

LASIK

[Sitecode]

User:

Pre-Operative Questionnaire (PRQ)

Web Version: 1.0; 1.00; 06-04-15

1. Where are you taking this questionnaire?

- Home
- Doctor's office
- Other location

2. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

INSTRUCTIONS: When you answer the question below, think about the vision correction you normally use, including glasses, contact lenses, a magnifier, or nothing at all.

3. How often do you worry about your eyesight or vision?

- Never
- Rarely
- Occasionally
- Sometimes
- All the time

4. How often do you notice or think about your eyesight or vision?

- Never
- Rarely
- Occasionally
- Sometimes
- All the time

5. At this time, how clear is your vision using the correction you normally use, including glasses, contact lenses, a magnifier, or nothing at all?

- Perfectly clear
- Pretty clear
- Somewhat clear

Not clear at all

6. As long as I could see well enough to drive without wearing glasses or contact lenses, I wouldn't mind having vision that was less than perfect.

Definitely true

Mostly true

Don't know

Mostly false

Definitely false

7. How much of the time do you expect to use glasses or contact lenses to see things in the distance after healing from LASIK surgery?

All of the time

Most of the time

Some of the time

Hardly ever

Never

8. How much of the time do you expect to use glasses or contact lenses to see things up close after healing from LASIK surgery?

All of the time

Most of the time

Some of the time

Hardly ever

Never

9. After healing from LASIK surgery, I expect that I will have clear vision:

(please select all that apply)

With the aid of glasses to see in the distance

With the aid of glasses for reading

With the aid of contact lenses to see in the distance

With the aid of contact lenses for reading

Without glasses or contact lenses

10. After healing from LASIK surgery, I expect my vision to be perfect.

Definitely true

Mostly true

Don't know

Mostly false

Definitely false

11. I could accept less than perfect vision if I did not need glasses or contact lenses any more after healing from LASIK surgery.

Definitely true

Mostly true

Don't know

- Mostly false
- Definitely false

12. Have you ever driven a car?

- Yes
- No

13. Do you currently drive?

- Yes
- No

14. If you gave up driving, was that mainly because of your vision, mainly for some other reason, or because of both your vision and other reasons?

- Mainly vision
- Mainly other reasons
- Both vision and other reasons

INSTRUCTIONS: When you answer the question below, think about your vision with the vision correction you normally use, including glasses, contact lenses, a magnifier, or nothing at all.

15. Because of your vision, how much difficulty do you have driving during the daytime in familiar places? Would you say you have:

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty
- Never drive during the daytime because of vision
- Never drive during the daytime for other reasons

16. Because of your vision, how much difficulty do you have driving at night?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty
- Never drive at night because of vision
- Never drive at night for other reasons

17. Because of your vision, how much difficulty do you have driving in difficult conditions, such as bad weather, during rush hour, on the freeway, or in city traffic?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty
- Never drive in these conditions because of vision
- Never drive in these conditions for other reasons

18. How much difficulty do you have seeing things off to the side, like cars coming out of driveways or side streets or people coming out of doorways?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty

19. Because of your vision, how much difficulty do you have with your daily activities?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty

20. Because of your vision, how much difficulty do you have taking part in active sports or other outdoor activities that you enjoy (like hiking, swimming, aerobics, team sports, or jogging)?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty
- Never try to do these activities because of vision
- Never do these activities for other reasons

21. Because of your vision, do you take part less than you would like in active sports or other outdoor activities (like hiking, swimming, aerobics, team sports, or jogging)?

- Yes
- No

22. Are there any recreational or sports activities that you don't do because of your vision or the type of vision correction you have?

- Yes, many
- Yes, a few
- No

23. You have noted that you have difficulty with your daily activities because of your vision. Please list those activities with which you have difficulty

(e.g., watching television, using automated teller machines (ATM), etc.).

24. How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, fixing things around the house, sewing, using hand tools, or working with a computer?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty
- Never try to do these activities because of vision
- Never do these activities for other reasons

25. How much difficulty do you have reading ordinary print in newspapers?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty
- Never try to do this because of vision
- Never try to do this for other reasons

26. How much difficulty do you have reading small print in a telephone book, on a medicine bottle, or on legal forms?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty
- Never try to do these activities because of vision
- Never do these activities for other reasons

27. Are there daily activities that you would like to do, but don't do, because of your vision or the type of vision correction you have?

