



Client	Swan Solutions
Project Name	NCHS RANDS 2018
Project Number	8401
Survey length (median)	20 minute survey
Population	18 + Gen Pop
Pretest	N=25
Main	N=2,000 Web; N=1,200 Phone
MODE	Web and Phone
Language	English
Sample Source	AmeriSpeak
Incentive	4,000
Survey description	General Issues 2020
Eligibility Rate	100%

Standard demographic preloads:

<u>Var Name</u>	<u>Include on Preload Testing-page?</u>	<u>Var Type</u>	<u>Var length</u>	<u>Variable Label</u>
S_AGE	Y	Numeric	5	Age
S_GENDER	Y	String	8	Gender
S_RACETH	Y	Numeric	8	Race/ethnicity
S_EDUC	Y	Numeric	6	Education
S_MARITAL	Y	Numeric	9	Marital Status
S_EMPLOY	Y	Numeric	8	Current employment status
S_INCOME	Y	Numeric	8	Household 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_PHONESERV	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

<u>Variable Name</u>	<u>Include on Preload Testing-only page?</u>	<u>Variable Type</u>	<u>Variable Label</u>
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 20 Lucid 21 SSI

			50 Household 13-17 51 Household < 13 52 Household Adult
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Custom survey-specific preloads

<u>Variable Name</u>	<u>Program in VCC?</u>	<u>Include on Preload Testing-only page?</u>	<u>Variable Type</u>	<u>Variable Label</u>
P_COMMIT	Y	Y	Numeric	1=Show COMMIT 2=Do NOT show COMMIT
P_PROBEEXP	Y	Y	Numeric	1=Multi-punch 2=Forced-choice Grid
P_OPEN	Y	Y	Numeric	1=Open-end format 2=Not open-end format
S_BASEWEIGHT		Y	Numeric	
S_INVPROB		Y	Numeric	
S_INVPROB_WEB		Y	Numeric	
S_VSTRAT		Y	Numeric	
S_VSTRAT_SAMP		Y	Numeric	
S_VPSU		Y	Numeric	
S_NRFU		Y	Numeric	

This survey will use the following RND_xx variables:

Note, these are randomized in the script (NOT preloads)

<u>RND_xx</u>	<u>Associated survey Qs</u>
RND_00	OPD12M, OPIOID1
RND_01	
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

Swan Solutions – NCHS RANDS Survey 2 v15

Date: July 22, 2020

[SHOW IF MODE_PREF=CATI and MODE_JS=CAWI]

[DISPLAY]

[REMOVE 'CONTINUE' BUTTON ON SCREEN, AUTO-DIRECT BACK TO PORTAL AFTER 10 SECONDS]

[DISPLAY_CATI_INTRO]

Thank you for starting your new AmeriSpeak survey! We really want you to complete on the phone. In order to complete this survey and receive your [INCENTWCOMMA] AmeriPoints, please give us a call at 888-326-9424 to complete this survey.

[DISPLAY – WINTRO_1]

Thank you for agreeing to participate in our new AmeriSpeak survey! 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.

Please use the "Continue" and "Previous" buttons to navigate between the questions within the

questionnaire. Do not use your browser buttons.

[DISPLAY]

[COPY FROM APROD SID 670/ NESS SID 11]

OMBNOTICE.

[CAWI] Thank you again for agreeing to participate. Your survey will continue on the next screen.

[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 NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1298).

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(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347).

[CATI] Thank you again for agreeing to participate.

[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 (0920-1298).

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 of 2002 (CIPSEA, Title 5 of Public Law 107-347).

[SHOW IF P_COMMIT=1]

[SP]

COMMIT.

Results from this survey will help inform health research in the United States and help improve the wellbeing of Americans. To be useful, the information from this survey must be accurate. Because of this, we are asking you to think carefully about each question and to be as precise and honest as possible with your answers. Are you willing to commit to doing this?

[SPACE]

[CATI] Would you say, Yes you agree or No, but you will proceed anyway?

CAWI RESPONSE OPTIONS:

1. Yes, I agree
2. No, but I will proceed anyway

CATI RESPONSE OPTIONS:

1. YES, I AGREE
2. NO, BUT I WILL PROCEED ANYWAY

[TEXTBOX/NUMBERBOX/DROPDOWN]

[PROMPT]

[GENDER DROPDOWN: INCLUDE MALE (VALUE OF 1) AND FEMALE (VALUE OF 2)]

[RELATIONSHIP DROPDOWN: SEE LIST BELOW]

[ADD ABILITY TO ADD MORE ROWS TO ROSTER]

ROSTER.

[CAWI] Starting with yourself, please list the names of all the people who live in your household and indicate their relationship to you.

[CATI] Starting with yourself, please list the names of all the people who live in your household. Please provide their age, gender, and relationship to you.

[SPACE]

If you would like, you can provide an alias or initials instead of the household member's name.

[SPACE]

[CATI] THE RESPONDENTS INFORMATION IS ALREADY INSERTED IN THE FIRST ROW; FOR EACH HOUSEHOLD MEMBER THE RESPONDENT MENTIONS, SELECT THE 'ADD ADDITIONAL HOUSEHOLD MEMBER' BUTTON, CLICK CONTINUE, AND THEN ADD THAT HH MEMBER'S INFORMATION; DO THIS FOR AS MANY HH MEMBERS THE RESPONDENT INDICATES. WHEN THERE ARE NO MORE HH MEMBERS TO ADD, SELECT "NO ADDITIONAL HOUSEHOLD MEMBERS TO ADD" AND THEN 'CONTINUE' TO PROCEED TO THE NEXT QUESTION.

[MOBILE DISPLAY ONLY] If you have additional members in your household, please select 'Add additional household member' and on the next screen you will be able to add information for additional household members underneath your information, which we already have. Please select 'Add additional household member' and enter the information for each member of your household.

[SPACE]

[MOBILE DISPLAY ONLY] If you do not have additional members in your household, please select 'No additional household members to add'.

