

Sponsored Content Questions going on RSS-2

NCBDDD Division of Human Development and Disability

Adult ADHD prevalence, treatment, drug shortages, and use of telehealth services for ADHD

NCIPC Division of Injury Prevention

Suicidal ideation and knowledge of a suicide (Suicide prevention)

Feelings of social isolation and connectedness during online activities (suicide prevention)

Swimming skill, water exposure, alcohol and water, CPR knowledge, and water safety training (drowning prevention)

NCIPC Division of Overdose Prevention

Harm reduction and treatment, including attitudes regarding drug use and naloxone

Shared decision making for chronic pain

NCCDPHP Division of Reproductive Health

Concern about reproductive health access, and changes in access to contraception

NCIPC Division of Violence Prevention

Technology-facilitated sexual violence

NIOSH Division of Field Studies and Engineering

Fit testing of hearing protection devices

NCHS Rapid Survey System - BY R2

MODE = WEB, CATI

REFUSALS/DON'T KNOW:

CAWI REFUSALS/DK:

DO NOT INCLUDE DON'T KNOW/REFUSED OPTIONS ON SCREEN FOR CAWI UNLESS SPECIFIED IN ITEM RESPONSE OPTIONS. CODE REFUSALS/SKIPS AS FOLLOWS:

IMPLICIT REFUSAL/WEB SKIP = -6

CATI REFUSALS/DK:

INCLUDE THE FOLLOWING DON'T KNOW/REFUSED OPTIONS FOR INTERVIEWERS ON SCREEN FOR ALL QUESTIONS IN CATI. INTERVIEWERS SHOULD NOT READ REF/DK OPTIONS UNLESS OTHERWISE SPECIFIED IN RESPONSE OPTIONS. CODE AS FOLLOWS:

REFUSAL = -7

DON'T KNOW = -9

LEGITIMATE SKIPS

CODE ALL LEGITIMATE SKIPS FOR CATI AND CAWI AS FOLLOWS:

LEGITIMATE SKIP = -8

ANSWER REQUIREMENT/ PROMPTS AND VALIDATION

RESPONDENTS SHOULD BE ABLE TO SKIP ALL ITEMS, AND NO ITEMS SHOULD BE REQUIRED. DO NOT USE SOFT PROMPTS FOR ITEMS THAT ARE SKIPPED. ERROR/VALIDATION MESSAGES (E.G., OUT OF BOUNDS RESPONSES) SHOULD BE PROGRAMMED AS SPECIFIED.

QUESTION INFORMATION FORMATTING:

ALL QUESTION INFORMATION WILL BE FORMATTED AS FOLLOWS:

[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]" WILL PRECEDE MODE SPECIFIC TEXT

CAWI RESPONSE OPTIONS

CATI RESPONSE OPTIONS IF DIFFERENT FROM CAWI; ELSE ONLY ONE COMMON SET OF RESPONSE OPTIONS WILL BE SPECIFIED.

CATI INSTRUCTIONS AND RESPONSE OPTIONS THAT SHOULD **NOT** BE READ WILL BE IN ALL CAPS. CATI RESPONSE OPTIONS WILL ALSO INCLUDE "DO NOT READ" INSTRUCTIONS; ELSE CATI TEXT/RESPONSE OPTIONS SHOULD BE READ BY INTERVIEWER. NORC/IPSOS MAY FORMAT RESPONSE OPTIONS THAT SHOULD NOT BE READ AS ALL CAPS AND/OR IN LOWER CASE WITH EXPLICIT "DO NOT READ" INSTRUCTIONS.

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

CREATE VARIABLES:

QUEX_LANG

BASED ON LANGUAGE SELECTED IN INSTRUMENT:

ENGLISH = 1

SPANISH = 2

GROUP

RANDOMLY ASSIGN 25% OF PARTICIPANTS TO EACH OF FOUR GROUPS

GROUP = 1-4

PRELOAD PROFILE DEMOGRAPHICS AND RENAME/CREATE VARIABLES AS FOLLOWS:

HHSIZE

NUMERIC HH SIZE, CAPPED AT 6+

AGE

NORC = DOB (RECODE DOB TO AGE IN YEARS)

IPSOS = AGECONS

NUMERIC AGE IN YEARS

SEX

NORC = S_GENDER

IPSOS = QGENDER

1 MALE

2 FEMALE

EDUCATION

NORC = EDUCATION

IPSOS = Q15 AND Q15A (RECODE INTO ONE VARIABLE)

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

RACE

NORC = RACE_1

IPSOS = CPSRACE & CPSASIAN (RECODE INTO ONE VARIABLE)

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian Indian
- 5 Chinese
- 6 Filipino
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Other Asian
- 11 Native Hawaiian
- 12 Guamanian or Chamorro
- 13 Samoan
- 14 Other Pacific Islander
- 15 Some other race

HISPAN

NORC = HISPAN

IPSOS = Q13

- 1 Not Hispanic
- 2 Mexican, Mexican American, Chicano
- 3 Puerto Rican
- 4 Cuban
- 5 Other Spanish/Hispanic/Latino

INCOME

NORC = INCOME

IPSOS = Q35 & Q36 (RECODE INTO ONE VARIABLE)

- 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

NORC/IPSOS: AS NECESSARY, INCLUDE YOUR STANDARD PANEL CAWI INTRO SCREENS AND CATI INBOUND/OUTBOUND/CALLBACK/VOICEMAIL SCRIPTS BEFORE “INTRODUCTION.”

