



Client	NCHS
Project Name	RANDS Real Time Survey 1
Project Number	8935
Survey length (median)	20-minute survey
Population	18+ General Population
Pretest	N=100
Main	N=6,600 (6,000 Web; 600 Phone)
MODE	Phone and Web
Language	English
Sample Source	AmeriSpeak
Incentive	5,000 AmeriPoints
Survey description	Health Survey 2022
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	N	Numeric	6	Education
S_EDUC5	Y	Numeric	4	5-level education
S_MARITAL	Y	Numeric	9	Marital Status
S_EMPLOY	Y	Numeric	8	Current employment status
S_INCOME	N	Numeric	8	Household income
S_HHINC_4	N	Numeric	4	4-level income
S_HHINC_9	N	Numeric	4	9-level 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 11 UTUS Converted 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_TBI	Yes	Yes	Numeric	1. Get TBIMOI_1 2. Get TBIMOI_2
P_LONGCOVID	Yes	Yes	Numeric	1. See the 1 st set of long covid questions 2. See the 2 nd set of long covid questions
P_GENEXP	Yes	Yes	Numeric	1. Show GENDER_ID (After SAAB) 2. Show SINGLE_GEN (Before SAAB)
S_BASEWEIGHT	No	Yes	Numeric	
S_INVPROB	No	Yes	Numeric	
S_INVPROB_WEB	No	Yes	Numeric	
S_VSTRAT	No	Yes	Numeric	
S_VSTRAT_SAMP	No	Yes	Numeric	
S_VPSU	No	Yes	Numeric	
S_NRFU	No	Yes	Numeric	
P_RCRTYR	No	Yes	Numeric	Panel Recruitment Year 2014 2015 2016 2017 2018 2019 2020 2021 2022
P_AINA_FLAG	Yes	Yes	Numeric	Panelist Flag for American Indian-Native Alaskan Status 0 Not flagged for AINA status 1 Yes, flagged for AINA status

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	
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

Thank you for your continued participation in AmeriSpeak. I'm calling to let you know that you have a survey waiting for you and we want you to call us back to complete it. This survey is being conducted in

partnership with the CDC on the COVID-19 pandemic and people's health and experiences with it. 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

NCHS RANDS Real Time Survey 1 v8

Date: October 20, 2022

[SHOW IF MODE_PREF=CATI and MODE_JS=CAWI]

[SEE LAST YEAR RANDS WEB-PHONE SURVEY – CHRIS IMPLEMENTED THIS]

[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.

[SHOW ALL] [DISPLAY – WINTRO_1]

[CAWI] Thank you for agreeing to participate in our new AmeriSpeak survey!

[ALL] This survey is about different health-related topics and issues.

[CAWI] 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.

[CAWI] Please use the "Continue" button to navigate between the questions within the questionnaire. Do not use your browser buttons.

[DISPLAY]
CONFID_DISPLAY.

Some of the content of the questions in the survey are sensitive in nature. This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The Certificate of Confidentiality protects your privacy by prohibiting disclosure of identifiable, sensitive research information to anyone not connected to the research. This means that the researchers cannot release or use information that may identify you in any action or suit unless you say it is okay. An example would be a court subpoena.

The Certificate does not stop reporting what federal, state or local laws require. Some examples are laws that require reporting of child or elder abuse and threats to harm yourself or others. CIPSEA, explained on the next screen, does protect from this reporting and covers this research. Neither protect from any physical harm to yourself or others that may result from this survey. If at any point you do not feel safe while completing the survey, you can stop the survey and complete it at a later time that is better. There will also be resources available throughout the survey should you feel you need talk with anyone.

[DISPLAY]
[SHOW IF CAWI]
WEBINTRO



[SPACE]

<unbold>The National Center for Health Statistics, part of the Centers for Disease Control and Prevention, is conducting a study and we need your help. We are interested in your health and wellness, and will be asking you a series of questions about your health history, behaviors, and opinions. This should take about 20 minutes or less to complete. Participation in this survey is completely voluntary, and you may skip any question(s) you do not want to answer and may quit the survey at any time. You will not receive any monetary reward or incentive from the government for participating in this survey. The information being collected is for research purposes only, and will assist NCHS and CDC in their ongoing efforts to track the health of the American public. Your data will be held confidential, will be used for statistical purposes only, and will not be disclosed or released to other persons without your consent in accordance with Section 308(d) of the Public Health Service Act [42 U.S.C. 242m(d)] and the Confidential Information and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018, Pub. L. No. 115-435, 132 Stat. 5529, § 302).

[SPACE]

If you have any questions about this study, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #7420. Your call will be returned as soon as possible.

[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, MS D-74, Atlanta, GA 30333; ATTN: PRA (0902-0222).

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) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

Click the "Continue" button below to begin. <remove unbold>

[DISPLAY]

[SHOW IF CATI]

PHONEINTRO.

- <unbold>We are asking for your help as we construct a health survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.
- Phone call takes on average 20 minutes to complete.
- All information which would permit identification of an individual, a practice, or an establishment will be held confidential, and will be used for statistical purposes only by NCHS staff and agents and will not be disclosed or released to other persons without your consent. If you have any questions about your rights as a participant in this research study, call NCHS' Confidentiality Officer at (888) 642-1459.
- Participation is voluntary, but will assist greatly in helping further our nation's understanding of health and how we ask the public about public health issues. <remove unbold>

[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 (0902-0222).

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SECTION: Chronic Conditions

PROGRAMMING: CREATE "TM_START_CHRONIC"; CREATE "DATE_START_CHRONIC"
 CAPTURE TIME IN TM_START_CHRONIC
 CAPTURE DATE IN DATE_START_CHRONIC

[SP; PROMPT TWICE IF REFUSED]
 [COPY FROM ATEST SID 2292]
 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

[COPY FROM ADEV SID 1182 GAD7]
 [GRID SP]
 [RECORD TIME ON SCREEN]

GAD2.

Over the last 2 weeks, how often have you been bothered by the following problems?

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

GRID ITEMS:

- A. Feeling nervous, anxious, or on edge
- B. Not being able to stop or control worrying

CAWI RESPONSE OPTIONS:

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

CATI RESPONSE OPTIONS:

1. NOT AT ALL
2. SEVERAL DAYS
3. MORE THAN HALF THE DAYS
4. NEARLY EVERY DAY

[COPY FROM ADEV SID 1182]

CREATE DOV_GAD:

WHEN COMPUTING DOV_GAD, FOR GAD2A AND GAD2B, "NOT AT ALL"=0, "SEVERAL"=1, "MORE THAN HALF"=2, "NEARLY EVERY"=3. ALSO, 77s, 98s, and 99s=0

IF SUM(GAD2A AND GAD2B)>=3, DOV_GAD=1, ELSE DOV_GAD=0

[COPY FROM ADEV SID 1182]

[GRID SP]

[RECORD TIME ON SCREEN]

PHQ.

Over the last 2 weeks, how often have you been bothered by the following problems?

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

GRID ITEMS:

- A. Little interest or pleasure in doing things
- B. Feeling down, depressed, or hopeless

CAWI RESPONSE OPTIONS:

1. Not at all
2. Several days
3. More than half the days

4. Nearly every day

CATI RESPONSE OPTIONS:

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

[COPY FROM ADEV SID 1182]

CREATE DOV_PHQ:

WHEN COMPUTING DOV_PHQ, FOR PHQA AND PHQB, "NOT AT ALL"=0, "SEVERAL"=1, "MORE THAN HALF"=2, "NEARLY EVERY"=3. ALSO, 77s, 98s, and 99s=0

IF SUM(PHQA AND PHQB)>=3, DOV_PHQ =1, ELSE DOV_PHQ=0

[SP]

SOCERRNDS.

