, or pie?
DQQ13.   Candy, candy bars, chocolates, ice cream, popsicles, milkshake, or pudding?

CAWI RESPONSE OPTIONS:
1. Yes
0. No

CATI RESPONSE OPTIONS:
1. YES
0. NO

#[GRID SP; 4,4]
DQQ_GRID4.
Yesterday, did you eat any of the following <u>foods of animal origin</u>?

GRID ITEMS:
DQQ14.   Eggs?
DQQ15.   Cheese?
DQQ16.   Yogurt?
DQQ17.   Sausages, hot dogs, pepperoni, luncheon meat, ham, or bacon?
DQQ18.   Beef, hamburger, lamb, or venison?
DQQ19.   Pork?
DQQ20.   Chicken or turkey?
DQQ21.   Fish, tuna fish, shrimp, or seafood?

CAWI RESPONSE OPTIONS:
1. Yes
0. No

CATI RESPONSE OPTIONS:
1. YES
0. NO

#[GRID SP]
DQQ_GRID5.
Yesterday, did you eat any of the following <u>other foods</u>?

GRID ITEMS:
DQQ22.   Peanut butter, almond butter, peanuts, almonds, cashews, walnuts, pecans, or
pistachios?
DQQ23.   Potato chips, Cheetos, Doritos, Fritos, or Pringles?
DQQ24.   Ramen noodle soup or other instant soup?
DQQ25.   French fries, onion rings, fried chicken, chicken nuggets, fish sticks, fish fry, or
fried shrimp?

CAWI RESPONSE OPTIONS:
1. Yes
0. No

CATI RESPONSE OPTIONS:
1. YES
0. NO

#[GRID SP]
DQQ_GRID6.
Yesterday, did you have any of the following <u>beverages</u>?

GRID ITEMS:
DQQ26.   Milk, including dairy milk on cereal or in lattes?
DQQ27.   Coffee with sugar, sweet coffee drinks, hot cocoa, or chocolate milk?
DQQ28.   Fruit juice, fruit-flavored drinks, lemonade, or sweet tea?
DQQ29.   Soft drinks or pop such as Coke, Pepsi, Sprite, or Dr Pepper, sports drinks, or
energy drinks?

CAWI RESPONSE OPTIONS:
1. Yes
0. No

CATI RESPONSE OPTIONS:
1. YES
0. NO

#[SP]
DQQ30.
Yesterday, did you get food from any place like McDonald's, Burger King, Subway, Dunkin, Wendy's,
Taco Bell, or Chick-Fil-A?

CAWI RESPONSE OPTIONS:
1. Yes

    0. No

CATI RESPONSE OPTIONS:
1. YES
0. NO

PROGRAMMING: CREATE "TM_END_ DIET"; CREATE "DATE_END_ DIET"
CAPTURE TIME IN TM_END_ DIET
CAPTURE DATE IN DATE_END_ DIET

SECTION: Physical Activity

PROGRAMMING: CREATE "TM_START_PHYS"; CREATE "DATE_START_ PHYS"
CAPTURE TIME IN TM_START_ PHYS
CAPTURE DATE IN DATE_START_ PHYS

#[DISPLAY]
ACTV_INTRO.
The next questions are about physical activities (exercise, sports, physically active hobbies…) that you may do in your leisure-time. The first questions ask about <u>light or moderate</u> physical activities, then there will be questions about <u>vigorous</u> physical activities.

#[NUMBOX, DROPDOWN]
[CAWI PROMPT IF ANY ELEMENT ONSCREEN IS MISSING: "Please provide an answer to all parts of the question."]
MODNO.
How often do you do <u>light or moderate</u> leisure-time physical activities for <u>at least 10 minutes</u> that cause <u>only light</u> sweating or a <u>slight to moderate</u> increase in breathing or heart rate? [CATI: You may give your answer in number of times per day, per week, per month, or per year. If you are unable to do these types of activity or never do them, you may tell me that too.]

