

NIMHD MCDDRC Common Data Elements (CDE)

Please complete the survey below.

Thank you!

Are you of Hispanic, Latino, Latina, or Spanish origin?

- No, NOT of Hispanic, Latino, Latina, or Spanish origin
- Yes, of Hispanic, Latino, Latina, or Spanish origin
- Prefer not to answer (PX011901)

If you selected, Yes, of Hispanic, Latino, or Spanish origin,

What part of Latin America, or Spain, are you from?

(Check all that apply)

- Argentina
- Bolivia
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- Equatorial Guinea
- Guatemala
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Puerto Rico
- Spain
- Uruguay
- Venezuela
- Other
- Prefer not to answer

If other, please specify.

What is your race?
(Check all that apply)

- American Indian or Alaska Native: (People of indigenous or aboriginal North, Central, or South American heritage. For example: Maya, Aztec, Blackfeet Tribe, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, Miskito, Mapuche, Pipil, etc.)
- Asian: (People of East, South, or Southeast Asian heritage. For example: China, Mongolia, North Korea, South Korea, Japan, Taiwan, Sri Lanka, Bangladesh, India, Afghanistan, Pakistan, Bhutan, Nepal, The Maldives, Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar Philippines, Singapore, Thailand, Timor Leste, Vietnam)
- Black or African American: (People of Black African heritage. For example: African American, Angolan, Cameroonian, Congolese, Ethiopian, Jamaican, Ghanaian, Haitian, Ivorian, Kenyan, Liberian, Malagasy, Nigerian, Senegalese, South African, Ugandan, Zambian, Zimbabwean, etc.)
- Native Hawaiian or Other Pacific Islander: (People of Hawaiian or other Pacific Islander heritage. For example: Native Hawaiian, Chamorro, Chuukese, Fijian, Marshallese, Palauan, Samoan, Tahitian, Tongan, etc.)
- White: (People of European, North African, or Middle Eastern heritage. For example: Sweden, Denmark, Netherlands, United Kingdom, Republic of Ireland, Russia, Ukraine, Poland, Czechoslovakia, Germany, Switzerland, Belgium, Italy, Spain, Portugal, France, Morocco, Algeria, Tunisia, Egypt, Libya, Sudan, Iran, Iraq, Kuwait, United Arab Emirates, Qatar, Saudi Arabia, Yemen, Oman, Bahrain, Israel, Jordan, Palestine, Lebanon, Syria, etc.)
- Some other race
- Prefer not to answer
(PX011901)

You selected "some other race". Please list here:

(PX011901)

What was your biological sex assigned at birth?

- Male
- Female
- Intersex
- None of these describe me
- Prefer not to answer
(PX011601)

How would you describe yourself?

(PX011601)

What terms best express how you describe your gender identity? (Check all that apply)

- Man
- Woman
- Non-binary
- Transgender
- None of these describe me
- Prefer not to answer
(PX011801)

How would you describe yourself?

(PX011801)

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

- Gay
 Lesbian
 Straight; that is, not gay or lesbian, etc.
 Bisexual
 None of these describe me
 Prefer not to answer
(PX011701)
-

How would you describe yourself?

(PX011701)

How old are you? (in years)?

(PX010101)

How old are you? (in years)?

- Prefer not to answer
(PX010101)
-

[Please collect the residential address (or at least ZIP code) for geocoding but this will NOT be sent to the RCC.

In near future, the projects will be able to obtain de-identified neighborhood SDOH variables based on geocoded residential addresses / ZIP code and send the de-id neighborhood SDOH data to the RCC.]

I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/you and the other members of your household) in the last 12 months.

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."

Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
 Sometimes true
 Never true
 Don't know
 Prefer not to answer
(PX270301)
-

"(I/we) couldn't afford to eat balanced meals."

Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
 Sometimes true
 Never true
 Don't know
 Prefer not to answer
(PX270301)
-

In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
 No
 Don't know
 Prefer not to answer
(PX270301)

How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month
 - Some months but not every month
 - Only 1 or 2 months
 - Don't know
 - Prefer not to answer
- (PX270301)

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
 - No
 - Don't know
 - Prefer not to answer
- (PX270301)

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- Yes
 - No
 - Don't know
 - Prefer not to answer
- (PX270301)

What is the highest grade or level of school you have completed or the highest degree you have received?