INTRODUCTION

[DISPLAY IF CAWI]

The National Center for Health Statistics, 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. 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 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 the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Pub. L. No. 115-435, 132 Stat. 5529 § 302).

If you have any questions about your rights as a participant in this research study, call NCHS' Confidentiality Officer at (888) 642-1459.

[PROGRAMMER: REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BOARDED BY THIN BLACK BOX/OUTLINE]

CDC estimates the average public reporting burden for this collection of information as 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 (0920-1408).

We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), and the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. § 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

[DISPLAY IF CATI]

- We are asking for your help on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.
- This survey will take on average 20 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 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 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' Confidentiality Officer at (888) 642-1459.

[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

DC 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 (0920-1408).

We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), and the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. § 151 and 151 note) 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" AND RECORD TIME IN HH:MM:SS]

[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" AND RECORD TIME IN HH:MM:SS]

CHR - CHRONIC CONDITIONS

[CREATE "START_CHR" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

CHR_HYPEV

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

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

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

CHR_CHLEV

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

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

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

CHR_ASEV

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[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

[CREATE "END_CHR" AND RECORD TIME IN HH:MM:SS]

ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

Q1. Have you ever been diagnosed with attention-deficit/hyperactivity disorder, or ADHD, by a doctor or other health professional?

Health professionals can include psychologists and nurses.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q1=1]

[S]

Q2. How old were you when a doctor or other health professional first diagnosed you with ADHD?

[CAWI RESPONSE OPTIONS:]

- 1 11 years old or younger
- 2 12-17 years old
- 3 18-24 years old
- 4 25-44 years old
- 5 45 years old or older

[CATI RESPONSE OPTIONS - READ IF NECESSARY:]

- 1 11 years old or younger
- 2 12-17 years old
- 3 18-24 years old
- 4 25-44 years old

5 45 years old or older

[SHOW IF Q1=1]

[S]

Q3. Do you currently have ADHD?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF Q3=1]

[S]

Q4. During the past 12 months, did you receive counseling or therapy from a mental health professional to help you with your ADHD?

Mental health professionals can include psychiatrists, psychologists, psychiatric nurses, or clinical social workers.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF Q3=1]

[S]

Q5. During the past 12 months, were you prescribed medication to help you with your ADHD?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF Q5=1]

[S]

Q6. During the past 12 months, did you have any difficulty getting your ADHD prescription filled because your ADHD medication was not available?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q5=1]

[S]

Q7. During the past 12 months, what prescription medications did you take to help you with ADHD?

Please do not list any medications you were prescribed but did not take.

[Open-ended text response]

0 None

[SHOW IF Q3=1]

[S]

Q8. During the past 12 months, did health insurance pay for any of the healthcare costs for diagnosing or treating your ADHD?

Include any costs for counseling or therapy, prescription medications, or diagnostic evaluations.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q3=1]

[S]

Q9. Have you ever received any telehealth services for ADHD? That is, have you ever talked about your ADHD with a doctor, nurse, or other health professional by video or by phone?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q9=1]

[S]

Q10. Were you diagnosed with ADHD during telehealth visits, in-person visits, or a combination of both?

[CAWI RESPONSE OPTIONS:]

- 1 Telehealth visits
- 2 In-person visits
- 3 Both telehealth and in-person visits

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 Telehealth visits
- 2 In-person visits
- 3 Both telehealth and in-person visits

[SHOW IF Q9=1]

[S]

Q11. At any time since March 2020 that is, since the start of the COVID-19 pandemic, did you use any telehealth visits for the following:

To have a first-time visit with a doctor, nurse, or other health professional for your ADHD?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

Q12. To have a visit with a doctor, nurse, or other health professional to get a prescription for ADHD medications?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

Q13. To receive counseling or therapy to help you with your ADHD?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q11, Q12, or Q13 = 1]

Q14. At any time since March 2020, did health insurance pay for any of the costs for telehealth visits for ADHD?

Do not include costs for any medications prescribed during a telehealth visit.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q12 = 1]

Q15. Within the next three months, do you plan to have another telehealth visit, to get a prescription for your ADHD medications

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No
- X Not Sure

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q13=1]

Q16. Within the next three months, do you plan to have another telehealth visit, to receive counseling or therapy for your ADHD?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No
- X Not Sure

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

SOC - SOCIAL/WORK LIMITATIONS

[CREATE "START_SOC" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

SOC_ERRANDS

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? [CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

SOC_PARACTIV

Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities, such as visiting friends, attending clubs and meetings, or going to parties?

