



Health Information

National Trends Survey



**National Institutes of Health
U.S. Department of Health and Human Services**



H5-C2

Annotated Form
Cycle 2, Full-Content, English Version

START HERE:

Instructions

- ▶ Please use a black or blue pen to complete this form.
- ▶ Mark ☒ to indicate your answer.
- ▶ If you want to change your answer, mark ☐ on the wrong answer.

1. Is there more than one person age 18 or older living in this household?

☒ Yes

AdultsInHH

☐ No → GO TO A1 on the next page

2. Including yourself, how many people age 18 or older live in this household?

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MailHHAdults

3. **The adult with the next birthday should complete this questionnaire.** This way, across all households, HINTS will include responses from adults of all ages.

4. Please write the first name, nickname, or initials of the adult with the next birthday. This is the person who should complete the questionnaire.

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Si prefiere recibir la encuesta en español, por favor llame 1-888-738-6812



A: Looking For Health Information

A1. Have you ever looked for information about health or medical topics from any source?

SeekHealthInfo

☐ 1 Yes

☐ 2 No → GO TO A6 in the next column

A2. The most recent time you looked for information about health or medical topics, where did you go first? WhereSeekHealthInfo

Mark only one.

☐ 1 Books

☐ 2 Brochures, pamphlets, etc.

☐ 3 Cancer organization

☐ 4 Family

☐ 5 Friend/Co-worker

☐ 6 Doctor or health care provider

☐ 7 Internet

☐ 8 Library

☐ 9 Magazines

☐ 10 Newspapers

☐ 11 Telephone information number

☐ 12 Complementary, alternative, or unconventional practitioner

WhereSeekHealthInfo_IMP

A3. The most recent time you looked for information about health or medical topics, who was it for? WhoLookingFor

☐ 1 Myself

☐ 2 Someone else

☐ 3 Both myself and someone else

A4. Have you ever looked for information about cancer from any source? SeekCancerInfo

☐ 1 Yes

☐ 2 No → GO TO A6 below

A5. Based on the results of your most recent search for information about cancer, how much do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. It took a lot of effort to get the information you needed..... CancerLotOfEffort	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You felt frustrated during your search for the information..... CancerFrustrated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. You were concerned about the quality of the information..... CancerConcernedQuality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The information you found was hard to understand..... CancerTooHardUnderstand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

A6. Overall, how confident are you that you could get advice or information about cancer if you needed it? CancerConfidentGetHealthInf

☐ 1 Completely confident

☐ 2 Very confident

☐ 3 Somewhat confident

☐ 4 A little confident

☐ 5 Not confident at all



A7. In general, how much would you trust information about cancer from each of the following?

	Not at all	A little	Some	A lot
a. A doctor.....	4	3	2	1
<i>CancerTrustDoctor</i>				
b. Family or friends.....	4	3	2	1
<i>CancerTrustFamily</i>				
c. Newspapers or magazines.....	4	3	2	1
<i>CancerTrustNewsMag</i>				
d. Radio.....	4	3	2	1
<i>CancerTrustRadio</i>				
e. Internet.....	4	3	2	1
<i>CancerTrustInternet</i>				
f. Television.....	4	3	2	1
<i>CancerTrustTelevison</i>				
g. Government health agencies...	4	3	2	1
<i>CancerTrustGov</i>				
h. Charitable organizations.....	4	3	2	1
<i>CancerTrustCharities</i>				
i. Religious organizations and leaders.....	4	3	2	1
<i>CancerTrustReligiousOrgs</i>				

A8. Imagine that you had a strong need to get information about cancer. Where would you go first? *StrongNeedCancerInfo*

Mark only one.

- ☐ 1 Books
- ☐ 2 Brochures, pamphlets, etc.
- ☐ 3 Cancer organization
- ☐ 4 Family
- ☐ 5 Friend/Co-worker
- ☐ 6 Doctor or health care provider
- ☐ 7 Internet
- ☐ 8 Library
- ☐ 9 Magazines
- ☐ 10 Newspapers
- ☐ 11 Telephone information number
- ☐ 12 Complementary, alternative, or unconventional practitioner
- ☐ 91 Other – Specify → *StrongNeedCancerInfo_OS*

StrongNeedCancerInfo_IMP

B: Using the Internet to Find Information

B1. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail? *UseInternet*

- ☐ 1 Yes
- ☐ 2 No → **GO TO B5 on the next page**

B2. When you use the Internet, do you access it through...