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

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

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

[SP]

SOCSCLPAR.

Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties? [CATI: Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?]

CAWI RESPONSE OPTIONS:

1. No difficulty
2. Some difficulty

3. A lot of difficulty
4. Cannot do this at all

CATI RESPONSE OPTIONS:

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

[DISPLAY]

HOVER_DISPLAY1.

[CAWI – DESKTOP/LAPTOP] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please hover over the terms in **blue** text to see it.

[CAWI – MOBILE] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please tap on the terms in **blue** text to see it.

[CATI] There are terms in the following question that have some additional information available to help explain what they are. If you are interested in that additional information, please ask me, and I will provide it to you.

[SP]

SOCWRKLIM.

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

CAWI: [INSERT FOLLOWING HOVER TEXT OVER “work”: *Work includes paid work, volunteer work, schoolwork, and homework.*]

[CATI] READ IF NEEDED: WORK INCLUDES PAID WORK, VOLUNTEER WORK, SCHOOLWORK, AND HOMEWORK.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

[COPY FROM ADEV SID 1182]

HICOV.

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF HICOV=1]

[MP]

HIKIND.

What kinds of health insurance or health care coverage do you have?

[CATI] Is it...Private health insurance, Medicare, Medicare supplement, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, state-sponsored health plan, or another government program?

[SPACE]

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

[CATI] **SELECT ALL THAT APPLY**

CAWI RESPONSE OPTIONS:

1. Private health insurance
2. Medicare
3. Medigap
4. Medicaid
5. Children's Health Insurance Program (CHIP)
6. Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
7. Indian Health Service
8. State-sponsored health plan
9. Other government program
10. No coverage of any type [SP]

CATI RESPONSE OPTIONS:

1. PRIVATE HEALTH INSURANCE
2. MEDICARE
3. MEDIGAP
4. MEDICAID
5. CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
6. MILITARY RELATED HEALTH CARE: TRICARE (CHAMPUS) / VA HEALTH CARE / CHAMP-VA
7. INDIAN HEALTH SERVICE
8. STATE-SPONSORED HEALTH PLAN
9. OTHER GOVERNMENT PROGRAM
10. NO COVERAGE OF ANY TYPE [SP]

[SP]

[COPY FROM ADEV SID 1182]

USUALPL.

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No, there is no place
3. There is more than one place

CATI RESPONSE OPTIONS:

1. YES
2. NO, THERE IS NO PLACE
3. THERE IS MORE THAN ONE PLACE

[SP]

MEDCOST1.

Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[COPY FROM ATEST SID 2765]

[GRID SP]

CHRONSERIES.

[CAWI] The next few questions are about medical conditions you may have been told you had.

[SPACE]

Have you <u>ever</u> been told by a doctor or other health professional that you had...

[CATI] Now I'm going to ask you about certain medical conditions.

[SPACE]

Have you <u>ever</u> been told by a doctor or other health professional that you had...

GRID ITEMS, RANDOMIZE:

- | | |
|---------|---|
| HYPEV. | Hypertension, also called high blood pressure? |
| CHLEV. | High cholesterol? |
| CHDEV. | Coronary heart disease? |
| ASEV. | Asthma? |
| COPDEV. | Chronic Obstructive Pulmonary Disease (C.O.P.D.), emphysema, or chronic bronchitis? |
| CANDEV. | Cancer or a malignancy of any kind? |
| ARTHEV. | Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? |

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF HYPEV = 1]

[SP]

HYPDIF

Were you told on two or more different visits that you had hypertension or high blood pressure?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF HYPDIF = 1]

[SP]

HYP12M

During the past 12 months, have you had hypertension or high blood pressure?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF HYPEV = 1]

[SP]

HYPMED

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF CHLEV = 1]

[SP]

CHL12M

During the past 12 months, have you had high cholesterol?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF CHLEV = 1]

[SP]

CHLMED

Are you now taking any medication prescribed by a doctor to help lower your cholesterol?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF ASEV = 1]

[SP]

ASTILL

Do you still have asthma?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF ASEV = 1]

[SP]

ASAT12M

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF ASEV = 1]

[SP]

ASER12M

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[GRID SP]

PULMSERIES.

[CAWI] The next few questions are about other medical conditions you may have been told you had.

[SPACE]

Have you <u>ever</u> been told by a doctor or other health professional that you had...

[CATI] Now I'm going to ask you about some other medical conditions.

[SPACE]

Have you <u>ever</u> been told by a doctor or other health professional that you had...

GRID ITEMS, RANDOMIZE:

- ANGEV. Angina, also called angina pectoris?
- MIEV. A heart attack, also called myocardial infarction?
- STREV. A stroke?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

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]

[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?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[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= 2,77,98,99)] Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes?

[SHOW IF (S_GENDER=2) AND (PREDIB= 2,77,98,99) 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= 2,77,98,99) AND (GESDIB= 2,77,98,99)] Has a doctor or other health professional <u>ever</u> told you that you had diabetes?

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

[SHOW IF (S_GENDER=1) AND (PREDIB=2,77,98,99)] Has a doctor or other health professional <u>ever</u> told you that you had diabetes?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

ALZH_HH

The next few questions are about all the people who live in your home.

[SPACE]

Is there someone who lives in your home that has Alzheimer's disease, dementia, or other cognitive impairment disorder?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

SUIC_HH

During the past 12 months, have you, or anyone in your home, experienced suicidal thoughts?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW THIS FOOTER AT THE BOTTOM OF PAGE FOR SUIC_HH]

INSERT FOOTER <center> These questions may be difficult to answer. If you need help, please click here for a list of resources. </center>

LINK BEHIND "HERE": 8935 NCHS RANDS Real Time Survey 1 Help Button.pdf

PROGRAMMING: CREATE "TM_END_CHRONIC"; CREATE "DATE_END_CHRONIC"
CAPTURE TIME IN TM_END_CHRONIC
CAPTURE DATE IN DATE_END_CHRONIC

SECTION: Health and Civic Behaviors

PROGRAMMING: CREATE "TM_START_HLTHBHV"; CREATE "DATE_START_HLTHBHV"
CAPTURE TIME IN TM_START_HLTHBHV
CAPTURE DATE IN DATE_START_HLTHBHV

[SP]

SMKEV

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[PROMPT IF EITHER FIELD ON SCREEN IS BLANK/SKIPPED]

[CUSTOM PROMPT: IF 'NUMBER OF DAYS > 7' AND 'PER WEEK/MONTH = PER WEEK', "THE MAXIMUM VALUE FOR 'PER WEEK' IS 7. PLEASE UPDATE YOUR ANSWER TO BE IN RANGE"; DO NOT ALLOW TO PROCEED UNTIL IN RANGE; DISPLAY MESSAGE ABOVE QUESTION TEXT]

[CUSTOM PROMPT: IF 'NUMBER OF DAYS > 30' AND 'PER WEEK/MONTH = PER MONTH', "THE MAXIMUM VALUE FOR 'PER MONTH' IS 30. PLEASE UPDATE YOUR ANSWER TO BE IN RANGE"; DO NOT ALLOW TO PROCEED UNTIL IN RANGE; DISPLAY MESSAGE ABOVE QUESTION TEXT]

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

[CATI: IF R INDICATES DON'T KNOW OR REFUSED FOR THIS QUESTION, LEAVE THE NUMBOX BLANK AND SELECT DK/REF IN THE DROPDOWN.]