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

SOC_SCWRKLIM

Are you limited in the kind or amount of work you can do because of a physical, mental, or emotional problem?

Work includes paid work, volunteer work, school work, and homework.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_SOC" AND RECORD TIME IN HH:MM:SS]

PAY - SOCIAL DETERMINANTS: PAYING MEDICAL BILLS

[CREATE "START_PAY" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

(PAYBLL12M) In the past 12 months, did you or anyone in your family have problems paying or were unable to pay medical bills?

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW ALL]

[S]

PAY_PAYWORRY

If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? [CATI] Are you very worried, somewhat worried, or not at all worried?

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[CREATE "END_PAY" AND RECORD TIME IN HH:MM:SS]

SOCIAL DETERMINANTS: TRANSPORTATION BARRIERS, AND HOUSING COSTS

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

(TRANSPOR_A) In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things you needed for daily living?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW ALL]

[S]

(HOUSECOST_A) During the past 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

INT - INTERNET/HIT

[CREATE "START_INT" AND RECORD TIME IN HH:MM:SS]

[SHOW IF MODE = CATI; AUTO PUNCH 1 (YES) IF MODE = CAWI]

[S]

INT_ACCESS

These next questions are about your use of the Internet.

Do you have access to the Internet?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF INT_ACCESS=1]

[S]

INT_HOMEACC

Do you have access to the Internet from your home?

Include Internet and data use through a computer, tablet, smartphone, or other electronic device.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF INT_ACCESS=1]

INT_DSPL

During the past 12 months, have you used the Internet for any of the following reasons?

Include Internet and data use through a computer, tablet, smartphone, or other electronic device.

[SHOW IF INT_ACCESS=1]

[S]

INT_USEMED

To look for health or medical information.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF INT_ACCESS=1]

[S]

INT_USEDOC

To communicate with a doctor or doctor's office.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF INT_ACCESS=1]

[S]

INT_USETEST

To look up medical test results.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[PROGRAMMER: DISPLAY INT_USEMED - INT_USETEST ON SAME PAGE]

[CREATE "END_INT" AND RECORD TIME IN HH:MM:SS]

ONLINE CONNECTEDNESS

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

[CAWI] Q1. How often do you use social media? [CATI] Would you say daily, weekly, monthly, or never?

[CAWI RESPONSE OPTIONS:]

- 1 Daily
- 2 Weekly
- 3 Monthly
- 0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 DAILY
 - 2 WEEKLY
 - 3 MONTHLY
 - 0 NEVER
-

[SHOW ALL]

[S]

[CAWI] Q2. How often do you play online games? [CATI] Would you say daily, weekly, monthly, or never?

[CAWI RESPONSE OPTIONS:]

- 1 Daily
- 2 Weekly
- 3 Monthly
- 0 Never

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 DAILY
- 2 WEEKLY
- 3 MONTHLY
- 0 NEVER

[SHOW ALL]

[S]

[CAWI] Q3. How often do you visit forums and message boards? [CATI] Would you say daily, weekly, monthly, or never?

[CAWI RESPONSE OPTIONS:]

- 1 Daily
- 2 Weekly
- 3 Monthly
- 0 Never

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 DAILY
- 2 WEEKLY
- 3 MONTHLY
- 0 NEVER

[SHOW IF Q1=1,2,3]

[S]

Q4. How much do you agree or disagree with the following statements?

When I use social media, I feel socially isolated from others. [CATI] Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE

[SHOW IF Q1=1,2,3]

[S]

Q5. How much do you agree or disagree with the following statements?

When I use social media, I feel like I'm a member of a community. [CATI] Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE

[SHOW IF Q2=1,2,3]

[S]

Q6. How much do you agree or disagree with the following statements?

When I play online games, I feel socially isolated from others. [CATI] Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE

[SHOW IF Q2=1,2,3]

[S]

Q7. How much do you agree or disagree with the following statements?

When I play online games, I feel like I'm a member of a community. [CATI] Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE

[SHOW IF Q3=1,2,3]

[S]

Q8. How much do you agree or disagree with the following statements?

When I visit forums and message boards, I feel socially isolated from others [CATI] Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE

[SHOW IF Q3=1,2,3]

[S]

Q9. How much do you agree or disagree with the following statements?

When I visit online message boards, I feel like I'm a member of a community [CATI] Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree?

[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

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

ACC - ACCESS/UTILIZATION

[CREATE "START_ACC" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

ACC_HTHLAST

These next questions are about your healthcare.

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 (MORE THAN 5 YEARS BUT LESS THAN 10 YEARS AGO)
- 6 10 years ago or more
- 0 Never

[SHOW ALL]

[S]

ACC_HTHUSUAL

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

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

[SHOW IF ACC_HTHUSUAL = 1, 3]

[S]

ACC_HTHTYPE

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

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

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS – DO NOT READ:]

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

[SHOW ALL]

[S]

ACC_HOSP12M

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

Do not include an overnight stay in the emergency room.