- Never attended/Kindergarten Only
 - 1st grade
 - 2nd grade
 - 3rd grade
 - 4th grade
 - 5th grade
 - 6th grade
 - 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade, No diploma
 - High School graduate
 - GED or equivalent
 - Some college, No degree
 - Associate degree: Occupational, Technical, or Vocational program
 - Associate degree: Academic program
 - Bachelor's degree (Example: BA, AB, BS, BBA)
 - Master's Degree (Example: MA, MS, MEng, MEd, MBA, MDiv)
 - Professional School Degree (Example: MD, DDS, DVM, JD)
 - Doctoral Degree (Example: PhD, EdD, DDiv)
 - Don't know
 - Prefer not to answer
- (PX011002)

How confident are you filling out medical forms by yourself?

- Extremely
 - Quite a bit
 - Somewhat
 - A little bit
 - Not at all
- (PX270401 / LOINC 95870-2)

**[The next block of questions make up the PhenX set of income questions.
Following that set, there is an alternative version that is only one question.
Use the version that you think will work best for your population.]**

The next questions are about your total family income in [last calendar year in 4-digit format] BEFORE TAXES.

Income is important in analyzing the health information we collect.

For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group.

Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

How many people currently live in the household?

- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17
 - 18
 - 19
 - 20
- (PX011102)

When answering this next question, please remember to include your income PLUS the income of all family members living in this household.

Enter '999995' if the reported income is \$999,995 or greater.

If income is 0-999 1. (unusually low) or 250001-999995 (unusually high), make corrections if necessary.

Do not read to respondent.

What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year?

_____ (PX011102)

- Don't know
- Prefer not to answer (PX011102)

250% of poverty threshold

(2022 FPG)

Was your total family income from all sources less than [poverty_250] or [poverty_250] or more?

- Less than [poverty_250]
- [poverty_250] or more
- Don't know
- Prefer not to answer (PX011102)

138% of poverty threshold

Was your total family income from all sources less than [poverty_138] or [poverty_138] or more?

- Less than [poverty_138]
- [poverty_138] or more
- Don't know
- Prefer not to answer (PX011102)

100% of poverty threshold

Was your total family income from all sources less than [poverty_100] or [poverty_100] or more?

- Less than [poverty_100]
- [poverty_100] or more
- Don't know
- Prefer not to answer (PX011102)

200% of poverty threshold

(PX011102)

Was your total family income from all sources less than [poverty_200] or [poverty_200] or more?

- Less than [poverty_200]
- [poverty_200] or more
- Don't know
- Prefer not to answer (PX011102)

Was your total family income from all sources less than \$75,000 or \$75,000 or more?

- Less than \$75,000
- \$75,000 or more
- Don't know
- Prefer not to answer (PX011102)

Was your total family income from all sources less than \$100,000 or \$100,000 or more?

- Less than \$100,000
- \$100,000 or more
- Don't know
- Prefer not to answer (PX011102)

400% of poverty threshold

Was your total family income from all sources less than [poverty_400] or [poverty_400] or more?

- Less than [poverty_400]
 [poverty_400] or more
 Don't know
 Prefer not to answer
 (PX011102)

Was your total family income from all sources less than \$150,000 or \$150,000 or more?

- Less than \$150,000
 \$150,000 or more
 Don't know
 Prefer not to answer
 (PX011102)

[End of PhenX Income Qxs]

[Alternative version of income question using categories based on 2022 Federal Poverty Guidelines]

What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year?