- Yes, many
- Yes, one or a few
- No

28. How much difficulty do you have judging distances, like walking down stairs or parking a car?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty

29. How much difficulty do you have getting used to the dark when you move from a lighted area into a dark place, like walking into a dark movie theater?

- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty

30. How much difficulty do you have seeing because of changes in the clarity of your vision during the course of the day?

- Don't have changes in the clarity of my vision
- No difficulty at all
- A little difficulty
- Moderate difficulty
- A lot of difficulty

31. How often are you bothered by changes in the clarity of your vision over the course of the day?

- Never
- Rarely
- Occasionally
- Sometimes
- All the time

32. How often when you are around bright lights at night do you see starbursts or halos that bother you or make it difficult to see.

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

33. Have you experienced glare in the last 7 days?

- Yes
- No

33a. How bothersome has it been?

- Very
- Somewhat
- A little
- Not at all

34. Have you experienced distorted vision in the last 7 days?

- Yes
- No

34a. How bothersome has it been?

- Very
- Somewhat
- A little
- Not at all

35. Have you experienced blurry vision in the last 7 days?

- Yes
- No

35a. How bothersome has it been?

- Very
- Somewhat
- A little
- Not at all

36. Have you experienced trouble seeing in the last 7 days?

- Yes
- No

36a. How bothersome has it been?

- Very
- Somewhat
- A little
- Not at all

37. In general, how satisfied or dissatisfied are you with your present vision?

- Completely satisfied
- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Completely dissatisfied

38. Are you currently employed (working for pay)?

- Yes
- No

INSTRUCTIONS: The following question asks about the effect of any problem with your eyes on your ability to work and perform regular activities during the past seven days, not including today.

39. During the past seven days, how many hours did you miss from work because of *any eye problems*?
Include hours missed on sick days, times you went in late, left early, etc., because of your EYE PROBLEM. Do not include time you missed to participate in this study.

HOURS

40. During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?

HOURS

41. During the past seven days, how many hours did you actually work?

HOURS

42. During the past seven days, how much did eye problems affect your productivity while you were working?

*Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual.
 If eye problems affected your work only a little, choose a low number. Choose a high number if eye problems affected your work a great deal.*

Consider only how much eye problems affected productivity while you were working.

Eye problem(s)
had no effect
on my work

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Eye problem(s)
completely
prevented me from working

SELECT A NUMBER

43. During the past seven days, how much did eye problems affect your ability to do your regular daily activities, other than work at a job?

By regular activities, we mean the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If eye problems affected your activities only a little, choose a low number. Choose a high number if eye problems affected your activities a great deal.

Consider only how much eye problems affected your ability to do your regular daily activities, other than work at a job.

Eye problem(s) had no effect on my daily activities	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	Eye problem(s) completely prevented me from doing my regular activities
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SELECT A NUMBER

44. In a typical day:

(please select all that apply)

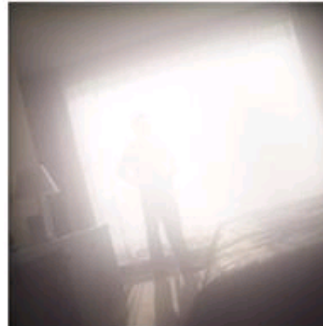
- I do not use glasses or contact lenses
- I use glasses to correct my vision for distance
- I use glasses to correct my vision for reading
- I use soft contact lenses to correct my vision for distance
- I use soft contact lenses to correct my vision for reading
- I use hard (rigid gas permeable) contact lenses to correct my vision for distance
- I use hard (rigid gas permeable) contact lenses to correct my vision for reading

The next set of questions will reference the following images and their labels.

