**Languages**

| ID | Display Name |
|----|--------------|
| en | ☑ English **(default)** |
| es | ☐ Spanish |

|  | # | Variable / Field Name | Field Label<br>*Field Note* | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|--|---|----------------------|------------------------------|-------------------------------------------------------------------------|
|  |  |  | **Instrument: NIMHD MCDDRC Common Data Elements (CDE)**  (nimhd_mcddrc_common_data_elements_cde)     📲 **Enabled as survey** | |
|  |  |  | Active languages - Data Entry: en, es \| Survey: en, es | |
|  | 1 | [record_id] | Record ID | text |
|  | 2 | [ethnicity] | Are you of Hispanic, Latino, Latina, or Spanish origin?<br>*(Adapted from PhenX - ethnicity protocol [PX010502]/LOINC: 94158-3)* | radio, Required |

Field 2 choices:

| 0 | No, NOT of Hispanic, Latino, Latina, or Spanish origin |
|---|-------------------------------------------------------|
| 1 | Yes, of Hispanic, Latino, Latina, or Spanish origin |
| -88 | Prefer not to answer |

Custom alignment: LV

**3** [ethnicity_hispanic]

Show the field ONLY if:
[ethnicity] = '1'

 If you selected, Yes, of Hispanic, Latino, or Spanish origin, What part of Latin America, or Spain, are you from? (Check all that apply)
*(Adapted from: https://worldpopulationreview.com/country-rankings/hispanic-countries)*

checkbox

| 1 | ethnicity_hispanic___1 | Argentina |
|----|------------------------|-----------|
| 2 | ethnicity_hispanic___2 | Bolivia |
| 3 | ethnicity_hispanic___3 | Chile |
| 4 | ethnicity_hispanic___4 | Colombia |
| 5 | ethnicity_hispanic___5 | Costa Rica |
| 6 | ethnicity_hispanic___6 | Cuba |
| 7 | ethnicity_hispanic___7 | Dominican Republic |
| 8 | ethnicity_hispanic___8 | Ecuador |
| 9 | ethnicity_hispanic___9 | El Salvador |
| 10 | ethnicity_hispanic___10 | Equatorial Guinea |
| 11 | ethnicity_hispanic___11 | Guatemala |
| 12 | ethnicity_hispanic___12 | Honduras |
| 13 | ethnicity_hispanic___13 | Mexico |
| 14 | ethnicity_hispanic___14 | Nicaragua |
| 15 | ethnicity_hispanic___15 | Panama |
| 16 | ethnicity_hispanic___16 | Paraguay |
| 17 | ethnicity_hispanic___17 | Peru |
| 18 | ethnicity_hispanic___18 | Puerto Rico |
| 19 | ethnicity_hispanic___19 | Spain |
| 20 | ethnicity_hispanic___20 | Uruguay |
| 21 | ethnicity_hispanic___21 | Venezuela |
| 90 | ethnicity_hispanic___90 | Other |
| -88 | ethnicity_hispanic___88 | Prefer not to answer |

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE=-88

| | 4 | [ethnicity_other]<br><br>Show the field ONLY if:<br>[ethnicity_hispanic(90)] = '1' | If other, please specify. | text<br>Custom alignment: LV | | |
|---|---|---|---|---|---|---|
| | 5 | [race] | What is your race? (Check all that apply)<br>*(Adapted from: https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2529090&version=1.0)* | checkbox, Required | | |
| | | | | 1 | race___1 | 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.) |
| | | | | 2 | race___2 | 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) |
| | | | | 3 | race___3 | 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.) |
| | | | | 4 | race___4 | 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.) |
| | | | | 5 | race___5 | 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.) |
| | | | | 6 | race___6 | Some other race |
| | | | | -88 | race___88 | Prefer not to answer |
| | | | | Custom alignment: LV<br>Field Annotation: @NONEOFTHEABOVE=-88 | | |
| | 6 | [race_otr]<br><br>Show the field ONLY if:<br>[race(6)] = '1' | You selected "some other race". Please list here:<br>*(Adapted from: https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2529090&version=1.0)* | text, Required<br>Custom alignment: LV | | |

| 7 | [sex_assigned_at_birth] | What was your biological sex assigned at birth? *(Adapted from PhenX Protocol - Biological Sex Assigned at Birth [PX011601])* | radio, Required |
|---|---|---|---|

radio, Required

| 0 | Male |
|---|---|
| 1 | Female |
| 2 | Intersex |
| 66 | None of these describe me |
| -88 | Prefer not to answer |

Custom alignment: LV

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**8** — [sex_assigned_at_birth_o_2]

Show the field ONLY if:
[sex_assigned_at_birth] = '66'

How would you describe yourself?
*(Adapted from PhenX Protocol - Biological Sex Assigned at Birth [PX011601])*

text, Required
Custom alignment: LV

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**9** — [gender_identity_term]

What terms best express how you describe your gender identity? (Check all that apply)
*(Adapted from Protocol - Gender Identity [PX011801])*

checkbox, Required

| 0 | gender_identity_term___0 | Man |
|---|---|---|
| 1 | gender_identity_term___1 | Woman |
| 2 | gender_identity_term___2 | Non-binary |
| 3 | gender_identity_term___3 | Transgender |
| 66 | gender_identity_term___66 | None of these describe me |
| -88 | gender_identity_term___88 | Prefer not to answer |

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE=-88

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**10** — [gender_identity_description_o]

Show the field ONLY if:
[gender_identity_term(66)] = '1'

How would you describe yourself?
*(Adapted from Protocol - Gender Identity [PX011801])*

text, Required
Custom alignment: LV

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**11** — [sexual_orientation_identity]

Which of the following best represents how you think of yourself?
*(Adapted from PhenX Protocol - Sexual Orientation [PX011701])*

radio, Required

| 0 | Gay |
|---|---|
| 1 | Lesbian |
| 2 | Straight; that is, not gay or lesbian |
| 3 | Bisexual |
| 66 | None of these describe me |
| -88 | Prefer not to answer |

Custom alignment: LV

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**12** — [sexual_orientation_description_o]

Show the field ONLY if:
[sexual_orientation_identity] = '66'

How would you describe yourself?
*(Adapted from PhenX Protocol - Sexual Orientation [PX011701])*

text, Required
Custom alignment: LV

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**13** — [age_in_years]

How old are you? (in years)?
*(Adapted from PhenX Protocol - Current Age [PX010101])*

text (integer, Min: 0, Max: 130)
Custom alignment: LV

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**14** — [age_in_years_no_response]

Show the field ONLY if:
[age_in_years] = ''

How old are you? (in years)?
*(Adapted from PhenX Protocol - Current Age [PX010101])*

radio, Required

| -88 | Prefer not to answer |
|---|---|

Custom alignment: LV

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**15** — [geocoded_residential_address]

[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.]

descriptive
Field Annotation: @HIDDEN

| 16 | [fi_12_mos_instruction] | Each project is required to select at least 1 of the 5 main food domain items.<br>----------------------------------------------------------------------------------------------<br> The 6th item of the scale [fi_change_diet_frequency] is a question that branches from 1 of the required 5 main items.If yes, is selected for the question [fi_12_mos_change_diet], "In the last 12 months, did you/you or other adults in your household ever cut the size of your meal or skip meals because there wasn't enough money for food?"then you can offer the follow-up question [fi_change_diet_frequency], "How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?<br>----------------------------------------------------------------------------------------------<br>Again, only 1 of the 5 main items is REQUIRED, however, the entire scale is available. | descriptive<br>Field Annotation: @HIDDEN |
| 17 | [fi_12_mos_intro] | These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.Please select whether the statement was often true, sometimes true, or never true for you or your household. | descriptive |
| 18 | [fi_12_mos_food_money_freq] | "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."<br><br>Was that often, sometimes, or never true for (you/your household) in the last 12 months?<br>*(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)* | radio, Required<br><br>| 1 | Often true |<br>| 2 | Sometimes true |<br>| 3 | Never true |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 19 | [fi_12_mos_afford_balanced_meals] | "(I/we) couldn't afford to eat balanced meals."<br><br>Was that often, sometimes, or never true for (you/your household) in the last 12 months?<br>*(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)* | radio, Required<br><br>| 1 | Often true |<br>| 2 | Sometimes true |<br>| 3 | Never true |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 20 | [fi_12_mos_change_diet] | 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?<br>*(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)* | radio, Required<br><br>| 1 | Yes |<br>| 0 | No |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 21 | [fi_change_diet_frequency]<br><br>Show the field ONLY if:<br>[fi_12_mos_change_diet] = '1' | How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?<br>*(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)* | radio, Required<br><br>| 1 | Almost every month |<br>| 2 | Some months but not every month |<br>| 3 | Only 1 or 2 months |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 22 | [fi_12_mos_eat_less] | In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?<br>*(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)* | radio, Required<br><br>| 1 | Yes |<br>| 0 | No |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |

| 23 | [fi_12_mos_hungry] | In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? *(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)* | radio, Required |
|---|---|---|---|

radio, Required

| 1 | Yes |
|---|---|
| 0 | No |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 24 | [fi_12_mos_end_of_module_alert] | [End of Six-Item Food Security Module] | descriptive<br>Field Annotation: @HIDDEN |
|---|---|---|---|

| 25 | [edu_att_individual_highest_grade] | What is the highest grade or level of school you have completed or the highest degree you have received? *(Adapted from PhenX Protocol - Educational Attainment - Individual [PX011002])* | radio, Required |
|---|---|---|---|

radio, Required

| 0 | Never attended/Kindergarten Only |
|---|---|
| 1 | 1st grade |
| 2 | 2nd grade |
| 3 | 3rd grade |
| 4 | 4th grade |
| 5 | 5th grade |
| 6 | 6th grade |
| 7 | 7th grade |
| 8 | 8th grade |
| 9 | 9th grade |
| 10 | 10th grade |
| 11 | 11th grade |
| 12 | 12th grade, No diploma |
| 13 | High School graduate |
| 14 | GED or equivalent |
| 15 | Some college, No degree |
| 16 | Associate degree: Occupational, Technical, or Vocational program |
| 17 | Associate degree: Academic program |
| 18 | Bachelor's degree (Example: BA, AB, BS, BBA) |
| 19 | Master's Degree (Example: MA, MS, MEng, MEd, MBA, MDiv) |
| 20 | Professional School Degree (Example: MD, DDS, DVM, JD) |
| 21 | Doctoral Degree (Example: PhD, EdD, DDiv) |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 26 | [health_literacy_medical_forms] | How confident are you filling out medical forms by yourself? *(Adapted from PhenX Protocol - Health Literacy [PX270401] / LOINC 95870-2)* | radio, Required |
|---|---|---|---|

radio, Required

| 1 | Extremely |
|---|---|
| 2 | Quite a bit |
| 3 | Somewhat |
| 4 | A little bit |
| 5 | Not at all |

Custom alignment: LV

| 27 | [ann_fam_inc_descript] | The next block of questions make up the PhenX set of income questions.<br><br>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2) | descriptive<br>Field Annotation: @HIDDEN |
|---|---|---|---|

| 28 | [ann_fam_inc_instructions] | The next questions are about your total family income in 2022 BEFORE TAXES.<br><br>Income is important in analyzing the health information we collect.<br><br>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.<br><br>Please be assured that, like all other information you have provided, these answers will be kept strictly confidential. | descriptive |
|---|---|---|---|
| 29 | [ann_family_inc_household] | How many people currently live in the household?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio, Required<br><br>| 1 | 1 |<br>| 2 | 2 |<br>| 3 | 3 |<br>| 4 | 4 |<br>| 5 | 5 |<br>| 6 | 6 |<br>| 7 | 7 |<br>| 8 | 8 |<br>| 9 | 9 |<br>| 10 | 10 |<br>| 11 | 11 |<br>| 12 | 12 |<br>| 13 | 13 |<br>| 14 | 14 |<br>| 15 | 15 |<br>| 16 | 16 |<br>| 17 | 17 |<br>| 18 | 18 |<br>| 19 | 19 |<br>| 20 | 20 |<br><br>Custom alignment: LV |
| 30 | [ann_family_inc_descript] | When answering this next question, please remember to include your income PLUS the income of all family members living in this household. | descriptive |
| 31 | [ann_family_inc_addl_instr] | Enter '999995' if the reported income is $999,995 or greater.<br><br>If income is 0-999 1. (unusually low) or 250001-999995 (unusually high), make corrections if necessary.<br><br>Do not read to respondent. | descriptive<br>Field Annotation: @HIDDEN |
| 32 | [ann_family_inc_total_last_yr] | What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year?<br><br>*(Adapted from PhenX - Annual Family Income [PX011102])* | text (number, Min: 0, Max: 1000000) |
| 33 | [ann_family_inc_total_last_yr_enc]<br><br>Show the field ONLY if:<br>[ann_family_inc_total_last_yr] = "" | *(Adapted from PhenX - Annual Family Income [PX011102])* | radio<br><br>| -77 | Don't know |<br>| -88 | Prefer not to answer | |

| 34 | [poverty_250] | 250% of poverty threshold<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2) 2022 FPG* | calc<br>Calculation: 2.50 * (13590 + (4720 * ([ann_family_inc_household]-1)))<br>Field Annotation: @HIDDEN |
|---|---|---|---|
| 35 | [ann_family_inc_total_thld_250]<br><br>Show the field ONLY if: [ann_family_inc_total_last_yr]<=1000 OR [ann_family_inc_total_last_yr]>=250000 OR ([ann_family_inc_total_last_yr] = '' AND [ann_family_inc_total_last_yr_enc] = '-77') OR ([ann_family_inc_total_last_yr] = '' AND [ann_family_inc_total_last_yr_enc] = '-88') | Was your total family income from all sources less than [poverty_250] or [poverty_250] or more?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio<br><table><tr><td>1</td><td>Less than [poverty_250]</td></tr><tr><td>2</td><td>[poverty_250] or more</td></tr><tr><td>-77</td><td>Don't know</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 36 | [poverty_138] | 138% of poverty threshold<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | calc<br>Calculation: 1.38 * (13590 + (4720 * ([ann_family_inc_household]-1)))<br>Field Annotation: @HIDDEN |
| 37 | [ann_family_inc_total_thld_138]<br><br>Show the field ONLY if: [ann_family_inc_total_thld_250] = '1' OR [ann_family_inc_total_thld_250] = '-77' OR [ann_family_inc_total_thld_250] = '-88' | Was your total family income from all sources less than [poverty_138] or [poverty_138] or more?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio<br><table><tr><td>1</td><td>Less than [poverty_138]</td></tr><tr><td>2</td><td>[poverty_138] or more</td></tr><tr><td>-77</td><td>Don't know</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 38 | [poverty_100] | 100% of poverty threshold<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | calc<br>Calculation: 1.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))<br>Field Annotation: @HIDDEN |
| 39 | [ann_family_inc_total_thld_100]<br><br>Show the field ONLY if: [ann_family_inc_total_thld_138]=1 | Was your total family income from all sources less than [poverty_100] or [poverty_100] or more?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio<br><table><tr><td>1</td><td>Less than [poverty_100]</td></tr><tr><td>2</td><td>[poverty_100] or more</td></tr><tr><td>-77</td><td>Don't know</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 40 | [poverty_200] | 200% of poverty threshold<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | calc<br>Calculation: 2.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))<br>Field Annotation: @HIDDEN |
| 41 | [ann_family_inc_total_thld_200]<br><br>Show the field ONLY if: [ann_family_inc_total_thld_138]=2 | Was your total family income from all sources less than [poverty_200] or [poverty_200] or more?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio<br><table><tr><td>1</td><td>Less than [poverty_200]</td></tr><tr><td>2</td><td>[poverty_200] or more</td></tr><tr><td>-77</td><td>Don't know</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 42 | [annual_family_income_total_75]<br><br>Show the field ONLY if: ([ann_family_inc_total_thld_250]='2' AND [ann_family_inc_household]='1') OR ([ann_family_inc_total_thld_250]='2' AND [ann_family_inc_household]='2') | Was your total family income from all sources less than $75,000 or $75,000 or more?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio<br><table><tr><td>1</td><td>Less than $75,000</td></tr><tr><td>2</td><td>$75,000 or more</td></tr><tr><td>-77</td><td>Don't know</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |

| 43 | [annual_family_income_total_100]<br><br>Show the field ONLY if:<br>([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '5') OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '6') OR [annual_family_income_total_75] = '2' | Was your total family income from all sources less than $100,000 or $100,000 or more?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio<br><br>| 1 | Less than $100,000 |<br>| 2 | $100,000 or more |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer | |
| --- | --- | --- | --- |
| 44 | [poverty_400] | 400% of poverty threshold<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | calc<br>Calculation: 4.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))<br>Field Annotation: @HIDDEN |
| 45 | [ann_family_inc_total_thld_400]<br><br>Show the field ONLY if:<br>([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = 4) OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] >= 7 ) OR [annual_family_income_total_75] = '1' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household]= '3') OR ([annual_family_income_total_100] = '2' AND ([ann_family_inc_household] = '5' or [ann_family_inc_household] = '6')) OR [annual_family_income_total_75] = '1' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '3') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '5') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '6') | Was your total family income from all sources less than [poverty_400] or [poverty_400] or more?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio<br><br>| 1 | Less than [poverty_400] |<br>| 2 | [poverty_400] or more |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer | |

| 46 | [annual_family_income_total_150]<br><br>Show the field ONLY if:<br>([annual_family_income_total_100]=2 and ([ann_family_inc_household]=1 or [ann_family_inc_household]=2 or [ann_family_inc_household]=3)) or ([ann_family_inc_total_thld_400]=1 and [ann_family_inc_household]>=8) or ([ann_family_inc_total_thld_400]=2 and ([ann_family_inc_household]=5 or [ann_family_inc_household]=6)) OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '1') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '2') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_400] = '1' AND [ann_family_inc_household] >= '8') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '4') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '5') | Was your total family income from all sources less than $150,000 or $150,000 or more?<br>*(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)* | radio<br><br>| 1 | Less than $150,000 |<br>| 2 | $150,000 or more |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer | |

| 47 | [ann_fam_inc_end_of_qxs]<br><br>Show the field ONLY if:<br>[ann_family_inc_total_last_yr] > 1000 AND [ann_family_inc_total_last_yr] < 250000 OR [ann_family_inc_total_thld_250] = '-77' OR [ann_family_inc_total_thld_250] = '-88' OR [ann_family_inc_total_thld_138] = '-77' OR [ann_family_inc_total_thld_138] = '-88' OR [ann_family_inc_total_thld_100] <> '' OR [ann_family_inc_total_thld_200] <> '' OR [annual_family_income_total_75] = '-77' OR [annual_family_income_total_75] = '-88' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '1') OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '2') OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '5') OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '6') OR [annual_family_income_total_100] = '-77' OR [annual_family_income_total_100] = '-88' OR ([ann_family_inc_total_thld_400] = '1' AND [ann_family_inc_household] < '8') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '1') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '2') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] >= '6') OR [ann_family_inc_total_thld_400] = '-77' OR [ann_family_inc_total_thld_400] = '-88' | [End of PhenX Income Qxs] | descriptive<br>Field Annotation: @HIDDEN |
| 48 | [alt_to_phenx_income_qxs_descript] | The next question is an alternative version to the PhenX income qxs.<br><br>Use the version that you think will work best for your population.<br><br>(Adapted from PhenX Protocol - Annual Family Income [PX011101]; LOINC:63058-2; https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2738624&version=1.0; https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf) | descriptive, Required<br>Field Annotation: @HIDDEN |

| 49 | [ann_fam_inc_2022fpgcats] | What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year?<br><br>*(Adapted from PhenX Protocol - Annual Family Income [PX011101]; LOINC:63058-2; https://cdebrowser.nci.nih.gov/cdebrowserClient /cdeBrowser.html#/search?publicId=2738624&version=1.0; https://aspe.hhs.gov/sites/default/files/documents /1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf)* | radio, Required |
|---|---|---|---|

| | |
|---|---|
| 1 | less than $13,590 ($1,133/mo or $261/wk) |
| 2 | $13,590 ($1,133/mo or $261/wk) to $18,309 ($1,525/mo or $351/wk) |
| 3 | $18,310 ($1,526/mo or $352/wk) to $23,029 ($1,918/mo or $442/wk) |
| 4 | $23,030 ($1,919/mo or $443/wk) to $27,749 ($2,312/mo or $533/wk) |
| 5 | $27,750 ($2,313/mo or $534/wk) to $32,469 ($2,705/mo or $623/wk) |
| 6 | $32,470 ($2,706/mo or $624/wk) to $37,189 ($3,098/mo or $714/wk) |
| 7 | $37,190 ($3,099/mo or $715/wk) to $41,909 ($3,492/mo or $805/wk) |
| 8 | $41,910 ($3,493/mo or $806/wk) to $46,629 ($3,885/mo or $896/wk) |
| 9 | $46,630 ($3,886/mo or $897/wk) to $51,349 ($4,278/mo or $987/wk) |
| 10 | $51,350 ($4,279/mo or $988/wk) to $56,069 ($4,672/mo or $1,077/wk) |
| 11 | $56,070 ($4,673/mo or $1,078/wk) to $60,789 ($5,065/mo or $1,168/wk) |
| 12 | $60,790 ($5,066/mo or $1,169/wk) to $65,509 ($5,458/mo or $1,259/wk) |
| 13 | $65,510 ($5,459/mo or $1,260/wk) to $70,229 ($5,852/mo or $1,350/wk) |
| 14 | $70,230 ($5,853/mo or $1,351/wk) to $74,949 ($6,245/mo or $1,440/wk) |
| 15 | $74,950 ($6,246/mo or $1,441/wk) to $79,669 ($6,638/mo or $1,531/wk) |
| 16 | $79,670 ($6,639/mo or $1,532/wk) to $84,389 ($7,032/mo or $1,622/wk) |
| 17 | $84,390 ($7,033/mo or $1,623/wk) to $89,109 ($7,425/mo or $1,713/wk) |
| 18 | $89,110 ($7,426/mo or $1,714/wk) to $93,829 ($7,818/mo or $1,803/wk) |
| 19 | $93,830 ($7,819/mo or $1,804/wk) to $98,549 ($8,212/mo or $1,894/wk) |
| 20 | $98,550 ($8,213/mo or $1,895/wk) to $103,269 ($8,605/mo or $1,985/wk) |
| 21 | more than $103,269 ($8,605/mo or $1,985/wk) |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 50 | [current_employment_status] | We would like to know about what you do -- are you working now, looking for work, retired, keeping house, a student, or something else? *(Adapted from PhenX Protocol - Current Employment Status [PX011301])* | radio, Required |
|---|---|---|---|

radio, Required

| 1 | Working now |
|---|---|
| 2 | Only temporarily laid off, sick leave, or maternity leave |
| 3 | Looking for work, unemployed |
| 4 | Retired |
| 5 | Disabled, Permanently or temporarily |
| 6 | Keeping house |
| 7 | Student |
| -88 | Prefer not to answer |
| 90 | Other (specify): |

Custom alignment: LV

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**51** [cur_employ_stat_specify]

Show the field ONLY if: [current_employment_status] = '90'

If Other, please specify.
*(Adapted from PhenX Protocol - Current Employment Status [PX011301])*

text, Required
Custom alignment: LV

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**52** [ahc_hrsn_st_suppl_edu_q15]

Do you speak a language other than English at home?
*[Adapted from CMS AHS HRSN Item #15/LOINC: 97027-7]*

radio, Required

| 1 | Yes |
|---|---|
| 0 | No |
| -88 | Prefer not to answer |

Custom alignment: LV

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**53** [english_proficiency_speak_engl]

Show the field ONLY if: [ahc_hrsn_st_suppl_edu_q15] = '1'

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...?
*(Adapted from PhenX Protocol - English Proficiency [PX270201])*

radio, Required

| 1 | Very well |
|---|---|
| 2 | Well |
| 3 | Not well |
| 4 | Not at all |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

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**54** [acs_hlth_svcs_last_seen_doctor]

About how long has it been since you last saw a doctor or other health care professional about your health?
*(Adapted from PhenX Protocol - Access to Health Services [PX270101])*

radio, Required

| 0 | Never |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the last 2 years (1 year but less than 2 years ago) |
| 3 | Within the last 3 years (2 years but less than 3 years ago) |
| 4 | Within the last 5 years (3 years but less than 5 years ago) |
| 5 | Within the last 10 years (5 years but less than 10 years ago) |
| 6 | 10 years ago or more |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 55 | [acs_hlth_svcs_usual_place_hc] | Is there a place that you USUALLY go to if you are sick and need health care? *(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | radio, Required |
|---|---|---|---|

| | | | 1 | Yes |
|---|---|---|---|---|
| | | | 2 | There is NO place |
| | | | 3 | There is MORE THAN ONE place |
| | | | -77 | Don't know |
| | | | -88 | Prefer not to answer |

Custom alignment: LV

| 56 | [acs_hlth_svcs_hc_most_often]<br><br>Show the field ONLY if:<br>[acs_hlth_svcs_usual_place_hc]='1' OR [acs_hlth_svcs_usual_place_hc]='3' OR [acs_hlth_svcs_usual_place_hc]='-77' OR [acs_hlth_svcs_usual_place_hc]='-88' | 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?<br><br>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.<br><br>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.<br><br>*(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | checkbox, Required |
|---|---|---|---|

| | | |
|---|---|---|
| 1 | acs_hlth_svcs_hc_most_often___1 | A doctor's office or health center |
| 2 | acs_hlth_svcs_hc_most_often___2 | Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store |
| 3 | acs_hlth_svcs_hc_most_often___3 | Emergency room |
| 4 | acs_hlth_svcs_hc_most_often___4 | A VA Medical Center or VA outpatient clinic |
| 5 | acs_hlth_svcs_hc_most_often___5 | Some other place |
| 6 | acs_hlth_svcs_hc_most_often___6 | Does not go to one place most often |
| -77 | acs_hlth_svcs_hc_most_often___77 | Don't know |
| -88 | acs_hlth_svcs_hc_most_often___88 | Prefer not to answer |