	Yes	No
a. A regular dial-up telephone line.....	1	2
<i>Internet_DialUp</i>		
b. Broadband such as DSL, cable, or FiOS.....	1	2
<i>Internet_BroadBnd</i>		
c. A cellular network (i.e., phone, 3G/4G).....	1	2
<i>Internet_Cell</i>		
d. A wireless network (Wi-Fi).....	1	2
<i>Internet_WiFi</i>		

B3. In the past 12 months, have you used the Internet to look for information about cancer for yourself? *InternetCancerInfoSelf*

- ☐ 1 Yes
- ☐ 2 No

B4. How often do you access the Internet through each of the following?

	Daily	Sometimes	Never	Not Applicable
a. Computer at home.....	1	2	3	4
<i>WhereUseInternet_Home</i>				
b. Computer at work.....	1	2	3	4
<i>WhereUseInternet_Work</i>				
c. Computer in a public place (library, community center, other).....	1	2	3	4
<i>WhereUseInternet_PublicPlace</i>				
d. On a mobile device (cell phone/smart phone/tablet).....	1	2	3	4
<i>WhereUseInternet_MobileDevice</i>				

B5. In the past 12 months, have you used a computer, smartphone, or other electronic means to do any of the following?

	Yes	No
a. Looked for health or medical information for yourself..... <i>Electronic_SelfHealthInfo</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Looked for health or medical information for someone else..... <i>Electronic_HealthInfoSE</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Bought medicine or vitamins online..... <i>Electronic_BuyMedicine</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Looked for assistance for the care that you provide for someone else..... <i>Electronic_LookedAssistance</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Used e-mail or the Internet to communicate with a doctor or a doctor's office..... <i>Electronic_TalkDoctor</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Tracked health care charges and costs..... <i>Electronic_TrackedHealthCosts</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Looked up medical test results..... <i>Electronic_TestResults</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

B6. Please indicate if you have each of the following.

Mark all that apply.

<input type="checkbox"/> 1 Tablet computer (for example, an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire) <i>HaveDevice_Tablet</i>	GO TO B9 in the next column
<input type="checkbox"/> 1 Smartphone (for example, an iPhone, Android, Blackberry, or Windows phone) <i>HaveDevice_SmartPh</i>	
<input type="checkbox"/> 1 Basic cell phone only <i>HaveDevice_CellPh</i>	
<input type="checkbox"/> 1 I do not have any of the above <i>HaveDevice_None</i>	
<i>HaveDevice_Cat</i>	

B7. On your tablet or smartphone, do you have any "apps" related to health and wellness?

TabletHealthWellnessApps

<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No
<input type="checkbox"/> 3 Don't know

B8. Has your tablet or smartphone...

	Yes	No
a. Helped you track progress on a health-related goal such as quitting smoking, losing weight, or increasing physical activity?..... <i>Tablet_AchieveGoal</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Helped you make a decision about how to treat an illness or condition?..... <i>Tablet_MakeDecision</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Helped you in discussions with your health care provider?..... <i>Tablet_DiscussionsHCP</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

B9. Other than a tablet or smartphone, have you used an electronic device to monitor or track your health within the last 12 months? Examples include Fitbit, blood glucose meters, and blood pressure monitors.

OtherDevTrackHealth

<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No

B10. Have you shared health information from either an electronic monitoring device or smartphone with a health professional within the last 12 months?

SharedHealthDeviceInfo

<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No
<input type="checkbox"/> 3 Not Applicable

B11. Sometimes people use the Internet to connect with other people online through social networks like Facebook or Twitter. This is often called “social media”.