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_ACC" AND RECORD TIME IN HH:MM:SS]

HEALTHCARE UTILIZATION - PRESCRIPTION MEDICATION

[CREATE "X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

(RX12M_A) 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 ALL]

[S]

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

(RXSK12M_A) 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 ALL]

[S]

(RXLS12M_A) 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 ALL]

[S]

(RXDL12_A) You delayed filling a prescription to save money.

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

(RXDG12M_A) During the past 12 months, was there any time when you needed prescription medication, but did not get it because of cost?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[CREATE "END_ACC" AND RECORD TIME IN HH:MM:SS]

CONTRACEPTION ACCESS AMONG WOMEN OF REPRODUCTIVE AGE

Q1. (If R is female, age 18-49) The next questions are about birth control. At any time in the past 12 months, have you had sexual intercourse with a male partner?

1 YES

2 NO – **go to next section**

Q2. During the past 12 months, did you or your male partner use any of the following methods to prevent pregnancy? (Mark all that apply)

- | | | |
|---|-----|----|
| a. An IUD or implant, such as Mirena, Liletta, ParaGard, or Nexplanon | Yes | No |
| b. Birth control shots, such as Depo-Provera | Yes | No |
| c. Birth control pills, vaginal ring such as NuvaRing, or patch such as Xulane | Yes | No |
| d. Emergency contraception or the morning after pill, such as Plan B or Ella | Yes | No |
| e. A sterilization method such as tubal ligation or Essure, or a vasectomy for a male partner | Yes | No |
| f. We used other methods to prevent pregnancy | Yes | No |
| g. We did not use any methods to prevent pregnancy | Yes | No |

In CATI, f and g would be:

- | | | |
|---|-----|----|
| f. You used other methods to prevent pregnancy | Yes | No |
| g. You did not use any methods to prevent pregnancy | Yes | No |

In CAWI, if a respondent selects Q2g, they should be disallowed from selecting other options. (If possible - This is a new suggestion since DCC review and if they can do that, we would like to include it. We aren't sure how that would work in CATI if at all)

If Q2e = yes and all others in Q2 = no – **go to next section**

If Q2g = yes and all others in Q2 = no – **go to next section**

Q3. Over the past 12 months, have you changed or stopped a method you used to prevent pregnancy?

1 YES

2 NO – **go to Q5 if Q2a = yes; go to Q6 if Q2b = yes; go to Q7 if Q2c = yes; go to Q8 if Q2d = yes**

Q4. (If Q3= yes) Why did you change or stop a method you used to prevent pregnancy?

- | | | |
|--|-----|----|
| a. I wanted to use a more effective birth control method | Yes | No |
| b. I wanted to use a less expensive birth control method | Yes | No |
| c. I did not like a birth control method I was using | Yes | No |
| d. I had concerns about privacy or confidentiality | Yes | No |
| e. I wanted to become pregnant | Yes | No |
| f. For another reason | Yes | No |

Q5. (If Q2a = yes) In the past 12 months, has obtaining an IUD or implant become more difficult, less difficult, or stayed the same for you? [CATI] Would you say more difficult, less difficult, stayed the same or do not know because you did not try to get an IUD or implant in the past 12 months?

- a. More difficult

- b. Less difficult
- c. Stayed the same
- d. Do not know because I did not try to obtain an IUD or implant in the past 12 months

Q6. (If Q2b = yes) In the past 12 months, has obtaining birth control shots become more difficult, less difficult, or stayed the same for you? [CATI] Would you say more difficult, less difficult, or stayed the same?

- a. More difficult
- b. Less difficult
- c. Stayed the same
- d. Do not know because I did not try to obtain a birth control shot in the past 12 months

Q7. (If Q2c = yes) In the past 12 months, has obtaining birth control pills, vaginal rings, or patches become more difficult, less difficult, or stayed the same for you? [CATI] Would you say more difficult, less difficult, or stayed the same?

- a. More difficult
- b. Less difficult
- c. Stayed the same
- d. Do not know because I did not try to obtain birth control pills, vaginal rings, or patches in 12 months

Q8. (If Q2d = yes) In the past 12 months, has obtaining emergency contraception become more difficult, less difficult, or stayed the same for you? [CATI] Would you say more difficult, less difficult, or stayed the same?

- a. More difficult
- b. Less difficult
- c. Stayed the same
- d. Do not know because I did not try to obtain emergency contraception in 12 months

HEALTH STATUS - PAIN

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

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

(PAIFRQ3M) In the past three months, how often did you have pain? [CATI] Would you say never, some days, most days, or every day?

Please answer based on your usual use of medication.

[CAWI RESPONSE OPTIONS:]

0 Never

- 1 Some days
- 2 Most days
- 3 Every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW IF PAIRFQ3M = 1,2,3]

[S]

(PAIAMNT) Thinking about the last time you had pain, how much pain did you have? [CATI]
Would you say a little, a lot, or somewhere in between?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 A LITTLE
 - 2 A LOT
 - 3 SOMEWHERE IN BETWEEN A LITTLE AND A LOT
-

[SHOW IF PAIRFQ3M = 1,2,3]

[S]

(PAIWKLM3M) Over the past three months, how often did your pain limit your life or work activities? [CATI] Would you say some days, most days, or every day?

