

(MS571) ALCOHOL AND SOCIAL NETWORKS [W5 FOLLOWS MS567]

**intro**

Thank you for choosing to continue participating in the ALP Health Networks study! This is the fifth in a series of surveys that you will be asked to complete. Each survey will be conducted on the ALP platform and labeled as part of Health Networks. You should see the ALP Health Networks logo on the surveys and in invitation emails. Your consistent and continued participation in these surveys is very important. Your reward for completing this survey will be \$33, and you will be invited to complete at least one more follow-up survey with its own reward.

We are interested in how people's health and social networks change over time. You will be asked to complete a two-part survey. The first part will be about your own health and health behaviors. The second part will be about your social network – your friends, family, co-workers, and people you pass the time with. Don't worry, we will not ask you for their full names.

We are interested in your perspective and opinions – there are no right or wrong answers to any of these questions. If you are uncertain about the answer to a question, please give your best estimate. This survey focuses on you specifically at the beginning. The last part of the survey will ask you about people that you know, how they might interact with each other, and what you know of their experiences and behaviors. You may notice that the web pages in the last part look a bit different from the usual ALP pages, but you will still see the ALP Health Networks Study logo. Please take the time to complete the whole survey, even if you need to take a break in between.

Please take the time to complete the whole survey, even if you need to take a break in between.

We strongly recommend that you use a device with a large screen, like a desktop computer or a laptop, rather than a mobile phone or tablet to complete this survey.

Please click "Next" to continue.

**q2**

[Numeric ♦ Not required ♦ Lower limit=1 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=10 ♦ Upper limit type=SmallerOrEqual]

Using a scale of 1 to 10 where 1 means "very dissatisfied" and 10 means "very satisfied", how do you feel about your life as a whole right now?

**q3**

[Not required]

The following items ask about your perceptions of the neighborhood where you currently live.

How much do you agree or disagree with the following?

	strongly disagree (1)	disagree (2)	agree (3)	strongly agree (4)	Don't Know (5)
There is a lot of graffiti in my neighborhood (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighborhood is noisy (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism is common in my neighborhood (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighborhood is safe (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighborhood is pleasant for physical activity (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighborhood is clean (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighborhood take good care of their houses and apartments (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighborhood are willing to help their neighbors (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighborhood look out for one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	strongly disagree (1)	disagree (2)	agree (3)	strongly agree (4)	Don't Know (5)
another (9)					
People in my neighborhood can be trusted (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighborhood generally get along with each other (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### intro1

The following questions ask about your alcohol use in the PAST YEAR (12 MONTHS). Keep the following definitions in mind.

One drink of alcohol, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine (5 ounces), one mixed drink, or one shot glass (1.5 ounces) of liquor. Questions about alcohol do not include drinking a few sips of wine for religious purposes.

### s1

[Not required]

During the LAST 12 MONTHS, how often did you usually have any kind of drink containing alcohol? Choose only one.

- Every day (1)
- 5 to 6 days a week (2)
- 3 to 4 days a week (3)
- Two days a week (4)
- One day a week (5)
- 2 to 3 days a month (6)
- One day a month (7)
- 3 to 11 days in the past year (8)
- 1 or 2 days in the past year (9)
- I did not drink at all in the past year (10)

CONDITION	true	false
Question s3()		

### s3

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=3]

During the LAST 12 MONTHS, how many alcoholic drinks did you have on a typical day when you drank alcohol? (By one drink, we mean a can of beer, a 5 oz. glass of wine, mixed drink, or a 1.5 oz. shot of hard liquor.)

(1) \_\_\_\_\_

### s4

[Not required]

During the LAST 12 MONTHS, how often did you have ^f('q7\_fill').toBoolean() ? f('q7\_fill') : "" ^ or more drinks containing any kind of alcohol in within a two-hour period? Choose only one:

- Every day (1)
- 5 to 6 days a week (2)
- 3 to 4 days a week (3)
- 2 days a week (4)
- 1 day a week (5)
- 2 to 3 days a month (6)
- 1 day a month (7)
- 3 to 11 days in the past year (8)
- 1 or 2 days in the past year (9)
- Not at all in the past year (10)

END || Condition

**intro2**

The following questions ask about your alcohol and other substance use in the PAST MONTH (30 DAYS).