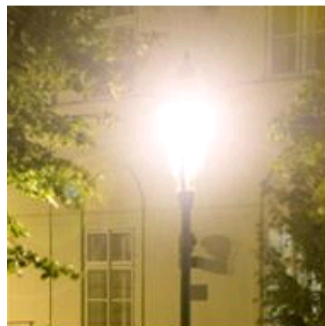
Double image



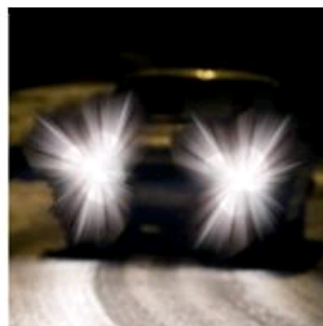
Glare



Halo

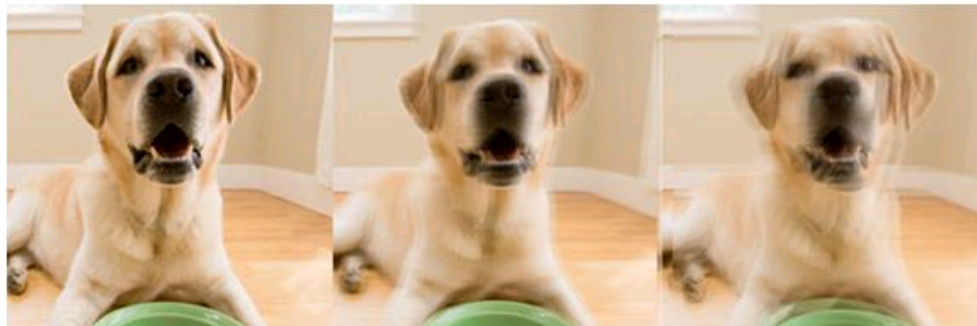


Starburst



INSTRUCTIONS: The next few questions are about **double images**, which some people call "**ghost**" or "**shadow**" images. By double images, we mean seeing a *distorted* or *blurry visual image*, such as the images shown below. These images may not represent exactly what you see and your symptoms may be more or less severe than what is shown.

No double image \longrightarrow Severe double image



45. In the last 7 days, have you seen any **double images**?

- Yes, but ONLY when NOT wearing glasses or contact lenses
- Yes, but ONLY when wearing glasses or contact lenses
- Yes, when wearing AND when not wearing glasses or contact lenses
- No, not at all

46a. In the last 7 days, how often have you seen **double images** when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- Never
- Rarely
- Sometimes
- Often
- Always

46b. In the last 7 days, how often have you seen **double images** when you are NOT wearing any vision correction (glasses or contact lenses)?

- Never
- Rarely
- Sometimes
- Often
- Always
- I always use glasses or contact lenses

47a. In the last 7 days, how bothersome have the **double images** been when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- Extremely bothersome
- Very bothersome
- Somewhat bothersome
- A little bothersome

- Not at all bothersome

47b. In the last 7 days, how bothersome have the **double images** been when you are NOT wearing any vision correction (glasses or contact lenses)?

- Extremely bothersome
- Very bothersome
- Somewhat bothersome
- A little bothersome
- Not at all bothersome
- I always use glasses or contact lenses

48a. In the last 7 days, how much difficulty have you had doing your usual activities because you see **double images** when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- No difficulty at all
- Very little difficulty
- Moderate difficulty
- A lot of difficulty
- So much difficulty that I can no longer do some of my usual activities

48b. In the last 7 days, how much difficulty have you had doing your usual activities because you see **double images** when you are NOT wearing any vision correction (glasses or contact lenses)?

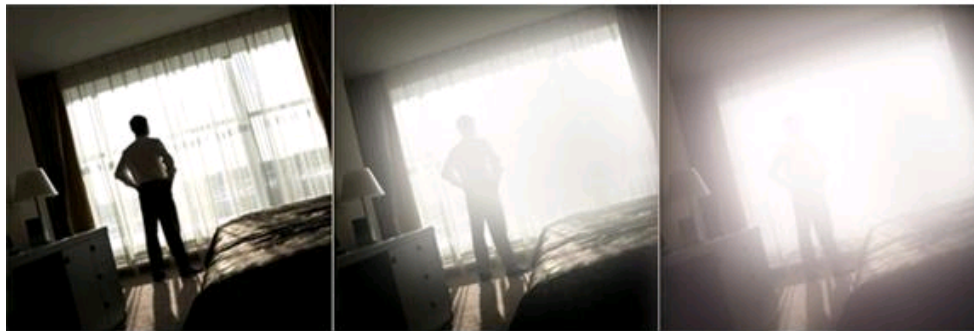
- No difficulty at all
- Very little difficulty
- Moderate difficulty
- A lot of difficulty
- So much difficulty that I can no longer do some of my usual activities
- I always use glasses or contact lenses

49. When you use your best vision correction (glasses or contact lenses) do the **double images** you see:

- I do not use glasses or contact lenses
- Go away completely
- Go away mostly
- Go away a little
- Not change
- Get a little worse
- Get a lot worse

INSTRUCTIONS: The next few questions are about *glare*. By glare, we mean *difficulty seeing well when there are bright lights* like headlights or sunlight, such as shown in the images below. These images may not represent exactly what you see and your symptoms may be more or less severe than what is shown.

