

Pain Medication Recontact July 2017

Start of Block: Default Question Block

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Consent. Participation in this survey is voluntary and anonymous. If you have questions about this research study, please contact Ed Freeland (psrc@princeton.edu) or the Institutional Review Board at Princeton University (irb@princeton.edu).

C2. In the **last seven days**, did you do any work at a job or business for either pay or profit?

Yes (1)

No (2)

Skip To: Lastjob2 If C2 = Yes

D2. In the **last seven days**, did you have a full- or part-time job from which you were temporarily absent?

Yes (1)

No (2)

E2. Have you done anything to look for a job in the last **week**?

Yes (1)

No (2)

Lastjob2. When did you last have a steady, full-time job?

- Currently have a steady, full-time job (1)
- In the last six months (2)
- Between six months and a year ago (3)
- Between one year and two years ago (4)
- Between two years and five years ago (5)
- More than five years ago (6)
- Never (7)

Skip To: Q2 If Lastjob2 = Currently have a steady, full-time job



Q1. What is the main reason you do not have a steady, full-time job?

- Unable to find work (1)
 - Temporary injury or illness (2)
 - Chronic illness/disability (3)
 - Chronic pain (4)
 - Retired (5)
 - Going to school (6)
 - Home responsibilities (7)
 - Other (specify) (8) _____
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Q2. Did you take any pain medication **yesterday**, such as Aspirin, Ibuprofen or prescription pain medication?

- Yes (1)
- No (2)

Skip To: Q4 If Q2 = No

Q3. Did you take a **prescription** pain medication yesterday OR did you take one you can buy **over-the-counter** without a prescription?

- Prescription (1)
 - Over-the-counter (2)
 - Both (3)
 - Not sure (4)
-

Q4. About how often would you say that you take **prescription** pain medication?

- Every day (1)
- More than once a week (2)
- Once a week (3)
- Once a month (4)
- Less than once a month (5)
- Never (6)

Skip To: Q7 If Q4 = Never

Q5. How do you usually **pay** for prescription pain medication? *Mark all that apply.*

- Pay by myself, out of pocket (1)
 - Private health insurance (2)
 - Medicaid (3)
 - Medicare (4)
 - Other (specify) (5) _____
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Q6. What is the source of pain that typically causes you to take pain medication?

- Work-related injury (1)
- Non-work injury (2)
- Other (specify) (3) _____

Q7. Over the last **6 months**, would you say that you increased the amount of pain medication that you take, decreased the amount of pain medication that you take, or didn't change the amount of pain medication that you take?

- Increased amount of pain medication (1)
 - Decreased amount of pain medication (2)
 - No change (3)
-



Q8. We want to learn whether people have physical, mental, or emotional conditions that cause serious difficulty with their daily activities. Please mark **any** of the following conditions that **apply to you**.

(If you don't have a condition, please mark None at the bottom)

- Deaf or serious difficulty hearing (1)
 - Blind or serious difficulty seeing even when wearing glasses (2)
 - Difficulty concentrating, remembering, or making decisions (3)
 - Difficulty walking or climbing stairs (4)
 - Difficulty dressing or bathing (5)
 - Difficulty doing errands alone such as visiting a doctor's office or shopping (6)
 - Other condition (specify) (7)
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- None of the above (8)



Q9 There are a variety of programs designed to provide financial assistance to people. In the **past year** did you receive assistance from any of the following? *(Mark all that apply)* *(If you did not receive any, please mark None at the bottom)*

- Workers' Compensation Insurance (1)
 - Social Security Disability (2)
 - Income Supplemental Security Income/Veterans Disability Compensation/Disability insurance payments (3)
 - None of the above (4)
 - Other disability payments (specify) (5)
-

Skip To: End of Block If Q9 = Social Security Disability

Q10app Have you ever applied for Social Security Disability Insurance?

Yes (1)

No (2)

Skip To: End of Block If Q10app = Yes

Q10plan Do you **plan to apply** for Social Security Disability Insurance?

Yes (1)

No (2)

End of Block: Default Question Block

Start of Block: Submit

End That's all the questions we have. Thank you for participating.

End of Block: Submit