	Name/Alias	Relationship	Gender	Age
1.	[TEXTBOX]	Yourself	[S_GENDER]	[S_AGE]

2.	[TEXTBOX]	[DROPDOWN]	[DROPDOWN]	[NUMBOX; RANGE 1-110]
3.	[TEXTBOX]	[DROPDOWN]	[DROPDOWN]	[NUMBOX; RANGE 1-110]
4.	[TEXTBOX]	[DROPDOWN]	[DROPDOWN]	[NUMBOX; RANGE 1-110]
5.	[TEXTBOX]	[DROPDOWN]	[DROPDOWN]	[NUMBOX; RANGE 1-110]
...				
...				
...				
XX.	[TEXTBOX]	[DROPDOWN]	[DROPDOWN]	[NUMBOX; RANGE 1-110]

RELATIONSHIP DROPDOWN MENU:

1. Spouse
2. Partner
3. Mother/Father
4. Son/Daughter
5. Brother/Sister
6. Grandparent
7. Other family member
8. Other non-family member

[MP]

[PROMPT]

[ONLY SHOW NUMBER OF ROWS INDICATED IN 'ROSTER']

PROBE_INDEV.

Has a doctor or other health professional ever told you or any of the following individuals that you or they have an intellectual or developmental disability?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

[CATI] **READ AS NECESSARY FOR ANY DISPLAYED ANSWER:** Has **[READ NEXT NAME IN LIST]** ever been told they have an intellectual or developmental disability by a doctor or other health professional?

RESPONSE OPTIONS:

1. Yourself
2. [INSERT NAME/ALIAS FROM ROSTER, ROW 2], [INSERT AGE] years old
3. [INSERT NAME/ALIAS FROM ROSTER, ROW 3], [INSERT AGE] years old
4. [INSERT NAME/ALIAS FROM ROSTER, ROW 4], [INSERT AGE] years old
5. [INSERT NAME/ALIAS FROM ROSTER, ROW 5], [INSERT AGE] years old
6. [INSERT NAME/ALIAS FROM ROSTER, ROW 6], [INSERT AGE] years old
7. ...
8. ...
9. ...
10. [INSERT NAME/ALIAS FROM ROSTER, ROW XX], [INSERT AGE] years old
11. None of the above [SP]

[MP]

[PROMPT]

[ONLY SHOW NUMBER OF ROWS INDICATED IN 'ROSTER']

[ONLY DISPLAY THOSE ROSTER MEMBERS THAT ARE 5 YEARS OLD OR OLDER]

FLAADL.

Because of a physical, mental, or emotional problem, do you or any of the following individuals need the help of other people with personal care needs, such as eating, bathing, dressing, or getting around inside this home?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

[CATI] **SELECT ALL THAT APPLY**

[CATI] **READ AS NECESSARY FOR ANY DISPLAYED ANSWER:** Does [READ NEXT NAME IN LIST] need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home because of a physical, mental, or emotional problem?

RESPONSE OPTIONS:

1. Yourself
2. [INSERT NAME/ALIAS FROM ROSTER, ROW 2], [INSERT AGE] years old
3. [INSERT NAME/ALIAS FROM ROSTER, ROW 3], [INSERT AGE] years old
4. [INSERT NAME/ALIAS FROM ROSTER, ROW 4], [INSERT AGE] years old
5. [INSERT NAME/ALIAS FROM ROSTER, ROW 5], [INSERT AGE] years old
6. [INSERT NAME/ALIAS FROM ROSTER, ROW 6], [INSERT AGE] years old
7. ...
8. ...
9. ...
10. [INSERT NAME/ALIAS FROM ROSTER, ROW XX], [INSERT AGE] years old
11. None of the above [SP]

CREATE DOV_ROSTER_COUNT:

DOV_ROSTER_COUNT=NUMBER OF ROWS COMPLETED IN ROSTER

IF HH ROSTER MEMBER IS 5 YEARS OLD OR OLDER, THEY ARE ELIGIBLE FOR LOOP SELECTION

CREATE DOV_ROSTER_ELIG [SP]

IF ROW_AGE<5, DOV_ROSTER_ELIG=0 'NOT Eligible for Disability Loops'

IF ROW_AGE>=5, DOV_ROSTER_ELIG=1 "Eligible for Disability Loops"

DO THE ABOVE FOR EACH HH ROSTER MEMBER TO DETERMINE ELIGIBILITY FOR DISABILITY LOOP

CREATE DOV_SELECT:

RULES FOR DOV_SELECT:

- 1) IF 'ROSTER' ROWS=1 (1 ROW FOR ROSTER, I.E. RESPONDENT ROW SELF ONLY), PROGRAM 1 LOOP LATER IN SURVEY (BEFORE 'LABATH'); DOV_SELECT=1
- 2) IF 'ROSTER' ROWS=2 (2 ROWS FOR ROSTER, I.E. RESPONDENT ROW + 1 OTHER ROWS), PROGRAM 2 LOOPS LATER IN SURVEY (BEFORE 'LABATH'); DOV_SELECT=2
- 3) IF 'ROSTER' ROWS=3 (3 ROWS FOR ROSTER, I.E. RESPONDENT ROW + 2 OTHER ROWS), PROGRAM 3 LOOPS LATER IN SURVEY (BEFORE 'LABATH'); DOV_SELECT=3
- 4) IF 'ROSTER' ROWS=4 OR MORE (4 ROWS FOR ROSTER, I.E. RESPONDENT ROW + 3 OTHER ROWS), PROGRAM 3 LOOPS LATER IN SURVEY (BEFORE 'LABATH'); RANDOMLY SELECT 3 ROWS FROM ROSTER; DOV_SELECT=3

CREATE DOV_ROSTER_ROW

CAPTURE ROSTER ROW OF SELECTED HH ROSTER MEMBER THAT IS RANDOMLY SELECTED AND STORE ROW FOR REFERENCE/LINKING TO HH MEMBER PURPOSES

