



HLS - Healthy Living Eligibility Screener - v4.00

Survey Flow

EmbeddedData

PROT = 0101

SITEValue will be set from Panel or URL.

RefererValue will be set from Panel or URL.

Q_URLValue will be set from Panel or URL.

Standard: HLS Introduction (2 Questions)

Branch: New Branch

If

If Clinics across the U.S. are taking part in this study. Where is your clinic located? Utah Is Selected

Or Clinics across the U.S. are taking part in this study. Where is your clinic located? Maryland Is Selected

EndSurvey: Advanced

Block: HLS Demographics General (9 Questions)

EmbeddedData

Prevents_back_button = 0

Branch: New Branch

If

If How old are you? (in years) Text Response Is Less Than 18
And Clinics across the U.S. are taking part in this study. Where is your clinic located? New Hampshire Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If How old are you? (in years) Text Response Is Less Than 18
And Clinics across the U.S. are taking part in this study. Where is your clinic located? Utah Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If How old are you? (in years) Text Response Is Less Than 18
And Clinics across the U.S. are taking part in this study. Where is your clinic located? Ohio Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If How old are you? (in years) Text Response Is Less Than 18
And Clinics across the U.S. are taking part in this study. Where is your clinic located? Maryland Is Selected

EndSurvey: Advanced - Screen-Out

Standard: TAPS (TPS) (35 Questions)

EmbeddedData

TAPS = \${gr://SC_6JtIJk16gLrwXgV/Score}
HERFTAPS = \${gr://SC_2ob4ietE3QYKywd/Score}
POPITAPS = \${gr://SC_8nWo26qnTTuKT0V/Score}

Branch: New Branch

If

If HERFTAPS Is Greater Than or Equal to 1
And POPITAPS Is Equal to 0

EmbeddedData

PCP_SCRIPT = Illicit

Branch: New Branch

If

If HERFTAPS Is Greater Than or Equal to 1
And POPITAPS Is Greater Than or Equal to 1

EmbeddedData

PCP_SCRIPT = Illicit

Branch: New Branch

If

If In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? No Is Selected

Branch: New Branch

If

If HERFTAPS Is Greater Than or Equal to 1

Elseif

If POPITAPS Is Greater Than or Equal to 1

EmbeddedData

PCP_SCRIPT = Illicit

Branch: New Branch

If

If In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? Yes Is Selected

Standard: COMM (CMM) (18 Questions)

EmbeddedData

COMM = \${gr://SC_ezywdvKLK199Us5/Score}

Branch: New Branch

If

If POPITAPS Is Greater Than or Equal to 1

And HERFTAPS Is Equal to 0

EmbeddedData

PCP_SCRIPT = Prescribed

Branch: New Branch

If

If TAPS Is Equal to 0

AndIf

If In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Seldom Is Selected

Or In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Sometimes Is Selected

Or In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Often Is Selected

Or In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Very often Is Selected

Or In the PAST 30 DAYS, how often have you had to take more of your medication than prescribed? Note... Seldom Is Selected

Or In the PAST 30 DAYS, how often have you had to take more of your medication than prescribed? Note... Sometimes Is Selected

Or In the PAST 30 DAYS, how often have you had to take more of your medication than prescribed? Note... Often Is Selected

Or In the PAST 30 DAYS, how often have you had to take more of your medication than prescribed? Note... Very often Is Selected

Or In the PAST 30 DAYS, how often have you borrowed pain medication from someone else? Note: This qu... Seldom Is Selected

Or In the PAST 30 DAYS, how often have you borrowed pain medication from someone else? Note: This qu... Sometimes Is Selected

Or In the PAST 30 DAYS, how often have you borrowed pain medication from someone else? Note: This qu... Often Is Selected

Or In the PAST 30 DAYS, how often have you borrowed pain medication from someone else? Note: This qu... Very often Is Selected

EmbeddedData
PCP_SCRIPT = Prescribed

Branch: New Branch

If

If TAPS Is Greater Than or Equal to 1

Elseif

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Or In the PAST 30 DAYS, how often have you had to take more of your medication than prescribed? Note... Very often Is Selected

