

Introduction

Thank you for completing this survey being conducted by West Virginia University (WVU) and the West Virginia Department of Health and Human Resources (DHHR). You were chosen randomly to participate, and your answers will help improve health programs and policies that affect West Virginians.

The survey asks questions about health and health practices and takes about 20 minutes. Your participation is voluntary, you do not have to answer any question you do not want to, and your answers to questions will be confidential. Taking, or not taking, the survey will not change any state benefits you may be eligible to receive now or in the future.

If you have any questions or concerns about this survey, please visit www.WVMATCHSurvey.org, call us toll free at 304-581-1928, or email us at WVMATCHsurvey@hsc.wvu.edu.

Instructions

Instructions

- The survey should be completed by the adult age 18 or over in your household who had the most recent birthday.

- Use a black or blue pen.

- Mark your response by placing an "X" or completely filling in the circle:

Yes or No

- Print clearly in each box:

1 2 0 3

- If you select certain answers, you will be told to skip some questions in the survey. When this happens, you will see an arrow with a note that tells you which question to answer next:

Yes

No → Go to 4

- If you want to change your answer, strike through the incorrect answer completely and then mark the correct response.

Mark a correct response like this: Yes or No

Mark an incorrect response like this: No or Yes

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Section 1: Your Health

1. Are you completing this survey for yourself or for someone else in your household?

- For myself → **Go to 2**
- For someone else in my household

If you are completing this survey for someone else, please provide responses for the adult (age 18 or over) in your household with the most recent birthday. The words "you" and "your" refer to that person.

2. We would like to start by asking a few questions about your health.

In general, how would you describe your health?

- Excellent
- Very good
- Good
- Fair
- Poor

3. Because of a physical, mental, or emotional condition, do you have serious difficulty performing your daily activities? This includes things like bathing, climbing stairs, or doing errands alone.

- Yes
- No → **Go to 5**

4. (If yes) Is that mostly due to physical health, mostly due to mental health, or due to both equally?

- Mostly physical health
- Mostly mental health
- Both physical and mental health equally

5. Have you ever been told by a doctor, nurse, or other healthcare provider that you have any of the following conditions:

	Yes	No
Chronic Obstructive Pulmonary Disease, or COPD	<input type="radio"/>	<input type="radio"/>
Hypertension, also called high blood pressure	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Endocarditis	<input type="radio"/>	<input type="radio"/>
Hashimoto's disease	<input type="radio"/>	<input type="radio"/>
Attention deficit hyperactivity disorder (ADHD)	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>
Cardiovascular disease	<input type="radio"/>	<input type="radio"/>
Kidney disease/damage	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>
Chronic pain	<input type="radio"/>	<input type="radio"/>

6. In the past 2 weeks, how often have you had trouble falling asleep, staying asleep, or sleeping too much?

- Always
- Usually
- Sometimes
- Rarely
- Never

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Section 2: Healthcare Access

7. The next questions are about health insurance and healthcare.

Do you have any kind of health insurance coverage, including private health insurance or government plans such as Medicare or Medicaid?

- Yes
- No → **Go to 9**

8. (If yes) What kinds of health insurance or healthcare coverage do you have? Select all that apply.

- A plan purchased through your or someone else's employer or union
- A plan that you or another family member bought on your own
- Medicare
- Medigap
- Medicaid or "Medical Card" provided by Mountain Health Trust (Aetna, Health Plan, Unicare)
- Military related healthcare, such as Tricare (Champus) or VA healthcare (CHAMPVA)
- Public Employees Insurance Agency (PEIA)
- Another type of insurance

9. Thinking about any medications that a doctor or healthcare provider prescribed for you in the past 12 months, which of the following are true? Select all that apply.

- I did not have any prescriptions over the past 12 months → **Go to 11**
- I got my prescription medication on time → **Go to 11 if you do, or I not select an option below**
- I delayed getting my prescription medication
- I did not get my prescription medication at all



If you delayed or did not get a prescription, continue to 10. Otherwise, go to 11.

