

## The Basics

This survey asks questions about you, your work, and your home life. This is to better understand how they may affect health. To ensure your privacy, your name will be separated from your answers before they are shared with researchers.

It takes about 10-15 minutes to answer these questions. Please answer each question as honestly as possible. There are no right or wrong answers to any of the questions. It is important that you answer as many questions as you can. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you have to spend a long time on each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the options given.

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**The first 9 questions ask about basic background information.**

**In what country were you born?<sup>1</sup>**

[Original source question text: In what country {were you/was NON-SP Head} born?]

- USA
- Other (free text)

**Which categories describe you? Select all that apply. Note, you may select more than one group.<sup>2</sup>**

[Original source question text: Which categories describe Person 1? Mark all boxes that apply AND print details in the spaces below. Note, you may report more than one group.]

- American Indian or Alaska Native (For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, etc.)

[Original source question text: American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.]

*Branching Logic: when "American Indian or Alaska Native" selected, then:*

- American Indian

*Branching Logic: when "American Indian" selected, then:*

Provide the name of the tribe in which you are enrolled or affiliated or your tribal descent (For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, etc.)

**Please specify.<sup>2</sup>**

- *(display optional free text)*

- Alaska Native

*Branching Logic: if “Alaska Native” selected, then:*

Provide the name of the tribe in which you are enrolled or affiliated or your tribal descent (For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, etc.)

**Please specify.**<sup>2</sup>

- *(display optional free text)*

- Central or South American Indian

*Branching Logic: when “Central or South American Indian” selected, then:*

Provide the name of the tribe in which you are enrolled or affiliated or your tribal descent (For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, etc.)

**Please specify.**<sup>2</sup>

- *(display optional free text)*

- None of these fully describe me

*Branching Logic: when “None of these fully describe me” selected, then:*

**Please specify.**<sup>2</sup>

- *(display optional free text)*

- Asian (For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)

[Original source question text: Asian – Provide details below.]

*Branching Logic: when “Asian” selected, then select:*

- Asian Indian
- Cambodian
- Chinese
- Filipino
- Hmong
- Japanese
- Korean
- Pakistani
- Vietnamese
- None of these fully describe me

*Branching Logic: when “None of these fully describe me” selected, then:*

**Please specify.**<sup>2</sup>

- *(display optional free text)*

- Black, African American, or African (For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)

[Original source question text: Black or African Am. – Provide details below.]

*Branching Logic: when “Black, African American, or African” selected, then select:*

- African American
- Barbadian
- Caribbean

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- Ethiopian
- Ghanaian
- Haitian
- Jamaican
- Liberian
- Nigerian
- Somali
- South African
- None of these fully describe me

*Branching Logic: when "None of these fully describe me" selected, then:*

**Please specify.<sup>2</sup>**

- *(display optional free text)*

- Hispanic, Latino, or Spanish (For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)

[Original source question text: Hispanic, Latino, or Spanish – Provide details below.]

*Branching Logic: when "Hispanic, Latino, or Spanish" selected, then select:*

- Colombian
- Cuban
- Dominican
- Ecuadorian
- Honduran
- Mexican or Mexican American
- Puerto Rican
- Salvadoran
- Spanish
- None of these fully describe me

*Branching Logic: when "None of these fully describe me" selected, then:*

**Please specify.<sup>2</sup>**

- *(display optional free text)*

- Middle Eastern or North African (For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)

[Original source question text: Middle Eastern or North African – Provide details below.]

*Branching Logic: when "Middle Eastern or North African" selected, then select:*

- Afghan
- Algerian
- Egyptian
- Iranian
- Iraqi
- Israeli
- Lebanese
- Moroccan

- Syrian
- Tunisian
- None of these fully describe me  
*Branching Logic: when “None of these fully describe me” selected, then:  
Please specify.<sup>2</sup>*
  - *(display optional free text)*

- Native Hawaiian or other Pacific Islander (For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)  
[Original source question text: Native Hawaiian or other Pacific Islander – Provide details below.]

