

Substance Use HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the
Sex at Birth	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is 'walking, biking, active yoga, dancing, recreational swimming'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is 'running, hiking uphill, singles tennis, swimming laps'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: counselor	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Physician Name	Optional additional question
During the past 2 weeks, how often have you been bothered by smoking any cigarettes, a cigar, or pipe, vaping, or using snuff or chewing tobacco?	Not at all Less than a day or 2 Several days More than half the days Nearly every day	Required and not customizable
During the past 2 weeks, how often have you been bothered by drinking at least 4 drinks of any kind of alcohol in a single day?	Not at all Less than a day or 2 Several days More than half the days Nearly every day	Required and not customizable
During the past 2 weeks, how often have you been bothered by using painkillers, stimulants, sedatives or tranquilizer drugs without a doctor's prescription, in greater amounts than prescribed, or for longer than prescribed?	Not at all Less than a day or 2 Several days More than half the days Nearly every day	Required and not customizable
During the past 2 weeks, how often have you been bothered by using any of the following recreational/street drugs: Marijuana, cocaine or crack, club drugs, hallucinogens, heroin, inhalants or solvents, methamphetamine?	Not at all Less than a day or 2 Several days More than half the days Nearly every day	Required and not customizable
Has anyone ever been concerned about your use of drugs or alcohol?	No, never Yes, but not in the past 3 months Yes, in the past 3 months	Required and not customizable
Have you ever tried and failed to control how much or how often you use tobacco, alcohol, or drugs?	No, never Yes, but not in the past 3 months Yes, in the past 3 months	Required and not customizable
Have you been diagnosed with any of the following mental health conditions? (check all that apply)	Anxiety Depression Other mental health condition None of these	Required and not customizable
Have you ever been admitted to a treatment center for your use of drugs or alcohol?	(Not answered) Yes No	Required and not customizable