[NUMBOX]
ALCDAY5.
<u>Number of days:</u>
[NUMBOX; RANGE 0-30, 7777, 9998, 9999]

[DROPDOWN]
ALCDAY5_DROP.
<u>Per week/month (select one):</u>
RESPONSE OPTIONS:
1. Per week
2. Per month

PROGRAMMING NOTE: Please keep ALCDAY5 and ALCDAY5_DROP on the same page, and put ALCDAY5_DROP dropdown list to the right, on the same line with ALCDAY5 number box; If "1. Per week" is selected, set NUMBOX limit to '7'; If "2. Per month" is selected, set NUMBOX limit to '30'.

[SHOW IF ALCDAY5>0]
[NUMBOX]
AVEDRNK3
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.
[SPACE]
During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

<u>Number of drinks:</u>
[NUMBER BOX, RANGE 0-100, 777, 998, 999]

[SHOW IF ALCDAY5>0]
[NUMBOX]
DRNK3GE5
Considering all types of alcoholic beverages, how many times during the past 30 days did you have [S_GENDER=1 5; S_GENDER = 2: 4] or more drinks on an occasion?

<u>Number of times:</u>
[NUMBER BOX, RANGE 0-100, 777, 998, 999]

[SHOW IF ALCDAY5>0]
[NUMBOX]
MAXDRNKS
During the past 30 days, what is the largest number of drinks you had on any occasion?

<u>Number of drinks:</u>
[NUMBER BOX, RANGE 0-100, 777, 998, 999]

[SHOW IF MODE_JS=CATI]
[SP]
ACSSINT.

Do you have access to the Internet?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

IF MODE_JS =CAWI, AUTO-PUNCH 1 AT ACCSSINT

[SHOW IF ACCSSINT=1]

[SP]

ACCSSHOM.

Do you have access to the Internet from your home?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF ACCSSINT=1]

[DISPLAY]

HOVER_DISPLAY2.

[CAWI – DESKTOP/LAPTOP] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please hover over the terms in **blue** text to see it.

[CAWI – MOBILE] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please tap on the terms in **blue** text to see it.

[CATI] There are terms in the following question that have some additional information available to help explain what they are. If you are interested in that additional information, please ask me, and I will provide it to you.

[SHOW IF ACCSSINT=1]

[GRID; SP]

HIT_GRID.

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

[SPACE]

CAWI: [INSERT FOLLOWING HOVER TEXT OVER "Internet": <i>Include Internet and data use through a computer, tablet, smartphone, or other electronic device.</i>

[CATI] READ IF NEEDED: INCLUDE INTERNET AND DATA USE THROUGH A COMPUTER, TABLET, SMARTPHONE, OR OTHER ELECTRONIC DEVICE.

GRID ITEMS:

HITLOOK. To look for health or medical information.

HITCOMM. To communicate with a doctor or doctor's office.

HITTEST. To look up medical test results.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

[COPY FROM ADEV SID 1182]

EMPLASTWK.

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

CEVOLUN1.

During the past 12 months, did you spend any time volunteering for any organization or association?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF CEVOLUN1=2, 77, 98]

[SP]

CEVOLUN2.

Some people don't think of activities they do infrequently or for children's schools or youth organizations as volunteer activities. During the past 12 months, have you done any of these types of activities?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

CEMMETNG.

During the past 12 months, did you attend a public meeting, such as a zoning or school board meeting, that discussed a local issue?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

CEVOTELC.

Did you vote in the <u>last local</u> elections, such as for mayor, councilmembers, or school board?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

AFVET.

Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

VIOLENCE.

In the past 12 months have you been, or have you seen someone else be, physically attacked, beaten, stabbed, or shot in your neighborhood?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

PROGRAMMING: CREATE "TM_END_HLTHBHV"; CREATE "DATE_END_HLTHBHV"
CAPTURE TIME IN TM_END_HLTHBHV
CAPTURE DATE IN DATE_END_HLTHBHV

SECTION: Traumatic Brain Injury

PROGRAMMING: CREATE "TM_START_BRAIN"; CREATE "DATE_START_BRAIN"
CAPTURE TIME IN TM_START_BRAIN
CAPTURE DATE IN DATE_START_BRAIN

[DISPLAY]

TBIINTRO.

The next questions are about head injuries that may have occurred in the past 12 months. Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.

[DISPLAY]

HOVER_DISPLAY3.

[CAWI – DESKTOP/LAPTOP] There are terms in the following questions that have some additional text available to help explain what they are. If you are interested in that additional information, please hover over the terms in [blue](#) text to see it.

[CAWI – MOBILE] There are terms in the following questions that have some additional text available to help explain what they are. If you are interested in that additional information, please tap on the terms in blue text to see it.

[CATI] There are terms in the following questions that have some additional information available to help explain what they are. If you are interested in that additional information, please ask me, and I will provide it to you.

[SP]

TBILOCMEMDAZ.

During the past 12 months, as a result of a blow or jolt to the head, have you been knocked out or lost consciousness, been dazed or confused, or had a gap in your memory?

[SPACE]

CAWI: [INSERT FOLLOWING HOVER TEXT OVER “blow or jolt to the head”: <i>Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.</i>

[CATI] READ IF NEEDED: PLEASE THINK ABOUT ALL HEAD INJURIES, FOR EXAMPLE, FROM PLAYING SPORTS, CAR ACCIDENTS, FALLS, OR BEING HIT BY SOMETHING OR SOMEONE THAT MAY HAVE OCCURRED IN THE PAST 12 MONTHS

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

TBIHEADSYM.

During the past 12 months, as a result of a blow or jolt to the head, have you had headaches, sensitivity to light or noise, balance problems, or changes in mood or behavior?

[SPACE]

CAWI: [INSERT FOLLOWING HOVER TEXT OVER “blow or jolt to the head”: <i> Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months. </i>

[CATI] READ IF NEEDED: PLEASE THINK ABOUT ALL HEAD INJURIES, FOR EXAMPLE, FROM PLAYING SPORTS, CAR ACCIDENTS, FALLS, OR BEING HIT BY SOMETHING OR SOMEONE THAT MAY HAVE OCCURRED IN THE PAST 12 MONTHS

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

TBICOUNT.

During the past 12 months, how many head injuries did you have that caused you to experience these symptoms? For this question, it is okay to give your best guess.

<u>Number of times:</u>

[NUMBER BOX, RANGE 1-100, 777, 998, 999]

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

TBISPORT.

[SHOW IF TBILOCMEMDAZ=1:Think about the blows or jolts to the head that caused you to lose consciousness, become dazed or confused, or have a gap in your memory.] Were you playing a sport or participating in a physical or recreational activity, such as jogging, biking, or pick-up games, when you experienced <u>any</u> of these blows or jolts to the head?

[CAWI: Hover text over "sport": Include team or league sports competition or practices, and organized and non-organized sports.

CATI: READ IF NECESSARY: Sports include team or league sports competition or practices, and organized and non-organized sports]]

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF TBISPORT=1]

[SP]

TBILEAGUE.

Were you participating in an organized team or league sports competition or practice when you experienced <u>any</u> of these blows or jolts to the head?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

TBCHKCONC.

