



HCHS/SOL V3 NIMHD Formset

(HUE, NDE, BFE, SIE, SME, SOE)

ID NUMBER:

FORM CODE: NIMHD
VERSION: 3, 1/21/2022

Contact Occasion 0 3

Occurrence 0 1

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Complete this form for each eligible participant. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.

[HUE-Health Use Q1-34]

A. SPOKEN ENGLISH PROFICIENCY AND PREFERRED LANGUAGE

Although you may speak many languages, the following questions refer to only English and Spanish.

1. How well do you speak English?

- 1 Not at all
- 2 Poorly
- 3 Fairly well
- 4 Well
- 5 Very well

2. In what language do you prefer to receive your medical/health care?

- 1 Spanish
- 2 English
- 3 Both equally

2a. In the past 12 months, have you visited a doctor's office, clinic, urgent care facility, or hospital and spoken with any doctors about your health care?

- 0 No **[Go to Q17]**
- 1 Yes

(If yes) Was your healthcare visit: **No** **Yes**

- 2a1. In person 0 1
- 2a2. Telemedicine/Video 0 1
- 2a3. Telephone 0 1

B. INTERPERSONAL PROCESSES OF CARE [skip this section if HUE2a=0]

The next questions are about your experiences talking with your doctor(s) over the past 12 months. Please tell me on average, how often your doctor(s) did the following. Please respond by saying: **Never, Rarely, Sometimes, Usually, or Always.**

	Never	Rarely	Sometimes	Usually	Always
3. How often did doctors speak too fast?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. How often did doctors use words that were hard to understand?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. How often did doctors really find out what your concerns were?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. How often did doctors let you say what you thought was important?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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Never Rarely Sometimes Usually Always

[FOR INTERVIEWER: Repeat response options]

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 7. How often did doctors take your health concerns very seriously? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 8. How often did doctors explain your test results such as blood tests, x-rays, or cancer screening tests? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 9. How often did doctors clearly explain the results of your physical exam? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Now I have some questions about how you and your medical doctors made decisions about your health care over the past 12 months. Please respond by saying: *Never, Rarely, Sometimes, Usually, or Always.*

[FOR INTERVIEWER: Repeat response options]

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Never | Rarely | Sometimes | Usually | Always |
| 10. How often did you and your doctors work out a treatment plan together? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 11. If there were treatment choices, how often did doctors ask if you would like to help decide your treatment? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

These questions are about the personal interactions between you and your doctor(s). Please continue to think about your experiences over the past 12 months. Please respond by saying: *Never, Rarely, Sometimes, Usually, or Always.*

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Never | Rarely | Sometimes | Usually | Always |
| 12. How often were doctors concerned about your feelings? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 13. How often did doctors really respect you as a person? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 14. How often did doctors treat you as an equal? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 15. How often did doctors pay less attention to you because of your race or ethnicity? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 16. How often did you feel discriminated against by doctors because of your race or ethnicity? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

C. ONLINE HEALTH INFORMATION SEEKING

For each of the following statements, please respond Yes or No. In the past 12 months, have you used a computer, smartphone, or other electronic means to do any of the following:

- | | | |
|--|----------------------------|----------------------------|
| | Yes | No |
| 17. Looked for health or medical information for yourself | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 18. Looked for health or medical information for someone else | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 19. Bought medicine or vitamins or health/medical supplies online | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 20. Looked for assistance for the care that you provide for someone else | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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Yes

No

21. Used email or the internet for communication with a doctor or a doctor's office 1 2
22. Tracked health care charges and costs 1 2
23. Looked up medical test results 1 2

D. PATIENT-CLINICIAN COMMUNICATION THROUGH EHR PORTALS

The following questions refer to your experience in using patient portals. A patient portal is a secure online website that gives patients convenient, 24-hour access to personal health information from anywhere with an internet connection.

