

RANDS1 Questionnaire

PHSTAT

Would you say health in general is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 9 (*Don't Know*)

NEW SCREEN

These next questions are about whether you were always able to afford the food you needed in the last 30 days.

First, you are going to see several statements that people have made about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for you in the last 30 days.

FSRUNOUT

I worried whether my food would run out before I got money to buy more

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 9 (*Don't Know*)

FSLAST

The food that I bought just didn't last, and I didn't have money to get more.

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 9 *(Don't Know)*

FSBALANCE

I couldn't afford to eat balanced meals.

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 9 *(Don't Know)*

NEW SCREEN

FSSKIP

In the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1 Yes
- 2 No
- 9 *(Don't Know)*

FSLESS

In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

- 1 Yes
- 2 No
- 9 *(Don't Know)*

FSHUNGRY

In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

- 1 Yes
- 2 No
- 9 *(Don't Know)*

FSWEIGHT

In the last 30 days, did you lose weight because there wasn't enough money for food?

- 1 Yes
- 2 No

9 (Don't Know)

_____**NEW SCREEN**_____

FHCDV2W

During the last 2 weeks, did you see a doctor or other health care professional at a doctor's office, a clinic, an emergency room, or some other place?

- 1 Yes
- 2 No
- 9 (Don't Know)

Skip: (If code 1 in FHCDV2W, continue, otherwise skip to F10DVYR)

_____**NEW SCREEN**_____

PHCDVN2W

How many times did you visit a doctor or other health care professional during the last 2 weeks?

Please enter a number between 0 and 14.

_____**NEW SCREEN**_____

F10DVYR

During the past 12 months, did you receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

- 1 Yes
- 2 No
- 9 (Don't Know)

_____**NEW SCREEN**_____

FHICOV

The next few questions are about health insurance, including health insurance obtained through employment, purchased directly, as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

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

- 1 Yes
- 2 No
- 9 (Don't Know)

Skip: (If code 2 in FHICOV skip to WRKCOR, otherwise continue)

NEW SCREEN

HIKIND

Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.

- 1 Yes
- 2 No
- 9 (Don't know)

- HIKIND_1 Private Health Insurance
- HIKIND_2 Medicare
- HIKIND_3 Medi-Gap
- HIKIND_4 Medicaid
- HIKIND_5 SCHIP (CHIP/Children's Health Insurance Program)
- HIKIND_6 Military health care (TRICARE/VA/CHAMP-VA)
- HIKIND_7 Indian Health Service
- HIKIND_8 State-sponsored health plan
- HIKIND_9 Other government program
- HIKIND_10 Single service plan (e.g., dental, vision, prescriptions)

Skip: (If code 1 in HIKIND 1, continue, otherwise skip to WRKCOR)

NEW SCREEN

PLNMGD

What type of private plan do you have?

- 1 HMO (Health Maintenance Organization)
- 2 IPA (Individual Practice Plan)
- 3 PPO (Preferred Provider Organization)
- 4 POS (Point of Service)
- 5 Fee-for-Service
- 6 Indemnity
- 7 Some Other Kind of Plan
- 9 *(Don't Know)*

MGCHMD

Under your private plan, can you choose any doctor or must you choose one from a specific group or list of doctors?

- 1 Choose Any Doctor
- 2 Choose from a Group or List
- 9 *(Don't Know)*

PCPREQ

Does this plan require you to have a primary care doctor who approves all your care?

- 1 Yes
- 2 No
- 9 *(Don't Know)*

NEW SCREEN

The next questions are about the work you do.

WRKCOR

Which of the following were you doing last week?

- 1 Working for pay at a job or business
- 2 With a job or business but not at work
- 3 Looking for work
- 4 Working, but not for pay, at a family-owned job or business
- 5 Not working at a job or business and not looking for work
- 9 (*Don't Know*)

Skip note: (If code 2,3,4, or 5 continue, otherwise skip to HYPEV)

WHYNOWK2

What is the main reason you did not work last week?

- 1 Taking care of house or family
- 2 Going to school
- 3 Retired
- 4 On a planned vacation from work
- 5 On family or maternity leave
- 6 Temporarily unable to work for health reasons
- 7 Have job or contract and off-season
- 8 On layoff
- 9 Disabled
- 10 Other
- 99 (*Don't Know*)

NEW SCREEN

The next series of questions will ask you about certain medical conditions.

HYPEV

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

- 1 Yes
- 2 No
- 9 (*Don't Know*)

Skip: (If code 1 in HYPEV continue, otherwise skip to EPHEV)

NEW SCREEN

HYPMDEV2

Has a doctor ever prescribed any medicine for you high blood pressure?

- 1 Yes
- 2 No
- 9 (*Don't Know*)

HYPMED2

Are you now taking any medicine prescribed by a doctor for your high blood pressure?

- 1 Yes
- 2 No
- 9 (*Don't Know*)

NEW SCREEN

EPHEV

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

- 1 Yes
- 2 No
- 9 (*Don't Know*)

COPDEV

Have you ever been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AASMEV

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

- 1 Yes
- 2 No
- 9 (*Don't Know*)

Skip: (If code 1 AASMEV continue, otherwise skip to DIBEV)

NEW SCREEN

AASSTILL

Do you still have asthma?

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AASMYR

During the past 12 months have you had an episode of asthma, or an asthma attack?

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AASMERYR

During the past 12 months have you had to visit an emergency room or urgent care center because of asthma?

- 1 Yes
- 2 No
- 9 (*Don't Know*)

NEW SCREEN

DIBEV

Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?