- less than \$13,590 (\$1,133/mo or \$261/wk)
 \$13,590 (\$1,133/mo or \$261/wk) to \$18,309 (\$1,525/mo or \$351/wk)
 \$18,310 (\$1,526/mo or \$352/wk) to \$23,029 (\$1,918/mo or \$442/wk)
 \$23,030 (\$1,919/mo or \$443/wk) to \$27,749 (\$2,312/mo or \$533/wk)
 \$27,750 (\$2,313/mo or \$534/wk) to \$32,469 (\$2,705/mo or \$623/wk)
 \$32,470 (\$2,706/mo or \$624/wk) to \$37,189 (\$3,098/mo or \$714/wk)
 \$37,190 (\$3,099/mo or \$715/wk) to \$41,909 (\$3,492/mo or \$805/wk)
 \$41,910 (\$3,493/mo or \$806/wk) to \$46,629 (\$3,885/mo or \$896/wk)
 \$46,630 (\$3,886/mo or \$897/wk) to \$51,349 (\$4,278/mo or \$987/wk)
 \$51,350 (\$4,279/mo or \$988/wk) to \$56,069 (\$4,672/mo or \$1,077/wk)
 \$56,070 (\$4,673/mo or \$1,078/wk) to \$60,789 (\$5,065/mo or \$1,168/wk)
 \$60,790 (\$5,066/mo or \$1,169/wk) to \$65,509 (\$5,458/mo or \$1,259/wk)
 \$65,510 (\$5,459/mo or \$1,260/wk) to \$70,229 (\$5,852/mo or \$1,350/wk)
 \$70,230 (\$5,853/mo or \$1,351/wk) to \$74,949 (\$6,245/mo or \$1,440/wk)
 \$74,950 (\$6,246/mo or \$1,441/wk) to \$79,669 (\$6,638/mo or \$1,531/wk)
 \$79,670 (\$6,639/mo or \$1,532/wk) to \$84,389 (\$7,032/mo or \$1,622/wk)
 \$84,390 (\$7,033/mo or \$1,623/wk) to \$89,109 (\$7,425/mo or \$1,713/wk)
 \$89,110 (\$7,426/mo or \$1,714/wk) to \$93,829 (\$7,818/mo or \$1,803/wk)
 \$93,830 (\$7,819/mo or \$1,804/wk) to \$98,549 (\$8,212/mo or \$1,894/wk)
 \$98,550 (\$8,213/mo or \$1,895/wk) to \$103,269 (\$8,605/mo or \$1,985/wk)
 more than \$103,269 (\$8,605/mo or \$1,985/wk)
 Don't know
 Prefer not to answer

We would like to know about what you do -- are you working now, looking for work, retired, keeping house, a student, or something else?

- Working now
 Only temporarily laid off, sick leave, or maternity leave
 Looking for work, unemployed
 Retired
 Disabled, Permanently or temporarily
 Keeping house
 Student
 Prefer not to answer
 Other (specify):
 (PX011301)

If Other, please specify.

(PX011301)

Do you speak a language other than English at home?

- Yes
 No
 Prefer not to answer
 (CMS AHS HRSN Item #15/LOINC: 97027-7)

Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English. Would you say you speak English...?

- Very well
 Well
 Not well
 Not at all
 Don't know
 Prefer not to answer
 (PX270201)

About how long has it been since you last saw a doctor or other health care professional about your health?

- Never
 Within the past year (anytime less than 12 months ago)
 Within the last 2 years (1 year but less than 2 years ago)
 Within the last 3 years (2 years but less than 3 years ago)
 Within the last 5 years (3 years but less than 5 years ago)
 Within the last 10 years (5 years but less than 10 years ago)
 10 years ago or more
 Don't know
 Prefer not to answer
 (PX270101)

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

- Yes
 There is NO place
 There is MORE THAN ONE place
 Don't know
 Prefer not to answer
 (PX270101)

What kind of place is it/do you go to most often - a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; a VA Medical Center or VA outpatient clinic; or some other place?

- A doctor's office or health center
 Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store
 Emergency room
 A VA Medical Center or VA outpatient clinic
 Some other place
 Does not go to one place most often
 Don't know
 Prefer not to answer
 (PX270101)

Read if necessary: A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

Read if necessary: Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

If Some other place, please specify.

(PX011301)

During the past 12 months, how many times have you gone to an urgent care center or a clinic in a drug store or grocery store about your health?

_____ (PX270101)

[If a research staff administers the questionnaire:

Read if necessary: Urgent care centers and clinics in drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

Read if necessary: This is different from a hospital emergency room.]

Enter 96 if number of times is 96 or more.

-
- Don't know
 - Prefer not to answer (PX270101)

Just to verify:

Are you are saying that you have been to an urgent care center or a clinic in a drug store or grocery store about your health more than [access_health_services_past_12_months_urgent_care] times during the past 12 months?