During the past 12 months, as a result of a blow or jolt to the head, were you evaluated for a concussion or brain injury by a doctor, nurse, paramedic, athletic trainer, or other health care professional?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF TBCHKCONC=1]

[DISPLAY]

TBIINTRO2.

The next set of questions are about your most recent head injury during the past 12 months.

[SHOW IF TBCHKCONC=1]

[SP]

TBCHKRECENT.

For your most recent head injury, were you evaluated for a concussion or brain injury by a doctor, nurse, paramedic, athletic trainer, or other health care professional?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF TBCHKRECENT = 1]

[SP]

TBIWHRCHK.

Where did the first evaluation for your most recent head injury by this health care professional take place?

RESPONSE OPTIONS:

1. Your regular doctor or primary care physician's office
2. A hospital or emergency department
3. An urgent care clinic
4. On the sideline (for example, at a sporting event)

5. Somewhere else, please specify [TEXTBOX]

[SHOW IF TBICHKCONC = 1]

[SP]

TBIDX.

Following your <u>most recent</u> head injury, did a medical professional diagnose you with a concussion or traumatic brain injury?

[SPACE]

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

1. Yes
2. No
77. Don't Know

CATI RESPONSE OPTIONS:

1. YES
 2. NO
 77. DON'T KNOW
-

[SHOW IF P_TBI=1 AND (TBILOCMEMDAZ= 1 or TBIHEADSYM= 1)]

[SP]

TBIMOI_1.

When you got your <u>most recent</u> head injury, which best describes how you got hurt? Please select one.

RESPONSE OPTIONS, RANDOMIZE:

1. [CAWI: I CATI: You] fell and hit [CAWI: my CATI: your] head
 2. A car or motorcycle crash
 3. Bumped [CAWI: my CATI: your] head on something
 4. An object fell on [CAWI: me CATI: you]
 5. Bicycle crash
 6. [CAWI: I CATI: You] got hit in the head during a fight or an argument
 7. Collided with another person
 8. Felt dizzy or sick and fell, or passed out
 9. Other, please specify [TEXTBOX] [ANCHOR]
-

[SHOW IF P_TBI=2 AND (TBILOCMEMDAZ= 1 or TBIHEADSYM= 1)]

[SP]

TBIMOI_2.

When you got your <u>most recent</u> head injury, which best describes how you got hurt? Please select one.

RESPONSE OPTIONS, RANDOMIZE:

1. [CAWI: I CATI: You] fell and hit [CAWI: my CATI: your] head
2. A car or motorcycle crash
3. Bumped [CAWI: my CATI: your] head on something
6. [CAWI: I CATI: You] got hit in the head during a fight or an argument
8. Felt dizzy or sick and fell, or passed out
9. Other, please specify [TEXTBOX] [ANCHOR]

Note for programming: please label the ROs as spec'ed, i.e., keep values as 1,2,3,6,8,9. This is to align with the previous question, TBIMOI_1

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

WORKMISS.

Did you miss any work or school due to your <u>most recent</u> head injury?

[SPACE]

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

1. Yes
2. No
77. Don't Know

CATI RESPONSE OPTIONS:

1. YES
 2. NO
 77. DON'T KNOW
-

[SHOW IF WORKMISS = 1]

[NUMBOX]

WORKMISSA.

How many days did you miss any work or school due to your <u>most recent</u> head injury? For this question, it is okay to give your best guess.

<u>Number of days:</u>

[NUMBER BOX, RANGE 0-1,000, 7777, 9998, 9999]

[SHOW IF TBILOCMEMDAZ= 1 or TBIHEADSYM= 1]

[SP]

SYMSTILL.

Are you still experiencing any head injury-related symptoms after your <u>most recent</u> head injury?

[SPACE]

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
77. Don't Know

CATI RESPONSE OPTIONS:

1. YES
2. NO
77. DON'T KNOW

[SHOW IF SYMSTILL = 2]

[SP]

SYMRECA.

How long did it take for all of your head injury-related symptoms to go away after your <u>most recent</u> head injury?

RESPONSE OPTIONS:

1. Less than 1 day
2. 1 – 2 days
3. 3 – 7 days
4. More than 7 days

PROGRAMMING: CREATE "TM_END_BRAIN"; CREATE "DATE_END_BRAIN"

CAPTURE TIME IN TM_END_BRAIN

CAPTURE DATE IN DATE_END_BRAIN

SECTION: Firearms Safety

PROGRAMMING: CREATE "TM_START_GUN"; CREATE "DATE_START_GUN"

CAPTURE TIME IN TM_START_GUN

CAPTURE DATE IN DATE_START_GUN

[DISPLAY]

FIREARMSINTRO.

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

[SP]

BRFSS_FA1.

Are any firearms now kept in or around your home?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF BRFSS_FA1 = 1]

[SP]

FA1A.

Are any of the firearms handguns, such as pistols or revolvers?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF BRFSS_FA1 = 1]

[SP]

FA1B.

Are any of the firearms long guns, such as rifles or shotguns?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF BRFSS_FA1 = 1]

[SP]

BRFSS_FA2.

Are any of these firearms now loaded?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF BRFSS_FA2 = 1]

[DISPLAY]

HOVER_DISPLAY4.

[CAWI – DESKTOP/LAPTOP] There are terms in the following questions that have some additional text available to help explain what they are. If you are interested in that additional information, please hover over the terms in **blue** text to see it.

[CAWI – MOBILE] There are terms in the following questions that have some additional text available to help explain what they are. If you are interested in that additional information, please tap on the terms in **blue** text to see it.

[CATI] There are terms in the following questions that have some additional information available to help explain what they are. If you are interested in that additional information, please ask me, and I will provide it to you.

[SHOW IF BRFSS_FA2 = 1]

[SP]

BRFSS_FA3.

Are any of these loaded firearms also unlocked?

[SPACE]

CAWI: [INSERT FOLLOWING HOVER TEXT OVER “unlocked”]: <i> By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don’t count the safety as a lock. </i>

[CATI] READ IF NECESSARY: By unlocked, I mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don’t count the safety as a lock.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[SHOW IF BRFSS_FA3 = 1]

[SP]

FA4.

How often are any loaded firearms stored unlocked when not in use?

[SPACE]

CAWI: [INSERT FOLLOWING HOVER TEXT OVER “unlocked”]: <i> By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don’t count the safety as a lock. </i>

[CATI] READ IF NECESSARY: By unlocked, I mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.

RESPONSE OPTIONS:

1. Never
 2. Rarely (Less than 3 times)
 3. Occasionally (4 to 10 times)
 4. Often (more than 10 times)
 5. Always
-

[SHOW IF BRFS FA1 = 1]

[MP]

FA5.

What is the main reason that there are firearms in or around your home?

[SPACE]

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

[CATI] SELECT ALL THAT APPLY

RESPONSE OPTIONS:

1. Hunting or sport
 2. Protection
 3. Work
 4. Some other reason, please specify: [TEXTBOX]
-

PROGRAMMING: CREATE "TM_END_GUN"; CREATE "DATE_END_GUN"

CAPTURE TIME IN TM_END_GUN

CAPTURE DATE IN DATE_END_GUN

SECTION: COVID and Long COVID

PROGRAMMING: CREATE "TM_START_COVID"; CREATE "DATE_START_COVID"

CAPTURE TIME IN TM_START_COVID

CAPTURE DATE IN DATE_START_COVID

[DISPLAY]

COVID_INTRO.

The next few questions are about COVID-19.

[SP]

COVIDEV.

Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF COVIDEV = 2, 77, 98, 99]

[SP]

NHIS_TEST.