[CAWI RESPONSE OPTIONS:]

- 1 Some days
- 2 Most days
- 3 Every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 SOME DAYS
- 2 MOST DAYS
- 3 EVERY DAY

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

Chronic Pain

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW IF PAIRFQ3M = 2,3]

[S]

Q1. Are you currently receiving medical care from a health care provider for your chronic pain?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF Q1 = 1]

[S]

Q2. During the past 12 months, did you or your health care provider have to make any decisions regarding treatment for your pain, such as getting prescriptions, referrals for care, and procedures?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF Q2 = 1]

[S]

Q3. During the past 12 months, how often did your health care provider treat you with respect when seeking medical care for your pain? [CATI] Would you say never, sometimes, usually, or always?

[CAWI RESPONSE OPTIONS:]

- 3 Always
- 2 Usually
- 1 Sometimes
- 0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 3 ALWAYS
- 2 USUALLY
- 1 SOMETIMES
- 0 NEVER

[SHOW IF Q2 = 1]

[S]

Q4. During the past 12 months, how often did your health care provider listen carefully to you when you were seeking care for pain? [CATI] Would you say never, sometimes, usually, or always?

[CAWI RESPONSE OPTIONS:]

- 3 Always
- 2 Usually
- 1 Sometimes
- 0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 3 ALWAYS
- 2 USUALLY
- 1 SOMETIMES
- 0 NEVER

[SHOW IF Q2 = 1]

[S]

Q5. During the past 12 months, how often did your health care provider ask for your opinions or beliefs about your medical care or treatment for your pain? [CATI] Would you say never, sometimes, usually, or always?

[CAWI RESPONSE OPTIONS:]

- 3 Always
- 2 Usually
- 1 Sometimes
- 0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 3 ALWAYS
- 2 USUALLY
- 1 SOMETIMES

0 NEVER

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

Harm Reduction and Treatment

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

Q1. The next questions are about the safety of getting prescription pills or prescription medications that are ordered online without a prescription?

Include all types of online sites such as forums and message boards, online marketplaces, social media, and the dark web. This does not include retail pharmacy chains or Amazon.

Have you ever ordered prescription pills or prescription medications online without a prescription?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF Q1=1]

[S]

Q2. How concerned were you about the ingredients in prescription pills or prescription medications that you ordered online that you did not have a prescription for? [CATI] Would you say you are not at all concerned, a little concerned, somewhat concerned, very concerned?

[CAWI RESPONSE OPTIONS:]

- 1 Not at all concerned
- 2 A little concerned
- 3 Somewhat concerned
- 4 Very concerned

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 NOT AT ALL CONCERNED
- 2 A LITTLE CONCERNED

3 SOMEWHAT CONCERNED

4 VERY CONCERNED

[SHOW IF Q1=0]

[S]

Q3. If you were to order prescription pills or prescription medications online that you do not have a prescription for, how concerned would you be about the ingredients? [CATI] Would you be not at all concerned, a little concerned, somewhat concerned, very concerned?

[CAWI RESPONSE OPTIONS:]

- 1 Not at all concerned
- 2 A little concerned
- 3 Somewhat concerned
- 4 Very concerned

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 NOT AT ALL CONCERNED
- 2 A LITTLE CONCERNED
- 3 SOMEWHAT CONCERNED
- 4 VERY CONCERNED

[SHOW ALL]

[S]

Q4. Have you ever heard of the medication naloxone, also known as Narcan, which can be used to reverse an opioid overdose?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[If Q4=1][S]

Q5. Do you know that naloxone, or Narcan, is now available over the counter without a prescription?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[IF Q4=1]

[S]

Q6. Do you know that you can get naloxone or Narcan at:

- | | | |
|---|-----|----|
| 1 Community harm reduction organization | Yes | No |
| 2 Doctor's office | Yes | No |
| 3 Health department | Yes | No |
| 4 Pharmacy | Yes | No |

[IF Q4=1]

[S]

Q7. Do you currently carry naloxone or Narcan?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[If Q7 =0]

[S]

Q8. Why do you think people don't carry naloxone or Narcan?

- | | | |
|-------------------------------|-----|----|
| I do not think it works | YES | NO |
| I do not know how to use it | YES | NO |
| I do not know where to get it | YES | NO |

[IF Q4=1]

[S]

Do you think naloxone or Narcan should be available at the following places:

- | | | |
|--------------------------------------|-----|----|
| Q9. Businesses? | YES | NO |
| Q10. College or university campuses? | YES | NO |
| Q11. Elementary and Middle Schools? | YES | NO |
| Q12. High Schools? | YES | NO |

Q13: Places of worship?

YES NO

Q14: Public libraries?