CREATE DOV_LOOP_NAME

IF FIRST LOOP, DOV_LOOP_NAME=YOU
IF SECOND OR THIRD LOOP, DOV_LOOP_NAME=NAME/ALIAS STORED IN FIELD FOR ROSTER MEMBER IN SELECTED LOOP

CREATE DOV_LOOP_RELAT

IF FIRST LOOP, DOV_LOOP_RELAT=YOURSELF
IF SECOND LOOP, DOV_LOOP_RELAT=VALUE STORED IN RELATIONSHIP FIELD FOR ROSTER MEMBER SELECTED FOR SECOND LOOP
IF THIRD LOOP, DOV_LOOP_RELAT=VALUE STORED IN RELATIONSHIP FIELD FOR ROSTER MEMBER SELECTED FOR THIRD LOOP

CREATE DOV_LOOP_GENDER

IF FIRST LOOP, DOV_LOOP_GENDER=S_GENDER VALUE
IF SECOND LOOP, DOV_LOOP_GENDER=VALUE STORED IN GENDER FIELD FOR ROSTER MEMBER SELECTED FOR SECOND LOOP
IF THIRD LOOP, DOV_LOOP_GENDER=VALUE STORED IN GENDER FIELD FOR ROSTER MEMBER SELECTED FOR THIRD LOOP

CREATE DOV_LOOP_AGE

IF FIRST LOOP, DOV_LOOP_AGE=S_AGE VALUE
IF SECOND LOOP, DOV_LOOP_AGE=VALUE STORED IN AGE FIELD FOR ROSTER MEMBER SELECTED FOR SECOND LOOP
IF THIRD LOOP, DOV_LOOP_AGE=VALUE STORED IN AGE FIELD FOR ROSTER MEMBER SELECTED FOR THIRD LOOP

CREATE DOV_LOOP_FLAADL

IF FIRST LOOP, DOV_LOOP_FLAADL=VALUE SELECTED FOR 'YOURSELF' IN FLAADL
IF SECOND LOOP, DOV_LOOP_FLAADL=VALUE STORED IN FLAADL FOR ROSTER MEMBER SELECTED FOR SECOND LOOP
IF THIRD LOOP, DOV_LOOP_FLAADL=VALUE STORED IN FLAADL FOR ROSTER MEMBER SELECTED FOR THIRD LOOP

[SP; PROMPT TWICE IF REFUSED]

[COPY FROM APROD SID 670/ NESS SID 11; PHSTAT_A]

PHSTAT.

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:

1. EXCELLENT
 2. VERY GOOD
 3. GOOD
 4. FAIR
 5. POOR
-

[SP]

PART1.

Thinking about before the Coronavirus pandemic began, about how often did you spend time with family or friends?

RESPONSE OPTIONS:

1. Never
 2. Some days
 3. Most days
 4. Every day
-

[SP]

PART2.

Thinking about before the Coronavirus pandemic began, about how often did you get out of the house for fun, for example, to see a movie, to play or watch a game, or to visit a friend?

RESPONSE OPTIONS:

1. Never
 2. Some days
 3. Most days
 4. Every day
-

[SP]

PART3.

Thinking about before the Coronavirus pandemic began, about how often did you get out of the house for work, including paid work and volunteer work?

RESPONSE OPTIONS:

1. Never
 2. Some days
 3. Most days
 4. Every day
-

[SP]

PART4.

Thinking about before the Coronavirus pandemic began, about how often did you run errands, such as shopping or going to doctor appointments?

RESPONSE OPTIONS:

1. Never
 2. Some days
 3. Most days
 4. Every day
-

[SP]

[COPY FROM APROD SID 670/ NESS SID 11; AASMEV]

AASMEV.

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

[COPY FROM APROD SID 670/ NESS SID 11; PREDIB_A]

PREDIB.

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF S_GENDER=2]

[COPY FROM APROD SID 670/ NESS SID 11; GESDIB_A]

[SP]

GESDIB.

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

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF S_GENDER=1 OR 2]

[COPY FROM APROD SID 670/ NESS SID 11; DIBEV _A]

[SP]

DIBEV.

[SHOW IF S_GENDER=2) AND (PREDIB= 1) AND (GESDIB= 1)] Not including prediabetes or gestational diabetes, has a doctor or other health professional ever told you that you had diabetes?

[SHOW IF (S_GENDER=2) AND (PREDIB= 1) AND (GESDIB= 2, 98)] Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes?

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

[SHOW IF (S_GENDER=2) AND (PREDIB= 2, 98) AND (GESDIB= 2, 98)] Has a doctor or other health professional ever told you that you had diabetes?

[SHOW IF (S_GENDER=1) AND (PREDIB= 1)] Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes?

[SHOW IF (S_GENDER=1) AND (PREDIB=2, 98)] Has a doctor or other health professional ever told you that you had diabetes?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SP]

CANEV.

Have you <u>ever</u> been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

[COPY FROM APROD SID 670/ NESS SID 11; SMKEV]

SMKEV.

Have you smoked at least 100 cigarettes in your <u>entire life</u>?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF SMKEV=1]

[SP]

[COPY FROM APROD SID 670/ NESS SID 11; SMKNOW]

SMKNOW.

Do you <u>now</u> smoke cigarettes every day, some days, or not at all?

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

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

[NUMBERBOX]

HEIGHTIN.

How tall are you without shoes?

[NUMBOX; RANGE 3-7] feet [NUMBOX; RANGE 0-11] inches

[NUMBERBOX]

WEIGHTLB.

How much do you weigh without shoes?

[NUMBOX; RANGE 50-500] pounds

[SP]

[COPY FROM APROD SID 670/ NESS SID 11; RX12M]

RX12M.

At any time in the <u>past 12 months</u>, did you take prescription medication?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

[COPY FROM APROD SID 670/ NESS SID 11; B_PAIN_2 WITH TEXT UPDATES]

PAIFRQ3M.

