

Data Dictionary Codebook

01/12/2021 12:13pm


[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)										
Instrument: Check in (check_in) Enabled as survey <div>^ Collapse</div>													
1	record_id	Record ID	text, Required										
2	visit_date	Date	text (date_mdy), Required										
3	ii	Interviewer Initials	text (alpha_only), Required										
4	group	What is the participant's treatment group?	radio, Required <table><tr><td>1</td><td>Usual Care Management (UCM)</td></tr><tr><td>2</td><td>Usual Care plus Smartphone (UCM+SP)</td></tr><tr><td>3</td><td>Usual Care plus Smartphone based Case Management (SPCM)</td></tr></table>	1	Usual Care Management (UCM)	2	Usual Care plus Smartphone (UCM+SP)	3	Usual Care plus Smartphone based Case Management (SPCM)				
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5	visit	Which visit is the participant completing?	radio, Required <table><tr><td>1</td><td>Visit 1: Baseline</td></tr><tr><td>2</td><td>Visit 2: Randomization</td></tr><tr><td>3</td><td>Visit 3: 1 Month Follow-Up</td></tr><tr><td>4</td><td>Visit 4: 3 Month Follow-Up</td></tr><tr><td>5</td><td>Visit 5: 6 Month Follow-Up</td></tr></table>	1	Visit 1: Baseline	2	Visit 2: Randomization	3	Visit 3: 1 Month Follow-Up	4	Visit 4: 3 Month Follow-Up	5	Visit 5: 6 Month Follow-Up
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4	Visit 4: 3 Month Follow-Up												
5	Visit 5: 6 Month Follow-Up												
6	visit_gender	Gender	radio, Required <table><tr><td>0</td><td>Male</td></tr><tr><td>1</td><td>Female</td></tr></table>	0	Male	1	Female						
0	Male												
1	Female												
7	email	Email	text (email), Required										
8	check_in_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: Consent Form (consent_form) Enabled as survey <div>^ Collapse</div>													
9	misc11	CONSENT TO TAKE PART IN RESEARCH Simple Study Title: Link2Care Full Study Title: "mHealth to Increase Service Utilization in Recently Incarcerated Homeless Adults" HSC-SPH-15-0632 Study Sponsor: National Institute of Health Principal Investigator: Dr. Michael Cannell (University of Texas School of Public Health) Dr. Jennifer Gonzalez (Meadows Mental Health Policy Institute) Dr. Michael Businelle (University of Oklahoma Health Sciences Center) Study Contact: James Barnes Research Coordinator 214-713-0504. You are invited to take part in a research study. This consent form has important information about this study to help to decide whether or not to take part in this study. Your decision to take part is voluntary. You may refuse to take part or choose to stop taking part at any time. A decision not to take part or to stop being a part of the research project will not change the services available to you at The Bridge Homeless Recovery Center or UTHealth. We are doing this study to evaluate the impact of providing smartphones with and without a new smartphone app on contacts with Bridge care managers, future homelessness, and arrest/incarceration. If you decide to be part of this research study, you will have to respond to The Bridge a total of five times over 6 months to take part in surveys. You may be issued a smart phone, on which you would take surveys. Each visit will take 1 to 1 ½ hours. During these visits, you will answer questions on an electronic tablet and in person with the research staff. If in-person visits are not	descriptive Field Annotation: @HIDDEN-FORM										

possible, follow-up visits may be completed in the community, by phone, or by sending a link through text or e-mail. What is the purpose of this research study? The purpose of this research study is to evaluate the impact of a new smartphone app on contacts with Bridge care managers, future homelessness, and arrest/incarceration. This study will also aim to identify factors that predict future homelessness and arrest. The National Institutes of Health is paying for this study to be completed. A description of this clinical trial is available on <http://www.clinicaltrials.gov>, as required by U.S. Law. This will not include information that can identify you. After the study has ended, website will include a summary of the results. You can search this website at any time. The ClinicalTrials.gov Identifier is NCT03399500. Who is being asked to take part in this study? You have been invited to be screened and potentially join this research study because you were recently released from the Dallas County Jail or the Dallas City Jail and are currently enrolled in The Bridge Homeless Recovery Program. This is a local study that will enroll a total of 432 people at The Bridge in Dallas. What will happen if I take part in this study? We will ask you to sign this consent form and complete a number of questionnaires on a computer tablet and potentially a study-provided smartphone. The research staff will also contact you by telephone or email to provide appointment reminders, troubleshoot problems with your smart phone, or to obtain follow-up information. If you are interested and qualify to take part in this study, we will enroll you in the study today. If you meet the inclusion criteria for this study, we will ask you to return to The Bridge after your initial visit 4 times to complete questionnaires. The first two visits must be in-person so we may assign you a smart phone if you are randomized to receive one. The remaining three in-person follow-up visits may be completed by phone or online. Questionnaires will cover many topics including questions about your health, demographic information, alcohol and other drug use, your neighborhood, stress, mood, and social support. If you agree to take part in this study, you will be randomized (similar to flipping a coin) during your second visit to receive either: The usual Bridge care management program. The usual Bridge care management program plus a smartphone. The usual Bridge care management program plus a smartphone that is pre-loaded with an app that is programmed to offer to connect you with your care manager multiple times each week. There is a 66% chance you will receive a smartphone and a 33% chance that you will not receive a smartphone. Participants who receive smartphones will be asked to complete questionnaires on the phone each day. The smartphone will ring and vibrate 30 minutes after your usual wake up time and alert you to complete the questionnaire. You will respond to questionnaires by using the smartphone touch screen and the phone will collect your location (e.g., GPS coordinates) multiple times each day. This information will be used for future studies. These questionnaires will take about 5 minutes to complete. You will use a study smartphone or your personal smartphone to complete assessments through an encrypted mobile application and all data will be automatically saved and sent to the study server. Your Google Play Store account will be used to download the Insight app (we will help you to create a Google account if you do not already have one). If you receive a smartphone, at the conclusion of your time in the study, the Insight app, and all app data will be removed from the phone, and the phone will be yours to keep. At the conclusion of your time in the study, the study data will be removed from your phone and all data collection through the Insight application will end. Researchers will give you instructions on how to delete the app from your personal device once you complete the study. If you do not complete 5 or more smart phone assessments in a row, and have not been responsive to the research team after repeated contact attempts, we will send you a text message. This text message will inform you that your cell phone service will be terminated if you do not contact the research team within one week. After this week without contact, your phone service will be disconnected. If your phone service is disconnected because you did not complete assessments, you will not receive a replacement phone. To help us stay in touch with you throughout your time in the study, we will request detailed locator information during your initial visit, and update it every 15 days by phone call or text. This information will be stored in a locked file cabinet, and we will not share this information with anyone outside of the study team. We will use all the information you provide, including phone calls,

		<p>text messages, e-mails, and social media handles, to locate you and remind you of follow-up visits. For social media contacts, you will be contacted using private or direct messages on social media if you consent to be contacted using this mode on the locator form. No 'friend' requests will be accepted in order to further protect your confidentiality. Visit 1: During your visit today, we will determine if you are eligible to participate in the study. If eligible, you will complete questionnaires and we will make an appointment for you to return to The Bridge within the next 3 days. If you are eligible to participate in this study, today's visit will take up to 2 hours to complete and you will be paid \$30 for completing the assessment today. Visit 2: During this visit, you will be randomized into one of three study conditions and you may be assigned a smartphone. If you receive a smartphone, we will show you how to use the phone to complete questionnaires, how to use the app features to make calls, and how to keep track of how many assessments you complete. This visit will take less than 1 hour to complete and you will receive \$30 as payment. Visits 3, 4, and 5: These visits will occur 1, 3, and 6 months after today's visit (Visit 1). During these visits, you will be asked to complete questionnaires. These visits will take about 1 hour to complete and you will receive \$50 for completing each of these visits (up to \$150 if you attend all 3 follow-up visits). If you are randomized to receive a smartphone, you will have the opportunity to earn additional payment every 15 days for completing daily surveys on the phone. You will not receive payment for phone surveys until you confirm or update your locator information (we will attempt to contact you every 15 days). Your level of payment for these daily surveys will depend upon the number of surveys that you complete within each 15-day period. If you complete at least 13 surveys within a 15-day period, you will receive \$50, if you complete at least 11-12 surveys within a 15-day period, you will receive \$30, and if you complete at least 7-10 surveys within a 15-day period, you will receive \$20. You will be able to track the number of surveys you have completed by clicking a button on the phone. If you complete less than 7 surveys during a 15-day period, you will not receive payment for that cycle. If you decide to take part in this research study, you will not incur any additional costs. If you receive a bill that you believe is related to your taking part in this research study, please contact Dr. Gonzalez (470-333-8749). You will be paid for taking part in this research study. The table below shows the amount of gift cards you can receive for completing each assessment.</p>																															
10	misc12	<p>Compensation (Usual Care) Compensation (Smartphone Groups)</p> <table><tr><td>Visit 1 (Today)</td><td>Questionnaire</td><td>\$30</td><td>\$30</td><td>Visit 2 (Within 3 Days)</td><td>Questionnaire</td><td>\$30</td><td>\$30</td><td>Visit 3 (1-Month Follow-Up)</td><td>Questionnaire</td><td>\$50</td><td>N/A</td><td>\$50</td><td>Up to \$25 every 15 days for survey completion (\$50)</td><td>Visit 4 (3-Month Follow-Up)</td><td>Questionnaire</td><td>\$50</td><td>\$50</td><td>Phone Assessments</td><td>N/A</td><td>Up to \$25 every 15 days for survey completion (\$100).</td><td>Visit 5 (6-Month Follow-Up)</td><td>Questionnaire</td><td>\$50</td><td>\$50</td><td>Phone Assessments</td><td>N/A</td><td>Up to \$25 every 15 days for survey completion (\$150).</td><td>TOTAL: Up to \$210</td><td>Up to \$510</td></tr></table> <p>The Bridge Homeless Recovery Program: Your decision to participate in this study will not impact any services that you receive from The Bridge as part of the Homeless Recovery Program. You will continue to receive daily access to the shelter, meals, showers, mail, your case manager, Metro Care, housing assistance, disability/veteran's benefits assistance, job readiness training, legal aid, bus passes, and any other services available regardless of whether you enroll in this study. What choices do you have other than this study? The only alternative is not to take part in this study. You do not have to take part in this research to receive standard care management services at The Bridge. What are the risks of taking part in this study? Some of the questions that we ask and collecting information on your location may make you feel uncomfortable. If this happens, you may take a break or stop participating in this study at any time. In addition, any time information is collected, there is a potential risk for loss of confidentiality. We will make every effort to keep your information confidential; however, this cannot be guaranteed. There is always a risk of breach of confidentiality with any research study. All members of the research team are required to undergo extensive training about how to keep information confidential. We will label your data with an ID number. We will keep the file linking your ID number with your personal information (such as your name) in a separate, locked filing cabinet. What are the benefits to taking part</p>	Visit 1 (Today)	Questionnaire	\$30	\$30	Visit 2 (Within 3 Days)	Questionnaire	\$30	\$30	Visit 3 (1-Month Follow-Up)	Questionnaire	\$50	N/A	\$50	Up to \$25 every 15 days for survey completion (\$50)	Visit 4 (3-Month Follow-Up)	Questionnaire	\$50	\$50	Phone Assessments	N/A	Up to \$25 every 15 days for survey completion (\$100).	Visit 5 (6-Month Follow-Up)	Questionnaire	\$50	\$50	Phone Assessments	N/A	Up to \$25 every 15 days for survey completion (\$150).	TOTAL: Up to \$210	Up to \$510	<p>descriptive Field Annotation: @HIDDEN-FORM</p>
Visit 1 (Today)	Questionnaire	\$30	\$30	Visit 2 (Within 3 Days)	Questionnaire	\$30	\$30	Visit 3 (1-Month Follow-Up)	Questionnaire	\$50	N/A	\$50	Up to \$25 every 15 days for survey completion (\$50)	Visit 4 (3-Month Follow-Up)	Questionnaire	\$50	\$50	Phone Assessments	N/A	Up to \$25 every 15 days for survey completion (\$100).	Visit 5 (6-Month Follow-Up)	Questionnaire	\$50	\$50	Phone Assessments	N/A	Up to \$25 every 15 days for survey completion (\$150).	TOTAL: Up to \$210	Up to \$510				

in this study? If you agree to take part in this study, there may or may not be direct benefits to you. The researchers cannot guarantee that you will benefit from taking part in this research. However, the knowledge gained from this study will help us understand how we can use technology to increase contact with your case manager, increase service use, and ultimately reduce homelessness and arrest. Can you stop taking part in this study? Your decision to take part is voluntary. You may decide to stop taking part in the study at any time. A decision not to take part or to stop being a part of the research project will not change the services available to you at The Bridge. If you withdraw from the study, any information you provided before that date may be used by the research team. What happens if you are injured during the study? If you suffer any injury as a result of taking part in this research study, please understand that nothing has been arranged to provide free treatment of the injury or any other type of payment. However, all needed facilities, emergency treatment and professional services will be available to you, just as they are to the community in general. You should report any injury to Dr. Gonzalez (470-333-8749) and to the Committee for the Protection of Human Subjects at (713) 500-7943. You will not give up any of your legal rights by signing this consent form. What are the costs of taking part in this study? If you decide to take part in this research study, you will not incur any additional costs. If you receive a bill that you believe is related to your taking part in this research study, please contact Dr. Gonzalez (470-333-8749). How will privacy and confidentiality be protected? Your privacy is important and your participation in this study will be kept confidential. However, absolute confidentiality cannot be guaranteed. If you sign this document, you give permission to UTHHealth to use and disclose (release) your health information. The health information that we may use or disclose for this research includes obtaining information from your case manager at The Bridge about the number and duration of case management or counseling sessions that you completed and any crisis services or referrals that you were provided. We will also request records from a Dallas County employee to determine if you are re-arrested in the next 12 months. We will share your name and date of birth to obtain this information, but no additional information that you provide to us over the course of the study will be shared with this Dallas County employee or the Dallas County Jail. The research team will search the Dallas City Jail records portal to identify new arrests. The smartphone that you may be provided will also keep track of the number of minutes that you used the app to call your case manager or other services (if applicable). This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects. Please understand that research study data will be sent to the research collaborators at other Universities. The data that will be shared will not include your name but may include your initials, date of birth, date of study visits, and date of study procedures. People who receive your health information may not be required by Federal privacy laws (such as the Privacy Rule) to protect your health information and may share your information with others without your permission, if permitted by laws governing them. You will not be personally identified in any reports or publications that may result from this study. If all information that does or can identify you is removed from your health information, the remaining information will no longer be subject to this authorization and may be used or disclosed for other purposes. Representatives of the organizations listed below will see your name and other personal identifiers when they review your research records and medical records for the purposes of verifying study data: Representatives of

		<p>UTHealth and the University of Oklahoma Please note that you do not have to sign this Authorization, but if you do not, you may not participate in this research study. UTHealth and Memorial Hermann may not withhold treatment or refuse treating you if you do not sign this Authorization. You may change your mind and revoke (take back) this Authorization at any time. Even if you revoke this Authorization, researchers may still use or disclose health information they already have obtained about you as necessary to maintain the integrity or reliability of the current research. To revoke this Authorization, you must contact Dr. Jennifer Gonzalez (Meadows Mental Health Policy Institute, 2800 Swiss Ave Dallas, Texas 75204) and / or Dr. Michael Businelle (University of Oklahoma Health Sciences Center, 655 Research Parkway, Suite 400 Oklahoma City, OK 73104). This Authorization will expire 15 years after the end of the study. You will not be personally identified in any reports or publications that may result from this study. Any personal information about you that is gathered during this study will remain confidential to every extent of the law. A special ID number will be used to identify you in the study and only the research team will know your name. Please note that we will request records from a Dallas County employee to determine if you are re-arrested in the next 12 months. We will share your name and date of birth to obtain this information, but no additional information that you provide to us over the course of the study will be shared with this Dallas County employee or the Dallas County Jail. Who can I contact if I have questions about the study? If you have questions at any time about this research study, please feel free to contact Dr. Jennifer Gonzalez at 470-333-8749 as they will be glad to answer your questions. You can contact the study team to discuss problems, report injuries, voice concerns, obtain information in addition to asking questions about the research. The Committee for Protection of Human Subjects at the University of Texas Health Science Center has reviewed this research study. You may contact them for any questions about your rights as a research subject, and to discuss any concerns, comments, or complaints about taking part in a research study at (713) 500-7943. SIGNATURES Sign below only if you understand the information given to you about the research and you choose to take part in this research study. Make sure that all your questions have been answered. If you decide to take part in this research study, a copy of this signed consent form will be given to you.</p>											
11	consent_sig	Participant Signature	file (signature), Required										
12	consent_name	First and Last Name	text, Required										
13	consent_date	Date:	text (datetime_mdy), Required										
14	consent_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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Instrument: Screening (screening)  Enabled as survey ^ Collapse													
15	screening_date		text, Required Field Annotation: @TODAY										
16	ii_v1	Section Header: Interviewer Initials	text (alpha_only), Required										
17	visit_v1	Section Header: Which visit is the participant completing?	radio, Required <table border="1"> <tr><td>1</td><td>Visit 1: Baseline</td></tr> <tr><td>2</td><td>Visit 2: Randomization</td></tr> <tr><td>3</td><td>Visit 3: 1 Month Follow-Up</td></tr> <tr><td>4</td><td>Visit 4: 3 Month Follow-Up</td></tr> <tr><td>5</td><td>Visit 5: 6 Month Follow-Up</td></tr> </table>	1	Visit 1: Baseline	2	Visit 2: Randomization	3	Visit 3: 1 Month Follow-Up	4	Visit 4: 3 Month Follow-Up	5	Visit 5: 6 Month Follow-Up
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18	test_v1 Show the field ONLY if: [visit_v1] = '2' or [visit_v1] = '3' or [visit_v1] = '4' or [visit_v1] = '5'	Section Header: This assessment is for the Baseline Visit. You selected a different option. Please double check the file and the participants visit. If you meant to open the Baseline visit, please press YES to continue. If NO, please close the assessment and select the correct QDS file.	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												


19	test2_v1 Show the field ONLY if: [test_v1] = '0'	Please close this assessment and select the correct visit file.	descriptive														
20	gender	Section Header: What is your Gender?	radio, Required <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Other</td></tr> </table>	0	Male	1	Female	2	Other								
0	Male																
1	Female																
2	Other																
21	sq_2	Section Header: Are you Hispanic or Latino?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes										
0	No																
1	Yes																
22	sq_3	Section Header: How would you best describe your race? (Check only one):	radio, Required <table border="1"> <tr><td>1</td><td>More than one race/multi-racial</td></tr> <tr><td>2</td><td>White</td></tr> <tr><td>3</td><td>Black or African American</td></tr> <tr><td>4</td><td>Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Vietnam)</td></tr> <tr><td>5</td><td>Native Hawaiian or Other Pacific Islander (Guam, Samoa)</td></tr> <tr><td>6</td><td>American Indian / Alaska Native</td></tr> <tr><td>7</td><td>Other</td></tr> </table>	1	More than one race/multi-racial	2	White	3	Black or African American	4	Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Vietnam)	5	Native Hawaiian or Other Pacific Islander (Guam, Samoa)	6	American Indian / Alaska Native	7	Other
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7	Other																
23	sq_4	Section Header: What is your age?	text (number, Min: 0, Max: 100), Required														
24	sq_5	Section Header: Ask the individual: Do you plan to live in Dallas County for the next 12 months?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes										
0	No																
1	Yes																
25	sq_6	Section Header: Can you read, understand and speak English?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes										
0	No																
1	Yes																
26	sq_7	Section Header: Were you recently released from the Dallas County Jail?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes										
0	No																
1	Yes																
27	sq_7a Show the field ONLY if: [sq_7] = '1'	Section Header: How long ago were you released from the jail? <i>Days</i>	text (number, Min: 0, Max: 2000), Required														
28	sq_7b1 Show the field ONLY if: [sq_7] = '1'	Section Header: Did you receive a study flyer from the Dallas County Jail?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes										
0	No																
1	Yes																
29	sq_7b2 Show the field ONLY if: [sq_7] = '1' and [sq_7b1] = '1'	You selected that you received a flyer about the study from the Dallas County Jail. Please enter the study flyer number.	text (number, Min: 0, Max: 2000), Required														
30	sq_7c Show the field ONLY if: [sq_7] = '1'	Section Header: Do you have any other forms of evidence of recent incarceration in Dallas Country Jail? Describe:	notes, Required														
31	sq_7d Show the field ONLY if: [sq_7] = '1'	Section Header: Have we verified that the individual was released from the Dallas County Jail in the past 60 days?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes										
0	No																
1	Yes																
32	sq_8	Section Header: Are you currently homeless?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes										
0	No																
1	Yes																

33	sq_9	<p>Section Header:</p> <p>Where did you sleep last night?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Friend's or family member's house or apartment</td></tr> <tr><td>2</td><td>Homeless Shelter</td></tr> <tr><td>3</td><td>Jail</td></tr> <tr><td>4</td><td>Abandoned building</td></tr> <tr><td>5</td><td>Outside or on the street</td></tr> <tr><td>6</td><td>Hospital</td></tr> <tr><td>7</td><td>My personal apartment or house</td></tr> <tr><td>8</td><td>Hotel or motel</td></tr> <tr><td>9</td><td>Drug or alcohol treatment center</td></tr> <tr><td>10</td><td>Other location (temporary)</td></tr> <tr><td>11</td><td>Other location (permanent)</td></tr> </table>	1	Friend's or family member's house or apartment	2	Homeless Shelter	3	Jail	4	Abandoned building	5	Outside or on the street	6	Hospital	7	My personal apartment or house	8	Hotel or motel	9	Drug or alcohol treatment center	10	Other location (temporary)	11	Other location (permanent)
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34	sq_9l Show the field ONLY if: [sq_9] = '2'	<p>Section Header:</p> <p>Homeless shelters name:</p>	text (alpha_only), Required																						
35	sq_10	<p>Section Header:</p> <p>Are you enrolled in The Bridges Homeless Recovery Program?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																		
0	No																								
1	Yes																								
36	sq_11	<p>Section Header:</p> <p>Are you willing to attend 4 additional study visits (each lasting 1 to 2 hours) at The Bridge over the next 6 months?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																		
0	No																								
1	Yes																								
37	sq_12	<p>Section Header:</p> <p>Do you have an active cell phone?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																		
0	No																								
1	Yes																								
38	sq_13 Show the field ONLY if: [sq_12] = '1'	<p>Section Header:</p> <p>Who pays for your cell phone service?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Government</td></tr> <tr><td>2</td><td>Family or friend</td></tr> <tr><td>3</td><td>Someone else</td></tr> <tr><td>4</td><td>I pay for my cell phone service</td></tr> </table>	1	Government	2	Family or friend	3	Someone else	4	I pay for my cell phone service														
1	Government																								
2	Family or friend																								
3	Someone else																								
4	I pay for my cell phone service																								
39	sq_14 Show the field ONLY if: [sq_12] = '1'	<p>Section Header:</p> <p>How many 'talk' minutes does your plan have?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0-200</td></tr> <tr><td>1</td><td>201-400</td></tr> <tr><td>2</td><td>401-600</td></tr> <tr><td>3</td><td>Unlimited</td></tr> <tr><td>4</td><td>I use 'pay as you go' or prepaid phone</td></tr> </table>	0	0-200	1	201-400	2	401-600	3	Unlimited	4	I use 'pay as you go' or prepaid phone												
0	0-200																								
1	201-400																								
2	401-600																								
3	Unlimited																								
4	I use 'pay as you go' or prepaid phone																								
40	sq_15 Show the field ONLY if: [sq_12] = '1'	<p>Section Header:</p> <p>Is your cell phone a smart phone?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes - I have an android phone</td></tr> <tr><td>2</td><td>Yes - I have a Apple smartphone (iPhone)</td></tr> <tr><td>3</td><td>Yes - I have a Smartphone that is not Apple or Android based</td></tr> </table>	0	No	1	Yes - I have an android phone	2	Yes - I have a Apple smartphone (iPhone)	3	Yes - I have a Smartphone that is not Apple or Android based														
0	No																								
1	Yes - I have an android phone																								
2	Yes - I have a Apple smartphone (iPhone)																								
3	Yes - I have a Smartphone that is not Apple or Android based																								
41	sq_16 Show the field ONLY if: [sq_12] = '1'	<p>Section Header:</p> <p>Does your phone service include a data plan?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes, but my data plan is limited</td></tr> <tr><td>3</td><td>Yes, my plan includes unlimited data</td></tr> </table>	1	No	2	Yes, but my data plan is limited	3	Yes, my plan includes unlimited data																
1	No																								
2	Yes, but my data plan is limited																								
3	Yes, my plan includes unlimited data																								

42	sq_17 Show the field ONLY if: [sq_12] = '1'	Section Header: How many times has your phone number changed in the past year?	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 or more</td></tr> <tr><td>999</td><td>I have not had a phone in the past year</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5 or more	999	I have not had a phone in the past year													
0	0																													
1	1																													
2	2																													
3	3																													
4	4																													
5	5 or more																													
999	I have not had a phone in the past year																													
43	sq_18	Section Header: Which of the following forms of media do you use?	checkbox, Required <table border="1"> <tr><td>0</td><td>sq_18__0</td><td>Email</td></tr> <tr><td>1</td><td>sq_18__1</td><td>Facebook</td></tr> <tr><td>2</td><td>sq_18__2</td><td>Google Plus</td></tr> <tr><td>3</td><td>sq_18__3</td><td>Twitter</td></tr> <tr><td>4</td><td>sq_18__4</td><td>Blogs</td></tr> <tr><td>5</td><td>sq_18__5</td><td>Instagram</td></tr> <tr><td>6</td><td>sq_18__6</td><td>Snapchat</td></tr> <tr><td>7</td><td>sq_18__7</td><td>LinkedIn</td></tr> <tr><td>8</td><td>sq_18__8</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=8	0	sq_18__0	Email	1	sq_18__1	Facebook	2	sq_18__2	Google Plus	3	sq_18__3	Twitter	4	sq_18__4	Blogs	5	sq_18__5	Instagram	6	sq_18__6	Snapchat	7	sq_18__7	LinkedIn	8	sq_18__8	None of the above
0	sq_18__0	Email																												
1	sq_18__1	Facebook																												
2	sq_18__2	Google Plus																												
3	sq_18__3	Twitter																												
4	sq_18__4	Blogs																												
5	sq_18__5	Instagram																												
6	sq_18__6	Snapchat																												
7	sq_18__7	LinkedIn																												
8	sq_18__8	None of the above																												
44	sq_19	Section Header: How often do you access the internet?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>About once a month</td></tr> <tr><td>2</td><td>About once per week</td></tr> <tr><td>3</td><td>2-3 times per week</td></tr> <tr><td>4</td><td>4 to 6 times per week</td></tr> <tr><td>5</td><td>About once per day</td></tr> <tr><td>6</td><td>About twice per day</td></tr> <tr><td>7</td><td>Every few hours or more</td></tr> </table>	0	Never	1	About once a month	2	About once per week	3	2-3 times per week	4	4 to 6 times per week	5	About once per day	6	About twice per day	7	Every few hours or more											
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6	About twice per day																													
7	Every few hours or more																													
45	sq_20	Section Header: Do you have an active Facebook page?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																							
0	No																													
1	Yes																													
46	sq_21 Show the field ONLY if: [sq_20] = '1'	Section Header: How often do you check or post on Facebook?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>About once a month</td></tr> <tr><td>2</td><td>About once per week</td></tr> <tr><td>3</td><td>2-3 times per week</td></tr> <tr><td>4</td><td>4 to 6 times per week</td></tr> <tr><td>5</td><td>About once per day</td></tr> <tr><td>6</td><td>About twice per day</td></tr> <tr><td>7</td><td>Every few hours or more</td></tr> </table>	0	Never	1	About once a month	2	About once per week	3	2-3 times per week	4	4 to 6 times per week	5	About once per day	6	About twice per day	7	Every few hours or more											
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6	About twice per day																													
7	Every few hours or more																													
47	sq_22	Section Header: Which of the following forms of identification do you possess?	checkbox, Required <table border="1"> <tr><td>0</td><td>sq_22__0</td><td>Driver's license</td></tr> <tr><td>1</td><td>sq_22__1</td><td>Social Security Card</td></tr> <tr><td>2</td><td>sq_22__2</td><td>Government Issued ID Car</td></tr> <tr><td>3</td><td>sq_22__3</td><td>Birth Certificate</td></tr> <tr><td>4</td><td>sq_22__4</td><td>Passport</td></tr> <tr><td>5</td><td>sq_22__5</td><td>Military ID</td></tr> <tr><td>6</td><td>sq_22__6</td><td>Bridge ID</td></tr> <tr><td>7</td><td>sq_22__7</td><td>Other</td></tr> </table>	0	sq_22__0	Driver's license	1	sq_22__1	Social Security Card	2	sq_22__2	Government Issued ID Car	3	sq_22__3	Birth Certificate	4	sq_22__4	Passport	5	sq_22__5	Military ID	6	sq_22__6	Bridge ID	7	sq_22__7	Other			
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5	sq_22__5	Military ID																												
6	sq_22__6	Bridge ID																												
7	sq_22__7	Other																												

48	mms_1a	Section Header: Ask the individual: What year is it?	radio, Required 0 Not Correct 1 Correct
49	mms_1b	Section Header: What is the season?	radio, Required 0 Not Correct 1 Correct
50	mms_1c	Section Header: What is the date?	radio, Required 0 Not Correct 1 Correct
51	mms_1d	Section Header: What is the day of the week?	radio, Required 0 Not Correct 1 Correct
52	mms_1e	Section Header: What is the month	radio, Required 0 Not Correct 1 Correct
53	mms_2a	Section Header: Where are we now, which state?	radio, Required 0 Not Correct 1 Correct
54	mms_2b	Section Header: Where are we now, which county?	radio, Required 0 Not Correct 1 Correct
55	mms_2c	Section Header: Where are we now, which town/city?	radio, Required 0 Not Correct 1 Correct
56	mms_2d	Section Header: Where are we now, which shelter?	radio, Required 0 Not Correct 1 Correct
57	mms_2e	Section Header: Where are we now, which floor?	radio, Required 0 Not Correct 1 Correct
58	mms_3	Section Header: I am going to say three words and I would like you to repeat them back to me.	checkbox, Required 1 mms_3__1 Penny 2 mms_3__2 Apple 3 mms_3__3 Table 0 mms_3__0 None of the above
59	mms_4	Section Header: Please count backwards from 100 by 7's.	checkbox, Required 0 mms_4__0 None of the above 1 mms_4__1 93 2 mms_4__2 86 3 mms_4__3 79 4 mms_4__4 72 5 mms_4__5 65
60	mms4v	Section Header: Please spell the word WORLD backwards.	checkbox, Required 1 mms4v__1 D 2 mms4v__2 L 3 mms4v__3 R 4 mms4v__4 O 5 mms4v__5 W 0 mms4v__0 None of the above