*Branching Logic: when “Native Hawaiian or other Pacific Islander” selected, then select:*

- Chamorro
- Chuukese
- Fijian
- Marshallese
- Native Hawaiian
- Palauan
- Samoan
- Tahitian
- Tongan
- None of these fully describe me  
*Branching Logic: when “None of these fully describe me” selected, then:  
Please specify.<sup>2</sup>*
  - *(display optional free text)*

- White (For example: English, European, French, German, Irish, Italian, Polish, etc.)  
[Original source question text: White – Provide details below.]

*Branching Logic: when “White” selected, then select:*

- Dutch
- English
- European
- French
- German
- Irish
- Italian
- Norwegian
- Polish
- Scottish
- Spanish
- None of these fully describe me  
*Branching Logic: when “None of these fully describe me” selected, then:  
Please specify.<sup>2</sup>*
  - *(display optional free text)*

- None of these fully describe me  
*Branching Logic: when "None of these fully describe me" selected, then:  
Please specify.<sup>2</sup>*
  - *(display optional free text)*
- Prefer not to answer

**What terms best express how you describe your gender identity? (Check all that apply)<sup>3</sup>**

[Original source question text: What is your current gender identity? (Check all that apply)]

- Man
- Woman
- Non-binary
- Transgender
- None of these describe me, and I'd like to consider additional options
- Prefer not to answer

*Branching Logic: when "non-binary," "transgender," or "None of these describe me, and I'd like to consider additional options" selected, then:*

**Are any of these a closer description to your gender identity? (Check all that apply)<sup>3</sup>**

[Original source question text: Not applicable]

- Trans man/Transgender Man/FTM
- Trans woman/Transgender Woman/MTF
- Genderqueer
- Genderfluid
- Gender variant
- Two-spirit
- Questioning or unsure of your gender identity
- None of these describe me, and I want to specify

*Branching Logic: when "None of these fully describe me, and I want to specify" selected, then:*

**Please specify.<sup>2</sup>**  
*(display optional free text)*

**What was your biological sex assigned at birth?<sup>3</sup>**

[Original source question text: What sex were you assigned at birth, on your original birth certificate?]

- Female
- Male
- Intersex
- None of these describe me  
*Branching Logic: when "None of these fully describe me" selected, then:  
Please specify.<sup>3</sup>*
  - *(display optional free text)*
- Prefer not to answer

**Which of the following best represents how you think of yourself? (Check all that apply)<sup>4</sup>**

[Original source question text: Which of the following best represents how you think of yourself?]

- Gay
- Lesbian
- Straight; that is, not gay or lesbian, etc.
- Bisexual
- None of these describe me, and I'd like to see additional options

*Branching Logic: when "none of these describe me, and I'd like to see additional options" selected, then:*

**Are any of these a closer description of how you think of yourself?<sup>5</sup>**

[Original source question text: What do you mean by something else?]

- Queer
- Polysexual, omnisexual, sapiosexual or pansexual
- Asexual
- Two-spirit
- Have not figured out or are in the process of figuring out your sexuality
- Mostly straight, but sometimes attracted to people of your own sex
  - Do not think of yourself as having sexuality
  - Do not use labels to identify yourself
  - Don't know the answer
  - No, I mean something else

*Branching Logic: when "No, I mean something else" selected, then:*

**Please specify.<sup>5</sup>**

- *(display optional free text)*

- Prefer not to answer

**What is the highest grade or year of school you completed?<sup>5</sup>**

[Original source question text: What is the highest grade or year of school you completed?]

- Never attended school or only attended kindergarten
- Grades 1 through 4 (Primary)
- Grades 5 through 8 (Middle school)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- 1 to 3 years after high school (Some college, Associate's degree, or technical school)
- College 4 years or more (College graduate)
- Advanced degree (Master's, Doctorate, etc.)
- Prefer not to answer

**Have you ever served on active duty in the United States Armed forces, either in the regular military or in a National Guard or military reserve unit?**

**Note: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War<sup>5</sup>**

[Original source question text: Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?]

- Yes
- No
- Prefer not to answer

**What is your current marital status?<sup>5</sup>**

[Original source question text: Are you...?]

- Married
  - Divorced
  - Widowed
  - Separated
  - Never married
  - Living with partner
  - Prefer not to answer
- 

**The next 2 questions ask about any people who live with you.**

**Not including yourself, how many other people live at home with you?<sup>5</sup>**

[Original source question text: How many members of your household, including yourself, are 18 years of age or older?]