In the <u>past three months</u>, how often did you have pain?

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

CAWI RESPONSE OPTIONS:

1. Never
2. Some days
3. Most days
4. Every day

CATI RESPONSE OPTIONS:

1. NEVER
 2. SOME DAYS
 3. MOST DAYS
 4. EVERY DAY
-

[SHOW IF PAIFRQ3M=2,3,4]

[COPY FROM APROD SID 670/ NESS SID 11; PAIN_4 WITH TEXT UPDATES]

[SP]

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:

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

[SHOW IF PAIFRQ3M=2,3,4]

[TEXTBOX]

PAIMOTHER.

Over the past three months, what approaches did you use to manage your pain?

[MEDIUM TEXTBOX]

[DISPLAY]

OPD_DISPLAY.

These next questions are about the use of opioid pain medications. Examples of these medications include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, Percodan, and Tramadol. Please do not include over-the-counter pain relievers such as aspirin, Tylenol, Advil, or Aleve.

IF RND_00=0 SHOW OPIOID1 FIRST THEN OPD12M SECOND

IF RND_00=1 SHOW OPD12M FIRST THEN OPIOID1 SECOND

[SHOW IF (RND_00=0) OR (RND_00=1)]

[IF RND_00=1 AND OPD12M=1, AUTOPUNCH OPIOID1=1; HIDE QUESTION WITH AUTOPUNCH]

[IF RND_00=1 AND OPD12M=2,77,98,99, DISPLAY OPIOID1 NORMALLY]

[IF

[SP]

OPIOID1.

Have you ever, in your entire life, taken opioid pain medication prescribed by a doctor or dentist for any kind of injury, surgery, or chronic condition?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF (RND_00=0 AND OPIOID1=1) OR RND_00=1]

[SP]

OPD12M.

<u>During the past 12 months</u>, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPD12M=1]

[SP]

OPIOID3.

Are you still taking any of these?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPIOID3=1]

[SP]

OPIOID4.

About how long have you been taking opioid pain medication?

RESPONSE OPTIONS:

1. Less than a week
2. 1 to 4 weeks
3. 1 to 6 months
4. 6 months to a year
5. 1 to 5 years
6. 5 years or more

[SHOW IF OPIOID1=1]

[SP]

OPIOID5.

Have you ever taken opioids temporarily in the past to recover from an injury or surgery?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPIOID1=1]

[SP]

OPIOID6.

Was there a time when you were in so much pain that you needed to take more medication than was prescribed to help relieve your pain?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPIOID3=1]

[SP]

OPIOID7.

How concerned would you be to lose access to your medication?

RESPONSE OPTIONS:

1. Very concerned
 2. A little concerned
 3. Not at all concerned
-

[SHOW IF OPIOID3=1]

[MP]

OPIOID8.

If you stopped taking your medication, do you believe that you would...

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] SELECT ALL THAT APPLY

RESPONSE OPTIONS:

1. Have intolerable pain
 2. Be unable to sleep
 3. Go through withdrawal
 4. Other, please specify: [TEXTBOX]
-

[SHOW IF OPD12M=1]

[SP]

DISORDER1.

Was there ever a month or more that you spent a lot of your time getting or using opioid pain medication?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPD12M=1]

[SP]

DISORDER2.

Did you ever try to set limits on how often or how much opioid pain medication you would use?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPD12M=1]

[SP]

DISORDER3.

Did you ever need to use more opioid pain medication than you used to in order to get the effect you wanted?

CAWI RESPONSE OPTIONS:

1. Yes

2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPD12M=1]

[SP]

DISORDER4.

During the past 12 months, did using prescription pain relievers cause you to give up or spend less time doing important activities such as working, going to school, taking care of children, or doing fun things?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPIOID1=1]

[SP]

OPIOID9.

Are you concerned that you may be addicted to opioids?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPIOID3=2]

[MP]

OPIOID11.

Did you stop taking the opioid pain medication because...

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. There was no longer a medical reason to take them
2. They were not helping

3. You could no longer get a prescription
 4. You were worried about becoming addicted
 5. You were addicted and wanted to quit
 6. Other, please specify: [TEXTBOX]
-

[SHOW IF OPD12M=1]

[SP]

OPIOID12.

In the past 12 months, have you had any opioid pain medicine left over from a prescription?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPIOID12=1]

[SP]

OPIOID13.

What did you do with the leftover medicine?

RESPONSE OPTIONS:

1. Disposed of it
 2. Kept it
 3. Used it myself
 4. Gave it to someone else to use
 5. Sold it
-

[SHOW IF OPD12M=1]

[SP]

OPIOID14.

About how often in the past 12 months did you take pain medicine more frequently or in higher doses than was prescribed to you?

RESPONSE OPTIONS:

1. Never
 2. Once or twice in the year
 3. Once or twice a month or so
 4. Every day or nearly every day
-

[SHOW IF OPIOID14=2,3,4]

[MP]

OPIOID15.

What were the reasons you used the pain medicine more frequently or in higher doses than was prescribed?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] SELECT ALL THAT APPLY

RESPONSE OPTIONS:

1. To help with pain
 2. To help with an injury or pain for which [CAWI: I; CATI: you] never had a prescription
 3. To get high
 4. Because [CAWI: I am; CATI: you are] dependent on them and need to have them
 5. To help with [CAWI: my; CATI: your] energy level
 6. Because of suicidal thoughts
 7. Other reasons not already listed (please specify): [TEXTBOX]
-

[SP]

MISUSE.

The next question asks about using opioid pain relievers in any way a doctor did not direct you to use them. When you answer this question, please think only about your use of the drug in any way a doctor did not direct you to use it, including:

[SPACE]

- Using it without a prescription of your own
- Using it in greater amounts, more often, or longer than you were told to take it
- Using it in any other way a doctor did not direct you to use it

[SPACE]

Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

OPIOID16.

