(MS520) ALP OMNIBUS SURVEY [WAVE 3]

introduction

This Omnibus survey will ask you questions about a variety of topics. You will be compensated \$3 for completion.

| Q1 | |
|--------------------------|---|
| Sele | ect all the ways you have ever communicated with a doctor to get advice about a health issue. (Select all that apply) |
| □ I □ N □ T □ V | Example (1) Email (2) Messaging within a website (e.g., patient portal) (3) Felephone (4) Videoconference (5) EVisit (when you answer questions about your health issue online and hear back from a doctor later) (6) None of these (7) [Exclusive] |
| Q2 | |
| | ne past 12 months, have you had a telephone or videoconferencing visit with a doctor to get advice about a health e? (Select all that apply) |
| □ Y □ Y | Yes, telephone visit with my personal doctor (1) Yes, telephone visit with an unfamiliar doctor (2) Yes, videoconferencing visit with my personal doctor (3) Yes, videoconferencing visit with an unfamiliar doctor (4) None of these (5) [Exclusive] |
| CONDITION | !f('Q2').any('3','4') True Question Q3() false |
| Q3 | |
| [For | rce Number of Items: Max 3] |
| | at are the main reasons you have not participated in a videoconferencing visit with a doctor in the last 12 months? ect up to 3) |
| 1 | Γοο costly/not covered by my health insurance (1) |
| □ N | My doctors don't offer it (2) |
| ☐ I | don't want to talk to a doctor I don't know (3) |
| ☐ I | don't think I'd get good quality care (4) |
| | don't think I'd feel comfortable (5) |
| | Too hard to communicate by video (6) |
| | have concerns about privacy (7) don't have the right equipment (8) |

| ☐ I don't know how (9) | | | | |
|---|--|--|--|--|
| ☐ I have not had the need (e.g., I have not been sick) (10) | | | | |
| | Other, please specify: (11)[Other |] | | |
| END | Condition !f('Q2').any('3','4') | | | |
| Q4 | | | | |
| [Not | required] | | | |
| On a | | n a videoconferencing visit with a doctor for a non-emergency health | | |
| Q 2Q 3Q 4 | (3) | | | |
| I | | | | |
| CONDITION | f('randomCollins').toNumber()==0 | | | |
| DIT | True | false | | |
| NO | Question C1a() | Question C1b() | | |
| | | | | |
| | | | | |
| C1a | | | | |
| | required] | | | |
| Was | there ever a time during the past 12 months wh | en you had problems with your mental health? | | |
| | Yes (1) | | | |
| O N | No (2) | | | |
| NC | f('C1a')=='1' | | | |
| CONDITION | m | | | |
| ONC | True | false | | |
| S | Question C2a() | | | |
| | | | | |
| C2a | | | | |
| | you feel that you might need to see a profession | nal because of those problems? | | |
| | /es (1) | • | | |
| | O No (2) | | | |

| END | Condition f('C1a')=='1' | | | |
|--|---|--|--|--|
| Was | required] there ever a time during the past 12 months when you had problems with your emotions or nerves? Yes (1) To (2) | | | |
| ELSE | f('randomCollins').toNumber()==0 | | | |
| C1b [Not required] Was there ever a time during the past 12 months when you had problems with your emotions or nerves? O Yes (1) O No (2) | | | | |
| NOL | f('C1b')=='1' | | | |
| CONDITION | True false Question C2b() | | | |
| C2b | | | | |
| [Not | required] | | | |
| OY | you feel that you might need to see a professional because of those problems? Yes (1) To (2) | | | |
| Condition $f('C1b')=='1'$ | | | | |
| C3b | | | | |
| [Not | required] | | | |
| Was there ever a time during the past 12 months when you had problems with your mental health? | | | | |
| O Yes (1) O No (2) | | | | |

C4

[Not required]

In the past 12 months, did you see a professional, such as a physician, counselor, psychiatrist, or social worker for problems with your emotions, nerves, or mental health?