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE=-88

| 57 | [acs_hlth_svcs_hc_most_often_o]<br><br>Show the field ONLY if:<br>[acs_hlth_svcs_hc_most_often (5)] = "1" | If Some other place, please specify.<br>*(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | text, Required<br>Custom alignment: LV |
|---|---|---|---|
| 58 | [acs_hlth_svcs_past_12_mos_uc] | 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?<br><br>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.<br><br>This is different from a hospital emergency room.<br><br>[Enter 96 if number of times is 96 or more]<br>*(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | text (integer, Min: 0, Max: 96)<br>Custom alignment: LV |

| | | | |
|---|---|---|---|
| 59 | [acs_hlth_svcs_past_12_mos_uc_dk]<br><br>Show the field ONLY if:<br>[acs_hlth_svcs_past_12_mos_uc] = '' | *(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | radio, Required<br><br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 60 | [acs_hlth_svcs_past_12_mos_uc_v]<br><br>Show the field ONLY if:<br>[acs_hlth_svcs_past_12_mos_uc] >= 40 | This is an unusually large number. Did you visit an urgent care center or clinic in a drug store or grocery store about your health more than 40 times in the past 12 months?<br>*(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | radio<br><br>| 1 | Yes |<br>| 0 | No |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 61 | [acs_hlth_svcs_past_12_mos_er] | During the past 12 months, how many times have you gone to a hospital emergency room about your health?<br><br>This includes emergency room visits that resulted in a hospital admission.<br><br>[Enter 96 if number of times is 96 or more]<br>*(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | text (integer, Min: 0, Max: 96)<br>Custom alignment: LV |
| 62 | [acs_hlth_svcs_past_12_mos_er_dk]<br><br>Show the field ONLY if:<br>[acs_hlth_svcs_past_12_mos_er] = "" | *(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | radio<br><br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 63 | [acs_hlth_svcs_past_12_mos_er_v]<br><br>Show the field ONLY if:<br>[acs_hlth_svcs_past_12_mos_er] >= 40 | This is an unusually large number. Did you visit a hospital emergency room about your health more than 40 times in the past 12 months?<br>*(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | radio<br><br>| 1 | Yes |<br>| 0 | No |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 64 | [acs_hlth_svcs_delayed_mc] | During the past 12 months, have you DELAYED getting medical care because of the cost?<br>*(Adapted from PhenX Protocol - Access to Health Services [PX270101])* | radio, Required<br><br>| 1 | Yes |<br>| 0 | No |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 65 | [hlth_ins_coverage_employer] | Section Header: *Are you currently covered by any of the following types of health insurance or health coverage plans? (Adapted from PhenX Protocol - Health Insurance Coverage [PX011502])*<br><br>Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage. | radio (Matrix), Required<br><br>| 1 | Covered |<br>| 2 | Not Covered |<br>| 3 | Not Sure | |
| 66 | [hlth_ins_coverage_purchased] | 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] | radio (Matrix), Required<br><br>| 1 | Covered |<br>| 2 | Not Covered |<br>| 3 | Not Sure | |
| 67 | [hlth_ins_coverage_medicaid] | 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]. | radio (Matrix), Required<br><br>| 1 | Covered |<br>| 2 | Not Covered |<br>| 3 | Not Sure | |

| 68 | [hlth_ins_coverage_medicare] | Medicare, for people 65 and older, or people with certain disabilities | radio (Matrix), Required |
|---|---|---|---|
| | | | 1 Covered |
| | | | 2 Not Covered |
| | | | 3 Not Sure |
| 69 | [hlth_ins_coverage_military] | TRICARE or other military health care, including VA health care. | radio (Matrix), Required |
| | | | 1 Covered |
| | | | 2 Not Covered |
| | | | 3 Not Sure |
| 70 | [hlth_ins_coverage_indian] | Indian Health Service | radio (Matrix), Required |
| | | | 1 Covered |
| | | | 2 Not Covered |
| | | | 3 Not Sure |
| 71 | [hlth_ins_coverage_other] | Any Other type of health insurance coverage or health coverage plan? | radio (Matrix), Required |
| | | | 1 Covered |
| | | | 2 Not Covered |
| | | | 3 Not Sure |
| 72 | [hlth_ins_coverage_nocoverage]<br><br>Show the field ONLY if: [hlth_ins_coverage_employer] <> '1' and [hlth_ins_coverage_purchased] <> '1' and [hlth_ins_coverage_medicare] <> '1' and [hlth_ins_coverage_medicaid] <> '1' and [hlth_ins_coverage_military] <> '1' and [hlth_ins_coverage_indian] <> '1' and [hlth_ins_coverage_other] <> '1' | 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.<br>*(Adapted from PhenX Protocol - Health Insurance Coverage [PX011502])* | radio, Identifier<br><br>1 I do NOT have health insurance<br>2 I HAVE some kind of health insurance<br><br>Custom alignment: LV |
| 73 | [hlth_ins_coverage_f1adcd]<br><br>Show the field ONLY if: [hlth_ins_coverage_nocoverage] = '2' or [hlth_ins_coverage_other] = '1' | What type of health insurance do you have?<br>*(Adapted from PhenX Protocol - Health Insurance Coverage [PX011502])* | text<br>Custom alignment: LV |
| 74 | [cls_decription] | Which of the following best describes your current living situation?<br><br>(Select ONE only)<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q1)* | radio, Required |
| | | | 1 Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet |
| | | | 2 Live in a household with other people |
| | | | 3 Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested) |
| | | | 4 Live in a facility such as a nursing home which provides meals and 24-hour nursing care |
| | | | 5 Temporarily staying with a relative or friend |
| | | | 6 Temporarily staying in a shelter or homeless |
| | | | 90 Other (please specify) |
| | | | -88 Prefer not to answer |
| | | | Custom alignment: LV |
| 75 | [cls_description_other]<br><br>Show the field ONLY if: [cls_decription] = '90' | If Other, please specify<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q1)* | text, Required<br>Custom alignment: LV |

| 76 | [cls_trouble_paying_food] | Section Header: *In the past 3 months, did you have trouble paying for any of the following? (Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q3)*<br><br>Food | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
|---|---|---|---|
| 77 | [cls_trouble_paying_housing] | Housing | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 78 | [cls_trouble_paying_heat_electric] | Heat and electricity | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 79 | [cls_trouble_paying_medical] | Medical needs | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 80 | [cls_trouble_paying_transport] | Transportation | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 81 | [cls_trouble_paying_childcare] | Childcare | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 82 | [cls_trouble_paying_debts] | Debts | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 83 | [cls_trouble_paying_none] | None of the above | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 84 | [cls_trouble_paying_o] | Something other than what is listed above (please write in) {cls_other_text} | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 85 | [cls_other_text]<br><br>Show the field ONLY if:<br>[cls_trouble_paying_o] = '1' | If Other, please specify | text |
| 86 | [cls_lack_of_transport_m_appts] | Section Header: *Has lack of transportation... (Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q5)*<br><br>Kept you from medical appointments or from getting medications? | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |
| 87 | [cls_lack_of_transport_m_adl] | Kept you from doing things needed for daily living? | radio (Matrix), Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> |

| 88 | [cls_lack_of_transport_m_prob] | Been a problem for you? | radio (Matrix), Required |
|---|---|---|---|

| 88 | [cls_lack_of_transport_m_prob] | Been a problem for you? | radio (Matrix), Required | | |
|---|---|---|---|---|---|
| | | | 1 | Yes | |
| | | | 0 | No | |
| | | | -88 | Prefer not to answer | |

| 89 | [cls_relationship_status] | What is your current marital/relationship status?<br><br>(Select ONE only)<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q10)* | radio, Required | |
|---|---|---|---|---|
| | | | 1 | Married/domestic partner |
| | | | 2 | Living with a partner in a committed relationship |
| | | | 3 | In a serious or committed relationship, but not living together |
| | | | 4 | Single |
| | | | 5 | Separated |
| | | | 6 | Divorced |
| | | | 7 | Widowed |
| | | | -88 | Prefer not to answer |
| | | | Custom alignment: LV | |

| 90 | [cls_hard_get_medication] | How hard is it for you to get your medications and medical supplies when you need them?<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q14)* | radio, Required | |
|---|---|---|---|---|
| | | | 1 | Not at all hard |
| | | | 2 | Somewhat hard |
| | | | 3 | Very hard |
| | | | -88 | Prefer not to answer |
| | | | Custom alignment: LV | |

| 91 | [cls_need_help_to_read] | How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q7 (SILS); LOINC 93157-6)* | radio, Required | |
|---|---|---|---|---|
| | | | 1 | Never |
| | | | 2 | Rarely |
| | | | 3 | Sometimes |
| | | | 4 | Often |
| | | | 5 | Always |
| | | | -88 | Prefer not to answer |
| | | | Custom alignment: LV | |