- Yes
- No (PX270101)

During the past 12 months, how many times have you gone to a hospital emergency room about your health?

_____ (PX270101)

[If a research staff administers the questionnaire:

Read if necessary: This includes emergency room visits that resulted in a hospital admission.]

Enter 96 if number of times is 96 or more.

-
- Don't know
 - Prefer not to answer (PX270101)

Just to verify:

Are you are saying that you have been to an emergency room about your health more than [access_health_services_past_12_months_emergency_room] times during the past 12 months.

- Yes
- No (PX270101)

During the past 12 months, have you DELAYED getting medical care because of the cost?

- Yes
- No
- Don't know
- Prefer not to answer (PX270101)

Are you currently covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not Sure
Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not Sure
Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as HealthCare.gov [if the respondent is in a state with state-specific names, insert] [or insert program name]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not Sure
Medicare, for people 65 and older, or people with certain disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not Sure
Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or disability. You may know this type of coverage as [if the respondent is in a state with state-specific names insert program name].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently covered by any of the following types of health insurance or health coverage plans?

TRICARE or other military health care, including VA health care.

Are you currently covered by any of the following types of health insurance or health coverage plans?

Indian Health Service

Are you currently covered by any of the following types of health insurance or health coverage plans?

Any Other type of health insurance coverage or health coverage plan?

Does this mean you currently have no health insurance or health coverage plan? In answering this question, please exclude plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.

I do NOT have health insurance

I HAVE some kind of health insurance (PX011502)

What type of health insurance do you have?

_____ (PX011502)

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

Yes

No

Don't know

Prefer not to answer (PX280101)

Which of the following best describes your current living situation?

(Select ONE only)

Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet

Live in a household with other people

Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)

Live in a facility such as a nursing home which provides meals and 24-hour nursing care

Temporarily staying with a relative or friend

Temporarily staying in a shelter or homeless

Other (please specify)

Prefer not to answer

(KP YCLS Q1)

If Other, please specify

_____ (KP YCLS Q1)

In the past 3 months, did you have trouble paying for any of the following?

	Yes	No	Prefer not to answer
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 3 months, did you have trouble paying for any of the following?

Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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In the past 3 months, did you have trouble paying for any of the following?

Heat and electricity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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In the past 3 months, did you have trouble paying for any of the following?

Medical needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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In the past 3 months, did you have trouble paying for any of the following?

Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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In the past 3 months, did you have trouble paying for any of the following?

Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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In the past 3 months, did you have trouble paying for any of the following?

Debts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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In the past 3 months, did you have trouble paying for any of the following?

None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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In the past 3 months, did you have trouble paying for any of the following?

Something other than what is listed above (please write in) {cls_other_text}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Has lack of transportation...

	Yes	No	Prefer not to answer
Kept you from medical appointments or from getting medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has lack of transportation...

Kept you from doing things needed for daily living?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Has lack of transportation...

Been a problem for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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What is your current marital/relationship status?

(Select ONE only)

- Married/domestic partner
- Living with a partner in a committed relationship
- In a serious or committed relationship, but not living together
- Single
- Separated
- Divorced
- Widowed
- Prefer not to answer
(KP YCLS Q10)

How hard is it for you to get your medications and medical supplies when you need them?

- Not at all hard
- Somewhat hard
- Very hard
- Prefer not to answer
(KP YCLS Q14)

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- Never
- Rarely
- Sometimes
- Often
- Always
- Prefer not to answer
(KP YCLS Q16 (SILS) / LOINC 93157-6)

How often do you feel lonely or isolated from those around you?

- Never
- Rarely
- Sometimes
- Often
- Always
- Prefer not to answer
(KP YCLS Q19)

How often do you see or talk to people that you care about and feel close to? (For example, talking to friends on the phone, visiting friends or family, going to church or club meetings)

- Less than once a week
- 1-2 days a week
- 3-4 days a week
- 5 or more days a week
- Prefer not to answer
(KP YCLS Q20)

If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?