10. (If you delayed or did not get a prescription medication) What were the reasons why you delayed or did not get any medications that a doctor or healthcare provider prescribed for you in the past 12 months? Select all that apply.

- It cost too much
- I did not have insurance coverage
- I had a gap in insurance coverage
- I did not have childcare
- I did not have transportation
- I lost the prescription
- I did not really need the prescription
- I was scared of the side effects
- I couldn't remember which pharmacy they sent it to
- Because of COVID-19
- Another reason

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11. Was there a time in the past 12 months when you needed medical care? (Do not include dental care.)

- Yes
- No → **Go to 14**

12. (If yes) Were you able to get the medical care you needed in the past 12 months?

- Yes, I got the medical care I needed → **Go to 14**
- No, I did **not** get the medical care I needed

13. (If no) What were the reasons why you did not get the medical care you needed in the past 12 months? Select all that apply.

- It cost too much
- I did not have insurance coverage
- I had a gap in insurance coverage
- I did not have childcare
- I did not have transportation
- I needed a referral
- The wait time was too long
- Because of COVID-19
- Another reason

14. In the past 12 months, have you had a telehealth visit with a doctor or healthcare provider? Telehealth would include phone, video chat, mobile app, or online patient portals such as MyWVChart or MyCareCorner.

- Yes
- No → **Go to 18**

15. (If yes) Was this a telehealth visit for your mental health?

- Yes
- No

16. Was this a telehealth visit for your physical health?

- Yes
- No

17. During a telehealth appointment a healthcare provider may recommend you to see a specialist, have lab testing, and/or get a prescription. When this happens, does your provider follow up with you about the recommendation?

- Yes
- No
- Does not apply

18. In the past 12 months, how many different times have you gone to an emergency room to receive medical care for yourself?

Times

- I have not been to an emergency room in the last 12 months

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Section 3: Mental Health

19. In general, how would you rate your overall mental health?

- Excellent
- Very good
- Good
- Fair
- Poor

20. Has a doctor or other healthcare provider ever asked you questions about your mental health, such as whether you have been feeling worried, anxious, down, or depressed?

- Yes
- No

21. In the past 12 months, thinking about when you were at your worst emotionally, how much did your emotions interfere with...

	A lot	Some	Not at all	Does not apply
Your household chores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationships with friends and family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your performance at work or school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. In the past 2 weeks, how often have you felt ...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How often do you get the emotional support you need?

- Always
- Usually
- Sometimes
- Rarely
- Never

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24. In the past 12 months, has a doctor or other healthcare provider ever told you that you have depression, anxiety, or post-traumatic stress disorder (PTSD)?

- Yes
- No

25. In the past 12 months, was there ever a time when you felt that you might need to see a doctor or healthcare provider for problems with your mental health, emotions, or nerves?

- Yes
- No → **Go to 33**

26. (If yes) In the past 12 months, did you see a doctor or healthcare provider for problems with your mental health, emotions, or nerves?

- Yes → **Go to 28**
- No

27. (If no) Sometimes people do not see a doctor or healthcare provider even when they might need to. Which of the following are reasons why you did not see a doctor or healthcare provider for problems with your mental health, emotions, or nerves in the past 12 months?

	Yes	No
I was concerned about the cost	<input type="radio"/>	<input type="radio"/>
I did not feel comfortable talking with a provider about my personal problems	<input type="radio"/>	<input type="radio"/>
I was concerned about what would happen if someone found out I had a problem	<input type="radio"/>	<input type="radio"/>
I had a hard time scheduling an appointment	<input type="radio"/>	<input type="radio"/>
I was concerned about being exposed to COVID-19	<input type="radio"/>	<input type="radio"/>

After answering 27 → Go to 33

28. (If you answered yes on 26) In the past 12 months, which of the following doctors or healthcare providers have you seen for problems with your mental health, emotions, or nerves? *Select all that apply.*

- My primary care physician or general practitioner
- A counselor/psychiatrist/social worker/psychologist
- Another type of healthcare provider

29. At any time in the past 12 months, have you delayed seeing a doctor or healthcare provider for problems with your mental health, emotions, or nerves because of the cost?

