

Flint CASPER Questionnaire	
Q1. Date (MM/DD/YY):	Q3. Cluster Number:
Q2. Team Member Initials:	Q4. Survey Number:
Demographic Information	
Q5. Type of structure <input type="checkbox"/> Single family <input type="checkbox"/> Multiple unit <input type="checkbox"/> Mobile home <input type="checkbox"/> Other	Q8. How many people currently living in your household are: 5 years old and under? ___#___ 6-17 years old? ___#___ 18-20 years old? ___#___ 21-64 years old? ___#___ 65+ years old? ___#___ <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q6. Do you own or rent this residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____	Q9. Is anyone in your household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q7. How many people currently live in your household? ___#___	Q9a. If yes, how many are pregnant? _____#_____
Communications	
Q10. What type of information have you or members of your household received regarding the FWC? (<i>Check all that apply</i>) <input type="checkbox"/> Lead in Flint water <input type="checkbox"/> Water testing resources <input type="checkbox"/> Bottled water/filter distribution <input type="checkbox"/> Filter instructions <input type="checkbox"/> How to keep home lead-safe <input type="checkbox"/> Lead prevention for children <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical health services <input type="checkbox"/> Behavioral health services (i.e., mental health/substance abuse) <input type="checkbox"/> Did not receive information <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q11. In your opinion, what is the most trusted source of information about the FWC? (<i>Pick one</i>) <input type="checkbox"/> School system (i.e., Flint community schools, universities) <input type="checkbox"/> Aid organizations (i.e., American Red Cross, United Way) <input type="checkbox"/> Federal agencies (i.e., EPA, CDC, FEMA, etc.) <input type="checkbox"/> Michigan Department of Health and Human Services <input type="checkbox"/> Genesee County Health Department <input type="checkbox"/> Genesee Health System <input type="checkbox"/> City of Flint Water Department <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Social media <input type="checkbox"/> Medical professionals <input type="checkbox"/> News media <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q10a. What was the source of this information? (<i>pick top 3</i>) <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Social media <input type="checkbox"/> Text message <input type="checkbox"/> Neighbor/friend/family <input type="checkbox"/> Health professional <input type="checkbox"/> Faith-based organization <input type="checkbox"/> Publically available pamphlet <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q12. Is there anyone in your household that does not understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Q12a. If yes, what is the primary language of that person? _____
Water	
Q13. Before April 2014 , before the water source for City of Flint was switched, what was your household's source of water for drinking and cooking? (<i>Check all that apply</i>) <input type="checkbox"/> Bottled water from store <input type="checkbox"/> Well water <input type="checkbox"/> Filtered tap water <input type="checkbox"/> Unfiltered tap water <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q16. After April 2014, but before October 2015 , did you or anyone in your household use the unfiltered tap water for any of the following? (<i>Check all that apply</i>) <input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing/showering <input type="checkbox"/> Washing dishes <input type="checkbox"/> Brushing teeth <input type="checkbox"/> Use with infant formula <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q14. After April 2014, but before October 2015 , after the water source for City of Flint was switched, but before it was announced that tap water was unsafe to drink, what was your household's source of water for drinking and cooking? (<i>Check all that apply</i>) <input type="checkbox"/> Bottled water from store <input type="checkbox"/> Well water <input type="checkbox"/> Filtered tap water <input type="checkbox"/> Unfiltered tap water <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q17. Since May 2016 , have you or anyone in your household used the unfiltered tap water for any of the following? (<i>Check all that apply</i>) <input type="checkbox"/> Drinking <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing/showering <input type="checkbox"/> Washing dishes <input type="checkbox"/> Brushing teeth <input type="checkbox"/> Use with infant formula <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q15. Currently , what are your household's sources of water for drinking and cooking? (<i>Check all that apply</i>) <input type="checkbox"/> Bottled water from store <input type="checkbox"/> Well water <input type="checkbox"/> Filtered tap water <input type="checkbox"/> Unfiltered tap water <input type="checkbox"/> Water from distribution site <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q18. Since May 2016 , have you or anyone in your household experienced difficulty obtaining bottled water, well water, or filtered water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Q18a. If yes, what are some difficulties in obtaining bottled water, well water, or filtered water? (<i>Check all that apply</i>) <input type="checkbox"/> Not enough money to purchase filters <input type="checkbox"/> Not enough money to purchase bottled water <input type="checkbox"/> Distribution sites do not give out enough filters <input type="checkbox"/> Distribution sites do not give out enough bottled water <input type="checkbox"/> Store out of filters <input type="checkbox"/> Store out of bottled water <input type="checkbox"/> No transportation <input type="checkbox"/> Disabled/homebound <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A <input type="checkbox"/> DK <input type="checkbox"/> Ref
