RANDS Round 2 Final Web Survey Questionnaire

PHSTAT

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

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**NEW SCREEN**

PROBE1

When you answered the previous question about your health, what did you think of? (Please select all that apply.)

1. My diet and nutrition
2. My exercise habits
3. My smoking or drinking habits
4. My health problems or conditions
5. The amount of times I seek health care
6. The amount of pain or fatigue that I have
7. My conversations with my doctor

**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
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

FSBALANCE
I couldn't afford to eat balanced meals.

1  Often true
2  Sometimes true
3  Never true

________________________NEW SCREEN________________________

PROBE2
When answering the last question, what did you think of when you thought of a "balanced meal"? (Please select all that apply.)

1  A meal with all the major food groups
2  A meal that includes a starch, a vegetable, and a protein
3  A meal without a lot of fat, salt, or sugar
4  A homemade or home-cooked meal
5  A meal that does not include processed ingredients

________________________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
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

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

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

1  Yes
2  No

PROBE3
In the last 30 days, did you do any of the following things? (Please select all that apply.)

1  Give your share of food to a family member so he or she got more to eat
2  Skip meals in order to make your food last
3  Keep to a strict budget when buying food
4  Plan out your meals to avoid running out of food
5  Add fillers like pasta or bread to stretch food
6  Save money by not splurging on unnecessary foods
7  Only buy store-brand or generic foods to save money

NEW SCREEN
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

_Skip: (If code 1 in FHCDV2W, Continue; Otherwise, Skip to F10DVYR)_

NEW SCREEN

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

NEW SCREEN

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

NEW SCREEN

The next few questions are about health insurance, including health insurance obtained through employment or 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

<table>
<thead>
<tr>
<th>HIKIND_1</th>
<th>Private Health Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIKIND_2</td>
<td>Medicare</td>
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<tr>
<td>HIKIND_3</td>
<td>Medi-Gap</td>
</tr>
<tr>
<td>HIKIND_4</td>
<td>Medicaid</td>
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<tr>
<td>HIKIND_5</td>
<td>SCHIP (CHIP/Children’s Health Insurance Program)</td>
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<td>HIKIND_6</td>
<td>Military health care (TRICARE/VA/CHAMP-VA)</td>
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<tr>
<td>HIKIND_7</td>
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<td>HIKIND_8</td>
<td>State-sponsored health plan</td>
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<td>HIKIND_9</td>
<td>Other government program</td>
</tr>
<tr>
<td>HIKIND_10</td>
<td>Single service plan (e.g., dental, vision, prescriptions)</td>
</tr>
</tbody>
</table>

________________________________________________________________________________________

PROBE4

Which of the following describes how you got your health insurance? *(Please select all that apply.)*

1  Through an employer (other than a government employer)
2  Through a government employer
3  Through one of my parent’s or guardian’s employers
4  It’s given to all people older than 65
5  It’s provided by the government to people who have difficulty affording health insurance
6  Through healthcare.gov or one of the state health insurance marketplaces

*Skip: (If code 1 in HIKIND_1, Continue; Otherwise, Skip to PROBE5)*

________________________________________________________________________________________
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

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

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

1  Yes
2  No
9  Don't know

How knowledgeable are you about the features of your health insurance plan?

1  Not at all knowledgeable
2  A little knowledgeable
3  Somewhat knowledgeable
4  Very knowledgeable
How confident are you that you were able to correctly answer the health insurance questions?

1  Not at all confident
2  A little confident
3  Somewhat confident
4  Very confident

The next questions are about the work you do.

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

*Skip: (If code 2, 3, 4, or 5 in WRKCOR, Continue; Otherwise, Skip to Text before HYPEV)*

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
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 NEWLUNG)*

**NEW SCREEN**

**HYPMDEV2**

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

1. Yes
2. No

**HYPMED2**

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

1. Yes
2. No

**NEW SCREEN**

**NEWLUNG**

Have you ever been told by a doctor or other medical professional that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

1. Yes
2. No
9. Don't know

*Skip: (If code 1 in NEWLUNG, Continue; Otherwise, Skip to AASMEV)*
PROBE8
Which condition were you told you had? *(Please select all that apply.)*

1. COPD
2. Emphysema
3. Chronic Bronchitis
4. Bronchitis
5. Something else

PROBE7
Thinking about the most recent time you had symptoms of Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis, how long did the symptoms last?