- Yes
- No

30. In the past 12 months, have you received counseling or therapy from a mental health provider such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

- Yes
- No → **Go to 33**

31. (If yes) Are you still receiving counseling or therapy?

- Yes → **Go to 33**
- No

32. (If no) What are the reasons you are no longer receiving counseling or therapy? *Select all that apply.*

- I got better
- It was not helping
- I wanted to handle the problem on my own
- I had a bad experience with counseling or therapy
- I did not have time
- I did not have transportation
- It cost too much
- My insurance did not cover it
- Because of COVID-19
- Another reason

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Section 4: Lifestyle

33. In the past 12 months, did you have a prescription for medicine(s) to help with your mental health, emotions, or nerves?

- Yes
- No → **Go to 37**

34. (If yes) In the past 12 months, was there ever a time when you did not get the medicine(s) you had been prescribed to help with your mental health, emotions, or nerves?

- Yes
- No → **Go to 36**

35. (If yes) In the past 12 months, what were the reasons you did not get the medicine(s) you had been prescribed to help with your mental health, emotions, or nerves? *Select all that apply.*

- I got better / I no longer needed it
- I did not have time
- I did not have transportation
- It cost too much
- My insurance did not cover it
- I did not have insurance
- Because of COVID-19
- Another reason

36. Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?

- Yes
- No

37. These next questions are about your housing situation.

In the past 12 months, has paying your rent or mortgage gotten easier, stayed the same, or gotten harder?

- Easier
- Stayed the same
- Harder
- I do not pay rent or a mortgage

38. In the past 12 months, has paying off your debt gotten easier, stayed the same, or gotten harder?

- Easier
- Stayed the same
- Harder
- I do not have any debt

39. How worried are you that if you get sick or have an accident, you will not be able to pay your rent or mortgage?

- Very worried
- Somewhat worried
- Not at all worried
- I do not pay rent or a mortgage

40. These next questions are about the food eaten in your household and paying for food.

In the past 12 months, has buying food for yourself or your household gotten easier, stayed the same, or gotten harder?

- Easier
- Stayed the same
- Harder

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41. At any time in the past 30 days, have you or anyone in your household cut the size of your meals or skipped meals because there was not enough money for food?

- Yes
- No

42. When shopping for food, how often do you buy fresh fruits or vegetables that are not canned, frozen, or otherwise processed?

- Always → **Go to 44**
- Most of the time
- About half the time
- Sometimes
- Never

43. There are many reasons why people don't buy fresh fruits or vegetables every time they shop for food. How about you—what are the reasons why you don't always buy fresh fruits or vegetables? *Select all that apply.*

- They are not available at my store
- They are not good quality at my store
- They cost too much at my store
- They are too much trouble to prepare / don't know how to prepare them
- Another reason

44. In the past 30 days, did you or anyone in your household get free groceries or free meals from the following? *Select all that apply.*

- Food pantries or food banks
- Meals on Wheels
- Religious organizations
- Shelters or soup kitchens
- None of the above

45. For the next questions, think about the healthcare you have received in the past 12 months.

In your opinion, have you felt that a doctor, other healthcare provider, or their staff treated you unfairly?

- Yes
- No → **Go to 48 on Page 9**

46. (If yes) In your opinion, what were the reasons that a doctor, other healthcare provider, or their staff treated you unfairly?