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Or In the PAST 30 DAYS, how often have you borrowed pain medication from someone else? Note: This qu... Very often Is Selected

EmbeddedData
Prevents_back_button = 0

Standard: Healthy Living Monthly Survey Baseline (HLM) (31 Questions)

Standard: Readiness to Change (RTC) (6 Questions)

Branch: New Branch

If

If In the PAST 30 DAYS, how often have you seriously thought about hurting yourself? Seldom Is Selected

Or In the PAST 30 DAYS, how often have you seriously thought about hurting yourself? Sometimes Is Selected

Or In the PAST 30 DAYS, how often have you seriously thought about hurting yourself? Often Is Selected

Or In the PAST 30 DAYS, how often have you seriously thought about hurting yourself? Very often Is Selected

Standard: COMM Suicidality Pop-up (1 Question)

Standard: HLS Eligibility (9 Questions)

Standard: HLS Unique ID (10 Questions)

EmbeddedData

UQID =

`{q://QID128/ChoiceTextEntryValue}{q://QID129/ChoiceTextEntryValue}{q://QID130/ChoiceTextEntryValue}{q://QID131/ChoiceTextEntryValue}`

EndSurvey: Advanced

Branch: New Branch

If

Or In the PAST 30 DAYS, how often have you seriously thought about hurting yourself? Seldom Is Selected

Or In the PAST 30 DAYS, how often have you seriously thought about hurting yourself? Sometimes Is Selected

Or In the PAST 30 DAYS, how often have you seriously thought about hurting yourself? Often Is Selected

Or In the PAST 30 DAYS, how often have you seriously thought about hurting yourself? Very often Is Selected

Standard: COMM Suicidality Pop-up (1 Question)

Branch: New Branch

If

If HERFTAPS Is Equal to 0

And POPITAPS Is Equal to 0

And In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? No Is Selected

AndIf

If Clinics across the U.S. are taking part in this study. Where is your clinic located? New Hampshire Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If HERFTAPS Is Equal to 0

And POPITAPS Is Equal to 0

And In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? No Is Selected

AndIf

If Clinics across the U.S. are taking part in this study. Where is your clinic located? Utah Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If HERFTAPS Is Equal to 0

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And In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? No Is Selected

AndIf

If Clinics across the U.S. are taking part in this study. Where is your clinic located? Ohio Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

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And POPITAPS Is Equal to 0

And In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? No Is Selected

AndIf

If Clinics across the U.S. are taking part in this study. Where is your clinic located? Maryland Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Never Is Selected

Or In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Never Is Not Selected

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AndIf

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And In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? Yes Is Selected

AndIf

If Clinics across the U.S. are taking part in this study. Where is your clinic located? New Hampshire Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Never Is Selected

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AndIf

If HERFTAPS Is Equal to 0

And POPITAPS Is Equal to 0

And In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? Yes Is Selected

AndIf

If Clinics across the U.S. are taking part in this study. Where is your clinic located? Utah Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Never Is Selected

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AndIf

If HERFTAPS Is Equal to 0

And POPITAPS Is Equal to 0

And In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? Yes Is Selected

AndIf

If Clinics across the U.S. are taking part in this study. Where is your clinic located? Ohio Is Selected

EndSurvey: Advanced - Screen-Out

Branch: New Branch

If

If In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else... Never Is Selected

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Or In the PAST 30 DAYS, how often have you borrowed pain medication from someone else? Note: This qu... Very often Is Not Selected

AndIf

If HERFTAPS Is Equal to 0

And POPITAPS Is Equal to 0

And In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication? Yes Is Selected

AndIf

If Clinics across the U.S. are taking part in this study. Where is your clinic located? Maryland Is Selected

EndSurvey: Advanced - Screen-Out

Page Break

INSTRUCT

Your clinic is taking part in the *Healthy Living Study*, and we are inviting patients to join!

We are asking you to complete a short survey to see if you are eligible for the study. The survey is about your health behaviors, and should take about 5 minutes to complete. If you are eligible and decide to join the study, you may receive up to \$680 over 12 months of participation.

The *Healthy Living Study* is about helping patients make lifestyle changes that can improve their health. Participating in the study involves completing surveys, and possibly working with a health coach and nurse. Your participation is completely voluntary, and you can decide at any point whether to participate in the study or not. If you don't take part, it won't affect the care you receive from your doctor or other benefits to which you are entitled.