YES NO

[SHOW ALL]

[S]

How much do you agree or disagree with the following statement?

Q15. I would be comfortable being in a committed relationship with someone who misuses prescription opioids or uses illegal drugs such as cocaine or heroin. [CATI] Would you say you strongly agree, agree, disagree, or strongly disagree?

[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 SOMEWHATDISAGREE
- 4 STRONGLY DISAGREE

[SHOW ALL]

[S]

How much do you agree or disagree with the following statement?

Q16. I think that a person who misuses prescription opioids or uses illegal drugs such as cocaine or heroin is to blame for his or her drug use. [CATI] Would you say you strongly agree, agree, disagree, or strongly disagree?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE

[SHOW ALL]

[S]

How much do you agree or disagree with the following statement?

Q17. I would work closely on a job with someone who misuses prescription opioids or uses illegal drugs, such as cocaine or heroin. [CATI] Would you say you strongly agree, agree, disagree, or strongly disagree?

[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

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

HEALTHCARE UTILIZATION - IMMUNIZATION

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

(SHTPNUEV) A pneumonia shot is also known as a pneumococcal vaccine. Have you ever had a pneumonia shot?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

(SHTFLU12M) There are two types of flu vaccinations. One is a shot, and the other is a spray, mist, or drop in the nose. During the past 12 months, have you had a flu vaccination?

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

HEALTHCARE UTILIZATION - MENTAL HEALTH VISITS

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[SHOW ALL]

[S]

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

[CAWI RESPONSE OPTIONS:]

1 Yes

0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

1 YES

0 NO

[IF MHTHRPY =1]

[S]

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

HEALTHCARE ACCESS

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

(MHTHDLY) During the past 12 months, have you delayed getting counseling or therapy from a mental health professional because of the cost?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW ALL]

[S]

(MHTND) During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional but did not get it because of the cost?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

MENTAL HEALTH

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

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

(PHQ41)

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

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

[CAWI RESPONSE OPTIONS:]

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

0 NOT AT ALL

1 SEVERAL DAYS

2 MORE THAN HALF THE DAYS

3 NEARLY EVERY DAY

[SHOW ALL]

[S]

(PHQ42)

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

[CAWI RESPONSE OPTIONS:]

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

[CATI RESPONSE OPTIONS - DO NOT READ:]

0 NOT AT ALL

- 1 SEVERAL DAYS
- 2 MORE THAN HALF THE DAYS
- 3 NEARLY EVERY DAY

[SHOW ALL]

[S]

(PHQ43)

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

(PHQ44)

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

CIG - HEALTH BEHAVIORS (CIGARETTE SMOKING)

[CREATE "START_CIG" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

CIG_SMKEV

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF CIG_SMKEV=1]

[S]

CIG_SMKNOW

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[CREATE "END_CIG" AND RECORD TIME IN HH:MM:SS]

Swimming

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

Q1. How would you rate your swimming skill level?

[CAWI AND CATI RESPONSE OPTIONS:]

- 1 I do not know how to swim
- 2 I am comfortable in water where I can stand up
- 3 I can swim in water over my head

4 I can swim multiple strokes efficiently

[SHOW ALL]

[S]

[Q2a]

Have you taken private swim lessons from a professional or certified instructor?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

[Q2b]

Have you taken group swim lessons from a professional or certified instructor?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

[Q2c]

Did you learn to swim from a friend or relative?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

[Q2d]

Did you teach yourself to swim?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

[Q2e]

Have you ever taken a swim lesson

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

Q3. In the past 6 months, on how many days in total did you spend time in or around a swimming pool? [CATI] Would you say never, 1-6 days, 7-12 days, or 13 or more days?

[CAWI RESPONSE OPTIONS:]

- 0 Never
- 1 1-6 days
- 2 7-12 days
- 3 13 or more days

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 NEVER
- 1 1-6 DAYS
- 2 7-12 DAYS
- 3 13 OR MORE DAYS

[SHOW IF Q3 = 1, 2, 3]

[S]

Q4. Of those times that you spend time in or around a swimming pool, about how often did you drink alcoholic beverages? [CATI] Would you say every time, more than half the time, less than half the time, or never?

[CAWI RESPONSE OPTIONS:]

- 1 Every time
- 2 More than half the time
- 3 Less than half the time
- 0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 EVERY TIME
- 2 MORE THAN HALF THE TIME
- 3 LESS THAN HALF THE TIME
- 0 NEVER

[SHOW ALL]

[S]

Q5. In the last 6 months, on how many days in total did you go swimming, boating, fishing, or participate in water sports in another body of water such as an ocean, lake, river, or stream?

[CATI] Would you say never, 1-6 days, 7-12 days, 13 or more days?

[CAWI RESPONSE OPTIONS:]

- 0 Never
- 1 1-6 days
- 2 7-12 days
- 3 13 or more days

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 0 NEVER
- 1 1-6 DAYS
- 2 7-12 DAYS
- 3 13 OR MORE DAYS

[SHOW IF Q5 = 1, 2, 3]

[S]

Q6. Of those times that you spend swimming, boating, fishing, or participating in water sports, about how often did you drink alcoholic beverages? [CATI] Would you say every time, more than half the time, less than half the time, or never?