	Yes	No
The type of health insurance coverage I had	<input type="radio"/>	<input type="radio"/>
My lack of health insurance coverage	<input type="radio"/>	<input type="radio"/>
My race or ethnicity	<input type="radio"/>	<input type="radio"/>
My age	<input type="radio"/>	<input type="radio"/>
My sexual orientation or gender identity	<input type="radio"/>	<input type="radio"/>
A physical health condition	<input type="radio"/>	<input type="radio"/>
A mental health condition	<input type="radio"/>	<input type="radio"/>
My use of alcohol, tobacco, or other drugs	<input type="radio"/>	<input type="radio"/>
Another reason	<input type="radio"/>	<input type="radio"/>

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47. **In the past 12 months, did you do any of the following because a doctor, other healthcare provider, or their staff treated you unfairly?**

	Yes	No	Does not apply
I changed my doctor, healthcare provider, or my medical plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I delayed getting the care I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not get the care I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I filed a complaint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not follow the doctor or healthcare provider's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4: About You

48. **How old are you?**

Years old

49. **What was your sex at birth?**

- Male
- Female

50. **How do you identify yourself? Select all that apply.**

- Male
- Female
- Transgender
- Other

51. **Are you of Hispanic, Latino, or Spanish origin?**

- Yes
- No

52. **What is your race? Select all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Pacific Islander
- Another race

53. What is your current marital status?

- Married
- Living with a partner
- Widowed
- Divorced
- Separated
- Never married

54. With whom do you currently live?

Select all that apply.

- No one other than yourself → **Go to 58**
- Your spouse or partner
- Your own children/step-children/grandchildren
- Your mother/stepmother and/or father/stepfather
- Your grandmother or grandfather
- Your siblings (brother/sisters including step-siblings)
- Your aunt, uncle, or other relatives
- People not related to you

55. (If you live with someone else) How many children younger than 18 years of age live in your household? If there are none, please enter 0.

		Children
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56. Are you the primary caretaker for a relative's child, such as your grandchild, niece/nephew, cousin, etc.? Select all that apply.

- Yes, my grandchild
- Yes, my niece or nephew
- Yes, my brother or sister
- Yes, some other relative
- No → **Go to 50**

57. You are the primary caretaker for a relative's child. Is this set up through formal arrangement with CPS (sometimes called being a "kinship provider")?

- Yes
- No

58. What kind of home do you live in?

- House
- Apartment
- Condominium
- Mobile home or trailer
- Townhouse
- Rooming house or boarding house
- Some other housing arrangement

59. How do you pay for your home?

- Pay rent
- Pay mortgage
- Purchased home with no payments due
- Inherited home with no payments due
- Some other arrangement

60. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8
- Grades 9 through 11
- Grade 12 or GED
- Associate degree (1-2 year occupational, technical, or academic program)
- Bachelor's degree (4-year college)
- Advanced degree (including master's, professional degree, or doctorate)

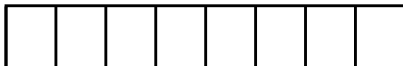
61. Are you currently...? Select all that apply.

- Employed by someone else
- Self-employed
- Homemaker
- Retired
- Unemployed

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62. Please think about all your jobs throughout your lifetime. Which category best describes the main type of work you have done in your lifetime?

- Office or administrative support**
(for example: administrative assistants, customer service, collections)
- Science, technology, engineering, math, education, community services**
- Healthcare practitioner**
(for example: doctors, nurses, dentists, dental hygienists, physical therapists, veterinarians)
- Healthcare support**
(for example: personal care and home health aides, CNAs, medical assistants, dental assistants, phlebotomists)
- Sales**
(for example: cashiers, real estate, telemarketers, retail sales)
- Restaurant or food preparation**
(for example: cooks, chefs, servers)
- Transportation or material moving**
(for example: car, truck, delivery drivers; and laborers and material movers)
- Business, management, legal, or financial**
(for example: bookkeeping, accounting, legal services)
- Cleaning, installation, maintenance, or repair**
(for example: janitors, plumbers, electricians, landscapers, mechanics, building maintenance, house cleaners)
- Construction or mining**
(for example, miners, roofers)
- Production**
(for example: metal workers/fabricators, bakers, machinists, carpenters, welders)
- Law enforcement or emergency services**
(for example: police, corrections, fire, EMS, security)
- Personal care or service**
(for example: childcare, hair stylists, trainers)
- Arts, design, entertainment, sports, or media**
- Farming, fishing, or forestry occupations**
- Armed forces**
- Other:** Please specify _____