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE DROPDOWN.]
<div align="center"><u>per day/week/month/year</u></div>
[NUMBER BOX, RANGE 0-995, 998] Number of times [DROPDOWN LIST]

CAWI DROPDOWN LIST RESPONSE OPTIONS:
1. Never
2. Per day
3. Per week
4. Per month

5. Per year
6. Unable to do this type of activity

CATI DROPDOWN LIST RESPONSE OPTIONS:
1. NEVER
2. PER DAY
3. PER WEEK
4. PER MONTH
5. PER YEAR
6. UNABLE TO DO THIS TYPE OF ACTIVITY

PROGRAMMING NOTE: [IF (MODNO_NUM Is Empty or MODNO_DDB Is Empty, MODNO_DDB = 98]
[IF (MODNO_NUM Is Not Empty and (MODNO_DDB = 01 or MODNO_DDB = 06), clear MODNO_NUM of its answer]

#[SHOW IF MODNO_DROPDOWN=2,3,4,5 AND (MODNO_NUMBOX>0 AND MODNO_NUMBOX NE '998')]
[NUMBOX, DROPDOWN, FOR DROPDOWN HAVE "Minutes" AS DEFAULT DISPLAYED]
[PROMPT IF NUMBERBOX HAS VALUE BUT DROPDOWN LIST IS EMPTY]
MODLNGNO.
About how long do you do these </u>light or moderate</u> leisure-time physical activities each time?
[CATI: You may give your answer in minutes or hours.]

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE DROPDOWN.]
<center><u>Minutes/Hours</u></center>
[NUMBER BOX, RANGE 1-90, 998] Number of [DROPDOWN LIST]

CAWI DROPDOWN LIST RESPONSE OPTIONS:
1. Minutes
2. Hours

CATI DROPDOWN LIST RESPONSE OPTIONS:
1. MINUTES
2. HOURS

#[NUMBOX, DROPDOWN]
[CAWI PROMPT IF ANY ELEMENT ONSCREEN IS MISSING: "Please provide an answer to all parts of the question."]
VIGNO.
How often do you do <u>vigorous</u> leisure-time physical activities for <u>at least 10 minutes</u> that cause <u>heavy</u> sweating or <u>large</u> increases in breathing or heart rate? [CATI: You may give your answer in number of times per day, per week, per month, or per year. If you are unable to do these types of activity or never do them, you may tell me that too.]

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE DROPDOWN.]

<u>per day/week/month/year</u>

[NUMBER BOX, RANGE 0-995, 998] Number of times [DROPDOWN LIST]

CAWI DROPDOWN LIST RESPONSE OPTIONS:
1. Never
2. Per day
3. Per week
4. Per month
5. Per year
6. Unable to do this type of activity

CATI DROPDOWN LIST RESPONSE OPTIONS:
1. NEVER
2. PER DAY
3. PER WEEK
4. PER MONTH
5. PER YEAR
6. UNABLE TO DO THIS TYPE OF ACTIVITY

PROGRAMMING NOTE: [IF (VIGNO_NUM Is Empty or VIGNO_DDB Is Empty, VIGNO_DDB = 98]
[IF (VIGNO_NUM Is Not Empty and (VIGNO_DDB = 01 or VIGNO_DDB = 06), clear VIGNO_NUM of its answer]

#[SHOW IF VIGNO_DROPDOWN=2,3,4,5 AND (VIGNO_NUMBOX>0 AND VIGNO_NUMBOX NE '998')]
[NUMBOX, DROPDOWN, FOR DROPDOWN HAVE "Minutes" AS DEFAULT DISPLAYED]
[PROMPT IF NUMBERBOX HAS VALUE BUT DROPDOWN LIST IS EMPTY]
VIGLNGNO.
About how long do you do these <u>vigorous</u> leisure-time physical activities each time? [CATI: You may give your answer in minutes or hours.]

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE DROPDOWN.]