- 1 Yes
- 2 No
- 3 Borderline
- 9 (*Don't Know*)

Skip: (If code 1 in DIBEV skip to DIBAGE, if code 3 skip to INSLN, otherwise continue)

NEW SCREEN

DIBPRE1

Have you ever been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

- 1 Yes
- 2 No

9 (Don't Know)

Skip: (All in DIBPRE1: If code 1 in DIBPRE1 skip to INSLN, otherwise skip to CBRCHYR)

_____**NEW SCREEN**_____

DIBAGE

How old were you when a doctor or other health professional first told you that you had diabetes or sugar diabetes?

[OPEN ENDED]

Skip: (If code 1 in DIBEV or code 1 in DIBRE1, continue, otherwise skip to CBRCHYR)

_____**NEW SCREEN**_____

INSLN

Are you now taking insulin?

- 1 Yes
- 2 No
- 9 (Don't Know)

DIBPILL

Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

- 1 Yes
- 2 No
- 9 (Don't Know)

_____**NEW SCREEN**_____

CBRCHYR

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

- 1 Yes
- 2 No
- 9 (Don't Know)

NEW SCREEN

SMKEV

These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

- 1 Yes
- 2 No
- 9 (Don't Know)

Skip: (If code 1 SMKEV continue, otherwise skip to SMKAY)

NEW SCREEN

SMKNOW

How often do you now smoke cigarettes? Every day, some days or not at all?

- 1 Every Day
- 2 Some Days
- 3 Not At All
- 9 (Don't Know)

Skip: (If code 3 continue, if code 1 or 2 skip to CIGQTYR, if code 9 or blank skip to VIGNO)

NEW SCREEN

SMKQTNO

How long has it been since you quit smoking cigarettes?

[OPEN ENDED]

NEW SCREEN

CIGQTYR

During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?

- 1 Yes
- 2 No
- 9 (Don't Know)

Skip: (All in CIGQTYR skip to VIGNO)

NEW SCREEN

Programmer: (Only ask SMKANY of those who were code 2, 9, or blank in SMKEV)

SMKANY

Have you ever smoked a cigarette even one time?

- 1 Yes
- 2 No
- 9 (Don't Know)

_____ **NEW SCREEN** _____

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in you leisure time.

VIGNO

How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?

[OPEN ENDED]

MODNO

How often do you do light or moderate leisure time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?

[OPEN ENDED]

STRNGNO

How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?

[OPEN ENDED]

_____ **NEW SCREEN** _____

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

ALC1YR

In any one year, have you had at least 12 drinks of any type of alcoholic beverage?

- 1 Yes
- 2 No
- 9 (Don't Know)

Skip: (If code 1 in ALC1YR skip to ALC12MNO, otherwise continue)

_____**NEW SCREEN**_____

ALCLIFE

In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?

- 1 Yes
- 2 No
- 9 (Don't Know)

Skip: (If code 1 continue, otherwise skip to AHGT_FT)

_____**NEW SCREEN**_____

ALC12MNO

In the past year, how often did you drink any type of alcoholic beverage?

[OPEN ENDED]

ALCMT

On those days that you drank alcoholic beverages in the past year, how many drinks did you have on the average?

[OPEN ENDED]

_____**NEW SCREEN**_____

ALC5UPNO

In the past year, on how many days did you have [**(Programmer: If code 2 in DEMO_GENDER):4/ (Programmer: If code 1 in DEMO_GENDER):5**] or more drinks of any alcoholic beverage?

[OPEN ENDED]

BINGE

Considering all types of alcoholic beverages, during the past 30 days, how many times did you have [**(Programmer: If code 2 in DEMO_GENDER):4/ (Programmer: If code 1 in DEMO_GENDER):5**] or more drinks on an occasion?

[OPEN ENDED]

NEW SCREEN

AHGT_FT

How tall are you without shoes?

[OPEN ENDED]

AWGT_LB

How much do you weigh without shoes?

[OPEN ENDED]

NEW SCREEN

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?

AHCDLY_1

You couldn't get through on the telephone.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCDLY_2

You couldn't get an appointment soon enough.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCDLY_3

Once you get there, you have to wait too long to see the doctor.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCDLY_4

The clinic or doctor's office wasn't open when you could get there.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCDLY_5

You didn't have transportation.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

NEW SCREEN

During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

AHCAFY_1

Prescription medicines.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCAFY_2

Mental health care or counseling.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCAFY_3

Dental care (including checkups).

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCAFY_4

Eyeglasses.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCAFY_5

To see a specialist.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

AHCAFY_6

Follow-up care.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

NEW SCREEN

During the past 12 months, have you ever used computers for any of the following?

HIT1A

Look up health information on the Internet.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

HIT3A

Schedule an appointment with a health care provider.

- 1 Yes
- 2 No
- 9 (*Don't Know*)

NEW SCREEN

During the past 30 days, how often did you feel...

ACISAD

So sad that nothing could cheer you up?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 9 (*Don't Know*)

ACINERV

Nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 9 *(Don't Know)*

ACIRSTLS

Restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 9 *(Don't Know)*

ACIHOPLS

Hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 9 *(Don't Know)*

ACIEFFRT

That everything was an effort?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 9 *(Don't Know)*

ACIWTHLS

Worthless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

9 (Don't Know)

NEW SCREEN

AWEBOFNO

How often do you use the Internet?

[OPEN ENDED]

NEW SCREEN

ANX_1

How often do you feel worried, nervous or anxious?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A Few Times a Year
- 5 Never
- 9 (Don't Know)

ANX_2

Do you take medication for these feelings?

- 1 Yes
- 2 No
- 9 (Don't Know)

Skip: (If code 5 in ANX_1 AND code 2 in ANX_2 skip to submit screen, otherwise continue)

NEW SCREEN

ANX_3

Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?]?

- 1 A Little
- 2 A Lot
- 3 Somewhere in Between a Little and a Lot
- 4
- 9 (Don't Know)

[END]