[CAWI RESPONSE OPTIONS:]

- 1 Every time
- 2 More than half the time
- 3 Less than half the time
- 0 Never

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 EVERY TIME
 - 2 MORE THAN HALF THE TIME
 - 3 LESS THAN HALF THE TIME
 - 0 NEVER
-

[SHOW ALL]

[S]

Q7. Are you trained in CPR?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
 - 0 NO
-

[SHOW IF Q7 = 1]

[S]

Q8. Have you taken CPR training in the past two years?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No
- 9 I don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW ALL]

[S]

Q9. Have you ever been trained on how to help a drowning person without putting yourself in danger?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No
- 9 I don't know

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES

- 0 NO
- 9 I DON'T KNOW

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

Suicide

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

[CREATE "START_IPV" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[IPV_INTRO]

[CAWI: We are; CATI I am] now going to ask you some questions about thoughts of suicide, knowledge of people who have killed themselves, sexual pictures that may have been shared without your consent, and other sensitive topics.

[CAWI] We suggest that you be in a private setting for the remainder of the survey. Remember, you don't have to answer any question that you don't want to. If, at any time, you do not feel physically or emotionally safe, you can quit the survey by closing the browser. You can come back to the survey whenever you want. If at any point the questions are making you upset and you would like to speak with a trained professional, please refer to the Resources given [here](#).

[CATI] I suggest that you be in a private setting for the remainder of the survey. Remember, you don't have to answer any question that you don't want to. If, at any time, you do not feel physically or emotionally safe, you can let me know you'd like to stop the survey. You can call back to complete the survey whenever you want or set up a time for us to call you back. If at any point the questions are making you upset and you would like to speak with a trained professional, please let me know and I can share some [resources](#) with you.

PROGRAMMER: DISPLAY IN FOOTER/BOTTOM OF EACH SCREEN IN INTIMATE PARTNER VIOLENCE SECTION

Need help? Click [here](#) for resources.

[IF CATI: INTERVIEWER - USE THIS LINK TO ACCESS RESOURCES IF RESPONDENT NEEDS HELP/SUPPORT DURING INTERVIEW]

[PROGRAMMER: HYPERLINKS 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.

Below are some toll-free numbers of resources that you can use now or in the future if you want to speak further with someone.

- You can reach the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
- You can reach the National Sexual Assault Hotline at 1-800-656-HOPE (4673).
- You can reach the National Domestic Violence Hotline at 1-800-799-SAFE (7233).
- You can reach the National Child Abuse Hotline at 1-800-4-A-Child (422-4453).

Q1. At any time in the past 12 months, did you seriously think about trying to kill yourself?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

Q2. Do you personally know anyone who has died by suicide?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

Technology-facilitated sexual violence

[CREATE "START_X" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

Q1. To your knowledge, has anyone ever emailed, texted, or electronically posted a revealing or sexual photo or video of you without your consent?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

Q2. Has anyone ever threatened to share a revealing or sexual picture or video of you, through the internet, social media, email, or text message to get you to do something – like take or send other sexual pictures of yourself, have a sexual relationship with them, pay them money, or something else?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q2 = 1]

[S]

Q3. What did the person ask you to do when they threatened to share a revealing or sexual picture or video of you?

- | | | |
|---|-----|----|
| a. Take or send additional revealing or sexual pictures or videos | YES | NO |
| b. Have a sexual relationship with them | YES | NO |
| c. Pay them money | YES | NO |
| d. Stay in or maintain a relationship with them | YES | NO |
| e. Something else | YES | NO |

[SHOW ALL]

[S]

Q4. To your knowledge, has anyone ever used technology to create and share fake pornographic photos or videos of you online without your consent?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_X" AND RECORD TIME IN HH:MM:SS]

[CREATE "START_EMP" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

EMP_EMPLOY

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

[CAWI] *If you work at a family business, but not for pay, select yes.*

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF EMP_EMPLOY=0]

[S]

EMP_ABSENTWK

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF EMP_EMPLOY=0 AND EMP_ABSENTWK=0]

[S]

EMP_WHYNOWRK

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

[CAWI RESPONSE OPTIONS:]

- 0 Unemployed, laid off, looking for work
- 1 Seasonal/contract work
- 2 Retired
- 3 Unable to work for health reasons/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, looking for work
- 1 Seasonal/contract work
- 2 Retired
- 3 Unable to work for health reasons/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 IF EMP_EMPLOY=1 OR EMP_ABSENTWK=1]

[S]

(**EMPDAYMISS**) During the past 12 months, about how many days of work did you miss because you had an illness, injury, or disability?

Numeric Range: 0-365

[SHOW ALL]

[S]

(**EMPWHENWRK**) When was the last time you worked for pay at a job or business, even if only for a few days?