- Free text (Integer value)

*Branching logic: when any number other than "0" is entered, then:*

**Think of other people who live with you. How many are under the age of 18 years?<sup>1</sup>**

[Original source question text: How many children less than 18 years of age live in your household?]

- Free text (Integer value)
- 

**The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.**

**Are you covered by health insurance or some other kind of health care plan?<sup>1</sup>**

[Original source question text: Are you covered by health insurance or some other kind of health care plan?]

- Yes

*Branching logic: when "Yes" selected, then:*

**Are you currently covered by any of the following types of health insurance or health coverage plans? Select all that apply from one group.<sup>1</sup>**

[Original source question text: Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark “Yes” or “No” for EACH type of coverage.]

- Insurance purchased directly from an insurance company (by you or another family member)
  - Insurance through a current or former employer or union (by you or another family member)
  - Medicare, for people 65 and older or people with certain disabilities
  - Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability
  - TRICARE or other military health care
  - Veterans Affairs (VA) (including those who have ever used or enrolled for VA health care)
  - Indian Health Service
  - Any other type of health insurance or health coverage plan  
*Branching logic: when “Any other type of health insurance or health coverage plan” is selected, then:  
Please specify:<sup>1</sup>  
(free text)*
  - I don't have health insurance, self-pay
- No
  - Don't know
  - Prefer not to answer

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**The next questions ask if you have a disability. Some questions will ask you about more than one disability at a time. Please answer “Yes” if you have any one of them.** *(info button text: In 1990, Congress passed a civil rights law to protect people with disabilities. The name of that law is the ADA (Americans with Disabilities Act). Having a disability means you might have a physical or mental problem. That problem might make it hard to do certain things. You might have a problem with: walking, breathing, learning, reading, communicating, seeing, hearing, or thinking.)*

*Implementation Note: See Appendix A below for additional information on these items have been collected.*

**Are you deaf or do you have serious difficulty hearing?<sup>10</sup>**

[Original source question text: Is this person deaf or does he/she have serious difficulty hearing?]

- Yes
- No
- Prefer not to answer

**Are you blind or do you have serious difficulty seeing, even when wearing glasses?<sup>10</sup>**



[Original source question text: Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?]

- Yes
- No
- Prefer not to answer

**Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?<sup>10</sup>**

[Original source question text: Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?]

- Yes
- No
- Prefer not to answer

**Do you have serious difficulty walking or climbing stairs?<sup>10</sup>**

[Original source question text: Does this person have serious difficulty walking or climbing stairs?]

- Yes
- No
- Prefer not to answer

**Do you have difficulty dressing or bathing?<sup>10</sup>**

[Original source question text: Does this person have difficulty dressing or bathing?]

- Yes
- No
- Prefer not to answer

**Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting doctor's office or shopping?<sup>10</sup>**

[Original source question text: Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?]

- Yes
- No
- Prefer not to answer

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**The next questions are about your job, income, and where you live.**

**What is your current employment status? Please select 1 or more of these categories.<sup>5</sup>**

[Original source question text: Are you currently...?]

- Employed for wages (part- time or full-time)
- Self-employed

- Out of work for 1 year or more
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work (disabled)
- Prefer not to answer

*Branching logic: when “employed for wages or self-employed” selected, then:*  
**Sharing where you work may help us learn about how the environment affects health. Sharing your work address is your choice. You can say no and still take part in the program.**

**What is your work street address?<sup>10</sup>**

[Original source question text: Not applicable]

- Enter Address

*Branching Logic: when “Enter Address” selected, then:*  
**Address Line 1<sup>10</sup>**

\_\_\_\_\_  
**Address Line 2 (optional)<sup>10</sup>**

\_\_\_\_\_  
**City<sup>10</sup>**

\_\_\_\_\_  
**State<sup>10</sup>**

\_\_\_\_\_  
**Zip code<sup>10</sup>**

\_\_\_\_\_  
**Country<sup>10</sup>**

- Prefer not to answer

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**One of the things we're trying to understand is how people's income may affect their use of health services. Household income includes your income plus the income of all family members in your household for the last calendar year. Include all wages and other sources of income.**

**What is your annual household income from all sources?<sup>5</sup>**

[Original source question text: Is your annual household income from all sources-]

- Less than \$10,000
- \$10,000- \$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999

- \$50,000- \$74,999
- \$75,000-\$99,999
- \$100,000- \$149,999
- \$150,000- \$199,999
- \$200,000 or more
- Prefer not to answer

**Do you own or rent the place where you live?**<sup>5</sup>

[Original source question text: Do you own or rent your home? (Home is defined as the place where you live most of the time/the majority of the year.)]