Did you ever take a test that showed you had coronavirus or COVID-19?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF COVIDEV=1 OR NHIS_TEST=1]

[SP]

SYMPTOMS.

How would you describe your coronavirus symptoms when they were at their worst?

[SPACE]

[CATI] Would you say no symptoms, mild symptoms, moderate symptoms, or severe symptoms?

CAWI RESPONSE OPTIONS:

1. No symptoms
2. Mild symptoms
3. Moderate symptoms
4. Severe symptoms

CATI RESPONSE OPTIONS:

1. NO SYMPTOMS
 2. MILD SYMPTOMS
 3. MODERATE SYMPTOMS
 4. SEVERE SYMPTOMS
-

[SHOW IF P_LONGCOVID = 1 AND (COVIDEV=1 OR NHIS_TEST=1)]

[SP]

SYMP3MO.

Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

[SPACE]

Long-term symptoms may include: Tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as “brain fog”), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF SYMP3MO=1]

[TEXTBOX]

PROBE_LONG_NHIS.

When answering the previous question, which symptoms were you specifically thinking about?

[LARGE TEXTBOX]

[SHOW IF P_LONGCOVID = 1 AND (COVIDEV=1 OR NHIS_TEST=1)]

[SP]

SYMPNOW

Do you have symptoms now?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF P_LONGCOVID = 2 AND COVIDEV=1 OR NHIS_TEST=1]

[SP]

ONS_LONG

Would you describe yourself as having “long COVID,” that is, you are still experiencing symptoms more than 3 months after you first had COVID-19, that are not explained by something else?

[SPACE]

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

1. Yes
2. No
77. Don't Know

CATI RESPONSE OPTIONS:

1. YES
 2. NO
 77. DON'T KNOW
-

[SHOW IF ONS_LONG=1]

[SP]

ONS_IMPACT

Does this reduce your ability to carry out day-to-day activities compared to the time before you had COVID-19? [CATI: Would you say yes a lot, yes a little, not at all, or you don't know?]

CAWI RESPONSE OPTIONS:

1. Yes, a lot
2. Yes, a little
3. Not at all
77. Don't Know

CATI RESPONSE OPTIONS:

1. YES, A LOT
 2. YES, A LITTLE
 3. NOT AT ALL
 77. DON'T KNOW
-

[SHOW IF ONS_LONG =1]

[TEXTBOX]

PROBE_LONG_ONS.

When answering the previous question, which symptoms were you specifically thinking about?

[LARGE TEXTBOX]

PROGRAMMING: CREATE "TM_END_COVID"; CREATE "DATE_END_COVID"

CAPTURE TIME IN TM_END_COVID

CAPTURE DATE IN DATE_END_COVID

SECTION: Immunization

PROGRAMMING: CREATE "TM_START_IMMUN"; CREATE "DATE_START_IMMUN"
 CAPTURE TIME IN TM_START_IMMUN
 CAPTURE DATE IN DATE_START_IMMUN

[DISPLAY]
 FLUINTRO.

[CAWI] There are currently vaccines available for seasonal influenza, pneumonia, and coronavirus or COVID-19. You will first be asked questions about seasonal flu and pneumonia vaccination and then about coronavirus or COVID-19 vaccination.

[CATI] There are currently vaccines available for seasonal influenza, pneumonia, and coronavirus or COVID-19. I will first ask you questions about seasonal flu and pneumonia vaccination and then about coronavirus or COVID-19 vaccination.

[SP]
 SHTFLU12M

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF SHTFLU12M=1]

During what month and year did you receive your most recent flu vaccine?

[DROPDOWN]
 SHTFLUM_MO
 <u>Month:</u>

[DROPDOWN LIST of 12 months, January to December]

[NUMBOX]
 SHTFLUM_YR
 <u>Year:</u>

[NUMBER BOX, RANGE 2021-2022, 7777, 9998, 9999]

[DISPLAY]
 HOVER_DISPLAY5.

[CAWI – DESKTOP/LAPTOP] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please hover over the terms in blue text to see it.

[CAWI – MOBILE] There are terms in the following question that have some additional text available to help explain what they are. If you are interested in that additional information, please tap on the terms in blue text to see it.

[CATI] There are terms in the following question that have some additional information available to help explain what they are. If you are interested in that additional information, please ask me, and I will provide it to you.

[SP]

SHTPNUEV

A pneumonia shot is also known as a pneumococcal vaccine. Have you <u>ever</u> had a pneumonia shot?

[SPACE]

CAWI: [INSERT FOLLOWING HOVER TEXT OVER “pneumonia shot”]: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax®, and conjugate, also known as Prevnar® or Vaxneuvance®.

[CATI] READ IF NECESSARY: There are two types of pneumonia shots: polysaccharide (PRONUNCIATION: “polly-SACK-ah-ride”), also known as Pneumovax® (PRONUNCIATION: “NOO-mow-vaks”), and conjugate, also known as Prevnar® (PRONUNCIATION: “PREV-naar”) or Vaxneuvance® (PRONUNCIATION: “VAKS-noo-vans”).

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SHOW IF SHTPNUEV =1]

[SP]

SHTPNEUNB

How many pneumonia shots have you ever had?

CAWI RESPONSE OPTIONS:

1. One pneumonia shot
2. Two pneumonia shots
3. More than two pneumonia shots

CATI RESPONSE OPTIONS:

1. ONE PNEUMONIA SHOT
2. TWO PNEUMONIA SHOTS
3. MORE THAN TWO PNEUMONIA SHOTS

[SP]

VAX_HES.

Overall, how hesitant about vaccines in general would you consider yourself to be?

[SPACE]

Please think about all vaccines.

RESPONSE OPTIONS:

1. Not at all hesitant
 2. Not that hesitant
 3. Somewhat hesitant
 4. Very hesitant
-

[COPY FROM ADEV SID 1182]

[SP]

VAX_SIDE.

Have you ever had concerns about serious, long-term side effects that impacted your decision to get vaccinated?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[COPY FROM ADEV SID 1182]

[SP]

VAX_KNOW.

Do you personally know anyone who has had a serious, long-term side effect from a vaccine?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[COPY FROM ADEV SID 1182]

[SP]

VAX_MD.

Is your doctor or health provider your most trusted source of information about vaccines?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[COPY FROM ADEV SID 1182]

[SP]

VAX_RISK.

How confident are you that the benefits of vaccines outweigh their risks?

RESPONSE OPTIONS:

1. Very confident
 2. Somewhat confident
 3. Not at all confident
-

[COPY FROM ADEV SID 1182]

[SP]

VAX_HERD.

Do you believe that getting vaccinated helps protect others from getting disease?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[SP]

SHTCVD191

The next questions are about coronavirus or COVID-19 vaccination. Have you had at least one dose of a COVID-19 vaccination?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES

2. NO

[SHOW IF SHTCVD191=1]

[SP]

SHTCVD19NM

How many COVID-19 vaccinations have you received?

[SPACE]

<i>Count each individual dose you have received. For instance, a two-shot series of an mRNA vaccine like Pfizer or Moderna, would count as two vaccinations. </i>

CAWI RESPONSE OPTIONS:

1. 1 vaccination
2. 2 vaccinations
3. 3 vaccinations
4. 4 or more vaccinations

CATI RESPONSE OPTIONS:

1. 1 VACCINATION
 2. 2 VACCINATIONS
 3. 3 VACCINATIONS
 4. 4 OR MORE VACCINATIONS
-

[COPY FROM ADEV SID 1182]

[SP]

CVD19_HES.