24. Does your health care clinic or office have an electronic patient portal?
 1 Yes
 2 No
 3 Don't know
25. Have you ever used a patient portal by yourself, without any help?
 1 Yes
 2 No
26. Have you ever used a patient portal with someone else helping you?
 1 Yes
 2 No [IF Q 25 and Q26 = 0 "NO" Go to Q32]

For each of the following statements, please respond with Yes or No

- | | | |
|--|----------------------------|----------------------------|
| Have you ever used a patient portal to... | Yes | No |
| 27. Request a medication refill | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 28. Request an appointment with your doctor | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 29. Request a referral to a specialist or a follow-up test | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 30. Send a message to your doctor about a symptom or problem | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 31. Access the medical record notes | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

SELF-REPORTED HEALTH LITERACY

We would like to ask you some questions about your experience with written information that you may receive at a clinic or hospital.

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Never | Rarely | Some-times | Often | Always |
| 32. How often do you have someone like a family member, friend, hospital or clinic worker or caregiver, help you read hospital or clinic materials? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 33. How often do you have problems learning about your medical condition because of difficulty understanding written information? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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Think about your neighborhood as a whole. I am going to read a list of some conditions that may be found in your neighborhood. Respond by using: *Very serious problem, Somewhat serious problem, Minor problem, or Not really a problem*, to indicate how much of a problem each one is in your neighborhood. Choose only one response for each condition.

	Very serious Problem	Somewhat serious problem	Minor problem	Not really a problem
43. Excessive noise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
44. Heavy traffic or speeding cars	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
45. Lack of access to adequate food shopping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
[FOR INTERVIEWER: Repeat response options]				
46. Lack of parks or playgrounds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
47. Trash and litter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
48. No sidewalks or poorly maintained sidewalks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
49. Violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

[BFE-Behavior and Finance Q50-67]

F. BEHAVIOR

SLEEP DISTURBANCE

The next questions ask about your sleep habits. Choose the answer that best describes how often you experienced the situation in the past 7 days. In the past 7 days...

	Very poor	Poor	Fair	Good	Very good
50. My sleep quality was...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

For the following questions that ask about your sleep habits, please respond by saying: *Not at all, A little bit, Somewhat, Quite a bit, or Very much*. Choose the answer that best describes how often you experienced the situation in the past 7 days.

In the past 7 days...	Not at all	A little bit	Somewhat	Quite a bit	Very Much
51. My sleep was refreshing...	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
52. I had a problem with my sleep...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
53. I had difficulty falling asleep...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

54. On average, how many hours did you actually sleep each night during the past 4 weeks?

- More than 9 hours 0
- 8 to 9 hours 1
- 7 to less than 8 hours 2
- 6 to less than 7 hours 3
- Less than 6 hours 4

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ALCOHOL USE

The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor (such as rum, gin, vodka, or whiskey) or any other type of alcoholic beverage. This does not include drinking a few sips of wine for religious purposes.

55. During the last 12 months, how often did you usually have any kind of drink containing alcohol? (By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine or one and a half ounces of liquor.) Choose only one.
- | | |
|--|---|
| Every day | 0 <input type="checkbox"/> |
| 5 to 6 times a week | 1 <input type="checkbox"/> |
| 3 to 4 times a week | 2 <input type="checkbox"/> |
| Twice a week | 3 <input type="checkbox"/> |
| Once a week | 4 <input type="checkbox"/> |
| 2 to 3 times a month | 5 <input type="checkbox"/> |
| Once a month | 6 <input type="checkbox"/> |
| 3 to 11 times in the past year | 7 <input type="checkbox"/> |
| 1 or 2 times in the past year | 8 <input type="checkbox"/> |
| I have not drunk alcohol in the past 12 months | 9 <input type="checkbox"/> [GO TO QUESTION 59] |
56. In the past 12 months, on those days that you drank alcoholic beverages, on average, how many drinks did you have? (By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.)
 (If less than 1 drink enter "1"; If 95 drinks or more enter "95")
57. PROBE FOR RESPONSE: How many of the past 30 days did you have 4 or more drinks in a single day?
[FOR INTERVIEWER: IF PPT IS MALE, USE 5 DRINKS OR MORE; IF PPT IS FEMALE, USE 4 DRINKS OR MORE]
 (Enter "0" for none)
58. During the past 30 days, how many times did you drink 4 or more drinks of any kind of alcohol in about two hours?
[FOR INTERVIEWER: IF PPT IS MALE, USE 5 DRINKS OR MORE; IF PPT IS FEMALE, USE 4 DRINKS OR MORE]
 (Enter "0" for never)

PHYSICAL ACTIVITY

I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think about the activities you do to get from place to place and in your spare time for recreation, exercise or sport.