63. **In the past 12 months, has anyone in your household received any of the following public benefits?**

	Yes	No
Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>
Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	<input type="radio"/>
Women Infants and Children (WIC)	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>
Low Income Energy Assistance Program (LIEAP)	<input type="radio"/>	<input type="radio"/>
Tel-Assistance/LIFELINE	<input type="radio"/>	<input type="radio"/>
School clothing vouchers	<input type="radio"/>	<input type="radio"/>
Jobs and Hope	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

Section 6: COVID-19

65. **The next few questions focus on the impact of COVID-19 on your work or the work of someone in your household.**

Have you or someone in your household experienced any of the following because of COVID-19?

	Yes	No
Been laid off temporarily	<input type="radio"/>	<input type="radio"/>
Been laid off permanently	<input type="radio"/>	<input type="radio"/>
Did less temporary, contract, or freelance work	<input type="radio"/>	<input type="radio"/>
Been scheduled for fewer hours or had less demand for your work	<input type="radio"/>	<input type="radio"/>
Taken unpaid time off	<input type="radio"/>	<input type="radio"/>
Had your wages or salary reduced	<input type="radio"/>	<input type="radio"/>
Had unpaid or delayed wages	<input type="radio"/>	<input type="radio"/>
Lost employer-paid benefits such as health insurance	<input type="radio"/>	<input type="radio"/>
Quit a job	<input type="radio"/>	<input type="radio"/>
Been fired from a job	<input type="radio"/>	<input type="radio"/>
Been unable to pay a bill	<input type="radio"/>	<input type="radio"/>
Received unemployment benefits	<input type="radio"/>	<input type="radio"/>

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66. Because of the impact of COVID-19, have you or your household done any of the following?

	Yes	No
Used up all or most of your savings	<input type="radio"/>	<input type="radio"/>
Cut back your spending on food	<input type="radio"/>	<input type="radio"/>
Increased your credit card debt	<input type="radio"/>	<input type="radio"/>
Took money out of retirement, college, or long-term savings accounts	<input type="radio"/>	<input type="radio"/>
Borrowed money from family or friends	<input type="radio"/>	<input type="radio"/>
Pawned or sold possessions	<input type="radio"/>	<input type="radio"/>
Received unemployment benefits	<input type="radio"/>	<input type="radio"/>

67. Some people experience long-lasting emotional or mental health effects after having COVID-19 or knowing someone who had COVID-19. These can include feeling depressed, anxious, on edge, fearful, not being able to stop or control worrying, or other emotional or mental health effects.

Have you experienced any long-term emotional or mental health effects that you think might be related to you having COVID-19?

- I have not had COVID-19
- Yes
- No

68. Have you experienced any long-term emotional or mental health effects that you think might be related to a family member or friend having COVID-19?

- I am not aware of any family members or friends who have had COVID-19
- Yes
- No

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Section 7: Substance Use

In this section, we ask about various health behaviors in the past 30 days.

69. **In the past 30 days**, on how many days have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

Days

I have not had any drinks over the past 30 days → **Go to 72**

70. *(If one or more days)* **One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. In the past 30 days**, on the days when you drank, about how many drinks did you drink on the average?

A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

Drinks

71. **Considering all types of alcoholic beverages**, how many times during the past 30 days did you have at least 5 (for men) or 4 (for women) drinks on an occasion?

Times

72. **How often do you now smoke cigarettes?**

- Every day
 Some days

Not at all → **Go to 75**

73. *(If you smoke cigarette)* **Are you thinking about quitting smoking in the next six months?**

Yes

No → **Go to 75**

74. *(If yes)* **Do you know where to obtain resources and support to help you quit smoking?**

Yes

No

75. **The next question is about the use of marijuana, also called cannabis, weed, or hashish.**

As a reminder, your answers to questions are confidential. No matter how you answer, it will not change your access to state programs or benefits.