Have you ever in your life taken someone else's opioid medication?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF OPIOID16=1]

[SP]

OPIOID17.

About how often in the past 12 months did you take prescription pain relievers not prescribed to you?

RESPONSE OPTIONS:

1. Never
 2. Once or twice in the year
 3. Once or twice a month or so
 4. Every day or nearly every day
-

[SHOW IF OPIOID16=1]

[MP]

OPIOID18.

What were the reasons you used opioid pain medication not prescribed to you?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. Because [CAWI: I; CATI: you] ran out of [CAWI: my; CATI: your] prescription
 2. To help with an injury or pain for which [CAWI: I; CATI: you] never had a prescription
 3. To get high
 4. Because [CAWI: I am; CATI: you are] dependent on them and need to have them
 5. To help with [CAWI: my; CATI: your] energy level
 6. Because of suicidal thoughts
 7. Other reasons not already listed (please specify): [TEXTBOX]
-

[SHOW IF OPIOID1=1 OR OPIOID16=1 OR MISUSE=1]

[SP]

OPIOID19.

Have you ever experienced withdrawal symptoms or had trouble getting off an opioid?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF OPIOID19=1]

[SP]

OPIOID20.

Did you experience these withdrawal symptoms or have trouble getting off an opioid in the last 12 months?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF P_PROBEEXP=1]

[RECORD TIME ON SCREEN]

[MP]

PROBE_OPD_A.

Please select the statements, if any, which apply to you.

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS, RANDOMIZE:

1. [CAWI: I; CATI: You] dislike taking medication; [CAWI: I'm; CATI: you're] not a pill person
 2. [CAWI: I; CATI: You] have only taken opioid pills briefly to help recover from injury or medical surgery
 3. [CAWI: I; CATI: You] have pain that requires [CAWI: me; CATI: you] to take opioid pain medication
 4. [CAWI: I; CATI: You] use opioid pain relievers responsibly
 5. [CAWI: I'm; CATI: You're] addicted or used to be addicted to opioids
 6. [CAWI: I; CATI: You] have heard about the opioid crisis in the news
 7. [CAWI: I; CATI: You] know someone who has been hurt by opioid pain medication
 8. [CAWI: I'm; CATI: You're] not sure what an opioid is
-

[SHOW IF P_PROBEEXP=2]

[RECORD TIME ON SCREEN]

[GRID SP; 4,4]

PROBE_OPD_B.

Please select the statements, if any, which apply to you.

GRID ITEMS, RANDOMIZE AND RECORD:

- A. [CAWI: I; CATI: You] dislike taking medication; [CAWI: I'm; CATI: you're] not a pill person

- B. [CAWI: I; CATI: You] have only taken opioid pills briefly to help recover from injury or medical surgery
- C. [CAWI: I; CATI: You] have pain that requires [CAWI: me; CATI: you] to take opioid pain medication
- D. [CAWI: I; CATI: You] use opioid pain relievers responsibly
- E. [CAWI: I'm; CATI: You're] addicted or used to be addicted to opioids
- F. [CAWI: I; CATI: You] have heard about the opioid crisis in the news
- G. [CAWI: I; CATI: You] know someone who has been hurt by opioid pain medication
- H. [CAWI: I'm; CATI: You're] not sure what an opioid is

CAWI RESPONSE OPTIONS:

- 1. Yes
- 2. No

CATI RESPONSE OPTIONS:

- 1. YES
- 2. NO

DISABILITY (BEGINNING OF LOOPS)

[DISPLAY]

DISABILITY_DISP.

[SHOW IF DOV_ROSTER_COUNT=1] These next questions are about any difficulties you have.

[SHOW IF DOV_ROSTER_COUNT=2] These next questions are about any difficulties you and the people in your household have beginning with you, and then [INSERT NAME FROM SELECTED LOOP 2].

[SHOW IF DOV_ROSTER_COUNT=3] These next questions are about any difficulties you and the people in your household have beginning with you, and then [INSERT NAME FROM SELECTED LOOP 2] and [INSERT NAME FROM SELECTED LOOP 3].

[SHOW IF DOV_ROSTER_COUNT=4 OR MORE] These next questions are about any difficulties you and some of the people in your household have beginning with you, and then [INSERT NAME FROM SELECTED LOOP 2] and [INSERT NAME FROM SELECTED LOOP 3].

BEGIN LOOPS; ALWAYS START WITH RESPONDENT 'YOU' LOOP
FOR FIRST LOOP, USE 'YOU/YOUR/YOU'RE/ETC.' INSERTS

STORE DOV_LOOP_NAME, DOV_LOOP_RELAT, DOV_LOOP_GENDER, DOV_LOOP_AGE,
DOV_LOOP_FLAADL, AND DOV_ROSTER_ROW FOR LOOPS 2 AND 3 BELOW.

CREATE DOV_LOOP_NUM

DOV_LOOP_NUM=LOOP NUMBER BEING DISPLAYED, VALUES 1-3

FOR 'LABATH' TO 'LAHOME', ONLY DISPLAY THOSE QUESTIONS IF THE LOOP'S CASE WAS SELECTED IN 'FLAADL'

ONLY DISPLAY LOOP FOR THOSE WHO ARE ELIGIBLE, HH MEMBERS 5 YEARS OLD OR OLDER

[SHOW IF LOOP_NUM=2 OR 3]

[DISPLAY]

HH_REF_DISPLAY.

Next, you will be asked some questions about <u>[INSERT NAME FROM SELECTED LOOP 2 OR 3]</u>. Please answer these questions as accurately as you can.

[GRID SP]

LASERIES.

[IF LOOP_NUM=1 INSERT "Do you"; IF_LOOP_NUM=2 OR 3, INSERT "Does INSERT NAME FROM SELECTED LOOP 2 OR 3"] need the help of other persons with...