| 92 | [cls_lonely] | How often do you feel lonely or isolated from those around you?<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q10)* | radio, Required | |
|---|---|---|---|---|
| | | | 1 | Never |
| | | | 2 | Rarely |
| | | | 3 | Sometimes |
| | | | 4 | Often |
| | | | 5 | Always |
| | | | -88 | Prefer not to answer |
| | | | Custom alignment: LV | |

| 93 | [cls_social_connection] | 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)<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q11)* | radio, Required | |
|---|---|---|---|---|
| | | | 1 | Less than once a week |
| | | | 2 | 1-2 days a week |
| | | | 3 | 3-4 days a week |
| | | | 4 | 5 or more days a week |
| | | | -88 | Prefer not to answer |
| | | | Custom alignment: LV | |

| 94 | [ahc_hrsn_st_suppl_fcs_q13] | 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?<br>*(Adapted from CMS AHS HRSN Item 13; LOINC: 96781-0)* | radio, Required<br><br>| 1 | I don't need any help |<br>| 2 | I get all the help I need |<br>| 3 | I could use a little more help |<br>| 4 | I need a lot more help |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
|---|---|---|---|
| 95 | [ahc_hrsn_st_suppl_su_q19]<br><br>Show the field ONLY if:<br>[sex_assigned_at_birth] = '2' or [sex_assigned_at_birth] = '66' or [sex_assigned_at_birth] = '-88' | 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.<br>*(Adapted from CMS AHS HRSN Item 19; LOINC 68517-2)* | radio, Required<br><br>| 0 | Never |<br>| 1 | Once or Twice |<br>| 1.5 | More than once or twice, but less than monthly |<br>| 2 | Monthly |<br>| 3 | Weekly |<br>| 4 | Daily or Almost Daily |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 96 | [ahc_hrsn_st_suppl_su_q19_male]<br><br>Show the field ONLY if:<br>[sex_assigned_at_birth] = '0' | 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.<br>*(Adapted from CMS AHS HRSN Item 19M; LOINC 68517-2)* | radio, Required<br><br>| 0 | Never |<br>| 1 | Once or Twice |<br>| 1.5 | More than once or twice, but less than monthly |<br>| 2 | Monthly |<br>| 3 | Weekly |<br>| 4 | Daily or Almost Daily |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 97 | [ahc_hrsn_st_suppl_su_q19_female]<br><br>Show the field ONLY if:<br>[sex_assigned_at_birth] = '1' | 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.<br>*(Adapted from CMS AHS HRSN Item 19F; LOINC 68517-2)* | radio, Required<br><br>| 0 | Never |<br>| 1 | Once or Twice |<br>| 1.5 | More than once or twice, but less than monthly |<br>| 2 | Monthly |<br>| 3 | Weekly |<br>| 4 | Daily or Almost Daily |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 98 | [path_lifetime_tobacco_use] | In your lifetime, have you ever used any Tobacco or Vape Product, even one or two times? Tobacco or Vape Products can include the following:  Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, 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<br>*(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATH]* | radio, Required<br><br>| 1 | Yes |<br>| 0 | No |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |

| 99 | [path_tobacco_use_last_year]<br><br>Show the field ONLY if:<br>[path_lifetime_tobacco_use] = '1' or [path_lifetime_tobacco_use] = '-77' or [path_lifetime_tobacco_use] = '-88' | In the past 12 months, have you ever used any Tobacco or Vape Product, even one or two times?  Tobacco or Vape Products can include the following:  Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, 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<br>*(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATH]* | radio, Required<br><br>| 1 | Yes |<br>| 0 | No |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 100 | [path_tobacco_use_30_days]<br><br>Show the field ONLY if:<br>[path_tobacco_use_last_year] = '1' or [path_tobacco_use_last_year] = '-77' or [path_tobacco_use_last_year] = '-88' | In the past 30 days, have you used any Tobacco or Vape Product, even one or two times?  Tobacco or Vape Products can include the following:  Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, 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<br>*(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATH]* | radio, Required<br><br>| 1 | Yes |<br>| 0 | No |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |

| 101 | [path_tobacco_use_times_30_days]<br><br>Show the field ONLY if: [path_tobacco_use_30_days] = '1' or [path_tobacco_use_30_days] = '-77' | On how many of the past 30 days, did you use a Tobacco or Vape Product? Tobacco or Vape Products can include the following:  Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, 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<br>*(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATH]* | dropdown, Required<br><br>0 0<br>1 1<br>2 2<br>3 3<br>4 4<br>5 5<br>6 6<br>7 7<br>8 8<br>9 9<br>10 10<br>11 11<br>12 12<br>13 13<br>14 14<br>15 15<br>16 16<br>17 17<br>18 18<br>19 19<br>20 20<br>21 21<br>22 22<br>23 23<br>24 24<br>25 25<br>26 26<br>27 27<br>28 28<br>29 29<br>30 30<br><br>Custom alignment: LV |
| --- | --- | --- | --- |
| 102 | [ahc_hrsn_st_suppl_pa_q17] | In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?<br>*(Adapted from CMS AHS HRSN Item 17; LOINC: 89555-7)* | radio, Required<br><br>0 0<br>1 1<br>2 2<br>3 3<br>4 4<br>5 5<br>6 6<br>7 7<br><br>Custom alignment: LV |

| 103 | [ahc_hrsn_st_suppl_pa_q18] <br><br> Show the field ONLY if: [ahc_hrsn_st_suppl_pa_q17] <> '0' | In the last 30 days, on average, how many minutes did you usually spend exercising at this level on one of those days? <br> *(Adapted from CMS AHS HRSN Item 18; LOINC: 68516-4)* | radio, Required <br><br> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>10</td></tr><tr><td>2</td><td>20</td></tr><tr><td>3</td><td>30</td></tr><tr><td>4</td><td>40</td></tr><tr><td>5</td><td>50</td></tr><tr><td>6</td><td>60</td></tr><tr><td>7</td><td>90</td></tr><tr><td>8</td><td>120</td></tr><tr><td>9</td><td>150 or greater</td></tr></table> <br> Custom alignment: LV |
|---|---|---|---|
| 104 | [ahc_hrsn_st_suppl_mh_q23b] | Over the past 2 weeks, how often have you been bothered by any of the following problems? Feeling down, depressed, or hopeless? <br> *(Adapted from CMS AHS HRSN Item 23B; LOINC 44255-8)* | radio, Required <br><br> <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several days</td></tr><tr><td>2</td><td>More than half the days</td></tr><tr><td>3</td><td>Nearly every day</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> <br> Custom alignment: LV |
| 105 | [ahc_hrsn_st_suppl_mh_q24] | 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? <br> *(Adapted from CMS AHS HRSN Item 24; LOINC 93038-8)* | radio, Required <br><br> <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>A little bit</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> <br> Custom alignment: LV |
| 106 | [disability_mental] | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <br> *(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.03; CMS AHS HRSN Item 25; LOINC 69858-9)* | radio, Required <br><br> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-77</td><td>Don't know</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> <br> Custom alignment: LV |
| 107 | [disability_errands] | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? <br> *(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.06; CMS AHS HRSN Item 26; LOINC 69861-3)* | radio, Required <br><br> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-77</td><td>Don't know</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> <br> Custom alignment: LV |
| 108 | [global_03] | In general, how would you rate your physical health? <br> *(Adapted from PROMIS Global03; LOINC: 61579-9)* | radio, Required <br><br> <table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very Good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>4</td><td>Fair</td></tr><tr><td>5</td><td>Poor</td></tr><tr><td>-88</td><td>Prefer not to answer</td></tr></table> <br> Custom alignment: LV |

| 109 | [comorbid_descript] | Comorbidity Index (CI) (Charlson et al 1987)<br><br>Do NOT use this version for study participant responses; this version is only for chart / electronic health record abstraction.<br><br>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)<br><br>Journal of Diseases Homepage: http://www.sciencedirect.com/science/journal/00219681<br><br>Additional information:<br><br>SCORING - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC545968/ | descriptive<br>Field Annotation: @HIDDEN |
|---|---|---|---|

| 110 | [comorbid] | Comorbidity (Choose all that are present)<br>*(Adapted from Comorbidity Index (CI) (Charlson et al 1987))* | checkbox, Required |
|---|---|---|---|

| | | |
|---|---|---|
| 1 | comorbid___1 | Myocardial infarct |
| 2 | comorbid___2 | Congestive heart failure |
| 3 | comorbid___3 | Peripheral vascular disease |
| 4 | comorbid___4 | Cerebrovascular disease (except hemiplegia) |
| 5 | comorbid___5 | Dementia |
| 6 | comorbid___6 | Chronic pulmonary disease |
| 7 | comorbid___7 | Connective tissue disease |
| 8 | comorbid___8 | Ulcer disease |
| 9 | comorbid___9 | Mild liver disease |
| 10 | comorbid___10 | Diabetes (without complications) |
| 11 | comorbid___11 | Diabetes with end organ damage |
| 12 | comorbid___12 | Hemiplegia |
| 13 | comorbid___13 | Moderate or severe renal disease |
| 14 | comorbid___14 | Solid tumor (non metastatic) |
| 15 | comorbid___15 | Leukemia |
| 16 | comorbid___16 | Lymphoma, Multiple myeloma |
| 17 | comorbid___17 | Moderate or severe liver disease |
| 18 | comorbid___18 | Metastatic solid tumor |
| 19 | comorbid___19 | AIDS |
| 0 | comorbid___0 | None of the above |