O Yes (1)

O No (2)

C5

[Not required]

Think about the month in the past year when you were the most depressed, anxious, or emotionally stressed. During that month, about how often did you feel...

| | All of the time (1) | Most of the time (2) | Some of the time (3) | A little of the time (4) | None of the time (5) |
|--|---------------------|----------------------|----------------------|--------------------------|----------------------|
| nervous (1) | O | O | 0 | 0 | • |
| hopeless (2) | O | O | O | 0 | • |
| restless or fidgety (3) | O | O | O | 0 | • |
| so depressed that nothing could cheer you up (4) | • | • | • | • | • |
| that everything was an effort (5) | O | O | 0 | 0 | • |
| worthless (6) | O | O | O | 0 | • |

| OITION | f('randomHealth').toNumber()==0 | | | |
|--------|---------------------------------|---------------|--|--|
| \Box | True | false | | |
| CON | Question HeightWeightA() | Question B1() | | |
| | | | | |

A1 height

[Open Text \bullet Numeric \bullet Not required \bullet Lower limit=0 \bullet Lower limit type=GreaterOrEqual \bullet Upper limit=11 \bullet Upper limit type=SmallerOrEqual]

How tall are you without shoes? Please enter in feet and inches.

| feet & (feet) | |
|-----------------|------|
| inches (inches) | |

| A1_weight |
|---|
| [Open Text \bullet Numeric \bullet Not required \bullet Lower limit=0 \bullet Lower limit type=GreaterOrEqual \bullet Upper limit=999 \bullet Upper limit type=SmallerOrEqual \bullet Total Digits=3] |
| How much do you weigh without clothes or shoes? Please enter in pounds. |
| lbs (pounds) |
| |
| A2 |
| [Not required] |
| How do you think of yourself? |
| Very underweight (1) Slightly underweight (2) About the right weight (3) Slightly overweight (4) Very overweight (5) |
| A3 |
| [Not required] |
| Would you like to weigh |
| A lot more (1) Somewhat more (2) Stay about the same (3) Somewhat less (4) A lot less (5) |
| A4 |
| [Not required] |
| How do you describe your overall health in general? |
| Excellent (1) Very good (2) Good (3) Fair (4) Poor (5) |
| f('randomHealth').toNumber()==0 |
| B1 |
| [Not required] |
| How do you describe your overall health in general? |
| O Excellent (1) O Very good (2) O Good (3) |

O Fair (4)

| B2_height |
|--|
| [Open Text • Numeric • Not required • Lower limit=0 • Lower limit type=GreaterOrEqual • Upper limit=11 • Upper limit type=SmallerOrEqual] |
| How tall are you without shoes? Please enter in feet and inches. |
| feet & (feet) |
| inches (inches) |
| B2_weight |
| [Open Text • Numeric • Not required • Lower limit=0 • Lower limit type=GreaterOrEqual • Upper limit=999 • Upper limit type=SmallerOrEqual • Total Digits=3] |
| How much do you weigh without clothes or shoes? Please enter in pounds. |
| lbs (pounds) |
| |
| B3 |
| [Not required] |
| How do you think of yourself? |
| Very underweight (1) Slightly underweight (2) About the right weight (3) Slightly overweight (4) Very overweight (5) |
| B4 |
| [Not required] |
| Would you like to weigh |
| O A lot more (1) O Somewhat more (2) O Stay about the same (3) O Somewhat less (4) O A lot less (5) |
| Condition f('randomHealth').toNumber()==0 |
| Q4a |
| [Not required] |

O Poor (5)

Have you ever experienced:

Yes | No | (1) | (2)

| | Yes | No |
|--|-----|-----|
| | (1) | (2) |
| A feeling something strange and unexplainable was going on that other people would find hard to believe? (1) | • | O |
| A feeling that people were too interested in you or that there was a plot to harm you? (2) | O | O |
| A feeling that your thoughts were being directly interfered or controlled by another person, or your mind was being taken over by strange forces? (3) | • | O |
| An experience of seeing visions or hearing voices that others could not see or hear when you were not half asleep, dreaming, or under the influence of alcohol or drugs? (4) | • | 0 |

| CONDITION | $f('Q4a')['1'] == '1' \parallel f('Q4a')['2'] == '1' \parallel f('Q4a')['3'] == '1' \parallel f('Q4a')['4'] == '1'$ | | | |
|-----------|---|-------|--|--|
| | True | false | | |
| | Question Q5() | | | |
| | | | | |

Q5

[Not required]

Have any of these experiences happened in the past 12 months?

- **O** Yes (1)
- O No (2)

Condition
$$f('Q4a')['1']=='1' \parallel f('Q4a')['2']=='1' \parallel f('Q4a')['3']=='1' \parallel f('Q4a')['4']=='1'$$

Q6

[Not required]

Describe the area in which you were BORN.

- **O** Urban, large city (> 500,000 people) (1)
- **O** Urban, small city (< 500,000 people) (2)
- O Sub-urban (3)
- **O** Rural (4)

CS_001 - CS_001

[Not required]

Could you tell us how interesting or uninteresting you found the questions in this interview?

- O Very interesting (1)
- O Interesting (2)
- O Neither interesting nor uninteresting (3)
- O Uninteresting (4)
- O Very uninteresting (5)