61	mms_5	Section Header: Earlier I asked you to remember three words. Can you name all three words?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>mms_5__1</td> <td>Penny</td> </tr> <tr> <td>2</td> <td>mms_5__2</td> <td>Apple</td> </tr> <tr> <td>3</td> <td>mms_5__3</td> <td>Table</td> </tr> <tr> <td>0</td> <td>mms_5__0</td> <td>None of the above</td> </tr> </table>	1	mms_5__1	Penny	2	mms_5__2	Apple	3	mms_5__3	Table	0	mms_5__0	None of the above															
1	mms_5__1	Penny																												
2	mms_5__2	Apple																												
3	mms_5__3	Table																												
0	mms_5__0	None of the above																												
62	mms_6	Section Header: I am going to point to two objects and ask you to name them.	checkbox, Required <table border="1"> <tr> <td>1</td> <td>mms_6__1</td> <td>Pen</td> </tr> <tr> <td>2</td> <td>mms_6__2</td> <td>Door</td> </tr> <tr> <td>0</td> <td>mms_6__0</td> <td>None of the above</td> </tr> </table>	1	mms_6__1	Pen	2	mms_6__2	Door	0	mms_6__0	None of the above																		
1	mms_6__1	Pen																												
2	mms_6__2	Door																												
0	mms_6__0	None of the above																												
63	mms_7	Section Header: Please repeat this phrase: 'No ifs, ands, or buts'.	radio, Required <table border="1"> <tr> <td>0</td> <td>Not Correct</td> </tr> <tr> <td>1</td> <td>Correct</td> </tr> </table>	0	Not Correct	1	Correct																							
0	Not Correct																													
1	Correct																													
64	mms_8	Section Header: Take the paper in your right hand, fold it in half, and put it on the floor.	checkbox, Required <table border="1"> <tr> <td>1</td> <td>mms_8__1</td> <td>Take the paper in your right hand.</td> </tr> <tr> <td>2</td> <td>mms_8__2</td> <td>Fold it in half.</td> </tr> <tr> <td>3</td> <td>mms_8__3</td> <td>Put it on the floor.</td> </tr> <tr> <td>0</td> <td>mms_8__0</td> <td>None of the above</td> </tr> </table>	1	mms_8__1	Take the paper in your right hand.	2	mms_8__2	Fold it in half.	3	mms_8__3	Put it on the floor.	0	mms_8__0	None of the above															
1	mms_8__1	Take the paper in your right hand.																												
2	mms_8__2	Fold it in half.																												
3	mms_8__3	Put it on the floor.																												
0	mms_8__0	None of the above																												
65	mms_9	Section Header: Have a piece of paper ready that says "close your eyes". Please read this and do what is it says.	radio, Required <table border="1"> <tr> <td>0</td> <td>Not Correct</td> </tr> <tr> <td>1</td> <td>Correct</td> </tr> </table>	0	Not Correct	1	Correct																							
0	Not Correct																													
1	Correct																													
66	mms_10	Section Header: Make up and write a sentence about anything. (The sentence must contain a noun and verb)	radio, Required <table border="1"> <tr> <td>0</td> <td>Not Correct</td> </tr> <tr> <td>1</td> <td>Correct</td> </tr> </table>	0	Not Correct	1	Correct																							
0	Not Correct																													
1	Correct																													
67	mms_11	Section Header: Give the individual a piece of paper with the two pentagons on it and ask them "Please copy this picture" (In order for this to be correct: all ten angles must be present and the two shapes must intersect)	radio, Required <table border="1"> <tr> <td>0</td> <td>No, the picture does not contain all ten angles, with two of them intersecting</td> </tr> <tr> <td>1</td> <td>Yes, the picture does contain all ten angles, with two of them intersecting</td> </tr> </table>	0	No, the picture does not contain all ten angles, with two of them intersecting	1	Yes, the picture does contain all ten angles, with two of them intersecting																							
0	No, the picture does not contain all ten angles, with two of them intersecting																													
1	Yes, the picture does contain all ten angles, with two of them intersecting																													
68	realm	Section Header: I want to hear you read as many words as you can from this list. Begin with the first word and read aloud. When you come to a word you cannot read, do the best you can or say "blank" and go on to the next word.	checkbox, Required <table border="1"> <tr> <td>0</td> <td>realm__0</td> <td>Fat</td> </tr> <tr> <td>1</td> <td>realm__1</td> <td>Flu</td> </tr> <tr> <td>2</td> <td>realm__2</td> <td>Behavior</td> </tr> <tr> <td>3</td> <td>realm__3</td> <td>Exercise</td> </tr> <tr> <td>4</td> <td>realm__4</td> <td>Menopause</td> </tr> <tr> <td>5</td> <td>realm__5</td> <td>Rectal</td> </tr> <tr> <td>6</td> <td>realm__6</td> <td>Antibiotics</td> </tr> <tr> <td>7</td> <td>realm__7</td> <td>Anemia</td> </tr> <tr> <td>8</td> <td>realm__8</td> <td>Jaundice</td> </tr> </table>	0	realm__0	Fat	1	realm__1	Flu	2	realm__2	Behavior	3	realm__3	Exercise	4	realm__4	Menopause	5	realm__5	Rectal	6	realm__6	Antibiotics	7	realm__7	Anemia	8	realm__8	Jaundice
0	realm__0	Fat																												
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8	realm__8	Jaundice																												
69	realm_score	REALM	calc Calculation: sum([realm(2)], [realm(3)], [realm(4)], [realm(5)], [realm(6)], [realm(7)], [realm(8)])																											
70	sq_23	Section Header: Ask the individual to read the passage from the informed consent.	radio, Required <table border="1"> <tr> <td>0</td> <td>Not correct</td> </tr> <tr> <td>1</td> <td>Correct</td> </tr> </table>	0	Not correct	1	Correct																							
0	Not correct																													
1	Correct																													
71	weight	Section Header: Weight (lbs)	text, Required																											
72	height	Section Header: Height (centimeters)	text, Required																											
73	waist_c	Section Header: Waist Circumference (centimeters)	text, Required																											
74	co_v1	Section Header: Carbon Monoxide Reading.	text, Required																											

75	read1_v1	Section Header: Do you use reading glasses?	radio, Required 0 No 1 Yes
76	read2_v1 Show the field ONLY if: [read1_v1] = '1'	Section Header: Do you have your reading glasses with you?	radio, Required 0 No 1 Yes
77	read3_v5 Show the field ONLY if: [read2_v1] = '0'	Section Header: Please give the individual reading glasses to use to complete the QDS:	radio, Required 0 No, the individual was not given reading glasses 1 Yes, the individual was given reading glasses
78	screening_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Demographic Information (demographic_information)  Enabled as survey ^ Collapse			
79	dem1v1 Show the field ONLY if: [visit] = '1'	What is your present marital status?	radio, Required 0 Single 1 Married 2 Divorced 3 Widowed 4 Separated
80	dem2v1 Show the field ONLY if: [visit] = '1'	How many children do you have?	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 or more
81	dem3v1 Show the field ONLY if: [visit] = '1'	Please look at the categories below and mark the one that best describes your race (Check only one)	radio, Required 1 More than one race/multi-racial 2 White 3 Black or African American 4 Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Vietnam) 5 Native Hawaiian or Other Pacific Islander (Guam, Samoa) 6 American Indian / Alaska Native 7 Other
82	dem4v1 Show the field ONLY if: [dem3v1] = '1' and [visit] = '1'	You have stated that you have more than one race. Please look at the categories below and mark the ones that best describe your race (Check all that apply)	checkbox, Required 1 dem4v1__1 White 2 dem4v1__2 Black or African American 3 dem4v1__3 Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Vietnam) 4 dem4v1__4 Native Hawaiian or Other Pacific Islander 5 dem4v1__5 American Indian / Alaska Native 6 dem4v1__6 Other

83	dem5v1 Show the field ONLY if: [visit] = '1'	How many years of education have you COMPLETED?	radio, Required <table border="1"> <tr><td>0</td><td>No formal schooling</td></tr> <tr><td>1</td><td>1 year (Elementary School)</td></tr> <tr><td>2</td><td>2 years (Elementary school)</td></tr> <tr><td>3</td><td>3 years (Elementary school)</td></tr> <tr><td>4</td><td>4 years (Elementary school)</td></tr> <tr><td>5</td><td>5 years (Elementary school)</td></tr> <tr><td>6</td><td>6 years (Middle school)</td></tr> <tr><td>7</td><td>7 years (Middle school)</td></tr> <tr><td>8</td><td>8 years (Middle school)</td></tr> <tr><td>9</td><td>9 years (High School)</td></tr> <tr><td>10</td><td>10 years (High School)</td></tr> <tr><td>11</td><td>11 years (High School)</td></tr> <tr><td>12</td><td>12 years (GED or High School Diploma)</td></tr> <tr><td>13</td><td>Some college/technical school (13 years)</td></tr> <tr><td>14</td><td>Associates Degree (14 years)</td></tr> <tr><td>16</td><td>Bachelor Degree (16 years/Four-Year College)</td></tr> <tr><td>17</td><td>Some Post-graduate School (17 years)</td></tr> <tr><td>18</td><td>Master Degree (18 years)</td></tr> <tr><td>20</td><td>Post-graduate Degree; M.D., Ph.D., DDS, Dr.P.H, etc. (20 years)</td></tr> </table>	0	No formal schooling	1	1 year (Elementary School)	2	2 years (Elementary school)	3	3 years (Elementary school)	4	4 years (Elementary school)	5	5 years (Elementary school)	6	6 years (Middle school)	7	7 years (Middle school)	8	8 years (Middle school)	9	9 years (High School)	10	10 years (High School)	11	11 years (High School)	12	12 years (GED or High School Diploma)	13	Some college/technical school (13 years)	14	Associates Degree (14 years)	16	Bachelor Degree (16 years/Four-Year College)	17	Some Post-graduate School (17 years)	18	Master Degree (18 years)	20	Post-graduate Degree; M.D., Ph.D., DDS, Dr.P.H, etc. (20 years)
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84	dem5av1 Show the field ONLY if: [dem5v1] = '12' and [visit] = '1'	Did you get your GED or did you receive a high school diploma?	radio, Required <table border="1"> <tr><td>1</td><td>GED</td></tr> <tr><td>2</td><td>High School Diploma</td></tr> </table>	1	GED	2	High School Diploma																																		
1	GED																																								
2	High School Diploma																																								
85	dem6v1 Show the field ONLY if: [visit] = '1' or [visit] = '3' or [visit] = '4' or [visit] = '5'	Please choose your employment status. Please check only one that applies.	radio, Required <table border="1"> <tr><td>1</td><td>Regular full-time work (40 or more hours per week)</td></tr> <tr><td>2</td><td>Regular part-time work (less than 40 hours per week)</td></tr> <tr><td>3</td><td>Unemployed-currently looking for work</td></tr> <tr><td>4</td><td>Unemployed-currently not looking for work</td></tr> <tr><td>5</td><td>Homemaker- Not employed</td></tr> <tr><td>6</td><td>Student- Not employed</td></tr> <tr><td>7</td><td>Retired- Not employed</td></tr> <tr><td>8</td><td>Unable to work or disabled</td></tr> <tr><td>9</td><td>Other</td></tr> </table>	1	Regular full-time work (40 or more hours per week)	2	Regular part-time work (less than 40 hours per week)	3	Unemployed-currently looking for work	4	Unemployed-currently not looking for work	5	Homemaker- Not employed	6	Student- Not employed	7	Retired- Not employed	8	Unable to work or disabled	9	Other																				
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2	Regular part-time work (less than 40 hours per week)																																								
3	Unemployed-currently looking for work																																								
4	Unemployed-currently not looking for work																																								
5	Homemaker- Not employed																																								
6	Student- Not employed																																								
7	Retired- Not employed																																								
8	Unable to work or disabled																																								
9	Other																																								
86	dem6av1 Show the field ONLY if: [dem6v1] = '1' or [dem6v1] = '2'	Section Header: How many total hours per week do you work at those jobs?	radio, Required <table border="1"> <tr><td>0</td><td>0 hours</td></tr> <tr><td>1</td><td>1-5</td></tr> <tr><td>2</td><td>6-10</td></tr> <tr><td>3</td><td>11-15</td></tr> <tr><td>4</td><td>16-20</td></tr> <tr><td>5</td><td>21-25</td></tr> <tr><td>6</td><td>26-30</td></tr> <tr><td>7</td><td>31-35</td></tr> <tr><td>8</td><td>36-40</td></tr> <tr><td>9</td><td>41-45</td></tr> <tr><td>10</td><td>46-50</td></tr> <tr><td>11</td><td>51 or more</td></tr> </table>	0	0 hours	1	1-5	2	6-10	3	11-15	4	16-20	5	21-25	6	26-30	7	31-35	8	36-40	9	41-45	10	46-50	11	51 or more														
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7	31-35																																								
8	36-40																																								
9	41-45																																								
10	46-50																																								
11	51 or more																																								


87	dme6bv3	<p>Section Header:</p> <p>How many days in the past 7 days did you work for money?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7																				
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5	5																																						
6	6																																						
7	7																																						
88	dem7v1	<p>Section Header:</p> <p>Do you have health insurance? Please check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>dem7v1__1</td><td>Medicare</td></tr> <tr><td>2</td><td>dem7v1__2</td><td>Medicaid</td></tr> <tr><td>3</td><td>dem7v1__3</td><td>Military Insurance</td></tr> <tr><td>4</td><td>dem7v1__4</td><td>Insurance from a job or Private insurance</td></tr> <tr><td>5</td><td>dem7v1__5</td><td>I do not have health insurance</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = 5</p>	1	dem7v1__1	Medicare	2	dem7v1__2	Medicaid	3	dem7v1__3	Military Insurance	4	dem7v1__4	Insurance from a job or Private insurance	5	dem7v1__5	I do not have health insurance																					
1	dem7v1__1	Medicare																																					
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4	dem7v1__4	Insurance from a job or Private insurance																																					
5	dem7v1__5	I do not have health insurance																																					
89	dem8v1	<p>Section Header:</p> <p>Do you currently receive Social Security Benefits?</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
90	dem9v1 Show the field ONLY if: [dem8v1] = '1'	<p>Section Header:</p> <p>What is the amount of your monthly Social Security check?</p>	<p>text (number, Min: 0, Max: 999999), Required</p> <p>Custom alignment: RH</p>																																				
91	dem10v1	<p>Section Header:</p> <p>Do you currently receive food stamps (SNAP benefits)?</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
92	dem11v1 Show the field ONLY if: [dem10v1] = '1'	<p>Section Header:</p> <p>What is the amount of food stamps (SNAP) do you get each month?</p>	<p>text (number, Min: 0, Max: 9999), Required</p> <p>Custom alignment: RH</p>																																				
93	dem12v1	<p>Section Header:</p> <p>What are your sources of income? (Please check all that apply).</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>dem12v1__1</td><td>Paid work</td></tr> <tr><td>2</td><td>dem12v1__2</td><td>Criminalized activity (example: panhandling, stealing)</td></tr> <tr><td>3</td><td>dem12v1__3</td><td>Disability benefits</td></tr> <tr><td>4</td><td>dem12v1__4</td><td>Employment benefits</td></tr> <tr><td>5</td><td>dem12v1__5</td><td>Self-employed</td></tr> <tr><td>6</td><td>dem12v1__6</td><td>Trade sex</td></tr> <tr><td>7</td><td>dem12v1__7</td><td>Trade drugs</td></tr> <tr><td>8</td><td>dem12v1__8</td><td>Social assistance</td></tr> <tr><td>9</td><td>dem12v1__9</td><td>Student loans</td></tr> <tr><td>10</td><td>dem12v1__10</td><td>Receive support from family, friends, relatives</td></tr> <tr><td>11</td><td>dem12v1__11</td><td>You don't have an option that applies to my income</td></tr> <tr><td>12</td><td>dem12v1__12</td><td>I have no income</td></tr> </table> <p>Custom alignment: LH</p> <p>Field Annotation: @NONEOFTHEABOVE = 12</p>	1	dem12v1__1	Paid work	2	dem12v1__2	Criminalized activity (example: panhandling, stealing)	3	dem12v1__3	Disability benefits	4	dem12v1__4	Employment benefits	5	dem12v1__5	Self-employed	6	dem12v1__6	Trade sex	7	dem12v1__7	Trade drugs	8	dem12v1__8	Social assistance	9	dem12v1__9	Student loans	10	dem12v1__10	Receive support from family, friends, relatives	11	dem12v1__11	You don't have an option that applies to my income	12	dem12v1__12	I have no income
1	dem12v1__1	Paid work																																					
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11	dem12v1__11	You don't have an option that applies to my income																																					
12	dem12v1__12	I have no income																																					

94	dem13v1 Show the field ONLY if: [visit] = '1'	<p>Section Header:</p> <p>Which of these categories best describes your total combined family income for the past 12 months?</p> <p>This should include income (before taxes) from all sources, wages, rent from properties, social security, disability and/or veteran's benefits, unemployment benefits, workman's compensation, help from relatives (including child payments and alimony), and so on.</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Less than \$9999</td></tr> <tr><td>1</td><td>\$10000 to \$19,999</td></tr> <tr><td>2</td><td>\$20000 to \$29,999</td></tr> <tr><td>3</td><td>\$30000 to \$39,999</td></tr> <tr><td>4</td><td>\$40000 to \$49,999</td></tr> <tr><td>5</td><td>\$50000 to \$59,999</td></tr> <tr><td>6</td><td>\$60000 to \$69,999</td></tr> <tr><td>7</td><td>\$70000 to \$79,999</td></tr> <tr><td>8</td><td>\$80,000 or greater</td></tr> <tr><td>999</td><td>Refuse to Answer</td></tr> </table>	0	Less than \$9999	1	\$10000 to \$19,999	2	\$20000 to \$29,999	3	\$30000 to \$39,999	4	\$40000 to \$49,999	5	\$50000 to \$59,999	6	\$60000 to \$69,999	7	\$70000 to \$79,999	8	\$80,000 or greater	999	Refuse to Answer
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999	Refuse to Answer																						
95	dem13av1 Show the field ONLY if: [dem13v1] = '0'	<p>Section Header:</p> <p>You reported that your family income over the past 12 months was "Less than \$9,999" please select the amount that is closest to your income.</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>\$0</td></tr> <tr><td>1</td><td>\$1,000</td></tr> <tr><td>2</td><td>\$2,000</td></tr> <tr><td>3</td><td>\$3,000</td></tr> <tr><td>4</td><td>\$4,000</td></tr> <tr><td>5</td><td>\$5,000</td></tr> <tr><td>6</td><td>\$6,000</td></tr> <tr><td>7</td><td>\$7,000</td></tr> <tr><td>8</td><td>\$8,000</td></tr> <tr><td>9</td><td>\$9,000</td></tr> </table>	0	\$0	1	\$1,000	2	\$2,000	3	\$3,000	4	\$4,000	5	\$5,000	6	\$6,000	7	\$7,000	8	\$8,000	9	\$9,000
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96	dem13bv1 Show the field ONLY if: [dem13v1] = '1'	<p>Section Header:</p> <p>You reported that your family income over the past 12 months was "\$10,000 to \$19,999" please select the amount that is closest to your income.</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>\$10,000</td></tr> <tr><td>1</td><td>\$11,000</td></tr> <tr><td>2</td><td>\$12,000</td></tr> <tr><td>3</td><td>\$13,000</td></tr> <tr><td>4</td><td>\$14,000</td></tr> <tr><td>5</td><td>\$15,000</td></tr> <tr><td>6</td><td>\$16,000</td></tr> <tr><td>7</td><td>\$17,000</td></tr> <tr><td>8</td><td>\$18,000</td></tr> <tr><td>9</td><td>\$19,000</td></tr> </table>	0	\$10,000	1	\$11,000	2	\$12,000	3	\$13,000	4	\$14,000	5	\$15,000	6	\$16,000	7	\$17,000	8	\$18,000	9	\$19,000
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8	\$18,000																						
9	\$19,000																						
97	dem13cv1 Show the field ONLY if: [dem13v1] = '2'	<p>Section Header:</p> <p>You reported that your family income over the past 12 months was "\$20,000 to \$29,999" please select the amount that is closest to your income.</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>\$20,000</td></tr> <tr><td>1</td><td>\$21,000</td></tr> <tr><td>2</td><td>\$22,000</td></tr> <tr><td>3</td><td>\$23,000</td></tr> <tr><td>4</td><td>\$24,000</td></tr> <tr><td>5</td><td>\$25,000</td></tr> <tr><td>6</td><td>\$26,000</td></tr> <tr><td>7</td><td>\$27,000</td></tr> <tr><td>8</td><td>\$28,000</td></tr> <tr><td>9</td><td>\$29,000</td></tr> </table>	0	\$20,000	1	\$21,000	2	\$22,000	3	\$23,000	4	\$24,000	5	\$25,000	6	\$26,000	7	\$27,000	8	\$28,000	9	\$29,000
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98	dem13dv1 Show the field ONLY if: [dem13v1] = '3'	Section Header: You reported that your family income over the past 12 months was "\$30,000 to \$39,999" please select the amount that is closest to your income.	radio, Required <table><tr><td>0</td><td>\$30,000</td></tr><tr><td>1</td><td>\$31,000</td></tr><tr><td>2</td><td>\$32,000</td></tr><tr><td>3</td><td>\$33,000</td></tr><tr><td>4</td><td>\$34,000</td></tr><tr><td>5</td><td>\$35,000</td></tr><tr><td>6</td><td>\$36,000</td></tr><tr><td>7</td><td>\$37,000</td></tr><tr><td>8</td><td>\$38,000</td></tr><tr><td>9</td><td>\$39,000</td></tr></table>	0	\$30,000	1	\$31,000	2	\$32,000	3	\$33,000	4	\$34,000	5	\$35,000	6	\$36,000	7	\$37,000	8	\$38,000	9	\$39,000
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99	dem13ev1 Show the field ONLY if: [dem13v1] = '4'	Section Header: You reported that your family income over the past 12 months was "\$40,000 to \$49,999" please select the amount that is closest to your income.	radio, Required <table><tr><td>0</td><td>\$40,000</td></tr><tr><td>1</td><td>\$41,000</td></tr><tr><td>2</td><td>\$42,000</td></tr><tr><td>3</td><td>\$43,000</td></tr><tr><td>4</td><td>\$44,000</td></tr><tr><td>5</td><td>\$45,000</td></tr><tr><td>6</td><td>\$46,000</td></tr><tr><td>7</td><td>\$47,000</td></tr><tr><td>8</td><td>\$48,000</td></tr><tr><td>9</td><td>\$49,000</td></tr></table>	0	\$40,000	1	\$41,000	2	\$42,000	3	\$43,000	4	\$44,000	5	\$45,000	6	\$46,000	7	\$47,000	8	\$48,000	9	\$49,000
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100	dem13fv1 Show the field ONLY if: [dem13v1] = '5'	Section Header: You reported that your family income over the past 12 months was "\$50,000 to \$59,999" please select the amount that is closest to your income.	radio, Required <table><tr><td>0</td><td>\$50,000</td></tr><tr><td>1</td><td>\$51,000</td></tr><tr><td>2</td><td>\$52,000</td></tr><tr><td>3</td><td>\$53,000</td></tr><tr><td>4</td><td>\$54,000</td></tr><tr><td>5</td><td>\$55,000</td></tr><tr><td>6</td><td>\$56,000</td></tr><tr><td>7</td><td>\$57,000</td></tr><tr><td>8</td><td>\$58,000</td></tr><tr><td>9</td><td>\$59,000</td></tr></table>	0	\$50,000	1	\$51,000	2	\$52,000	3	\$53,000	4	\$54,000	5	\$55,000	6	\$56,000	7	\$57,000	8	\$58,000	9	\$59,000
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101	dem13gv1 Show the field ONLY if: [dem13v1] = '6'	Section Header: You reported that your family income over the past 12 months was "\$60,000 to \$69,999" please select the amount that is closest to your income.	radio, Required <table><tr><td>0</td><td>\$60,000</td></tr><tr><td>1</td><td>\$61,000</td></tr><tr><td>2</td><td>\$62,000</td></tr><tr><td>3</td><td>\$63,000</td></tr><tr><td>4</td><td>\$64,000</td></tr><tr><td>5</td><td>\$65,000</td></tr><tr><td>6</td><td>\$66,000</td></tr><tr><td>7</td><td>\$67,000</td></tr><tr><td>8</td><td>\$68,000</td></tr><tr><td>9</td><td>\$69,000</td></tr></table>	0	\$60,000	1	\$61,000	2	\$62,000	3	\$63,000	4	\$64,000	5	\$65,000	6	\$66,000	7	\$67,000	8	\$68,000	9	\$69,000
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102	dem13hv1 Show the field ONLY if: [dem13v1] = '7'	Section Header: You reported that your family income over the past 12 months was "\$70,000 to \$79,999" please select the amount that is closest to your income.	radio, Required <table><tr><td>0</td><td>\$70,000</td></tr><tr><td>1</td><td>\$71,000</td></tr><tr><td>2</td><td>\$72,000</td></tr><tr><td>3</td><td>\$73,000</td></tr><tr><td>4</td><td>\$74,000</td></tr><tr><td>5</td><td>\$75,000</td></tr><tr><td>6</td><td>\$76,000</td></tr><tr><td>7</td><td>\$77,000</td></tr><tr><td>8</td><td>\$78,000</td></tr><tr><td>9</td><td>\$79,000</td></tr></table>	0	\$70,000	1	\$71,000	2	\$72,000	3	\$73,000	4	\$74,000	5	\$75,000	6	\$76,000	7	\$77,000	8	\$78,000	9	\$79,000
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103	dem14v1	Section Header: What was your total income from all sources LAST MONTH?	radio, Required <table><tr><td>0</td><td>\$0 to \$999</td></tr><tr><td>1</td><td>\$1,000 to \$1,999</td></tr><tr><td>2</td><td>\$2,000 to \$2,999</td></tr><tr><td>3</td><td>\$3,000 to \$3,999</td></tr><tr><td>4</td><td>\$4,000 to \$4,999</td></tr><tr><td>5</td><td>\$5,000 to \$5,999</td></tr><tr><td>6</td><td>\$6,000 to \$6,999</td></tr><tr><td>7</td><td>\$7,000 or more</td></tr><tr><td>999</td><td>Refuse to Answer</td></tr></table>	0	\$0 to \$999	1	\$1,000 to \$1,999	2	\$2,000 to \$2,999	3	\$3,000 to \$3,999	4	\$4,000 to \$4,999	5	\$5,000 to \$5,999	6	\$6,000 to \$6,999	7	\$7,000 or more	999	Refuse to Answer		
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104	dem14av1 Show the field ONLY if: [dem14v1] = '0'	Section Header: You reported that your household income over the LAST MONTH was "\$0 to \$999" please select the amount that is closest to your actual past month household income.	radio, Required <table><tr><td>0</td><td>\$0</td></tr><tr><td>1</td><td>\$1 to \$250</td></tr><tr><td>2</td><td>\$251 to \$500</td></tr><tr><td>3</td><td>\$501 to 750</td></tr><tr><td>4</td><td>\$751 to \$999</td></tr></table>	0	\$0	1	\$1 to \$250	2	\$251 to \$500	3	\$501 to 750	4	\$751 to \$999										
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105	dem14bv1 Show the field ONLY if: [dem14v1] = '1'	You reported that your household income over the LAST MONTH was "\$1,000 to \$1,999" please select the amount that is closest to your actual past month household income.	radio, Required <table><tr><td>0</td><td>\$1,000 to \$1,250</td></tr><tr><td>1</td><td>\$1,251 to \$1,500</td></tr><tr><td>2</td><td>\$1,501 to \$1,750</td></tr><tr><td>3</td><td>\$1,751 to \$1,999</td></tr></table>	0	\$1,000 to \$1,250	1	\$1,251 to \$1,500	2	\$1,501 to \$1,750	3	\$1,751 to \$1,999												
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106	dem14cv1 Show the field ONLY if: [dem14v1] = '2'	You reported that your household income over the LAST MONTH was "\$2000 to \$2999" please select the amount that is closest to your actual past month household income.	radio, Required <table><tr><td>0</td><td>\$2,000 to \$2,250</td></tr><tr><td>1</td><td>\$2,251 to \$2,500</td></tr><tr><td>2</td><td>\$2,501 to \$2,750</td></tr><tr><td>3</td><td>\$2,751 to 2,999</td></tr></table>	0	\$2,000 to \$2,250	1	\$2,251 to \$2,500	2	\$2,501 to \$2,750	3	\$2,751 to 2,999												
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2	\$2,501 to \$2,750																						
3	\$2,751 to 2,999																						
107	dem14dv1 Show the field ONLY if: [dem14v1] = '3'	You reported that your household income over the LAST MONTH was "\$3000 to \$3999" please select the amount that is closest to your actual past month household income.	radio, Required <table><tr><td>0</td><td>\$3,000 to \$3,250</td></tr><tr><td>1</td><td>\$3,251 to \$3,500</td></tr><tr><td>2</td><td>\$3,501 to \$3,750</td></tr><tr><td>3</td><td>\$3,751 to 3,999</td></tr></table>	0	\$3,000 to \$3,250	1	\$3,251 to \$3,500	2	\$3,501 to \$3,750	3	\$3,751 to 3,999												
0	\$3,000 to \$3,250																						
1	\$3,251 to \$3,500																						
2	\$3,501 to \$3,750																						
3	\$3,751 to 3,999																						
108	dem14ev1 Show the field ONLY if: [dem14v1] = '4'	You reported that your household income over the LAST MONTH was "\$4000 to \$4999" please select the amount that is closest to your actual past month household income.	radio, Required <table><tr><td>0</td><td>\$4,000 to \$4,250</td></tr><tr><td>1</td><td>\$4,251 to \$4,500</td></tr><tr><td>2</td><td>\$4,501 to \$4,750</td></tr><tr><td>3</td><td>\$4,751 to \$4,999</td></tr></table>	0	\$4,000 to \$4,250	1	\$4,251 to \$4,500	2	\$4,501 to \$4,750	3	\$4,751 to \$4,999												
0	\$4,000 to \$4,250																						
1	\$4,251 to \$4,500																						
2	\$4,501 to \$4,750																						
3	\$4,751 to \$4,999																						