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE=0

| 111 | [cci_total_sc] | Total points:<br>*(Adapted from Comorbidity Index (CI) (Charlson et al 1987))* | calc<br>Calculation: if ([age_in_years] = 50, 1, 0) + if ([age_in_years] = 51, 1, 0) + if ([age_in_years] = 52, 1, 0) + if ([age_in_years] = 53, 1, 0) + if ([age_in_years] = 54, 1, 0) + if ([age_in_years] = 55, 1, 0) + if ([age_in_years] = 56, 1, 0) + if ([age_in_years] = 57, 1, 0) + if ([age_in_years] = 58, 1, 0) + if ([age_in_years] = 59, 1, 0) + if ([age_in_years] = 60, 2, 0) + if ([age_in_years] = 61, 2, 0) + if ([age_in_years] = 62, 2, 0)+ if ([age_in_years] = 63, 2, 0)+ if ([age_in_years] = 64, 2, 0)+ if ([age_in_years] = 65, 2, 0)+ if ([age_in_years] = 66, 2, 0) + if ([age_in_years] = 67, 2, 0)+ if ([age_in_years] = 68, 2, 0)+ if ([age_in_years] = 69, 2, 0) + if ([age_in_years] = 70, 3, 0) + if ([age_in_years] = 71, 3, 0) + if ([age_in_years] = 72, 3, 0) + if ([age_in_years] = 73, 3, 0) + if ([age_in_years] = 74, 3, 0) + if ([age_in_years] = 75, 3, 0)+ if ([age_in_years] = 76, 3, 0) + if ([age_in_years] = 77, 3, 0)+ if ([age_in_years] = 78, 3, 0)+ if ([age_in_years] = 79, 3, 0)+ if ([age_in_years] = 80, 4, 0) + if ([age_in_years] = 81, 4, 0) + if ([age_in_years] = 82, 4, 0) + if ([age_in_years] = 83, 4, 0) + if ([age_in_years] = 84, 4, 0) + if ([age_in_years] = 85, 4, 0) + if ([age_in_years] = 86, 4, 0) + if ([age_in_years] = 87, 4, 0) + if ([age_in_years] = 88, 4, 0) + if ([age_in_years] = 89, 4, 0) + if ([age_in_years] = 90, 5, 0) + if ([age_in_years] = 91, 5, 0) + if ([age_in_years] = 92, 5, 0)+ if ([age_in_years] = 93, 5, 0)+ if ([age_in_years] = 94, 5, 0) + if ([age_in_years] = 95, 5, 0) + if ([age_in_years] = 96, 5, 0) + if ([age_in_years] = 97, 5, 0) + if ([age_in_years] = 98, 5, 0) + if ([age_in_years] = 99, 5, 0) + if ([comorbid(1)] =1, 1, 0) + if ([comorbid(2)] =1, 1, 0) + if ([comorbid(3)] =1, 1, 0) + if ([comorbid(4)] =1, 1, 0) + if ([comorbid(5)] =1, 1, 0) + if ([comorbid(6)] =1, 1, 0) + if ([comorbid(7)] =1, 1, 0) + if ([comorbid(8)] =1, 1, 0) + if ([comorbid(9)] =1, 1, 0) + if ([comorbid(10)] =1, 1, 0) + if ([comorbid(11)] =1, 2, 0) + if ([comorbid(12)] =1, 2, 0) + if ([comorbid(13)] =1, 2, 0) + if ([comorbid(14)] =1, 2, 0) + if ([comorbid(15)] =1, 2, 0) + if ([comorbid(16)] =1, 2, 0) + if ([comorbid(17)] =1, 3, 0) + if ([comorbid(18)] =1, 6, 0) + if ([comorbid(19)] =1, 6, 0)<br>Field Annotation: @HIDDEN |
| 112 | [scq_descript] | Adapted from Participant Reported Outcome (PRO) / Self Report (SR) Comorbidity Index<br><br>https://pubmed.ncbi.nlm.nih.gov/12687505/<br><br>Sangha O, Stucki G, Liang MH, Fossel AH, Katz JN. The Self-Administered Comorbidity Questionnaire: a new method to assess comorbidity for clinical and health services research. Arthritis Rheum. 2003 Apr 15;49(2):156-63. doi: 10.1002/art.10993. PMID: 12687505. | descriptive<br>Field Annotation: @HIDDEN |
| 113 | [scq_instructions] | Instructions:<br><br>The following is a list of common problems. Please indicate if you currently have the problem.<br><br>Also, indicate all medical conditions that are not listed under "other medical problems".<br><br>If you do have the problem, then you will be asked if you receive medications or some other type of treatment for the problem.<br><br>If you have the problem, next you will be asked if the problem limits any of your activities. | descriptive |

| 114 | [scq_covid19] | Section Header: *Do you have the problem?*<br><br>COVID-19 (SARS-Cov2) -- ever tested positive | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
|---|---|---|---|
| 115 | [scq_heart] | Heart disease | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 116 | [scq_hbp] | High blood pressure | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 117 | [scq_lung] | Lung disease | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 118 | [scq_diabetes] | Diabetes | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 119 | [scq_stomach] | Ulcer or stomach disease | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 120 | [scq_kidney] | Kidney disease | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 121 | [scq_liver] | Liver disease | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 122 | [scq_blood] | Anemia or other blood disease | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 123 | [scq_cancer] | Cancer | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 124 | [scq_depression] | Depression | radio (Matrix), Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |

| 125 | [scq_osteoarthritis] | Osteoarthritis, degenerative arthritis | radio (Matrix), Required |
|---|---|---|---|
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 126 | [scq_backpain] | Back pain | radio (Matrix), Required |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 127 | [scq_ra] | Rheumatoid arthritis | radio (Matrix), Required |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 128 | [scq_other] | Other medical problems (please write in) {scq_other_text} | radio (Matrix), Required |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 129 | [scq_trtmt_covid19]<br><br>Show the field ONLY if:<br>[scq_covid19] = '1' | Section Header: *Do you receive treatment for it?*<br>COVID-19 -- ever received treatment | radio (Matrix) |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 130 | [scq_trtmt_heart]<br><br>Show the field ONLY if:<br>[scq_heart] = '1' | Heart disease | radio (Matrix) |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 131 | [scq_trtmt_hbp]<br><br>Show the field ONLY if:<br>[scq_hbp] = '1' | High blood pressure | radio (Matrix) |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 132 | [scq_trtmt_lung]<br><br>Show the field ONLY if:<br>[scq_lung] = '1' | Lung Disease | radio (Matrix) |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 133 | [scq_trtmt_diabetes]<br><br>Show the field ONLY if:<br>[scq_diabetes] = '1' | Diabetes | radio (Matrix) |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 134 | [scq_trtmt_stomach]<br><br>Show the field ONLY if:<br>[scq_stomach] = '1' | Ulcer or stomach disease | radio (Matrix) |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 135 | [scq_trtmt_kidney]<br><br>Show the field ONLY if:<br>[scq_kidney] = '1' | Kidney disease | radio (Matrix) |
| | | | 1 Yes<br>0 No<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |

| 136 | [scq_trtmt_liver]<br><br>Show the field ONLY if:<br>[scq_liver] = '1' | Liver disease | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
|---|---|---|---|
| 137 | [scq_trtmt_blood]<br><br>Show the field ONLY if:<br>[scq_blood] = '1' | Anemia or other blood disease | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 138 | [scq_trtmt_cancer]<br><br>Show the field ONLY if:<br>[scq_cancer] = '1' | Cancer | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 139 | [scq_trtmt_depression]<br><br>Show the field ONLY if:<br>[scq_depression] = '1' | Depression | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 140 | [scq_trtmt_osteoarthritis]<br><br>Show the field ONLY if:<br>[scq_osteoarthritis] = '1' | Osteoarthritis, degenerative arthritis | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 141 | [scq_trtmt_backpain]<br><br>Show the field ONLY if:<br>[scq_backpain] = '1' | Back pain | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 142 | [scq_trtmt_ra]<br><br>Show the field ONLY if:<br>[scq_ra] = '1' | Rheumatoid arthritis | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 143 | [scq_trtmt_other]<br><br>Show the field ONLY if:<br>[scq_other] = '1' | Are you receiving treatment for [scq_other_text]? | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 144 | [scq_limit_covid19]<br><br>Show the field ONLY if:<br>[scq_covid19] = '1' | Section Header: *Does it limit your activities?*<br><br>COVID-19 -- ever limited your activities | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 145 | [scq_limit_heart]<br><br>Show the field ONLY if:<br>[scq_heart] = '1' | Heart disease | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 146 | [scq_limit_hbp]<br><br>Show the field ONLY if:<br>[scq_hbp] = '1' | High blood pressure | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |

| 147 | [scq_limit_lung]  Show the field ONLY if: [scq_lung] = '1' | Lung disease | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
|---|---|---|---|
| 148 | [scq_limit_diabetes]  Show the field ONLY if: [scq_diabetes] = '1' | Diabetes | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 149 | [scq_limit_stomach]  Show the field ONLY if: [scq_stomach] = '1' | Ulcer or stomach disease | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 150 | [scq_limit_kidney]  Show the field ONLY if: [scq_kidney] = '1' | Kidney disease | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 151 | [scq_limit_liver]  Show the field ONLY if: [scq_liver] = '1' | Liver disease | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 152 | [scq_limit_blood]  Show the field ONLY if: [scq_blood] = '1' | Anemia or blood disease | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 153 | [scq_limit_cancer]  Show the field ONLY if: [scq_cancer] = '1' | Cancer | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 154 | [scq_limit_depression]  Show the field ONLY if: [scq_depression] = '1' | Depression | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 155 | [scq_limit_osteoarthritis]  Show the field ONLY if: [scq_osteoarthritis] = '1' | Osteoarthritis, degenerative arthritis | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 156 | [scq_limit_backpain]  Show the field ONLY if: [scq_backpain] = '1' | Back pain | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| 157 | [scq_limit_ra]  Show the field ONLY if: [scq_ra] = '1' | Rheumatoid arthritis | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |

| 158 | [scq_limit_other]<br><br>Show the field ONLY if:<br>[scq_other] = '1' | Does [scq_other_text] limit your activities? | radio (Matrix)<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Field Annotation: [Sangha, et al, ...,Katz 2003] |
| --- | --- | --- | --- |
| 159 | [scq_other_text]<br><br>Show the field ONLY if:<br>[scq_other] = '1' | Please write in any other medical problems that you have. | notes<br>Custom alignment: LV |
| 160 | [birthplace] | Section Header: *HIGH VALUE OPTIONAL ITEMS*<br><br>Where were you born?<br>*(Adapted from PhenX Protocol - Birthplace [PX010201])* | radio, Required<br><br>| 0 | In the United States |<br>| 1 | In a U.S. Territory |<br>| 2 | Outside the United States |<br>| -77 | Don't know |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |

| 161 | [birthplace_location_in_us] | Please select the name of the state where you were born. *(Adapted from PhenX Protocol - Birthplace [PX010201])* | dropdown, Required |  |
| --- | --- | --- | --- | --- |
|  |  |  | 1 | Alabama (AL) |
|  | Show the field ONLY if: [birthplace] = '0' |  | 2 | Alaska (AK) |
|  |  |  | 3 | Arizona (AZ) |
|  |  |  | 4 | Arkansas (AR) |
|  |  |  | 5 | California (CA) |
|  |  |  | 6 | Colorado (CO) |
|  |  |  | 7 | Connecticut (CT) |
|  |  |  | 8 | Delaware (DE) |
|  |  |  | 9 | District of Columbia (DC) |
|  |  |  | 10 | Florida (FL) |
|  |  |  | 11 | Georgia (GA) |
|  |  |  | 12 | Hawaii (HI) |
|  |  |  | 13 | Idaho (ID) |
|  |  |  | 14 | Illinois (IL) |
|  |  |  | 15 | Indiana (IN) |
|  |  |  | 16 | Iowa (IA) |
|  |  |  | 17 | Kansas (KS) |
|  |  |  | 18 | Kentucky (KY) |
|  |  |  | 19 | Louisiana (LA) |
|  |  |  | 20 | Maine (ME) |
|  |  |  | 21 | Maryland (MD) |
|  |  |  | 22 | Massachusetts (MA) |
|  |  |  | 23 | Michigan (MI) |
|  |  |  | 24 | Minnesota (MN) |
|  |  |  | 25 | Mississippi (MS) |
|  |  |  | 26 | Missouri (MO) |
|  |  |  | 27 | Montana (MT) |
|  |  |  | 28 | Nebraska (NE) |
|  |  |  | 29 | Nevada (NV) |
|  |  |  | 30 | New Hampshire (NH) |
|  |  |  | 31 | New Jersey (NJ) |
|  |  |  | 32 | New Mexico (NM) |
|  |  |  | 33 | New York (NY) |
|  |  |  | 34 | North Carolina (NC) |
|  |  |  | 35 | North Dakota (ND) |
|  |  |  | 36 | Ohio (OH) |
|  |  |  | 37 | Oklahoma (OK) |
|  |  |  | 38 | Oregon (OR) |
|  |  |  | 39 | Pennsylvania (PA) |
|  |  |  | 40 | Rhode Island (RI) |
|  |  |  | 41 | South Carolina (SC) |
|  |  |  | 42 | South Dakota (SD) |
|  |  |  | 43 | Tennessee (TN) |
|  |  |  | 44 | Texas (TX) |
|  |  |  | 45 | Utah (UT) |
|  |  |  | 46 | Vermont (VT) |
|  |  |  | 47 | Virginia (VA) |
| 161 | [birthplace_location_in_us] |  | 48 | Washington (WA) |
|  |  |  | 49 | West Virginia (WV) |

| | | | | | 50 | Wisconsin (WI) |
|---|---|---|---|---|---|---|
| | | | | | 51 | Wyoming (WY) |
| | | | | | Custom alignment: LV | |
| | 162 | [birthplace_location_in_us_terr]<br><br>Show the field ONLY if:<br>[birthplace] = '1' | Please select the name of the U.S. Territory where you were born.<br>*(Adapted from PhenX Protocol - Birthplace [PX010201])* | dropdown, Required | | |
| | | | | 1 | American Samoa (AS) | |
| | | | | 2 | Guam (GU) | |
| | | | | 3 | Northern Mariana Islands (MP) | |
| | | | | 4 | Puerto Rico (PR) | |
| | | | | 5 | Virgin Islands (VI) | |
| | | | | 6 | United States Minor Outlying Islands (UM) | |
| | | | | Custom alignment: LV | | |

| 163 | [birthplace_foreign_country] | Please select the name of the foreign country where you were born. *(Adapted from PhenX Protocol - Birthplace [PX010201])* | dropdown, Required | |
|---|---|---|---|---|
| | Show the field ONLY if: [birthplace] = '2' | | 1 | Afghanistan |
| | | | 2 | Albania |
| | | | 3 | Algeria |
| | | | 4 | Andorra |
| | | | 5 | Angola |
| | | | 6 | Antigua & Deps |
| | | | 7 | Argentina |
| | | | 8 | Armenia |
| | | | 9 | Australia |
| | | | 10 | Austria |
| | | | 11 | Azerbaijan |
| | | | 12 | Bahamas |
| | | | 13 | Bahrain |
| | | | 14 | Bangladesh |
| | | | 15 | Barbados |
| | | | 16 | Belarus |
| | | | 17 | Belgium |
| | | | 18 | Belize |
| | | | 19 | Benin |
| | | | 20 | Bhutan |
| | | | 21 | Bolivia |
| | | | 22 | Bosnia Herzegovina |
| | | | 23 | Botswana |
| | | | 24 | Brazil |
| | | | 25 | Brunei |
| | | | 26 | Bulgaria |
| | | | 27 | Burkina |
| | | | 28 | Burundi |
| | | | 29 | Cambodia |
| | | | 30 | Cameroon |
| | | | 31 | Canada |
| | | | 32 | Cape Verde |
| | | | 33 | Central African Rep |
| | | | 34 | Chad |
| | | | 35 | Chile |
| | | | 36 | China |
| | | | 37 | Colombia |
| | | | 38 | Comoros |
| | | | 39 | Congo |
| | | | 40 | Congo {Democratic Rep} |
| | | | 41 | Costa Rica |
| | | | 42 | Croatia |
| | | | 43 | Cuba |
| | | | 44 | Cyprus |
| | | | 45 | Czech Republic |
| | | | 46 | Denmark |
| | | | 47 | Djibouti |
| | | | 48 | Dominica |
| | | | 49 | Dominican Republic |