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

	Yes	No
a. To visit a social networking site, such as Facebook or LinkedIn.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>IntRsn_VisitedSocNet</i>		
b. To share health information on social networking sites, such as Facebook or Twitter.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>IntRsn_SharedSocNet</i>		
c. To write in an online diary or blog (i.e., Web log).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>IntRsn_WroteBlog</i>		
d. To participate in an online forum or support group for people with a similar health or medical issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>IntRsn_SupportGroup</i>		
e. To watch a health-related video on YouTube.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>IntRsn_YouTube</i>		

B12. Have you sent a text message to or received a text message from a doctor or other health care professional within the last 12 months? *TextFromDoctor*

- ☐ 1 Yes
☐ 2 No
☐ 3 Don't know

C: Your Health Care

C1. Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

RegularProvider

- ☐ 1 Yes
☐ 2 No

C2. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. *MostRecentCheckup2*

- ☐ 1 Within the past year
☐ 2 1-2 years ago
☐ 3 3-5 years ago
☐ 4 More than 5 years ago
☐ 5 Never
☐ 6 Don't know

C3. In the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse, or other health professional to get care for yourself? *FreqGoProvider*

- ☐ 0 None → **GO TO C7 on the next page**
☐ 1 1 time
☐ 2 2 times
☐ 3 3 times
☐ 4 4 times
☐ 5 5-9 times
☐ 6 10 or more times



C4. The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months.

How often did they do each of the following?	Always	Usually	Sometimes	Never
a. Give you the chance to ask all the health-related questions you had..... <i>ChanceAskQuestions</i>	1	2	3	4
b. Give the attention you needed to your feelings and emotions..... <i>FeelingsAddressed</i>	1	2	3	4
c. Involve you in decisions about your health care as much as you wanted..... <i>InvolvedDecisions</i>	1	2	3	4
d. Make sure you understood the things you needed to do to take care of your health..... <i>UnderstoodNextSteps</i>	1	2	3	4
e. Explain things in a way you could understand..... <i>ExplainedClearly</i>	1	2	3	4
f. Spend enough time with you..... <i>SpentEnoughTime</i>	1	2	3	4
g. Help you deal with feelings of uncertainty about your health or health care..... <i>HelpUncertainty</i>	1	2	3	4

C5. Overall, how would you rate the quality of health care you received in the past 12 months? *QualityCare*

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

C6. In the last 12 months, when getting care for a medical problem, was there a time when you...

	Yes	No
a. Had to bring an X-ray, MRI, or other type of test result with you to the appointment?..... <i>ProbCare_BringTest</i>	1	2
b. Had to wait for test results longer than you thought reasonable?..... <i>ProbCare_WaitLong</i>	1	2
c. Had to redo a test or procedure because the earlier test results were not available?..... <i>ProbCare_RedoTest</i>	1	2
d. Had to provide your medical history again because your chart could not be found?..... <i>ProbCare_ProvideHist</i>	1	2

C7. Are you currently covered by any of the following types of health insurance or health coverage plans?

	Yes	No
a. Insurance through a current or former employer or union..... <i>HealthIns_InsuranceEmp</i>	1	2
b. Insurance purchased directly from an insurance company..... <i>HealthIns_InsurancePriv</i>	1	2
c. Medicare, for people 65 and older, or people with certain disabilities..... <i>HealthIns_Medicare</i>	1	2
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability..... <i>HealthIns_Medicaid</i>	1	2
e. TRICARE or other military health care..... <i>HealthIns_Tricare</i>	1	2
f. VA (including those who have ever used or enrolled for VA health care)..... <i>HealthIns_VA</i>	1	2
g. Indian Health Service..... <i>HealthIns_IHS</i>	1	2
h. Any other type of health insurance or health coverage plan (Specify)..... <i>HealthIns_Other</i>	1	2

HealthIns_Other_OS



D: Medical Records

Next, we are going to ask you some questions about your medical records. Medical records are defined as medical history, such as laboratory test results, clinical notes, and current list of medications.

D1. Do any of your doctors or other health care providers maintain your medical records in a computerized system?

- ☐ 1 Yes ProviderMaintainEMR2
☐ 2 No
☐ 3 Don't Know

D2. How confident are you that safeguards (including the use of technology) are in place to protect your medical records from being seen by people who aren't permitted to see them?

- ☐ 1 Very confident ConfidentInfoSafe
☐ 2 Somewhat confident
☐ 3 Not confident

D3. Have you ever kept information from your health care provider because you were concerned about the privacy or security of your medical record? WithheldInfoPrivacy

- ☐ 1 Yes
☐ 2 No

D4. Have you ever been offered online access to your medical records by your health care provider or health insurer?

