

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

NEW SCREEN

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

FHCDV2W

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

- 1 Yes
- 2 No

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

_____ **NEW SCREEN** _____

PHCDVN2W

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

_____ **NEW SCREEN** _____

F10DVYR

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

- 1 Yes
- 2 No

_____ **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.

FHICOV

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

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

NEW SCREEN

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)

NEW SCREEN

PLNMGD

What type of private plan do you have?

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

MGCHMD

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

- 1 Choose any doctor
- 2 Choose from a group or list
- 9 Don't know

PCPREQ

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

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

NEW SCREEN

PROBE5

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

PROBE6

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

NEW SCREEN

The next questions are about the work you do.

WRKCOR

Which of the following were you doing last week?

- 1 Working for pay at a job or business
- 2 With a job or business but not at work
- 3 Looking for work
- 4 Working, but not for pay, at a family-owned job or business
- 5 Not working at a job or business and not looking for work

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

NEW SCREEN

WHYNOWK2

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

- 1 Taking care of house or family
- 2 Going to school
- 3 Retired
- 4 On a planned vacation from work
- 5 On family or maternity leave
- 6 Temporarily unable to work for health reasons
- 7 Have job or contract and off-season
- 8 On layoff
- 9 Disabled
- 10 Other

NEW SCREEN

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

HYPEV

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

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

Skip: (If code 1 in HYPEV, Continue; Otherwise, Skip to 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)

NEW SCREEN

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

NEW SCREEN

AASMEV

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

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

Skip: (If code 1 AASMEV, Continue; Otherwise, Skip to DIBEV)

NEW SCREEN

AASSTILL

Do you still have asthma?

- 1 Yes
- 2 No

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)

NEW SCREEN

DIBPRE1

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

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

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

NEW SCREEN

DIBAGE

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

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

NEW SCREEN

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** _____

These next questions are about cigarette smoking.

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

(If code 2, 9, or BLANK in SMKEV, display:)

Have you ever smoked a cigarette even one time?

- 1 Yes
- 2 No

_____ **NEW SCREEN** _____

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

_____ **NEW SCREEN** _____

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

NEWPHYSACT (105)

Skip: (If code 0 or BLANK in NEWPHYSACT, Skip to VIGNO N; Otherwise, Continue)

_____**NEW SCREEN**_____

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

_____**NEW SCREEN**_____

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)

_____**NEW SCREEN**_____

VIGLNGNO

About how long do you do these vigorous leisure-time physical activities each time?

PROBE12

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** _____

MODNO_N

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)

_____ **NEW SCREEN** _____

MODLNGNO

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

_____ **NEW SCREEN** _____

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)

_____ **NEW SCREEN** _____

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** _____

AWEBOFNO

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>

NEW SCREEN

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.

NEW SCREEN
