

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

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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)

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DATA Shortname / Alias: **health_need**

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