In the past 30 days, on how many days have you used marijuana or cannabis? Please do not include CBD products. *If none, please enter 0.*

Days

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76. In the past 12 months, have you used any of the following?

	Yes	No
Marijuana (also called cannabis, weed, or hashish)	<input type="radio"/>	<input type="radio"/>
Prescription opioids/ pills (opioid pain medications, such as hydrocodone, Lorcet®, Vicodin®, oxycodone, Percocet®, Oxycontin®, MS Contin®)	<input type="radio"/>	<input type="radio"/>
Benzodiazepines (“downers” or “benzies” such as Xanax®, Ativan®, Klonopin®, Valium®)	<input type="radio"/>	<input type="radio"/>
Over the Counter Stimulants (Dexatrim®, No-Doz®, Hydroxycut®, or 5-Hour Energy®)	<input type="radio"/>	<input type="radio"/>
Stimulants (Adderall® or Dexedrine®)	<input type="radio"/>	<input type="radio"/>
Cocaine (or powder, “crack,” free base, or coca paste)	<input type="radio"/>	<input type="radio"/>
Methamphetamine (smoked, snorted, or injected)	<input type="radio"/>	<input type="radio"/>
Heroin (smoked, snorted, or injected)	<input type="radio"/>	<input type="radio"/>
MDMA (Ecstasy, Molly, Adam, XTC)	<input type="radio"/>	<input type="radio"/>

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If you selected any “Yes” in 76, continue to 77. Otherwise, go to 83.

77. In the past 12 months, have you tried to cut down or stop using any of the following?

	Yes	No
Marijuana (also called cannabis, weed, or hashish)	<input type="radio"/>	<input type="radio"/>
Prescription opioids/ pills (opioid pain medications, such as hydrocodone, Lorcet®, Vicodin®, oxycodone, Percocet®, Oxycontin®, MS Contin®)	<input type="radio"/>	<input type="radio"/>
Benzodiazepines (“downers” or “benzies” such as Xanax®, Ativan®, Klonopin®, Valium®)	<input type="radio"/>	<input type="radio"/>
Over the Counter Stimulants (Dexatrim®, No-Doz®, Hydroxycut®, or 5-Hour Energy®)	<input type="radio"/>	<input type="radio"/>
Stimulants (Adderall® or Dexedrine®)	<input type="radio"/>	<input type="radio"/>
Cocaine (or powder, “crack,” free base, or coca paste)	<input type="radio"/>	<input type="radio"/>
Methamphetamine (smoked, snorted, or injected)	<input type="radio"/>	<input type="radio"/>
Heroin (smoked, snorted, or injected)	<input type="radio"/>	<input type="radio"/>
MDMA (Ecstasy, Molly, Adam, XTC)	<input type="radio"/>	<input type="radio"/>



If you selected any “Yes” in 77, continue to 78. Otherwise, go to the next page.

78. In the past 12 months, have you gotten sick or had flu-like symptoms when trying to cut down or stop using any of the following?

	Yes	No
Marijuana (also called cannabis, weed, or hashish)	<input type="radio"/>	<input type="radio"/>
Prescription opioids/ pills (opioid pain medications, such as hydrocodone, Lorcet®, Vicodin®, oxycodone, Percocet®, Oxycontin®, MS Contin®)	<input type="radio"/>	<input type="radio"/>
Benzodiazepines (“downers” or “benzies” such as Xanax®, Ativan®, Klonopin®, Valium®)	<input type="radio"/>	<input type="radio"/>
Over the Counter Stimulants (Dexatrim®, No-Doz®, Hydroxycut®, or 5-Hour Energy®)	<input type="radio"/>	<input type="radio"/>
Stimulants (Adderall® or Dexedrine®)	<input type="radio"/>	<input type="radio"/>
Cocaine (or powder, “crack,” free base, or coca paste)	<input type="radio"/>	<input type="radio"/>
Methamphetamine (smoked, snorted, or injected)	<input type="radio"/>	<input type="radio"/>
Heroin (smoked, snorted, or injected)	<input type="radio"/>	<input type="radio"/>
MDMA (Ecstasy, Molly, Adam, XTC)	<input type="radio"/>	<input type="radio"/>