Your survey responses are confidential. This means that your responses will not be seen by anyone outside of the research team. Only anonymous data (that does not identify you) will be reported.

There are no risks or benefits to you from completing this screening survey or participating in this study.

If you have questions about the *Healthy Living Study*, please contact research staff at your clinic. You can find their contact information at www.healthylivingstudy.org



HLCLINIC Clinics across the U.S. are taking part in this study.

Where is your clinic located?

- ☐ New Hampshire (01)
- ☐ Utah (03)
- ☐ Ohio (04)
- ☐ Maryland (05)

End of Block: HLS Introduction

Start of Block: HLS Demographics General

INSTRUCT *We are interested in knowing about activities and behaviors that can affect your overall health. It will take **about 5 minutes** to answer these questions. Please remember that your responses are **anonymous and confidential**.*



HLAGE How old are you? (in years)

Display This Question:

If If How old are you? (in years) Text Response Is Less Than 18

HLUNDAGE Are you sure the value entered of **$\${HLAGE/ChoiceTextEntryValue}$** is correct?

Please click the "Back" button if the value you entered is incorrect.

☐ Yes (01)

Skip To: End of Block If HLUNDAGE = 01

Skip To: End of Block If HLUNDAGE != 01

Display This Question:

If If How old are you? (in years) Text Response Is Greater Than 90

HLOVRAGE Are you sure the value entered of **#{HLAGE/ChoiceTextEntryValue}** is correct?

Please click the "Back" button if the value you entered is incorrect.

☐ Yes (01)

HLGENDER What is your gender?

- ☐ Male (01)
 - ☐ Female (02)
 - ☐ Transgender/non-binary (03)
 - ☐ Other (99)
 - ☐ Prefer not to say (98)
-



INSTRUCT *Now we will ask you some questions about your eating habits and exercise.*

HLHLTFDR How would you rate your overall habits of eating healthy foods?

- ☐ Poor (01)
 - ☐ Fair (02)
 - ☐ Good (03)
 - ☐ Very good (04)
 - ☐ Excellent (05)
-



HLFRUVEG In the **past 3 months**, about how often did you eat at least 5 servings of fruits and/or vegetables per day (1 serving = 1/2 cup)?

- ☐ Daily or almost daily (01)
 - ☐ Weekly (02)
 - ☐ Monthly (03)
 - ☐ Once or twice (04)
 - ☐ Never (05)
 - ☐ Don't know/not sure (97)
-



HLXRCISE In the **past 3 months**, about how many days per week did you exercise?

- ☐ 5-7 days (01)
 - ☐ 3-4 days (02)
 - ☐ 1-2 days (03)
 - ☐ I don't exercise (04)
 - ☐ Don't know/not sure (97)
-



End of Block: HLS Demographics General

Start of Block: TAPS (TPS)

INSTRUCT *The next set of questions will ask about your tobacco, alcohol, prescription medication, and drug use in the past year.*



TPTOBACO In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes/vaping, cigars, pipes, or smokeless tobacco)?

- ☐ Daily or almost daily (00)
 - ☐ Weekly (01)
 - ☐ Monthly (02)
 - ☐ Less than monthly (03)
 - ☐ Never (04)
-

Display This Question:

If HLGENDER != 01

TPALCOHL In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day?

**1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.*

- ☐ Daily or almost daily (00)
 - ☐ Weekly (01)
 - ☐ Monthly (02)
 - ☐ Less than monthly (03)
 - ☐ Never (04)
-

Display This Question:

If HLGENDER = 01

TPALCOHL In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in the day?

**1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.*

- ☐ Daily or almost daily (00)
 - ☐ Weekly (01)
 - ☐ Monthly (02)
 - ☐ Less than monthly (03)
 - ☐ Never (04)
-



TPILLDRG In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, fentanyl, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

- ☐ Daily or almost daily (00)
 - ☐ Weekly (01)
 - ☐ Monthly (02)
 - ☐ Less than monthly (03)
 - ☐ Never (04)
-



TPRXMED In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?

