Section I – Health and Health Insurance

Base: All respondents

Q1 [S]

In general, how would you rate your physical health?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Base: All respondents

Q2 [S]

In general, how would you rate your mental health?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Base: All respondents

Q2A [S]

In general, how would you rate the health of your teeth and gums?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Base: All respondents

Q3 [S]

Throughout the survey, the term "doctor" refers to a health care provider (physician, specialist, physician assistant or nurse practitioner).

In the last year, how many different doctors have you seen?

1. 0
2. 1

3.   2
4.   3
5.   4 or more

Base: All respondents

Q4 [M]

What type(s) of health insurance do you currently have?

1.   Medicare
2.   Medicare Advantage or supplemental plan
3.   Retiree health plan
4.   Insurance provided through own or someone else's employer
5.   Individual private insurance
6.   Medicaid
7.   VA/CHAMPVA
8.   Military health care (TRICARE)
9.   OTHER **[INSERT TEXT BOX] [Note: text data is not included in final dataset]**
10. NONE – have no health insurance of any kind **[SP]**

Base: All respondents

Q5 [S]

Do you currently have dental insurance that pays for some or all of your dental care?

1.   Yes
2.   No
3.   Don't know

Base: If Q5 = 1

Q6 [S]

How are you getting your dental insurance?

1.   Offered through employer
2.   Purchased on my own
3.   Through Medicaid
4.   Retiree health plan
5.   Other **[INSERT TEXT BOX]**

Base: All respondents

Q7 [S]

What is your employment status?

1.   Working full-time

2. Working part-time
3. Retired
4. Not working at this time

Base: All respondents
Prompt once

Q8 [Q]
How many other adults (age 18 and older) live in your household <u>NOT including yourself?</u>

[INSERT NUMBER BOX] adult(s)

Base: If Q8>0
Script: Prompt once if any cell is skipped, insert number of rows provided in Q8

Q9 [GRID, S PER ROW; drop down for 9b and 9c]
Please provide information on <u>other adults</u> in your household.

9a. Adult	**9b**. Age	**9c**. Relationship to you
1.	❑ 18-29 ❑ 30-49 ❑ 50-64 ❑ 65-79 ❑ 80 or older	❑ Spouse/Partner ❑ Adult child ❑ Parent/In-law ❑ Other relative ❑ Other adult
2	❑ 18-29 ❑ 30-49 ❑ 50-64 ❑ 65-79 ❑ 80 or older	❑ Spouse/Partner ❑ Adult child ❑ Parent/In-law ❑ Other relative ❑ Other adult

Base: All respondents
Prompt once

Q10 [Q]
How many children (0-17 years) live in your household?

[INSERT NUMBER BOX] child(ren)

Base: If Q10>0
Script: Insert number of rows provided in Q10

Q11 [GRID, S PER ROW; drop down for 11b and 11c]
Please provide information on <u>each child age 0-17</u> in your household.

11a. Child	**11b.** Age	**11c.** Your relationship to child

1.	❑ 0-5 ❑ 6-12 ❑ 13-17	❑ Parent/Stepparent ❑ Foster parent ❑ Grandparent ❑ Other
2	❑ 0-5 ❑ 6-12 ❑ 13-17	❑ Parent/Stepparent ❑ Foster parent ❑ Grandparent ❑ Other

Base: If Q11c=3 OR 4
Script: Loop for each response of Grandparent or Other

Q12 [S]

Are you acting as parent/legal guardian for this child age **[0-5, 6-12 or 13-17]?**

1. Yes
2. No

Section II – Sleep
Age 65-80

Base: PPAGE between 65 and 80 years

[Display]

The next questions are about sleep.

Base: PPAGE between 65 and 80 years
Script: Show Q13a and Q13b on same screen

Q13A_B [S]

In a typical week, how many nights do you:

A. Have trouble falling asleep?

1. 0 nights
2. 1-2 nights
3. 3-5 nights
4. 6-7 nights

B. Wake up and can't easily fall back asleep?

1. 0 nights
2. 1-2 nights
3. 3-5 nights
4. 6-7 nights

Base: Q13A OR Q13B=2, 3 OR 4

Q14 [M]

Why do you have trouble sleeping?

1. Worries/stress
2. Side effect of medication
3. Pain
4. Have to use the bathroom
5. Disturbances (noise, pets, lights, snoring)
6. Napping too long during the day
7. Too much caffeine
8. Not sure of reason
9. Other **[INSERT TEXT BOX]**

Base: PPAGE between 65 and 80 years

Q15 [S]

Overall, how much is your sleep a problem for you?