- Own
- Rent
- Other arrangement

*Branching logic: when "Other arrangement" selected, then:*

**Where are you currently living?**<sup>7</sup>

[Original source question text: Where are you currently living?]

- On a college campus
- With a friend/roommate
- With family
- Motel/hotel
- Hospital, rehabilitation center, drug treatment center, or other temporary institution
- In a group home, nursing home, or other residential facility
- Transitional housing
- Emergency shelter or homeless shelter
- Anywhere outside (e.g., street, vehicle, abandoned building)
- Other

*Branching Logic: when "Other" selected, then:*

**Please specify.**<sup>7</sup>

*(free text)*

- Prefer not to answer

**How many years have you lived at your current address?**<sup>8</sup>

[Original source question text: How many years have you lived at your current address?]

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- More than 20 years

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**The next question is about stress that you may feel about money.**

**In the past 6 months, have you been worried or concerned about NOT having a place to live?**<sup>9</sup>

[Original source question text: Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?]

- Yes
  - No
- 

**If you have a Social Security Number, sharing it with us may help add extra data to the All of Us database. This extra data may come from places like your health care provider or pharmacy. Sharing your Social Security Number is your choice. You can say no and still take part in the program.**

**What is your Social Security Number?<sup>6</sup>**

[Original source question text: Not applicable]

- Enter Social Security number  
*Branching Logic: when "Enter Social Security Number" selected, then:  
Social Security Number<sup>6</sup>  
(social security number)*
  - Prefer not to answer
- 

**To help us stay in touch with you in the future, the last section asks for contact information for family and/or friends. This information is not required in order to participate in the program. All information will be securely stored.**

**The All of Us Research Program may contact you periodically to gather additional health related information. In case we cannot contact you, please provide the names, addresses, and telephone numbers of 2 relatives or friends who would know where you could be reached in case we have trouble reaching you. (Please give us the names of persons not currently living in the household)<sup>1</sup>**

[Original source question text: The Centers for Disease Control and Prevention may wish to contact you again to obtain additional health related information. Please give me the names, addresses, and telephone numbers of 2 relatives or friends who would know where you could be reached in case we have trouble reaching you. (Please give me the names of persons not currently living in the household.)]

- **Person 1 First Name<sup>1</sup>**  
\_\_\_\_\_
- **Person 1 Middle Initial<sup>1</sup>**  
\_\_\_\_\_
- **Person 1 Last Name<sup>1</sup>**  
\_\_\_\_\_
- **Person 1 Address 1<sup>1</sup>**  
\_\_\_\_\_

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- **Person 1 Address 2**<sup>1</sup>  
\_\_\_\_\_
- **Person 1 City**<sup>1</sup>  
\_\_\_\_\_
- **Person 1 State**<sup>1</sup>  
\_\_\_\_\_
- **Person 1 Zip Code**<sup>1</sup>  
\_\_\_\_\_
- **Person 1 Email Address**<sup>1</sup>  
\_\_\_\_\_
- **Person 1 Phone Number**<sup>1</sup> (*allow none, refused, or don't know*)  
\_\_\_\_\_
- **Relationship to You**<sup>1</sup>
  - Child
  - Friend
  - Parent or Guardian
  - Relative
  - Spouse or Partner
- **Person 2 First Name**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 Middle Initial**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 Last Name**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 Address 1**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 Address 2**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 City**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 State**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 Zip Code**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 Email Address**<sup>1</sup>  
\_\_\_\_\_
- **Person 2 Phone Number**<sup>1</sup> (*allow none, refused, or don't know*)  
\_\_\_\_\_
- **Relationship to You**<sup>1</sup>
  - Child
  - Friend
  - Parent or Guardian
  - Relative
  - Spouse or Partner