<u>Minutes/Hours</u>

[NUMBER BOX, RANGE 1-90, 998] Number of [DROPDOWN LIST]

CAWI DROPDOWN LIST RESPONSE OPTIONS:
1. Minutes
2. Hours

CATI DROPDOWN LIST RESPONSE OPTIONS:
1. MINUTES
2. HOURS

#[NUMBOX, DROPDOWN]
[CAWI PROMPT IF ANY ELEMENT ONSCREEN IS MISSING: "Please provide an answer to all parts of the question."]
STRNGNO.
How often do you do leisure-time physical activities specifically designed to <u>strengthen</u> your muscles such as lifting weights or doing calisthenics? [CATI: You may give your answer in number of times per day, per week, per month, or per year. If you are unable to do these types of activity or never do them, you may tell me that too.]
[SPACE]
<i>Include all such activities even if you have mentioned them before</i>.

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE DROPDOWN.]
<div align="center"><u>per day/week/month/year</u></div>
[NUMBER BOX, RANGE 0-995, 998] Number of times [DROPDOWN LIST]

CAWI DROPDOWN LIST RESPONSE OPTIONS:
1. Never
2. Per day
3. Per week
4. Per month
5. Per year
6. Unable to do this type of activity

CATI DROPDOWN LIST RESPONSE OPTIONS:
1. NEVER
2. PER DAY
3. PER WEEK
4. PER MONTH
5. PER YEAR
6. UNABLE TO DO THIS TYPE OF ACTIVITY

PROGRAMMING NOTE: [IF (STRNGNO_NUM Is Empty or STRNGNO_DDB Is Empty, STRNGNO_DDB = 98]
[IF (STRNGNO_NUM Is Not Empty and (STRNGNO_DDB = 01 or STRNGNO_DDB = 06), clear STRNGNO_NUM of its answer]

#[MP]
PROBE_PHYSACT
In the last week, did you do any of the following things for 20 or more minutes at once?
[SPACE]
[REMOVE BOLD] <i>Please [CAWI: select; CATI: tell me] all that apply.</i>

RESPONSE OPTIONS:
1. Running or jogging
2. Hiking
3. Walking as part of your job
4. Walking outside of work

5. Yardwork or cleaning your home
6. Working out with exercise equipment
7. Lifting weights
8. Cycling, swimming, or other aerobic exercises
9. Yoga or stretching
10. Playing a sport, please specify which sport: [TEXTBOX]
11. Other, please specify: [TEXTBOX]

PROGRAMMING: CREATE "TM_END_ PHYS"; CREATE "DATE_END_ PHYS"
CAPTURE TIME IN TM_END_ PHYS
CAPTURE DATE IN DATE_END_ PHYS

SECTION: Stress

PROGRAMMING: CREATE "TM_START_ STRESS"; CREATE "DATE_START_ STRESS"
CAPTURE TIME IN TM_START_ STRESS
CAPTURE DATE IN DATE_START_ STRESS

[COPY FROM ATEST SID 3465]
#[SP]
STRESS.
Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time.
[SPACE]
Within the last 30 days, how often have you felt this kind of stress? [CATI] Would you say always, usually, sometimes, rarely, or never?

CAWI RESPONSE OPTIONS:
1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

CATI RESPONSE OPTIONS:
1. ALWAYS
2. USUALLY
3. SOMETIMES
4. RARELY
5. NEVER

[SHOW THIS FOOTER AT THE BOTTOM OF PAGE FOR STRESS]

INSERT FOOTER <center> These questions may be difficult to answer. If you need help, please click here for a list of resources. </center>
LINK BEHIND "HERE": 8935 RANDS 10 Resources.pdf
[IF CATI: TI USE THIS LINK TO ACCESS RESOURCES IF RESPONDENT NEEDS HELP/SUPPORT DURING INTERVIEW]

#[GRID SP]
PSS_SERIES.
In the last month, how often have you felt the following? [CATI] Would you say always, usually, sometimes, rarely, or never?