Household Health and Behavioral Health Questions	
Q19. Have you or a member of your household ever been told by a healthcare professional that you have Asthma/COPD/Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Developmental disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	Hypertension/heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Physical disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Psychosocial/mental illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref

<p>Q20. Do you believe the physical health of you or someone in your household has been worsened by the Flint water crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p>Q25. Since May 2016, has anyone in your household who is <i>under the age of 21</i> experienced any of the following, more than usual? (Check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Trouble concentrating</td> <td><input type="checkbox"/> Depressed mood</td> </tr> <tr> <td><input type="checkbox"/> Aggressiveness</td> <td><input type="checkbox"/> Emotional outbursts</td> </tr> <tr> <td><input type="checkbox"/> Problems sleeping</td> <td><input type="checkbox"/> Anxiety/stress</td> </tr> <tr> <td><input type="checkbox"/> Decreased appetite</td> <td><input type="checkbox"/> Problems in school</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> N/A <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> </table>	<input type="checkbox"/> Trouble concentrating	<input type="checkbox"/> Depressed mood	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Emotional outbursts	<input type="checkbox"/> Problems sleeping	<input type="checkbox"/> Anxiety/stress	<input type="checkbox"/> Decreased appetite	<input type="checkbox"/> Problems in school	<input type="checkbox"/> None	<input type="checkbox"/> N/A <input type="checkbox"/> DK <input type="checkbox"/> Ref														
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<p>Q21. Since May 2016, have you or a member of your household experienced stress due to the Flint water crisis, regarding</p> <table border="0"> <tr> <td>Compromised health</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> <tr> <td>Financial worries</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> <tr> <td>Added stressors to daily routine</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> <tr> <td>Feeling overlooked by decision makers</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> <tr> <td>Feeling that crisis will never be fixed</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> </table>	Compromised health	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	Financial worries	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	Added stressors to daily routine	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	Feeling overlooked by decision makers	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	Feeling that crisis will never be fixed	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	<p>Q26. Since May 2016, has anyone in your household who is <i>under the age of 21</i> received help from a counselor, pastor/clergy member, therapist, or case/social worker for behavioral health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No, but needed help <input type="checkbox"/> No, did not need help <input type="checkbox"/> N/A <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>														
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<p>Q22. Since May 2016, have you or a member of your household experienced fear due to the Flint water crisis, regarding</p> <table border="0"> <tr> <td>Drinking filtered tap</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> <tr> <td>Drinking bottled water</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> <tr> <td>Drinking unfiltered tap</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> <tr> <td>Bathing w/ unfiltered tap</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> <tr> <td>Brushing teeth w/ unfiltered tap</td> <td><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> </table>	Drinking filtered tap	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	Drinking bottled water	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	Drinking unfiltered tap	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	Bathing w/ unfiltered tap	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	Brushing teeth w/ unfiltered tap	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> DK <input type="checkbox"/> Ref	<p>Q27. If you or anyone in your household has had difficulty in seeking services for behavioral health concerns, what are those reasons? (Check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> No difficulties</td> <td><input type="checkbox"/> Hard time trusting in healthcare system or providers</td> </tr> <tr> <td><input type="checkbox"/> Goes against beliefs</td> <td><input type="checkbox"/> Worried what others will think</td> </tr> <tr> <td><input type="checkbox"/> Not aware of resources</td> <td><input type="checkbox"/> No child care</td> </tr> <tr> <td><input type="checkbox"/> Too expensive</td> <td><input type="checkbox"/> No health insurance</td> </tr> <tr> <td><input type="checkbox"/> No transportation</td> <td><input type="checkbox"/> Disabled/homebound</td> </tr> <tr> <td><input type="checkbox"/> No need for services</td> <td><input type="checkbox"/> Need someone who speaks my language</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> </table>	<input type="checkbox"/> No difficulties	<input type="checkbox"/> Hard time trusting in healthcare system or providers	<input type="checkbox"/> Goes against beliefs	<input type="checkbox"/> Worried what others will think	<input type="checkbox"/> Not aware of resources	<input type="checkbox"/> No child care	<input type="checkbox"/> Too expensive	<input type="checkbox"/> No health insurance	<input type="checkbox"/> No transportation	<input type="checkbox"/> Disabled/homebound	<input type="checkbox"/> No need for services	<input type="checkbox"/> Need someone who speaks my language	<input type="checkbox"/> Other _____	<input type="checkbox"/> DK <input type="checkbox"/> Ref