1. Less than one week
2. One week to less than one month
3. One month to less than three months
4. Three or more months

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

AASMYR

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

1  Yes
2  No

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

____________________________________________________________________

NEW SCREEN

DIBEV

(If code 2 in DEMO_GENDER, display:) Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?

(If code 1 in DEMO_GENDER, display:) 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 in DIBEV, 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: (If code 1 in DIBPRE1, Skip to INSLN; Otherwise, Skip to CBRCHYR)

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

PROBE9
Were you told that you have Type 1 or Type 2 diabetes?

1 Type 1
2 Type 2
3 Another type
9 Don't know

INSLN
Are you now taking insulin?

1 Yes
2 No
**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  

________________________NEW SCREEN________________________

**CBRCHYR**

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

1  Yes  
2  No  

________________________NEW SCREEN________________________

**SMKEV**

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

1  Yes  
2  No  
9  Don't know  

*Skip: (If code 1 in SMKEV, Continue; Otherwise, Skip to SMKANY)*

________________________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

Skip: (If code 3 in SMKNOW, Continue; If code 1 or 2 in SMKNOW, Skip to CIGQTYR; Otherwise, Skip to PROBE10)

________________________NEW SCREEN________________________

SMKQTNO

How long has it been since you quit smoking cigarettes?

Skip: (All in SMKQTNO_N/SMKQTNO_F, Skip to PROBE10)

________________________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

(Skip: All in CIGQTYR, Skip to PROBE10)

________________________NEW SCREEN________________________
SMKANY

Have you ever smoked a cigarette even one time?
1  Yes
2  No

PROBE10

In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)
1  Tobacco cigarettes
2  Cigars
3  Marijuana cigarettes
4  E-cigarettes

NEWPHYSACT

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

NEWPHYSACT

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sports, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. (Programmer: Make this a drop-down menu; Valid range: 0-7)
1  1 Day
2  2 Days
3  3 Days
4  4 Days
5  5 Days
6  6 Days
7  7 Days
**PROBE11**

Which of the following types of physical activity, if any, did you include when you answered the previous question? *(Please select all that apply.)*

1. Running
2. Jogging
3. Walking or hiking for exercise
4. Walking to or from an activity
5. Walking at work
6. Working out with exercise equipment
7. Cycling, swimming, or other aerobic exercises
8. Yoga or stretching
9. Playing sports
10. Housework or yardwork

**VIGNO_N**

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?

**Skip: (If code 0 or BLANK in VIGNO_N, Skip to MODNO_N; Otherwise, Continue)**

**VIGLNGNO**

About how long do you do these vigorous leisure-time physical activities each time?
Which of the following types of physical activity, if any, did you include when you answered the previous question? *(Please select all that apply.)*

1. Running
2. Jogging
3. Walking or hiking for exercise
4. Walking to or from an activity
5. Walking at work
6. Working out with exercise equipment
7. Cycling, swimming, or other aerobic exercises
8. Yoga or stretching
9. Playing sports
10. Housework or yardwork

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?

*Skip: (If code 0 or BLANK in MODNO_N, Skip to STRNGNO_N; Otherwise, Continue)*

About how long do you do these light or moderate leisure-time physical activities each time?
PROBE13
Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)

1. Running
2. Jogging
3. Walking or hiking for exercise
4. Walking to or from an activity
5. Walking at work
6. Working out with exercise equipment
7. Cycling, swimming, or other aerobic exercises
8. Yoga or stretching
9. Playing sports
10. Housework or yardwork

________________________NEW SCREEN________________________

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

________________________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

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

*Skip: (If code 1 in ALCLIFE, Continue; Otherwise, Skip to PROBE14)*

________________________NEW SCREEN________________________

ALC12MNO_N

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

*Skip: (If 0 or BLANK in ALC12MNO_N, Skip to PROBE14; Otherwise, Continue)*

________________________NEW SCREEN________________________

ALCAMT

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

________________________NEW SCREEN________________________

PROBE14

When answering the previous questions, what did you count as a drink? *(Please select all that apply.)*

1  A can or bottle of beer or malt liquor
2  A glass of wine or shot of liquor
3  A bottle of wine or liquor
4  A drink you purchased from a restaurant or bar
5  A drink you made or poured for yourself

________________________NEW SCREEN________________________
**ALC5UPNO**

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

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

**BINGE**

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

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

*Skip: (If code 0 or BLANK in BINGE, Skip to Text before AHGT_FT; Otherwise, Continue)*