1. A great deal
2. Some
3. Little or not at all

Base: PPAGE between 65 and 80 years

Q16 [S]

Have you talked with your doctor about ways to improve your sleep?

1. Yes
2. No

Base: Q16 = 1

Q17 [S]

Did the doctor give you advice?

1. Yes, and it helped
2. Yes, but it didn't help
3. No, did not get advice

Base: Q16 = 2 AND Q15= 1 OR 2

Q18 [M]

Why haven't you discussed sleep problems with your doctor?

1. Didn't remember to ask

2. Didn't want to bother doctor
3. Had other things to discuss
4. Didn't think doctor could help
5. Don't think of sleep as a health issue
6. Other **[INSERT TEXT BOX]**

Base: PPAGE between 65 and 80 years
Script: Show Q19A to Q19D on 2 screens; do not put them in grid
Q19A_D [S]
How often do you use the following to fall asleep or get back to sleep?

Q19a. Prescription sleep medicine (like Ambien or Restoril)
1. Use regularly
2. Use occasionally
3. Do not use

Q19b. Over-the-counter medicine (like Tylenol PM or Benadryl)
1. Use regularly
2. Use occasionally
3. Do not use

Q19c. Prescription pain medicine (like Vicodin or OxyContin)
1. Use regularly
2. Use occasionally
3. Do not use

Q19d. Herbal/natural sleep aids (like melatonin or valerian root)
1. Use regularly
2. Use occasionally
3. Do not use

Base: Q19a = 1 OR 2
Q20 [S]
How long have you used prescription sleep medicine?

1. Less than 3 months
2. 3-11 months
3. 1-3 years
4. Over 3 years

Base: PPAGE between 65 and 80 years
Q21 [S]

Please rate the following statement: Poor sleep is a normal part of aging.

1. Definitely true
2. Probably true
3. Probably false
4. Definitely false

Section III –Section questions (22-32) removed post survey administration

Section IV – Dental
Age 50-64 and Q2a = 1-5

Base: PPAGE between 50 and 64 years and Q2a = 1-5
[DISPLAY]
The next questions are about dental care.

Base: PPAGE between 50 and 64 years and Q2a = 1-5
Q33 [S]
Which statement best describes how often you go to the dentist?

1. Regularly for cleanings and problem care when needed
2. Occasionally for cleanings and problem care when needed
3. <u>Only</u> for a serious dental problem
4. Never

Base: PPAGE between 50 and 64 years and Q2a = 1-5
Q34 [S]
When is the last time you had a dental visit for <u>preventive care</u> (like teeth cleaning)?

1. Within the last year
2. 1-2 years ago
3. 3-10 years ago
4. More than 10 years ago

Base: PPAGE between 50 and 64 years and Q2a = 1-5
Q35 [S]
When is the last time you had a dental visit for a <u>dental problem</u> (like a toothache or cavity)?

1. Within the last year
2. 1-2 years ago
3. 3-10 years ago
4. More than 10 years ago

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Base: Q33 = 1, 2, OR 3

Q36 [S]

Do you have a regular dentist or dental office?

1. Yes
2. No

Base: Q36 = 1

Q37 [S]

What type of office is this?

1. Private dental office
2. Dental chain store (like Aspen, Comfort, Smiles, Gentle)
3. Health department or health clinic
4. Free dental clinic
5. Other **[INSERT TEXT BOX]**

Base: PPAGE between 50 and 64 years and Q2a = 1-5
Script: Put Q38, Q39, and Q40 on 2 screens; do not put them in grid

Q38 [S]

How true are the following statements?

Regular dental care at my age is important to prevent dental problems when I am older.

1. Definitely true
2. Somewhat true
3. Not true

Q39 [S]

It is just as easy for me to get dental care as medical care.

1. Definitely true
2. Somewhat true
3. Not true

Q40 [S]

I am embarrassed about the condition of my teeth.

1. Definitely true
2. Somewhat true
3. Not true

Base: PPAGE between 50 and 64 years and Q2a = 1-5

Q41 [GRID, S PER ROW]

In the last 2 years, have dental problems caused any of the following?

Statement per row:
1. Pain
2. Problems with eating/chewing
3. Sleep problems
4. Missed work
5. Other health problems

Statement per column:
1. Yes
2. No

Base: PPAGE between 50 and 64 years and Q2a = 1-5
Place 2 questions on the same screen

Q42 [s]

In the last 2 years, has there been a time when you needed dental care but...