- 1 Within the past 12 months
- 2 1-5 years ago
- 3 Over 5 years ago
- 4 Never worked

[CREATE “END_EMP” AND RECORD TIME IN HH:MM:SS]

Hearing Protector Fit Testing

[CREATE “START_X” AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

Q1. The next few questions are about the use of hearing protectors, such as earplugs or earmuffs, to protect against exposure to loud noises while working. Loud means so loud that you must speak in a raised voice to be heard.

Have you ever used hearing protectors when exposed to loud noises at work?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No
- 2 I have never worked around loud noises

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO
- 2 I DO NOT WORK AROUND LOUD NOISES

[SHOW ALL]

[S]

Q2. Hearing protector fit testing is a procedure to measure the amount of noise reduction person gets from a specific hearing protector, such as earplugs or earmuffs, to reduce exposure to loud noises.

Prior to taking this survey, did you know that hearing protectors can be fit-tested to ensure you are getting proper noise reduction?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q1=1 and Q2 =1]

[S]

Q3. Have you ever had your hearing protection devices fit-tested to see how much noise they block?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF Q1=1 and Q2 =1]

[S]

Q4. How important do you think it is to have hearing protectors fit-tested to protect your hearing? [CATI] Would you say not at all important, somewhat important, or very important?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW IF Q2 =2, DK, REF]

[S]

Q5. How important do you think it is to have hearing protectors fit-tested to protect someone's hearing? [CATI] Would you say not at all important, somewhat important, or very important?

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[CREATE "START_MAR" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

MAR_MARITAL

The next questions are about marriage and cohabitation. [CAWI] Are you now: [CATI] Are you now married, living with a partner together as an unmarried couple, or neither?

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

[CAWI RESPONSE OPTIONS:]

- 1 Married
- 2 Living with a partner together as an unmarried couple
- 3 Neither

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

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

[S]

MAR_EVMARRY

Have you ever been married?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW IF MAR_MARITAL = 2 AND MAR_EVMARRY=1]

[S]

MAR_LEGAL

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

[CAWI RESPONSE OPTIONS:]

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

[CATI RESPONSE OPTIONS - DO NOT READ:]

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

[SHOW IF MAR_MARITAL = 3 AND MAR_EVMARRY=1]

[S]

MAR_WIDIVSEP

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

[CAWI RESPONSE OPTIONS:]

- 1 Widowed
- 2 Divorced

3 Separated

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 WIDOWED
- 2 DIVORCED
- 3 SEPARATED

[CREATE "END_MAR" AND RECORD TIME IN HH:MM:SS]

CIV - CIVIC ENGAGEMENT

[CREATE "START_CIV" AND RECORD TIME IN HH:MM:SS]

[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" AND RECORD TIME IN HH:MM:SS]

LAN - LANGUAGE ITEMS

[CREATE "START_LAN" AND RECORD TIME IN HH:MM:SS]

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

[S]

LAN_OTHERLAN

Do you speak a language other than English at home?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 Yes
- 0 No

[SHOW IF LAN_OTHERLAN=1]

[S]

LAN_MEDIA

When you watch television, read news online or in print, or listen to the radio, which language do you use most often?

[CAWI RESPONSE OPTIONS:]

- 1 English
- 2 Spanish
- 3 Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 ENGLISH
- 2 SPANISH
- 3 ANOTHER LANGUAGE

[SHOW IF LAN_OTHERLAN=1]

[S]

LAN_DOCTOR

When you see a doctor or other health care professional, which language do you use most often?

[CAWI RESPONSE OPTIONS:]

- 1 English
- 2 Spanish
- 3 Another language

[CATI RESPONSE OPTIONS – DO NOT READ:]

- 1 ENGLISH
- 2 SPANISH
- 3 ANOTHER LANGUAGE

[SHOW IF LAN_OTHERLAN=1]

[S]

LAN_SOCIAL

When you participate in social activities, such as visiting friends, attending clubs and meetings, or going to parties, which language do you use most often?

[CAWI RESPONSE OPTIONS:]

- 1 English
- 2 Spanish
- 3 Another language

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 ENGLISH
- 2 SPANISH
- 3 ANOTHER LANGUAGE

[CREATE "END_LAN" AND RECORD TIME IN HH:MM:SS]

TEL - TELEPHONE USE

[CREATE "START_TEL" AND RECORD TIME IN HH:MM:SS]

[SHOW ALL]

[S]

TEL_NONCELL

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[SHOW ALL]

[S]

TEL_CELL

Do you have a working cell phone?

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

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

[S]

TEL_HHCELL

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

[CAWI RESPONSE OPTIONS:]

- 1 Yes
- 0 No

[CATI RESPONSE OPTIONS - DO NOT READ:]

- 1 YES
- 0 NO

[CREATE "END_TEL" AND RECORD TIME IN HH:MM:SS]

[CREATE "END_TIME" AND RECORD TIME IN HH:MM:SS; CREATE END_DATE" AND RECORD DATE IN MM:DD:YYY]