## Section 1 — Transportation

1. Do you or someone in your household currently own a car?
   - 0 No
   - 1 Yes
   - 8 Prefer not to answer

2. Do you have consistent access to transportation?
   - 0 No
   - 1 Yes
   - 8 Prefer not to answer

3. In the past 30 days, how often were you not able to leave the house when you wanted to because of a problem with transportation?
   - 1 Often
   - 2 Sometimes
   - 3 Never
   - 8 Prefer not to answer

4. In the past 30 days, how often did you worry about whether or not you would be able to get somewhere because of a problem with transportation?
   - 1 Often
   - 2 Sometimes
   - 3 Never
   - 8 Prefer not to answer

5. In the past 30 days, how often did it take you longer to get somewhere than it would have taken you if you had different transportation?
   - 1 Often
   - 2 Sometimes
   - 3 Never
   - 8 Prefer not to answer

6. In the past 30 days, how often has a lack of transportation kept you from medical appointments or from doing things needed for daily living?
   - 1 Often
   - 2 Sometimes
   - 3 Never
   - 8 Prefer not to answer

## Section 2 — Financial security

7. Which of these income groups represents your household income for the past year?
   - Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.
   - 0 $0 - $14,999
   - 1 $15,000 – $29,999
   - 2 $30,000 – $74,999
   - 3 $75,000 and over
   - 4 Prefer not to answer
   - 9 Don’t know

   *This information will be kept confidential and will not be shared in a way that identifies you with any other person, organization or government entity.*

8. How satisfied are you with your current personal financial condition?
   - 0 Completely satisfied
   - 1 Satisfied
   - 2 Somewhat satisfied
   - 3 Not very satisfied
   - 4 Not at all satisfied
   - 5 Prefer not to answer

9. How difficult is it for you to meet monthly payments on your bills?
   - 0 Not at all difficult
   - 1 Slightly difficult
   - 2 Moderately difficult
   - 3 Very difficult
   - 4 Extremely difficult
   - 5 Prefer not to answer
Section 2 — Financial security

10. If you have had financial problems that lasted twelve months or longer, how upsetting has it been to you?
   - 1 No financial problems for twelve months or longer
   - 2 Yes, financial problems for twelve months or longer, but not upsetting to me
   - 3 Yes, financial problems for twelve months or longer, and somewhat upsetting to me
   - 4 Yes, financial problems for twelve months or longer, and very upsetting to me
   - 8 Prefer not to answer

11. At any time, did you ever eat less than you felt you should because there wasn’t enough money to buy food?
   - 0 No
   - 1 Yes
   - 8 Prefer not to answer

12. In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?
   - 0 No
   - 1 Yes
   - 8 Prefer not to answer

13. At any time, have you ended up taking less medication than was prescribed for you because of the cost?
   - 0 No
   - 1 Yes
   - 8 Prefer not to answer

14. In the last 12 months, have you ended up taking less medication than was prescribed for you because of the cost?
   - 0 No
   - 1 Yes
   - 8 Prefer not to answer

15. Think of this ladder with 10 steps representing where people stand in the United States. At step 10 are people who are the best off – those who have the most money, the most education, and best jobs. At step 1 are the people who are the worst off – those who have the least money, least education, and the worst jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

15a. Where would you place yourself on this ladder compared to others in your community (or neighborhood)? Please mark the number where you would place yourself.

   10 9 8 7 6 5 4 3 2 1

15b. Where would you place yourself on this ladder compared to others in the U.S.?

   10 9 8 7 6 5 4 3 2 1

15c. Thinking of your childhood, where would your family have been placed on this ladder compared to others in your community (or neighborhood)?

   10 9 8 7 6 5 4 3 2 1

16. Thinking of the person who raised you, what was their highest level of education completed?
   - 1 Never attended school or only attended kindergarten
   - 2 Grades 1 through 8 (elementary)
   - 3 Grades 9 through 11 (some high school)
   - 4 Grade 12 or GED (high school graduate)
   - 5 College 1 year to 3 years (some college)
   - 6 College 4 years or more (college graduate)
   - 9 Do not know

16a. What was this person’s relationship to you?
   - 1 Parent (biological, adoptive, foster, or step)
   - 2 Grandparent
   - 3 Sibling
   - 4 Aunt or Uncle
   - 5 Other relative
   - 6 Legal guardian
   - 8 Other (SPECIFY):
## Section 2 — Financial security

17. If there was a second person who raised you (e.g., your mother, father, grandmother, etc.), what was that person’s highest level of education completed?