Prescription medications that may be used this way include:

Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone)

Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin)

Medications for ADHD (for example, Adderall or Ritalin)

☐ Daily or almost daily (00)

☐ Weekly (01)

☐ Monthly (02)

☐ Less than monthly (03)

☐ Never (04)

Display This Question:

If TPTOBACO = 00

Or TPTOBACO = 01

Or TPTOBACO = 02

Or TPTOBACO = 03

TPTOBSMK In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPTOBSMK = 1

TPTBS10C In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPTOBSMK = 1

TPTBSWAK In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPALCOHL = 00

Or TPALCOHL = 01

Or TPALCOHL = 02

Or TPALCOHL = 03

Or TPALCOHL = 00

Or TPALCOHL = 01

Or TPALCOHL = 02

Or TPALCOHL = 03

TPALCDK In the PAST 3 MONTHS, did you have a drink containing alcohol?

☐ Yes (1)

☐ No (0)

Display This Question:

If HLGENDER = 01

And TPALCDK = 1

TPALCNUM In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?

**1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.*

☐ Yes (1)

☐ No (0)

Display This Question:

If TPALCDK = 1

And If

HLGENDER != 01

TPALCNUM In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?

**1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.*

☐ Yes (1)

☐ No (0)

Display This Question:

If TPALCDK = 1

TPALCSTP In the PAST 3 MONTHS, have you tried and failed to control, cut down, or stop drinking?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPALCDK = 1

TPALCCRN In the PAST 3 MONTHS, has anyone expressed concern about your drinking?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPILLDRG = 00

Or TPILLDRG = 01

Or TPILLDRG = 02

Or TPILLDRG = 03

TPTHC In the PAST 3 MONTHS, did you use marijuana (hash, weed)?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPTHC = 1

TPTHC1WK In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPTHC = 1

TPTHCCRN In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPILLDRG = 00

Or TPILLDRG = 01

Or TPILLDRG = 02

Or TPILLDRG = 03

TPCOCMET In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPCOCMET = 1

TPCMT1WK In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPCOCMET = 1

TPCMTCRN In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPILLDRG = 00

Or TPILLDRG = 01

Or TPILLDRG = 02

Or TPILLDRG = 03

TPHEROIN In the PAST 3 MONTHS, did you use heroin or fentanyl?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPHEROIN = 1

TPHERSTP In the PAST 3 MONTHS, have you tried and failed to control, cut down, or stop using heroin or fentanyl?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPHEROIN = 1

TPHERCRN In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin or fentanyl?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPRXMED = 00

Or TPRXMED = 01

Or TPRXMED = 02

Or TPRXMED = 03

TPOPIOID In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPOPIOID = 1

TPOPISTP In the PAST 3 MONTHS, have you tried and failed to control, cut down, or stop using an opiate pain reliever?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPOPIOID = 1

TPOPICRN In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPRXMED = 00

Or TPRXMED = 01

Or TPRXMED = 02

Or TPRXMED = 03

TPSEDTIV In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, benzodiazepines such as Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPSED1WK = 1

TPSED1WK In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPSEDTIV = 1

TPSEDCRN In the PAST 3 MONTHS, has anyone expressed concern about your use of medications for anxiety or sleep?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPRXMED = 00

Or TPRXMED = 01

Or TPRXMED = 02

Or TPRXMED = 03

TPSTMLT In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPSTMLT = 1

TPSTM1WK In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPSTMLT = 1

TPSTMCRN In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall, Ritalin)?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPILLDRG = 00

Or TPILLDRG = 01

Or TPILLDRG = 02

Or TPILLDRG = 03

Or If

TPRXMED = 00

Or TPRXMED = 01

Or TPRXMED = 02

Or TPRXMED = 03

TPOTDRUG In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)?

☐ Yes (1)

☐ No (0)

Display This Question:

If TPOTDRUG = 1

TPOTDGSP In the PAST 3 MONTHS, what were the other drug(s) you used?



TPOPIRX In the PAST 6 MONTHS, have you received any 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.

☐ Yes (1)

☐ No (0)

End of Block: TAPS (TPS)

Start of Block: COMM (CMM)

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.