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**If you have not used prescription opioids in the past 12 months
→ Go to 83**

79. (If you have used prescription opioids in the past 12 months) **At any time in the past 12 months, have you used prescription opioids, also called “pills”, in any way a doctor did not direct you to use it, including:**

- Using it without a prescription of your own,
- Using it in greater amounts, more often, or longer than you were told to take it, or
- Using it in any other way a doctor did not direct you to use it?

Yes

No → **Go to 83**

80. (If yes) **Thinking about the last time you used prescription opioids, or “pills”, in any way a doctor did not direct you to use it, what were the reasons you used it the last time? Select all that apply.**

- To relieve physical pain
- To relax or relieve tension
- To experiment or to see what it's like
- To feel good or get high
- To help with my sleep
- To help me with my feelings or emotions
- To increase or decrease the effect(s) of some other drug
- Because I feel sick without it
- Another reason

81. **Have you taken prescription opioids, or “pills”, while drinking alcohol or within a couple of hours of drinking?**

Yes

No

82. **Have you taken prescription opioids, or “pills”, while using benzodiazepines, also called “downers” or “benzies”? Some examples of benzodiazepines are Xanax, Ativan, Klonopin, Valium, etc.**

Yes

No

83. **The next question asks about any overdose you may have had of illegal drugs, over-the-counter medications, or prescription medications.**

Have you ever (even once) overdosed?

Yes

No → **Go to 86**

84. (If yes) **Have you ever received Narcan (naloxone) for an overdose?**

Yes

No

85. **Have you ever had an overdose that required you to go to the emergency room or receive medical attention right away?**

Yes

No

86. **In the past 12 months, has anyone in your immediate family in West Virginia overdosed?**

Yes

No

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87. The next question is about getting treatment for drug or alcohol use.

In the past 12 months, was there ever a time when you felt that you might need to see a doctor or healthcare provider because of problems with alcohol or drug use?

- Yes
- No → **Go to 95**

88. (If yes) **In the past 12 months, have you seen any doctor or healthcare provider for problems with your use of alcohol or drugs?**

- Yes → **Go to 90**

No

89. (If no) **Which of these statements explain why you did not get the treatment or counseling you needed for your use of alcohol or drugs? Select all that apply.**

- My insurance did not cover it
- It cost too much
- I did not have transportation
- I did not find a program with the type of treatment I wanted
- I was not ready to stop using
- There were no openings in the programs
- I did not know where to go to get treatment
- I did not want others to find out that I needed treatment
- I was concerned that getting treatment might have a negative effect on my job
- Because of COVID-19
- Other

! After answering 89 → Go to 94

90. **Did you stop counseling or treatment for your use of alcohol or drugs?**

- Yes
- No → **Go to 92**

91. (If yes) **What is the main reason you are no longer receiving counseling or treatment for alcohol or drugs? Select only one answer.**

- I got better
- I was not getting better
- I wanted to handle the problem on my own
- I had bad experiences with treatment
- I did not have time
- I did not have transportation
- It cost too much
- My insurance did not cover it
- Because of COVID-19
- Another reason

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92. The next few questions are about medication-assisted treatment prescribed by a doctor or other healthcare provider to help reduce or stop your use of drugs or alcohol. It is different from medications given to stop a drug overdose. Some examples of medication-assisted treatment include:

- Buprenorphine, Suboxone, or Subutex
- Methadone
- Vivitrol®

In the past 12 months, have you used medication to help reduce or stop your use of drugs or alcohol?

- Yes
 No → **Go to 94**

93. (If yes) Which of the following medications did you use to help reduce or stop your use of drugs or alcohol in the past 12 months? Select all that apply.