109	dem14fv1 Show the field ONLY if: [dem14v1] = '5'	You reported that your household income over the LAST MONTH was "\$5000 to \$5999" please select the amount that is closest to your actual past month household income.	radio, Required <table border="1"> <tr><td>0</td><td>\$5,000 to \$5,250</td></tr> <tr><td>1</td><td>\$5,251 to \$5,500</td></tr> <tr><td>2</td><td>\$5,501 to \$5,750</td></tr> <tr><td>3</td><td>\$5,751 to \$5,999</td></tr> </table>	0	\$5,000 to \$5,250	1	\$5,251 to \$5,500	2	\$5,501 to \$5,750	3	\$5,751 to \$5,999		
0	\$5,000 to \$5,250												
1	\$5,251 to \$5,500												
2	\$5,501 to \$5,750												
3	\$5,751 to \$5,999												
110	dem14gv1 Show the field ONLY if: [dem14v1] = '6'	You reported that your household income over the LAST MONTH was "\$6000 to \$6999" please select the amount that is closest to your actual past month household income.	radio, Required <table border="1"> <tr><td>0</td><td>\$6,000 to \$6,250</td></tr> <tr><td>1</td><td>\$6,251 to \$6,500</td></tr> <tr><td>2</td><td>\$6,501 to \$6,750</td></tr> <tr><td>3</td><td>\$6,751 to \$6,999</td></tr> </table>	0	\$6,000 to \$6,250	1	\$6,251 to \$6,500	2	\$6,501 to \$6,750	3	\$6,751 to \$6,999		
0	\$6,000 to \$6,250												
1	\$6,251 to \$6,500												
2	\$6,501 to \$6,750												
3	\$6,751 to \$6,999												
111	misc1923 Show the field ONLY if: [dem14v1] = '7'	Please select Submit to move onto the next question.	descriptive, Required										
112	dem15v1 Show the field ONLY if: [visit] = '1'	Are you a veteran of the United States Military?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
113	dem16v1 Show the field ONLY if: [visit] = '1'	Are you perceived by others as a person of color or racial minority?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>Sometimes</td></tr> </table>	0	No	1	Yes	2	Sometimes				
0	No												
1	Yes												
2	Sometimes												
114	dem17v1 Show the field ONLY if: [visit] = '1'	Do you consider yourself to be:	radio, Required <table border="1"> <tr><td>1</td><td>Straight</td></tr> <tr><td>2</td><td>Lesbian or gay or queer</td></tr> <tr><td>3</td><td>Bisexual</td></tr> <tr><td>4</td><td>Other</td></tr> <tr><td>5</td><td>Don't know/Not sure</td></tr> </table>	1	Straight	2	Lesbian or gay or queer	3	Bisexual	4	Other	5	Don't know/Not sure
1	Straight												
2	Lesbian or gay or queer												
3	Bisexual												
4	Other												
5	Don't know/Not sure												
115	dem18v1 Show the field ONLY if: [visit] = '1'	Do you consider yourself to be transgender? Some people describe themselves as transgender when they experience a different gender identity from their gender at birth. For example, a person born with a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery.	radio, Required <table border="1"> <tr><td>1</td><td>Yes, Transgender, male-to-female</td></tr> <tr><td>2</td><td>Yes, Transgender, female to male</td></tr> <tr><td>3</td><td>Yes, Transgender, gender nonconforming</td></tr> <tr><td>4</td><td>No</td></tr> <tr><td>5</td><td>Don't know/not sure</td></tr> </table>	1	Yes, Transgender, male-to-female	2	Yes, Transgender, female to male	3	Yes, Transgender, gender nonconforming	4	No	5	Don't know/not sure
1	Yes, Transgender, male-to-female												
2	Yes, Transgender, female to male												
3	Yes, Transgender, gender nonconforming												
4	No												
5	Don't know/not sure												
116	demographic_information_com plete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

Instrument: **Brief Homelessness Questionnaire** (brief_homelessness_questionnaire)  Enabled as survey ^ Collapse


117	bh1v1 Show the field ONLY if: [visit] = '1'	What is the total amount of time you have been homeless in your lifetime? (for example 3 and a half years would be 3 years, 6 months, 0 days)	descriptive, Required
118	bh1v1y Show the field ONLY if: [visit] = '1'	Years:	text (integer, Min: 0, Max: 83), Required
119	bh1v1m Show the field ONLY if: [visit] = '1'	Months:	text (integer, Min: 0, Max: 11), Required
120	bh1v1d Show the field ONLY if: [visit] = '1'	Days:	text (integer, Min: 0, Max: 29), Required


121	bh2v1 Show the field ONLY if: [visit] = '1'	How many separate times have you been homeless in your lifetime? In other words, how many times have you become homeless after having stable housing for a significant period of time?	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8 or more
0	0																				
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8 or more																				
122	bh3v1 Show the field ONLY if: [visit] = '1'	How old were you the first time you became homeless?	text (number, Min: 0, Max: 100), Required																		
123	bh4v1 Show the field ONLY if: [visit] = '1'	How long ago did the current period of homelessness begin? (for example 3 years would be 3 years and 0 months and 0 days)	descriptive, Required																		
124	bh4v1y Show the field ONLY if: [visit] = '1'	Years:	text (integer, Min: 0, Max: 83), Required																		
125	bh4v1m Show the field ONLY if: [visit] = '1'	Months:	text (integer, Min: 0, Max: 11), Required																		
126	bh4v1d Show the field ONLY if: [visit] = '1'	Days:	text (integer, Min: 0, Max: 29), Required																		
127	bh5v1 Show the field ONLY if: [visit] = '1'	Did you have any period of homelessness before you were 18 years old?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
128	bh6v1 Show the field ONLY if: [visit] = '1'	How many separate times have you been homeless in the past 3 years?	radio, Required <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6 or more</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6 or more						
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6 or more																				
129	bh7v1 Show the field ONLY if: [visit] = '1'	How long have you been receiving services at the Bridge? (for example, 6 and a half months would be 2 weeks, 6 months, 0 years)	descriptive, Required																		
130	bh7v1y Show the field ONLY if: [visit] = '1'	Years:	text (integer, Min: 0, Max: 90), Required																		
131	bh7v1m Show the field ONLY if: [visit] = '1'	Months:	text (integer, Min: 0, Max: 11), Required																		
132	bh7v1w Show the field ONLY if: [visit] = '1'	Weeks:	text (integer, Min: 0, Max: 3), Required																		
133	bh8v1	Are you currently attending Substance Abuse Classes (e.g., AA/NA, AAPA)?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
134	bh9v1	Section Header: Are you currently receiving treatment for mental health problems (example: Depression, Bipolar Disorder, Anxiety)?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				

135	bh10v1 Show the field ONLY if: [bh9v1] = '1'	Section Header: What type of mental health treatment are you currently receiving for mental health problems?	radio, Required <table border="1"> <tr><td>1</td><td>Counseling</td></tr> <tr><td>2</td><td>Medication</td></tr> <tr><td>3</td><td>Both counseling and medication</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Counseling	2	Medication	3	Both counseling and medication	4	Other																												
1	Counseling																																						
2	Medication																																						
3	Both counseling and medication																																						
4	Other																																						
136	bh11av1	Section Header: On average, how many hours do you spend at the Bridge each day (counting sleep time)?	text (number, Min: 0, Max: 24), Required																																				
137	bh12av1 Show the field ONLY if: [visit] = '1'	Section Header: What are the reasons for your current homelessness (check all that apply)?	checkbox, Required <table border="1"> <tr><td>1</td><td>bh12av1__1</td><td>I am not currently homeless</td></tr> <tr><td>2</td><td>bh12av1__2</td><td>Lost my job</td></tr> <tr><td>3</td><td>bh12av1__3</td><td>Evicted from house/apartment</td></tr> <tr><td>4</td><td>bh12av1__4</td><td>Substance use (alcohol or drugs)</td></tr> <tr><td>5</td><td>bh12av1__5</td><td>Mental illness</td></tr> <tr><td>6</td><td>bh12av1__6</td><td>Inability to pay medical bills</td></tr> <tr><td>7</td><td>bh12av1__7</td><td>Family problems</td></tr> <tr><td>8</td><td>bh12av1__8</td><td>Legal problems</td></tr> <tr><td>9</td><td>bh12av1__9</td><td>Recently released from jail or prison</td></tr> <tr><td>10</td><td>bh12av1__10</td><td>Natural disaster</td></tr> <tr><td>11</td><td>bh12av1__11</td><td>Domestic Violence</td></tr> <tr><td>12</td><td>bh12av1__12</td><td>Other</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	bh12av1__1	I am not currently homeless	2	bh12av1__2	Lost my job	3	bh12av1__3	Evicted from house/apartment	4	bh12av1__4	Substance use (alcohol or drugs)	5	bh12av1__5	Mental illness	6	bh12av1__6	Inability to pay medical bills	7	bh12av1__7	Family problems	8	bh12av1__8	Legal problems	9	bh12av1__9	Recently released from jail or prison	10	bh12av1__10	Natural disaster	11	bh12av1__11	Domestic Violence	12	bh12av1__12	Other
1	bh12av1__1	I am not currently homeless																																					
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11	bh12av1__11	Domestic Violence																																					
12	bh12av1__12	Other																																					
138	bh13av1 Show the field ONLY if: [visit] = '1'	Section Header: <i>For the next several questions you will be asked if you have ever been arrested or booked for breaking the law. Booked means that you were taken into custody and processed by the police or someone connected with the courts, even if you were released.</i> Have you ever been arrested and booked for: (Check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>bh13av1__1</td><td>Drug possession</td></tr> <tr><td>2</td><td>bh13av1__2</td><td>Manufacturing or selling drugs</td></tr> <tr><td>3</td><td>bh13av1__3</td><td>Driving under the influence of alcohol or drugs</td></tr> <tr><td>4</td><td>bh13av1__4</td><td>Disorderly conduct or public drunkenness</td></tr> <tr><td>5</td><td>bh13av1__5</td><td>Loitering</td></tr> <tr><td>6</td><td>bh13av1__6</td><td>I have never been arrested or booked for any of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=6	1	bh13av1__1	Drug possession	2	bh13av1__2	Manufacturing or selling drugs	3	bh13av1__3	Driving under the influence of alcohol or drugs	4	bh13av1__4	Disorderly conduct or public drunkenness	5	bh13av1__5	Loitering	6	bh13av1__6	I have never been arrested or booked for any of the above																		
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139	bh13bv1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been arrested and booked for: (Check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>bh13bv1__1</td><td>Forgery or counterfeiting (writing bad checks)</td></tr> <tr><td>2</td><td>bh13bv1__2</td><td>Larceny or theft [Do not include motor vehicle theft]</td></tr> <tr><td>3</td><td>bh13bv1__3</td><td>Motor vehicle theft</td></tr> <tr><td>4</td><td>bh13bv1__4</td><td>Robbery</td></tr> <tr><td>5</td><td>bh13bv1__5</td><td>Fraud, possession of stolen goods, or vandalism</td></tr> <tr><td>6</td><td>bh13bv1__6</td><td>Burglary or breaking and entering</td></tr> <tr><td>7</td><td>bh13bv1__7</td><td>Prostitution</td></tr> <tr><td>8</td><td>bh13bv1__8</td><td>I have never been arrested or booked for any of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=8	1	bh13bv1__1	Forgery or counterfeiting (writing bad checks)	2	bh13bv1__2	Larceny or theft [Do not include motor vehicle theft]	3	bh13bv1__3	Motor vehicle theft	4	bh13bv1__4	Robbery	5	bh13bv1__5	Fraud, possession of stolen goods, or vandalism	6	bh13bv1__6	Burglary or breaking and entering	7	bh13bv1__7	Prostitution	8	bh13bv1__8	I have never been arrested or booked for any of the above												
1	bh13bv1__1	Forgery or counterfeiting (writing bad checks)																																					
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7	bh13bv1__7	Prostitution																																					
8	bh13bv1__8	I have never been arrested or booked for any of the above																																					


140	bh13cv1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been arrested and booked for: (Check all that apply)	checkbox, Required <table border="1"> <tr> <td>1</td> <td>bh13cv1__1</td> <td>Domestic violence or child abuse</td> </tr> <tr> <td>2</td> <td>bh13cv1__2</td> <td>Assault or battery</td> </tr> <tr> <td>3</td> <td>bh13cv1__3</td> <td>Forcible rape</td> </tr> <tr> <td>4</td> <td>bh13cv1__4</td> <td>Any other sexual offense, not including rape or prostitution</td> </tr> <tr> <td>5</td> <td>bh13cv1__5</td> <td>Weapons violation (carrying a concealed weapon)</td> </tr> <tr> <td>6</td> <td>bh13cv1__6</td> <td>Murder, homicide, or non-negligent manslaughter</td> </tr> <tr> <td>7</td> <td>bh13cv1__7</td> <td>Arson</td> </tr> <tr> <td>8</td> <td>bh13cv1__8</td> <td>I have never been arrested or booked for any of the above</td> </tr> </table> Field Annotation: @NONEOFHEABOVE=8	1	bh13cv1__1	Domestic violence or child abuse	2	bh13cv1__2	Assault or battery	3	bh13cv1__3	Forcible rape	4	bh13cv1__4	Any other sexual offense, not including rape or prostitution	5	bh13cv1__5	Weapons violation (carrying a concealed weapon)	6	bh13cv1__6	Murder, homicide, or non-negligent manslaughter	7	bh13cv1__7	Arson	8	bh13cv1__8	I have never been arrested or booked for any of the above
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8	bh13cv1__8	I have never been arrested or booked for any of the above																									
141	bh14v1 Show the field ONLY if: [bh14v1] = '1' or [bh14v1] = '2'	Section Header: Were you arrested or booked for breaking the law in the PAST MONTH? Booked means that you were taken into custody and processed by the police or someone connected with the courts, even if you were released.	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes, in Dallas County</td> </tr> <tr> <td>2</td> <td>Yes, but not in Dallas County</td> </tr> </table>	0	No	1	Yes, in Dallas County	2	Yes, but not in Dallas County																		
0	No																										
1	Yes, in Dallas County																										
2	Yes, but not in Dallas County																										
142	bh14bv1 Show the field ONLY if: [bh14v1] = '1' or [bh14v1] = '2'	Section Header: During your most recent incarceration, how long were you in jail? (for example 3 and a half years would be 3 years, 6 months, 0 days)	descriptive, Required																								
143	bh14bv1y Show the field ONLY if: [bh14v1] = '1' or [bh14v1] = '2'	Years:	text (integer, Min: 0, Max: 90), Required																								
144	bh14bv1m Show the field ONLY if: [bh14v1] = '1' or [bh14v1] = '2'	Months:	text (integer, Min: 0, Max: 11), Required																								
145	bh14bv1w Show the field ONLY if: [bh14v1] = '1' or [bh14v1] = '2'	Weeks:	text (integer, Min: 0, Max: 3), Required																								
146	bh15v1 Show the field ONLY if: [visit] = '1'	Section Header: During your lifetime, how many separate times have you been to jail or prison?	radio, Required <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>7</td> </tr> <tr> <td>8</td> <td>8</td> </tr> <tr> <td>9</td> <td>9</td> </tr> <tr> <td>10</td> <td>10</td> </tr> <tr> <td>11</td> <td>11 or more</td> </tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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10	10																										
11	11 or more																										

147	<div>bh15av1</div> <div>Show the field ONLY if: [visit] = '1'</div>	<div>Section Header:</div> <div>How many of these arrests were drug or alcohol related?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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11	11 or more																										
148	<div>bh16v1</div> <div>Show the field ONLY if: [visit] = '1'</div>	<div>Section Header:</div> <div>During your lifetime, how many times have you intentionally gotten arrested in order to obtain shelter and/or food in a jail, prison, or detention center?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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9	9																										
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11	11 or more																										
149	<div>bh17v1</div> <div>Show the field ONLY if: [visit] = '1'</div>	<div>Section Header:</div> <div>During your lifetime, how much time have you spent in jail or prison? (3 and a half years would be 3 years, 6 months, and 0 days)</div>	<div>descriptive, Required</div>																								
150	<div>bh17v1y</div> <div>Show the field ONLY if: [visit] = '1'</div>	<div>Years:</div>	<div>text (integer, Min: 0, Max: 90), Required</div>																								
151	<div>bh17v1m</div> <div>Show the field ONLY if: [visit] = '1'</div>	<div>Months:</div>	<div>text (integer, Min: 0, Max: 11), Required</div>																								
152	<div>bh17v1w</div> <div>Show the field ONLY if: [visit] = '1'</div>	<div>Weeks:</div>	<div>text (integer, Min: 0, Max: 3), Required</div>																								
153	<div>bh18v1</div>	<div>Section Header:</div> <div>Are you currently under correctional supervision (such as probation, parole, or bail)?</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																				
1	Yes																										
0	No																										

154	bh18bv1 Show the field ONLY if: [bh18v1] = '1'	Section Header: What type of correctional supervision are you now under? (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>bh18bv1__1</td><td>Probation</td></tr> <tr><td>2</td><td>bh18bv1__2</td><td>Parole</td></tr> <tr><td>3</td><td>bh18bv1__3</td><td>Pre-Trial Release (for example, bail bond)</td></tr> <tr><td>4</td><td>bh18bv1__4</td><td>Day Reporting</td></tr> <tr><td>5</td><td>bh18bv1__5</td><td>Drug Treatment Court</td></tr> <tr><td>6</td><td>bh18bv1__6</td><td>Other Specialized Court</td></tr> <tr><td>7</td><td>bh18bv1__7</td><td>Not under any supervision (served sentence)</td></tr> <tr><td>8</td><td>bh18bv1__8</td><td>Other</td></tr> </table> Field Annotation: @NONEOTHEABOVE=7	1	bh18bv1__1	Probation	2	bh18bv1__2	Parole	3	bh18bv1__3	Pre-Trial Release (for example, bail bond)	4	bh18bv1__4	Day Reporting	5	bh18bv1__5	Drug Treatment Court	6	bh18bv1__6	Other Specialized Court	7	bh18bv1__7	Not under any supervision (served sentence)	8	bh18bv1__8	Other
1	bh18bv1__1	Probation																									
2	bh18bv1__2	Parole																									
3	bh18bv1__3	Pre-Trial Release (for example, bail bond)																									
4	bh18bv1__4	Day Reporting																									
5	bh18bv1__5	Drug Treatment Court																									
6	bh18bv1__6	Other Specialized Court																									
7	bh18bv1__7	Not under any supervision (served sentence)																									
8	bh18bv1__8	Other																									
155	bh18b1v1 Show the field ONLY if: [bh18bv1(8)] = '1'	If other, please specify:	text (alpha_only), Required																								
156	bh19v1 Show the field ONLY if: [visit] = '1'	Have you ever been convicted of a felony? Convicted means that you either pled guilty or were found guilty by a court.	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
157	bh20v Show the field ONLY if: [visit] = '1'	Have you ever been convicted of a crime that you did not commit?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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158	brief_homelessness_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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2	Complete																										
Instrument: MacArthur Scale (macarthur_scale)  Enabled as survey ^ Collapse																											
159	ladder1	Think of this ladder as representing where people stand in their communities. People define community in different ways; please define it in whatever way is most meaningful to you. At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community. Indicate the step where you think you stand at this time in your life, relative to other people in the United States.	descriptive																								
160	sss1_v1		radio, Required <table border="1"> <tr><td>10</td><td>10</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>1</td><td>1</td></tr> </table>	10	10	9	9	8	8	7	7	6	6	5	5	4	4	3	3	2	2	1	1				
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161	ladder2	<p>Section Header:</p> <p>Think of this ladder as representing where people stand in the United States. At the top of the ladder are the people who are the best off- those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off- who have the least money, least education and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.</p> <p>Indicate the step where you think you stand at this time in your life, relative to other people in your community.</p>	descriptive																				
162	sss2_v1		<p>radio, Required</p> <table border="1"> <tr><td>10</td><td>10</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>1</td><td>1</td></tr> </table>	10	10	9	9	8	8	7	7	6	6	5	5	4	4	3	3	2	2	1	1
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4	4																						
3	3																						
2	2																						
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163	macarthur_scale_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete														
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1	Unverified																						
2	Complete																						
<p>Instrument: Patient Health Questionnaire (patient_health_questionnaire)  Enabled as survey ^ Collapse</p>																							
164	phq1_v1	Over the last 2 weeks, how often have you been bothered by, little interest or pleasure in doing things?	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
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2	More than half the days																						
3	Nearly every day																						
165	phq2_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by, feeling down, depressed, or hopeless?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
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1	Several days																						
2	More than half the days																						
3	Nearly every day																						
166	phq3_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by, trouble falling or staying asleep, or sleeping too much?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
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2	More than half the days																						
3	Nearly every day																						
167	phq4_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by, feeling tired or having little energy?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
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3	Nearly every day																						
168	phq5_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by, poor appetite or overeating?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
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1	Several days																						
2	More than half the days																						
3	Nearly every day																						

169	phq6_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by, feeling bad about yourself- or that you are a failure or have let yourself or your family down?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
170	phq7_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by, trouble concentrating on things, such as reading the newspaper or watching television?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
171	phq8_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by, moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
172	phq9_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
173	phq10_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
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2	More than half the days										
3	Nearly every day										
174	phq11_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by worrying too much about different things?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
175	phq12_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by trouble relaxing?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
176	phq13_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by being so restless that it is hard to sit still?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
177	phq14_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by becoming easily annoyed or irritable?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
178	phq15_v1	<p>Section Header:</p> <p>Over the last 2 weeks, how often have you been bothered by feeling afraid as if something awful might happen?</p>	<p>radio, Required</p> <table border="1"> <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> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										

179	patient_health_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: SF-12 Health Survey (sf12_health_survey)  Enabled as survey ^ Collapse													
180	info_sf	This next survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can. Please press "next page" to continue...	descriptive, Required										
181	hs1_v1	Section Header: In general, would you say your health is:	radio, Required <table border="1"> <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> </table>	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very Good												
3	Good												
4	Fair												
5	Poor												
182	info_sf2	Section Header: The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	descriptive, Required										
183	hs2_v1	Section Header: Does your health now limit you during moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	radio, Required <table border="1"> <tr><td>1</td><td>Yes, limited a lot</td></tr> <tr><td>2</td><td>Yes, limited a little</td></tr> <tr><td>3</td><td>No, not limited at all</td></tr> </table>	1	Yes, limited a lot	2	Yes, limited a little	3	No, not limited at all				
1	Yes, limited a lot												
2	Yes, limited a little												
3	No, not limited at all												
184	hs3_v1	Section Header: Does your health now limit you when climbing several flights of stairs?	radio, Required <table border="1"> <tr><td>1</td><td>Yes, limited a lot</td></tr> <tr><td>2</td><td>Yes, limited a little</td></tr> <tr><td>3</td><td>No, not limited at all</td></tr> </table>	1	Yes, limited a lot	2	Yes, limited a little	3	No, not limited at all				
1	Yes, limited a lot												
2	Yes, limited a little												
3	No, not limited at all												
185	hs4_v1	Section Header: During the past 4 weeks, as a result of your physical health, have you accomplished less than you would like?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
186	hs5_v1	Section Header: During the past 4 weeks, as a result of your physical health, were you limited in the kind of work or other activities you regularly perform?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
187	hs6_v1	Section Header: During the past 4 weeks, as a result of any emotional problems (such as feeling depressed or anxious), have you accomplished less than you would like?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
188	hs7_v1	Section Header: During the past 4 weeks, as a result of any emotional problems (such as feeling depressed or anxious), did you do work or other activities less carefully than usual?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
189	hs8_v1	Section Header: During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Extremely</td></tr> </table>	1	Not at all	2	A little bit	3	Moderately	4	Quite a bit	5	Extremely
1	Not at all												
2	A little bit												
3	Moderately												
4	Quite a bit												
5	Extremely												

190	hs9_v1	Section Header: How much time during the past 4 weeks have you felt calm and peaceful?	radio, Required <table><tr><td>1</td><td>All of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>A good bit of the time</td></tr><tr><td>4</td><td>Some of the time</td></tr><tr><td>5</td><td>A little of the time</td></tr><tr><td>6</td><td>None of the time</td></tr></table>	1	All of the time	2	Most of the time	3	A good bit of the time	4	Some of the time	5	A little of the time	6	None of the time
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2	Most of the time														
3	A good bit of the time														
4	Some of the time														
5	A little of the time														
6	None of the time														
191	hs10_v1	Section Header: How much time during the past 4 weeks did you have a lot of energy?	radio, Required <table><tr><td>1</td><td>All of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>A good bit of the time</td></tr><tr><td>4</td><td>Some of the time</td></tr><tr><td>5</td><td>A little of the time</td></tr><tr><td>6</td><td>None of the time</td></tr></table>	1	All of the time	2	Most of the time	3	A good bit of the time	4	Some of the time	5	A little of the time	6	None of the time
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4	Some of the time														
5	A little of the time														
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192	hs11_v1	Section Header: How much time during the past 4 weeks have you felt downhearted and blue?	radio, Required <table><tr><td>1</td><td>All of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>A good bit of the time</td></tr><tr><td>4</td><td>Some of the time</td></tr><tr><td>5</td><td>A little of the time</td></tr><tr><td>6</td><td>None of the time</td></tr></table>	1	All of the time	2	Most of the time	3	A good bit of the time	4	Some of the time	5	A little of the time	6	None of the time
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6	None of the time														
193	hs12_v1	Section Header: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	radio, Required <table><tr><td>1</td><td>All of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>A good bit of the time</td></tr><tr><td>4</td><td>Some of the time</td></tr><tr><td>5</td><td>A little of the time</td></tr><tr><td>6</td><td>None of the time</td></tr></table>	1	All of the time	2	Most of the time	3	A good bit of the time	4	Some of the time	5	A little of the time	6	None of the time
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194	sf12_health_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
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Instrument: **Health Related Quality of Life** (health_related_quality_of_life)

Enabled as survey

^ Collapse

195	hrq1_v1	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	dropdown, Required
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196	hrq2_v1	<div>Section Header:</div> <div>Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr></table>	0	0	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
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197	hrq3_v1	<p>Section Header:</p> <p>During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> </table>	0	0	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
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198	health_related_quality_of_life_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																																								
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<p>Instrument: Self-Rated Health Questionnaire (selfrated_health_questionnaire)  Enabled as survey ^ Collapse</p>																																																																	
199	s2_v1	<p>Which of the following apply to you? (Check all that apply)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>s2_v1__1</td><td>I smoke cigarettes</td></tr> <tr><td>2</td><td>s2_v1__2</td><td>I have unsafe or unprotected sex</td></tr> <tr><td>3</td><td>s2_v1__3</td><td>I drink alcohol or use illegal drugs</td></tr> <tr><td>4</td><td>s2_v1__4</td><td>I don't eat enough fruit and vegetables</td></tr> <tr><td>5</td><td>s2_v1__5</td><td>I am unhappy with my weight</td></tr> <tr><td>6</td><td>s2_v1__6</td><td>I do not get enough physical activity</td></tr> <tr><td>7</td><td>s2_v1__7</td><td>I do not get enough sleep</td></tr> <tr><td>8</td><td>s2_v1__8</td><td>None of these apply to me.</td></tr> </table> <p>Custom alignment: LH Field Annotation: @NONEOFHEABOVE=8</p>	1	s2_v1__1	I smoke cigarettes	2	s2_v1__2	I have unsafe or unprotected sex	3	s2_v1__3	I drink alcohol or use illegal drugs	4	s2_v1__4	I don't eat enough fruit and vegetables	5	s2_v1__5	I am unhappy with my weight	6	s2_v1__6	I do not get enough physical activity	7	s2_v1__7	I do not get enough sleep	8	s2_v1__8	None of these apply to me.																																						
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200	smokingscale Show the field ONLY if: [s2_v1(1)] = '1'	Section Header:	descriptive																
201	sr3a_v1 Show the field ONLY if: [s2_v1(1)] = '1'	The image above shows some thoughts that smokers have about quitting. Pick one statement that shows what you think about quitting and click on the corresponding number below.	radio, Required <table><tr><td>8</td><td>8</td></tr><tr><td>7</td><td>7</td></tr><tr><td>6</td><td>6</td></tr><tr><td>5</td><td>5</td></tr><tr><td>4</td><td>4</td></tr><tr><td>3</td><td>3</td></tr><tr><td>2</td><td>2</td></tr><tr><td>1</td><td>1</td></tr></table>	8	8	7	7	6	6	5	5	4	4	3	3	2	2	1	1
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202	unsafebehaviors Show the field ONLY if: [s2_v1(2)] = '1'	Section Header:	descriptive																
203	sr3b_v1 Show the field ONLY if: [s2_v1(2)] = '1'	The image above shows some thoughts that people have about changing unsafe sexual behaviors. Pick the one statement that shows what you think about this topic. Please read each sentence carefully before deciding.	radio, Required <table><tr><td>8</td><td>8</td></tr><tr><td>7</td><td>7</td></tr><tr><td>6</td><td>6</td></tr><tr><td>5</td><td>5</td></tr><tr><td>4</td><td>4</td></tr><tr><td>3</td><td>3</td></tr><tr><td>2</td><td>2</td></tr><tr><td>1</td><td>1</td></tr></table>	8	8	7	7	6	6	5	5	4	4	3	3	2	2	1	1
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204	alcoholbehavior Show the field ONLY if: [s2_v1(3)] = '1'	Section Header:	descriptive																
205	sr3c_v1 Show the field ONLY if: [s2_v1(3)] = '1'	The image above shows some thoughts that people have about changing alcohol and illegal drug behaviors. Pick the one statement that shows what you think about this topic. Please read each sentence carefully before deciding.	radio, Required <table><tr><td>8</td><td>8</td></tr><tr><td>7</td><td>7</td></tr><tr><td>6</td><td>6</td></tr><tr><td>5</td><td>5</td></tr><tr><td>4</td><td>4</td></tr><tr><td>3</td><td>3</td></tr><tr><td>2</td><td>2</td></tr><tr><td>1</td><td>1</td></tr></table>	8	8	7	7	6	6	5	5	4	4	3	3	2	2	1	1
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206	fruitveggie Show the field ONLY if: [s2_v1(4)] = '1'	Section Header:	descriptive																
207	sr3d_v1 Show the field ONLY if: [s2_v1(4)] = '1'	The image above shows some thoughts that people have about changing fruit and vegetable intake. Pick the one statement that shows what you think about this topic. Please read each sentence carefully before deciding.	radio, Required <table><tr><td>7</td><td>7</td></tr><tr><td>6</td><td>6</td></tr><tr><td>5</td><td>5</td></tr><tr><td>4</td><td>4</td></tr><tr><td>3</td><td>3</td></tr><tr><td>2</td><td>2</td></tr><tr><td>1</td><td>1</td></tr></table>	7	7	6	6	5	5	4	4	3	3	2	2	1	1		
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208	weightscale Show the field ONLY if: [s2_v1(5)] = '1'	Section Header:	descriptive																