*Please answer each question as honestly as possible. Keep in mind that we are only asking about the **past 30 days**. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.*



CMMEMORY In the PAST 30 DAYS, how often have you had trouble with thinking clearly or had memory problems?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMNOWORK In the PAST 30 DAYS, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work, or appointments)

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMPNKPS In the PAST 30 DAYS, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMRXMISU In the PAST 30 DAYS, how often have you taken your medications differently from how they are prescribed?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMSUID In the PAST 30 DAYS, how often have you seriously thought about hurting yourself?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMOPITHO In the PAST 30 DAYS, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMARGUE In the PAST 30 DAYS, how often have you been in an argument?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-

CMANGER In the PAST 30 DAYS, how often have you had trouble controlling your anger (e.g., road rage, screaming, etc.)?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMPNKOTH In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else?

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

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMRXSFWO In the PAST 30 DAYS, how often have you been worried about how you are handling your medications?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMRXOTWO In the PAST 30 DAYS, how often have others been worried about how you are handling your medications?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMCLINIC In the PAST 30 DAYS, how often have you had to make an emergency phone call or show up at the clinic without an appointment?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMGOTMAD In the PAST 30 DAYS, how often have you gotten angry with people?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMRXMORE In the PAST 30 DAYS, how often have you had to take more of your medication than prescribed?

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

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMPNKBOR In the PAST 30 DAYS, how often have you borrowed pain medication from someone else?

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

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMPNKSYM In the PAST 30 DAYS, how often have you used your pain medication for symptoms other than for pain (e.g., to help you sleep, improve your mood, or relieve stress)?

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

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



CMERVISI In the PAST 30 DAYS, how often have you had to visit the Emergency Room?

- ☐ Never (00)
 - ☐ Seldom (01)
 - ☐ Sometimes (02)
 - ☐ Often (03)
 - ☐ Very often (04)
-



End of Block: COMM (CMM)

Start of Block: Healthy Living Monthly Survey Baseline (HLM)

INSTRUCT Some of these questions will be the same as what you answered previously, but now we are asking about only **the past 30 days**.

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



INSTRUCT Please answer the following questions thinking only about the past 30 days, from [\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#).



HMFFOOD During the PAST 30 DAYS (\${date://OtherDate/SL/-30%20day} to \${date://OtherDate/SL/-1%20day}), 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)
-



HMSWBVG During the PAST 30 DAYS [\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#), 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)
-



HMXRCISE During the PAST 30 DAYS (\${date://OtherDate/SL/-30%20day} to
\${date://OtherDate/SL/-1%20day}), on how many days did you **exercise** for at least 20
minutes? (Enter "0" for never)



HMCIGS During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), on how many days did you smoke at least one **cigarette**?
(Enter "0" for never)



HM4ALCDK During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), 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).

Display This Question:

If If During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on how many days did you have 4 or more drinks containing alcohol in a day? (Enter "0" for never) &nbs... Text Response Is Greater Than 0

HM5ALCDK During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), 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).

Display This Question:

If COMM > 0

Or If

TPOPIOID = 1

And TPOPIRX = 0

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.

Display This Question:

If COMM > 0

HMPNKOTH During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), 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**.

Display This Question:

If COMM > 0

HMRXMORE During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), 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**.

Display This Question:

If COMM > 0

HMPNKBOR During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), 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**.

Display This Question:

If COMM > 0

HMPNKSYS During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), 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**.

Display This Question:

If If During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on how many days did you need to take pain medications belonging to someone else? (Enter "0"... Text Response Is Greater Than 0

And And During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on how many days did you have to take more of your medication than prescribed? (Enter "0&quo... Text Response Is Greater Than 0

HMPOSDNY During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), 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)

Display This Question:

If HMPOSDNY = 1

HMPOSDDY During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), 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)

Display This Question:

If TPOPIOID = 1

And TPOPIRX = 0

HMOPINP During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), 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.



HMHERFYL During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on how many days did you use **heroin or fentanyl**? (Enter "0" for never)

Display This Question:

If If During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on... Text Response Is Greater Than 0

And If

If During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on how many days did you need to take pain medications belonging to someone else? (Enter "0"... Text Response Is Greater Than 0

Or Or During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on how many days did you have to take more of your medication than prescribed? (Enter "0"... Text Response Is Greater Than 0

Or Or During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on... Text Response Is Greater Than 0

HMHEROPI During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), 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)

Display This Question:

If HMHEROPI = 1

HMHEROSP During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), 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.



HMSEDUSE During the PAST 30 DAYS (\${date://OtherDate/SL/-30%20day} to
\${date://OtherDate/SL/-1%20day}), 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.

Display This Question:

If If During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on how many days did you use prescription sedative medications? (Enter "0" for never)
 These in... Text Response Is Greater Than 0

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

☐ No (0)

☐ Yes (1)

Display This Question:

If HMSEDP = 1

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



HMCOCMET During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), on how many days did you use **cocaine, crack, or methamphetamine?** *(Enter "0" for never)*



HMTHCUSE During the PAST 30 DAYS ({date://OtherDate/SL/-30%20day} to {date://OtherDate/SL/-1%20day}), on how many days did you use **cannabis** (marijuana, hash, edibles, etc.)? (Enter "0" for never)



HMDRGSP During the PAST 30 DAYS ([\\${date://OtherDate/SL/-30%20day}](#) to [\\${date://OtherDate/SL/-1%20day}](#)), 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*)



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)
-



HMWEIGHT Do you think you have a weight problem?

- ☐ Definitely (01)
 - ☐ Probably (02)
 - ☐ No (03)
 - ☐ Don't know/not sure (97)
-



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

- ☐ Definitely (01)
 - ☐ Probably (02)
 - ☐ No (03)
 - ☐ Don't know/not sure (97)
-



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

- ☐ Definitely (01)
 - ☐ Probably (02)
 - ☐ No (03)
 - ☐ Don't know/not sure (97)
-



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

- ☐ Definitely (01)
 - ☐ Probably (02)
 - ☐ No (03)
 - ☐ Don't know/not sure (97)
-

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

- ☐ Definitely (01)
- ☐ Probably (02)
- ☐ No (03)
- ☐ Don't know/not sure (97)

End of Block: Healthy Living Monthly Survey Baseline (HLM)

Start of Block: Readiness to Change (RTC)


RTRDEXER On a scale of 1 to 10, **how ready** are you to change the amount that you exercise?

A response of 1 indicates not ready at all, while a 10 corresponds to very ready.

Not Ready at All

Very Ready

1 2 3 4 5 6 7 8 9 10

()	
----	--

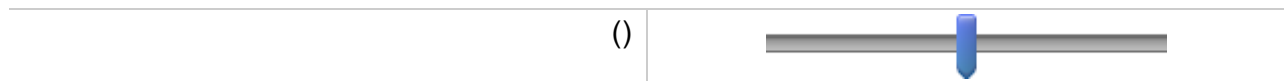
RTCNEXER On a scale of 1 to 10, **how confident** are you in your ability to change the amount that you exercise?

A response of 1 indicates not confident at all, while a 10 corresponds to very confident.

Not Confident at All

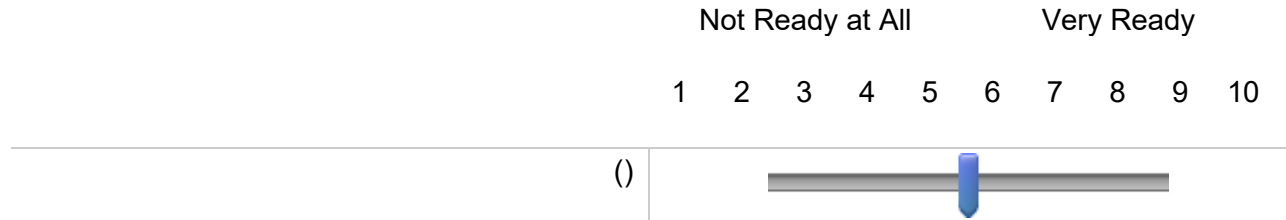
Very Confident

1 2 3 4 5 6 7 8 9 10



RTRDDRGU On a scale of 1 to 10, **how ready** are you to change your alcohol, opioid, or other drug use?

A response of 1 indicates not ready at all, while a 10 corresponds to very ready.



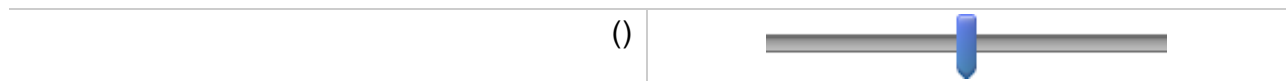
RTCNDRGU On a scale of 1 to 10, **how confident** are you in your ability to change your alcohol, opioid, or other drug use?

A response of 1 indicates not confident at all, while a 10 corresponds to very confident.

Not Confident at All

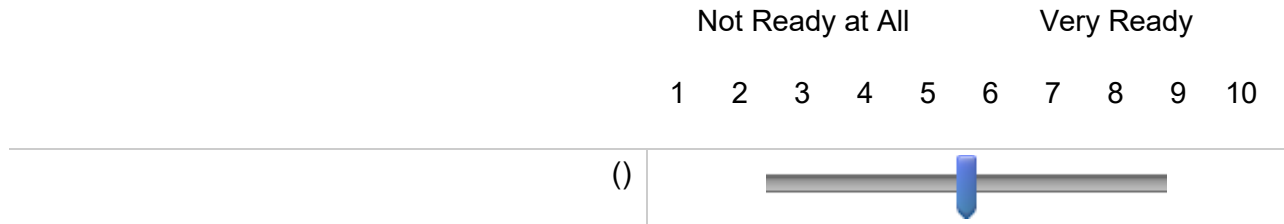
Very Confident

1 2 3 4 5 6 7 8 9 10



RTRDDIET On a scale of 1 to 10, **how ready** are you to change your diet?

A response of 1 indicates not ready at all, while a 10 corresponds to very ready.



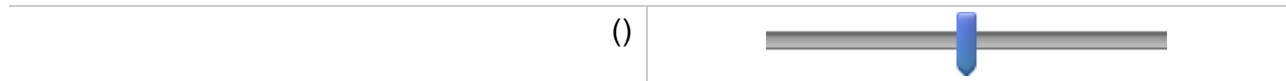
RTCNDIET On a scale of 1 to 10, **how confident** are you in your ability to change your diet?

A response of 1 indicates not confident at all, while a 10 corresponds to very confident.

Not Confident at All

Very Confident

1 2 3 4 5 6 7 8 9 10





End of Block: Readiness to Change (RTC)

Start of Block: COMM Suicidality Pop-up

POPUP

If you are experiencing a crisis, help is available.

The services are free and available 24 hours a day, seven days a week.

24/7 Crisis Hotline: National Suicide Prevention Lifeline

Call **1-800-273-TALK (8255)**

<http://www.SuicidePreventionLifeline.org/>

Veterans Crisis Line: Dial 1-800-273-8255 and Press 1

Crisis Text Line: Text **HELLO to 741-741** to text with a trained crisis counselor from the Crisis Text Line for free, 24/7

<http://www.CrisisTextLine.org/>

Veterans Text Line: Text 838255

End of Block: COMM Suicidality Pop-up

Start of Block: HLS Eligibility

INSTRUCT

Congratulations!

Your responses indicate that **you may be eligible** for participation in the study.

If you are eligible and decide to join the study, you can earn up to \$680 over 12 months of participation. The next step is to confirm that you are eligible for the study by talking to a member of the research staff, who will ask you a few more questions. This is completed over the phone and should only take about 10-15 minutes.

It is important that you complete this entire page, so the research staff have the information they need to enroll you in the study. Please continue until the end.

First, please provide your contact information below for the research assistant to reach out to you.



HLPTNAME

First Name:

HLPHONUM Telephone Number:

HLEMAIL E-mail Address:

Display This Question:

If HLCLINIC = 01

INSTRUCT We may send you a text message first to schedule a time to speak. If you prefer not to provide your contact information, you may call the research assistant at 603-608-3497 or email HealthyLivingStudyDH@hitchcock.org. Please note, if you do not provide your contact information, the only way to enroll in the study is by calling us at 603-608-3497 or emailing us at HealthyLivingStudyDH@hitchcock.org.