**Thank you for completing the Basics survey.**

**The information you have shared may contribute to helping researchers improve the health of generations to come.**

## **Sources**

1. [National Health and Nutrition Examination Survey \(NHANES\)](#). Hyattsville, MD: National Center for Health Statistics. Available from: <https://wwwn.cdc.gov/nchs/nhanes/continuousnhanes/questionnaires.aspx?BeginYear=2017>
  - a. Year of Original Source: 2017
  - b. Brief Description of Source: The National Health and Nutrition Examination Survey (NHANES) is a program conducted by the National Center for Health Statistics that aims to assess the health and nutritional status of the United States population. Approximately 5,000 participants from different counties across the nation complete the NHANES interview each year. Specific survey components include demographic, socioeconomic, dietary, and health-related questions.
2. Matthews K, Phelan J, Jones N, Konya S, Marks R, Pratt B, et al. [2015 National Content Test: Race and Ethnicity Analysis Report](#). Washington, D.C.: United States Census Bureau. Available from: <https://www.census.gov/programs-surveys/decennial-census/decade/2020/planning-management/plan/final-analysis/2015nct-race-ethnicity-analysis.html>
  - a. Year of Original Source: 2015
  - b. Brief Description of Source: In 2015, in preparation for the 2020 Census, the U.S. Census Bureau tested new methods for capturing more accurate data on race and ethnicity than had been captured in previous census years. In 2018, the Census Bureau decided not to use the detailed versions of these questions.
3. [Gender Identity in U.S. Surveillance \(GenIUSS\)](#). Los Angeles, CA: The Williams Institute. Available from: <https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
  - a. Year of Original Source: 2014
  - b. Brief Description of Source: To address gaps in federally-supported population health surveys in the identification of gender minorities, the Gender Identity in the U.S. Surveillance (GenIUSS) Group, offered recommendations for collecting information about sex assigned at birth and current gender identity. The questions are published in their 2014 report, “Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys.”
4. [National Health Interview Survey \(NHIS\)](#). Hyattsville, MD: National Center for Health Statistics. Available from: [https://www.cdc.gov/nchs/nhis/nhis\\_questionnaires.htm](https://www.cdc.gov/nchs/nhis/nhis_questionnaires.htm)
  - a. Year of Original Source: 2016
  - b. Brief Description of Source: The National Health Interview Survey (NHIS) is a program of the CDC’s National Center for Health Statistics. Since 1957, the NHIS has collected data on a variety of socioeconomic characteristics and health topics (e.g., conditions, medications, access to medical care, etc.) every 10-15 years.

5. [Behavioral Risk Factor Surveillance System \(BRFSS\)](#). Atlanta, GA: Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/brfss/questionnaires/index.htm>
  - a. Year of Original Source: 2016
  - b. Brief Description of Source: The Behavioral Risk Factor Surveillance System (BRFSS), established in 1984, is an annual national health-related telephone survey. Each year, data is collected on approximately 400,000 adults across the United States. about health-related risk behaviors, chronic health conditions, and use of preventive services.
6. Developed for use by *All of Us*
  - a. Year of Original Source: Not Applicable
  - b. Brief Description of Source: Not Applicable
7. [National Health Care for the Homeless Council \(NHCHC\)](#). Nashville, TN: National Health Care for the Homeless Council. Available from: <https://nhchc.org/wp-content/uploads/2019/08/ask-code-documenting-homelessness-throughout-the-healthcare-system.pdf>
  - a. Year of Original Source: 2016
  - b. Brief Description of Source: A report from the National Health Care for the Homeless Council issued in October 2016 provides a list of seven questions as examples of ways to ask about housing status in the health care setting.
8. [UK Biobank](#). Stockport, UK: UK Biobank. Available from: <https://www.ukbiobank.ac.uk/>
  - a. Year of Original Source: 2011
  - b. Brief Description of Source: UK Biobank recruited 500,000 people across the country aged between 40 and 69 years from 2006 to 2010. These half a million participants agreed to have their health followed so scientists across the globe can help improve the prevention, diagnosis and treatment of a wide range of diseases. Assessments were undertaken in 22 centres in Scotland, England and Wales. There were five parts to the UK Biobank assessment process, which lasted between 2-3 hours. These included: Written consent Touch screen questionnaires i.e. detailed diet recall Face-to-face interview with a study nurse Measurements i.e. hand grip, spirometry and bone density Sample collection of blood, urine and saliva In addition to information collected during the baseline assessment, 100,000 UK Biobank participants have worn a 24-hour activity monitor for a week, 20,000 have undertaken repeat measures, and nearly 50,000 have had their heart, brain and abdomen scanned as part of a major imaging project. UK Biobank has grown exponentially since this initial assessment and has become a powerful research resource. The database, which is regularly augmented with additional data, is globally accessible to approved researchers and scientists undertaking vital research into the most common and life-threatening diseases. anywhere in the world.
9. [The Homeless Screener Clinical Reminder \(HSCR\)](#). Washington DC: U.S. Department of Veteran Affairs. [cited 2022 Nov 15]. Available from: <https://www.va.gov/HOMELESS/nchav/resources/prevention/homeless-screener.asp>
  - a. Year of Original Source: 2012