________________________NEW SCREEN________________________

**PROBE15**

*(If code 2 in DEMO_GENDER, display:) Thinking about the typical occasion when you drank 4 or more drinks, what is the average amount of time it took you to consume your drinks?*

*(If code 1 in DEMO_GENDER, display:) Thinking about the typical occasion when you drank 5 or more drinks, what is the average amount of time it took you to consume your drinks?*

  1. Less than 2 hours
  2. 2 hours to less than 12 hours
  3. 12 hours to less than 24 hours
  4. 24 hours (one day) or more

________________________NEW SCREEN________________________

**AHGT_FT**

How tall are you without shoes?
AWGT_LB
How much do you weigh without shoes?

_________________________ 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

AHCDLY_2
You couldn't get an appointment soon enough.
1  Yes
2  No

AHCDLY_3
Once you get there, you have to wait too long to see the doctor.
1  Yes
2  No

AHCDLY_4
The clinic or doctor's office wasn't open when you could get there.
1  Yes
2  No
AHCDLY_5
You didn’t have transportation.
1 Yes
2 No

_____________________________ 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

AHCAFY_2
Mental health care or counseling
1 Yes
2 No

AHCAFY_3
Dental care (including checkups)
1 Yes
2 No

AHCAFY_4
Eyeglasses
1 Yes
2 No
AHCAFY_5
To see a specialist
1 Yes
2 No

AHCAFY_6
Follow-up care
1 Yes
2 No

________________________NEW SCREEN________________________

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

HIT1A
Look up health information on the Internet
1 Yes
2 No

HIT3A
Schedule an appointment with a health care provider
1 Yes
2 No

________________________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

**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

*QID:611708*  
**Skip: (If code 5 or BLANK in ACINERV, Skip to ACIRSTLS; Otherwise, Continue)**

________________________NEW SCREEN________________________

**PROBE16**

*QID:610838*  
Which of the following statements, if any, describes your feelings of nervousness?  
(Please select all that apply.)

1 Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.
2 These are positive feelings that help me to accomplish goals and be productive.
3 The feelings sometimes interfere with my life, and I wish that I did not have them.
4 I have been told by a medical professional that I have anxiety.

________________________NEW SCREEN________________________
ACIRSTLS

During the past 30 days, how often did you feel 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

________________________NEW SCREEN________________________

PROBE17

Do you consider restlessness and fidgetiness a good thing or a bad thing?

1  Good thing
2  Bad thing
3  Neither good nor bad

QID:611709  Skip: (If code 5 or BLANK in ACIRSTLS, Skip to ACIHOPLS; Otherwise, Continue)

________________________NEW SCREEN________________________

PROBE18

How concerned are you about feeling as if everything is an effort?

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

________________________NEW SCREEN________________________
ACIHOPLS

During the past 30 days, how often did you feel 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

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

PROBE19

Would you consider everything being an effort a good thing or a bad thing?

1. Good thing
2. Bad thing
3. Neither good nor bad

*Skip: (If code 5 or BLANK in ACIEFFRT, Skip to ACIWTHLS; Otherwise, Continue)*
PROBE20
How concerned are you about feeling as if everything is an effort?

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

NEW SCREEN

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

NEW SCREEN

AWEOBOFNO
How often do you use the Internet?

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
ANX_2

Do you take medication for these feelings?

1  Yes
2  No

Skip: (If code 5 or BLANK in ANX_1 AND code 2 or BLANK 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? Would you say you felt a little this way, a lot this way, or somewhere in between?

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

________________________NEW SCREEN________________________

PROBE21

Which of the following statements, if any, describes your feelings? (Please select all that apply.)

1  Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.
2  These are positive feelings that help me to accomplish goals and be productive.
3  The feelings sometimes interfere with my life, and I wish that I did not have them.
4  I have been told by a medical professional that I have anxiety.

________________________NEW SCREEN________________________
(Display the following just above the “Submit Survey” button:)
Please submit your survey to Gallup by clicking the "Submit Survey" button below. Once you close your browser, you will no longer be able to view the survey or change your responses.

<Submit Survey>

_____________________________________________________________________________

Thank you for participating in the Gallup Panel CDC/NCHS Health Research Survey. Your opinions do count.

You may now close your browser or go to another website.

_____________________________________________________________________________