No glare → Severe glare



50. In the last 7 days, have you noticed any **glare**?

- Yes, but **ONLY** when **NOT** wearing glasses or contact lenses
- Yes, but **ONLY** when wearing glasses or contact lenses
- Yes, when wearing **AND** when not wearing glasses or contact lenses
- No, not at all

51a. In the last 7 days, how often have you noticed **glare** when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- Never
- Rarely
- Sometimes
- Often
- Always

51b. In the last 7 days, how often have you noticed **glare** when you are **NOT** wearing any vision correction (glasses or contact lenses)?

- Never
- Rarely
- Sometimes
- Often
- Always
- I always use glasses or contact lenses

52a. In the last 7 days, how bothersome has the **glare** been when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- Extremely bothersome
- Very bothersome
- Somewhat bothersome
- A little bothersome
- Not at all bothersome

52b. In the last 7 days, how bothersome has the **glare** been when you are NOT wearing any vision correction (glasses or contact lenses)?

- Extremely bothersome

- Very bothersome
- Somewhat bothersome
- A little bothersome
- Not at all bothersome
- I always use glasses or contact lenses

53a. In the last 7 days, how much difficulty have you had doing your usual activities because you noticed **glare** when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- No difficulty at all
- Very little difficulty
- Moderate difficulty
- A lot of difficulty
- So much difficulty that I can no longer do some of my usual activities

53b. In the last 7 days, how much difficulty have you had doing your usual activities because you notice **glare** when you are NOT wearing any vision correction (glasses or contact lenses)?

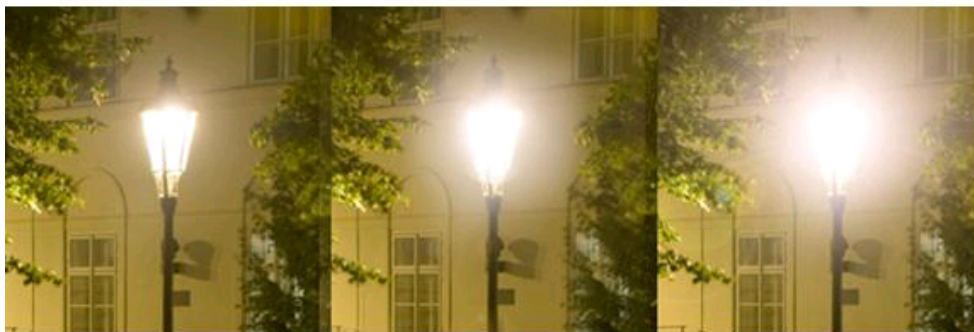
- No difficulty at all
- Very little difficulty
- Moderate difficulty
- A lot of difficulty
- So much difficulty that I can no longer do some of my usual activities
- I always use glasses or contact lenses

54. When you use your best vision correction (glasses or contact lenses) does the **glare** you notice:

- I do not use glasses or contact lenses
- Go away completely
- Go away mostly
- Go away a little
- Not change
- Get a little worse
- Get a lot worse

INSTRUCTIONS: The next few questions are about halos. By halos, we mean *seeing a fuzzy cloud of light around lighted objects*, such as the ones shown in the images below. These images may not represent exactly what you see and your symptoms may be more or less severe than what is shown.

No halos
→
 Severe halos



55. In the last 7 days, have you seen any **halos**?

- Yes, but **ONLY** when **NOT** wearing glasses or contact lenses
- Yes, but **ONLY** when wearing glasses or contact lenses
- Yes, when wearing **AND** when not wearing glasses or contact lenses
- No, not at all

56a. In the last 7 days, how often have you seen **halos** when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- Never
- Rarely
- Sometimes
- Often
- Always

56b. In the last 7 days, how often have you seen **halos** when you are NOT wearing any vision correction (glasses or contact lenses)?

- Never
- Rarely
- Sometimes
- Often
- Always
- I always use glasses or contact lenses

57a. In the last 7 days, how bothersome have the **halos** been when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- Extremely bothersome
- Very bothersome
- Somewhat bothersome
- A little bothersome
- Not at all bothersome

57b. In the last 7 days, how bothersome have the **halos** been when you are NOT wearing any vision correction (glasses or contact lenses)?

- Extremely bothersome

- Very bothersome
- Somewhat bothersome
- A little bothersome
- Not at all bothersome
- I always use glasses or contact lenses

58a. In the last 7 days, how much difficulty have you had doing your usual activities because you see halos when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- No difficulty at all
- Very little difficulty
- Moderate difficulty
- A lot of difficulty
- So much difficulty that I can no longer do some of my usual activities

58b. In the last 7 days, how much difficulty have you had doing your usual activities because you see halos when you are NOT wearing any vision correction (glasses or contact lenses)?