| 50 | East Timor |
|----|-----------|
| 51 | Ecuador |
| 52 | Egypt |
| 53 | El Salvador |
| 54 | Equatorial Guinea |
| 55 | Eritrea |
| 56 | Estonia |
| 57 | Ethiopia |
| 58 | Fiji |
| 59 | Finland |
| 60 | France |
| 61 | Gabon |
| 62 | Gambia |
| 63 | Georgia |
| 64 | Germany |
| 65 | Ghana |
| 66 | Greece |
| 67 | Grenada |
| 68 | Guatemala |
| 69 | Guinea |
| 70 | Guinea-Bissau |
| 71 | Guyana |
| 72 | Haiti |
| 73 | Honduras |
| 74 | Hungary |
| 75 | Iceland |
| 76 | India |
| 77 | Indonesia |
| 78 | Iran |
| 79 | Iraq |
| 80 | Ireland {Republic} |
| 81 | Israel |
| 82 | Italy |
| 83 | Ivory Coast |
| 84 | Jamaica |
| 85 | Japan |
| 86 | Jordan |
| 87 | Kazakhstan |
| 88 | Kenya |
| 89 | Kiribati |
| 90 | Korea North |
| 91 | Korea South |
| 92 | Kosovo |
| 93 | Kuwait |
| 94 | Kyrgyzstan |
| 95 | Laos |
| 96 | Latvia |
| 97 | Lebanon |
| 98 | Lesotho |

| | |
|---|---|
| 99 | Liberia |
| 100 | Libya |
| 101 | Liechtenstein |
| 102 | Lithuania |
| 103 | Luxembourg |
| 104 | Macedonia |
| 105 | Madagascar |
| 106 | Malawi |
| 107 | Malaysia |
| 108 | Maldives |
| 109 | Mali |
| 110 | Malta |
| 111 | Marshall Islands |
| 112 | Mauritania |
| 113 | Mauritius |
| 114 | Mexico |
| 115 | Micronesia |
| 116 | Moldova |
| 117 | Monaco |
| 118 | Mongolia |
| 119 | Montenegro |
| 120 | Morocco |
| 121 | Mozambique |
| 122 | Myanmar (Burma) |
| 123 | Namibia |
| 124 | Nauru |
| 125 | Nepal |
| 126 | Netherlands |
| 127 | New Zealand |
| 128 | Nicaragua |
| 129 | Niger |
| 130 | Nigeria |
| 131 | Norway |
| 132 | Oman |
| 133 | Pakistan |
| 134 | Palau |
| 135 | Panama |
| 136 | Papua New Guinea |
| 137 | Paraguay |
| 138 | Peru |
| 139 | Philippines |
| 140 | Poland |
| 141 | Portugal |
| 142 | Qatar |
| 143 | Romania |
| 144 | Russian Federation |
| 145 | Rwanda |
| 146 | St Kitts & Nevis |
| 147 | St Lucia |

| | |
|---|---|
| 148 | Saint Vincent & the Grenadines |
| 149 | Samoa |
| 150 | San Marino |
| 151 | Sao Tome & Principe |
| 152 | Saudi Arabia |
| 153 | Senegal |
| 154 | Serbia |
| 155 | Seychelles |
| 156 | Sierra Leone |
| 157 | Singapore |
| 158 | Slovakia |
| 159 | Slovenia |
| 160 | Solomon Islands |
| 161 | Somalia |
| 162 | South Africa |
| 163 | South Sudan |
| 164 | Spain |
| 165 | Sri Lanka |
| 166 | Sudan |
| 167 | Suriname |
| 168 | Swaziland |
| 169 | Sweden |
| 170 | Switzerland |
| 171 | Syria |
| 172 | Taiwan |
| 173 | Tajikistan |
| 174 | Tanzania |
| 175 | Thailand |
| 176 | Togo |
| 177 | Tonga |
| 178 | Trinidad & Tobago |
| 179 | Tunisia |
| 180 | Turkey |
| 181 | Turkmenistan |
| 182 | Tuvalu |
| 183 | Uganda |
| 184 | Ukraine |
| 185 | United Arab Emirates |
| 186 | United Kingdom |
| 187 | Uruguay |
| 188 | Uzbekistan |
| 189 | Vanuatu |
| 190 | Vatican City |
| 191 | Venezuela |
| 192 | Vietnam |
| 193 | Yemen |
| 194 | Zambia |
| 195 | Zimbabwe |
| 196 | Other |

| 164 | [birthplace_foreign_country_o]<br><br>Show the field ONLY if:<br>[birthplace_foreign_country] = '196' | If other, please explain<br>*(Adapted from PhenX Protocol - Birthplace [PX010201])* | text, Required<br>Custom alignment: LV |
|-----|-----|-----|-----|
| 165 | [cls_interpersonal_violence] | 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?<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q9)* | radio, Required<br><br>| 1 | Yes |<br>| 0 | No |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 166 | [cls_ip_violence_specify]<br><br>Show the field ONLY if:<br>[cls_interpersonal_violence] = '1' | If Yes, please specify<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q9 Yes)* | radio, Required<br><br>| 1 | Current spouse/partner |<br>| 2 | Former spouse/partner |<br>| 3 | Caregiver |<br>| 4 | Someone else |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |
| 167 | [cls_financial_abuse] | 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.?<br>*(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q14)* | radio, Required<br><br>| 1 | Yes |<br>| 0 | No |<br>| -88 | Prefer not to answer |<br><br>Custom alignment: LV |

| 168 | [brfss_marijuana_m21_01] | During the past 30 days, on how many of the days did you use marijuana or cannabis (including THC in a joint, blunt, pipe, vape, edible, drank it, dabbed it)? *(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-brfss-questionnaire-1-19-2022-508.pdf)* | radio, Required |
|---|---|---|---|

radio, Required

| 0 | None |
|---|---|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
| 14 | 14 |
| 15 | 15 |
| 16 | 16 |
| 17 | 17 |
| 18 | 18 |
| 19 | 19 |
| 20 | 20 |
| 21 | 21 |
| 22 | 22 |
| 23 | 23 |
| 24 | 24 |
| 25 | 25 |
| 26 | 26 |
| 27 | 27 |
| 28 | 28 |
| 29 | 29 |
| 30 | 30 |
| -77 | Don't know/not sure |
| -88 | Prefer not to answer |

Custom alignment: LV

| 169 | [ahc_hrsn_st_suppl_su_q21] | How many times in the past year have you used prescription drugs for non-medical reasons? *(Adapted from CMS AHS HRSN Item 21; LOINC 95530-2)* | radio, Required |
|---|---|---|---|

radio, Required

| 0 | Never |
|---|---|
| 1 | Once or Twice |
| 2 | Monthly |
| 3 | Weekly |
| 4 | Daily or Almost Daily |
| -88 | Prefer not to answer |

Custom alignment: LV

| 170 | [ahc_hrsn_st_suppl_su_q22] | How many times in the past year have you used illegal drugs?<br>*(Adapted from CMS AHS HRSN Item 22; LOINC 68524-8)* | radio, Required |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | | | 0 | Never |
| | | | 1 | Once or Twice |
| | | | 2 | Monthly |
| | | | 3 | Weekly |
| | | | 4 | Daily or Almost Daily |
| | | | -88 | Prefer not to answer |

Custom alignment: LV

| 171 | [perceived_discrim_qx] | Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?<br>*(Adapted from PhenX Protocol - Disparate Health Care Quality [PX280101])* | radio |
|---|---|---|---|

| 1 | Yes |
|---|---|
| 0 | No |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 172 | [disability_deaf] | Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.<br><br>Are you deaf or do you have serious difficulty hearing?<br>*(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.01)* | radio, Required |
|---|---|---|---|

| 1 | Yes |
|---|---|
| 0 | No |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 173 | [disability_blind] | Are you blind or do you have serious difficulty seeing, even when wearing glasses?<br>*(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.02)* | radio, Required |
|---|---|---|---|

| 1 | Yes |
|---|---|
| 0 | No |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 174 | [disability_walking] | Do you have serious difficulty walking or climbing stairs?<br>*(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.04)* | radio, Required |
|---|---|---|---|

| 1 | Yes |
|---|---|
| 0 | No |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 175 | [disability_dressing] | Do you have difficulty dressing or bathing?<br>*(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.05)* | radio, Required |
|---|---|---|---|

| 1 | Yes |
|---|---|
| 0 | No |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 176 | [disability_communicate] | Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?<br><br>Would you say...<br>*(Adapted from Item: COM_SS in The Washington Group Short Set on Functioning (WG-SS))* | radio, Required |
|---|---|---|---|

| 1 | No difficulty |
|---|---|
| 2 | Some difficulty |
| 3 | A lot of difficulty |
| 4 | Cannot do at all |
| -77 | Don't know |
| -88 | Prefer not to answer |

Custom alignment: LV

| 177 | [nimhd_mcddrc_common_data_elements_cde_complete] | Section Header: *Form Status*<br><br>Complete? | dropdown<br><br>| 0 | Incomplete |<br>| 1 | Unverified |<br>| 2 | Complete | |