Think about all the vigorous activities that take hard physical effort that you do in a typical week. Vigorous activities make you breathe much harder than normal. These may include things like heavy lifting, running, cycling, aerobic movements, or climbing up stairs. Think about only those vigorous physical activities that you do for at least 10 minutes at a time.

59. In a typical week, on how many days do you do vigorous-intensity activities that causes large increases in breathing or heart rate like running, cycling, aerobic movements, or activities at work for at least 10 minutes continuously?
 Days a week
[if less than 1 day per week enter "0" and **GO TO QUESTION 61]**

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60. How much time (in minutes) do you typically spend doing these vigorous-intensity activities on the days that you do them for at least 10 minutes continuously?

Minutes

Now think about activities that take moderate physical effort that you do in a typical week. Moderate physical activities make you breathe somewhat harder than normal and may include activities like carrying light loads or brisk walking. Again, think about only those moderate physical activities that you do for at least 10 minutes at a time.

61. In a typical week, on how many days do you do moderate-intensity activities that causes small increases in breathing or heart rate such as brisk walking for at least 10 minutes continuously?

Days a week

[if less than 1 day per week enter "00" and **GO TO QUESTION 63**]

62. How much time (in minutes) do you typically spend doing these moderate-intensity activities on the days that you do them for at least 10 minutes continuously?

Minutes

G. INSECURITY

FINANCIAL INSECURITY

Next, I am going to ask you if you experienced any problems meeting your expenses and financial matters in the past 12 months. Please respond yes or no.

- | | Yes | No |
|--|----------------------------|----------------------------|
| 63. <u>In the past 12 months</u> , was there ever a time when you did not have enough money to meet your daily needs? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 64. <u>In the past 12 months</u> , was there ever a time when you did not have enough money to pay your monthly bills? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

HOUSING INSECURITY

Next, I am going to ask about your housing situation in the past 12 months. Please respond yes or no.

- | | Yes | No |
|--|----------------------------|----------------------------|
| 65. <u>In the last 12 months</u> , was there ever a time that you did not have enough money to pay your rent, mortgage, or other housing costs? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 66. <u>In the last 12 months</u> , was there ever a time when you did not have a regular place of residence, lived in a homeless shelter because you had nowhere else to go, or lived in a place not ordinarily used as a sleeping arrangement, such as on the street or in a car? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

FOOD INSECURITY

The next question is about whether you were always able to afford the food you needed in the last 30 days. Please respond yes or no.

- | | Yes | No |
|--|----------------------------|----------------------------|
| 67. <u>In the past 30 days</u> , were you ever hungry but didn't eat because there wasn't enough money for food? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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3 Very stressful

77. Has someone close to you had a serious ongoing health problem?

0 No **GO TO QUESTION 78**
1 Yes

a. Has this been a problem for six months or more?

0 No
1 Yes

b. Would you say this problem has been

1 Not very stressful
2 Moderately stressful
3 Very stressful

78. Have you had ongoing difficulties with your job or ability to work?

0 No **Go to Question 79**
1 Yes

a. Has this been a problem for six months or more?

0 No
1 Yes

b. Would you say this problem has been

1 Not very stressful
2 Moderately stressful
3 Very stressful

79. Have you experienced ongoing financial strain?

0 No **Go to Question 80**
1 Yes

a. Has this been a problem for six months or more?

0 No
1 Yes

b. Would you say this problem has been

1 Not very stressful
2 Moderately stressful
3 Very stressful

80. Have you had ongoing difficulties in a relationship with someone close to you?

0 No **Go to Question 81**
1 Yes

a. Has this been a problem for six months or more?

