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)

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)
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)

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)
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)

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)
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)

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)

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)
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)

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)

SMKQTNO
How long has it been since you quit smoking cigarettes?

[OPEN ENDED]

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)
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 your *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]

ALCAMT
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?
AHGT_FT
How tall are you without shoes?

[OPEN ENDED]

AWGT_LB
How much do you weigh without shoes?

[OPEN ENDED]

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.

<p>| | |</p>
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<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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<td>9</td>
<td>(Don’t Know)</td>
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AHCAFY_6
Follow-up care.

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<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>9</td>
<td>(Don’t Know)</td>
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________________________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.

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>9</td>
<td>(Don’t Know)</td>
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**HIT3A**
Schedule an appointment with a health care provider.

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<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>(Don’t Know)</td>
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________________________NEW SCREEN________________________

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

**ACISAD**
So sad that nothing could cheer you up?

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>All of the time</td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>A little of the time</td>
</tr>
<tr>
<td>5</td>
<td>None of the time</td>
</tr>
<tr>
<td>9</td>
<td>(Don’t Know)</td>
</tr>
</tbody>
</table>
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
How often do you use the Internet?

[OPEN ENDED]

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)

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)

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]