[CATI] **READ IF NECESSARY:** IF LOOP_NUM=1 INSERT "Do you"; IF_LOOP_NUM=2 OR 3, INSERT "Does INSERT NAME FROM SELECTED LOOP 2 OR 3"] need the help of other persons with...

GRID ITEMS, RANDOMIZE:

- | | |
|--------|---|
| BATH. | Bathing or showering |
| DRESS. | Dressing |
| EAT. | Eating |
| BED. | Getting in or out of bed or chairs |
| TOIL. | Using the toilet, including getting to the toilet |
| HOME. | Getting around inside the home |

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

CREATE DOV_LA_SUM

CREATE DOV_DISABILITY

DOV_LA_SUM = SUM OF (LABATH=1, LADRESS=1, LAEAT=1, LABED=1, LATOILT=1, LAHOME=1)

IF DOV_LA_SUM >= 1 (1 OR MORE), DOV_DISABILITY=1

IF DOV_LA_SUM < 1 (0/None), DOV_DISABILITY=0

[SP]
DIFF.

[IF LOOP_NUM=1 INSERT "Do you"; IF_LOOP_NUM=2 OR 3, INSERT "Does INSERT NAME FROM SELECTED LOOP 2 OR 3"] have difficulty walking or climbing steps?

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

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

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

[SP]
COMDIFF.

Using [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] usual language, [IF LOOP_NUM=1 INSERT "do you"; IF_LOOP_NUM=2 OR 3, INSERT "does INSERT NAME FROM SELECTED LOOP 2 OR 3"] have difficulty communicating, for example, understanding or being understood?

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

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

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

[SP]
COGMEMDIFF.

[IF LOOP_NUM=1 INSERT "Do you"; IF_LOOP_NUM=2 OR 3, INSERT "Does INSERT NAME FROM SELECTED LOOP 2 OR 3"] have difficulty remembering or concentrating?

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

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

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

[SP]

SOCERRNDS.

Because of a physical, mental, or emotional condition, [IF LOOP_NUM=1 INSERT "do you"; IF_LOOP_NUM=2 OR 3, INSERT "does INSERT NAME FROM SELECTED LOOP 2 OR 3"] have difficulty doing errands <u>alone</u> 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 at all

CATI RESPONSE OPTIONS:

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

[SHOW IF MODE=CAWI AND SOCERRNDS =2,3,4 AND P_OPEN=2]

[SP]

PROBE_ERRANDEF_MP.

Why [IF LOOP_NUM=1 INSERT "do you"; IF_LOOP_NUM=2 OR 3, INSERT "does INSERT NAME FROM SELECTED LOOP 2 OR 3"] have difficulty doing errands alone?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. Difficulty seeing
2. Difficulty hearing
3. Difficulty remembering or concentrating
4. Difficulty understanding or being understood

5. Difficulty learning
 6. Difficulty moving around
 7. Difficulty reaching, stretching, carrying, or gripping
 8. Lack of self-confidence or attitudes of others
 9. Feeling anxious or nervous
 10. Lack of mobility equipment
 11. Lack of available transportation
 12. Other, please specify: [TEXTBOX]
-

[SHOW IF MODE=CAWI AND SOCERRNDS =2,3,4 AND P_OPEN=1]

[TEXTBOX]

PROBE_ERRANDFF_OE.

Why [IF LOOP_NUM=1 INSERT "do you"; IF_LOOP_NUM=2 OR 3, INSERT "does INSERT NAME FROM SELECTED LOOP 2 OR 3"] have difficulty doing errands alone?

[MEDIUM TEXTBOX]

[SHOW IF MODE=CATI AND SOCERRNDS =2,3,4]

[SP]

PROBE_ERRANDFF_CATI.

Why [IF LOOP_NUM=1 INSERT "do you"; IF_LOOP_NUM=2 OR 3, INSERT "does INSERT NAME FROM SELECTED LOOP 2 OR 3"] have difficulty doing errands alone?

[SPACE]

[CATI] DO NOT READ RESPONSE OPTIONS BELOW; ALLOW RESPONDENT TO ANSWER FREELY AND SELECT RESPONSE OPTIONS THAT BEST MATCH THEIR ANSWERS; USE 'OTHER' TO WRITE IN ANY ANSWERS THAT DO NOT CLEARLY MATCH THE PROVIDED RESPONSES

RESPONSE OPTIONS:

1. Difficulty seeing
 2. Difficulty hearing
 3. Difficulty remembering or concentrating
 4. Difficulty understanding or being understood
 5. Difficulty learning
 6. Difficulty moving around
 7. Difficulty reaching, stretching, carrying, or gripping
 8. Lack of self-confidence or attitudes of others
 9. Feeling anxious or nervous
 10. Lack of mobility equipment
 11. Lack of available transportation
 12. Other, please specify: [TEXTBOX]
-

[SP]

LEARNDF.

[IF LOOP_NUM=1 INSERT "Do you"; IF_LOOP_NUM=2 OR 3, INSERT "Does INSERT NAME FROM SELECTED LOOP 2 OR 3"] have difficulty learning how to do things most people [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] age can learn?

[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 at all

CATI RESPONSE OPTIONS:

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

[SHOW IF MODE=CAWI AND P_OPEN=2]

[MP]

PROBE_LEARNWHY_MP.

When you answered the previous question about difficulty learning how to do things most people [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] age can learn, which of the following were you thinking about?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

CAWI RESPONSE OPTIONS:

1. [IF LOOP_NUM=1 INSERT "My"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn in school or college
2. [IF LOOP_NUM=1 INSERT "My"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn new tasks at [Fill: my/their] work or job
3. [IF LOOP_NUM=1 INSERT "My"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn how to perform day-to-day tasks around home
4. [IF LOOP_NUM=1 INSERT "My"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn a new hobby
5. [IF LOOP_NUM=1 INSERT "My"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn how to use new technology
6. Some other difficulty learning, please specify: [TEXTBOX]

[SHOW IF MODE=CAWI AND P_OPEN=1]

[TEXTBOX]

PROBE_LEARNWHY_OE.