- I don't need any help
- I get all the help I need
- I could use a little more help
- I need a lot more help
- Prefer not to answer
(CMS AHS HRSN Item 13/LOINC: 96781-0)

How many times in the past 12 months have you had 5 or more alcoholic drinks in a day (males) or 4 or more alcoholic drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily
- Prefer not to answer
(CMS AHS HRSN Item 19/LOINC 68517-2)

How many times in the past 12 months have you had 5 or more alcoholic drinks in a day? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

- Never
 - Once or Twice
 - Monthly
 - Weekly
 - Daily or Almost Daily
 - Prefer not to answer
- (CMS AHS HRSN Item 19M/LOINC 68517-2)

How many times in the past 12 months have you had 4 or more alcoholic drinks in a day? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

- Never
 - Once or Twice
 - Monthly
 - Weekly
 - Daily or Almost Daily
 - Prefer not to answer
- (CMS AHS HRSN Item 19F/LOINC 68517-2)

In your lifetime, have you ever used any Tobacco or Vape Product, even one or two times?

- Yes
- No
- Don't know
- Prefer not to answer

Tobacco or Vape Products can include the following:

Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, blunts, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, e-hookah, hookah pens, shisha pen; Smokeless Tobacco Products, such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables

In the past 12 months, have you ever used any Tobacco or Vape Product, even one or two times?

- Yes
- No
- Don't know
- Prefer not to answer

Tobacco or Vape Products can include the following:

Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, blunts, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables

In the past 30 days, have you used any Tobacco or Vape Product, even one or two times?

- Yes
- No
- Don't know
- Prefer not to answer

Tobacco or Vape Products can include the following:

Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, blunts, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables

On how many of the past 30 days, did you use a Tobacco or Vape Product?

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
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 26
 27
 28
 29
 30

Tobacco or Vape Products can include the following:

Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, blunts, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables

- 0
 1
 2
 3
 4
 5
 6
 7
 (CMS AHS HRSN Item 17/LOINC: 89555-7)

On average, how many minutes did you usually spend exercising at this level on one of those days?

- 0
 10
 20
 30
 40
 50
 60
 90
 120
 150 or greater
 (CMS AHS HRSN Item 18/LOINC: 68516-4)

Over the past 2 weeks, how often have you been bothered by any of the following problems? Feeling down, depressed, or hopeless?

- Not at all
 Several days
 More than half the days
 Nearly every day
 Prefer not to answer
 (CMS AHS HRSN Item 23B/LOINC 44255-8)

Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?

- Not at all
 A little bit
 Somewhat
 Quite a bit
 Very much
 Prefer not to answer
 (CMS AHS HRSN Item 24/LOINC 93038-8)

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No
 Prefer not to answer
 (CMS AHS HRSN Item 25/LOINC 69858-9)

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No
 Prefer not to answer
 (CMS AHS HRSN Item 26/LOINC 69861-3)

In general, how would you rate your physical health?

- Excellent
 Very Good
 Good
 Fair
 Poor
 Prefer not to answer
 (PROMIS Global03/LOINC: 61579-9)

[Comorbidity Index (CI) (Charlson et al 1987)

Do NOT use this version for study participant responses; this version is only for chart / electronic health record abstraction.]

Comorbidity (Choose all that are present)

- Myocardial infarct
 Congestive heart failure
 Peripheral vascular disease
 Cerebrovascular disease (except hemiplegia)
 Dementia
 Chronic pulmonary disease
 Connective tissue disease
 Ulcer disease
 Mild liver disease
 Diabetes (without complications)
 Diabetes with end organ damage
 Hemiplegia
 Moderate or severe renal disease
 Solid tumor (non metastatic)
 Leukemia
 Lymphoma, Multiple myeloma
 Moderate or severe liver disease
 Metastatic solid tumor
 AIDS
 None of the above
 ([Charlson et al 1987])

Total points: _____

This article was published in Journal of Chronic Diseases, Vol. 40(5), Charlson ME, Pompei P, Ales KL, MacKenzie CR, A new method of classifying prognostic comorbidity in longitudinal studies: development and validation, 373-383, (c) Elsevier (1987)

Journal of Diseases Homepage

<http://www.sciencedirect.com/science/journal/00219681>

Additional information:

SCORING -

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC545968/>

[Participant Reported Outcome (PRO) / Self Report (SR) Comorbidity Index (Sangha,...,Katz et al 2003)]

Instructions:

The following is a list of common problems. Please indicate if you currently have the problem. Also, indicate all medical conditions that are not listed under "other medical problems".