- b. Brief Description of Source: The VA Homelessness Screening Clinical Reminder was developed in 2012 by the National Center on Homelessness among Veterans for use by the Veterans Health Administration to capture homelessness and risk of homelessness in the VA patient population.
- 10. [American Community Survey \(ACS\)](#). Washington, D.C.: American Community Survey. Available from:  
<https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2019/quest19.pdf>
  - a. Year of Original Source: 2018
  - b. The American Community Survey collects long-form census data such as ancestry, citizenship, education, income, disability, employment, etc. on a monthly basis and is aggregated yearly. This survey adds detail that was previously difficult to collect in the decennial census.

## Appendix A

### Life Functioning Survey

*Survey Implementation Note: The six disability items present in the “Basics” survey were added there after initial fielding began. If participants completed the “Basics” survey before these items were added, they were administered a stand-alone survey called “Life Functioning.” The “Life Functioning” survey consists of these same six disability questions and only administered to participants who completed the “Basics” survey before the disability questions were added.*

This survey asks questions about your life functioning including disabilities you may have. It takes less than 2 minutes to complete. Please answer each question as honestly as possible. There are no right or wrong answers to any of the questions. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you have to spend a long time on each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the options given. To ensure your privacy, your name will be separated from your answers before they are shared with researchers.

These six questions ask if you have a disability. Some questions will ask you about more than one disability at a time. Please answer “Yes” if you have any one of them.

[Optional Informational Pop-up: “In 1990, Congress passed a civil rights law to prohibit discrimination against people with disabilities. The name of that law is the ADA (Americans with Disabilities Act). Having a disability means you might have a physical or mental health condition. That condition might make it difficult to walk, breathe, learn, read, communicate, see, hear, or think.”]

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#### **Are you deaf or do you have serious difficulty hearing?<sup>1</sup>**

[Original source question text: Are you deaf or do you have serious difficulty hearing?]

- Yes
- No
- Prefer not to answer

#### **Are you blind or do you have serious difficulty seeing, even when wearing glasses?<sup>1</sup>**

[Original source question text: Are you blind or do you have serious difficulty seeing, even when wearing glasses?]

- Yes
- No
- Prefer not to answer

**Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?<sup>1</sup>**

[Original source question text: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?]

- Yes
- No
- Prefer not to answer

**Do you have serious difficulty walking or climbing stairs?<sup>1</sup>**

[Original source question text: Do you have serious difficulty walking or climbing stairs?]

- Yes
- No
- Prefer not to answer

**Do you have difficulty dressing or bathing?<sup>1</sup>**

[Original source question text: Do you have difficulty dressing or bathing?]

- Yes
- No
- Prefer not to answer

**Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting doctor's office or shopping?<sup>1</sup>**

[Original source question text: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting doctor's office or shopping?]

- Yes
- No
- Prefer not to answer

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Thank you for completing this survey.

Your experiences can help researchers better understand and improve health for *All of Us*.

### Sources

1. *All of Us* Basics Survey; Basics items originally derived from: [American Community Survey \(ACS\)](#). Washington, D.C.: American Community Survey. Available from: <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2019/quest19.pdf>
  1. Year of Original Source: 2018
  2. The American Community Survey collects long-form census data such as ancestry, citizenship, education, income, disability, employment, etc. on a monthly basis and is aggregated yearly. This survey adds detail that was previously difficult to collect in the decennial census.