When you answered the previous question about difficulty learning how to do things most people [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] age can learn, what were you thinking about?

[MEDIUM TEXTBOX]

[SHOW IF MODE=CATI]

[MP]

PROBE_LEARNWHY_CATI.

When you answered the previous question about difficulty learning how to do things most people [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] age can learn, which of the following were you thinking about?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

CATI RESPONSE OPTIONS:

1. [IF LOOP_NUM=1 INSERT "Your"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn in school or college
2. [IF LOOP_NUM=1 INSERT "Your"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn new tasks at [Fill: your/their] work or job
3. [IF LOOP_NUM=1 INSERT "Your"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn how to perform day-to-day tasks around home
4. [IF LOOP_NUM=1 INSERT "Your"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn a new hobby
5. [IF LOOP_NUM=1 INSERT "Your"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"'s] ability to learn how to use new technology
6. Some other difficulty learning, please specify: [TEXTBOX]

CREATE DOV_AGEONSET_CHECK

IF DOV_LOOP_AGE>=22 AND DOV_DISABILITY=1, DOV_AGEONSET_CHECK=1

IF DOV_LOOP_AGE>=22 AND (DIFF=2,3,4 OR COMDIFF=2,3,4 OR COGMEMDIFF=2,3,4),

FDOV_AGEONSET_CHECK=1

IF DOV_LOOP_AGE>=22 AND (SOCERRNDS=2,3,4 OR LEARNDF=2,3,4), DOV_AGEONSET_CHECK=1

IF MISSING DOV_AGEONSET_CHECK, DOV_AGEONSET_CHECK=0

[SHOW IF DOV_AGEONSET_CHECK =1]

[SP]

[RECORD TIME ON SCREEN]

AGEONSET.

You said that [IF LOOP_NUM=1 INSERT "you"; IF_LOOP_NUM=2 OR 3, INSERT "INSERT NAME FROM SELECTED LOOP 2 OR 3"] [IF LOOP_NUM=1 INSERT "have"; IF_LOOP_NUM=2 OR 3, INSERT "has"] difficulty with...

- [IF DOV_DISABILITY=1, INSERT '<u>personal care needs</u>', such as eating, bathing, dressing, or getting around inside the home']
- [IF DIFF=2,3,4, INSERT 'walking or climbing steps']
- [IF COMDIFF=2,3,4, INSERT 'communicating, for example, understanding or being understood']
- [IF COGMEMDIFF=2,3,4, INSERT 'remembering or concentrating']
- [IF SOCERRNDS=2,3,4, INSERT 'doing errands alone']
- [IF LEARNDF=2,3,4, INSERT 'learning how to do things most people [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] age can learn']

[SPACE]

Did [IF ONLY ONE BULLET POINT DISPLAYED ABOVE, INSERT "this difficulty"; IF MORE THAN ONE BULLET POINT DISPLAYED ABOVE, INSERT "any of these difficulties"] begin before age 22?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF AGEONSET=1]

[IF ONLY 1 RESPONSE AVAILABLE, AUTOPUNCH ANSWER WITH THAT 1 RESPONSE AND HIDE QUESTION]
[MP]

PROBE_SPEPAGE.

Which of these difficulties began before age 22?

1. [IF DOV_DISABILITY=1, INSERT '<u>personal care needs</u>', such as eating, bathing, dressing, or getting around inside the home']
2. [IF DIFF=2,3,4, INSERT 'walking or climbing steps']
3. [IF COMDIFF=2,3,4, INSERT 'communicating, for example, understanding or being understood']
4. [IF COGMEMDIFF=2,3,4, INSERT 'remembering or concentrating']
5. [IF SOCERRNDS=2,3,4, INSERT 'doing errands alone']
6. [IF LEARNDF=2,3,4, INSERT 'learning how to do things most people [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] age can learn']

[SP]

ANXFREQ.

How often [IF LOOP_NUM=1 INSERT "do you"; IF_LOOP_NUM=2 OR 3, INSERT "does INSERT NAME FROM SELECTED LOOP 2 OR 3"] feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

CAWI RESPONSE OPTIONS:

1. Daily
2. Weekly

3. Monthly
4. A few times a year
5. Never

CATI RESPONSE OPTIONS:

1. DAILY
 2. WEEKLY
 3. MONTHLY
 4. A FEW TIMES A YEAR
 5. NEVER
-

[SP]

ANXMED.

[IF LOOP_NUM=1 INSERT "Do you"; IF_LOOP_NUM=2 OR 3, INSERT "Does INSERT NAME FROM SELECTED LOOP 2 OR 3"] take prescription medication for these feelings?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF (ANXFREQ=1,2,3,4) OR ((ANXFREQ=5) AND (ANXMED=1))]

[SP]

ANXLEVEL.

Thinking about the last time [IF LOOP_NUM=1 INSERT "you"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"] felt worried, nervous or anxious, how would [IF LOOP_NUM=1 INSERT "you"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"] describe the level of these feelings?

[CATI] Would you say a little, a lot, or somewhere in between?

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

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

[SP]

DEPFREQ.

How often [IF LOOP_NUM=1 INSERT "do you"; IF_LOOP_NUM=2 OR 3, INSERT "does INSERT NAME FROM SELECTED LOOP 2 OR 3"] feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

1. DAILY
 2. WEEKLY
 3. MONTHLY
 4. A FEW TIMES A YEAR
 5. NEVER
-

[SP]

DEPMED.

[IF LOOP_NUM=1 INSERT "Do you"; IF_LOOP_NUM=2 OR 3, INSERT "Does INSERT NAME FROM SELECTED LOOP 2 OR 3"] take prescription medication for depression?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF (DEPFREQ=1,2,3,4) OR ((DEPFREQ=5) AND (DEPMED=1))]

[SP]

DEPLEVEL.