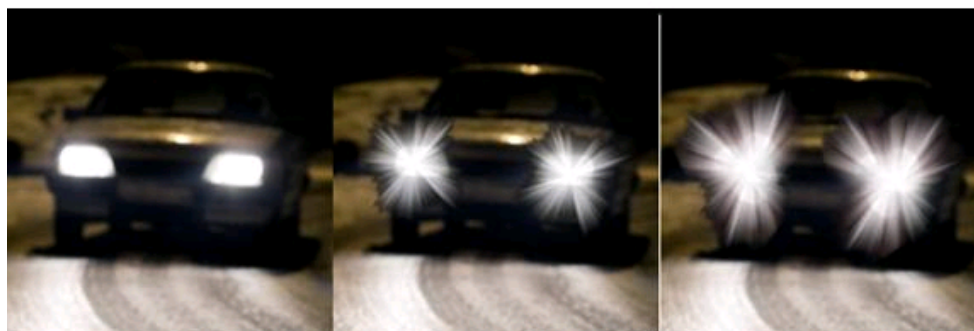
- No difficulty at all
- Very little difficulty
- Moderate difficulty
- A lot of difficulty
- So much difficulty that I can no longer do some of my usual activities
- I always use glasses or contact lenses

59. When you use your best vision correction (glasses or contact lenses) do the **halos** you see:

- I do not use glasses or contact lenses
- Go away completely
- Go away mostly
- Go away a little
- Not change
- Get a little worse
- Get a lot worse

INSTRUCTIONS: The next few questions are about starbursts. By starbursts, we mean *seeing rays of light coming out from lighted objects*, such as in the car headlights in the images below. These images may not represent exactly what you see and your symptoms may be more or less severe than what is shown.

No starbursts → Severe starbursts



60. In the last 7 days, have you seen any **starbursts**?

- Yes, but **ONLY** when **NOT** wearing glasses or contact lenses
- Yes, but **ONLY** when wearing glasses or contact lenses
- Yes, when wearing **AND** when not wearing glasses or contact lenses
- No, not at all

61a. In the last 7 days, how often have you seen **starbursts** when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- Never
- Rarely
- Sometimes
- Often
- Always

61b. In the last 7 days, how often have you seen **starbursts** when you are **NOT** wearing any vision correction (glasses or contact lenses)?

- Never
- Rarely
- Sometimes
- Often
- Always
- I always use glasses or contact lenses

62a. In the last 7 days, how bothersome have the **starbursts** been when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- Extremely bothersome
- Very bothersome
- Somewhat bothersome
- A little bothersome
- Not at all bothersome

62b. In the last 7 days, how bothersome have the **starbursts** been when you are NOT wearing any vision correction (glasses or contact lenses)?

- Extremely bothersome
- Very bothersome
- Somewhat bothersome
- A little bothersome
- Not at all bothersome
- I always use glasses or contact lenses

63a. In the last 7 days, how much difficulty have you had doing your usual activities because you see **starbursts** when you are wearing your best vision correction (glasses or contact lenses)?

- I do not use glasses or contact lenses
- No difficulty at all
- Very little difficulty
- Moderate difficulty
- A lot of difficulty
- So much difficulty that I can no longer do some of my usual activities

63b. In the last 7 days, how much difficulty have you had doing your usual activities because you see **starbursts** when you are NOT wearing any vision correction (glasses or contact lenses)?

- No difficulty at all
- Very little difficulty
- Moderate difficulty
- A lot of difficulty
- So much difficulty that I can no longer do some of my usual activities
- I always use glasses or contact lenses

64. When you use your best vision correction (glasses or contact lenses) do the **starbursts** you see:

- I do not use glasses or contact lenses
- Go away completely
- Go away mostly
- Go away a little
- Not change
- Get a little worse
- Get a lot worse

INSTRUCTIONS: During the last 7 days, how often have you experienced:

65. Eyes that are sensitive to light?

- None of the time
- Some of the time
- Half of the time
- Most of the time
- All of the time

66. Eyes that feel gritty?

- None of the time
- Some of the time
- Half of the time
- Most of the time
- All of the time

67. Painful or sore eyes?

- None of the time
- Some of the time
- Half of the time
- Most of the time
- All of the time

68. Blurred vision?

- None of the time
- Some of the time
- Half of the time
- Most of the time
- All of the time