Thinking specifically about the COVID-19 vaccines, how hesitant would you consider yourself to be?

RESPONSE OPTIONS:

1. Not at all hesitant
 2. Not that hesitant
 3. Somewhat hesitant
 4. Very hesitant
 77. Don't know
-

[COPY FROM ADEV SID 1182, MODIFIED QUESTION TEXT]

[MP]

[RECORD TIME ON SCREEN]

PROBE_VAX.

When answering the previous question about your hesitance towards the COVID-19 vaccines, which of the following, if any, were you thinking about?

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

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS, RANDOMIZE 1-9:

1. Overall social benefit of vaccine
 2. Long-term health impacts
 3. Speed of development
 4. Government approval process
 5. Personal risk of getting vaccinated
 6. Risk of contracting COVID-19
 7. Information you received from a medical provider
 8. Information you received from friends or social media
 9. Previous experiences with vaccines
 10. Something else, please specify: [TEXTBOX]
-

PROGRAMMING: CREATE "TM_END_IMMUN"; CREATE "DATE_END_IMMUN"
CAPTURE TIME IN TM_END_IMMUN
CAPTURE DATE IN DATE_END_IMMUN

SECTION: Affect

PROGRAMMING: CREATE "TM_START_AFFECT"; CREATE "DATE_START_AFFECT"
CAPTURE TIME IN TM_START_AFFECT
CAPTURE DATE IN DATE_START_AFFECT

[DISPLAY]
AFFECT_INTRO.

The next few questions are about feelings you may have.

[COPY FROM ADEV SID 1182]
[SP]
[RECORD TIME ON SCREEN]
ANXFREQ.

How often do you feel worried, nervous or anxious? [CATI: 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

[COPY FROM ADEV SID 1182]

[SP]

[RECORD TIME ON SCREEN]

ANXMED.

Do you take prescription medication for these feelings?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[COPY FROM ADEV SID 1182]

[SHOW IF (ANXFREQ=1,2,3,4,77,98,99) OR ((ANXFREQ=5) AND (ANXMED=1,77,98,99))]

[SP]

[RECORD TIME ON SCREEN]

ANXLEVEL.

Thinking about the last time you felt worried, nervous, or anxious, how would you 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

[COPY FROM ADEV SID 1182]

CREATE DOV_ANX; DISPLAY FOR TESTING PURPOSES

If ANXFREQ == 4 or ANXFREQ==5, DOV_ANX=1;

If ANXFREQ==1, 2, or 3 AND ANXLEVEL==1, DOV_ANX=2;
If ANXFREQ==2, or 3 AND ANXLEVEL==3, DOV_ANX=2;
If ANXFREQ==3 AND ANXLEVEL==2, DOV_ANX=2
If ANXFREQ==1 AND ANXLEVEL==3, DOV_ANX=3
If ANXFREQ==2 AND ANXLEVEL==2, DOV_ANX=3;
If ANXFREQ==1 AND ANXLEVEL==2, DOV_ANX=4;
If ANXFREQ==77,98,99 OR ANXLEVEL==77,98,99, DOV_ANX=99

[SP]

ANXEV.

Have you ever been told by a doctor or other health professional that you had any type of anxiety disorder?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[COPY FROM ADEV SID 1182]

[SP]

[RECORD TIME ON SCREEN]

DEPFREQ.

How often do you feel depressed? [CATI: 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
-

[COPY FROM ADEV SID 1182]

[SP]

[RECORD TIME ON SCREEN]

DEPMED.

Do you take prescription medication for depression?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[COPY FROM ADEV SID 1182]

[SHOW IF (DEPFREQ=1,2,3,4,77,98,99) OR ((DEPFREQ=5) AND (DEPMED=1,77,98,99))]

[SP]

[RECORD TIME ON SCREEN]

DEPLEVEL.

Thinking about the last time you felt depressed, how depressed did you 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

[COPY FROM ADEV SID 1182]

CREATE DOV_DEP; DISPLAY FOR TESTING PURPOSES

If DEPFREQ == 4 or DEPFREQ ==5, DOV_DEP=1;
If DEPFREQ==1, 2, or 3 AND DEPLEVEL==1, DOV_DEP=2;
If DEPFREQ==2, or 3 AND DEPLEVEL==3, DOV_DEP=2;
If DEPFREQ==3 AND DEPLEVEL==2, DOV_DEP=2
If DEPFREQ==1 AND DEPLEVEL==3, DOV_DEP=3
If DEPFREQ==2 AND DEPLEVEL==2, DOV_DEP=3;
If DEPFREQ==1 AND DEPLEVEL==2, DOV_DEP=4;
If DEPFREQ==77,98,99 OR DEPLEVEL==77,98,99, DOV_DEP=99

[SP]
DEPEV.

Have you ever been told by a doctor or other health professional that you had any type of depression?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

[COPY FROM ADEV SID 1182]
[SHOW IF DOV_ANX=2,3,4 OR ANXEV=1]
[MP]
PROBE_ANX.

Which of the following statements, if any, describe your feelings of being nervous or anxious?

[SPACE]

CAWI: *Please select all that apply.*

CATI: **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. Sometimes the feelings can be so intense that [CAWI: my; CATI: your] chest hurts and [CAWI: I; CATI: you] have trouble breathing.
2. These are positive feelings that help [CAWI: me; CATI: you] to accomplish goals and be productive.
3. The feelings sometimes interfere with [CAWI: my; CATI: your] life, and [CAWI: I; CATI: you] wish that [CAWI: I; CATI: you] did not have them.
4. Feeling that way is normal, and everyone feels that way sometimes.
5. [CAWI: I; CATI: You] have been told by a medical professional that [CAWI: I; CATI: you] have anxiety.
6. [CAWI: I; CATI: You] have these feelings because of the Coronavirus pandemic.
7. Some other way, please specify: [TEXTBOX]

[COPY FROM ADEV SID 1182]
[SHOW IF DOV_DEP=2,3,4 OR DEPEV=1]
[MP]
PROBE_DEP.

Which of the following statements, if any, describe your feelings of being sad or depressed?

[SPACE]

CAWI: *Please select all that apply.*

CATI: **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. Sometimes the feelings can be so intense that [CAWI: I; CATI: you] cannot get out of bed.

2. The feelings sometimes interfere with [CAWI: my; CATI: your] life, and [CAWI: I; CATI: you] wish that [CAWI: I; CATI: you] did not have them.
 3. [CAWI: I; CATI: You] get over the feelings quickly.
 4. Feeling that way is normal, and everyone feels that way sometimes.
 5. [CAWI: I; CATI: You] have been told by a medical professional that [CAWI: I; CATI: you] have depression.
 6. [CAWI: I; CATI: You] have these feelings because of the Coronavirus pandemic.
 7. Some other way, please specify: [TEXTBOX]
-

[DISPLAY]

LESS18_INTRO.

The next two questions are about events that may have happened to you before the age of 18 years.

[SP]

HIT_18.

Not including spanking, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

RESPONSE OPTIONS:

1. Never
 2. Once
 3. More than Once
 77. Don't Know
-

[SP]

INSULT_18.