If you do have the problem, then you will be asked if you receive medications or some other type of treatment for the problem.

If you have the problem, next you will be asked if the problem limits any of your activities.

Do you have the problem?

	Yes	No
COVID-19	<input type="radio"/>	<input type="radio"/>

Do you have the problem?

Heart disease	<input type="radio"/>	<input type="radio"/>
---------------	-----------------------	-----------------------

Do you have the problem?

High blood pressure	<input type="radio"/>	<input type="radio"/>
---------------------	-----------------------	-----------------------

Do you have the problem?

Lung disease	<input type="radio"/>	<input type="radio"/>
--------------	-----------------------	-----------------------

Do you have the problem?

Diabetes	<input type="radio"/>	<input type="radio"/>
----------	-----------------------	-----------------------

Do you have the problem?

Ulcer or stomach disease	<input type="radio"/>	<input type="radio"/>
--------------------------	-----------------------	-----------------------

Do you have the problem?

Kidney disease	<input type="radio"/>	<input type="radio"/>
----------------	-----------------------	-----------------------

Do you have the problem?

Liver disease	<input type="radio"/>	<input type="radio"/>
---------------	-----------------------	-----------------------

Do you have the problem?

Anemia or other blood disease	<input type="radio"/>	<input type="radio"/>
-------------------------------	-----------------------	-----------------------

Do you have the problem?

Cancer	<input type="radio"/>	<input type="radio"/>
--------	-----------------------	-----------------------

Do you have the problem?		
Depression	<input type="radio"/>	<input type="radio"/>
Do you have the problem?		
Osteoarthritis, degenerative arthritis	<input type="radio"/>	<input type="radio"/>
Do you have the problem?		
Back pain	<input type="radio"/>	<input type="radio"/>
Do you have the problem?		
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>
Do you have the problem?		
Other medical problems (please write in) {scq_other_text}	<input type="radio"/>	<input type="radio"/>
Do you receive treatment for it?		
	Yes	No
COVID-19	<input type="radio"/>	<input type="radio"/>
Do you receive treatment for it?		
Heart disease	<input type="radio"/>	<input type="radio"/>
Do you receive treatment for it?		
High blood pressure	<input type="radio"/>	<input type="radio"/>
Do you receive treatment for it?		
Lung Disease	<input type="radio"/>	<input type="radio"/>
Do you receive treatment for it?		
Diabetes	<input type="radio"/>	<input type="radio"/>
Do you receive treatment for it?		
Ulcer or stomach disease	<input type="radio"/>	<input type="radio"/>
Do you receive treatment for it?		
Kidney disease	<input type="radio"/>	<input type="radio"/>
Do you receive treatment for it?		
Liver disease	<input type="radio"/>	<input type="radio"/>

Do you receive treatment for it?

Anemia or other blood disease

Do you receive treatment for it?

Cancer

Do you receive treatment for it?

Depression

Do you receive treatment for it?Osteoarthritis, degenerative
arthritis**Do you receive treatment for it?**

Back pain

Do you receive treatment for it?

Rheumatoid arthritis

Do you receive treatment for it?Are you receiving treatment for
[scq_other_text]?**Does it limit your activities?**

COVID-19

Yes

No

Does it limit your activities?

Heart disease

Does it limit your activities?

High blood pressure

Does it limit your activities?

Lung disease

Does it limit your activities?

Diabetes

Does it limit your activities?

Ulcer or stomach disease

Does it limit your activities?

Kidney disease

Does it limit your activities?

Liver disease

Does it limit your activities?

Anemia or blood disease

Does it limit your activities?

Cancer

Does it limit your activities?

Depression

Does it limit your activities?Osteoarthritis, degenerative
arthritis**Does it limit your activities?**

Back pain

Does it limit your activities?

Rheumatoid arthritis

Does it limit your activities?Does [scq_other_text] limit your
activities?**HIGH VALUE OPTIONAL ITEMS**

Where were you born?

- In the United States
- In a U.S. Territory
- Outside the United States
- Don't know
- Prefer not to answer
(PX010201)

Please select the name of the state where you were born.