- [ ] 1. Never attended school or only attended kindergarten
- [ ] 2. Grades 1 through 8 (elementary)
- [ ] 3. Grades 9 through 11 (some high school)
- [ ] 4. Grade 12 or GED (high school graduate)
- [ ] 5. College 1 year to 3 years (some college)
- [ ] 6. College 4 years or more (college graduate)
- [ ] 8. No second person (skip to question 16)
- [ ] 9. Do not know

17a. What was this person’s relationship to you?

- [ ] 1. Parent (biological, adoptive, foster, or step)
- [ ] 2. Grandparent
- [ ] 3. Sibling
- [ ] 4. Aunt or Uncle
- [ ] 5. Other relative
- [ ] 6. Legal guardian
- [ ] 8. Other (specify):

## Section 3 — Social connections, activities, and environment

Following are some statements that may or may not describe you as a person. For each statement, please rate how well you think the statement describes you.

18. I experience a general sense of emptiness

- [ ] 1. Strongly disagree
- [ ] 2. Disagree
- [ ] 3. Neither disagree or agree
- [ ] 4. Agree
- [ ] 5. Strongly agree
- [ ] 8. Prefer not to answer

19. I miss having people around

- [ ] 1. Strongly disagree
- [ ] 2. Disagree
- [ ] 3. Neither disagree or agree
- [ ] 4. Agree
- [ ] 5. Strongly agree
- [ ] 8. Prefer not to answer

20. I feel like I don’t have enough friends

- [ ] 1. Strongly disagree
- [ ] 2. Disagree
- [ ] 3. Neither disagree or agree
- [ ] 4. Agree
- [ ] 5. Strongly agree
- [ ] 8. Prefer not to answer

21. I often feel abandoned

- [ ] 1. Strongly disagree
- [ ] 2. Disagree
- [ ] 3. Neither disagree or agree
- [ ] 4. Agree
- [ ] 5. Strongly agree
- [ ] 8. Prefer not to answer

22. I miss having a really close friend

- [ ] 1. Strongly disagree
- [ ] 2. Disagree
- [ ] 3. Neither disagree or agree
- [ ] 4. Agree
- [ ] 5. Strongly agree
- [ ] 8. Prefer not to answer
### Section 3 — Social connections, activities, and environment

The next four questions are about how you spend your time.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 23. If your parents are still alive, how often do you have contact with them (including mother, father, mother-in-law, and father-in-law) either in person, by phone, mail, or email (e.g., any online interaction)? | 0  Parents not living  
1  Once a year or less  
2  Several times a year  
3  Several times a month  
4  Several times a week  
5  Everyday or almost everyday  
8  Prefer not to answer |
| 24. If you have children, how often do you have contact with your children (including child[ren]-in-law and stepchild[ren]) either in person, by phone, mail, or email (e.g., any online interaction)? | 0  Do not have children  
1  Once a year or less  
2  Several times a year  
3  Several times a month  
4  Several times a week  
5  Everyday or almost everyday  
8  Prefer not to answer |
| 25. How often do you have contact with close friends either in person, by phone, mail, or email (e.g., any online interaction)? | 0  Do not have close friends  
1  Once a year or less  
2  Several times a year  
3  Several times a month  
4  Several times a week  
5  Everyday or almost everyday  
8  Prefer not to answer |
| 26. How often do you participate in activities outside the home (e.g., religious activities, educational activities, volunteer work, paid work, or activities with groups or organizations)? | 0  Do not participate in activities outside the home  
1  Once a year or less  
2  Several times a year  
3  Several times a month  
4  Several times a week  
5  Everyday or almost everyday  
8  Prefer not to answer |

This next set of questions is about how safe you feel in different contexts.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 27. How safe do you feel in your home and community (or neighborhood)?   | 1  Very safe  
2  Mostly safe  
3  Unsafe at times  
4  Very unsafe  
8  Prefer not to answer |
| 27a. Home                                                               | 1  Very safe  
2  Mostly safe  
3  Unsafe at times  
4  Very unsafe  
8  Prefer not to answer |
| 27b. Community (or neighborhood)                                        | 1  Very safe  
2  Mostly safe  
3  Unsafe at times  
4  Very unsafe  
8  Prefer not to answer |
Section 4 — Experiences with the healthcare system

The next 5 questions ask about your experiences with the healthcare system. Please answer the questions in reference to your regular medical doctors (not your research study doctors).

28. In the past year, how often did you delay seeking medical attention for a problem that was bothering you?
   - 1 All of the time
   - 2 Most of the time
   - 3 Sometimes
   - 4 None or almost none of the time
   - 5 Not applicable
   - 8 Prefer not to answer

29. In the past year, how often did you experience challenges in filling a prescription?
   - 1 All of the time
   - 2 Most of the time
   - 3 Sometimes
   - 4 None or almost none of the time
   - 5 Not applicable
   - 8 Prefer not to answer

30. In the past year, how often did you miss a follow-up medical appointment that was scheduled?
   - 1 All of the time
   - 2 Most of the time
   - 3 Sometimes
   - 4 None or almost none of the time
   - 5 Not applicable
   - 8 Prefer not to answer

31. In the past year, how often did you follow a doctor’s advice or treatment plan when it was given?
   - 1 All of the time
   - 2 Most of the time
   - 3 Sometimes
   - 4 None or almost none of the time
   - 5 Not applicable
   - 8 Prefer not to answer

32. Overall, which of these describes your health insurance, access to healthcare services, and access to medications?
   - 1 Not available to any extent
   - 2 Below the level of my needs
   - 3 Able to meet my needs
   - 4 Exceeds my needs
   - 8 Prefer not to answer

Section 5 — Experiences of Discrimination

Research has shown that experiences of unfair treatment can negatively affect health. We are interested in whether you have experienced any unfair treatment in your daily life.

33. In your day-to-day life how often are you treated with less courtesy or respect than other people?
   - 1 Almost every day
   - 2 At least once a week
   - 3 A few times a month
   - 4 A few times a year
   - 5 Less than once a year
   - 6 Never
   - 8 Prefer not to answer

34. In your day-to-day life how often do you receive poorer service than other people at restaurants or stores?
   - 1 Almost every day
   - 2 At least once a week
   - 3 A few times a month
   - 4 A few times a year
   - 5 Less than once a year
   - 6 Never
   - 8 Prefer not to answer
### Section 5 — Experiences of Discrimination

#### Question 35
In your day-to-day life how often do people act as if they think you are not smart?

- [ ] 1. Almost every day
- [ ] 2. At least once a week
- [ ] 3. A few times a month
- [ ] 4. A few times a year
- [ ] 5. Less than once a year
- [ ] 6. Never
- [ ] 8. Prefer not to answer

#### Question 36
In your day-to-day life how often do people act as if they are afraid of you?

- [ ] 1. Almost every day
- [ ] 2. At least once a week
- [ ] 3. A few times a month
- [ ] 4. A few times a year
- [ ] 5. Less than once a year
- [ ] 6. Never
- [ ] 8. Prefer not to answer

#### Question 37
In your day-to-day life how often are you threatened or harassed?

- [ ] 1. Almost every day
- [ ] 2. At least once a week
- [ ] 3. A few times a month
- [ ] 4. A few times a year
- [ ] 5. Less than once a year
- [ ] 6. Never
- [ ] 8. Prefer not to answer

#### Question 38
How frequently do you receive poorer service or treatment from doctors or in hospitals compared to other people?

- [ ] 1. All of the time
- [ ] 2. Most of the time
- [ ] 3. Sometimes
- [ ] 4. None or almost none of the time
- [ ] 5. Not applicable
- [ ] 8. Prefer not to answer

#### Question 39
When reflecting on the day-to-day experiences in questions 33 to 38, what do you think is the main reason for these experiences? (Check all that apply)

- [ ] 39a1. My ancestry or national origins
- [ ] 39a2. My gender
- [ ] 39a3. My race
- [ ] 39a4. My age
- [ ] 39a5. My religion
- [ ] 39a6. My height
- [ ] 39a7. My weight
- [ ] 39a8. Some other aspect of my physical appearance
- [ ] 39a9. My sexual orientation
- [ ] 39a10. My education or income level
- [ ] 39a11. A physical disability
- [ ] 39a12. My shade of skin color
- [ ] 39a13. Other
- [ ] 39a14. Not applicable - I do not have these experiences in my day-to-day life (END FORM HERE)
- [ ] 39a15. Prefer not to answer

#### Question 40
When you have had day-to-day experiences like those in questions 33 to 38, would you say they have been very stressful, moderately stressful, or not stressful?

- [ ] 1. Very stressful
- [ ] 2. Moderately stressful
- [ ] 3. Not stressful
- [ ] 9. Don’t know
- [ ] 8. Prefer not to answer