209	sr3e_v1 Show the field ONLY if: [s2_v1(5)] = '1'	The image above shows some thoughts that people have about changing behaviors to impact their weight. Pick the one statement that shows what you think about this topic. Please read each sentence carefully before deciding.	radio, Required <table border="1"> <tr><td>8</td><td>8</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>1</td><td>1</td></tr> </table>	8	8	7	7	6	6	5	5	4	4	3	3	2	2	1	1								
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210	physact Show the field ONLY if: [s2_v1(6)] = '1'	Section Header:	descriptive																								
211	sr3f_v1 Show the field ONLY if: [s2_v1(6)] = '1'	The image above shows some thoughts that people have about changing their physical activity. Pick the one statement that shows what you think about this topic. Please read each sentence carefully before deciding.	radio, Required <table border="1"> <tr><td>7</td><td>7</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>1</td><td>1</td></tr> </table>	7	7	6	6	5	5	4	4	3	3	2	2	1	1										
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212	s3_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever had an alcohol or drug problem (other than tobacco)?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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213	s4_v1 Show the field ONLY if: [s3_v1] = '1'	Section Header: Which substances have caused you significant problems? (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>s4_v1__1</td><td>Alcohol</td></tr> <tr><td>2</td><td>s4_v1__2</td><td>Cannabis (e.g., marijuana)</td></tr> <tr><td>3</td><td>s4_v1__3</td><td>Cocaine (e.g., crack, powder, freebase)</td></tr> <tr><td>4</td><td>s4_v1__4</td><td>K2</td></tr> <tr><td>5</td><td>s4_v1__5</td><td>Opiate (e.g., heroin, oxycontin, pain pills)</td></tr> <tr><td>6</td><td>s4_v1__6</td><td>Amphetamine (e.g., crystal meth, speed)</td></tr> <tr><td>7</td><td>s4_v1__7</td><td>Sedative, Hypnotic, or Anxiolytic (e.g., valium, xanax)</td></tr> <tr><td>8</td><td>s4_v1__8</td><td>Other Substance</td></tr> </table>	1	s4_v1__1	Alcohol	2	s4_v1__2	Cannabis (e.g., marijuana)	3	s4_v1__3	Cocaine (e.g., crack, powder, freebase)	4	s4_v1__4	K2	5	s4_v1__5	Opiate (e.g., heroin, oxycontin, pain pills)	6	s4_v1__6	Amphetamine (e.g., crystal meth, speed)	7	s4_v1__7	Sedative, Hypnotic, or Anxiolytic (e.g., valium, xanax)	8	s4_v1__8	Other Substance
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8	s4_v1__8	Other Substance																									
214	s5_v1 Show the field ONLY if: [visit] = '1' or [visit] = '5'	Section Header: In the past 6 months, how many days have you been treated in a hospital emergency room?	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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215	s6_v1 Show the field ONLY if: [visit] = '1' or [visit] = '5'	Section Header: In the past 6 months, how many days have you stayed overnight for treatment in a hospital?	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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216	s7_v1 Show the field ONLY if: [visit] = '1'	Section Header: Please select the Cardiovascular Diseases (heart/circulatory disease) that you have been diagnosed with. (Check all that apply):	checkbox, Required <table border="1"> <tr><td>1</td><td>s7_v1__1</td><td>Coronary Heart Disease/Coronary Artery Disease</td></tr> <tr><td>2</td><td>s7_v1__2</td><td>Stroke</td></tr> <tr><td>3</td><td>s7_v1__3</td><td>Peripheral Artery Disease</td></tr> <tr><td>4</td><td>s7_v1__4</td><td>Aortic Aneurysm</td></tr> <tr><td>5</td><td>s7_v1__5</td><td>Other</td></tr> <tr><td>6</td><td>s7_v1__6</td><td>Don't know</td></tr> <tr><td>7</td><td>s7_v1__7</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=7	1	s7_v1__1	Coronary Heart Disease/Coronary Artery Disease	2	s7_v1__2	Stroke	3	s7_v1__3	Peripheral Artery Disease	4	s7_v1__4	Aortic Aneurysm	5	s7_v1__5	Other	6	s7_v1__6	Don't know	7	s7_v1__7	None of the above			
1	s7_v1__1	Coronary Heart Disease/Coronary Artery Disease																									
2	s7_v1__2	Stroke																									
3	s7_v1__3	Peripheral Artery Disease																									
4	s7_v1__4	Aortic Aneurysm																									
5	s7_v1__5	Other																									
6	s7_v1__6	Don't know																									
7	s7_v1__7	None of the above																									
217	s8_v1 Show the field ONLY if: [visit] = '1'	Section Header: Please select the Pulmonary Diseases (lung diseases) that you have been diagnosed with. (Check all that apply):	checkbox, Required <table border="1"> <tr><td>1</td><td>s8_v1__1</td><td>Chronic Bronchitis</td></tr> <tr><td>2</td><td>s8_v1__2</td><td>Chronic Obstructive Pulmonary Disease (COPD)</td></tr> <tr><td>3</td><td>s8_v1__3</td><td>Emphysema</td></tr> <tr><td>4</td><td>s8_v1__4</td><td>Tuberculosis</td></tr> <tr><td>5</td><td>s8_v1__5</td><td>Other</td></tr> <tr><td>6</td><td>s8_v1__6</td><td>Don't know</td></tr> <tr><td>7</td><td>s8_v1__7</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=7	1	s8_v1__1	Chronic Bronchitis	2	s8_v1__2	Chronic Obstructive Pulmonary Disease (COPD)	3	s8_v1__3	Emphysema	4	s8_v1__4	Tuberculosis	5	s8_v1__5	Other	6	s8_v1__6	Don't know	7	s8_v1__7	None of the above			
1	s8_v1__1	Chronic Bronchitis																									
2	s8_v1__2	Chronic Obstructive Pulmonary Disease (COPD)																									
3	s8_v1__3	Emphysema																									
4	s8_v1__4	Tuberculosis																									
5	s8_v1__5	Other																									
6	s8_v1__6	Don't know																									
7	s8_v1__7	None of the above																									

218	s9_v1 Show the field ONLY if: [visit] = '1'	Section Header: Please select the Cancers you have been diagnosed with? (Check all that apply)	<div>checkbox, Required</div> <table border="1"> <tr><td>1</td><td>s9_v1__1</td><td>Lung/Bronchial</td></tr> <tr><td>2</td><td>s9_v1__2</td><td>Urinary Bladder</td></tr> <tr><td>3</td><td>s9_v1__3</td><td>Kidney/renal pelvis</td></tr> <tr><td>4</td><td>s9_v1__4</td><td>Pancreas</td></tr> <tr><td>5</td><td>s9_v1__5</td><td>Oral Cavity/Pharyngeal</td></tr> <tr><td>6</td><td>s9_v1__6</td><td>Prostate</td></tr> <tr><td>7</td><td>s9_v1__7</td><td>Colon/ Rectal</td></tr> <tr><td>8</td><td>s9_v1__8</td><td>Cervix</td></tr> <tr><td>9</td><td>s9_v1__9</td><td>Melanoma of the Skin</td></tr> <tr><td>10</td><td>s9_v1__10</td><td>Non Hodgkin Lymphoma</td></tr> <tr><td>11</td><td>s9_v1__11</td><td>Leukemia</td></tr> <tr><td>12</td><td>s9_v1__12</td><td>Breast</td></tr> <tr><td>13</td><td>s9_v1__13</td><td>Uterine Corpus</td></tr> <tr><td>14</td><td>s9_v1__14</td><td>Thyroid</td></tr> <tr><td>15</td><td>s9_v1__15</td><td>Ovary</td></tr> <tr><td>16</td><td>s9_v1__16</td><td>Other</td></tr> <tr><td>17</td><td>s9_v1__17</td><td>Don't know</td></tr> <tr><td>18</td><td>s9_v1__18</td><td>None of the above</td></tr> </table> <div>Field Annotation: @NONEOFHEABOVE=18</div>	1	s9_v1__1	Lung/Bronchial	2	s9_v1__2	Urinary Bladder	3	s9_v1__3	Kidney/renal pelvis	4	s9_v1__4	Pancreas	5	s9_v1__5	Oral Cavity/Pharyngeal	6	s9_v1__6	Prostate	7	s9_v1__7	Colon/ Rectal	8	s9_v1__8	Cervix	9	s9_v1__9	Melanoma of the Skin	10	s9_v1__10	Non Hodgkin Lymphoma	11	s9_v1__11	Leukemia	12	s9_v1__12	Breast	13	s9_v1__13	Uterine Corpus	14	s9_v1__14	Thyroid	15	s9_v1__15	Ovary	16	s9_v1__16	Other	17	s9_v1__17	Don't know	18	s9_v1__18	None of the above
1	s9_v1__1	Lung/Bronchial																																																							
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3	s9_v1__3	Kidney/renal pelvis																																																							
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16	s9_v1__16	Other																																																							
17	s9_v1__17	Don't know																																																							
18	s9_v1__18	None of the above																																																							
219	s10_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with High Blood Pressure?	<div>yesno, Required</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								
220	s11_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with Diabetes?	<div>yesno, Required</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								
221	s12_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with high Cholesterol?	<div>yesno, Required</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								
222	s13_v1 Show the field ONLY if: [visit] = '1'	Section Header: Do you have allergies (food, pollen)?	<div>yesno, Required</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								
223	s14_v1 Show the field ONLY if: [visit] = '1'	Section Header: Which of the following have you been diagnosed with? (Check all that apply):	<div>checkbox, Required</div> <table border="1"> <tr><td>1</td><td>s14_v1__1</td><td>Hepatitis A</td></tr> <tr><td>2</td><td>s14_v1__2</td><td>Hepatitis B</td></tr> <tr><td>3</td><td>s14_v1__3</td><td>Hepatitis C</td></tr> <tr><td>4</td><td>s14_v1__4</td><td>None of the Above</td></tr> </table> <div>Field Annotation: @NONEOFHEABOVE=4</div>	1	s14_v1__1	Hepatitis A	2	s14_v1__2	Hepatitis B	3	s14_v1__3	Hepatitis C	4	s14_v1__4	None of the Above																																										
1	s14_v1__1	Hepatitis A																																																							
2	s14_v1__2	Hepatitis B																																																							
3	s14_v1__3	Hepatitis C																																																							
4	s14_v1__4	None of the Above																																																							
224	s15_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with Arthritis?	<div>yesno, Required</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								
225	s16_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with HIV or AIDS?	<div>yesno, Required</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								

226	s17_v1 Show the field ONLY if: [s16_v1] = '0'	Section Header: How at risk do you think you are for getting HIV?	radio, Required <table border="1"> <tr><td>0</td><td>No risk</td></tr> <tr><td>1</td><td>Low risk</td></tr> <tr><td>2</td><td>Somewhat at risk</td></tr> <tr><td>3</td><td>Moderate risk</td></tr> <tr><td>4</td><td>High risk</td></tr> </table>	0	No risk	1	Low risk	2	Somewhat at risk	3	Moderate risk	4	High risk																										
0	No risk																																						
1	Low risk																																						
2	Somewhat at risk																																						
3	Moderate risk																																						
4	High risk																																						
227	s18_v1	Section Header: I am currently taking medication for: (check all diseases for which you ARE taking medication)	checkbox, Required <table border="1"> <tr><td>1</td><td>s18_v1__1</td><td>Heart Disease</td></tr> <tr><td>2</td><td>s18_v1__2</td><td>Lung or Pulmonary Disease</td></tr> <tr><td>3</td><td>s18_v1__3</td><td>Cancer</td></tr> <tr><td>4</td><td>s18_v1__4</td><td>High Blood Pressure</td></tr> <tr><td>5</td><td>s18_v1__5</td><td>Diabetes</td></tr> <tr><td>6</td><td>s18_v1__6</td><td>High Cholesterol</td></tr> <tr><td>7</td><td>s18_v1__7</td><td>Allergies</td></tr> <tr><td>8</td><td>s18_v1__8</td><td>Hepatitis</td></tr> <tr><td>9</td><td>s18_v1__9</td><td>Arthritis</td></tr> <tr><td>10</td><td>s18_v1__10</td><td>HIV or AIDS</td></tr> <tr><td>11</td><td>s18_v1__11</td><td>HIV prevention</td></tr> <tr><td>12</td><td>s18_v1__12</td><td>I am not taking medications for any of these problems</td></tr> </table> Custom alignment: LH Field Annotation: @NONEOFTHEABOVE=12	1	s18_v1__1	Heart Disease	2	s18_v1__2	Lung or Pulmonary Disease	3	s18_v1__3	Cancer	4	s18_v1__4	High Blood Pressure	5	s18_v1__5	Diabetes	6	s18_v1__6	High Cholesterol	7	s18_v1__7	Allergies	8	s18_v1__8	Hepatitis	9	s18_v1__9	Arthritis	10	s18_v1__10	HIV or AIDS	11	s18_v1__11	HIV prevention	12	s18_v1__12	I am not taking medications for any of these problems
1	s18_v1__1	Heart Disease																																					
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12	s18_v1__12	I am not taking medications for any of these problems																																					
228	s19_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with Depression?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
229	s20_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with Schizophrenia or Schizoaffective disorder?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
230	s21_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with Bipolar disorder?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
231	s22_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with Post Traumatic Stress Disorder (PTSD)?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
232	s23_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with an Anxiety Disorder besides PTSD? (Examples: Panic Disorder, Generalized Anxiety Disorder, Obsessive Compulsive Disorder)	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
233	s24_v1	Section Header: I have a prescription for the following disorders: (Check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>s24_v1__1</td><td>Depression</td></tr> <tr><td>2</td><td>s24_v1__2</td><td>Schizophrenia or Schizoaffective disorder</td></tr> <tr><td>3</td><td>s24_v1__3</td><td>Bipolar Disorder</td></tr> <tr><td>4</td><td>s24_v1__4</td><td>Anxiety Disorder</td></tr> <tr><td>5</td><td>s24_v1__5</td><td>Post Traumatic Stress Disorder (PTSD)</td></tr> <tr><td>6</td><td>s24_v1__6</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=6	1	s24_v1__1	Depression	2	s24_v1__2	Schizophrenia or Schizoaffective disorder	3	s24_v1__3	Bipolar Disorder	4	s24_v1__4	Anxiety Disorder	5	s24_v1__5	Post Traumatic Stress Disorder (PTSD)	6	s24_v1__6	None of the above																		
1	s24_v1__1	Depression																																					
2	s24_v1__2	Schizophrenia or Schizoaffective disorder																																					
3	s24_v1__3	Bipolar Disorder																																					
4	s24_v1__4	Anxiety Disorder																																					
5	s24_v1__5	Post Traumatic Stress Disorder (PTSD)																																					
6	s24_v1__6	None of the above																																					
234	s25a_v1 Show the field ONLY if: [s24_v1(1)] = '1'	Section Header: Did you take your depression medication yesterday?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						



235	<div>s26a_v1</div> <div>Show the field ONLY if: [s25a_v1] = '0'</div>	<div>Section Header:</div> <div>What were the reasons that you did not take your depression medication yesterday? (Check all that apply)</div>	<div>checkbox, Required</div> <table><tr><td>1</td><td>s26a_v1__1</td><td>Side effects</td></tr><tr><td>2</td><td>s26a_v1__2</td><td>Forgot</td></tr><tr><td>3</td><td>s26a_v1__3</td><td>The medication is not working</td></tr><tr><td>4</td><td>s26a_v1__4</td><td>I do not need the medication anymore</td></tr><tr><td>5</td><td>s26a_v1__5</td><td>I have not picked up the medication from the pharmacy</td></tr><tr><td>6</td><td>s26a_v1__6</td><td>I cannot get the medication refilled</td></tr><tr><td>7</td><td>s26a_v1__7</td><td>Other reasons</td></tr></table>	1	s26a_v1__1	Side effects	2	s26a_v1__2	Forgot	3	s26a_v1__3	The medication is not working	4	s26a_v1__4	I do not need the medication anymore	5	s26a_v1__5	I have not picked up the medication from the pharmacy	6	s26a_v1__6	I cannot get the medication refilled	7	s26a_v1__7	Other reasons
1	s26a_v1__1	Side effects																						
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3	s26a_v1__3	The medication is not working																						
4	s26a_v1__4	I do not need the medication anymore																						
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6	s26a_v1__6	I cannot get the medication refilled																						
7	s26a_v1__7	Other reasons																						
236	<div>s25b_v1</div> <div>Show the field ONLY if: [s24_v1(2)] = '1'</div>	<div>Section Header:</div> <div>Did you take your Schizophrenia or Schizoaffective disorder medication yesterday?</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																	
1	Yes																							
0	No																							
237	<div>s26b_v1</div> <div>Show the field ONLY if: [s25b_v1] = '0'</div>	<div>Section Header:</div> <div>What were the reasons that you did not take your Schizophrenia or Schizoaffective disorder medication yesterday? (Check all that apply):</div>	<div>checkbox, Required</div> <table><tr><td>1</td><td>s26b_v1__1</td><td>Side effects</td></tr><tr><td>2</td><td>s26b_v1__2</td><td>Forgot</td></tr><tr><td>3</td><td>s26b_v1__3</td><td>The medication is not working</td></tr><tr><td>4</td><td>s26b_v1__4</td><td>I do not need the medication anymore</td></tr><tr><td>5</td><td>s26b_v1__5</td><td>I have not picked up the medication from the pharmacy</td></tr><tr><td>6</td><td>s26b_v1__6</td><td>I cannot get the medication refilled</td></tr><tr><td>7</td><td>s26b_v1__7</td><td>Other reasons</td></tr></table>	1	s26b_v1__1	Side effects	2	s26b_v1__2	Forgot	3	s26b_v1__3	The medication is not working	4	s26b_v1__4	I do not need the medication anymore	5	s26b_v1__5	I have not picked up the medication from the pharmacy	6	s26b_v1__6	I cannot get the medication refilled	7	s26b_v1__7	Other reasons
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7	s26b_v1__7	Other reasons																						
238	<div>s25c_v1</div> <div>Show the field ONLY if: [s24_v1(3)] = '1'</div>	<div>Section Header:</div> <div>Did you take your Bipolar Disorder medication yesterday?</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																	
1	Yes																							
0	No																							
239	<div>s26c_v1</div> <div>Show the field ONLY if: [s25c_v1] = '0'</div>	<div>Section Header:</div> <div>What were the reasons that you did not take your Bipolar Disorder medication yesterday? (Check all that apply)</div>	<div>checkbox, Required</div> <table><tr><td>1</td><td>s26c_v1__1</td><td>Side effects</td></tr><tr><td>2</td><td>s26c_v1__2</td><td>Forgot</td></tr><tr><td>3</td><td>s26c_v1__3</td><td>The medication is not working</td></tr><tr><td>4</td><td>s26c_v1__4</td><td>I do not need the medication anymore</td></tr><tr><td>5</td><td>s26c_v1__5</td><td>I have not picked up the medication from the pharmacy</td></tr><tr><td>6</td><td>s26c_v1__6</td><td>I cannot get the medication refilled</td></tr><tr><td>7</td><td>s26c_v1__7</td><td>Other reasons</td></tr></table>	1	s26c_v1__1	Side effects	2	s26c_v1__2	Forgot	3	s26c_v1__3	The medication is not working	4	s26c_v1__4	I do not need the medication anymore	5	s26c_v1__5	I have not picked up the medication from the pharmacy	6	s26c_v1__6	I cannot get the medication refilled	7	s26c_v1__7	Other reasons
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7	s26c_v1__7	Other reasons																						
240	<div>s25d_v1</div> <div>Show the field ONLY if: [s24_v1(4)] = '1'</div>	<div>Section Header:</div> <div>Did you take your Anxiety Disorder medication yesterday?</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																	
1	Yes																							
0	No																							
241	<div>s26d_v1</div> <div>Show the field ONLY if: [s25d_v1] = '0'</div>	<div>Section Header:</div> <div>What were the reasons that you did not take your Anxiety Disorder medication yesterday? (Check all that apply)</div>	<div>checkbox, Required</div> <table><tr><td>1</td><td>s26d_v1__1</td><td>Side effects</td></tr><tr><td>2</td><td>s26d_v1__2</td><td>Forgot</td></tr><tr><td>3</td><td>s26d_v1__3</td><td>The medication is not working</td></tr><tr><td>4</td><td>s26d_v1__4</td><td>I do not need the medication anymore</td></tr><tr><td>5</td><td>s26d_v1__5</td><td>I have not picked up the medication from the pharmacy</td></tr><tr><td>6</td><td>s26d_v1__6</td><td>I cannot get the medication refilled</td></tr><tr><td>7</td><td>s26d_v1__7</td><td>Other reasons</td></tr></table>	1	s26d_v1__1	Side effects	2	s26d_v1__2	Forgot	3	s26d_v1__3	The medication is not working	4	s26d_v1__4	I do not need the medication anymore	5	s26d_v1__5	I have not picked up the medication from the pharmacy	6	s26d_v1__6	I cannot get the medication refilled	7	s26d_v1__7	Other reasons
1	s26d_v1__1	Side effects																						
2	s26d_v1__2	Forgot																						
3	s26d_v1__3	The medication is not working																						
4	s26d_v1__4	I do not need the medication anymore																						
5	s26d_v1__5	I have not picked up the medication from the pharmacy																						
6	s26d_v1__6	I cannot get the medication refilled																						
7	s26d_v1__7	Other reasons																						
242	<div>s25e_v1</div> <div>Show the field ONLY if: [s24_v1(5)] = '1'</div>	<div>Section Header:</div> <div>Did you take your PTSD medication yesterday?</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																	
1	Yes																							
0	No																							

243	s26e_v1 Show the field ONLY if: [s25e_v1] = '0'	Section Header: What were the reasons that you did not take your PTSD medication yesterday? (Check all that apply):	checkbox, Required <table border="1"> <tr><td>1</td><td>s26e_v1__1</td><td>Side effects</td></tr> <tr><td>2</td><td>s26e_v1__2</td><td>Forgot</td></tr> <tr><td>3</td><td>s26e_v1__3</td><td>The medication is not working</td></tr> <tr><td>4</td><td>s26e_v1__4</td><td>I do not need the medication anymore</td></tr> <tr><td>5</td><td>s26e_v1__5</td><td>I have not picked up the medication from the pharmacy</td></tr> <tr><td>6</td><td>s26e_v1__6</td><td>I cannot get the medication refilled</td></tr> <tr><td>7</td><td>s26e_v1__7</td><td>Other reasons</td></tr> </table>	1	s26e_v1__1	Side effects	2	s26e_v1__2	Forgot	3	s26e_v1__3	The medication is not working	4	s26e_v1__4	I do not need the medication anymore	5	s26e_v1__5	I have not picked up the medication from the pharmacy	6	s26e_v1__6	I cannot get the medication refilled	7	s26e_v1__7	Other reasons
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3	s26e_v1__3	The medication is not working																						
4	s26e_v1__4	I do not need the medication anymore																						
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6	s26e_v1__6	I cannot get the medication refilled																						
7	s26e_v1__7	Other reasons																						
244	s27_v1	Section Header: What percent of your friends consume alcohol on a regular basis?	radio, Required <table border="1"> <tr><td>0</td><td>None of my friends drink alcohol on a regular basis</td></tr> <tr><td>1</td><td>25% (1 out of 4) of my friends drink alcohol</td></tr> <tr><td>2</td><td>50% (half) of my friends drink alcohol</td></tr> <tr><td>3</td><td>75% (3 out of 4) of my friends drink alcohol</td></tr> <tr><td>4</td><td>100% (all) of my friends drink alcohol</td></tr> </table>	0	None of my friends drink alcohol on a regular basis	1	25% (1 out of 4) of my friends drink alcohol	2	50% (half) of my friends drink alcohol	3	75% (3 out of 4) of my friends drink alcohol	4	100% (all) of my friends drink alcohol											
0	None of my friends drink alcohol on a regular basis																							
1	25% (1 out of 4) of my friends drink alcohol																							
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3	75% (3 out of 4) of my friends drink alcohol																							
4	100% (all) of my friends drink alcohol																							
245	s28_v1	Section Header: What percent of your friends use an illegal drug or substance on a regular basis?	radio, Required <table border="1"> <tr><td>0</td><td>None of my friends use illegal drugs on a regular basis</td></tr> <tr><td>1</td><td>25% (1 out of 4) of my friends use illegal drugs</td></tr> <tr><td>2</td><td>50% (half) of my friends use illegal drugs</td></tr> <tr><td>3</td><td>75% (3 out of 4) of my friends use illegal drugs</td></tr> <tr><td>4</td><td>100% (all) of my friends use illegal drugs</td></tr> </table>	0	None of my friends use illegal drugs on a regular basis	1	25% (1 out of 4) of my friends use illegal drugs	2	50% (half) of my friends use illegal drugs	3	75% (3 out of 4) of my friends use illegal drugs	4	100% (all) of my friends use illegal drugs											
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3	75% (3 out of 4) of my friends use illegal drugs																							
4	100% (all) of my friends use illegal drugs																							
246	s29_v1 Show the field ONLY if: [visit] = '1'	Section Header: Have you ever been diagnosed with an Alcohol or Substance Use Disorder (other than tobacco)?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
247	s30_v1 Show the field ONLY if: [s29_v1]='1'	Section Header: Which Substance Use Disorder have you been diagnosed with? (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>s30_v1__1</td><td>Alcohol Use Disorder</td></tr> <tr><td>2</td><td>s30_v1__2</td><td>Cannabis Use Disorder (e.g., marijuana)</td></tr> <tr><td>3</td><td>s30_v1__3</td><td>Cocaine Use Disorder (e.g., crack, powder, freebase)</td></tr> <tr><td>4</td><td>s30_v1__4</td><td>Opiate Use Disorder (e.g., heroin, oxycontin, pain pills)</td></tr> <tr><td>5</td><td>s30_v1__5</td><td>Amphetamine Use Disorder (e.g., crystal meth, speed)</td></tr> <tr><td>6</td><td>s30_v1__6</td><td>Sedative, Hypnotic, or Anxiolytic Use Disorder (e.g., valium, xanax)</td></tr> <tr><td>7</td><td>s30_v1__7</td><td>Other Substance Use Disorder</td></tr> </table>	1	s30_v1__1	Alcohol Use Disorder	2	s30_v1__2	Cannabis Use Disorder (e.g., marijuana)	3	s30_v1__3	Cocaine Use Disorder (e.g., crack, powder, freebase)	4	s30_v1__4	Opiate Use Disorder (e.g., heroin, oxycontin, pain pills)	5	s30_v1__5	Amphetamine Use Disorder (e.g., crystal meth, speed)	6	s30_v1__6	Sedative, Hypnotic, or Anxiolytic Use Disorder (e.g., valium, xanax)	7	s30_v1__7	Other Substance Use Disorder
1	s30_v1__1	Alcohol Use Disorder																						
2	s30_v1__2	Cannabis Use Disorder (e.g., marijuana)																						
3	s30_v1__3	Cocaine Use Disorder (e.g., crack, powder, freebase)																						
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6	s30_v1__6	Sedative, Hypnotic, or Anxiolytic Use Disorder (e.g., valium, xanax)																						
7	s30_v1__7	Other Substance Use Disorder																						
248	s31_v1 Show the field ONLY if: [visit] = '1' or [visit] = '5'	Section Header: Have you used needles to inject drugs in the past 6 months?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							

249	s32_v1	<p>Section Header:</p> <p>Please select all the substances that you used in the past 30 days. (check all that apply)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>s32_v1__1</td><td>Alcohol</td></tr> <tr><td>2</td><td>s32_v1__2</td><td>Cannabis (example: marijuana)</td></tr> <tr><td>3</td><td>s32_v1__3</td><td>Cocaine (example: crack, powder, freebase)</td></tr> <tr><td>4</td><td>s32_v1__4</td><td>K2 (synthetic marijuana, spice)</td></tr> <tr><td>5</td><td>s32_v1__5</td><td>Opiate (example: heroin, oxycontin, pain pills)</td></tr> <tr><td>6</td><td>s32_v1__6</td><td>Amphetamine (example: crystal meth, speed)</td></tr> <tr><td>7</td><td>s32_v1__7</td><td>Sedative, Hypnotic, or Anxiolytic (example: valium, xanax)</td></tr> <tr><td>8</td><td>s32_v1__8</td><td>Other Substance</td></tr> <tr><td>9</td><td>s32_v1__9</td><td>I did not use any of these substances in the past 30 days</td></tr> </table> <p>Field Annotation: @NONEOFHEABOVE=9</p>	1	s32_v1__1	Alcohol	2	s32_v1__2	Cannabis (example: marijuana)	3	s32_v1__3	Cocaine (example: crack, powder, freebase)	4	s32_v1__4	K2 (synthetic marijuana, spice)	5	s32_v1__5	Opiate (example: heroin, oxycontin, pain pills)	6	s32_v1__6	Amphetamine (example: crystal meth, speed)	7	s32_v1__7	Sedative, Hypnotic, or Anxiolytic (example: valium, xanax)	8	s32_v1__8	Other Substance	9	s32_v1__9	I did not use any of these substances in the past 30 days
1	s32_v1__1	Alcohol																												
2	s32_v1__2	Cannabis (example: marijuana)																												
3	s32_v1__3	Cocaine (example: crack, powder, freebase)																												
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8	s32_v1__8	Other Substance																												
9	s32_v1__9	I did not use any of these substances in the past 30 days																												
250	s33_v1	<p>Section Header:</p> <p>How often do you brush your teeth?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than 1 time per week</td></tr> <tr><td>2</td><td>1 to 3 times per week</td></tr> <tr><td>3</td><td>4 to 6 times per week</td></tr> <tr><td>4</td><td>Every day</td></tr> </table>	0	Never	1	Less than 1 time per week	2	1 to 3 times per week	3	4 to 6 times per week	4	Every day																	
0	Never																													
1	Less than 1 time per week																													
2	1 to 3 times per week																													
3	4 to 6 times per week																													
4	Every day																													
251	s34_v1 Show the field ONLY if: [visit] = '1'	<p>Section Header:</p> <p>How many teeth are you missing?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (I have all my teeth) (excluding wisdoms)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11 or more</td></tr> </table>	0	0 (I have all my teeth) (excluding wisdoms)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more			
0	0 (I have all my teeth) (excluding wisdoms)																													
1	1																													
2	2																													
3	3																													
4	4																													
5	5																													
6	6																													
7	7																													
8	8																													
9	9																													
10	10																													
11	11 or more																													
252	s35_v1 Show the field ONLY if: [visit] = '1'	<p>Section Header:</p> <p>Have you ever had a blow to the head that caused a concussion (symptoms of a concussion can include head ache, memory loss, confusion, blurred vision, dizziness, nausea, vomiting, loss of balance, ringing in the ears)?</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																							
1	Yes																													
0	No																													
253	s36_v1 Show the field ONLY if: [s35_v1]='1'	<p>Section Header:</p> <p>How long were you unconscious?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 minutes - I did not lose consciousness</td></tr> <tr><td>1</td><td>1 to 5 minutes</td></tr> <tr><td>2</td><td>6 to 15 minutes</td></tr> <tr><td>3</td><td>16 to 30 minutes</td></tr> <tr><td>4</td><td>31 minutes to 24 hours</td></tr> <tr><td>5</td><td>More than 24 hours</td></tr> </table>	0	0 minutes - I did not lose consciousness	1	1 to 5 minutes	2	6 to 15 minutes	3	16 to 30 minutes	4	31 minutes to 24 hours	5	More than 24 hours															
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3	16 to 30 minutes																													
4	31 minutes to 24 hours																													
5	More than 24 hours																													