0 No
1 Yes

b. Would you say this problem has been

1 Not very stressful
2 Moderately stressful
3 Very stressful

81. Has someone close to you had an ongoing problem with alcohol or drug use?

0 No **Go to Question 82**
1 Yes

a. Has this been a problem for six months or more?

0 No
1 Yes

b. Would you say this problem has been

1 Not very stressful
2 Moderately stressful
3 Very stressful

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82. Have you been helping someone close to you, who is sick, limited or frail?
- 0 No **Go to Question 83**
1 Yes
- a. Has this been a problem for six months or more? 0 No
1 Yes
- b. Would you say this problem has been 1 Not very stressful
2 Moderately stressful
3 Very stressful

83. Have you had another ongoing problem not listed here?
- 0 No **Go to Question 84**
1 Yes
- a. If yes, please describe: _____
- b. Has this been a problem for six months or more? 0 No
1 Yes
- c. Would you say this problem has been 1 Not very stressful
2 Moderately stressful
3 Very stressful

STRESS OF IMMIGRATION SCALE

Below you will find a list of statements about how you feel about being a Hispanic/Latino individual in the United States. Please tell me the level of stress or worry that you have felt in the past 3 months. Please respond by saying: No stress, a Little stress, Moderate amount of stress, A lot of stress, or Severe Stress.

In the past 3 months...	No stress	A little stress	Moderate amount of stress	A lot of stress	Severe stress
84. How much stress or worry have you experienced because you cannot communicate in English well enough to enjoy life in this country?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
85. How much stress or worry have you experienced because documentation (papers) problems keep you from getting the things that you need for you and your family?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
86. How much stress or worry have you experienced because you do not have a job where you can take time off when you need it (sick days or vacation)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
87. How much stress or worry have you experienced because you fear that your friends or family members might be detained or deported due to their immigration status in the U.S.?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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ETHNIC DISCRIMINATION

How often have any of the things listed below happened to you, because of your ethnicity or race?

88. How often do people treat you unfairly because you are Hispanic/Latino?
- 0 Never
 1 Sometimes
 2 Often
 3 Always

BRIEF RESILIENCE SCALE

I will read some statements related to resilience. Please respond by saying: *Strongly Agree, Agree, Neither agree nor disagree, Disagree, or Strongly Disagree.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
89. I tend to bounce back quickly after hard times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
90. I have a hard time making it through stressful events.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
91. It does not take me long to recover from a stressful event.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

[FOR INTERVIEWER: Repeat response options]

92. It is hard for me to snap back when something bad happens.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
93. I usually come through difficult times with little trouble.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
94. I tend to take a long time to get over set-backs in my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

DEPRESSION SCREENER

Below is a list of some of the ways you may have felt or behaved. Please tell me how often you have felt this way during the past two weeks. Please respond by saying: *Not at all, Several days, More than half the days, or Nearly every day.*

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
95. Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
96. Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
97. Trouble falling or staying asleep, or sleeping too much	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
98. Feeling tired or having little energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

[FOR INTERVIEWER: Repeat response options]

99. Poor appetite or overeating	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
100. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
101. Trouble concentrating on things, such as reading the newspaper or watching television	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
102. 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	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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[SME-Sexuality and Gender Identity Part 1 Q103-107]

J. SEXUAL ORIENTATION AND GENDER IDENTITY

PART 1. SOGI SCREENING QUESTIONS FOR SGM SOL

The following questions are about your sexual orientation and gender identity.

- 103. [NIMHD-SGM] What sex were you assigned at birth, meaning on your original birth certificate?
 - 1 Male
 - 2 Female

- 104. Some people have a current gender that is different from their sex at birth. Do you currently consider yourself to be:
 - 1 Man (including trans man)
 - 2 Woman (including trans woman)
 - 3 Gender non-binary
 - 4 Some other identity

Interviewer: If asked about definition of gender non-binary: some people think of themselves as gender non-binary when they do not identify only as a man or only as a woman.