**s5**

[Open Text ♦ Numeric ♦ Not required ♦ Force Number of Items: Min 0 ♦ Force Number of Items: Max 30 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=30 ♦ Upper limit type=SmallerOrEqual]

In the PAST MONTH (30 DAYS), how many days did you drink at least one full drink of alcohol?

(1) \_\_\_\_\_

CONDITION	f('s5').item('1').toNumber() >= 1	
	true	false
	Question s6()	

**s6**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual]

In the PAST MONTH (30 DAYS), how many drinks containing alcohol did you have on a typical day when you were drinking? (By one drink, we mean a can of beer, a 5 oz. glass of wine, a mixed drink, or a 1.5 oz. shot of hard liquor.)

(1) \_\_\_\_\_

**s7**

[Open Text ♦ Numeric ♦ Not required ♦ Force Number of Items: Min 0 ♦ Force Number of Items: Max 30 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=30 ♦ Upper limit type=SmallerOrEqual]

In the PAST MONTH (30 DAYS), how many days did you drink ^f('q7\_fill').toBoolean() ? f('q7\_fill') : "" ^ or more drinks of alcohol in a row, that is, within a couple of hours

(1) \_\_\_\_\_

s8

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual]

What is the largest number of drinks you had on any day in the PAST MONTH (30 DAYS)?

(1) \_\_\_\_\_

s9

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=30 ♦ Upper limit type=SmallerOrEqual]

During the PAST MONTH (30 DAYS), how many days have you driven a car, motorcycle, or other vehicle after drinking alcohol?

(1) \_\_\_\_\_

END || Condition f('s5').item('1').toNumber() >= 1

s10

[Not required]

During the PAST MONTH (30 DAYS), how many days did you use...?

	0 days (1)	1 day (2)	2 days (3)	3-5 days (4)	6-9 days (5)	10-19 days (6)	20-30 days (7)
Cigarettes (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless tobacco (dip, chew or snuff) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic or e-cigarette (e.g., Blu e-cig) or personal vaporizer (“vape pen” or “mod”) filled with nicotine e-liquid or other type of tobacco/nicotine product (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic (e-cigarette) or personal vaporizer (“vape pen” or “mod”) filled with hash oil, THC wax, dried buds, or other type of marijuana product (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana that is smoked (e.g., joint, bong, or dab) or consumed as an edible. Do not include electronic smoked/vaporized marijuana. (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medications without a prescription of your own or simply for the experience or feeling the drugs caused? Do not include over-the-counter medications or medications you have been prescribed and used to treat a medical condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(6)

CONDITION || f('s10')['1'].any('2','3','4','5','6','7')  
true  
false  
Question s101a()

**s101a**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual]

In the PAST MONTH (30 DAYS), on the days that you smoked cigarettes, how many cigarettes did you typically smoke?

(1) \_\_\_\_\_

END | Condition f('s10')[1].any('2','3','4','5','6','7')

CONDITION	f('s10')[3].any('2','3','4','5','6','7')			
	<table border="1"> <tr> <td>true</td> <td>false</td> </tr> <tr> <td>Question s102c()</td> <td></td> </tr> </table>	true	false	Question s102c()
true	false			
Question s102c()				

**s102c**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual]

In the PAST MONTH (30 DAYS), on the days that you used your e-cigarette, how many times per day did you usually use it? Assume that one “time” consists of around 15 puffs or lasts about 10 minutes.

(1) \_\_\_\_\_

END | Condition f('s10')[3].any('2','3','4','5','6','7')

CONDITION	f('s10')[6].any('2','3','4','5','6','7')			
	<table border="1"> <tr> <td>true</td> <td>false</td> </tr> <tr> <td>Question s104()</td> <td></td> </tr> </table>	true	false	Question s104()
true	false			
Question s104()				

**s104**

Check which prescription medications you have used:

- Prescription amphetamine medications to get high, like Adderall, Ritalin (1)
- Prescription sedative medications to get high, like phenobarbital or Seconal (2)
- Prescription tranquilizer medications to get high, like Valium and Xanax (3)
- Prescription narcotic medications to get high, like Vicodin, codeine, OxyContin, and Percocet (4)

END | Condition f('s10')[6].any('2','3','4','5','6','7')

CONDITION	f('s10')['1'].any('2','3','4','5','6','7') && f('s5')['1']!=0   f('s10')['2'].any('2','3','4','5','6','7') && f('s5')['1']!=0   f('s10')['3'].any('2','3','4','5','6','7') && f('s5')['1']!=0   f('s10')['4'].any('2','3','4','5','6','7') && f('s5')['1']!=0   f('s10')['5'].any('2','3','4','5','6','7') && f('s5')['1']!=0	
	true	false
	Question s105()	

**s105**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=30 ♦ Upper limit type=SmallerOrEqual]

You said that you used alcohol ^f('s5')['1'].toBoolean() ? f('s5')['1'] : "" ^ day(s) during the PAST MONTH. On how many of those days did you use any of these at the same time that you used alcohol?

- Cigarettes (1) \_\_\_\_\_
- Smokeless tobacco (dip, chew or snuff) (2) \_\_\_\_\_
- Electronic (e-cigarette) or personal vaporizer filled with nicotine e-liquid or other type of tobacco/nicotine product (3) \_\_\_\_\_
- Electronic (e-cigarette) or personal vaporizer filled with hash oil, THC wax, dried buds or other type of marijuana product (4) \_\_\_\_\_
- Marijuana that is smoked or consumed as an edible (do not include vaped marijuana) (5) \_\_\_\_\_
- Prescription medications to get high (6) \_\_\_\_\_

END	Condition f('s10')['1'].any('2','3','4','5','6','7') && f('s5')['1']!=0   f('s10')['2'].any('2','3','4','5','6','7') && f('s5')['1']!=0   f('s10')['3'].any('2','3','4','5','6','7') && f('s5')['1']!=0   f('s10')['4'].any('2','3','4','5','6','7') && f('s5')['1']!=0   f('s10')['5'].any('2','3','4','5','6','7') && f('s5')['1']!=0	

CONDITION	f('s1').any('1','2','3','4','5','6','7','8','9')    f('s5')['1']>0	
	true	false
	Question M106()	

**M106**

[Not required]

Listed below are 12 reasons people might be inclined to drink alcoholic beverages. Using the four-point scale below, decide how frequently your own drinking is motivated by each of the reasons listed.

*How often did you drink...*

	Almost never / never (1)	Sometimes (2)	Often (3)	Almost always / always (4)	Don't Know (5)
Because it is fun (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it make you feel good (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you like the feeling (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To forget your worries (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you feel more self-confident or sure of yourself (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Almost never / never (1)	Sometimes (2)	Often (3)	Almost always / always (4)	Don't Know (5)
Because it helps when you feel depressed or nervous (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To cheer up when you're in a bad mood (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a way to celebrate (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is what most of your friends do when you get together (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be sociable (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is customary on special occasions (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it makes a social gathering more enjoyable (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**M107**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=3]

Sometimes people drink when they are alone and sometimes they drink when they are with other people. Thinking about all the times you drank alcohol in the PAST YEAR (12 MONTHS), what percentage of these times did you:

*Note that your answers should add up to 100 percent*

Drink while interacting with others who were also drinking? (1) \_\_\_\_\_

Drink while interacting with others, but you were the only person drinking? (2) \_\_\_\_\_

Drink while alone (not interacting with others)? (3) \_\_\_\_\_

```
END | Condition f('s1').any('1','2','3','4','5','6','7','8','9') || f('s5')['1']>0
```

```
CONDITION | f('s5')['1']>0
-----|-----
true | false
Condition |
f('s1').any('1','2','3','4','5','6','7','8','9')
```

```
CONDITION | f('s1').any('1','2','3','4','5','6','7','8','9')
-----|-----
true | false
Question M108()
```

**M108**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=3]

Sometimes people drink when they are alone and sometimes they drink when they are with other people. Thinking about all the times you drank alcohol in the PAST MONTH, what percentage of these times did you:

Note that your answers should add up to 100 percent

Drink while interacting with others who were also drinking? (1)

Drink while interacting with others, but you were the only person drinking? (2)

Drink while alone (not interacting with others)? (3)

---

---

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END || Condition f('s1').any('1','2','3','4','5','6','7','8','9')

END || Condition f('s5')['1']>0

CONDITION || f('s5')['1']!=0 || f('s1')!='10'

---

true | false

Question s11()

**s11**

[Not required]

The following questions ask about things you might have experienced in the LAST YEAR (12 MONTHS):

How often during the LAST YEAR have you found that you were not able to stop drinking once you had started?

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Two to three times per week (4)
- Four or more times a week (5)

**s12**

[Not required]

How often during the LAST YEAR have you failed to do what was normally expected from you because of drinking?

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Two to three times per week (4)
- Four or more times a week (5)

**s13**

[Not required]

How often during the LAST YEAR have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Two to three times per week (4)



- Four or more times a week (5)

**s14**

[Not required]

How often during the LAST YEAR have you had a feeling of guilt or remorse after drinking?

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Two to three times per week (4)
- Four or more times a week (5)

**s15**

[Not required]

How often during the LAST YEAR have you been unable to remember what happened the night before because you had been drinking?

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Two to three times per week (4)
- Four or more times a week (5)

**s16**

[Not required]

Have you or someone else been injured as a result of your drinking?

- No (1)
- Yes, but not in the last year (2)
- Yes, during the last year (3)

**s17**

[Not required]

Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

- No (1)
- Yes, but not in the last year (2)
- Yes, during the last year (3)

**s18**

[Not required]

The following items ask you to think about the PAST THREE MONTHS.

Here are a number of events that people sometimes experience.

Read each one carefully, and indicate how often each one has happened to you in the PAST THREE MONTHS.

If an item does not apply to you, please select Never.

During the PAST 3 MONTHS, about how often has this happened to you?

	Never (1)	Once or a few times (2)	Once or Twice a Week (3)	Daily or almost daily (4)
I have been unhappy because of my drinking (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my drinking, I have not eaten properly (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have failed to do what is expected of me because of my drinking (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never (1)	Once or a few times (2)	Once or Twice a Week (3)	Daily or almost daily (4)
I have felt guilty or ashamed because of my drinking (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have taken foolish risks when I have been drinking (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When drinking, I have done impulsive things that I regretted later (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My physical health has been harmed by my drinking (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had money problems because of my drinking (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My physical appearance has been harmed by my drinking (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family has been hurt by my drinking (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friendship or close relationship has been damaged by my drinking (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My drinking has gotten in the way of my growth as a person (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My drinking has damaged my social life, popularity, or reputation (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have spent too much or lost a lot of money because of my drinking (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### s18a

[Not required]

Has this happened to you DURING THE PAST 3 MONTHS?  
I have had an accident while drinking or intoxicated

- No (1)
- Almost (2)
- Yes, once (3)
- Yes, more than once (4)

END || Condition f('s5')['1']!=0 || f('s1')!='10'

### M19a

[Not required]

The following questions ask you about marijuana use.

During the LAST 12 MONTHS, how often did you usually use any type of marijuana product (smoked, vaped, edible, etc.)?

Choose only one.

- Every day (1)
- 5 to 6 days a week (2)
- 3 to 4 days a week (3)
- Two days a week (4)
- One day a week (5)
- 2 to 3 days a month (6)
- One day a month (7)
- 3 to 11 days in the past year (8)
- 1 or 2 days in the past year (9)

I did not use marijuana at all in the past year (10)

**M20**

[Not required]

The questions in this section ask you about how much you think each statement describes you.

	Completely false (1)	Somewhat false (2)	Neutral (3)	Somewhat true (4)	Completely true (5)
I've always felt that I could make of my life pretty much what I wanted to make of it (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once I make up my mind to do something, I stay with it until the job is completely done (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like doing things that other people thought could not be done (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When things don't go the way I want them to, that makes me work even harder (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes I feel if anything is going to be done right, I have to do it myself (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's not always easy, but I manage to find a way to do things I really need to get done (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very seldom have I been disappointed with the results of my work (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am the kind of individual who stands up for what [she/he] believes in, regardless of the consequences (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past, even when things got really tough, I never lost sight of my goals (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's important for me to be able to do things in the way I want to do them rather than the way other people want me to do them (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't let my personal feelings get in the way of doing a job (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard work helped me to get ahead in life (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s21**

[Not required]

The following questions are about your physical and mental health.

	Excellent (1)	Very good (2)	Good (3)	Fair (4)	Poor (5)
Would you say that, in general, your mental health is... (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you say that, in general, your physical health is... (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s22**

[Not required]

Have you ever gone anywhere or seen anyone for a reason that was related in any way to your alcohol use: a physician, counselor, Alcoholics Anonymous, or any other community agency or professional?

- Yes (1)
- No (2)

**s23***[Not required]*

During the PAST FOUR WEEKS, how much have you been bothered by any of the following problems?

	Not bothered at all (1)	Bothered a little (2)	Bothered a lot (3)
Stomach pain (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back pain (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain in your arms, legs, or joints (knees, hips, etc.) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menstrual cramps or other problems with your periods (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling your heart pound or race (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain or problems during sexual intercourse (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation, loose bowels, or diarrhea (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, gas, or indigestion (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having low energy (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble sleeping (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s24***[Not required]*

Over the LAST TWO WEEKS, how often have you been bothered by any of the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Little interest or pleasure in doing things (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep, or sleeping too much (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having little energy (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading the newspaper or watching television (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s25***[Not required]*

Over the LAST TWO WEEKS, how often have you been bothered by any of the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious, or on edge (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about different things (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble relaxing (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Being so restless that it's hard to sit still (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid as if something awful might happen (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s26**

[Not required]

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
On the whole, I am satisfied with myself (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times I think I am no good at all (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I have a number of good qualities (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things as well as most other people (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I do not have much to be proud of (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certainly feel useless at times (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I'm a person of worth, at least on an equal plane with others (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I could have more respect for myself (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, I am inclined to feel that I am a failure (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take a positive attitude toward myself (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s27**

[Not required]

The questions in this section ask you about your feelings and thoughts during the LAST MONTH. In each case, you will be asked to indicate how often you felt or thought a certain way.

	Never (1)	Almost never (2)	Sometimes (3)	Fairly often (4)	Very often (5)
How often have you been upset because of something that happened unexpectedly? (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you felt that you were unable to control the important things in your life? (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you felt nervous and "stressed"? (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you felt confident about your ability to handle your personal problems? (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you felt that things were going your way? (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you found that you could not cope with all the things that you had to do? (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you been able to control irritations in your life? (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you felt that you were on top of things? (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you been angered because of things that were outside of your control? (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you felt difficulties were piling up so high that you could not overcome them? (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITION	f('currentlivingsituation')!='1'	
	true	false
	Question s28()	

### s28

[Not required]

The following questions ask about your relationships with others.  
Are you currently in a romantic relationship with a partner?

- Yes (1)
- No (2)

END	Condition f('currentlivingsituation')!='1'
-----	--

CONDITION	f('currentlivingsituation')== '1'    f('s28')== '1'	
	true	false
	Question s28a()	

### s28a

[Flipped answerlist ♦ Not required]

Please indicate the degree of happiness of your relationship, all things considered.

- Extremely unhappy (1)
- Fairly unhappy (2)
- A little unhappy (3)
- Happy (4)
- Very happy (5)
- Extremely happy (6)
- Perfect (7)

### S28b

[Flipped answerlist ♦ Not required]

I have a warm and comfortable relationship with my partner:

- Not at all true (1)
- A little true (2)
- Somewhat true (3)
- Mostly true (4)
- Almost completely true (5)
- Completely true (6)

**s28c**

[Flipped answerlist ♦ Not required]

How rewarding is your relationship with your partner?

- Not at all (1)
- A little (2)
- Somewhat (3)
- Mostly (4)
- Almost completely (5)
- Completely (6)

**s28d**

[Flipped answerlist ♦ Not required]

In general, how satisfied are you with your relationship?

- Not at all (1)
- A little (2)
- Somewhat (3)
- Mostly (4)
- Almost completely (5)
- Completely (6)

END || Condition f('currentlivingsituation')==1' || f('s28')==1'

**s29**

People sometimes talk to other people about their problems. Did you talk with any of the following types of people about a problem in the PAST THREE MONTHS?

- Relative (1)
- Spouse/significant other (2)
- Friend (3)
- Neighbor (4)
- Coworker (5)
- Minister, pastor, or priest (6)
- Physician, nurse, physician’s assistant, nurse practitioner or community health worker (7)
- A social worker, case worker, counselor, psychologist, or psychiatrist (8)
- Someone else (Specify role:) (9)\_\_\_\_\_ [Other]
- No, didn’t talk to anyone (10)

**s30**

[Not required]

Now we want to ask you some questions about the help and support you get from the people you know, as well as the help and support that you might give to the people you know.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)
How often do the people you spend time with help you by providing you emotional support or advice? (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do the people you spend time with help and support you by providing you something tangible when you need it, like money or a place to stay? (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you provide emotional support or advice to the people you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)
spend time with? (3)				
How often do you provide something tangible, like money or place to stay, to the people you spend time with when they need it? (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s31**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=6 ♦ Decimal places=2]

Please tell me your best guess: About how many, in terms of a percentage, of your family members, friends, coworkers, and other people you pass the time with ...

*For example, 2% or 5% means almost no one, 25% means about one in four, 45% or 55% means about half, 80% or so means most, and 95% or 98% means almost everyone.*

Help you by providing you with emotional support or advice when you need it? \_\_\_\_\_  
(1)

Help you by providing you with something tangible, like money or a place to stay, when you need it? (2) \_\_\_\_\_

**s32**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=6 ♦ Decimal places=2]

Please tell me your best guess: About how many, in terms of a percentage, of your family members, friends, coworkers, and other people you pass the time with ...

*For example, 2 or 5 percent means almost no one, 25% means about one in four, 45 or 55 percent means about half, 80% or so means most, and 95 or 98 percent means almost everyone.*

Do you help by providing emotional support or advice when they need it? (1) \_\_\_\_\_

Do you help by providing something tangible, like money or place to stay, when they need it? (2) \_\_\_\_\_

**s33**

[Not required]

How satisfied are you....

	Very satisfied (1)	Satisfied (2)	Neither satisfied nor dissatisfied (3)	Dissatisfied (4)	Very dissatisfied (5)
...with the assistance you get from your FRIENDS in daily activities such as helping you with chores, giving you information, etc. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...with the emotional support you receive from your FRIENDS such as feeling cared about, discussing personal problems (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...with the socializing you do with your FRIENDS (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...with the assistance you get from your FAMILY in daily activities such as helping you with chores, giving you information, etc. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...with the emotional support you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Very satisfied (1)	Satisfied (2)	Neither satisfied nor dissatisfied (3)	Dissatisfied (4)	Very dissatisfied (5)
from your FAMILY such as feeling cared about, discussing personal problems (5)					
...with the socializing you do with your FAMILY (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s34**

[Not required]

	Hardly ever (1)	Some of the time (2)	Often (3)
How often do you feel that you lack companionship? (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out? (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel isolated from others? (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s35**

[Not required]

Thinking back over the past THREE MONTHS, how often have people in your life...

	Very often (1)	Sometimes (2)	Rarely (3)	Never (4)
Made too many demands on you? (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been critical of you and the things you have done? (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**s36**

[Not required]

How often does anyone tell or remind you to do anything to protect your health?

- Often (1)
- Sometimes (2)
- Rarely (3)
- Never (4)

**s37**

[Not required]

How much does your FAMILY approve or disapprove of your amount of alcohol use?