254	s37_v1	<p>Section Header:</p> <p>During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop)</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I did not drink soda or pop during the past 7 days</td></tr> <tr><td>1</td><td>1 to 3 times during the past 7 days</td></tr> <tr><td>2</td><td>4 to 6 times during the past 7 days</td></tr> <tr><td>3</td><td>1 time per day</td></tr> <tr><td>4</td><td>2 times per day</td></tr> <tr><td>5</td><td>3 times per day</td></tr> <tr><td>6</td><td>4 or more times per day</td></tr> </table>	0	I did not drink soda or pop during the past 7 days	1	1 to 3 times during the past 7 days	2	4 to 6 times during the past 7 days	3	1 time per day	4	2 times per day	5	3 times per day	6	4 or more times per day													
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5	3 times per day																													
6	4 or more times per day																													
255	s38_v1	<p>Section Header:</p> <p>How confident are you filling out medical forms by yourself?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Extremely</td></tr> <tr><td>2</td><td>Quite a bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A little bit</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table>	1	Extremely	2	Quite a bit	3	Somewhat	4	A little bit	5	Not at all																	
1	Extremely																													
2	Quite a bit																													
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5	Not at all																													
256	s39a_v1	<p>Section Header:</p> <p>Are you limited in any way in any activities because of physical, mental, or emotional problems?</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																							
1	Yes																													
0	No																													
257	s39b_v1	<p>Section Header:</p> <p>Do you receive government benefits (example, social security) for a physical, mental, or emotional disability?</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																							
1	Yes																													
0	No																													
258	s40_v1	<p>Section Header:</p> <p>How much bodily pain have you had during the past four weeks?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Very mild</td></tr> <tr><td>2</td><td>Mild</td></tr> <tr><td>3</td><td>Moderate</td></tr> <tr><td>4</td><td>Severe</td></tr> </table>	0	None	1	Very mild	2	Mild	3	Moderate	4	Severe																	
0	None																													
1	Very mild																													
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4	Severe																													
259	s41_v1	<p>Section Header:</p> <p>Do you believe that a smartphone app can help you to change your actions or behavior?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>7</td><td>Don't know</td></tr> <tr><td>8</td><td>Refuse to Answer</td></tr> <tr><td>9</td><td>Not Applicable</td></tr> </table>	0	No	1	Yes	7	Don't know	8	Refuse to Answer	9	Not Applicable																	
0	No																													
1	Yes																													
7	Don't know																													
8	Refuse to Answer																													
9	Not Applicable																													
260	s42_v1	<p>Section Header:</p> <p>Have you ever used a smartphone app to manage one or more health-related issues?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>7</td><td>Don't know</td></tr> <tr><td>8</td><td>Refused to answer</td></tr> <tr><td>9</td><td>Not Applicable</td></tr> </table>	0	No	1	Yes	7	Don't know	8	Refused to answer	9	Not Applicable																	
0	No																													
1	Yes																													
7	Don't know																													
8	Refused to answer																													
9	Not Applicable																													
261	s43_v1	<p>Section Header:</p> <p>What type of health related issue? (Check all types of smartphone apps that you have used)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>s43_v1__1</td><td>Food/calorie tracking</td></tr> <tr><td>2</td><td>s43_v1__2</td><td>Medication reminders</td></tr> <tr><td>3</td><td>s43_v1__3</td><td>Mood manager</td></tr> <tr><td>4</td><td>s43_v1__4</td><td>Physical activity</td></tr> <tr><td>5</td><td>s43_v1__5</td><td>Sleep tracking</td></tr> <tr><td>6</td><td>s43_v1__6</td><td>Smoking cessation</td></tr> <tr><td>7</td><td>s43_v1__7</td><td>Stress reduction</td></tr> <tr><td>8</td><td>s43_v1__8</td><td>Weight loss or tracking</td></tr> <tr><td>9</td><td>s43_v1__9</td><td>Other</td></tr> </table>	1	s43_v1__1	Food/calorie tracking	2	s43_v1__2	Medication reminders	3	s43_v1__3	Mood manager	4	s43_v1__4	Physical activity	5	s43_v1__5	Sleep tracking	6	s43_v1__6	Smoking cessation	7	s43_v1__7	Stress reduction	8	s43_v1__8	Weight loss or tracking	9	s43_v1__9	Other
1	s43_v1__1	Food/calorie tracking																												
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9	s43_v1__9	Other																												

262	selfrated_health_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: TCU Drug Screen 5 (tcu_drug_screen_5)  Enabled as survey ^ Collapse									
263	ds1_v2	During the last 3 months, did you use larger amounts of drugs and/or alcohol or use them for a longer time than you planned or intended?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
264	ds2_v2	Section Header: During the last 3 months, did you try to control or cut down on your drug and/or alcohol use but were unable to do it?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
265	ds3_v2	Section Header: During the last 3 months, did you spend a lot of time getting drugs and/or alcohol, using them, or recovering from their use?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
266	ds4_v2	Section Header: During the last 3 months, did you have a strong desire or urge to use drugs and/or alcohol?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
267	ds5_v2	Section Header: During the last 3 months, did you get so high or sick from using drugs and/or alcohol that it kept you from working, going to school, or caring for children?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
268	ds6_v2	Section Header: During the last 3 months, did you continue using drugs and/or alcohol even when it led to social or interpersonal problems?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
269	ds7_v2	Section Header: During the last 3 months, did you spend less time at work, school, or with friends because of your drug and/or alcohol use?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
270	ds8_v2	Section Header: During the last 3 months, did you use drugs and/or alcohol that put you or others in physical danger?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
271	ds9_v2	Section Header: During the last 3 months, did you continue using drugs and/or alcohol even when it was causing you physical or psychological problems?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
272	ds10a_v2	Section Header: During the last 3 months, did you need to increase the amount of a drug and/or alcohol you were taking so that you could get the same effects as before?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
273	ds10b_v2	Section Header: During the last 3 months, did using the same amount of a drug and/or alcohol lead to it having less of an effect as it did before?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
274	ds11a_v2	Section Header: During the last 3 months, did you get sick or have withdrawal symptoms when you quit or missed taking a drug and/or alcohol?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
275	ds11b_v2	Section Header: During the last 3 months, did you ever keep taking a drug and/or alcohol to relieve or avoid getting sick or having withdrawal symptoms?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
276	tcu_drug_screen_5_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: PC-PTSD Screen (pcptsd_screen) 				^ Collapse								
277	ptsd1_v1	In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 30 days, you have had nightmares about it or thought about it when you did not want to?	yesno, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
278	ptsd2_v1	Section Header: In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 30 days, you tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	yesno, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
279	ptsd3_v1	Section Header: In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 30 days, you were constantly on guard, watchful, or easily startled?	yesno, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
280	ptsd4_v1	Section Header: In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 30 days, you felt numb or detached from others, activities, or your surroundings?	yesno, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
281	pcptsd_screen_complete	Section Header: <i>Form Status</i> Complete?	dropdown	<table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: BRFS ACE Module (brfs_ace_module) 				^ Collapse								
282	info_17	This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. All questions refer to the time period before you were 18 years of age. Press "next page" to continue...	descriptive									
283	brac1	Section Header: Now, looking back before you were 18 years of age did you live with anyone who was depressed, mentally ill, or suicidal?	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>Don't know/Not Sure</td></tr> </table>	1	Yes	2	No	9	Don't know/Not Sure		
1	Yes											
2	No											
9	Don't know/Not Sure											
284	brac2	Section Header: Did you live with anyone who was a problem drinker or alcoholic?	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>Don't know/Not Sure</td></tr> </table>	1	Yes	2	No	9	Don't know/Not Sure		
1	Yes											
2	No											
9	Don't know/Not Sure											
285	brac3	Section Header: Did you live with anyone who used illegal street drugs or who abused prescription medications?	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>Don't know/Not Sure</td></tr> </table>	1	Yes	2	No	9	Don't know/Not Sure		
1	Yes											
2	No											
9	Don't know/Not Sure											
286	brac4	Section Header: Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>9</td><td>Don't know/Not Sure</td></tr> </table>	1	Yes	2	No	9	Don't know/Not Sure		
1	Yes											
2	No											
9	Don't know/Not Sure											
287	brac5	Section Header: Were your parents separated or divorced?	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>8</td><td>Parents not married</td></tr> <tr><td>9</td><td>Don't know/Not Sure</td></tr> </table>	1	Yes	2	No	8	Parents not married	9	Don't know/Not Sure
1	Yes											
2	No											
8	Parents not married											
9	Don't know/Not Sure											
288	brac6	Section Header: How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	radio, Required	<table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Once</td></tr> <tr><td>3</td><td>More than once</td></tr> <tr><td>9</td><td>Don't know/Not Sure</td></tr> </table>	1	Never	2	Once	3	More than once	9	Don't know/Not Sure
1	Never											
2	Once											
3	More than once											
9	Don't know/Not Sure											

289	brac7	<p>Section Header:</p> <p>Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say-</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Once</td></tr><tr><td>3</td><td>More than once</td></tr><tr><td>9</td><td>Don't know/Not Sure</td></tr></table>	1	Never	2	Once	3	More than once	9	Don't know/Not Sure
1	Never										
2	Once										
3	More than once										
9	Don't know/Not Sure										
290	brac8	<p>Section Header:</p> <p>How often did a parent or adult in your home ever swear at you, insult you, or put you down?</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Once</td></tr><tr><td>3</td><td>More than once</td></tr><tr><td>9</td><td>Don't know/Not Sure</td></tr></table>	1	Never	2	Once	3	More than once	9	Don't know/Not Sure
1	Never										
2	Once										
3	More than once										
9	Don't know/Not Sure										
291	brac9	<p>Section Header:</p> <p>How often did anyone at least 5 years older than you or an adult, ever touch you sexually?</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Once</td></tr><tr><td>3</td><td>More than once</td></tr><tr><td>9</td><td>Don't know/Not Sure</td></tr></table>	1	Never	2	Once	3	More than once	9	Don't know/Not Sure
1	Never										
2	Once										
3	More than once										
9	Don't know/Not Sure										
292	brac10	<p>Section Header:</p> <p>How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Once</td></tr><tr><td>3</td><td>More than once</td></tr><tr><td>9</td><td>Don't know/Not Sure</td></tr></table>	1	Never	2	Once	3	More than once	9	Don't know/Not Sure
1	Never										
2	Once										
3	More than once										
9	Don't know/Not Sure										
293	brac11	<p>Section Header:</p> <p>How often did anyone at least 5 years older than you or an adult, force you to have sex?</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Once</td></tr><tr><td>3</td><td>More than once</td></tr><tr><td>9</td><td>Don't know/Not Sure</td></tr></table>	1	Never	2	Once	3	More than once	9	Don't know/Not Sure
1	Never										
2	Once										
3	More than once										
9	Don't know/Not Sure										
294	brfs_ace_module_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **Tobacco History** (tobacco_history) Enabled as survey[^ Collapse](#)

295	t1_v1	Have you smoked at least 100 cigarettes (or cigarillos) in your entire life? (NOTE: 5 packs = 100 cigarettes)	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
296	t2_v1 Show the field ONLY if: [t1_v1] = '1'	Section Header: Have you smoked cigarettes or cigarillos in the past 30 days?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
297	t3a_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '0'	Section Header: How long ago did you quit smoking? (for example 3 and a half years would be 3 years and 6 months)	descriptive, Required				
298	t3a_v1y Show the field ONLY if: [t2_v1] = '0'	Years:	text (integer, Min: 0, Max: 83), Required				
299	t3a_v1m Show the field ONLY if: [t2_v1] = '0'	Months:	text (integer, Min: 0, Max: 11), Required				
300	t3b_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '0'	Section Header: How many years were you a smoker?	text (integer, Min: 0, Max: 96), Required				

301	t4_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [visit] = '1'	Section Header: How often do you smoke cigarettes or cigarillos?	radio, Required 0 Sometimes 1 Everyday
302	t5_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: In the last 24 hours, how many cigarettes or cigarillos have you smoked?	radio, Required 0 0 1 1 to 5 2 6 to 10 3 11 to 15 4 16 to 20 5 21 to 25 6 more than 25
303	t5a1_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [t5_v1] = '1'	Section Header: You reported that you smoked 1 to 5 cigarettes or cigarillos yesterday, how many did you smoke?	radio, Required 1 1 2 2 3 3 4 4 5 5
304	t5a2_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [t5_v1] = '2'	You reported that you smoked 6 to 10 cigarettes or cigarillos yesterday, how many did you smoke?	radio, Required 6 6 7 7 8 8 9 9 10 10
305	t5a3_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [t5_v1] = '3'	You reported that you smoked 11 to 15 cigarettes or cigarillos yesterday, how many did you smoke?	radio, Required 11 11 12 12 13 13 14 14 15 15
306	t5a4_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [t5_v1] = '4'	You reported that you smoked 16 to 20 cigarettes or cigarillos yesterday, how many did you smoke?	radio, Required 16 16 17 17 18 18 19 19 20 20
307	t5a5_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [t5_v1] = '5'	You reported that you smoked 21 to 25 cigarettes or cigarillos yesterday, how many did you smoke?	radio, Required 21 21 22 22 23 23 24 24 25 25
308	t5a6_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [t5_v1] = '6'	You reported that you smoked 26 or more cigarettes or cigarillos yesterday, how many did you smoke?	radio, Required 26 26 27 27 28 28 29 29 30 30 or more

309	<div>t6_v1</div> <div>Show the field ONLY if: [t1_v1] = '1'</div>	<div>Section Header:</div> <div>How many cigarettes or cigarillos do you usually smoke in a day?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1 to 5</td></tr><tr><td>2</td><td>6 to 10</td></tr><tr><td>3</td><td>11 to 15</td></tr><tr><td>4</td><td>16 to 20</td></tr><tr><td>5</td><td>21 to 25</td></tr><tr><td>6</td><td>more than 25</td></tr></table>	0	0	1	1 to 5	2	6 to 10	3	11 to 15	4	16 to 20	5	21 to 25	6	more than 25
0	0																
1	1 to 5																
2	6 to 10																
3	11 to 15																
4	16 to 20																
5	21 to 25																
6	more than 25																
310	<div>t6a1_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [t6_v1] = '1'</div>	<div>You reported that you usually smoke 1 to 5 cigarettes in a day, how many do you usually smoke?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr></table>	1	1	2	2	3	3	4	4	5	5				
1	1																
2	2																
3	3																
4	4																
5	5																
311	<div>t6a2_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [t6_v1] = '2'</div>	<div>You reported that you usually smoke 6 to 10 cigarettes in a day, how many do you usually smoke?</div>	<div>radio, Required</div> <table><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	6	6	7	7	8	8	9	9	10	10				
6	6																
7	7																
8	8																
9	9																
10	10																
312	<div>t6a3_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [t6_v1] = '3'</div>	<div>You reported that you usually smoke 11 to 15 cigarettes in a day, how many do you usually smoke?</div>	<div>radio, Required</div> <table><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr></table>	11	11	12	12	13	13	14	14	15	15				
11	11																
12	12																
13	13																
14	14																
15	15																
313	<div>t6a4_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [t6_v1] = '4'</div>	<div>You reported that you usually smoke 16 to 20 cigarettes in a day, how many do you usually smoke?</div>	<div>radio, Required</div> <table><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr></table>	16	16	17	17	18	18	19	19	20	20				
16	16																
17	17																
18	18																
19	19																
20	20																
314	<div>t6a5_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [t6_v1] = '5'</div>	<div>You reported that you usually smoke 21 to 25 cigarettes in a day, how many do you usually smoke?</div>	<div>radio, Required</div> <table><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr></table>	21	21	22	22	23	23	24	24	25	25				
21	21																
22	22																
23	23																
24	24																
25	25																
315	<div>t6a6_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [t6_v1] = '6'</div>	<div>You reported that you usually smoke 26 or more cigarettes or cigarillos per day, how many do you usually smoke?</div>	<div>radio, Required</div> <table><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30 or more</td></tr></table>	26	26	27	27	28	28	29	29	30	30 or more				
26	26																
27	27																
28	28																
29	29																
30	30 or more																


316	<div>t7_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'</div>	<div>Section Header:</div> <div>On average, how much money do you spend on cigarettes or cigarillos each week?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>\$5 or less</td></tr><tr><td>2</td><td>\$6 to \$10</td></tr><tr><td>3</td><td>\$11 to \$20</td></tr><tr><td>4</td><td>\$21 to \$30</td></tr><tr><td>5</td><td>\$31 to \$40</td></tr><tr><td>6</td><td>\$41 to \$50</td></tr><tr><td>7</td><td>\$51 to \$60</td></tr><tr><td>8</td><td>\$61 to \$70</td></tr><tr><td>9</td><td>\$71 or more</td></tr></table>	1	\$5 or less	2	\$6 to \$10	3	\$11 to \$20	4	\$21 to \$30	5	\$31 to \$40	6	\$41 to \$50	7	\$51 to \$60	8	\$61 to \$70	9	\$71 or more										
1	\$5 or less																														
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6	\$41 to \$50																														
7	\$51 to \$60																														
8	\$61 to \$70																														
9	\$71 or more																														
317	<div>t8_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [visit] = '1'</div>	<div>Section Header:</div> <div>How many years have you smoked?</div>	<div>text (number, Min: 0, Max: 96), Required</div> <div>Custom alignment: RH</div>																												
318	<div>t9_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [visit] = '1'</div>	<div>Section Header:</div> <div>Is or was your regular brand of cigarettes menthol or non-menthol?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>Non-Menthol</td></tr><tr><td>1</td><td>Menthol</td></tr></table>	0	Non-Menthol	1	Menthol																								
0	Non-Menthol																														
1	Menthol																														
319	<div>t10_v1</div> <div>Show the field ONLY if: [t1_v1] = '1'</div>	<div>Section Header:</div> <div>In the past 30 days, how many times have you successfully quit smoking for at least 24 hours (only include times where you wanted to quit smoking - do not include times when you wanted to smoke but didn't have money to buy cigarettes)?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9 or more								
0	0																														
1	1																														
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4	4																														
5	5																														
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8	8																														
9	9 or more																														
320	<div>t11_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [visit] = '1'</div>	<div>Section Header:</div> <div>At what age did you begin smoking cigarettes or cigarillos?</div>	<div>text (integer, Min: 0, Max: 96), Required</div>																												
321	<div>t12_v1</div> <div>Show the field ONLY if: [t1_v1] = '1' and [visit] = '1'</div>	<div>Section Header:</div> <div>How many times in your whole life have you quit smoking for at least 24 hours? (only include times where you wanted to quit smoking - do not include times when you wanted to smoke but didn't have money to buy cigarettes) (Choose one)</div>	<div>radio, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11-15</td></tr><tr><td>12</td><td>16-20</td></tr><tr><td>13</td><td>21 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11-15	12	16-20	13	21 or more
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8	8																														
9	9																														
10	10																														
11	11-15																														
12	16-20																														
13	21 or more																														

322	t12a_v1 Show the field ONLY if: [t1_v1] = '1' and [t12_v1] = '11'	Section Header: You stated you have quit smoking 11-15 times in your whole life, how many times have you quit smoking?	radio, Required <table border="1"> <tr><td>0</td><td>11</td></tr> <tr><td>1</td><td>12</td></tr> <tr><td>2</td><td>13</td></tr> <tr><td>3</td><td>14</td></tr> <tr><td>4</td><td>15</td></tr> </table>	0	11	1	12	2	13	3	14	4	15																	
0	11																													
1	12																													
2	13																													
3	14																													
4	15																													
323	t12b_v1 Show the field ONLY if: [t1_v1] = '1' and [t12_v1] = '12'	You stated you have quit smoking 16-20 times in your whole life, how many times have you quit smoking?	radio, Required <table border="1"> <tr><td>0</td><td>16</td></tr> <tr><td>1</td><td>17</td></tr> <tr><td>2</td><td>18</td></tr> <tr><td>3</td><td>19</td></tr> <tr><td>4</td><td>20</td></tr> </table>	0	16	1	17	2	18	3	19	4	20																	
0	16																													
1	17																													
2	18																													
3	19																													
4	20																													
324	t13_v1 Show the field ONLY if: [t1_v1] = '1' and [visit] = '1'	Section Header: Which of these statements best describes your place of work's smoking policy for work areas?	radio, Required <table border="1"> <tr><td>0</td><td>Smoking is not allowed in any work areas</td></tr> <tr><td>1</td><td>Smoking is allowed in some work areas</td></tr> <tr><td>2</td><td>Smoking is allowed in all work areas</td></tr> <tr><td>3</td><td>Not applicable, I do not work outside the home</td></tr> </table>	0	Smoking is not allowed in any work areas	1	Smoking is allowed in some work areas	2	Smoking is allowed in all work areas	3	Not applicable, I do not work outside the home																			
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2	Smoking is allowed in all work areas																													
3	Not applicable, I do not work outside the home																													
325	t14_v1 Show the field ONLY if: [t1_v1] = '1' and [visit] = '1'	Section Header: Which of the following have you used to help you quit smoking in the past (check all that apply)?	checkbox, Required <table border="1"> <tr><td>1</td><td>t14_v1__1</td><td>Chantix/Varenicline</td></tr> <tr><td>2</td><td>t14_v1__2</td><td>Zyban/Wellbutrin</td></tr> <tr><td>3</td><td>t14_v1__3</td><td>Nicotine Patch</td></tr> <tr><td>4</td><td>t14_v1__4</td><td>Nicotine Gum or Lozenge or Nasal Spray</td></tr> <tr><td>5</td><td>t14_v1__5</td><td>Other medication</td></tr> <tr><td>6</td><td>t14_v1__6</td><td>E-cigarettes or Juul (note: this is NOT considered a medication)</td></tr> <tr><td>7</td><td>t14_v1__7</td><td>Oklahoma Tobacco Helpline (phone counseling)</td></tr> <tr><td>8</td><td>t14_v1__8</td><td>Smartphone App</td></tr> <tr><td>9</td><td>t14_v1__9</td><td>I have not used any of these cessation aids</td></tr> </table> Field Annotation: @NONEOFTEABOVE = 9	1	t14_v1__1	Chantix/Varenicline	2	t14_v1__2	Zyban/Wellbutrin	3	t14_v1__3	Nicotine Patch	4	t14_v1__4	Nicotine Gum or Lozenge or Nasal Spray	5	t14_v1__5	Other medication	6	t14_v1__6	E-cigarettes or Juul (note: this is NOT considered a medication)	7	t14_v1__7	Oklahoma Tobacco Helpline (phone counseling)	8	t14_v1__8	Smartphone App	9	t14_v1__9	I have not used any of these cessation aids
1	t14_v1__1	Chantix/Varenicline																												
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9	t14_v1__9	I have not used any of these cessation aids																												
326	t15_v1 Show the field ONLY if: [t14_v1(1)] = '1' or [t14_v1(2)] = '1' or [t14_v1(3)] = '1' or [t14_v1(4)] = '1' or [t14_v1(5)] = '1' and [visit] = '1'	Section Header: Were the tobacco cessation medications that you took helpful?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																							
0	No																													
1	Yes																													
327	t16_v1 Show the field ONLY if: [t1_v1] = '1'	Section Header: Have you received treatment to help you quit smoking in the past 30 days?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																							
0	No																													
1	Yes																													
328	t17_v1 Show the field ONLY if: [t1_v1] = '1'	Section Header: Have you taken smoking cessation medications in the past 30 days?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																							
0	No																													
1	Yes																													
329	t18_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [visit] = '1'	Section Header: If I were to try to quit smoking, I think Chantix/Varenicline would help me quit.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree																	
1	Strongly Disagree																													
2	Disagree																													
3	Neutral																													
4	Agree																													
5	Strongly Agree																													


330	t19_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [visit] = '1'	Section Header: If I were to try to quit smoking, I think Zyban/Wellbutrin would help me quit.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree														
1	Strongly Disagree																										
2	Disagree																										
3	Neutral																										
4	Agree																										
5	Strongly Agree																										
331	t20_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [visit] = '1'	Section Header: If I were to try to quit smoking, I think the Nicotine Patch would help me quit.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree														
1	Strongly Disagree																										
2	Disagree																										
3	Neutral																										
4	Agree																										
5	Strongly Agree																										
332	t21_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [visit] = '1'	Section Header: If I were to try to quit smoking, I think Nicotine Gum or Lozenge or Nasal Spray would help me quit.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neutral	4	Agree	5	Strongly Agree														
1	Strongly Disagree																										
2	Disagree																										
3	Neutral																										
4	Agree																										
5	Strongly Agree																										
333	t22_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: If you were to try to quit smoking, which tobacco cessation medication would you prefer?	radio, Required <table border="1"> <tr><td>1</td><td>Chantix/Varencicline</td></tr> <tr><td>2</td><td>Zyban/Wellbutrin</td></tr> <tr><td>3</td><td>Nicotine Patch</td></tr> <tr><td>4</td><td>Nicotine Gum</td></tr> <tr><td>5</td><td>Nicotine Nasal Spray</td></tr> <tr><td>6</td><td>Other Medication</td></tr> <tr><td>7</td><td>If I were to try to quit smoking, I would not prefer to use any of these smoking cessation medications</td></tr> </table> Field Annotation: @NONEOFTHEABOVE = '7'	1	Chantix/Varencicline	2	Zyban/Wellbutrin	3	Nicotine Patch	4	Nicotine Gum	5	Nicotine Nasal Spray	6	Other Medication	7	If I were to try to quit smoking, I would not prefer to use any of these smoking cessation medications										
1	Chantix/Varencicline																										
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5	Nicotine Nasal Spray																										
6	Other Medication																										
7	If I were to try to quit smoking, I would not prefer to use any of these smoking cessation medications																										
334	t23_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1' and [visit] = '1'	Section Header: Which of these would be the hardest thing(s) about stopping smoking? (select all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>t23_v1__1</td><td>Craving cigarettes</td></tr> <tr><td>2</td><td>t23_v1__2</td><td>Being around other smokers</td></tr> <tr><td>3</td><td>t23_v1__3</td><td>Fear of weight gain</td></tr> <tr><td>4</td><td>t23_v1__4</td><td>Habit</td></tr> <tr><td>5</td><td>t23_v1__5</td><td>Stress/mood swings</td></tr> <tr><td>6</td><td>t23_v1__6</td><td>Coping with life stress</td></tr> <tr><td>7</td><td>t23_v1__7</td><td>Avoiding friends who smoke</td></tr> <tr><td>8</td><td>t23_v1__8</td><td>Other</td></tr> </table>	1	t23_v1__1	Craving cigarettes	2	t23_v1__2	Being around other smokers	3	t23_v1__3	Fear of weight gain	4	t23_v1__4	Habit	5	t23_v1__5	Stress/mood swings	6	t23_v1__6	Coping with life stress	7	t23_v1__7	Avoiding friends who smoke	8	t23_v1__8	Other
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7	t23_v1__7	Avoiding friends who smoke																									
8	t23_v1__8	Other																									
335	t24_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: Which of the following is true?	radio, Required <table border="1"> <tr><td>1</td><td>I now smoke LESS cigarettes per day than I did a year ago</td></tr> <tr><td>2</td><td>I now smoke the SAME number of cigarettes per day as I did a year ago</td></tr> <tr><td>3</td><td>I now smoke MORE cigarettes per day than I did a year ago</td></tr> </table>	1	I now smoke LESS cigarettes per day than I did a year ago	2	I now smoke the SAME number of cigarettes per day as I did a year ago	3	I now smoke MORE cigarettes per day than I did a year ago																		
1	I now smoke LESS cigarettes per day than I did a year ago																										
2	I now smoke the SAME number of cigarettes per day as I did a year ago																										
3	I now smoke MORE cigarettes per day than I did a year ago																										

336	t25_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: Which option would give you the best chance for quitting smoking? (Choose only one answer)	radio, Required <table border="1"> <tr><td>1</td><td>Medications</td></tr> <tr><td>2</td><td>Counseling</td></tr> <tr><td>3</td><td>Both medications and counseling</td></tr> <tr><td>4</td><td>Smartphone app</td></tr> <tr><td>5</td><td>Both smartphone app and medications</td></tr> <tr><td>6</td><td>Quitting "cold turkey" - without counseling or medications</td></tr> </table>	1	Medications	2	Counseling	3	Both medications and counseling	4	Smartphone app	5	Both smartphone app and medications	6	Quitting "cold turkey" - without counseling or medications						
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6	Quitting "cold turkey" - without counseling or medications																				
337	t26_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: If you were to try to quit smoking, which of the following would you prefer to receive: (select all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>t26_v1__1</td><td>Medications</td></tr> <tr><td>2</td><td>t26_v1__2</td><td>Group Counseling</td></tr> <tr><td>3</td><td>t26_v1__3</td><td>Smartphone app</td></tr> <tr><td>4</td><td>t26_v1__4</td><td>In person individual counseling</td></tr> <tr><td>5</td><td>t26_v1__5</td><td>Helpline phone counseling</td></tr> <tr><td>6</td><td>t26_v1__6</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=6	1	t26_v1__1	Medications	2	t26_v1__2	Group Counseling	3	t26_v1__3	Smartphone app	4	t26_v1__4	In person individual counseling	5	t26_v1__5	Helpline phone counseling	6	t26_v1__6	None of the above
1	t26_v1__1	Medications																			
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3	t26_v1__3	Smartphone app																			
4	t26_v1__4	In person individual counseling																			
5	t26_v1__5	Helpline phone counseling																			
6	t26_v1__6	None of the above																			
338	t27_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: Would you prefer to use tobacco cessation medications if you were to try to quit in the future?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes														
0	No																				
1	Yes																				
339	t28_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: What are your chances of developing at least one smoking related disease if you quit for good?	radio, Required <table border="1"> <tr><td>0</td><td>0% - I will DEFINITELY NOT develop</td></tr> <tr><td>1</td><td>25%</td></tr> <tr><td>2</td><td>50% - I have 50/50 chance</td></tr> <tr><td>3</td><td>75%</td></tr> <tr><td>4</td><td>100% - I will DEFINITELY develop</td></tr> </table>	0	0% - I will DEFINITELY NOT develop	1	25%	2	50% - I have 50/50 chance	3	75%	4	100% - I will DEFINITELY develop								
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3	75%																				
4	100% - I will DEFINITELY develop																				
340	t29_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: What are your chances of developing at least one smoking related disease if you do NOT quit for good?	radio, Required <table border="1"> <tr><td>0</td><td>0% - I will DEFINITELY NOT develop</td></tr> <tr><td>1</td><td>25%</td></tr> <tr><td>2</td><td>50% - I have 50/50 chance</td></tr> <tr><td>3</td><td>75%</td></tr> <tr><td>4</td><td>100% - I will DEFINITELY develop</td></tr> </table>	0	0% - I will DEFINITELY NOT develop	1	25%	2	50% - I have 50/50 chance	3	75%	4	100% - I will DEFINITELY develop								
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3	75%																				
4	100% - I will DEFINITELY develop																				
341	t30_v1 Show the field ONLY if: [t1_v1] = '1' and [t2_v1] = '1'	Section Header: How likely is it that you will be a NON-smoker 3 months from now?	radio, Required <table border="1"> <tr><td>4</td><td>100% I will DEFINITELY NOT be smoking 3 months from now</td></tr> <tr><td>3</td><td>75%</td></tr> <tr><td>2</td><td>50% I have a 50/50 chance I will be smoking 3 months from now</td></tr> <tr><td>1</td><td>25%</td></tr> <tr><td>0</td><td>0% I will DEFINITELY BE smoking 3 months from now</td></tr> </table>	4	100% I will DEFINITELY NOT be smoking 3 months from now	3	75%	2	50% I have a 50/50 chance I will be smoking 3 months from now	1	25%	0	0% I will DEFINITELY BE smoking 3 months from now								
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3	75%																				
2	50% I have a 50/50 chance I will be smoking 3 months from now																				
1	25%																				
0	0% I will DEFINITELY BE smoking 3 months from now																				