Display This Question:

If HLCLINIC = 03

INSTRUCT We may send you a text message first to schedule a time to speak. If you prefer not to provide your contact information, you may call the research assistant at 385-285-8058 or email healthylivingstudy@utah.edu. Please note, if you do not provide your contact information, the only way to enroll in the study is by calling us at 385-285-8058 or emailing us at healthylivingstudy@utah.edu.

Display This Question:

If HLCLINIC = 04

INSTRUCT We may send you a text message first to schedule a time to speak. If you prefer not to provide your contact information, you may call the research assistant at 614-545-8116 or 614-512-5546 or email healthylivingstudy@osumc.edu. Please note, if you do not provide your contact information, the only way to enroll in the study is by calling us at 614-545-8116 or 614-512-5546 or emailing us at healthylivingstudy@osumc.edu.

Display This Question:

If HLCLINIC = 05

INSTRUCT We may send you a text message first to schedule a time to speak. If you prefer not to provide your contact information, you may call the research assistant at 410-299-4814 or email gakinwolere@friendsresearch.org. Please note, if you do not provide your contact information, the only way to enroll in the study is by calling us at 410-299-4814 or emailing us at gakinwolere@friendsresearch.org.

Q133 If you are interested in joining the study, you must click 'Next' and create a study ID.

Display This Question:

If HLCLINIC = 01

INSTRUCT Next, please create a study ID. To protect your privacy, we use a study ID instead of your name. It will be used to keep track of your survey responses during the study.

The following information will guide you through creating your study ID.

If you have any questions, please contact the research staff at: (603) 608-3497 or email HealthyLivingStudyDH@hitchcock.org.

Create a study ID based on the following instructions:

For example: a patient named Jane Rodriguez who was born in Sacramento, CA on August 5, 1975, whose mother's maiden name is Milner would have the following unique identifier: ROSA05MI.

Display This Question:

If HLCLINIC = 03



INSTRUCT Next, please create a study ID. To protect your privacy, we use a study ID instead of your name. It will be used to keep track of your survey responses during the study.

The following information will guide you through creating your study ID.

If you have any questions, please contact the research staff at: 385-285-8058 or email healthylivingstudy@utah.edu.

Create a study ID based on the following instructions:

For example: a patient named Jane Rodriguez who was born in Sacramento, CA on August 5, 1975, whose mother's maiden name is Milner would have the following unique identifier: ROSA05MI.

Display This Question:

If HLCLINIC = 04

INSTRUCT Next, please create a study ID. To protect your privacy, we use a study ID instead of your name. It will be used to keep track of your survey responses during the study.

The following information will guide you through creating your study ID.

If you have any questions, please contact the research staff at: 614-545-8116 or 614-512-5546 or email healthylivingstudy@osumc.edu.

Create a study ID based on the following instructions:

For example: a patient named Jane Rodriguez who was born in Sacramento, CA on August 5, 1975, whose mother's maiden name is Milner would have the following unique identifier: ROSA05MI.

Display This Question:

If HLCLINIC = 05



INSTRUCT Next, please create a study ID. To protect your privacy, we use a study ID instead of your name. It will be used to keep track of your survey responses during the study.

The following information will guide you through creating your study ID.

If you have any questions, please contact the research staff at: 410-299-4814 or email gakinwolere@friendsresearch.org.

Create a study ID based on the following instructions:

For example: a patient named Jane Rodriguez who was born in Sacramento, CA on August 5, 1975, whose mother's maiden name is Milner would have the following unique identifier: ROSA05MI.

HLUQIDA

Enter the first 2 letters of your last name.

HLUQIDB **Enter the first 2 letters of the city you were born in.**

HLUQIDC **Enter the 2 digits of the day you were born on. (Ex: 05)**

HLUQIDD **Enter the first 2 letters of your mother's maiden name.**



HLCNTCTM What are the best times to contact you? *(Check all that apply)*

☐

Morning (9am-12pm) (01)

☐

Afternoon (12pm-5pm) (02)

☐

Evening (5pm-9pm) (03)

INSTRUCT Please click the 'Submit' button to save your responses. If you do not click this button, we will have no way of reaching you.

End of Block: HLS Unique ID