69. Poor vision?

- None of the time
- Some of the time
- Half of the time
- Most of the time
- All of the time

INSTRUCTIONS: During the last 7 days, how often have your eyes felt uncomfortable in:

70. Windy conditions?

- None of the time
- Some of the time
- Half of the time
- Most of the time
- All of the time

71. Places or areas with low humidity (very dry)?

- None of the time
- Some of the time
- Half of the time
- Most of the time
- All of the time

72. Areas that are air conditioned?

- None of the time
- Some of the time
- Half of the time
- Most of the time
- All of the time

73. How do you get information about LASIK surgery?

(please select all that apply)

- Discussions with LASIK surgeon
- Discussions with any other eye care professional (e.g., ophthalmologist or optometrist)
- Discussions with another physician, not an ophthalmologist
- Eye care professional's office pamphlets
- Eye care professional's office videos
- Internet websites
- Newspaper or magazine articles
- Television / Radio
- Discussion with another patient
- Discussions with family or friends who have not had LASIK surgery
- Discussions with family or friends who had LASIK surgery
- Other

74. Have you ever been told by a LASIK surgeon or any other eye care professional that you should not have LASIK surgery performed?

- Yes
- No

75. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

76. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

77. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?

- Not at all
- Several days
- More than half the days
- Nearly every day

78. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

- Not at all
- Several days
- More than half the days
- Nearly every day

INSTRUCTIONS: Listed below is a statement about your relationships with others. How much is *this* statement TRUE or FALSE for you?

79. I am always courteous even to people who are disagreeable.

- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

80. No Matter whom I'm talking to, I'm always a good listener.

- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

INSTRUCTIONS: Please answer the following question about yourself. Try not to let your response to a previous question influence your response to this question. There are no right or wrong answers.

81. In uncertain times, I usually expect the best.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

82. It's easy for me to relax.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

83. If something can go wrong for me, it will.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

84. I'm always optimistic about my future.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

85. I enjoy my friends a lot.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

86. It's important for me to keep busy.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

87. I hardly ever expect things to go my way.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

88. I don't get upset too easily.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

89. I rarely count on good things happening to me.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

90. Overall, I expect more good things to happen to me than bad.

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I disagree a little
- I disagree a lot

INSTRUCTIONS: Please select the answer you feel best applies to you.

91. If I don't master a task right away, I keep trying until I get it right.

- Never
- Sometimes
- Often
- Constantly

92. I can adapt to new situations.

- Never
- Sometimes
- Often
- Constantly

93. I am happy and content.

- Never
- Sometimes
- Often
- Constantly

94. I am willing to take risks.

- Never
- Sometimes
- Often
- Constantly

95. I look forward to trying a new task.

- Never
- Sometimes
- Often
- Constantly

96. I feel self-assured and self-confident.

- Never
- Sometimes
- Often
- Constantly

97. I like to try new places, activities, and situations.

- Never
- Sometimes
- Often
- Constantly

98. I sleep well at night.

- Never
- Sometimes
- Often
- Constantly

99. I am sure I can accomplish the tasks before me.

- Never
- Sometimes
- Often
- Constantly

100. I can usually master a task even if I can't master it right away.

- Never
- Sometimes
- Often
- Constantly

101. About how many minutes do you think it took you to fill out this questionnaire?

If you completed this survey in multiple sessions, estimate the total time you spent on the survey. Your best estimate is fine.

_____ Minutes

102. How did you feel about the length of the questionnaire?

- Much too short
- A little bit too short
- About right
- A little bit too long
- Much too long

103. I had no problem using the computer today.

- Definitely true
- Mostly true
- Unsure
- Mostly false
- Definitely false

104. Imagine you had been asked the same questions you were just asked by an interviewer rather than completing them by computer. Compared to answering these questions by an interviewer, how was answering them using the computer today?

- A lot easier using the computer
- A little easier using the computer
- About the same
- A little harder using the computer
- A lot harder using the computer

105. Is there anything you'd like to add regarding the quality, length, or administration of this questionnaire? Are there any questions you felt were difficult to understand or answer?

106. What is the highest level of education you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

107. Which category best describes your household income?

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 or more

108. Are you Hispanic, Latino, or of Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic Latino or Spanish origin

109. What is your race? Please select all that apply.

- White
- Black or African American
- American Indian or Alaskan Native
- Asian Indian
- Asian
- Samoan or Native Hawaiian
- Other Pacific Islander
- Other

If "Other," specify: