



HLM - Month 03,06,09,12 - Healthy Living Monthly Survey - v3.00

Survey Flow

EmbeddedData

PROT = 0101

PATIDValue will be set from Panel or URL.

SITEValue will be set from Panel or URL.

MONTH = 03

Q_URLValue will be set from Panel or URL.

UserAgentValue will be set from Panel or URL.

HMSTRTDTValue will be set from Panel or URL.

Block: Intro to HLM (1 Question)

Standard: Checkpoint 1 (11 Questions)

EmbeddedData

CHECK_POINT = 1

Standard: Checkpoint 2 (6 Questions)

EmbeddedData

CHECK_POINT = 2

Block: Checkpoint 3 (6 Questions)

EmbeddedData

CHECK_POINT = 3

Standard: End of HLM (9 Questions)

EndSurvey: Advanced

Page Break

Start of Block: Intro to HLM

JS

INSTRUCT

Welcome to your Healthy Living Monthly Survey! This survey should take about 5 minutes to complete. After completing all questions, you will receive your payment within 2-3 business days.

Please remember that your responses are confidential, and will not be seen by anyone outside of the research team. Your medical providers will not see your responses.

If you have any questions while taking the survey, please speak with a member of the research staff.

End of Block: Intro to HLM

Start of Block: Checkpoint 1

INSTRUCT You must finish the survey in order to receive your payment. If you need to stop in the middle, your responses will be saved, and you will have 24 hours to return to and complete the rest of your survey.

Page Break



INSTRUCT You will be asked about your health behaviors over this 30 day period
(\$e://Field/HMSTRTDT} to \$e://Field/HMENDDT}).

Page Break



HMFFOOD During these 30 DAYS ([\\${e://Field/HMSTRTDT}](#) to [\\${e://Field/HMENDDT}](#)), how often did you **eat fast food meals**?

- ☐ Daily or almost daily (01)
- ☐ Weekly (02)
- ☐ Once or twice (03)
- ☐ Never (04)
- ☐ Don't know/not sure (97)

Page Break



HMSWBVG During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), how often did you drink **sugar sweetened beverages (regular, not diet)**?

- ☐ Daily or almost daily (01)
- ☐ Weekly (02)
- ☐ Once or twice (03)
- ☐ Never (04)
- ☐ Don't know/not sure (97)

Page Break



HMXRCISE During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you **exercise** for at least 20 minutes? (*Enter "0" for never*)

Page Break



HMOPIRX Do you currently have a prescription for an opioid pain medication?

These include medications like morphine (MS-Contin), oxycodone (OxyContin, Percocet), hydrocodone (Vicodin, Norco), methadone, codeine, tramadol (Ultram), and similar opioid pain medications that require a prescription from a medical provider.

☐ No (0)

☐ Yes (1)

Page Break



HMCIGS During these 30 DAYS ([\\${e://Field/HMSTRTDT}](#) to [\\${e://Field/HMENDDT}](#)), on how many days did you smoke at least one **cigarette**? (*Enter "0" for never*)

Page Break



HM4ALCHL During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you have **4 or more drinks** containing alcohol in a day? (Enter "0" for never)

Consider a "drink" to be a can or bottle of beer (12 ounces), a glass of wine (5 ounces), or a shot of hard liquor like gin, vodka, or whiskey (1.5 ounces).

Page Break

Display This Question:

If During these 30 DAYS (\$e://Field/HMSTRTDT} to \$e://Field/HMENDDT}), on how many days did you have 4 or more drinks containing alcohol in a day? (Enter "0" for never) Consider a "... Text Response Is Not Equal to 0



HM5ALCHL During these 30 DAYS (\$e://Field/HMSTRTDT} to \$e://Field/HMENDDT}), on how many days did you have **5 or more drinks** containing alcohol in a day? (Enter "0" for never)

Consider a "drink" to be a can or bottle of beer (12 ounces), a glass of wine (5 ounces), or a shot of hard liquor like gin, vodka, or whiskey (1.5 ounces).

Page Break



INSTRUCT This section includes questions about your use of **opioid pain medications**.

These include medications like morphine (MS-Contin), oxycodone (OxyContin, Percocet), hydrocodone (Vicodin, Norco), methadone, codeine, tramadol (Ultram) and similar opioid pain medications that require a prescription from a medical provider.

Page Break

Display This Question:

If HMOPIRX = Yes



HMPNKOTH During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you need to take pain medications belonging to someone else? (Enter "0" for never)

Note: This question is asking only about your use of **opioid pain medications**.

End of Block: Checkpoint 1

Start of Block: Checkpoint 2

Display This Question:

If HMOPIRX = Yes



HMRXMORE During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you have to take more of your medication than prescribed? (Enter "0" for never)

Note: This question is asking only about your use of **opioid pain medications**.

Page Break

Display This Question:

If HMOPIRX = Yes



HMPNKBOR During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you borrow pain medication from someone else? (Enter "0" for never)

Note: This question is asking only about your use of **opioid pain medications**.

Page Break

Display This Question:

If HMOPIRX = Yes



HMPNKSYS During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you use your pain medication for symptoms other than for pain (e.g., to help you sleep, improve your mood, or relieve stress)? (Enter "0" for never)

Note: This question is asking only about your use of **opioid pain medications**.

Page Break

Display This Question:

If If During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you need to take pain medications belonging to someone else? (Enter "0" for never)Note: Thi... Text Response Is Greater Than 0

And And During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you have to take more of your medication than prescribed? (Enter "0" for never)Note: This q... Text Response Is Greater Than 0



HMPOSDNY During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), did you ever use your own prescription opioid medications more than prescribed **on the same day** that you used opioid medications that belonged to someone else?

- ☐ No (0)
- ☐ Yes (1)

Page Break

Display This Question:

If HMPOSDNY = Yes



HMPOSDDY During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you use your own prescription opioid medications more than prescribed **on the same day** that you used opioid medications that belonged to someone else? (Enter "0" for never)

Page Break

Display This Question:

If HMOPIRX = No



HMOPINP During these 30 DAYS ([\\${e://Field/HMSTRTDT}](#) to [\\${e://Field/HMENDDT}](#)), on how many days did you use **prescription opioid medications** that were not prescribed to you? (Enter "0" for never)

These include opioid pain relievers such as Oxycontin, Vicodin, Percocet, Norco, and Methadone.

End of Block: Checkpoint 2

Start of Block: Checkpoint 3



HMHERFYL During these 30 DAYS ([\\${e://Field/HMSTRTDT}](#) to [\\${e://Field/HMENDDT}](#)), on how many days did you use **heroin or fentanyl**? (Enter "0" for never)

Page Break

Display This Question:

If During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you us... Text Response Is Greater Than 0

And If

If During these 30 DAYS({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you need to take pain medications belonging to someone else? (Enter "0" for never)Note: Thi... Text Response Is Greater Than 0

Or Or During these 30 DAYS({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you have to take more of your medication than prescribed? (Enter "0" for never)Note: This q... Text Response Is Greater Than 0

Or Or During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you us... Text Response Is Greater Than 0



HMHEROPI During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), did you ever use heroin or fentanyl **on the same day** you used prescription opioid medications more than prescribed or that were not prescribed to you (including medications that belonged to someone else)?

More than prescribed means more frequently than prescribed and/or at higher doses than prescribed.

☐ No (0)

☐ Yes (1)

Page Break

Display This Question:

If HMHEROPI = Yes



HMHEROSP During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you use heroin or fentanyl **on the same day** you used prescription opioid medications more than prescribed, or that were not prescribed to you (including medications that belonged to someone else)? (Enter "0" for never)

More than prescribed means more frequently than prescribed and/or at higher doses than prescribed.

Page Break



HMSEDUSE During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you use **prescription sedative medications**? (Enter "0" for never)

These include medications for anxiety or sleeping such as Xanax, Ativan, and Klonopin.

Page Break

Display This Question:

If If During these 30 DAYS ({e://Field/HMSTRTDT} to
{e://Field/HMENDDT}), on how many days did you use prescription sedative medications? (Enter
"0" for never) These include medi... Text Response Is Greater Than 0



HMSEDP Were the **sedative medications** prescribed to you?

☐ No (0)

☐ Yes (1)

Page Break

Display This Question:

If HMSEDP = Yes



HMSEDSP On how many days did you use **more than prescribed**? (Enter "0" for never)

End of Block: Checkpoint 3

Start of Block: End of HLM



HMCOCMET During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you use **cocaine, crack, or methamphetamine**? (Enter "0" for never)

Page Break



HMTHCUSE During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you use **cannabis** (marijuana, hash, edibles, etc.)? *(Enter "0" for never)*

Page Break



HMDRGSP During these 30 DAYS ({e://Field/HMSTRTDT} to {e://Field/HMENDDT}), on how many days did you use any **other illegal or recreational drug** (for example, ecstasy/Molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('K2/spice'), etc.)? (Enter "0" for never)

Page Break



HMGENHLT Would you say that in general your health is:

- ☐ Excellent (01)
- ☐ Very Good (02)
- ☐ Good (03)
- ☐ Fair (04)
- ☐ Poor (05)
- ☐ Don't know/not sure (97)

Page Break



HMWEIGHT Do you think you have a weight problem?

- ☐ Definitely (01)
- ☐ Probably (02)
- ☐ No (00)
- ☐ Don't know/not sure (97)

Page Break



HMPHYACT Do you think you have a problem with being too out of shape to do daily physical activities?

- ☐ Definitely (01)
- ☐ Probably (02)
- ☐ No (00)
- ☐ Don't know/not sure (97)

Page Break



HMT0BPRB Do you think you have a problem with tobacco use?

- ☐ Definitely (01)
- ☐ Probably (02)
- ☐ No (00)
- ☐ Don't know/not sure (97)

Page Break



HMALCPRB Do you think you have a problem with alcohol use?

- ☐ Definitely (01)
- ☐ Probably (02)
- ☐ No (00)
- ☐ Don't know/not sure (97)

Page Break



HMDRGPRB Do you think you have a problem with drug use?

- ☐ Definitely (01)
- ☐ Probably (02)
- ☐ No (00)
- ☐ Don't know/not sure (97)

End of Block: End of HLM