342	t31_v1	<p>Section Header:</p> <p>Which of the following products have you tried, even just one time in your lifetime (click all items that you have used in the past)?</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>t31_v1__1</td> <td>Snus, such as Camel or Marlboro Snus</td> </tr> <tr> <td>2</td> <td>t31_v1__2</td> <td>Roll-your-own cigarettes</td> </tr> <tr> <td>3</td> <td>t31_v1__3</td> <td>Tobacco from a hookah or a waterpipe</td> </tr> <tr> <td>4</td> <td>t31_v1__4</td> <td>Dissolvable products like Ariva/Stonewall/Camel Orbs/Camel sticks</td> </tr> <tr> <td>5</td> <td>t31_v1__5</td> <td>Electronic cigarettes, vapes, Juul, or other vaping devices</td> </tr> <tr> <td>6</td> <td>t31_v1__6</td> <td>Cigars</td> </tr> <tr> <td>7</td> <td>t31_v1__7</td> <td>Little cigars/cigarillos/bidis</td> </tr> <tr> <td>8</td> <td>t31_v1__8</td> <td>Chewing tobacco, dip, or snuff</td> </tr> <tr> <td>9</td> <td>t31_v1__9</td> <td>Other tobacco product (besides conventional cigarettes)</td> </tr> <tr> <td>10</td> <td>t31_v1__10</td> <td>None of the above</td> </tr> </table> <p>Custom alignment: LH Field Annotation: @NONEOFTHEABOVE = 10</p>	1	t31_v1__1	Snus, such as Camel or Marlboro Snus	2	t31_v1__2	Roll-your-own cigarettes	3	t31_v1__3	Tobacco from a hookah or a waterpipe	4	t31_v1__4	Dissolvable products like Ariva/Stonewall/Camel Orbs/Camel sticks	5	t31_v1__5	Electronic cigarettes, vapes, Juul, or other vaping devices	6	t31_v1__6	Cigars	7	t31_v1__7	Little cigars/cigarillos/bidis	8	t31_v1__8	Chewing tobacco, dip, or snuff	9	t31_v1__9	Other tobacco product (besides conventional cigarettes)	10	t31_v1__10	None of the above
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10	t31_v1__10	None of the above																															
343	<p>t31b_v1_pic</p> <p>Show the field ONLY if: [t31_v1(4)] = '1'</p>	<p>Section Header:</p>	<p>descriptive</p>																														
344	<p>t31b_v1</p> <p>Show the field ONLY if: [t31_v1(4)] = '1'</p>	<p>You reported that you have used e-cigarettes, vapes, or other vaping devices in the past. Which of these types of devices have you used?</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>t31b_v1__1</td> <td>1st generation e-cigarette (aka., e-cigarette, cig-a-likes - similar to blu, vuse, MarkTen or NJOY e-cigarettes)</td> </tr> <tr> <td>2</td> <td>t31b_v1__2</td> <td>2nd generation e-cigarette (aka., Tank-system, eGo-style, vape pen, e-hookah)</td> </tr> <tr> <td>3</td> <td>t31b_v1__3</td> <td>3rd generation e-cigarette (aka., mod devices, mechanical mod, APV, rebuildable tanks, rebuildable atomizers, rebuildable drip tanks)</td> </tr> </table>	1	t31b_v1__1	1st generation e-cigarette (aka., e-cigarette, cig-a-likes - similar to blu, vuse, MarkTen or NJOY e-cigarettes)	2	t31b_v1__2	2nd generation e-cigarette (aka., Tank-system, eGo-style, vape pen, e-hookah)	3	t31b_v1__3	3rd generation e-cigarette (aka., mod devices, mechanical mod, APV, rebuildable tanks, rebuildable atomizers, rebuildable drip tanks)																					
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345	<p>t32_v1</p> <p>Show the field ONLY if: [visit] = '1'</p>	<p>Section Header:</p> <p>Do you regularly use any other form of tobacco (example cigar, pipe, chewing tobacco or snuff, dip, e-cigarettes)?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																										
0	No																																
1	Yes																																
346	t33_v1	<p>Section Header:</p> <p>Which of the following products have you used in the past 30 days? (Click all items that you have used in the past 30 days).</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>t33_v1__1</td> <td>Snus, such as Camel or Marlboro Snus</td> </tr> <tr> <td>2</td> <td>t33_v1__2</td> <td>Roll-your-own cigarettes</td> </tr> <tr> <td>3</td> <td>t33_v1__3</td> <td>Tobacco from a hookah or a waterpipe</td> </tr> <tr> <td>4</td> <td>t33_v1__4</td> <td>Dissolvable products like Ariva/Stonewall/Camel Orbs/Camel sticks</td> </tr> <tr> <td>5</td> <td>t33_v1__5</td> <td>Electronic cigarettes, vapes, Juul, or other vaping devices</td> </tr> <tr> <td>6</td> <td>t33_v1__6</td> <td>Cigars</td> </tr> <tr> <td>7</td> <td>t33_v1__7</td> <td>Little cigars/cigarillos/bidis</td> </tr> <tr> <td>8</td> <td>t33_v1__8</td> <td>Chewing tobacco, dip, or snuff</td> </tr> <tr> <td>9</td> <td>t33_v1__9</td> <td>Other tobacco product (besides conventional cigarettes)</td> </tr> <tr> <td>10</td> <td>t33_v1__10</td> <td>None of the above</td> </tr> </table> <p>Custom alignment: LH Field Annotation: @NONEOFTHEABOVE=10</p>	1	t33_v1__1	Snus, such as Camel or Marlboro Snus	2	t33_v1__2	Roll-your-own cigarettes	3	t33_v1__3	Tobacco from a hookah or a waterpipe	4	t33_v1__4	Dissolvable products like Ariva/Stonewall/Camel Orbs/Camel sticks	5	t33_v1__5	Electronic cigarettes, vapes, Juul, or other vaping devices	6	t33_v1__6	Cigars	7	t33_v1__7	Little cigars/cigarillos/bidis	8	t33_v1__8	Chewing tobacco, dip, or snuff	9	t33_v1__9	Other tobacco product (besides conventional cigarettes)	10	t33_v1__10	None of the above
1	t33_v1__1	Snus, such as Camel or Marlboro Snus																															
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9	t33_v1__9	Other tobacco product (besides conventional cigarettes)																															
10	t33_v1__10	None of the above																															

347	t34_v1	Section Header: Do you have a spouse or partner?	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
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348	t35_v1 Show the field ONLY if: [t34_v1] = '1'	Section Header: Does your spouse/partner smoke?	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
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349	t36_v1	Section Header: During an average weekday, how many smokers are you around? <i>smokers</i>	text (integer, Min: 0, Max: 100), Required								
350	t37_v1	Section Header: During an average weekend, how many smokers are you around? <i>smokers</i>	text (integer, Min: 0, Max: 100), Required								
351	t38_v1	Section Header: How many close friends do you have? It is okay to count family members if you consider them your best friends.	text (number, Min: 0, Max: 100), Required Custom alignment: RH								
352	t39_v1	Section Header: You reported you have [t38_v1] close friends. How many of these [t38_v1] friends smoke?	text (number, Min: 0, Max: 100), Required Custom alignment: RH								
353	t40_v1	Section Header: How many of your 5 best friends smoke? It is okay to count family members if you consider them your best friends.	text (number, Min: 0, Max: 5), Required								
354	hsi1_v1 Show the field ONLY if: [t2_v1] = '1' or [t1_v1] = '1'	Section Header: How many cigarettes do you smoke each day?	radio, Required <table><tr><td>0</td><td>10 or fewer</td></tr><tr><td>1</td><td>11 to 20 per day</td></tr><tr><td>2</td><td>21 to 30 per day</td></tr><tr><td>3</td><td>31 or more per day</td></tr></table>	0	10 or fewer	1	11 to 20 per day	2	21 to 30 per day	3	31 or more per day
0	10 or fewer										
1	11 to 20 per day										
2	21 to 30 per day										
3	31 or more per day										
355	hsi2_v13 Show the field ONLY if: [t2_v1] = '1' or [t1_v1] = '1'	Section Header: How soon after you wake up do you smoke your first cigarette?	radio, Required <table><tr><td>0</td><td>After 60 minutes</td></tr><tr><td>1</td><td>31 to 60 minutes</td></tr><tr><td>2</td><td>6 to 30 minutes</td></tr><tr><td>3</td><td>Within 5 minutes</td></tr></table>	0	After 60 minutes	1	31 to 60 minutes	2	6 to 30 minutes	3	Within 5 minutes
0	After 60 minutes										
1	31 to 60 minutes										
2	6 to 30 minutes										
3	Within 5 minutes										
356	tobacco_history_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
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1	Unverified										
2	Complete										
Instrument: BRFSS Inadequate Sleep (brfss_inadequate_sleep)  Enabled as survey ^ Collapse											
357	info_16	We would like to ask you a few questions about your sleep patterns. Please press "next page" to continue...	descriptive								


358	brs1_v1	<div>Section Header:</div> <div>During the past 30 days, for how many days have you felt you did not get enough rest or sleep?</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr></table> <div>Custom alignment: RH</div>	0	0	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
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359	brs2_v1	<div>Section Header:</div> <div>On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get. (For example, report 8 and one half hours as 8.5)</div>	<div>text (integer, Min: 0, Max: 24), Required</div> <div>Custom alignment: RH</div>																																																														
360	brs3_v1	<div>Section Header:</div> <div>Do you snore? (If your spouse or someone told you that you snore, then the answer to the question is 'yes')</div>	<div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes																																																										
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361	brs4_v1	<p>Section Header:</p> <p>During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> </table>	0	0	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
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362	brs5_v1	<p>Section Header:</p> <p>During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment while driving?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't drive</td></tr> <tr><td>4</td><td>Don't have driver's license</td></tr> <tr><td>7</td><td>Don't Know</td></tr> <tr><td>8</td><td>Refuse to Answer</td></tr> <tr><td>9</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Don't drive	4	Don't have driver's license	7	Don't Know	8	Refuse to Answer	9	Not applicable																																																
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363	brfss_inadequate_sleep_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																																								
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<p>Instrument: Alcohol Quantity And Frequency (alcohol_quantity_and_frequency)  Enabled as survey ^ Collapse</p>																																																																	
364	af1_v1	<p>Have you consumed alcohol (including beer and wine) in past 3 years?</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																										
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365	info_20 Show the field ONLY if: [af1_v1] = '1'	Section Header: The next questions focus on the usual amount of alcohol you consume on each day of the week. A STANDARD DRINK is equal to: ONE 12 ounce beer, or ONE 12 ounce wine cooler, or ONE 5 ounce glass of wine, or ONE 1.5 ounce shot, or ONE mixed drink containing 1.5 ounces of liquor. Please press "next question" to continue...	descriptive																								
366	info20a Show the field ONLY if: [af1_v1] = '1'		descriptive																								
367	info_21 Show the field ONLY if: [af1_v1] = '1'	Section Header: For example: You will be asked how many STANDARD DRINKS you consume on an average Monday for the past 30 days. If on an average Monday, you drink one 24 ounce beer (equal to two 12 ounce beers) and two 5 ounce glasses of wine, you would mark 4 as your average consumption for that day. Please press "next page" to continue...	descriptive																								
368	info21a Show the field ONLY if: [af1_v1] = '1'		descriptive																								
369	af2m_v1 Show the field ONLY if: [af1_v1] = '1'	Section Header: How many STANDARD DRINKS do you consume on an average Monday?	radio, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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370	af3tu_v1 Show the field ONLY if: [af1_v1] = '1'	Section Header: How many STANDARD DRINKS do you consume on an average Tuesday?	radio, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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371	<div>af4w_v1</div> <div>Show the field ONLY if: [af1_v1] = '1'</div>	<div>Section Header:</div> <div>How many STANDARD DRINKS do you consume on an average Wednesday?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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372	<div>af5th_v1</div> <div>Show the field ONLY if: [af1_v1] = '1'</div>	<div>Section Header:</div> <div>How many STANDARD DRINKS do you consume on an average Thursday?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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373	<div>af6f_v1</div> <div>Show the field ONLY if: [af1_v1] = '1'</div>	<div>Section Header:</div> <div>How many STANDARD DRINKS do you consume on an average Friday?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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11	11 or more																										

374	af6sa_v1 Show the field ONLY if: [af1_v1] = '1'	Section Header: How many STANDARD DRINKS do you consume on an average Saturday?	radio, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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11	11 or more																										
375	af8su_v1 Show the field ONLY if: [af1_v1] = '1'	Section Header: How many STANDARD DRINKS do you consume on an average Sunday?	radio, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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10	10																										
11	11 or more																										
376	drinks	Section Header: Number of drinks based on gender <i>Male participants = 5 and Female participants = 4</i>	calc Calculation: if([baseline_arm_1][gender]=0 ,5, 4) Field Annotation: @HIDDEN-SURVEY																								
377	af9_v1 Show the field ONLY if: [af1_v1] = '1'	How often in the past 30 days have you consumed [drinks] or more STANDARD DRINKS?	radio, Required <table><tr><td>0</td><td>0 - 10 days</td></tr><tr><td>1</td><td>11 - 20 days</td></tr><tr><td>2</td><td>21 - 30 days</td></tr></table>	0	0 - 10 days	1	11 - 20 days	2	21 - 30 days																		
0	0 - 10 days																										
1	11 - 20 days																										
2	21 - 30 days																										
378	af9a_v1 Show the field ONLY if: [af9_v1] = '0'	Section Header: You reported that you consumed [drinks] or more STANDARD DRINKS in the past 0 to 10 days, on how many days did you consume [drinks] or more STANDARD DRINKS?	radio, Required <table><tr><td>0</td><td>0 days</td></tr><tr><td>1</td><td>1 day</td></tr><tr><td>2</td><td>2 days</td></tr><tr><td>3</td><td>3 days</td></tr><tr><td>4</td><td>4 days</td></tr><tr><td>5</td><td>5 days</td></tr><tr><td>6</td><td>6 days</td></tr><tr><td>7</td><td>7 days</td></tr><tr><td>8</td><td>8 days</td></tr><tr><td>9</td><td>9 days</td></tr><tr><td>10</td><td>10 days</td></tr></table>	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days	8	8 days	9	9 days	10	10 days		
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379	af9b_v1 Show the field ONLY if: [af9_v1] = '1'	You reported that you consumed [drinks] or more STANDARD DRINKS in the past 11 to 20 days, on how many days did you consume [drinks] or more STANDARD DRINKS?	radio, Required <table border="1"> <tr><td>11</td><td>11 days</td></tr> <tr><td>12</td><td>12 days</td></tr> <tr><td>13</td><td>13 days</td></tr> <tr><td>14</td><td>14 days</td></tr> <tr><td>15</td><td>15 days</td></tr> <tr><td>16</td><td>16 days</td></tr> <tr><td>17</td><td>17 days</td></tr> <tr><td>18</td><td>18 days</td></tr> <tr><td>19</td><td>19 days</td></tr> <tr><td>20</td><td>20 days</td></tr> </table>	11	11 days	12	12 days	13	13 days	14	14 days	15	15 days	16	16 days	17	17 days	18	18 days	19	19 days	20	20 days
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17	17 days																						
18	18 days																						
19	19 days																						
20	20 days																						
380	af9c_v1 Show the field ONLY if: [af9_v1] = '2'	You reported that you consumed [drinks] or more STANDARD DRINKS in the past 21 to 30 days, on how many days did you consume [drinks] or more STANDARD DRINKS?	radio, Required <table border="1"> <tr><td>21</td><td>21 days</td></tr> <tr><td>22</td><td>22 days</td></tr> <tr><td>23</td><td>23 days</td></tr> <tr><td>24</td><td>24 days</td></tr> <tr><td>25</td><td>25 days</td></tr> <tr><td>26</td><td>26 days</td></tr> <tr><td>27</td><td>27 days</td></tr> <tr><td>28</td><td>28 days</td></tr> <tr><td>29</td><td>29 days</td></tr> <tr><td>30</td><td>30 days</td></tr> </table>	21	21 days	22	22 days	23	23 days	24	24 days	25	25 days	26	26 days	27	27 days	28	28 days	29	29 days	30	30 days
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26	26 days																						
27	27 days																						
28	28 days																						
29	29 days																						
30	30 days																						
381	alcohol_quantity_and_frequency_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete														
0	Incomplete																						
1	Unverified																						
2	Complete																						
Instrument: Personality Beliefs Questionnaire (personality_beliefs_questionnaire)  Enabled as survey ^ Collapse																							
382	info_4_v2	Please read the statements below and rate HOW MUCH YOU BELIEVE EACH ONE. Try to judge how you feel about each statement MOST OF THE TIME. Press "next page" to continue...	descriptive, Required																				
383	pbq1	Section Header: I should do whatever I can get away with.	radio, Required <table border="1"> <tr><td>4</td><td>I Believe it Totally</td></tr> <tr><td>3</td><td>I Believe it Very Much</td></tr> <tr><td>2</td><td>I Believe it Moderately</td></tr> <tr><td>1</td><td>I Believe it Slightly</td></tr> <tr><td>0</td><td>I Don't Believe it at all</td></tr> </table>	4	I Believe it Totally	3	I Believe it Very Much	2	I Believe it Moderately	1	I Believe it Slightly	0	I Don't Believe it at all										
4	I Believe it Totally																						
3	I Believe it Very Much																						
2	I Believe it Moderately																						
1	I Believe it Slightly																						
0	I Don't Believe it at all																						
384	pbq2	Section Header: We live in a jungle and the strong person is the one who survives.	radio, Required <table border="1"> <tr><td>4</td><td>I Believe it Totally</td></tr> <tr><td>3</td><td>I Believe it Very Much</td></tr> <tr><td>2</td><td>I Believe it Moderately</td></tr> <tr><td>1</td><td>I Believe it Slightly</td></tr> <tr><td>0</td><td>I Don't Believe it at all</td></tr> </table>	4	I Believe it Totally	3	I Believe it Very Much	2	I Believe it Moderately	1	I Believe it Slightly	0	I Don't Believe it at all										
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3	I Believe it Very Much																						
2	I Believe it Moderately																						
1	I Believe it Slightly																						
0	I Don't Believe it at all																						
385	pbq3	Section Header: If I want something, I should do whatever is necessary to get it.	radio, Required <table border="1"> <tr><td>4</td><td>I Believe it Totally</td></tr> <tr><td>3</td><td>I Believe it Very Much</td></tr> <tr><td>2</td><td>I Believe it Moderately</td></tr> <tr><td>1</td><td>I Believe it Slightly</td></tr> <tr><td>0</td><td>I Don't Believe it at all</td></tr> </table>	4	I Believe it Totally	3	I Believe it Very Much	2	I Believe it Moderately	1	I Believe it Slightly	0	I Don't Believe it at all										
4	I Believe it Totally																						
3	I Believe it Very Much																						
2	I Believe it Moderately																						
1	I Believe it Slightly																						
0	I Don't Believe it at all																						

386	pbq4	Section Header: People will get at me if I don't get them first.	radio, Required <table><tr><td>4</td><td>I Believe it Totally</td></tr><tr><td>3</td><td>I Believe it Very Much</td></tr><tr><td>2</td><td>I Believe it Moderately</td></tr><tr><td>1</td><td>I Believe it Slightly</td></tr><tr><td>0</td><td>I Don't Believe it at all</td></tr></table>	4	I Believe it Totally	3	I Believe it Very Much	2	I Believe it Moderately	1	I Believe it Slightly	0	I Don't Believe it at all
4	I Believe it Totally												
3	I Believe it Very Much												
2	I Believe it Moderately												
1	I Believe it Slightly												
0	I Don't Believe it at all												
387	pbq5	Section Header: I have been unfairly treated and am entitled to get my fair share by whatever means I can.	radio, Required <table><tr><td>4</td><td>I Believe it Totally</td></tr><tr><td>3</td><td>I Believe it Very Much</td></tr><tr><td>2</td><td>I Believe it Moderately</td></tr><tr><td>1</td><td>I Believe it Slightly</td></tr><tr><td>0</td><td>I Don't Believe it at all</td></tr></table>	4	I Believe it Totally	3	I Believe it Very Much	2	I Believe it Moderately	1	I Believe it Slightly	0	I Don't Believe it at all
4	I Believe it Totally												
3	I Believe it Very Much												
2	I Believe it Moderately												
1	I Believe it Slightly												
0	I Don't Believe it at all												
388	pbq6	Section Header: If I don't push other people, I will get pushed around	radio, Required <table><tr><td>4</td><td>I Believe it Totally</td></tr><tr><td>3</td><td>I Believe it Very Much</td></tr><tr><td>2</td><td>I Believe it Moderately</td></tr><tr><td>1</td><td>I Believe it Slightly</td></tr><tr><td>0</td><td>I Don't Believe it at all</td></tr></table>	4	I Believe it Totally	3	I Believe it Very Much	2	I Believe it Moderately	1	I Believe it Slightly	0	I Don't Believe it at all
4	I Believe it Totally												
3	I Believe it Very Much												
2	I Believe it Moderately												
1	I Believe it Slightly												
0	I Don't Believe it at all												
389	pbq7	Section Header: Force or cunning is the best way to get things done.	radio, Required <table><tr><td>4</td><td>I Believe it Totally</td></tr><tr><td>3</td><td>I Believe it Very Much</td></tr><tr><td>2</td><td>I Believe it Moderately</td></tr><tr><td>1</td><td>I Believe it Slightly</td></tr><tr><td>0</td><td>I Don't Believe it at all</td></tr></table>	4	I Believe it Totally	3	I Believe it Very Much	2	I Believe it Moderately	1	I Believe it Slightly	0	I Don't Believe it at all
4	I Believe it Totally												
3	I Believe it Very Much												
2	I Believe it Moderately												
1	I Believe it Slightly												
0	I Don't Believe it at all												
390	personality_beliefs_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												


Instrument: **USDA Food Insecurity Survey** (usda_food_insecurity_survey) Enabled as survey[^ Collapse](#)

391	info_5	The next several statements ask about your food situation. Press "next page" to continue...	descriptive								
392	fss1_v2	Section Header: In the last month, "the food that you bought just didn't last, and you didn't have money to get more."	radio, Required <table><tr><td>0</td><td>Often true</td></tr><tr><td>1</td><td>Sometimes true</td></tr><tr><td>2</td><td>Never true</td></tr><tr><td>99</td><td>Don't know or Refused</td></tr></table>	0	Often true	1	Sometimes true	2	Never true	99	Don't know or Refused
0	Often true										
1	Sometimes true										
2	Never true										
99	Don't know or Refused										
393	fss2_v2	Section Header: In the last month, you couldn't afford to eat balanced meals.	radio, Required <table><tr><td>0</td><td>Often true</td></tr><tr><td>1</td><td>Sometimes true</td></tr><tr><td>2</td><td>Never true</td></tr><tr><td>99</td><td>Don't know or Refused</td></tr></table>	0	Often true	1	Sometimes true	2	Never true	99	Don't know or Refused
0	Often true										
1	Sometimes true										
2	Never true										
99	Don't know or Refused										
394	fss3_v2	Section Header: In the last month, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table>	1	Yes	0	No	9	Don't know		
1	Yes										
0	No										
9	Don't know										
395	fss3a_v2 Show the field ONLY if: [fss3_v2] = '1'	Section Header: How often did this happen?	radio, Required <table><tr><td>0</td><td>Almost every day</td></tr><tr><td>1</td><td>Some days but not every day</td></tr><tr><td>2</td><td>Only 1 or 2 days</td></tr><tr><td>9</td><td>Don't know</td></tr></table>	0	Almost every day	1	Some days but not every day	2	Only 1 or 2 days	9	Don't know
0	Almost every day										
1	Some days but not every day										
2	Only 1 or 2 days										
9	Don't know										

396	fss4_v2	Section Header: In the last month, did you ever eat less than you felt you should because there wasn't enough money for food?	radio, Required 1 Yes 0 No 9 Don't know
397	fss5_v2	Section Header: In the last month, were you ever hungry but didn't eat because there wasn't enough money for food?	radio, Required 1 Yes 0 No 9 Don't know
398	usda_food_insecurity_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Meal Survey** (meal_survey)  Enabled as survey[^ Collapse](#)

399	ms1_v1	How many meals did you eat yesterday?	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 6 6 or more
400	ms2_v1	Section Header: How many times in the past 24 hours have you eaten food from: The shelter cafeteria?	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 or more
401	ms3_v1	Section Header: How many servings of fruits and vegetables did you eat YESTERDAY? (A serving is ½ cup [4 ounces] of cooked vegetables, 1 cup [8 ounces] of salad, a piece of fruit, ¾ cup [6 ounces] of 100% fruit juice)	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 or more
402	ms8_v1	Section Header: How many meals have you missed in the PAST WEEK because you were unable to find food?	radio, Required 0 0 1 1-2 2 3-4 3 5-6 4 7-8 5 9-10 6 11 or more


403	meal_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: TCU Client Evaluation (tcu_client_evaluation)  Enabled as survey ^ Collapse													
404	info_9	Indicate how strongly you AGREE or DISAGREE with each of the following statements. Please press "next page" to continue...	descriptive										
405	cj1_v2	Section Header: Have you used drugs or alcohol in the past 12 months?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
406	cj2_v2 Show the field ONLY if: [cj1_v2] = '1'	Section Header: You need help in dealing with your drug or alcohol use.	radio, Required <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
407	cj3_v2 Show the field ONLY if: [cj1_v2] = '1'	Section Header: It is urgent that you find help immediately for your drug or alcohol use.	radio, Required <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
408	cj4_v2 Show the field ONLY if: [cj1_v2] = '1'	Section Header: You will give up your friends and hangouts to solve your drug or alcohol problems.	radio, Required <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
409	cj5_v2 Show the field ONLY if: [cj1_v2] = '1'	Section Header: Your life has gone out of control.	radio, Required <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
410	cj6_v2 Show the field ONLY if: [cj1_v2] = '1'	Section Header: You are tired of the problems caused by drugs or alcohol.	radio, Required <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
411	cj7_v2 Show the field ONLY if: [cj1_v2] = '1'	Section Header: You want to get your life straightened out.	radio, Required <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												


412	cj8_v2	<p>Section Header:</p> <p>You need more help with your emotional troubles.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
413	cj9_v2	<p>Section Header:</p> <p>You need more individual counseling sessions.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
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3	Uncertain												
4	Agree												
5	Agree Strongly												
414	cj10_v2	<p>Section Header:</p> <p>You need more educational or vocational training services.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
415	cj11_v2	<p>Section Header:</p> <p>You need more group counseling sessions.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
416	cj12_v2	<p>Section Header:</p> <p>You need more medical care and services.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
417	cj13_v2	<p>Section Header:</p> <p>Time schedules for counseling sessions at the Bridge are convenient for you.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
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4	Agree												
5	Agree Strongly												
418	cj14_v2	<p>Section Header:</p> <p>The Bridge expects you to learn responsibility and self-discipline.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
419	cj15_v2	<p>Section Header:</p> <p>The Bridge program is organized and run well.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												


420	cj16_v2	<p>Section Header:</p> <p>You are satisfied with the Bridge program.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
421	cj17_v2	<p>Section Header:</p> <p>The staff here at the Bridge are efficient at doing their job.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
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4	Agree												
5	Agree Strongly												
422	cj18_v2	<p>Section Header:</p> <p>You can get plenty of personal counseling at the Bridge.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
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3	Uncertain												
4	Agree												
5	Agree Strongly												
423	cj19_v2	<p>Section Header:</p> <p>The Bridge program location is convenient for you.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
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2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
424	cj20_v2	<p>Section Header:</p> <p>You have much to be proud of.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
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3	Uncertain												
4	Agree												
5	Agree Strongly												
425	cj21_v2	<p>Section Header:</p> <p>You feel like a failure.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
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3	Uncertain												
4	Agree												
5	Agree Strongly												
426	cj22_v2	<p>Section Header:</p> <p>You wish you had more respect for yourself.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
427	cj23_v2	<p>Section Header:</p> <p>You feel you are basically no good.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
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2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												

428	cj24_v2	<p>Section Header:</p> <p>In general, you are satisfied with yourself.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
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4	Agree												
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429	cj25_v2	<p>Section Header:</p> <p>You feel you are unimportant to others.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
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4	Agree												
5	Agree Strongly												
430	cj26_v2	<p>Section Header:</p> <p>You have carried weapons, like knives or guns.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
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2	Disagree												
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4	Agree												
5	Agree Strongly												
431	cj27_v2	<p>Section Header:</p> <p>You feel a lot of anger inside you.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
432	cj28_v2	<p>Section Header:</p> <p>You have a hot temper.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
433	cj29_v2	<p>Section Header:</p> <p>You like others to feel afraid of you.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
434	cj30_v2	<p>Section Header:</p> <p>You feel mistreated by other people.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												
435	cj31_v2	<p>Section Header:</p> <p>You get mad at other people easily.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly
1	Disagree Strongly												
2	Disagree												
3	Uncertain												
4	Agree												
5	Agree Strongly												

436	cj32_v2	Section Header: You have urges to fight or hurt others.	radio, Required 1 Disagree Strongly 2 Disagree 3 Uncertain 4 Agree 5 Agree Strongly
437	cj33_v2	Section Header: Your temper gets you into fights or other trouble.	radio, Required 1 Disagree Strongly 2 Disagree 3 Uncertain 4 Agree 5 Agree Strongly
438	cj34_v2	Section Header: You only do things that feel safe.	radio, Required 1 Disagree Strongly 2 Disagree 3 Uncertain 4 Agree 5 Agree Strongly
439	cj35_v2	Section Header: You avoid anything dangerous.	radio, Required 1 Disagree Strongly 2 Disagree 3 Uncertain 4 Agree 5 Agree Strongly
440	cj36_v2	Section Header: You are very careful and cautious.	radio, Required 1 Disagree Strongly 2 Disagree 3 Uncertain 4 Agree 5 Agree Strongly
441	cj37_v2	Section Header: You like to do things that are strange or exciting.	radio, Required 1 Disagree Strongly 2 Disagree 3 Uncertain 4 Agree 5 Agree Strongly
442	cj38_v2	Section Header: You like to take chances.	radio, Required 1 Disagree Strongly 2 Disagree 3 Uncertain 4 Agree 5 Agree Strongly
443	cj39_v2	Section Header: You like the "fast" life.	radio, Required 1 Disagree Strongly 2 Disagree 3 Uncertain 4 Agree 5 Agree Strongly