- Alabama (AL)
- Alaska (AK)
- Arizona (AZ)
- Arkansas (AR)
- California (CA)
- Colorado (CO)
- Connecticut (CT)
- Delaware (DE)
- District of Columbia (DC)
- Florida (FL)
- Georgia (GA)
- Hawaii (HI)
- Idaho (ID)
- Illinois (IL)
- Indiana (IN)
- Iowa (IA)
- Kansas (KS)
- Kentucky (KY)
- Louisiana (LA)
- Maine (ME)
- Maryland (MD)
- Massachusetts (MA)
- Michigan (MI)
- Minnesota (MN)
- Mississippi (MS)
- Missouri (MO)
- Montana (MT)
- Nebraska (NE)
- Nevada (NV)
- New Hampshire (NH)
- New Jersey (NJ)
- New Mexico (NM)
- New York (NY)
- North Carolina (NC)
- North Dakota (ND)
- Ohio (OH)
- Oklahoma (OK)
- Oregon (OR)
- Pennsylvania (PA)
- Rhode Island (RI)
- South Carolina (SC)
- South Dakota (SD)
- Tennessee (TN)
- Texas (TX)
- Utah (UT)
- Vermont (VT)
- Virginia (VA)
- Washington (WA)
- West Virginia (WV)
- Wisconsin (WI)
- Wyoming (WY)
- (PX010201)

Please select the name of the U.S. Territory where you were born.

- American Samoa (AS)
- Guam (GU)
- Northern Mariana Islands (MP)
- Puerto Rico (PR)
- Virgin Islands (VI)
- United States Minor Outlying Islands (UM)
- (PX010201)

Please select the name of the foreign country where you were born.

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua & Deps
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia
- Bosnia Herzegovina
- Botswana
- Brazil
- Brunei
- Bulgaria
- Burkina
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Central African Rep
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo
- Congo {Democratic Rep}
- Costa Rica
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- East Timor
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Greece
- Grenada
- Guatemala
- Guinea

- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland {Republic}
- Israel
- Italy
- Ivory Coast
- Jamaica
- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea North
- Korea South
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Myanmar (Burma)
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Norway
- Oman
- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland

- Portugal
 - Qatar
 - Romania
 - Russian Federation
 - Rwanda
 - St Kitts & Nevis
 - St Lucia
 - Saint Vincent & the Grenadines
 - Samoa
 - San Marino
 - Sao Tome & Principe
 - Saudi Arabia
 - Senegal
 - Serbia
 - Seychelles
 - Sierra Leone
 - Singapore
 - Slovakia
 - Slovenia
 - Solomon Islands
 - Somalia
 - South Africa
 - South Sudan
 - Spain
 - Sri Lanka
 - Sudan
 - Suriname
 - Swaziland
 - Sweden
 - Switzerland
 - Syria
 - Taiwan
 - Tajikistan
 - Tanzania
 - Thailand
 - Togo
 - Tonga
 - Trinidad & Tobago
 - Tunisia
 - Turkey
 - Turkmenistan
 - Tuvalu
 - Uganda
 - Ukraine
 - United Arab Emirates
 - United Kingdom
 - Uruguay
 - Uzbekistan
 - Vanuatu
 - Vatican City
 - Venezuela
 - Vietnam
 - Yemen
 - Zambia
 - Zimbabwe
 - Other
- (PX010201)

If other, please explain

(PX010201)

In the past 12 months, have you been physically or emotionally hurt or felt threatened by a current or former spouse/partner, a caregiver, or someone else you know?

- Yes
 No
 Prefer not to answer
(KP YCLS Q18)

If Yes, please specify

- Current spouse/partner
 Former spouse/partner
 Caregiver
 Someone else
 Prefer not to answer
(KP YCLS Q18 Yes)

Has a spouse/partner, family member, or friend ever been financially abusive towards you? That is, stolen money from you, not paid back a loan, etc.?

- Yes
 No
 Prefer not to answer
(KP YCLS Q23)

How many times in the past year have you used prescription drugs for non-medical reasons?

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily
 Prefer not to answer
(CMS AHS HRSN Item 21/LOINC 95530-2)

How many times in the past year have you used illegal drugs?

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily
 Prefer not to answer
(CMS AHS HRSN Item 22/LOINC 68524-8)