

Mind the Mess Survey

(untitled)

VALIDATION Min = 18 Must be numeric Whole numbers only Positive numbers only Max character count = 3

DATA Shortname / Alias: **age**

1. What is your age?

DATA Shortname / Alias: **gender**

2. How do you describe your gender today?

- Male
- Female
- Transgender
- Non-binary
- Agender
- Two-Spirit
- Other - Write In (Required)
- Prefer not to say

[DATA] Shortname / Alias: sex_orient

3. How do you describe your sexual orientation?

- Straight/Heterosexual
- Gay
- Lesbian
- Bisexual
- Pansexual
- Asexual
- Queer
- Other - Write In (Required)
- Prefer not to say

[DATA] Shortname / Alias: race

4. Which race(s) do you identify with? (Select all that apply)

- American Indian or Alaska Native
- Asian or Asian American
- Black or African or African American
- Native Hawaiian or Pacific Islander
- White
- Other - Write In (Required)
- Prefer not to say

*

[DATA] Shortname / Alias: ethnicity

5. Are you of Hispanic, Latino/a, or Spanish origin?

- Yes
- No
- Prefer not to say

[VALIDATION] Min = 1900 Max = 2025 Must be numeric Whole numbers only Positive numbers only

[DATA] Shortname / Alias: birth_year

6. What year were you born?

[DATA] Shortname / Alias: res_county

7. In which county do you live?

[DATA] Shortname / Alias: res_region

8. How would you classify the county in which you live?

- Urban
- Rural
- I don't know

(untitled)

VALIDATION Must be numeric

DATA Shortname / Alias: **weight_lb**

9. What is your weight in pounds?

VALIDATION Must be numeric

DATA Shortname / Alias: **height_ft**

10. What is your height in feet?

DATA Shortname / Alias: **weight_cat**

11. How would you describe your weight?

- Underweight
- About the right weight
- Overweight
- Obese
- Prefer not to say

DATA Shortname / Alias: **weight_loss**

12. Are you currently working toward lowering your weight?

- Yes, trying to
- Yes, want to
- No
- Prefer not to say

[DATA] Shortname / Alias: gen_health

13. In general, how would you describe your health?

Excellent

Very good

Good

Fair

Poor

(untitled)

[DATA] Shortname / Alias: care

14. Where you typically go when you are sick or need medical care?

Doctor's office

Outpatient clinic

Emergency room

Urgent care clinic

Telehealth

Other - Write In (Required)

*

[DATA] Shortname / Alias: health_need

15. What are your health priorities in the next year?