- ☐ 1 Yes EverOfferedAccessRec
☐ 2 No → GO TO E1 on the next page
☐ 3 Don't Know → GO TO E1 on the next page

D5. Who offered you online access to your medical records?

Mark all that apply.

- ☐ 1 Health care provider WhoOffered_HCP
☐ 1 Health insurer WhoOffered_Insurer
☐ 1 Something else – Specify → WhoOffered_Other
WhoOffered_Other_OS

WhoOffered_Cat

D6. How many times did you access your online medical record in the last 12 months? AccessOnlineRecord

- ☐ 0 → GO TO D7 below
☐ 1 1 to 2 times
☐ 2 3 to 5 times
☐ 3 6 to 9 times
☐ 4 10 or more times
- GO TO D8 on the next page**

D7. Why have you not accessed your medical record online? Is it because...

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. You prefer to speak to your health care provider directly?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| NotAccessed_SpeakDirectly | | |
| b. You do not have a way to access the website?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| NotAccessed_NoInternet | | |
| c. You did not have a need to use your online medical record?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| NotAccessed_NoNeed | | |
| d. You were concerned about the privacy or security of the website that had your medical records?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| NotAccessed_ConcernedPrivacy | | |
| e. You don't have an online medical record?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| NotAccessed_NoRecord | | |
| f. Other (Specify)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

NotAccessed_Other
NotAccessed_Other_OS



If you have not accessed any medical records in the last 12 months, go to E1 on the next page.

Otherwise, go to D8



D8. In the past 12 months, have you used your online medical record to...

	Yes	No
a. Request refill of medications?..... <i>RecordsOnline_RefillMeds</i>	1	2
b. Fill out forms or paperwork related to your health care?..... <i>RecordsOnline_Paperwork</i>	1	2
c. Request correction of inaccurate information?..... <i>RecordsOnline_RequestCorrection</i>	1	2
d. Securely message health care provider and staff (for example, e-mail)?..... <i>RecordsOnline_MessageHCP</i>	1	2
e. Download your health information to your computer or mobile device, such as a cell phone or tablet?..... <i>RecordsOnline_DownloadHealth</i>	1	2
f. Add health information to share with your health care provider, such as health concerns, symptoms, and side effects?..... <i>RecordsOnline_AddHealthInfo</i>	1	2
g. Help you make a decision about how to treat an illness or condition?..... <i>RecordsOnline_MakeDecision</i>	1	2

D9. Do any of your online medical records include the following types of medical information?

	Yes	No	Don't know
a. List of health/medical problems..... <i>RecordsOnline_HealthProbs</i>	1	2	3
b. Allergy list..... <i>RecordsOnline_Allergies</i>	1	2	3
c. Summaries of your office visit..... <i>RecordsOnline_VisitSummary</i>	1	2	3
d. Clinical notes..... <i>RecordsOnline_ClinNotes</i>	1	2	3
e. Immunization or vaccination history.... <i>RecordsOnline_Immunizations</i>	1	2	3

D10. Have you electronically sent your medical information to....?

	Yes	No
a. Another health care provider?..... <i>ESent_AnotherHCP</i>	1	2
b. A family member or another person involved with your care?..... <i>ESent_Family</i>	1	2
c. A service or app that can help manage and store your health information?..... <i>ESent_HealthApp</i>	1	2

D11. In general, how useful is your online medical record for monitoring your health?

- UsefulOnlineMedRec*
- 1 Very useful
 - 2 Somewhat useful
 - 3 Not very useful
 - 4 Not at all useful
 - 5 I do not use my online medical record to monitor my health



G: Your Overall Health

G1. In general, would you say your health is...

- ☐ 1 Excellent, GeneralHealth
☐ 2 Very good,
☐ 3 Good,
☐ 4 Fair, or
☐ 5 Poor?

G2. Overall, how confident are you about your ability to take good care of your health?

- ☐ 1 Completely confident OwnAbilityTakeCareHealth
☐ 2 Very confident
☐ 3 Somewhat confident
☐ 4 A little confident
☐ 5 Not confident at all



G3. Has a doctor or other health professional ever told you that you had any of the following medical conditions:

	Yes	No
a. Diabetes or high blood sugar?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_Diabetes		
b. High blood pressure or hypertension?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_HighBP		
c. A heart condition such as heart attack, angina, or congestive heart failure?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_HeartCondition		
d. Chronic lung disease, asthma, emphysema, or chronic bronchitis?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_LungDisease		
e. Arthritis or rheumatism?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_Arthritis		
f. Depression or anxiety disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
MedConditions_Depression		

G4. About how tall are you without shoes?