Thinking about the last time [IF LOOP_NUM=1 INSERT "you"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"] felt depressed, how depressed did [IF LOOP_NUM=1 INSERT "you"; IF_LOOP_NUM=2 OR 3, INSERT "they"] feel?

[CATI] Would you say a little, a lot, or somewhere in between?

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

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

CREATE DOV_REFERENCEPERIOD

IF DOV_LOOP_RELAT=YOURSELF (I.E. IN FIRST LOOP); DOV_REFERENCEPERIOD= "in the last several years"

IF DOV_LOOP_RELAT=1,3,4,5,6,7 (I.E. IN SECOND OR THIRD LOOP); DOV_REFERENCEPERIOD= "in the last several years"

IF DOV_LOOP_RELAT=2,8 (I.E. IN SECOND OR THIRD LOOP); DOV_REFERENCEPERIOD= "since you have known [IF DOV_LOOP_GENDER=1, INSERT: 'him'; IF DOV_LOOP_GENDER=2, INSERT: 'her']"

[DISPLAY]

AD8_Intro.

[CAWI] Please read the following statements and indicate whether [IF LOOP_NUM=1 INSERT: 'you have experienced'; IF LOOP_NUM=2 OR 3 INSERT: 'you have noticed'] a change [INSERT DOV_REFERENCEPERIOD] caused by [IF LOOP_NUM=1 INSERT: 'your'; IF LOOP_NUM=2 OR 3 AND DOV_LOOP_GENDER=1, INSERT: 'his'; IF LOOP_NUM=2 OR 3 AND DOV_LOOP_GENDER=2, INSERT: 'her'] thinking or memory problems.

[CATI] I'll now read some statements about [IF LOOP_NUM=1 INSERT: 'you'; IF LOOP_NUM=2 OR 3 AND DOV_LOOP_GENDER=1, INSERT: 'him'; IF LOOP_NUM=2 OR 3 AND DOV_LOOP_GENDER=2, INSERT: 'her']. If there has been a change [INSERT DOV_REFERENCEPERIOD] caused by [IF LOOP_NUM=1 INSERT: 'your'; IF LOOP_NUM=2 OR 3 AND DOV_LOOP_GENDER=1, INSERT: 'his'; IF LOOP_NUM=2 OR 3 AND DOV_LOOP_GENDER=2, INSERT: 'her'] thinking or memory problems, please say 'yes.'"

[GRID SP; 4,4]

AD8SERIES.

Has there been a change in any of the following [INSERT DOV_REFERENCEPERIOD]?

[CATI] **READ IF NECESSARY** Has there been a change in **READ NEXT ITEM IN GRID LIST**?

GRID ITEMS, RANDOMIZE AND RECORD:

- A. Remembering the month or year
- B. Repeating questions, stories, or statements
- C. The amount of difficulty remembering appointments
- D. The amount of interest in hobbies or activities
- E. The amount of difficulty handling money matters like balancing a checkbook or paying bills
- F. The amount of trouble learning how to use a tool, appliance or gadget, for example a TV remote control or microwave
- G. Problems in judgement, for example falling for scams or buying inappropriate gifts

H. Daily problems with thinking or memory

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

CREATE DOV_AD8_SUM

DOV_AD8_SUM = SUM OF (AD8_1=1, AD8_2=1, AD8_3=1, AD8_4=1, AD8_5=1, AD8_6=1, AD8_7=1, AD8_8=1)

[SHOW IF P_PROBEEXP=1]

[RECORD TIME ON SCREEN]

[MP]

PROBE_THNKMEM _A.

When answering the previous question about [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] problems with thinking or memory, which of the following were you thinking about?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS, RANDOMIZE:

1. Forgetting to do household tasks
2. Misplacing small items, such as keys and wallets
3. Forgetting people's names
4. Forgetting [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] own name
5. Ability to reason or use logic
6. Making decisions that seem uninformed or impulsive
7. Something else, please specify: [TEXTBOX]

[SHOW IF P_PROBEEXP=2]

[RECORD TIME ON SCREEN]

[GRID SP]

PROBE_THNKMEM _B.

When answering the previous question about [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] problems with thinking or memory, which of the following were you thinking about?

GRID ITEMS, RANDOMIZE AND RECORD:

- A. Forgetting to do household tasks
- B. Misplacing small items, such as keys and wallets

- C. Forgetting people's names
- D. Forgetting [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "their"] own name
- E. Ability to reason or use logic
- F. Making decisions that seem uninformed or impulsive
- G. Something else, please specify: [TEXTBOX]

CAWI RESPONSE OPTIONS:

- 1. Yes
- 2. No

CATI RESPONSE OPTIONS:

- 1. YES
- 2. NO

[SHOW IF DOV_AD8_SUM >=1]

[SP]

PROBE_AD8CONC.

You noted that [IF LOOP_NUM=1 INSERT "you"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"] had experienced some changes due to memory or thinking problems. How concerned are you with these changes?

[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:

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

[SHOW IF DOV_AD8_SUM >=1]

[SP]

PROBE_AD8IMPC.

How much of an impact do you think these changes have on [IF LOOP_NUM=1 INSERT "your"; IF_LOOP_NUM=2 OR 3, INSERT "NAME FROM SELECTED LOOP 2 OR 3"]s daily life?

[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:

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

IF START OF NEW LOOP, GO BACK TO "HH_REF_DISPLAY" AND START NEW LOOP
 IF END OF LOOPS, GO TO END OF SURVEY WHEN

[DISPLAY]
 [DISPLAY AFTER ALL LOOPS COMPLETED]
 CLOSE_INFO.

Please remember, if you have comments regarding this survey or any other aspect of this collection of information, they can be sent to the CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1298).

[SPACE]
 [CAWI] Please select 'Continue' to move to the final screens of the survey in order to complete the survey.

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.

[SINGLE CHOICE]

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

[SINGLE CHOICE – 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

[TEXT BOX] [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.