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

RESPONSE OPTIONS:

1. Never
 2. Once
 3. More than Once
 77. Don't Know
-

PROGRAMMING: CREATE "TM_END_AFFECT"; CREATE "DATE_END_AFFECT"

CAPTURE TIME IN TM_END_AFFECT

CAPTURE DATE IN DATE_END_AFFECT

SECTION CLOSE: Gender

PROGRAMMING: CREATE "TM_START_GENDER"; CREATE "DATE_START_GENDER"

CAPTURE TIME IN TM_START_GENDER
CAPTURE DATE IN DATE_START_GENDER

FOR THE NEXT THREE QUESTIONS:
IF P_GENEXP = 1 SHOW AS SAAB, GENDER_ID
IF P_GENEXP = 2 SHOW AS SINGLE_GEN, SAAB

[COPY OF ADEV SID 3352]
[RECORD TIME ON SCREEN]
[SP]
SAAB.

What sex were you assigned at birth, on your original birth certificate?

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

1. Male
2. Female
77. Don't know

CATI RESPONSE OPTIONS:

1. MALE
 2. FEMALE
 77. DON'T KNOW
-

[COPY OF ADEV SID 3352; UPDATED LOGIC]
[SHOW IF P_GENEXP = 1]
[RECORD TIME ON SCREEN]
[SP]
GENDER_ID.
What is your current gender?
[SPACE]
[CAWI - REMOVE BOLD] <i> Mark only one. </i>
[CATI] **MARK ONLY ONE**

RESPONSE OPTIONS:

1. Female
 2. Male
 3. Transgender
 4. [P_AINA_FLAG=1]Two-Spirit
 5. [CAWI: I; CATI: You] use a different term, please specify: [TEXTBOX]
-

[SHOW IF P_GENEXP = 2]

[RECORD TIME ON SCREEN]

[MP]

SINGLE_GEN.

Which of the following do you identify as?

[SPACE]

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

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. Female
2. Male
3. Transgender, non-binary, or another gender

PROGRAMMING: CREATE DOV_GENDERMISMATCH; DISPLAY IN TESTING

WHEN P_GENEXP = 1:

IF SAAB=GENDER_ID (I.E., 1/MALE IN EACH OR 2/FEMALE IN EACH – PLEASE NOTE THAT MALE-FEMALE ARE IN DIFFERENT ORDERS IN SAAB THAN GENDER_ID/SINGLE_GEN) DOV_GENDERMISMATCH=0

WHEN P_GENEXP = 2:

IF SAAB=SINGLE_GEN (I.E., 1/MALE IN EACH OR 2/FEMALE IN EACH – PLEASE NOTE THAT MALE-FEMALE ARE IN DIFFERENT ORDERS IN SAAB THAN GENDER_ID/SINGLE_GEN) DOV_GENDERMISMATCH=0

WHEN P_GENEXP = 1:

IF SAAB NE GENDER_ID DOV_GENDERMISMATCH=1

WHEN P_GENEXP = 2:

IF SAAB NE SINGLE_GEN DOV_GENDERMISMATCH=1

CREATE GENDER_CONFIRM_TEXT: CONCATENATE TEXT CORRESPONDING TO GENDER_ID OR SINGLE_GEN

WHEN P_GENEXP = 1; CONCATENATE TEXT CORRESPONDING TO GENDER_ID:

IF GENDER_ID = 1 TEXT TO BE CONCATENATED IS: female

IF GENDER_ID = 2 TEXT TO BE CONCATENATED IS: male

IF GENDER_ID = 3 TEXT TO BE CONCATENATED IS: transgender

IF GENDER_ID = 4 TEXT TO BE CONCATENATED IS: two-spirit

IF GENDER_ID = 5 TEXT TO BE CONCETANATES IS: some other gender

WHEN P_GENEXP = 2; CONCATENATE TEXT CORRESPONDING TO SINGLE_GEN:

IF SINGLE_GEN = 1 TEXT TO BE CONCATENATED IS: female

IF SINGLE_GEN = 2 TEXT TO BE CONCATENATED IS: male

IF SINGLE_GEN = 3 TEXT TO BE CONCETANATES IS: transgender, non-binary, or another gender

FOR P_GENEXP=2, WILL NEED TO CONCATENATE, STRING TOGETHER THE INSERTED TEXT WITH COMMA SEPARATION; FOR EXAMPLE:

IF SINGLE_GEN=1,2 CONCATENATE TO “female and male”

IF SINGLE_GEN=1,3 CONCATENATE TO “female and transgender, non-binary, or another gender”

IF SINGLE_GEN=2,3 CONCATENATE TO “male and transgender, non-binary, or another gender”

IF SINGLE_GEN=1,2,3 CONCATENATE TO “female, male, and transgender, non-binary, or another gender”

IF GENDER_ID = 5 (**only**) TEXT TO BE CONCETANATES IS: some other gender

SINGLE_GEN = 3 (**only**) TEXT TO BE CONCETANATES IS: transgender, non-binary, or another gender

[COPY OF ADEV SID 3352; UPDATED LOGIC]

[SHOW IF SAAB=1,2,77 AND (GENDER_ID=1,2,3,4,5 or SINGLE_GEN = 1,2,3)]

[RECORD TIME ON SCREEN]

[SP]

GENDER_CONFIRM.

Just to confirm, [IF SAAB=77, INSERT: you don't know what you were assigned; IF SAAB=1,2, INSERT: you were assigned [INSERT VALUE TEXT FROM SAAB, MAKE FIRST LETTER LOWERCASE]] at birth and now describe yourself as [INSERT VALUE TEXT FROM GENDER_ID or SINGLE_GEN, MAKE FIRST LETTER LOWERCASE; IF GENDER_ID=5, INSERT 'some other gender' or SINGLE_GEN =3, INSERT 'transgender, non-binary, or another gender']. Is that correct?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
 2. NO
-

[COPY OF ADEV SID 3352; ADDED “_1” IN NAME; UPDATED LOGIC]

[SHOW IF GENDER_CONFIRM=2 AND P_GENEXP=1]

[RECORD TIME ON SCREEN]

[SP]

SAAB_RE_1.

What sex were you assigned at birth, on your original birth certificate?

[CATI] If you are unsure or don't know, you may say “Don't know”.

CAWI RESPONSE OPTIONS:

1. Male
2. Female
77. Don't know

CATI RESPONSE OPTIONS:

1. MALE
 2. FEMALE
 77. DON'T KNOW
-

[COPY OF ADEV SID 3352; UPDATED LOGIC]
[SHOW IF GENDER_CONFIRM=2 AND P_GENEXP=1]
[RECORD TIME ON SCREEN]
[SP]
GENDER_ID_RE.

What is your current gender?

[SPACE]
[CAWI - REMOVE BOLD] <i> Mark only one. </i>
[CATI] **MARK ONLY ONE**

CAWI RESPONSE OPTIONS:

1. Female
2. Male
3. Transgender
4. [P_AINA_FLAG=1]Two-Spirit
5. I use a different term, please specify: [TEXTBOX]

CATI RESPONSE OPTIONS:

1. Female
 2. Male
 3. Transgender
 4. [P_AINA_FLAG=1]Two-Spirit
 5. You use a different term, please specify: [TEXTBOX]
-

[SHOW IF GENDER_CONFIRM=2 AND P_GENEXP=2]
[RECORD TIME ON SCREEN]
[MP]
SINGLE_GEN_RE.

Which of the following do you identify as?

[SPACE]
[CAWI - REMOVE BOLD] <i> Select all that apply. </i>
[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. Female
 2. Male
 3. Transgender, non-binary, or another gender
-

[COPY OF ADEV SID 3352; ADDED “_2” IN NAME; UPDATED LOGIC]
[SHOW IF GENDER_CONFIRM=2 AND P_GENEXP=2]
[RECORD TIME ON SCREEN]
[SP]
SAAB_RE_2.