- 105. At what age did you first identify with your current gender? age in years
[Enter 00 if Always identified as my current gender, 98 for don't know, and 99 for refused]

- 106. Have you ever been told by a doctor that you have a difference of sexual development (DSD) or an intersex condition?
 - 0 No
 - 1 Yes
 - 8 Don't Know

- 107. People are different in their sexual attraction to other people. Have you ever felt sexually attracted to someone of the same sex?
 - 0 No **Go to Question 108**
 - 1 Yes
 - 8 Don't Know **Go to Question 108**

107a. At what age did you first feel attraction to someone of the same sex?
 age in years **[Enter 98 for don't know, and 99 for refused]**

Interviewer: If this is a Visit 3 phone interview, please check the box below. The remaining questions will be completed at a later date as part of either an SGM SOL interview or a Visit 3 in person interview.

- No, This is a visit 3 in-person interview **[Go to Question 108]**
- Yes, This is a visit 3 phone interview **[End Screening]**

[END SGM SOL SCREENING QUESTIONS]

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[SOE-Sexuality and Gender Identity Part 2 Q108-114]

PART 2: ADDITIONAL SOGI QUESTIONS FOR SGM SOL AND NIMHD

108. [NIMHD-SGM] People are different in their sexual attraction to other people. Which best describes your feelings, even if you have not taken any action based on your feelings? Are you:
- 1 Only attracted to females (women), never to males (men)
 - 2 Mostly attracted to females (women), and at least once to a male (man)
 - 3 Attracted about equally often to females (women) and to males (men)
 - 4 Mostly attracted to males (men), and at least once to a female (woman)
 - 5 Only attracted to males (men), never to females (women)
 - 6 I have never felt sexually attracted to anyone at all
 - 8 Not Sure
109. [SGM] In your lifetime, have your romantic partners been
- 1 Males only
 - 2 Females only
 - 3 Males and Females
 - 4 I have not had romantic relationships
 - 5 Other genders
 - 8 Don't Know
110. [NIMHD-SGM] Do you consider yourself to be:
- 1 Straight/Heterosexual, that is not gay..... **Go to Question 111**
 - 2 Lesbian **Go to Question 111**
 - 3 Gay **Go to Question 111**
 - 4 Bisexual **Go to Question 111**
 - 5 Some other identity
 - 8 Don't Know or Not Sure
- 110a. [SGM] Please explain:
- 1 You identify with another label such as queer/pansexual/same gender loving/two spirit
 - 2 You have not figured out or are in the process of figuring out your sexuality
 - 3 You do not think of yourself as having sexuality
 - 4 You do not use labels to identify yourself
 - 5 You don't understand the words or terms used

Interviewer note: If asked about definitions, they are as follows:

Straight/Heterosexual: A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

Lesbian: A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

Gay: A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men

Bisexual: A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

ID NUMBER:								
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FORM CODE: NIMHD
VERSION: 3, 1/21/2022

Contact
Occasion

0	3
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Occurrence

0	1
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111. [NIMHD] Do you consider yourself to be transgender?
- 1 No
 - 2 Yes, Transgender, male-to-female
 - 3 Yes, Transgender, female-to-male
 - 4 Yes, Transgender, gender non-binary
 - 8 Don't know or Not sure

Interviewer note: If asked about definition of transgender: some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation- straight, gay, lesbian, or bisexual.

112. [NIMHD] In the past 12 months, whom have you had sex with?
- 1 A man or men only
 - 2 A woman or women only
 - 3 Both a man or men and a woman or women
 - 4 I have not had sex
 - 5 Other genders

HORMONE USE

Instructions: Complete if Q103≠Q104, or Q106=1, or Q111=2, 3, or 4

113. [SGM] Have you ever taken hormones for your gender identity, gender transition, or an intersex transition?
- 0 No **End Form**
 - 1 Yes
 - 8 Don't Know **End Form**

- 113a. [SGM] At what age did you first start hormone treatment (either by prescription or some other source)?
- age in years

[Enter 00 if started hormone treatment at birth, 98 for don't know, and 99 for refused]

114. [SGM] Are you currently taking hormones for your gender identity, gender transition, or an intersex transition?
- 0 No
 - 1 Yes
 - 8 Don't Know