444	cj40_v2	Section Header: You like friends who are wild.	radio, Required <table border="1"> <tr><td>1</td><td>Disagree Strongly</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Uncertain</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Agree Strongly</td></tr> </table>	1	Disagree Strongly	2	Disagree	3	Uncertain	4	Agree	5	Agree Strongly											
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445	tcu_client_evaluation_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																							
1	Unverified																							
2	Complete																							
Instrument: Sexual Behaviors (sexual_behaviors)  Enabled as survey ^ Collapse																								
446	sb1_v1	Have you ever had any kind of sex, including vaginal, anal, or oral?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
447	sb2_v1 Show the field ONLY if: [sb1_v1] = '1'	Section Header: How old were you the first time you had any kind of sex, including vaginal, anal, or oral?	text (number, Min: 1, Max: 96), Required																					
448	sb3_v1	Section Header: In the past 12 months, with how many people have you had any kind of sex?	text (number, Min: 0, Max: 1000), Required																					
449	sb4_v1	Section Header: In the past 12 months, did you have any kind of sex with a person that you never had sex with before?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
450	sb5_v1	Section Header: In the past 12 months, about how often have you had vaginal or anal sex WITHOUT using a condom? Please select one of the following choices.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than half of the time</td></tr> <tr><td>3</td><td>About half of the time</td></tr> <tr><td>4</td><td>Not always, but more than half of the time</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Less than half of the time	3	About half of the time	4	Not always, but more than half of the time	5	Always											
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4	Not always, but more than half of the time																							
5	Always																							
451	sb6_v1	Section Header: Have you ever exchanged sex (oral, vaginal, or anal) for money, drugs, a place to stay, food or meals, or anything else?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
452	sb7_v1	Section Header: Has a health care professional EVER told you that you had: (Please select all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>sb7_v1__1</td><td>Genital herpes</td></tr> <tr><td>2</td><td>sb7_v1__2</td><td>Genital warts</td></tr> <tr><td>3</td><td>sb7_v1__3</td><td>Human papillomavirus or HPV</td></tr> <tr><td>4</td><td>sb7_v1__4</td><td>Gonorrhea, sometimes called GC or clap</td></tr> <tr><td>5</td><td>sb7_v1__5</td><td>Chlamydia</td></tr> <tr><td>6</td><td>sb7_v1__6</td><td>Syphilis</td></tr> <tr><td>7</td><td>sb7_v1__7</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFHEABOVE=7	1	sb7_v1__1	Genital herpes	2	sb7_v1__2	Genital warts	3	sb7_v1__3	Human papillomavirus or HPV	4	sb7_v1__4	Gonorrhea, sometimes called GC or clap	5	sb7_v1__5	Chlamydia	6	sb7_v1__6	Syphilis	7	sb7_v1__7	None of the above
1	sb7_v1__1	Genital herpes																						
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5	sb7_v1__5	Chlamydia																						
6	sb7_v1__6	Syphilis																						
7	sb7_v1__7	None of the above																						
453	sb8_v1	Section Header: Has anyone ever touched your private parts when they should not have or made you touch their private parts?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
454	sb9_v1	Section Header: Have you ever been forced to have sex; that is, sexual intercourse of any kind (vaginal, anal, oral)?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							

455	sexual_behaviors_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
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Instrument: Detroit Area Study Assessment (detroit_area_study_assessment)  Enabled as survey ^ Collapse															
456	info_11	Select the most accurate answer for the following questions. Please press "next page" to continue...	descriptive												
457	dd1_v1	Section Header: In your day-to-day life how often are you treated with less courtesy than other people because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?	radio, Required <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never
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6	Never														
458	dd2_v1	Section Header: In your day-to-day life how often are you treated with less respect than other people because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?	radio, Required <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never
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4	A few times a year														
5	Less than once a year														
6	Never														
459	dd3_v1	Section Header: In your day-to-day life how often do you receive poorer service than other people at restaurants or stores because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?	radio, Required <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never
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5	Less than once a year														
6	Never														
460	dd4_v1	Section Header: In your day-to-day life how often do people act as if they think you are not smart because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?	radio, Required <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never
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6	Never														
461	dd5_v1	Section Header: In your day-to-day life how often do people act as if they are afraid of you because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?	radio, Required <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never
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6	Never														
462	dd6_v1	Section Header: In your day-to-day life how often do people act as if they think you are dishonest because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?	radio, Required <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never
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6	Never														

463	dd7_v1	<p>Section Header:</p> <p>In your day-to-day life how often do people act as if they're better than you are because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never										
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4	A few times a year																								
5	Less than once a year																								
6	Never																								
464	dd8_v1	<p>Section Header:</p> <p>In your day-to-day life how often are you called names or insulted because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never										
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4	A few times a year																								
5	Less than once a year																								
6	Never																								
465	dd9_v1	<p>Section Header:</p> <p>In your day-to-day life how often are you threatened or harassed because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Almost every day</td></tr> <tr><td>2</td><td>At least once a week</td></tr> <tr><td>3</td><td>A few times a month</td></tr> <tr><td>4</td><td>A few times a year</td></tr> <tr><td>5</td><td>Less than once a year</td></tr> <tr><td>6</td><td>Never</td></tr> </table>	1	Almost every day	2	At least once a week	3	A few times a month	4	A few times a year	5	Less than once a year	6	Never										
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466	dd10_v1	<p>Section Header:</p> <p>What was the main reason for the discrimination you experienced?</p> <p>Show the field ONLY if: [dd1_v1] = '1' or [dd1_v1] = '2' or [dd1_v1] = '3' or [dd1_v1] = '4' or [dd1_v1] = '5' or [dd2_v1] = '1' or [dd2_v1] = '2' or [dd2_v1] = '3' or [dd2_v1] = '4' or [dd2_v1] = '5' or [dd3_v1] = '1' or [dd3_v1] = '2' or [dd3_v1] = '3' or [dd3_v1] = '4' or [dd3_v1] = '5' or [dd4_v1] = '1' or [dd4_v1] = '2' or [dd4_v1] = '3' or [dd4_v1] = '4' or [dd4_v1] = '5' or [dd5_v1] = '1' or [dd5_v1] = '2' or [dd5_v1] = '3' or [dd5_v1] = '4' or [dd5_v1] = '5' or [dd6_v1] = '1' or [dd6_v1] = '2' or [dd6_v1] = '3' or [dd6_v1] = '4' or [dd6_v1] = '5' or [dd7_v1] = '1' or [dd7_v1] = '2' or [dd7_v1] = '3' or [dd7_v1] = '4' or [dd7_v1] = '5' or [dd8_v1] = '1' or [dd8_v1] = '2' or [dd8_v1] = '3' or [dd8_v1] = '4' or [dd8_v1] = '5' or [dd9_v1] = '1' or [dd9_v1] = '2' or [dd9_v1] = '3' or [dd9_v1] = '4' or [dd9_v1] = '5'</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Your age</td></tr> <tr><td>2</td><td>Your gender</td></tr> <tr><td>3</td><td>Your race</td></tr> <tr><td>4</td><td>Your ethnicity or nationality</td></tr> <tr><td>5</td><td>Your religion</td></tr> <tr><td>6</td><td>Your height or weight</td></tr> <tr><td>7</td><td>Some other aspect of your appearance</td></tr> <tr><td>8</td><td>A physical disability</td></tr> <tr><td>9</td><td>Your sexual orientation</td></tr> <tr><td>10</td><td>Your being homeless</td></tr> <tr><td>11</td><td>Other</td></tr> </table>	1	Your age	2	Your gender	3	Your race	4	Your ethnicity or nationality	5	Your religion	6	Your height or weight	7	Some other aspect of your appearance	8	A physical disability	9	Your sexual orientation	10	Your being homeless	11	Other
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9	Your sexual orientation																								
10	Your being homeless																								
11	Other																								
467	detroit_area_study_assessment_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
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<p>Instrument: MacArthur Major Discrimination (macarthur_major_discrimination)  Enabled as survey ^ Collapse</p>																									
468	mmd1a	<p>How many times in your life have you been discriminated against by being discouraged by a teacher or advisor from seeking higher education because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?</p>	<p>text (number, Min: 0, Max: 96), Required</p> <p>Custom alignment: RH</p>																						

469	mmd1b	Section Header: How many times in your life have you been discriminated against by being denied a scholarship because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH
470	mmd1c	Section Header: How many times in your life have you been discriminated against by not being hired for a job because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH
471	mmd1d	Section Header: How many times in your life have you been discriminated against by not receiving a job promotion because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH
472	mmd1e	Section Header: How many times in your life have you been discriminated against by being fired because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH
473	mmd1f	Section Header: How many times in your life have you been discriminated against by being prevented from renting or buying a home in the neighborhood you wanted because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH
474	mmd1g	Section Header: How many times in your life have you been discriminated against by being prevented from remaining in neighborhood because neighbors made life so uncomfortable because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH
475	mmd1h	Section Header: How many times in your life have you been discriminated against by being hassled by the police because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 100), Required Custom alignment: RH
476	mmd1i	Section Header: How many times in your life have you been discriminated against by being denied a bank loan because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH
477	mmd1j	Section Header: How many times in your life have you been discriminated against by being denied or provided inferior medical care because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH
478	mmd1k	Section Header: How many times in your life have you been discriminated against by being denied or provided inferior service by a plumber, car mechanic, or other service provider because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?	text (number, Min: 0, Max: 96), Required Custom alignment: RH


479	<div>mmd2</div> <div>Show the field ONLY if: [mmd1a] > 0 or [mmd1b] > 0 or r [mmd1c] > 0 or [mmd1d] > 0 or [mmd1e] > 0 or [mmd1f] > 0 or [mmd1g] > 0 or [mmd1h] > 0 or [mmd1i] > 0 or [mmd1j] > 0 or [mmd1k] > 0</div>	<div>Section Header:</div> <div>What was the main reason for the discrimination you experienced?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Being homeless</td></tr><tr><td>2</td><td>Your age</td></tr><tr><td>3</td><td>Your ethnicity or nationality</td></tr><tr><td>4</td><td>Your gender</td></tr><tr><td>5</td><td>Your height or weight</td></tr><tr><td>6</td><td>A Physical disability</td></tr><tr><td>7</td><td>Your race</td></tr><tr><td>8</td><td>Your religion</td></tr><tr><td>9</td><td>Your sexual orientation</td></tr><tr><td>10</td><td>Some other aspect of your appearance</td></tr><tr><td>11</td><td>Your income/ education/ socioeconomic status</td></tr><tr><td>12</td><td>Smoking/ tobacco use</td></tr><tr><td>13</td><td>Other</td></tr></table>	1	Being homeless	2	Your age	3	Your ethnicity or nationality	4	Your gender	5	Your height or weight	6	A Physical disability	7	Your race	8	Your religion	9	Your sexual orientation	10	Some other aspect of your appearance	11	Your income/ education/ socioeconomic status	12	Smoking/ tobacco use	13	Other
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480	<div>mmd3</div> <div>Show the field ONLY if: [mmd1a] > 0 or [mmd1b] > 0 o r [mmd1c] > 0 or [mmd1d] > 0 or [mmd1e] > 0 or [mmd1f] > 0 or [mmd1g] > 0 or [mmd1h] > 0 or [mmd1i] > 0 or [mmd1j] > 0 or [mmd1k] > 0</div>	<div>Section Header:</div> <div>Overall, how much has discrimination interfered with you having a full and productive life?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>A lot</td></tr><tr><td>2</td><td>Some</td></tr><tr><td>3</td><td>A little</td></tr><tr><td>4</td><td>Not at all</td></tr></table>	1	A lot	2	Some	3	A little	4	Not at all																		
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481	<div>mmd4</div> <div>Show the field ONLY if: [mmd1a] > 0 or [mmd1b] > 0 o r [mmd1c] > 0 or [mmd1d] > 0 or [mmd1e] > 0 or [mmd1f] > 0 or [mmd1g] > 0 or [mmd1h] > 0 or [mmd1i] > 0 or [mmd1j] > 0 or [mmd1k] > 0</div>	<div>Section Header:</div> <div>Overall, how much harder has your life been because of discrimination?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>A lot</td></tr><tr><td>2</td><td>Some</td></tr><tr><td>3</td><td>A little</td></tr><tr><td>4</td><td>Not at all</td></tr></table>	1	A lot	2	Some	3	A little	4	Not at all																		
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482	<div>macarthur_major_discriminatio n_complete</div>	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																				
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2	Complete																												



Instrument: **Urban Life Stressor Scale** (urban_life_stressor_scale)  Enabled as survey[^ Collapse](#)

483	uls1_v2	In your day to day life, how much stress do you generally experience related to money or finances?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
1	No Stress												
2	Little Stress												
3	Some Stress												
4	A Lot of Stress												
5	Extreme Stress												
484	uls2_v2	Section Header: In your day to day life, how much stress do you generally experience related to your job satisfaction?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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3	Some Stress												
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5	Extreme Stress												
485	uls3_v2	Section Header: In your day to day life, how much stress do you generally experience related to raising children/being a parent?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
1	No Stress												
2	Little Stress												
3	Some Stress												
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5	Extreme Stress												


486	uls4_v2	<div>Section Header:</div> <div>In your day to day life, how much stress do you generally experience related to death, injury, or illness of someone close?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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5	Extreme Stress												
487	uls5_v2	<div>Section Header:</div> <div>In your day to day life, how much stress do you generally experience related to your housing, or living situation?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
1	No Stress												
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5	Extreme Stress												
488	uls6_v2	<div>Section Header:</div> <div>In your day to day life, how much stress do you generally experience related to your physical health?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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3	Some Stress												
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5	Extreme Stress												
489	uls7_v2	<div>Section Header:</div> <div>In your day to day life, how much stress do you generally experience related to your neighborhood environment?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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3	Some Stress												
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5	Extreme Stress												
490	uls8_v2	<div>Section Header:</div> <div>In your day to day life, how much stress do you generally experience related to transportation?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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491	uls9_v2	<div>Section Header:</div> <div>In your day to day life, how much stress do you generally experience related to your education?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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492	uls10_v2	<div>Section Header:</div> <div>In your day to day life, how much stress do you generally experience related to marriage or romantic relationships?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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5	Extreme Stress												
493	uls11_v2	<div>Section Header:</div> <div>In your day to day life, how much stress do you generally experience related to other family problems?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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2	Little Stress												
3	Some Stress												
4	A Lot of Stress												
5	Extreme Stress												

494	uls12_v2	Section Header: In your day to day life, how much stress do you generally experience related to using public services?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
1	No Stress												
2	Little Stress												
3	Some Stress												
4	A Lot of Stress												
5	Extreme Stress												
495	uls13_v2	Section Header: In your day to day life, how much stress do you generally experience related to crime and violence?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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4	A Lot of Stress												
5	Extreme Stress												
496	uls14_v2	Section Header: In your day to day life, how much stress do you generally experience related to gang activity?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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3	Some Stress												
4	A Lot of Stress												
5	Extreme Stress												
497	uls15_v2	Section Header: In your day to day life, how much stress do you generally experience related to experiences involving racism or discrimination?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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3	Some Stress												
4	A Lot of Stress												
5	Extreme Stress												
498	uls16_v2	Section Header: In your day to day life, how much stress do you generally experience related to social life, social activities?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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4	A Lot of Stress												
5	Extreme Stress												
499	uls17_v2	Section Header: In your day to day life, how much stress do you generally experience related to drugs or alcohol?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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4	A Lot of Stress												
5	Extreme Stress												
500	uls18_v2	Section Header: In your day to day life, how much stress do you generally experience related to communication or cultural conflicts?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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3	Some Stress												
4	A Lot of Stress												
5	Extreme Stress												
501	uls19_v2	Section Header: In your day to day life, how much stress do you generally experience related to family violence?	radio, Required <table><tr><td>1</td><td>No Stress</td></tr><tr><td>2</td><td>Little Stress</td></tr><tr><td>3</td><td>Some Stress</td></tr><tr><td>4</td><td>A Lot of Stress</td></tr><tr><td>5</td><td>Extreme Stress</td></tr></table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress
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502	uls20_v2	<p>Section Header:</p> <p>In your day to day life, how much stress do you generally experience related to relations with racial groups not your own?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>No Stress</td></tr> <tr><td>2</td><td>Little Stress</td></tr> <tr><td>3</td><td>Some Stress</td></tr> <tr><td>4</td><td>A Lot of Stress</td></tr> <tr><td>5</td><td>Extreme Stress</td></tr> </table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress														
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5	Extreme Stress																										
503	uls21_v2	<p>Section Header:</p> <p>In your day to day life, how much stress do you generally experience related to relations with police?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>No Stress</td></tr> <tr><td>2</td><td>Little Stress</td></tr> <tr><td>3</td><td>Some Stress</td></tr> <tr><td>4</td><td>A Lot of Stress</td></tr> <tr><td>5</td><td>Extreme Stress</td></tr> </table>	1	No Stress	2	Little Stress	3	Some Stress	4	A Lot of Stress	5	Extreme Stress														
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5	Extreme Stress																										
504	urban_life_stressor_scale_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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2	Complete																										
<p>Instrument: Personal Victimization (personal_victimization)  Enabled as survey ^ Collapse</p>																											
505	pv1_v2	<p>In the past month, has anyone used violence, such as in a mugging, fight, or sexual assault, against you?</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
506	pv2_v2	<p>Section Header:</p> <p>In the past 30 days, how many times have you been a witness to acts of violence?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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507	pv3_v2	<p>Section Header:</p> <p>In the past 6 months, how many times have you been a witness to acts of violence?</p> <p>Show the field ONLY if: [visit] = '2' or [visit] = '5'</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11 or more
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508	personal_victimization_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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2	Complete												
Instrument: Perceived Stress Scale (perceived_stress_scale)  Enabled as survey ^ Collapse													
509	info_13	The questions in this scale ask you about your feelings and thoughts during the last week. In each case, please choose the response that corresponds to how often you felt or thought that certain way. Press "next page" to continue...	descriptive										
510	ps1_v2	Section Header: In the last week, how often have you felt that you were unable to control the important things in your life?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Almost never	2	Sometimes	3	Fairly often	4	Very often
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3	Fairly often												
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511	ps2_v2	Section Header: In the last week, how often have you felt confident about your ability to handle your personal problems?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Almost never	2	Sometimes	3	Fairly often	4	Very often
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3	Fairly often												
4	Very often												
512	ps3_v2	Section Header: In the last week, how often have you felt that things were going your way?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Almost never	2	Sometimes	3	Fairly often	4	Very often
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2	Sometimes												
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4	Very often												
513	ps4_v2	Section Header: In the last week, how often have you felt difficulties were piling up so high that you could not overcome them?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Almost never	2	Sometimes	3	Fairly often	4	Very often
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3	Fairly often												
4	Very often												
514	perceived_stress_scale_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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2	Complete												
Instrument: Distress Tolerance Scale (distress_tolerance_scale)  Enabled as survey ^ Collapse													
515	info_distress	Select the most accurate answer. Please press "next page" to continue...	descriptive										
516	dts1_v2	Section Header: Feeling distressed or upset is unbearable to me.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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517	dts2_v2	<p>Section Header:</p> <p>When I feel distressed or upset, all I can think about is how bad I feel.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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518	dts3_v2	<p>Section Header:</p> <p>I can't handle feeling distressed or upset.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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519	dts4_v2	<p>Section Header:</p> <p>My feelings of distress are so intense that they completely take over.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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520	dts5_v2	<p>Section Header:</p> <p>There's nothing worse than feeling distressed or upset.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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521	dts6_v2	<p>Section Header:</p> <p>My feelings of distress or being upset are just an acceptable part of life.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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522	dts7_v2	<p>Section Header:</p> <p>I can tolerate being distressed or upset as well as most people.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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523	dts8_v2	<p>Section Header:</p> <p>My feelings of distress or being upset are not acceptable.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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524	dts9_v2	<p>Section Header:</p> <p>I'll do anything to avoid feeling distressed or upset.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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525	dts10_v2	<p>Section Header:</p> <p>Other people seem to be able to tolerate feeling distressed or upset better than I can.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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526	dts11_v2	<p>Section Header:</p> <p>Being distressed or upset is always a major ordeal for me.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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527	dts12_v2	<p>Section Header:</p> <p>I am ashamed of myself when I feel distressed or upset.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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528	dts13_v2	<p>Section Header:</p> <p>My feelings of distress or being upset scare me.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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529	dts14_v2	<p>Section Header:</p> <p>I'll do anything to stop feeling distressed or upset.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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530	dts15_v2	<p>Section Header:</p> <p>When I feel distressed or upset, I must do something about it immediately.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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531	dts16_v2	<p>Section Header:</p> <p>When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Mildly Disagree</td></tr> <tr><td>3</td><td>Agree and Disagree Equally</td></tr> <tr><td>4</td><td>Mildly Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Mildly Disagree	3	Agree and Disagree Equally	4	Mildly Agree	5	Strongly Agree
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4	Mildly Agree												
5	Strongly Agree												
532	distress_tolerance_scale_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
<p>Instrument: Negative Affect Aggression (AQ-12) (negative_affect_aggression_aq12)  Enabled as survey ^ Collapse</p>													
533	info_12	<p>For the following items please rate how characteristic each is of you. Please press "next page" to continue...</p>	<p>descriptive</p>										

534	aq1_v1	Section Header: Given enough provocation, I may hit another person.	radio, Required 1 Extremely uncharacteristic of me 2 Somewhat uncharacteristic of me 3 Only slightly characteristic of me 4 Somewhat characteristic of me 5 Extremely characteristic of me
535	aq2_v1	Section Header: There are people who pushed me so far that we came to blows.	radio, Required 1 Extremely uncharacteristic of me 2 Somewhat uncharacteristic of me 3 Only slightly characteristic of me 4 Somewhat characteristic of me 5 Extremely characteristic of me
536	aq3_v1	Section Header: I have threatened people I know.	radio, Required 1 Extremely uncharacteristic of me 2 Somewhat uncharacteristic of me 3 Only slightly characteristic of me 4 Somewhat characteristic of me 5 Extremely characteristic of me
537	aq4_v1	Section Header: I often find myself disagreeing with people.	radio, Required 1 Extremely uncharacteristic of me 2 Somewhat uncharacteristic of me 3 Only slightly characteristic of me 4 Somewhat characteristic of me 5 Extremely characteristic of me
538	aq5_v1	Section Header: I can't help getting into arguments when people disagree with me.	radio, Required 1 Extremely uncharacteristic of me 2 Somewhat uncharacteristic of me 3 Only slightly characteristic of me 4 Somewhat characteristic of me 5 Extremely characteristic of me
539	aq6_v1	Section Header: My friends say that I'm somewhat argumentative.	radio, Required 1 Extremely uncharacteristic of me 2 Somewhat uncharacteristic of me 3 Only slightly characteristic of me 4 Somewhat characteristic of me 5 Extremely characteristic of me
540	aq7_v1	Section Header: I flare up quickly but get over it quickly	radio, Required 1 Extremely uncharacteristic of me 2 Somewhat uncharacteristic of me 3 Only slightly characteristic of me 4 Somewhat characteristic of me 5 Extremely characteristic of me
541	aq8_v1	Section Header: Sometimes I fly off the handle for no good reason.	radio, Required 1 Extremely uncharacteristic of me 2 Somewhat uncharacteristic of me 3 Only slightly characteristic of me 4 Somewhat characteristic of me 5 Extremely characteristic of me

542	aq9_v1	Section Header: I have trouble controlling my temper.	radio, Required <table><tr><td>1</td><td>Extremely uncharacteristic of me</td></tr><tr><td>2</td><td>Somewhat uncharacteristic of me</td></tr><tr><td>3</td><td>Only slightly characteristic of me</td></tr><tr><td>4</td><td>Somewhat characteristic of me</td></tr><tr><td>5</td><td>Extremely characteristic of me</td></tr></table>	1	Extremely uncharacteristic of me	2	Somewhat uncharacteristic of me	3	Only slightly characteristic of me	4	Somewhat characteristic of me	5	Extremely characteristic of me
1	Extremely uncharacteristic of me												
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4	Somewhat characteristic of me												
5	Extremely characteristic of me												
543	aq10_v1	Section Header: At times I feel I have gotten a raw deal out of life.	radio, Required <table><tr><td>1</td><td>Extremely uncharacteristic of me</td></tr><tr><td>2</td><td>Somewhat uncharacteristic of me</td></tr><tr><td>3</td><td>Only slightly characteristic of me</td></tr><tr><td>4</td><td>Somewhat characteristic of me</td></tr><tr><td>5</td><td>Extremely characteristic of me</td></tr></table>	1	Extremely uncharacteristic of me	2	Somewhat uncharacteristic of me	3	Only slightly characteristic of me	4	Somewhat characteristic of me	5	Extremely characteristic of me
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4	Somewhat characteristic of me												
5	Extremely characteristic of me												
544	aq11_v1	Section Header: Other people always seem to get the breaks	radio, Required <table><tr><td>1</td><td>Extremely uncharacteristic of me</td></tr><tr><td>2</td><td>Somewhat uncharacteristic of me</td></tr><tr><td>3</td><td>Only slightly characteristic of me</td></tr><tr><td>4</td><td>Somewhat characteristic of me</td></tr><tr><td>5</td><td>Extremely characteristic of me</td></tr></table>	1	Extremely uncharacteristic of me	2	Somewhat uncharacteristic of me	3	Only slightly characteristic of me	4	Somewhat characteristic of me	5	Extremely characteristic of me
1	Extremely uncharacteristic of me												
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4	Somewhat characteristic of me												
5	Extremely characteristic of me												
545	aq12_v1	Section Header: I wonder why sometimes I feel so bitter about things.	radio, Required <table><tr><td>1</td><td>Extremely uncharacteristic of me</td></tr><tr><td>2</td><td>Somewhat uncharacteristic of me</td></tr><tr><td>3</td><td>Only slightly characteristic of me</td></tr><tr><td>4</td><td>Somewhat characteristic of me</td></tr><tr><td>5</td><td>Extremely characteristic of me</td></tr></table>	1	Extremely uncharacteristic of me	2	Somewhat uncharacteristic of me	3	Only slightly characteristic of me	4	Somewhat characteristic of me	5	Extremely characteristic of me
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5	Extremely characteristic of me												
546	negative_affect_aggression_aq12_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

Instrument: **CES-D** (cesd) Enabled as survey[^ Collapse](#)


547	info_14	As you read each statement, ask yourself how many times during THE LAST WEEK you felt that way. Please press "next page" to continue...	descriptive								
548	ces1_v1	Section Header: During the past week, I was bothered by things that don't usually bother me.	radio, Required <table><tr><td>0</td><td>rarely (less than one day)</td></tr><tr><td>1</td><td>some of the time (1 - 2 days)</td></tr><tr><td>2</td><td>occasionally (3 - 4 days)</td></tr><tr><td>3</td><td>most or all of the time (5-7 days)</td></tr></table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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1	some of the time (1 - 2 days)										
2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										
549	ces2_v1	Section Header: During the past week, I had trouble keeping my mind on what I was doing.	radio, Required <table><tr><td>0</td><td>rarely (less than one day)</td></tr><tr><td>1</td><td>some of the time (1 - 2 days)</td></tr><tr><td>2</td><td>occasionally (3 - 4 days)</td></tr><tr><td>3</td><td>most or all of the time (5-7 days)</td></tr></table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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1	some of the time (1 - 2 days)										
2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										
550	ces3_v1	Section Header: During the past week, I felt depressed.	radio, Required <table><tr><td>0</td><td>rarely (less than one day)</td></tr><tr><td>1</td><td>some of the time (1 - 2 days)</td></tr><tr><td>2</td><td>occasionally (3 - 4 days)</td></tr><tr><td>3</td><td>most or all of the time (5-7 days)</td></tr></table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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1	some of the time (1 - 2 days)										
2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										

551	ces4_v1	Section Header: During the past week, I felt that everything I did was an effort.	radio, Required <table border="1"> <tr><td>0</td><td>rarely (less than one day)</td></tr> <tr><td>1</td><td>some of the time (1 - 2 days)</td></tr> <tr><td>2</td><td>occasionally (3 - 4 days)</td></tr> <tr><td>3</td><td>most or all of the time (5-7 days)</td></tr> </table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										
552	ces5_v1	Section Header: During the past week, I felt hopeful about the future.	radio, Required <table border="1"> <tr><td>0</td><td>rarely (less than one day)</td></tr> <tr><td>1</td><td>some of the time (1 - 2 days)</td></tr> <tr><td>2</td><td>occasionally (3 - 4 days)</td></tr> <tr><td>3</td><td>most or all of the time (5-7 days)</td></tr> </table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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1	some of the time (1 - 2 days)										
2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										
553	ces6_v1	Section Header: During the past week, I felt fearful.	radio, Required <table border="1"> <tr><td>0</td><td>rarely (less than one day)</td></tr> <tr><td>1</td><td>some of the time (1 - 2 days)</td></tr> <tr><td>2</td><td>occasionally (3 - 4 days)</td></tr> <tr><td>3</td><td>most or all of the time (5-7 days)</td></tr> </table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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1	some of the time (1 - 2 days)										
2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										
554	ces7_v1	Section Header: During the past week, my sleep was restless.	radio, Required <table border="1"> <tr><td>0</td><td>rarely (less than one day)</td></tr> <tr><td>1</td><td>some of the time (1 - 2 days)</td></tr> <tr><td>2</td><td>occasionally (3 - 4 days)</td></tr> <tr><td>3</td><td>most or all of the time (5-7 days)</td></tr> </table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
0	rarely (less than one day)										
1	some of the time (1 - 2 days)										
2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										
555	ces8_v1	Section Header: During the past week, I was happy.	radio, Required <table border="1"> <tr><td>0</td><td>rarely (less than one day)</td></tr> <tr><td>1</td><td>some of the time (1 - 2 days)</td></tr> <tr><td>2</td><td>occasionally (3 - 4 days)</td></tr> <tr><td>3</td><td>most or all of the time (5-7 days)</td></tr> </table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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1	some of the time (1 - 2 days)										
2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										
556	ces9_v1	Section Header: During the past week, I felt lonely.	radio, Required <table border="1"> <tr><td>0</td><td>rarely (less than one day)</td></tr> <tr><td>1</td><td>some of the time (1 - 2 days)</td></tr> <tr><td>2</td><td>occasionally (3 - 4 days)</td></tr> <tr><td>3</td><td>most or all of the time (5-7 days)</td></tr> </table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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1	some of the time (1 - 2 days)										
2	occasionally (3 - 4 days)										
3	most or all of the time (5-7 days)										
557	ces10_v1	Section Header: During the past week, I could not get "going."	radio, Required <table border="1"> <tr><td>0</td><td>rarely (less than one day)</td></tr> <tr><td>1</td><td>some of the time (1 - 2 days)</td></tr> <tr><td>2</td><td>occasionally (3 - 4 days)</td></tr> <tr><td>3</td><td>most or all of the time (5-7 days)</td></tr> </table>	0	rarely (less than one day)	1	some of the time (1 - 2 days)	2	occasionally (3 - 4 days)	3	most or all of the time (5-7 days)
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558	cesd_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: Interpersonal Support Evaluation List (interpersonal_support_evaluation_list)  Enabled as survey ^ Collapse											
559	info_15	The following items ask about your relationships. Please press "next page" to continue...	descriptive								
560	is1_v1	Section Header: If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me.	radio, Required <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										