- Strongly disapprove (1)
- Disapprove (2)
- Neither disapprove nor approve (3)
- Approve (4)
- Strongly approve (5)

**s38**

[Not required]

How much do your FRIENDS approve or disapprove of your amount of alcohol use?

- Strongly disapprove (1)
- Disapprove (2)
- Neither disapprove nor approve (3)
- Approve (4)
- Strongly approve (5)

## CoronaCatch - DescriptiveVaccNorm

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

This question will ask you about the percent chance of something happening. The percent chance must be a number from 0 to 100. Here are some descriptions corresponding to different chances of something happening:

Absolutely will not happen= 0 % chance    A very small chance= Less than 1% chance    A small chance= 2 to 15 % chance  
A reasonable chance= 15 to 40 % chance    A pretty even chance= 40 to 60% chance    A big chance= 60 to 85 % chance  
A very big chance= 85 to 98 % chance    Almost certain= More than 99% chance    Absolutely certain= 100% chance

You can also think of percent chance as the number of times something happens out of 100.

What do you think is the percent chance that you will get infected with coronavirus (COVID-19) in the NEXT TWELVE MONTHS?

### M40

[Not required]

During the past two months were you the only person living in your home, or were other people living with you?

- I am the only person in my home (1)
- There are other people in my home (2)

### M40a

Have you received a vaccine to prevent COVID-19?

- No (1)
- Yes, I have received at least one dose of a vaccine (2)
- Prefer not to answer (3)

### n42

[Not required]

In the past SEVEN (7) DAYS, how often have you done these things due to the COVID-19 outbreak?

	Not at all or less than 1 day (1)	1-2 days (2)	3-4 days (3)	5-7 days (4)
Felt nervous, anxious, or on edge? (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt depressed? (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt lonely? (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt hopeful about the future? (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experience (e.g., social distancing, loss of income/work, concerns about infection) with the COVID-19 pandemic? (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### M42

[Not required]

During the coronavirus (COVID-19) outbreak, have you tended to:

- Drink alcohol a lot more than usual. (1)
- Drink alcohol a little more than usual. (2)
- Drink alcohol about the same as usual. (3)

- Drink alcohol a little less than usual. (4)
- Drink alcohol a lot less than usual. (5)

### **alterReminder**

This final question is a very important part of the survey. Over time, a person's social circle changes. While some people like your spouse or close friends may remain constant, other people in your life may come and go. Understanding those changes is one of the main goals of this study.

One at a time, you will be shown the name of each person you listed in the last Health Networks survey. We want to know whether or not they are on your new list of names.

If a person you named last time is on your new list of names, please tell us who they are from your new list of names.

If a person you named last time is not on your new list of names, please let us know that they do not match anyone.

In case you need more than just the names you used in the survey last time to remember who they are, here is the complete list of people you named last time and some information you originally gave us about them. You will also see each person's information again when you are asked to match them.

`^getReminder()`

### **alter\_match**

*[Not required]*

If `^f('prev_alters')[f('previous_alters')] (^getDetails(f('prev_AlterConnectionType')[f('previous_alters')], f('prev_AlterSameAge')[f('previous_alters')], f('prev_AlterGender')[f('previous_alters')])` from the previous survey is any of the people you listed today, please select that person. If they are not someone you listed today, please select "Doesn't match any of my friends from today's survey."

- `^f('ego_alters')['1']` (1)
- `^f('ego_alters')['2']` (2)
- `^f('ego_alters')['3']` (3)
- `^f('ego_alters')['4']` (4)
- `^f('ego_alters')['5']` (5)
- `^f('ego_alters')['6']` (6)
- `^f('ego_alters')['7']` (7)
- `^f('ego_alters')['8']` (8)
- `^f('ego_alters')['9']` (9)
- `^f('ego_alters')['10']` (10)
- Doesn't match any of my friends from today's survey. (0)

### **summary**

Here is a summary of the matches you have just made. If you made a mistake, please go back and correct them on each screen.

`^getSummary()`

### **CS\_001 - CS\_001**

*[Not required]*

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

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