What sex were you assigned at birth, on your original birth certificate?

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

1. Male
2. Female
77. Don't know

CATI RESPONSE OPTIONS:

1. MALE
2. FEMALE
77. DON'T KNOW

PROGRAMMING: CREATE DOV_REASKSWITCH – FLAG FOR MISMATCH BETWEEN ORIGINAL SAAB OR GENDER_ID/SINGLE_GEN REASK VARIABLES

GENDER_CONFIRM=01,98,77,99 or EMPTY (NOT ASKED); DOV_REASKSWITCH=0 'NO REASK QUESTIONS ASKED'

(P_GENEXP=1 AND GENDER_CONFIRM=02) AND
(SAAB_RE!=SAAB OR GENDER_ID_RE!=GENDER_ID)
OR
(P_GENEXP=2 AND GENDER_CONFIRM=02) AND
(SAAB_RE!=SAAB OR SINGLE_GEN_RE!=SINGLE_GEN)
DOV_REASKSWITCH=1 'YES, SWITCH'

ELSE, DOV_REASKSWITCH=2 'NO, SWITCH'

PLEASE DISPLAY DOV_REASKSWITCH ON TESTING ONLY PAGE

[COPY OF ADEV SID 3352]

[SHOW IF (SAAB=77 AND GENDER_CONFIRM=1,77,98,99) OR (SAAB=77 AND GENDER_CONFIRM=MISSING) OR (SAAB=98,99) OR (GENDER_CONFIRM=2 AND SAAB=77 AND (SAAB_RE_1=77,98,99 OR SAAB_RE_2=77,98,99))]

[MP]

PROBE_SAAB_REF.

You [IF SAAB=98,99: didn't answer; IF SAAB=77: didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?

[SPACE]

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

[CATI] **SELECT ALL THAT APPLY**

CAWI RESPONSE OPTIONS:

1. I don't understand what the question is asking
2. I've never seen my birth certificate
3. I don't want to answer this question
4. This was a mistake, I meant to say: [TEXTBOX]

5. Other, specify: [TEXTBOX]

CATI RESPONSE OPTIONS:

1. You don't understand what the question is asking
2. You've never seen your birth certificate
3. You don't want to answer this question
4. This was a mistake, you meant to say: [TEXTBOX]
5. Other, specify: [TEXTBOX]

IF GENDER_CONFIRM = 1 PROBE_GENDERID_TEXT = GENDER_CONFIRM_TEXT

IF GENDER_CONFIRM = 2 AND P_GENEXP=1:

IF GENDER_ID_RE = 1 TEXT TO BE CONCATENATED IS: Female

IF GENDER_ID_RE = 2 TEXT TO BE CONCATENATED IS: Male

IF GENDER_ID_RE = 3 TEXT TO BE CONCATENATED IS: Transgender

IF GENDER_ID_RE = 4 TEXT TO BE CONCATENATED IS: Two-Spirit

IF GENDER_ID_RE = 5 TEXT TO BE CONCETANATES IS: some other gender

IF GENDER_CONFIRM = 2 AND P_GENEXP=2:

IF SINGLE_GEN_RE = 1 TEXT TO BE CONCATENATED IS: Female

IF SINGLE_GEN_RE = 2 TEXT TO BE CONCATENATED IS: Male

IF SINGLE_GEN_RE = 3 TEXT TO BE CONCATENATED IS: transgender, non-binary, or another gender

FOR P_GENEXP=2, WILL NEED TO CONCATENATE, STRING TOGETHER THE INSERTED TEXT WITH COMMA SEPARATION; FOR EXAMPLE:

IF SINGLE_GEN_RE=1,2 CONCATENATE TO "female and male"

IF SINGLE_GEN_RE=1,3 CONCATENATE TO "female and transgender, non-binary, or another gender"

IF SINGLE_GEN_RE=2,3 CONCATENATE TO "male and transgender, non-binary, or another gender"

IF SINGLE_GEN_RE=1,2,3 CONCATENATE TO "female, male, and transgender, non-binary, or another gender"

IF GENDER_ID_RE = 5 (**only**) TEXT TO BE CONCETANATES IS: some other gender

SINGLE_GEN_RE = 3 (**only**) TEXT TO BE CONCETANATES IS: transgender, non-binary, or another gender

If GENDER_ID=1,2,3,4,5 (or SINGLE_GEN=1,2,3) and GENDER_CONFIRM=2 and GENDER_ID_RE=77,98,99 (or SINGLE_GEN_RE=77,98,99), we would like PROBE_GENDERID to show with the original (GENDER_ID or SINGLE_GEN) answer piped in

IF GENDER_CONFIRM=77,98,99 or BLANK AND P_GENEXP=1, PROBE_GENDERID_TEXT=GENDER_ID;

IF GENDER_CONFIRM=77,98,99 or BLANK AND P_GENEXP=2, PROBE_GENDERID_TEXT=SINGLE_GEN;

[SHOW IF GENDER_ID = 1,2,3,4,5 OR GENDER_ID_RE = 1,2,3,4,5 OR SINGLE_GEN=1,2,3 OR SINGLE_GEN_RE=1,2,3]

[RECORD TIME ON SCREEN]

[TEXTBOX]

PROBE_GENDERID.

Please list some things that you associate with being [PROBE_GENDERID_TEXT]?

[LARGE TEXTBOX]

[COPY OF ADEV SID 3352]

[SP]

SEXID.

Which of the following best represents how you think of yourself?

CAWI RESPONSE OPTIONS:

1. Lesbian or gay
2. Straight; that is, not lesbian or gay
3. Bisexual
4. Something else
77. I don't know

CATI RESPONSE OPTIONS:

1. Lesbian or Gay
2. Straight; that is, not lesbian or gay
3. Bisexual
4. Something else
77. You don't know

[COPY OF ADEV SID 3352]

[SHOW IF SEXID = 4]

[SP]

PROBE_SEXID.

What do you mean by "something else"?

RESPONSE OPTIONS:

1. [CAWI: I am; CATI: You are] not straight, but identify with another label such as queer, trisexual, omnisexual, polysexual, or pansexual
2. [CAWI: I am; CATI: You are] asexual or on the asexual spectrum (including, but not limited to, demisexual and greysexual)
3. [CAWI: I; CATI: You] have not figured out or [CAWI: am; CATI: are] in the process of figuring out [CAWI: my; CATI: your]sexuality
4. [CAWI: I; CATI: You] do not use labels to identify [CAWI: myself; CATI: yourself]
5. Something else, please explain [TEXTBOX]

PROGRAMMING: CREATE "TM_END_GENDER"; CREATE "DATE_END_GENDER"

CAPTURE TIME IN TM_END_GENDER

CAPTURE DATE IN DATE_END_GENDER

SECTION CLOSE: Burden and Close

[COPY OF ADEV SID 3352]

[SP]

BURDEN1.

How burdensome was it to complete this survey?

RESPONSE OPTIONS:

1. Not at all burdensome
 2. A little burdensome
 3. Moderately burdensome
 4. Very burdensome
 5. Extremely burdensome
-

[COPY OF ADEV SID 3352]

[SP]

BURDEN2.

How difficult was it to answer the questions?

RESPONSE OPTIONS:

1. Not at all difficult
 2. A little difficult
 3. Moderately difficult
 4. Very difficult
 5. Extremely difficult
-

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.