Feet **and** Inches

Height_Feet; Height_Inches

G5. About how much do you weigh, in pounds, without shoes?

Pounds **Weight**

I: Physical Activity, Exercise, and UV Exposure

11. In a typical week, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and swimming at a regular pace (do not include weightlifting)?

☐ None → GO TO I3 below

- ☐ 1 day per week TimesModerateExercise
☐ 2 days per week
☐ 3 days per week
☐ 4 days per week
☐ 5 days per week
☐ 6 days per week
☐ 7 days per week

12. On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

Minutes per day

HowLongModerateExerciseMinutes

13. In a typical week, outside of your job or work around the house, how many days do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or circuit training (do not include cardio exercise such as walking, biking, or swimming)?

☐ None TimesStrengthTraining

- ☐ 1 day per week
☐ 2 days per week
☐ 3 days per week
☐ 4 days per week
☐ 5 days per week
☐ 6 days per week
☐ 7 days per week

14. During the past 7 days, how much time did you spend sitting on a typical day at home or at work? This may include time spent sitting at a desk, visiting friends, reading, driving or riding in a car, or sitting or lying down to watch television.

AverageTimeSitting
 Hours per day

15. In the past 12 months, how many times have you used a tanning bed or booth?

Times TimesUsedTanningBed

16. On warm sunny days, how often do you spend time in the sun in order to get a tan?

- ☐ Often SpendTimeInSunTanning
☐ Sometimes
☐ Rarely
☐ Never
☐ Don't go out on sunny days

17. During the past 12 months, has a physician or other health care provider talked to you about reducing your exposure to the sun or indoor tanning devices such as sunlamps, sunbeds, or tanning booths to reduce the risk for skin cancer?

- ☐ Yes HCPAdvisedLimitingSun
☐ No

18. After several months of not being in the sun very much, if you went out in the sun for an hour without sunscreen, a hat or protective clothing, which one of these best describes what would happen to your skin?

- ☐ Get a severe sunburn with blisters SunEffectAfter1Hour
☐ Have a moderate sunburn with peeling
☐ Burn mildly with some or no tanning
☐ Turn darker without sunburn
☐ Nothing would happen to my skin

O: You and Your Household

O1. What is your age? Age

--	--	--

 Years old

O2. What is your current occupational status? OccupationStatus

Mark only one.

- ☐ 1 Employed Employed
- ☐ 2 Unemployed UnEmployed
- ☐ 3 Homemaker Homemaker
- ☐ 4 Student Student
- ☐ 5 Retired Retired
- ☐ 6 Disabled Disabled
- ☐ 91 Other – Specify →

OccupationStatus_OS

OtherOcc

MultiOcc

O3. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training in the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

ActiveDutyArmedForces

- ☐ 1 Yes, now on active duty
- ☐ 2 Yes, on active duty in the last 12 months but not now
- ☐ 3 Yes, on active duty in the past, but not in the last 12 months
- ☐ 4 No, training for Reserves or National Guard only
- ☐ 5 No, never served in the military

GO TO O5 below

O4. In the past 12 months, have you received some or all of your health care from a VA hospital or clinic? ReceivedCareVA

- ☐ 1 Yes, all of my health care
- ☐ 2 Yes, some of my health care
- ☐ 3 No, no VA health care received

O5. What is your marital status? MaritalStatus

Mark only one.

- ☐ 1 Married
- ☐ 2 Living as married
- ☐ 3 Divorced
- ☐ 4 Widowed
- ☐ 5 Separated
- ☐ 6 Single, never been married

O6. What is the highest grade or level of schooling you completed?

Education

- ☐ 1 Less than 8 years
- ☐ 2 8 through 11 years
- ☐ 3 12 years or completed high school
- ☐ 4 Post high school training other than college (vocational or technical)
- ☐ 5 Some college
- ☐ 6 College graduate
- ☐ 7 Postgraduate



O7. Were you born in the United States?

- ☐ 1 Yes → GO TO O9 below BornInUSA
☐ 2 No

O8. In what year did you come to live in the United States? YearCameToUSA

				Year
--	--	--	--	------

O9. How well do you speak English?