GRID ITEMS:
>   PSS_2. That you were unable to control the important things in your life
>   PSS_4. Confident about your ability to handle your personal problems
>   PSS_5. That things were going your way
>   PSS_10. Difficulties were piling up so high that you could not overcome them

CAWI RESPONSE OPTIONS:
1.   Always
2.   Usually
3.   Sometimes
4.   Rarely
5.   Never

CATI RESPONSE OPTIONS:
1.   ALWAYS
2.   USUALLY
3.   SOMETIMES
4.   RARELY
5.   NEVER

[SHOW THIS FOOTER AT THE BOTTOM OF PAGE FOR PSS_2]
INSERT FOOTER <center> These questions may be difficult to answer. If you need help, please click here for a list of resources. </center>
LINK BEHIND "HERE": 8935 RANDS 10 Resources.pdf
[IF CATI: TI USE THIS LINK TO ACCESS RESOURCES IF RESPONDENT NEEDS HELP/SUPPORT DURING INTERVIEW]

CREATE DOV_PSS: BRAD, PLEASE JUST CREATE A BLANK PLACEHOLDER FOR NOW; WE NEED TO CHECK WITH NCHS ON HOW TO COMPUTE DOV_PSS.

WHEN COMPUTING DOV_PSS,

FOR PSS_2, PSS_10, "ALWAYS"=4, "USUALLY" =3, "SOMETIMES"=2, "RARELY"=1, "NEVER"=0.

FOR PSS_4, PSS_5, "ALWAYS"=0, "USUALLY" =1, "SOMETIMES"=2, "RARELY"=3, "NEVER"=4.

DOV_PSS = SUM OF PSS_2, PSS_10, PSS_4, PSS_5 USING RULES ABOVE FOR VALUES

IF ANY OF PSS_2, PSS_4, PSS_5, OR PSS_10 IS 77s, 98s, and 99s, SET DOV_PSS=99

PROGRAMMING: CREATE "TM_END_ STRESS"; CREATE "DATE_END_ STRESS"
CAPTURE TIME IN TM_END_ STRESS
CAPTURE DATE IN DATE_END_ STRESS

SECTION: Sleep

PROGRAMMING: CREATE "TM_START_ SLEEP"; CREATE "DATE_START_ SLEEP"
CAPTURE TIME IN TM_START_ SLEEP
CAPTURE DATE IN DATE_START_ SLEEP

#[NUMBOX and SP]
[CAWI: CUSTOM PROMPT IF SKIPPED: "Please provide an answer to all parts of the question, including hour, minute, and time of day (i.e., morning or afternoon/evening)."]
PSQI_1**.**
During the past month, what time have you usually gone to bed?

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE AM-PM LIST.]

CAWI: [NUMBOX, RANGE 1-12] Hour   [NUMBOX, RANGE 0-59] Minute
CATI: [NUMBOX, RANGE 1-12] HOUR   [NUMBOX, RANGE 0-59] MINUTE

SINGLE PUNCH RESPONSE OPTIONS:
1. AM
2. PM

#[NUMBOX]
[DISPLAY ON SAME SCREEN AS PSQI_1]
PSQI_2.
During the past month, how long (in minutes) has it usually taken you to fall asleep?

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF.]

CAWI: [0-1440] minutes
CATI: [0-1440] MINUTES

#[NUMBOX and SP]
[CAWI: CUSTOM PROMPT IF SKIPPED: "Please provide an answer to all parts of the question, including hour, minute, and time of day (i.e., morning or afternoon/evening)."]
PSQI_3**.**
During the past month, what time have you usually gotten up?

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE AM-PM LIST.]

CAWI: [NUMBOX, RANGE 1-12] Hour   [NUMBOX, RANGE 0-59] Minute
CATI: [NUMBOX, RANGE 1-12] HOUR   [NUMBOX, RANGE 0-59] MINUTE

SINGLE PUNCH RESPONSE OPTIONS:
   1. AM
   2. PM

#[NUMBOX]
[CAWI: CUSTOM PROMPT IF SKIPPED (Both hour and minute elements on screen are skipped, or Hour is missing (only minutes is entered): "Please provide an answer to all parts of the question, including hour and minute."]
PSQI_4**.**
During the past month, how many hours of actual sleep did you get on an average day?

