

Appendix 1. Survey Instrument

Start of Block: Default Question Block

Health Survey

I would rate my health to be...

- Very good (1)
 - Good (2)
 - Average (3)
 - Fair (4)
 - Poor (5)
-

For the next set of questions, please read each statement and then decide how much each applies to you in the past month.

EMOTIONAL SUPPORT

In the past month, please rate how often:

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
I have someone who understands my problems (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone who will listen to me when I need to talk (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel there are people I can talk to if I am upset (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to talk with when I have a bad day (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone I trust to talk with about my problems (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone I trust to talk with about my feelings (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get helpful advice from others when dealing with a problem (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to turn to for suggestions about how to deal with a problem (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INSTRUMENTAL SUPPORT

In the past month, please rate how often:

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
Someone is around to make my meals if I am unable to do it myself (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to take me shopping if I need it (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to help me if I'm sick in bed (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to pick up medicine for me if I need it (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to take me to the doctor if I need it (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone around to help me if I need it (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find someone to drive me places if I need it (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get help cleaning up around my home if I need it (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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FRIENDSHIP

In the past month, please rate how often:

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
I get invited to go out and do things with other people (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends I get together with to relax (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people around with whom to have fun (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a friend when I need one (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I have lots of friends (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends who will have lunch with me when I want (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel close to my friends (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I'm part of a group of friends (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LONELINESS

In the past month, please rate how often:

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
I feel alone and apart from others (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel left out (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I am no longer close to anyone (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel alone (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel lonely (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PERCEIVED REJECTION

In the past month, please rate how often people in your life:

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
Don't listen when I ask for help (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act like my problems aren't that important (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Let me down when I am counting on them (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act like they don't have time for me (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act like they don't want to hear about my problems (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act like they don't care about me (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act like they can't be bothered by me or my problems (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid talking to me (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERCEIVED HOSTILITY

In the past month, please rate how often people in your life:

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
Argue with me (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act in an angry way toward me (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticize the way I do things (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yell at me (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get mad at me (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blame me when things go wrong (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act nasty to me (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tease me in a mean way (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions above: Cyranowski JM, Zill N, Bode R, et al. Assessing social support, companionship, and distress: National Institute of Health (NIH) Toolbox Adult Social Relationship Scales. *Health Psychol.* 2013;32(3):293-301.

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Has a doctor or other health care provider ever told you that you have:

	Yes (1)	No (2)	I don't know (3)
Anxiety (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar disorder (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality disorder (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Mental health condition (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opioid Use:

Next we would like to understand if you have had pain and have used pain medications, specifically opiate medicines (opioids). Opiate medicines ("opioids") include: tramadol, oxycodone, hydrocodone, codeine, morphine, hydromorphone, oxymorphone, fentanyl, methadone, buprenorphine.

Please click below to see a complete list of opioids.

Opioid List.pdf

In the past year, did you use any opioids that were prescribed to you by a health care provider?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

Display This Question:

If In the past year, did you use any opioids that were prescribed to you by a health care provider? = Yes

This question asks about pain. SHORT-TERM PAIN is from an injury or surgery, and is expected to resolve after a few days. LONG-TERM PAIN lasts weeks to months and may never go away.

The last time you used an opioid that was prescribed for you by a health care provider, was it to relieve SHORT-TERM pain, or LONG-TERM PAIN, or both?

- Short-term pain (1)
- Long-term pain (2)
- Both (3)
- Don't know/Not sure (4)

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DEMOGRAPHICS

Current Age:

_____ Age (1)

Gender:

Male (1)

Female (2)

Race: (Mark all that apply.)

Asian (1)

White (2)

Black/African American (3)

Hawaiian/Pacific Islander (4)

American Indian/Alaskan Native (5)

Other, please specify: (6) _____

Ethnicity:

Hispanic/Latino (1)

Not Hispanic/Latino (2)

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Marital Status:

- Married/Committed Relationship (1)
 - Separated/Divorced (2)
 - Widowed (3)
 - Never Married (4)
 - Refused (5)
-

Education:

- 8th grade or less (1)
 - Some high school (2)
 - High school diploma/GED (3)
 - Some college/Associate's degree (4)
 - Bachelor's degree (5)
 - Master's degree (6)
 - Doctoral degree/Professional degree (7)
-

Insurance Status:

- Public insurance: Medicare, Medicaid, Veteran's benefits (1)
 - Private insurance: Through work, Purchased on market (2)
 - No health insurance (3)
 - Other, please specify: (4) _____
-

Current working status:

Working (1)

Not Working (2)

End of Block: Default Question Block

Start of Block: Block 1

Religious Denomination:

Christian (1)

Islam (2)

Jewish (3)

Buddhist (4)

Mormon (5)

Hindu (6)

Not religious (7)

Other, please specify: (8) _____

Thank you for your time!

Please click SUBMIT to record your responses.

End of Block: Block 1