- Buprenorphine, Suboxone, or Subutex
- Methadone
- Vivitrol
- Some other medication to help reduce or stop your use of drugs or alcohol

94. Listed below are events that people who use drugs sometimes experience. In the past 12 months, have you experienced these events?

	Yes	No	Does not apply
My family has been hurt by my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friendship or close relationship of mine has been damaged by my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had Child Protective Services (CPS) called on me due to my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had Adult Protective Services (APS) called on me due to my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lost my home due to my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lost my job due to my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have interacted with law enforcement due to my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have received a diagnosis related to my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lost my driver's license due to my drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 8: Other Topics

95. How much do you disagree or agree with the following statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
In most ways my life is close to ideal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conditions of my life are excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So far, I have gotten the important things I want in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could live my life again, I would change almost nothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96. During the past 30 days, other than your regular job, did you participate in any physical activities or exercises? Examples include walking for exercise, running, or gardening.

- Yes
- No

97. Which of the following do you have access to? Select all that apply.

- Public gym (for example, one that requires a membership)
- Private gym (for example, one at an apartment complex or a workplace)
- Gym equipment at home (for example, weights, treadmill, stationary bike)
- Personal trainer
- Exercise buddy or exercise group
- Other exercise facility not listed
- None of the above

98. People are different in their sexual attraction to other people. Which best describes your feelings?

- Only attracted to females
- Mostly attracted to females
- Equally attracted to females and males
- Mostly attracted to males
- Only attracted to males

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99. **Including yourself**, how many family members are supported by your family's total income? *Include all family members whom you would include on your taxes as dependents.*

Family members

! If your answer is 0 or 1 → Go to 101

100. (If at least one family member is supported by your family's income) **Of the family members who are supported by your family's total income, how many are included on your taxes as dependents?**

Family members

101. **What is your best estimate of you and your family members' total 2020 annual income before taxes and other deductions? Please select the category that applies.**

- \$15,000 or less
- \$15,001 to \$20,000
- \$20,001 to \$25,000
- \$25,001 to \$30,000
- \$30,001 to \$35,000
- \$35,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$70,000
- \$70,001 to \$85,000
- \$85,001 to \$100,000
- \$100,001 to \$150,000
- More than \$150,000

102. **The next question is about thoughts of hurting yourself. If the question upsets you, you don't have to answer it.**

Have you ever thought about or attempted to kill yourself?

- Never
- It was just a brief passing thought
- I have had a plan at least once to kill myself but did not try to do it
- I have had a plan at least once to kill myself and really wanted to die
- I have attempted to kill myself, but did not want to die
- I have attempted to kill myself, and really wanted to die

If you or someone you know would like to talk to a counselor, please contact the toll-free National Suicide Prevention Hotline at 1-800-273-TALK (8255) or text "4Hope" to 741741, or call 844-HELP4WV.

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103. Thank you very much for your time and cooperation! Everyone's answers will be combined to help us provide information about the health practices of people in West Virginia. Please remember your responses will be kept strictly confidential. May we contact you with follow-up questions in the future?

- Yes
- No

104. We would like to send you \$10 cash by US Postal Mail to thank you for your participation. It can take up to 4 weeks to receive the cash by mail. For privacy purposes, we will send the envelope to the same address we mailed the survey, and instead of using names we will label the envelope:

*The Adult of the Household, Age ##,
Who Completed the WV MATCH Survey*

Would you like us to send you the \$10?

- Yes, please send the \$10 cash to the address that I received the survey invitation
- No, I do NOT want the \$10 cash incentive

Thank you for completing this survey!

Please return this questionnaire in the enclosed postage-paid return envelope.

If you lost the envelope or did not receive one, you may return the survey to:

PTI International
ATTN: Data Capture (0218064.001.005)
5265 Capital Boulevard
Raleigh, NC 27690

If you have any questions or concerns about this survey, you may contact us at:

304-581-1928
WVMATCHsurvey@hsc.wvu.edu