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<p>Q23. Since May 2016, has anyone in your household who is <i>21 years old or older</i> experienced any of the following, more than usual? (Check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Trouble concentrating</td> <td><input type="checkbox"/> Depressed mood</td> </tr> <tr> <td><input type="checkbox"/> Aggressiveness</td> <td><input type="checkbox"/> Emotional outbursts</td> </tr> <tr> <td><input type="checkbox"/> Problems sleeping</td> <td><input type="checkbox"/> Anxiety/stress</td> </tr> <tr> <td><input type="checkbox"/> Decreased appetite</td> <td><input type="checkbox"/> None <input type="checkbox"/> N/A <input type="checkbox"/> DK <input type="checkbox"/> Ref</td> </tr> </table>	<input type="checkbox"/> Trouble concentrating	<input type="checkbox"/> Depressed mood	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Emotional outbursts	<input type="checkbox"/> Problems sleeping	<input type="checkbox"/> Anxiety/stress	<input type="checkbox"/> Decreased appetite	<input type="checkbox"/> None <input type="checkbox"/> N/A <input type="checkbox"/> DK <input type="checkbox"/> Ref	<p>Q28. Since May 2016, have you or a member of your household increased the use of</p> <table border="0"> <tr> <td>Cigarettes, e-cigs, chewing tobacco</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref</td> </tr> <tr> <td>Alcohol</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref</td> </tr> <tr> <td>Marijuana</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref</td> </tr> <tr> <td>Other illicit drugs</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref</td> </tr> <tr> <td>Prescription or OTC drugs not as directed or not their own</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref</td> </tr> </table>	Cigarettes, e-cigs, chewing tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref	Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref	Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref	Other illicit drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref	Prescription or OTC drugs not as directed or not their own	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ref						
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<p>Individual Behavioral Health: Now I am going to ask you questions about yourself only, not the entire household.</p>																									
<p>Q29. What is your age? ___#___ <input type="checkbox"/> Ref</p>	<p>Q37. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Number ___#___ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>																								
<p>Q30. What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ref</p>	<p>Q38. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Number ___#___ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>																								
<p>Q31. How long have you lived in the City of Flint? _____</p>	<p>Q39. Over the last 2 weeks, how often have you had little interest or pleasure in doing things? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>																								
<p>Q32. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p>Q40. Over the last 2 weeks, how often have you felt down, depressed or hopeless? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>																								
<p>Q33. What is your race? (check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> American Indian/Alaska Native</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td><input type="checkbox"/> Ref</td> </tr> </table>	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Ref	<p>Q41. Over the last 2 weeks, how often have you felt nervous, anxious, or on edge? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>																		
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<p>Q34. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed— <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p>Q42. Over the last 2 weeks, how often have you been unable to stop or control worrying? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>																								
<p>Q35. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed— <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p>Q43. What is your households greatest need at this time?</p>																								
<p>Q36. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Number ___#___ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>																									

Please tell us how much you agree with the following statements:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS1	I tend to bounce back quickly after hard times.	1	2	3	4	5
BRS2	I have a hard time making it through stressful events.	1	2	3	4	5
BRS3	It does not take me long to recover from a stressful event.	1	2	3	4	5
BRS4	It is hard for me to snap back when something bad happens.	1	2	3	4	5
BRS5	I usually come through difficult times with little trouble.	1	2	3	4	5
BRS6	I tend to take a long time to get over set-backs in my life.	1	2	3	4	5