This may be different than the number of hours you spent in bed.

If you get something like 6 hours and 45 minutes of sleep, please [IF CAWI: include; IF CATI: tell me] minutes as well.

[CATI: ALLOW RESPONDENT TO PROVIDE ANSWER IN HOURS AND MINUTES; PROMPT FOR ANSWER FOR 'HOURS', EVEN BEST GUESS; IF ONLY HOURS REPORTED, PUT '0' (ZERO) IN MINUTES FIELD; IF R STILL INDICATES DON'T KNOW OR REFUSED, LEAVE BOTH HOURS AND MINUTES BLANK AND SELECT FROM DRODOWN LIST.]

CAWI: [0-24] Hours
CATI: [0-24] HOURS

CAWI: [0-59] Minutes
CATI: [0-59] MINUTES

#[GRID, SP; 5,5]
PSQI_5.
During the past month, how often have you had trouble sleeping because you…

GRID ITEMS:
   A. Cannot get to sleep within 30 minutes

B. Wake up in the middle of the night or early morning
C. Have to get up to use the bathroom
D. Cannot breathe comfortably
E. Cough or snore loudly
F. Feel too cold
G. Feel too hot
H. Had bad dreams
I. Have pain
J. Some other reason, please specify [TEXTBOX]

RESPONSE OPTIONS:
0. Not during the past month
1. Less than once a month
2. Once or twice a month
3. Three or more times a month

#[SP]
PSQI_6.
During the past month, how would you rate your sleep quality overall? [CATI] Would you say very good, fairly good, fairly bad, or very bad?

CAWI RESPONSE OPTIONS:
0. Very good
1. Fairly good
2. Fairly bad
3. Very bad

CATI RESPONSE OPTIONS:
0. VERY GOOD
1. FAIRLY GOOD
2. FAIRLY BAD
3. VERY BAD

#[GRID, SP]
PSQI_78GRID.
During the past month, how often have you…

CAWI GRID ITEMS:
    PSQI_7.   taken medicine to help you sleep?
    PSQI_8.   had trouble staying awake while driving, eating meals, or engaging in social activity?
CAWI: [INSERT FOLLOWING HOVER TEXT OVER "medicine": <i> Either prescribed or over the counter </i>
[CATI] READ IF NEEDED FOR TAKEN MEDICINE: MEDICINE INCLUDES 'EITHER PRESCRIBED OR OVER THE COUNTER'.

RESPONSE OPTIONS:
0. Not during the past month

1. Less than once a month
2. Once or twice a month
3. Three or more times a month

#[SP]
PSQI_9.
During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? [CATI] Would you say no problem at all, only a slight problem, somewhat of a problem, or a very big problem?

CAWI RESPONSE OPTIONS:
0. No problem at all
1. Only a slight problem
2. Somewhat of a problem
3. A very big problem

CATI RESPONSE OPTIONS:
0. NO PROBLEM AT ALL
1. ONLY A SLIGHT PROBLEM
2. SOMEWHAT OF A PROBLEM
3. A VERY BIG PROBLEM

PROGRAMMING: CREATE "TM_END_ SLEEP"; CREATE "DATE_END_ SLEEP"
CAPTURE TIME IN TM_END_ SLEEP
CAPTURE DATE IN DATE_END_ SLEEP

SECTION: Spirituality

PROGRAMMING: CREATE "TM_START_ SPIRIT"; CREATE "DATE_START_ SPIRIT"
CAPTURE TIME IN TM_START_ SPIRIT
CAPTURE DATE IN DATE_START_ SPIRIT

#[GRID, SP; 5,5]
SWBS_GRID.
Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?