561	is2_v1	<p>Section Header:</p> <p>I feel that there is no one I can share my most private worries and fears with.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
562	is3_v1	<p>Section Header:</p> <p>If I were sick, I could easily find someone to help me with my daily chores.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
563	is4_v1	<p>Section Header:</p> <p>There is someone I can turn to for advice about handling problems with my family.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
564	is5_v1	<p>Section Header:</p> <p>If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
565	is6_v1	<p>Section Header:</p> <p>When I need suggestions on how to deal with a personal problem, I know someone I can turn to.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
566	is7_v1	<p>Section Header:</p> <p>I don't often get invited to do things with others.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
567	is8_v1	<p>Section Header:</p> <p>If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
568	is9_v1	<p>Section Header:</p> <p>If I wanted to have lunch with someone, I could easily find someone to join me.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
569	is10_v1	<p>Section Header:</p> <p>If I was stranded 10 miles from home, there is someone I could call who could come and get me.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										
570	is11_v1	<p>Section Header:</p> <p>If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true
1	Definitely false										
2	Probably false										
3	Probably true										
4	Definitely true										

571	is12_v1	Section Header: If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	radio, Required <table border="1"> <tr><td>1</td><td>Definitely false</td></tr> <tr><td>2</td><td>Probably false</td></tr> <tr><td>3</td><td>Probably true</td></tr> <tr><td>4</td><td>Definitely true</td></tr> </table>	1	Definitely false	2	Probably false	3	Probably true	4	Definitely true										
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3	Probably true																				
4	Definitely true																				
572	interpersonal_support_evaluation_list_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Religious Participation (religious_participation) Enabled as survey ^ Collapse																					
573	rp1_v1	Apart from special occasions such as weddings and funerals, how often do you attend religious services?	radio, Required <table border="1"> <tr><td>1</td><td>Everyday</td></tr> <tr><td>2</td><td>More than once a week</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>2-3 times per month</td></tr> <tr><td>5</td><td>Once a month</td></tr> <tr><td>6</td><td>Several times a year</td></tr> <tr><td>7</td><td>Once or twice a year</td></tr> <tr><td>8</td><td>Less than once a year</td></tr> <tr><td>9</td><td>Never</td></tr> </table>	1	Everyday	2	More than once a week	3	Once a week	4	2-3 times per month	5	Once a month	6	Several times a year	7	Once or twice a year	8	Less than once a year	9	Never
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6	Several times a year																				
7	Once or twice a year																				
8	Less than once a year																				
9	Never																				
574	rp2_v1	Section Header: During the past week, how often did you attend religious services?	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7		
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3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
575	religious_participation_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Lubben Social Network Scale (lubben_social_network_scale) Enabled as survey ^ Collapse																					
576	lsn1_v1	Considering the people to who you are related by birth, marriage, adoption etc, how many relatives do you see or hear from at least once a month?	radio, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>One</td></tr> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three or four</td></tr> <tr><td>4</td><td>Five to eight</td></tr> <tr><td>5</td><td>Nine or more</td></tr> </table>	0	None	1	One	2	Two	3	Three or four	4	Five to eight	5	Nine or more						
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4	Five to eight																				
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577	lsn2_v1	Section Header: Considering the people to who you are related by birth, marriage, adoption etc, how many relatives do you feel at ease with that you can talk about private matters?	radio, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>One</td></tr> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three or four</td></tr> <tr><td>4</td><td>Five to eight</td></tr> <tr><td>5</td><td>Nine or more</td></tr> </table>	0	None	1	One	2	Two	3	Three or four	4	Five to eight	5	Nine or more						
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578	lsn3_v1	<p>Section Header:</p> <p>Considering the people to who you are related by birth, marriage, adoption etc, how many relatives do you feel close to such that you could call on them for help?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>One</td></tr> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three or four</td></tr> <tr><td>4</td><td>Five to eight</td></tr> <tr><td>5</td><td>Nine or more</td></tr> </table>	0	None	1	One	2	Two	3	Three or four	4	Five to eight	5	Nine or more
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579	lsn4_v1	<p>Section Header:</p> <p>Considering all of your friends including those who live in your neighborhood, how many of your friends do you see or hear from at least once a month?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>One</td></tr> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three or four</td></tr> <tr><td>4</td><td>Five to eight</td></tr> <tr><td>5</td><td>Nine or more</td></tr> </table>	0	None	1	One	2	Two	3	Three or four	4	Five to eight	5	Nine or more
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580	lsn5_v1	<p>Section Header:</p> <p>Considering all of your friends including those who live in your neighborhood, how many friends do you feel at ease with that you can talk about private matters?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>One</td></tr> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three or four</td></tr> <tr><td>4</td><td>Five to eight</td></tr> <tr><td>5</td><td>Nine or more</td></tr> </table>	0	None	1	One	2	Two	3	Three or four	4	Five to eight	5	Nine or more
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581	lsn6_v1	<p>Section Header:</p> <p>Considering all of your friends including those who live in your neighborhood, how many friends do you feel close to such that you could call on them for help?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>One</td></tr> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three or four</td></tr> <tr><td>4</td><td>Five to eight</td></tr> <tr><td>5</td><td>Nine or more</td></tr> </table>	0	None	1	One	2	Two	3	Three or four	4	Five to eight	5	Nine or more
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582	lubben_social_network_scale_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
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Instrument: **Resource Utilization Questionnaire** (resource_utilization_questionnaire)
 Enabled as survey
[^ Collapse](#)

583	r1_v1	Over the past 30 days, how many days did you receive Mental Health/Behavioral Health Counseling at local shelters?	dropdown, Required
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584	r2_v1	<div>Section Header:</div> <div>Over the past 30 days, how many days did you receive Substance Abuse Counseling at local shelters?</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr></table>	0	0	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
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585	r3_v1	<div>Section Header:</div> <div>Over the past 30 days, how many days did you receive Smoking Cessation Counseling at local shelters?</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr></table>	0	0	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
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586	r4_v1	<div>Section Header:</div> <div>Over the past 30 days, how many days did you see a doctor for a medical problem at local shelters?</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr></table>	0	0	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
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593	r11_v1	<div>Section Header:</div> <div>Over the past 30 days, did shelter staff refer you to get services that were not available at the shelter?</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																																																										
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594	r11b_v1 <div>Show the field ONLY if: [r11_v1] = '1'</div>	<div>Section Header:</div> <div>How often did you use the referrals (For example, visited the provider to which you were referred)?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>never</td></tr><tr><td>1</td><td>rarely</td></tr><tr><td>2</td><td>some of the time</td></tr><tr><td>3</td><td>occasionally</td></tr><tr><td>4</td><td>most of the time</td></tr></table>	0	never	1	rarely	2	some of the time	3	occasionally	4	most of the time																																																				
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595	r12_v1	<div>Section Header:</div> <div>Over the past 30 days, how many days did you meet with representatives from Legal Aid at local shelters?</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr></table>	0	0	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
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596	r13_v1	<div>Section Header:</div> <div>Over the past 30 days, how many days did you receive help with getting vital documents (For example, birth certificates, state identification, social security cards) at local shelters?</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr></table>	0	0	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
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598	r15_v1	<p>Section Header:</p> <p>What types of services would be most helpful to you right now? (select all that apply)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>r15_v1__1</td><td>Housing (shelter, transitional housing, rental assistance)</td></tr> <tr><td>2</td><td>r15_v1__2</td><td>Job training or job search services</td></tr> <tr><td>3</td><td>r15_v1__3</td><td>Health care services (doctor visit, medication)</td></tr> <tr><td>4</td><td>r15_v1__4</td><td>Mental health services</td></tr> <tr><td>5</td><td>r15_v1__5</td><td>Smoking cessation counseling and/or medication</td></tr> <tr><td>6</td><td>r15_v1__6</td><td>Adult basic education (such as reading and math)</td></tr> <tr><td>7</td><td>r15_v1__7</td><td>GED program</td></tr> <tr><td>8</td><td>r15_v1__8</td><td>Educational opportunities (help to get into college, scholarships)</td></tr> <tr><td>9</td><td>r15_v1__9</td><td>Drug and/or alcohol treatment</td></tr> <tr><td>10</td><td>r15_v1__10</td><td>Domestic violence program</td></tr> <tr><td>11</td><td>r15_v1__11</td><td>Access to exercise equipment</td></tr> <tr><td>12</td><td>r15_v1__12</td><td>Child care</td></tr> <tr><td>13</td><td>r15_v1__13</td><td>Legal services</td></tr> <tr><td>14</td><td>r15_v1__14</td><td>Other</td></tr> <tr><td>15</td><td>r15_v1__15</td><td>None of the above</td></tr> </table> <p>Custom alignment: LH Field Annotation: @NONEOFHEABOVE=15</p>	1	r15_v1__1	Housing (shelter, transitional housing, rental assistance)	2	r15_v1__2	Job training or job search services	3	r15_v1__3	Health care services (doctor visit, medication)	4	r15_v1__4	Mental health services	5	r15_v1__5	Smoking cessation counseling and/or medication	6	r15_v1__6	Adult basic education (such as reading and math)	7	r15_v1__7	GED program	8	r15_v1__8	Educational opportunities (help to get into college, scholarships)	9	r15_v1__9	Drug and/or alcohol treatment	10	r15_v1__10	Domestic violence program	11	r15_v1__11	Access to exercise equipment	12	r15_v1__12	Child care	13	r15_v1__13	Legal services	14	r15_v1__14	Other	15	r15_v1__15	None of the above
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13	r15_v1__13	Legal services																																														
14	r15_v1__14	Other																																														
15	r15_v1__15	None of the above																																														
599	resource_utilization_questionnaire_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																							
0	Incomplete																																															
1	Unverified																																															
2	Complete																																															

Instrument: **Barriers to Phone Based Case Management** (barriers_to_phone_based_case_management) Enabled as survey [Collapse](#)


600	bpm1_v1	<p>I am comfortable with completing case management sessions in my case manager's office at the Bridge.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly Disagree</td></tr> </table>	1	Strongly agree	2	Agree	3	Neutral	4	Disagree	5	Strongly Disagree
1	Strongly agree												
2	Agree												
3	Neutral												
4	Disagree												
5	Strongly Disagree												
601	bpm2_v1	<p>Section Header:</p> <p>I am comfortable with completing case management sessions over the phone.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly Disagree</td></tr> </table>	1	Strongly agree	2	Agree	3	Neutral	4	Disagree	5	Strongly Disagree
1	Strongly agree												
2	Agree												
3	Neutral												
4	Disagree												
5	Strongly Disagree												
602	bpm3_v1	<p>Section Header:</p> <p>I am comfortable with completing case management sessions using text messages or a private online chat room.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly Disagree</td></tr> </table>	1	Strongly agree	2	Agree	3	Neutral	4	Disagree	5	Strongly Disagree
1	Strongly agree												
2	Agree												
3	Neutral												
4	Disagree												
5	Strongly Disagree												
603	bpm4_v1	<p>Section Header:</p> <p>Which of the following is your most preferred way to speak with your case manager?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>In person meetings in my case manager's office</td></tr> <tr><td>2</td><td>Over the phone</td></tr> <tr><td>3</td><td>Text messages or private chat room on the internet</td></tr> </table>	1	In person meetings in my case manager's office	2	Over the phone	3	Text messages or private chat room on the internet				
1	In person meetings in my case manager's office												
2	Over the phone												
3	Text messages or private chat room on the internet												

604	bpm5_v1	<p>Section Header:</p> <p>Which of the following would keep you from connecting to your case manager over the phone? (select all that apply)</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>0</td> <td>bpm5_v1__0</td> <td>I do not have a phone</td> </tr> <tr> <td>1</td> <td>bpm5_v1__1</td> <td>Calls with my case manager would use up too many of my phone minutes</td> </tr> <tr> <td>2</td> <td>bpm5_v1__2</td> <td>I do not have my case manager's phone number</td> </tr> <tr> <td>3</td> <td>bpm5_v1__3</td> <td>Case managers are not available to speak over the phone</td> </tr> <tr> <td>4</td> <td>bpm5_v1__4</td> <td>I do not want to talk to my case manager over the phone</td> </tr> <tr> <td>5</td> <td>bpm5_v1__5</td> <td>I prefer to meet face to face with my case manager</td> </tr> <tr> <td>6</td> <td>bpm5_v1__6</td> <td>None of the above</td> </tr> </table> <p>Field Annotation: @NONEOFTEABOVE=6</p>	0	bpm5_v1__0	I do not have a phone	1	bpm5_v1__1	Calls with my case manager would use up too many of my phone minutes	2	bpm5_v1__2	I do not have my case manager's phone number	3	bpm5_v1__3	Case managers are not available to speak over the phone	4	bpm5_v1__4	I do not want to talk to my case manager over the phone	5	bpm5_v1__5	I prefer to meet face to face with my case manager	6	bpm5_v1__6	None of the above
0	bpm5_v1__0	I do not have a phone																						
1	bpm5_v1__1	Calls with my case manager would use up too many of my phone minutes																						
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6	bpm5_v1__6	None of the above																						
605	barriers_to_phone_based_case_management_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete															
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<p>Instrument: Treatment and Quality Satisfaction Survey (treatment_and_quality_satisfaction_survey)  Enabled as survey ^ Collapse</p>																								
606	info_treat	<p>We would like your thoughts, feelings, and opinions about the Bridge Homeless Recovery Program and smart phone app you may have received for this study. Please answer the following questions. Press "next page" to continue...</p>	<p>descriptive</p>																					
607	<p>tq1_1v3</p> <p>Show the field ONLY if: [group] = '1'</p>	<p>Section Header:</p> <p>How helpful has the Bridge Homeless Recovery Program been to you?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Not at all helpful</td> </tr> <tr> <td>2</td> <td>Slightly helpful</td> </tr> <tr> <td>3</td> <td>Moderately helpful</td> </tr> <tr> <td>4</td> <td>Very helpful</td> </tr> <tr> <td>5</td> <td>Extremely helpful</td> </tr> </table>	1	Not at all helpful	2	Slightly helpful	3	Moderately helpful	4	Very helpful	5	Extremely helpful											
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608	<p>tq2_1v3</p> <p>Show the field ONLY if: [group] = '1'</p>	<p>Section Header:</p> <p>How helpful have Bridge Care Managers been to you?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Not at all helpful</td> </tr> <tr> <td>2</td> <td>Slightly helpful</td> </tr> <tr> <td>3</td> <td>Moderately helpful</td> </tr> <tr> <td>4</td> <td>Very helpful</td> </tr> <tr> <td>5</td> <td>Extremely helpful</td> </tr> </table>	1	Not at all helpful	2	Slightly helpful	3	Moderately helpful	4	Very helpful	5	Extremely helpful											
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609	<p>tq14_1v3</p> <p>Show the field ONLY if: [group] = '1'</p>	<p>Section Header:</p> <p>How often did you handle or use a study smart phone that was assigned to another study participant?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Never</td> </tr> <tr> <td>1</td> <td>Almost never</td> </tr> <tr> <td>2</td> <td>Sometimes</td> </tr> <tr> <td>3</td> <td>Fairly often</td> </tr> <tr> <td>4</td> <td>Very often</td> </tr> </table>	0	Never	1	Almost never	2	Sometimes	3	Fairly often	4	Very often											
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610	<p>tq1_2v3</p> <p>Show the field ONLY if: [group] = '2'</p>	<p>Section Header:</p> <p>How helpful has the Bridge Homeless Recovery Program been to you?</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Not at all helpful</td> </tr> <tr> <td>2</td> <td>Slightly helpful</td> </tr> <tr> <td>3</td> <td>Moderately helpful</td> </tr> <tr> <td>4</td> <td>Very helpful</td> </tr> <tr> <td>5</td> <td>Extremely helpful</td> </tr> </table>	1	Not at all helpful	2	Slightly helpful	3	Moderately helpful	4	Very helpful	5	Extremely helpful											
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611	tq2_2v3 Show the field ONLY if: [group] = '2'	Section Header: How helpful have Bridge Care Managers been to you?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all helpful</td></tr> <tr><td>2</td><td>Slightly helpful</td></tr> <tr><td>3</td><td>Moderately helpful</td></tr> <tr><td>4</td><td>Very helpful</td></tr> <tr><td>5</td><td>Extremely helpful</td></tr> </table>	1	Not at all helpful	2	Slightly helpful	3	Moderately helpful	4	Very helpful	5	Extremely helpful				
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4	Very helpful																
5	Extremely helpful																
612	tq3_2v3 Show the field ONLY if: [group] = '2'	Section Header: Consider the daily assessments that were prompted by the smart phone application, was the number of assessments:	radio, Required <table border="1"> <tr><td>1</td><td>Too high</td></tr> <tr><td>2</td><td>About right</td></tr> <tr><td>3</td><td>Not enough</td></tr> </table>	1	Too high	2	About right	3	Not enough								
1	Too high																
2	About right																
3	Not enough																
613	tq4_2v3 Show the field ONLY if: [group] = '2'	Section Header: Did carrying the phone and answering questions make you more aware of your thoughts, feelings, and behavior?	radio, Required <table border="1"> <tr><td>1</td><td>Definitely No</td></tr> <tr><td>2</td><td>Mostly No</td></tr> <tr><td>3</td><td>Mostly Yes</td></tr> <tr><td>4</td><td>Definitely Yes</td></tr> </table>	1	Definitely No	2	Mostly No	3	Mostly Yes	4	Definitely Yes						
1	Definitely No																
2	Mostly No																
3	Mostly Yes																
4	Definitely Yes																
614	tq9_2v3 Show the field ONLY if: [group] = '2'	Section Header: Overall, how helpful has the smart phone been in helping you to access resources and other services that help to obtain housing?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all useful</td></tr> <tr><td>2</td><td>Slightly useful</td></tr> <tr><td>3</td><td>Moderately useful</td></tr> <tr><td>4</td><td>Very useful</td></tr> <tr><td>5</td><td>Extremely useful</td></tr> </table>	1	Not at all useful	2	Slightly useful	3	Moderately useful	4	Very useful	5	Extremely useful				
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5	Extremely useful																
615	tq10_2v3 Show the field ONLY if: [group] = '2'	Section Header: Do you find the smart phone application to be annoying?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely				
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5	Extremely																
616	tq11_2v3 Show the field ONLY if: [group] = '2'	Section Header: How likely would you be to recommend this smart phone app to a friend?	radio, Required <table border="1"> <tr><td>1</td><td>Extremely unlikely</td></tr> <tr><td>2</td><td>Unlikely</td></tr> <tr><td>3</td><td>Somewhat unlikely</td></tr> <tr><td>4</td><td>Neither likely nor unlikely</td></tr> <tr><td>5</td><td>Somewhat likely</td></tr> <tr><td>6</td><td>Likely</td></tr> <tr><td>7</td><td>Extremely likely</td></tr> </table>	1	Extremely unlikely	2	Unlikely	3	Somewhat unlikely	4	Neither likely nor unlikely	5	Somewhat likely	6	Likely	7	Extremely likely
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617	tq12_2v3 Show the field ONLY if: [group] = '2'	Section Header: Would you be interested in using this smart phone app in the future if needed?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all interested</td></tr> <tr><td>2</td><td>Slightly interested</td></tr> <tr><td>3</td><td>Moderately interested</td></tr> <tr><td>4</td><td>Very interested</td></tr> <tr><td>5</td><td>Extremely interested</td></tr> </table>	1	Not at all interested	2	Slightly interested	3	Moderately interested	4	Very interested	5	Extremely interested				
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3	Moderately interested																
4	Very interested																
5	Extremely interested																
618	tq13_2v3 Show the field ONLY if: [group] = '2'	Section Header: How accurately did you answer the questions on the phone assessments?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all accurate</td></tr> <tr><td>2</td><td>Slightly accurate</td></tr> <tr><td>3</td><td>Moderately accurate</td></tr> <tr><td>4</td><td>Very accurate</td></tr> <tr><td>5</td><td>Extremely accurate</td></tr> </table>	1	Not at all accurate	2	Slightly accurate	3	Moderately accurate	4	Very accurate	5	Extremely accurate				
1	Not at all accurate																
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619	tq14_2v3 Show the field ONLY if: [group] = '2'	Section Header: How often did you handle or use a study smart phone that was assigned to another study participant?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Almost never	2	Sometimes	3	Fairly often	4	Very often		
0	Never														
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620	tq1_3v3 Show the field ONLY if: [group] = '3'	Section Header: How helpful has the Bridge Homeless Recovery Program been to you?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all helpful</td></tr> <tr><td>2</td><td>Slightly helpful</td></tr> <tr><td>3</td><td>Moderately helpful</td></tr> <tr><td>4</td><td>Very helpful</td></tr> <tr><td>5</td><td>Extremely helpful</td></tr> </table>	1	Not at all helpful	2	Slightly helpful	3	Moderately helpful	4	Very helpful	5	Extremely helpful		
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621	tq2_3v3 Show the field ONLY if: [group] = '3'	Section Header: How helpful have Bridge Care Managers been to you?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all helpful</td></tr> <tr><td>2</td><td>Slightly helpful</td></tr> <tr><td>3</td><td>Moderately helpful</td></tr> <tr><td>4</td><td>Very helpful</td></tr> <tr><td>5</td><td>Extremely helpful</td></tr> </table>	1	Not at all helpful	2	Slightly helpful	3	Moderately helpful	4	Very helpful	5	Extremely helpful		
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622	tq3_3v3 Show the field ONLY if: [group] = '3'	Section Header: Consider the daily assessments that were prompted by the smart phone application, was the number of assessments:	radio, Required <table border="1"> <tr><td>1</td><td>Too high</td></tr> <tr><td>2</td><td>About right</td></tr> <tr><td>3</td><td>Not enough</td></tr> </table>	1	Too high	2	About right	3	Not enough						
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623	tq4_3v3 Show the field ONLY if: [group] = '3'	Section Header: Did carrying the phone and answering questions make you more aware of your thoughts, feelings, and behavior?	radio, Required <table border="1"> <tr><td>1</td><td>Definitely No</td></tr> <tr><td>2</td><td>Mostly No</td></tr> <tr><td>3</td><td>Mostly Yes</td></tr> <tr><td>4</td><td>Definitely Yes</td></tr> </table>	1	Definitely No	2	Mostly No	3	Mostly Yes	4	Definitely Yes				
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4	Definitely Yes														
624	tq5_3v3 Show the field ONLY if: [group] = '3'	Section Header: How often did you use the "Call My Care Manager" feature of the app?	radio, Required <table border="1"> <tr><td>0</td><td>I did not use this feature at all</td></tr> <tr><td>1</td><td>1 to 3 times a month</td></tr> <tr><td>2</td><td>1 or 2 times a week</td></tr> <tr><td>3</td><td>3 or 4 times a week</td></tr> <tr><td>4</td><td>5 or 6 times a week</td></tr> <tr><td>5</td><td>Everyday</td></tr> </table>	0	I did not use this feature at all	1	1 to 3 times a month	2	1 or 2 times a week	3	3 or 4 times a week	4	5 or 6 times a week	5	Everyday
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625	tq6_3v3 Show the field ONLY if: [group] = '3'	Section Header: How helpful was the "Call My Care Manager" feature?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all helpful</td></tr> <tr><td>2</td><td>Slightly helpful</td></tr> <tr><td>3</td><td>Moderately helpful</td></tr> <tr><td>4</td><td>Very helpful</td></tr> <tr><td>5</td><td>Extremely helpful</td></tr> </table>	1	Not at all helpful	2	Slightly helpful	3	Moderately helpful	4	Very helpful	5	Extremely helpful		
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626	tq7_3v3 Show the field ONLY if: [group] = '3'	Section Header: How often did you use the "Call Bridge Crisis Line" feature of the app?	radio, Required <table border="1"> <tr><td>0</td><td>I did not use this feature at all (if this item is selected, skip next item)</td></tr> <tr><td>1</td><td>1 to 3 times a month</td></tr> <tr><td>2</td><td>1 or 2 times a week</td></tr> <tr><td>3</td><td>3 or 4 times a week</td></tr> <tr><td>4</td><td>5 or 6 times a week</td></tr> <tr><td>5</td><td>Everyday</td></tr> </table>	0	I did not use this feature at all (if this item is selected, skip next item)	1	1 to 3 times a month	2	1 or 2 times a week	3	3 or 4 times a week	4	5 or 6 times a week	5	Everyday
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627	tq8_3v3 Show the field ONLY if: [group] = '3'	Section Header: How helpful was the "Call Bridge Crisis Line" feature?	radio, Required <table><tr><td>1</td><td>Not at all helpful</td></tr><tr><td>2</td><td>Slightly helpful</td></tr><tr><td>3</td><td>Moderately helpful</td></tr><tr><td>4</td><td>Very helpful</td></tr><tr><td>5</td><td>Extremely helpful</td></tr></table>	1	Not at all helpful	2	Slightly helpful	3	Moderately helpful	4	Very helpful	5	Extremely helpful				
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628	tq9_3v3 Show the field ONLY if: [group] = '3'	Section Header: Overall, how helpful has the smart phone been in helping you to access resources and other services that help to obtain housing?	radio, Required <table><tr><td>1</td><td>Not at all useful</td></tr><tr><td>2</td><td>Slightly useful</td></tr><tr><td>3</td><td>Moderately useful</td></tr><tr><td>4</td><td>Very useful</td></tr><tr><td>5</td><td>Extremely useful</td></tr></table>	1	Not at all useful	2	Slightly useful	3	Moderately useful	4	Very useful	5	Extremely useful				
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629	tq10_3v3 Show the field ONLY if: [group] = '3'	Section Header: Do you find the smart phone application to be annoying?	radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely				
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630	tq11_3v3 Show the field ONLY if: [group] = '3'	Section Header: How likely would you be to recommend this smart phone app to a friend?	radio, Required <table><tr><td>1</td><td>Extremely unlikely</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Somewhat unlikely</td></tr><tr><td>4</td><td>Neither likely nor unlikely</td></tr><tr><td>5</td><td>Somewhat likely</td></tr><tr><td>6</td><td>Likely</td></tr><tr><td>7</td><td>Extremely likely</td></tr></table>	1	Extremely unlikely	2	Unlikely	3	Somewhat unlikely	4	Neither likely nor unlikely	5	Somewhat likely	6	Likely	7	Extremely likely
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631	tq12_3v3 Show the field ONLY if: [group] = '3'	Section Header: Would you be interested in using this smart phone app in the future if needed?	radio, Required <table><tr><td>1</td><td>Not at all interested</td></tr><tr><td>2</td><td>Slightly interested</td></tr><tr><td>3</td><td>Moderately interested</td></tr><tr><td>4</td><td>Very interested</td></tr><tr><td>5</td><td>Extremely interested</td></tr></table>	1	Not at all interested	2	Slightly interested	3	Moderately interested	4	Very interested	5	Extremely interested				
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4	Very interested																
5	Extremely interested																
632	tq13_3v3 Show the field ONLY if: [group] = '3'	Section Header: How accurately did you answer the questions on the phone assessments?	radio, Required <table><tr><td>1</td><td>Not at all accurate</td></tr><tr><td>2</td><td>Slightly accurate</td></tr><tr><td>3</td><td>Moderately accurate</td></tr><tr><td>4</td><td>Very accurate</td></tr><tr><td>5</td><td>Extremely accurate</td></tr></table>	1	Not at all accurate	2	Slightly accurate	3	Moderately accurate	4	Very accurate	5	Extremely accurate				
1	Not at all accurate																
2	Slightly accurate																
3	Moderately accurate																
4	Very accurate																
5	Extremely accurate																
633	tq14_3v3 Show the field ONLY if: [group] = '3'	Section Header: How often did you handle or use a study smart phone that was assigned to another study participant?	radio, Required <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Almost never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Fairly often</td></tr><tr><td>4</td><td>Very often</td></tr></table>	0	Never	1	Almost never	2	Sometimes	3	Fairly often	4	Very often				
0	Never																
1	Almost never																
2	Sometimes																
3	Fairly often																
4	Very often																
634	tq15_3v3 Show the field ONLY if: [group] = '3'	Section Header: What do you like about the Link2Care smart phone application?	notes, Required														
635	tq16_3v3 Show the field ONLY if: [group] = '3'	Section Header: What do you not like about the Link2Care smart phone application?	notes, Required														

636	tq17_3v3 Show the field ONLY if: [group] = '3'	Section Header: How would you improve the Link2Care smart phone application?	notes, Required										
637	tq18_3v3 Show the field ONLY if: [group] = '3'	Section Header: What other thoughts and opinions do you have about the Link2Care application?	notes, Required										
638	treatment_and_quality_satisfaction_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: Staff Perceptions of the Link2Care App (staff_perceptions_of_the_link2care_app)  Enabled as survey ^ Collapse													
639	staff_perc_instruct	We are interested in your perceptions and opinions of the Link2Care smart phone app.	descriptive										
640	staffperc_q1	Are you aware of the study at the Bridge that is using smart phones to link Bridge guests to Bridge care managers and QMHPs?	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes						
0	No												
1	Yes												
641	staffperc_q2 Show the field ONLY if: [staffperc_q1] = '1'	Section Header: In your opinion, how useful is the Link2Care smart phone app to Bridge guests?	radio, Identifier <table><tr><td>0</td><td>Not at all useful</td></tr><tr><td>1</td><td>Slightly useful</td></tr><tr><td>2</td><td>Moderately useful</td></tr><tr><td>3</td><td>Very useful</td></tr><tr><td>4</td><td>Extremely useful</td></tr></table>	0	Not at all useful	1	Slightly useful	2	Moderately useful	3	Very useful	4	Extremely useful
0	Not at all useful												
1	Slightly useful												
2	Moderately useful												
3	Very useful												
4	Extremely useful												
642	staffperc_q3 Show the field ONLY if: [staffperc_q1] = '1'	Section Header: What do you like about the Link2Care smart phone application?	notes										
643	staffperc_q4 Show the field ONLY if: [staffperc_q1] = '1'	Section Header: What do you not like about the Link2Care smart phone application?	notes										
644	staffperc_q5 Show the field ONLY if: [staffperc_q1] = '1'	Section Header: How would you improve the Link2Care smart phone application?	notes										
645	staffperc_q6 Show the field ONLY if: [staffperc_q1] = '1'	Section Header: What other thoughts and opinions do you have about the Link2Care application?	notes										
646	staff_perceptions_of_the_link2care_app_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												