- ☐ 1 Very well SpeakEnglish
☐ 2 Well
☐ 3 Not well
☐ 4 Not at all

O10. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark all that apply.

- ☐ 1 No, not of Hispanic, Latino/a, or Spanish origin NotHisp
☐ 1 Yes, Mexican, Mexican American, Chicano/a Mexican
☐ 1 Yes, Puerto Rican PuertoRican
☐ 1 Yes, Cuban Cuban
☐ 1 Yes, another Hispanic, Latino/a, or Spanish origin OtherHisp
Hisp_Cat

O11. What is your race? One or more categories may be selected.

Mark all that apply.

- ☐ 1 White White
☐ 1 Black or African American Black
☐ 1 American Indian or Alaska Native AmerInd
☐ 1 Asian Indian AsInd
☐ 1 Chinese Chinese
☐ 1 Filipino Filipino
☐ 1 Japanese Japanese
☐ 1 Korean Korean
☐ 1 Vietnamese Vietnamese
☐ 1 Other Asian OthAsian
☐ 1 Native Hawaiian Hawaiian
☐ 1 Guamanian or Chamorro Guamanian
☐ 1 Samoan Samoan
☐ 1 Other Pacific Islander OthPacIsl
Race_Cat2

O12. Do you think of yourself as...

- ☐ 1 Heterosexual, or straight SexualOrientation
☐ 2 Homosexual, or gay or lesbian
☐ 3 Bisexual
☐ 91 Something else – Specify

SexualOrientation_OS

SexualOrientation_I

O13. Including yourself, how many people live in your household? TotalHousehold

		Number of people
--	--	------------------

O14. Starting with yourself, please mark the sex, and write in the age and month of birth for each adult 18 years of age or older living at this address.

	Sex	Age	Month Born (01-12)
SELF	<input type="checkbox"/> 1 Male	<div>SelfAge</div>	<div>SelfMOB</div>
	<input type="checkbox"/> 2 Female		
SelfGender			
Adult 2	<input type="checkbox"/> 1 Male	<div>HHAdultAge2</div>	<div>HHAdultMOB2</div>
	<input type="checkbox"/> 2 Female		
HHAdultGender2			
Adult 3	<input type="checkbox"/> 1 Male	<div>HHAdultAge3</div>	<div>HHAdultMOB3</div>
	<input type="checkbox"/> 2 Female		
HHAdultGender3			
Adult 4	<input type="checkbox"/> 1 Male	<div>HHAdultAge4</div>	<div>HHAdultMOB4</div>
	<input type="checkbox"/> 2 Female		
HHAdultGender4			
Adult 5	<input type="checkbox"/> 1 Male	<div>HHAdultAge5</div>	<div>HHAdultMOB5</div>
	<input type="checkbox"/> 2 Female		
HHAdultGender5			

O15. How many children under the age of 18 live in your household? ChildrenInHH

Number of children under 18

O16. Do you currently rent or own your home?

- RentOrOwn
- ☐ 1 Own
- ☐ 2 Rent
- ☐ 3 Occupied without paying monetary rent

O17. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year? IncomeRanges

- ☐ 1 \$0 to \$9,999
- ☐ 2 \$10,000 to \$14,999
- ☐ 3 \$15,000 to \$19,999
- ☐ 4 \$20,000 to \$34,999
- ☐ 5 \$35,000 to \$49,999
- ☐ 6 \$50,000 to \$74,999
- ☐ 7 \$75,000 to \$99,999
- ☐ 8 \$100,000 to \$199,999
- ☐ 9 \$200,000 or more

O18. About how long did it take you to complete the survey?

Write a number in one box below.

Minutes

Hours

MailSurveyTimeMin
MailSurveyTimeHrs

O19. At which of the following types of addresses does your household currently receive residential mail?

Mark **all that apply**.

- ☐ 1 A street address with a house or building number
TypeOfAddressA
- ☐ 1 An address with a rural route number
TypeOfAddressB
- ☐ 1 A U.S. post office box (P.O. Box)
TypeOfAddressC
- ☐ 1 A commercial mailbox establishment (such as Mailboxes R Us, and Mail Boxes Etc.®)
TypeOfAddressD