GRID ITEMS:
A. [IF CAWI: I; IF CATI: You] don't know who [IF CAWI: I am; IF CATI: you are], where [IF CAWI: I; IF CATI: you] come from, or where [IF CAWI: I am; IF CATI: you are] going.
B. [IF CAWI: I; IF CATI: You] believe that God/a Higher Power loves [IF CAWI: me; IF CATI: you] and cares about [IF CAWI: me; IF CATI: you].

C. [IF CAWI: I; IF CATI: You] have a personally meaningful relationship with God/a Higher Power.
D. [IF CAWI: I; IF CATI: You] feel very fulfilled and satisfied with [IF CAWI: my; IF CATI: your] life.
E. [IF CAWI: I; IF CATI: You] don't get much personal strength and support from God/a Higher Power.
F. [IF CAWI: I; IF CATI: You] believe that God/a Higher Power is concerned about [IF CAWI: my; IF CATI: your] problems.
G. [IF CAWI: I; IF CATI: You] feel good about [IF CAWI: my; IF CATI: your] future.
H. [IF CAWI: My; IF CATI: Your] life doesn't have much meaning.
I. [IF CAWI: My; IF CATI: Your] relationship with God/a Higher Power contributes to [IF CAWI: my; IF CATI: your] sense of well-being.
J. [IF CAWI: I; IF CATI: You] believe there is some real purpose for [IF CAWI: my; IF CATI: your] life.

CAWI RESPONSE OPTIONS:
1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

CATI RESPONSE OPTIONS:
1. STRONGLY AGREE
2. AGREE
3. NEITHER AGREE NOR DISAGREE
4. DISAGREE
5. STRONGLY DISAGREE

PROGRAMMING: CREATE "TM_END_ SPIRIT"; CREATE "DATE_END_ SPIRIT"
CAPTURE TIME IN TM_END_ SPIRIT
CAPTURE DATE IN DATE_END_ SPIRIT

SECTION: Health Management

PROGRAMMING: CREATE "TM_START_ HEALTH"; CREATE "DATE_START_ HEALTH"
CAPTURE TIME IN TM_START_ HEALTH
CAPTURE DATE IN DATE_START_ HEALTH

[COPY FROM ATEST SID 3465]
#[SP]
HICOV.
Are you covered by any kind of health insurance or some other kind of health care plan?

CAWI RESPONSE OPTIONS:
1. Yes

2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[COPY FROM ATEST SID 3465]
#[SHOW IF HICOV=1]
[MP]
HIKIND.
What kinds of health insurance or health care coverage do you have?

[CATI] Is it...Private health insurance, Medicare, Medicare supplement, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, state-sponsored health plan, or another government program?
[SPACE]
[CAWI - REMOVE BOLD] <i>Select all that apply. </i>
[CATI] SELECT ALL THAT APPLY

CAWI RESPONSE OPTIONS:
1. Private health insurance
2. Medicare
3. Medigap
4. Medicaid
5. Children's Health Insurance Program (CHIP)
6. Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
7. Indian Health Service
8. State-sponsored health plan
9. Other government program
10. No coverage of any type [SP]

CATI RESPONSE OPTIONS:
1. PRIVATE HEALTH INSURANCE
2. MEDICARE
3. MEDIGAP
4. MEDICAID
5. CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
6. MILITARY RELATED HEALTH CARE: TRICARE (CHAMPUS) / VA HEALTH CARE / CHAMP-VA
7. INDIAN HEALTH SERVICE
8. STATE-SPONSORED HEALTH PLAN
9. OTHER GOVERNMENT PROGRAM
10. NO COVERAGE OF ANY TYPE [SP]

[COPY FROM ATEST SID 3465]

#[SP]
USUALPL.

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

CAWI RESPONSE OPTIONS:
1. Yes
2. No, there is no place
3. There is more than one place

CATI RESPONSE OPTIONS:
1. YES
2. NO, THERE IS NO PLACE
3. THERE IS MORE THAN ONE PLACE

PROGRAMMING: CREATE "TM_END_ HEALTH"; CREATE "DATE_END_ HEALTH"
CAPTURE TIME IN TM_END_ HEALTH
CAPTURE DATE IN DATE_END_ HEALTH

SECTION: Discrimination

PROGRAMMING: CREATE "TM_START_DISCRIM"; CREATE "DATE_START_DISCRIM"
CAPTURE TIME IN TM_START_DISCRIM
CAPTURE DATE IN DATE_START_DISCRIM

[COPY FROM ATEST SID 3900]
#[GRID SP]
EDS.

These next questions are about times and places where you were treated unfairly. In your day-to-day life, how often have any of the following things happened to you?

GRID ITEMS, RANDOMIZE AND RECORD:
EDSA.   You are treated with less courtesy or respect than other people.
EDSB.   Compared to other people, you receive poorer service at restaurants or stores.
EDSC.   People act as if they think you are not smart.
EDSD.   People act as if they are afraid of you.
EDSE.   You are threatened or harassed.

RESPONSE OPTIONS:
1. At least once a week
2. A few times a month
3. A few times a year
4. Less than once a year
5. Never

CREATE DOV_EDS:
IF ANY OF EDSA TO EDSE = 1-4   DOV_EDS=1
ELSE   DOV_EDS=0

[COPY FROM ATEST SID 3900]
#[SHOW IF DOV_EDS=1]
[SP]
EDS_FU.
What do you think the main reason is for these experiences?

RESPONSE OPTIONS:
1. Your Ancestry or National Origins
2. Your Gender
3. Your Race
4. Your Age
5. Your Religion
6. Your Height
7. Your Weight
8. Some other Aspect of Your Physical Appearance
9. Your Sexual Orientation
10. Your Education or Income Level

[COPY FROM ATEST SID 3900]
#[GRID SP]
HVS.
In your day-to-day life, how often did you…

GRID ITEMS, RANDOMIZE AND RECORD:
HVSA.   Try to prepare for possible insults from other people before leaving home?
HVSB.   Feel that you have to be very careful about appearance to get good service or avoid getting harassed?
HVSC.   Carefully watch what you say and how you say it?
HVSD.   Try to avoid certain social situations and places?

RESPONSE OPTIONS:
1. Almost every day
2. At least once a week
3. A few times a month
4. A few times a year
5. Less than once a year
6. Never

[COPY FROM ATEST SID 3900]
CREATE DOV_HVS:
IF ANY OF HVSA TO HVSD = 1-5 DOV_HVS=1
ELSE   DOV_HVS=0

CREATE PROBE_EDSHVS_FILL:
IF RND_01 = 1 PROBE_EDSHVS_FILL = you are treated with less courtesy or respect than other people
IF RND_01 = 2 PROBE_EDSHVS_FILL = you receive poorer service than other people at restaurants or stores
IF RND_01 = 3 PROBE_EDSHVS_FILL = people act as if they think you are not smart
IF RND_01 = 4 PROBE_EDSHVS_FILL = people act as if they are afraid of you
IF RND_01 = 5 PROBE_EDSHVS_FILL = you are threatened or harassed
IF RND_01 = 6 PROBE_EDSHVS_FILL = you try to prepare for possible insults from other people before leaving home
IF RND_01 = 7 PROBE_EDSHVS_FILL = you feel that you have to be very careful about appearance to get good service or avoid getting harassed
IF RND_01 = 8 PROBE_EDSHVS_FILL = you carefully watch what you say and how you say it
IF RND_01 = 9 PROBE_EDSHVS_FILL = you try to avoid certain social situations and places

---

[COPY FROM ATEST SID 3900]
#[TEXTBOX]
PROBE_EDSHVS.
When we asked you how often [PROBE_EDSHVS_FILL], what were you thinking about?

[LARGE TEXTBOX]

[COPY FROM ATEST SID 3900]
#[SP]
PROBE_DISCRIM.
We want to better understand how you think about some of the questions we are asking you in this survey.
[SPACE]
When answering the previous few questions about your experiences and how you have been treated, which of the following, if any, were you mainly thinking about?

[CATI] TI INSTRUCTIONS: USE 'SOMETHING ELSE, PLEASE SPECIFY' FIELD TO RECORD ANY 'NONE OF THESE' OR SIMILAR RESPONSE OPTIONS

RESPONSE OPTIONS:
1. Racism or discrimination based on your race and ethnicity
2. Negative social interactions, such as receiving poor service at stores or dealing with rude people
3. Social inequalities based on things like age, gender, and education
4. Something else, please specify [TEXTBOX]

PROGRAMMING: CREATE "TM_END_ DISCRIM"; CREATE "DATE_END_ DISCRIM"
CAPTURE TIME IN TM_END_ DISCRIM
CAPTURE DATE IN DATE_END_ DISCRIM

SECTION CLOSE: Burden and Close

[COPY FROM ATEST SID 3900]
#[SP]
BURDEN1.
How burdensome was it to complete this survey?

RESPONSE OPTIONS:
1. Not at all burdensome
2. A little burdensome
3. Moderately burdensome
4. Very burdensome
5. Extremely burdensome

[COPY FROM ATEST SID 3900]
#[SP]
BURDEN2.
How difficult was it to answer the questions?

RESPONSE OPTIONS:
1. Not at all difficult
2. A little difficult
3. Moderately difficult
4. Very difficult
5. Extremely difficult

RE-COMPUTE   QUAL=1 "COMPLETE"

SET CO_DATE, CO_TIME, CO_TIMER VALUES HERE

CREATE MODE_END
1=CATI
2=CAWI

SCRIPTING NOTES: PUT QFINAL1, QFINAL2, QFINAL3 in the same screen.
#[SP]
QFINAL1.

Thank you for your time today. To help us improve the experience of AmeriSpeak members like yourself, please give us feedback on this survey.

[RED TEXT – CAWI ONLY] If you do not have any feedback for us today, please click "Continue" through to the end of the survey so we can make sure your opinions are counted and for you to receive your AmeriPoints reward.

Please rate this survey overall from 1 to 7 where 1 is Poor and 7 is Excellent.

Poor						Excellent
1	2	3	4	5	6	7

#[SP – CAWI ONLY]
QFINAL2.
Did you experience any technical issues in completing this survey?

1. Yes – please tell us more in the next question
2. No

#[TEXTBOX – CATI version needs "No" option]
QFINAL3.
Do you have any general comments or feedback on this survey you would like to share? If you would like a response from us, please email support@AmeriSpeak.org or call (888) 326-9424.

#[DISPLAY]
END.
[CATI version]
Those are all the questions we have. We will add [INCENTWCOMMA] AmeriPoints to your AmeriPoints balance for completing the survey. If you have any questions at all for us, you can email us at support@AmeriSpeak.org or call us toll-free at **888-326-9424**. Let me repeat that again: email us at support@AmeriSpeak.org or call us at **888-326-9424**. Thank you for participating in our new AmeriSpeak survey!

[CAWI version]
Those are all the questions we have. We will add [INCENTWCOMMA] AmeriPoints to your AmeriPoints balance for completing the survey. If you have any questions at all for us, you can email us at support@AmeriSpeak.org or call us toll-free at **888-326-9424**. Thank you for participating in our new AmeriSpeak survey!

You can close your browser window now if you wish or click Continue below to be redirected to the AmeriSpeak member website.

Cint/Lucid redirect links:

Complete:

https://notch.insights.supply/cb?token=c08a1f86-b7ad-409b-b6a3-53f9d4457083&RID=[insert_value]

Qualification Termination:

https://samplicio.us/s/ClientCallBack.aspx?RIS=20&RID=[insert_value]

Duplication/Security Termination:

https://samplicio.us/s/ClientCallBack.aspx?RIS=30&RID=[insert_value]

Overquota:

https://samplicio.us/s/ClientCallBack.aspx?RIS=40&RID=[insert_value]