A. delayed dental care
    1. No
    2. Yes

B. did not get dental care
    1. Yes
    2. No

Base: Q42a = 1 OR Q42b = 1

Q43 [GRID, S PER ROW]

How much did the following cause you to **[Q42a =1 and Q42b ne 1:** delay**/if Q42b =1 and Q42a ne 1:**not get**/if Q42a=1 AND Q42b =1:**delay or not get]** the dental care you needed?

Problem with…	Major factor	Minor factor	Not a factor
a. Finding a dentist			
b. Getting an appointment			
c. Dental insurance			
d. Cost			
e. Being afraid of the dentist			
f. Finding time to go			

Base: Q43C=1 OR 2 (Major factor or Minor factor)

Q44 [M]

What problems did you have with your dental insurance coverage?

1. Plan didn't cover the services I needed
2. Couldn't find a dentist that accepted my plan
3. Had to wait for coverage to begin
4. No dental coverage

Base: PPAGE between 50 and 64 years and Q2a = 1-5

Q45 [M]

When you turn 65, how will you get dental insurance?

1. Through basic Medicare
2. Through Medicare Advantage/Medigap
3. Through retiree health benefits
4. Through Medicaid
5. Purchase separate dental plan
6. Other **[INSERT TEXT BOX]**
7. Won't have dental insurance**[s]**
8. Don't know**[s]**

Section V – Prescription Meds
Age 50-80

Base: All respondents

[DISPLAY]

The next questions are about prescription medications.

Base: All respondents

Q46 [S]

How many different prescription medications are you currently taking?
1. 0 **[SKIP TO NEXT SECTION IF SELECTED]**
2. 1
3. 2-3
4. 4-5
5. 6 or more

Base: Q46 = 2, 3, 4, OR 5

Q47 [S]

In the last 2 years, did you fill all your prescriptions at the same pharmacy?
1. Yes

2. No

Base: Q47 = 1

Q48 [S]

At what type of pharmacy did you fill your prescriptions?
1. Retail pharmacy (drugstore or pharmacy within a store)
2. Hospital/clinic pharmacy
3. Mail order or Internet pharmacy

Base: Q48 = 1

Q49A [M]

Why did you use this retail pharmacy?

1. Convenience
2. Best price
3. Pharmacist there to answer questions
4. Services like home delivery, drive through
5. Takes my insurance
6. Prescriptions automatically sent there by doctor's office
7. Other **[INSERT TEXT BOX]**

Base: Q48 = 2

Q49B [M]

Why did you use a hospital/clinic pharmacy?

1. Convenience
2. Best price
3. Pharmacist there to answer questions
4. Needed uncommon medication
5. Doctor suggested
6. Prescriptions automatically sent there by doctor's office
7. Other **[INSERT TEXT BOX]**

Base: Q48 = 3

Q49C [M]

Why did you use a mail order/Internet pharmacy?

1. Convenience
2. Best price
3. Required by insurance
4. Long-term prescriptions/don't need to talk with a pharmacist
5. Prescriptions automatically sent there by doctor's office

6. Other **[INSERT TEXT BOX]**

Q50 [GRID, S PER ROW]
At what type of pharmacies did you fill your prescriptions?
Statement per row:
a. Retail pharmacy (drugstore or pharmacy within a store)
b. Hospital/clinic pharmacy
c. Mail order or Internet pharmacy

Statement per column:

1. Yes
2. No

Q51 [S]
In the past 2 years, at how many different retail pharmacies have you filled prescriptions?

1. 1
2. 2
3. 3 or more

Q52 [M]
Why did you use this retail pharmacy?
1. Convenience
2. Best price
3. Pharmacist there to answer questions
4. Services like home delivery, drive through
5. Takes my insurance
6. Prescriptions automatically sent there by doctor's office
7. Other **[INSERT TEXT BOX]**

Q53 [S]
You indicated you have filled prescriptions at 2 or more a retail pharmacies.

Which statement best describes how you fill prescriptions now?

1. Transferred all my prescriptions to one pharmacy

2. Go to different locations of the same pharmacy chain
3. Fill different prescriptions at each of the pharmacies
4. Mainly fill prescriptions at one pharmacy

Base: Q53 = 1

Q54A [M]

Why did you transfer your prescriptions?

1. More convenient location
2. Better price
3. Special offer/rewards program
4. Free/discounted medications
5. Previous pharmacy closed or stopped taking my insurance
6. Poor service at previous pharmacy
7. Other **[INSERT TEXT BOX]**

Base: Q53 = 2, 3, OR 4

Q54B [M]

Why did you fill your prescriptions at more than one pharmacy?

1. More convenient location
2. Better price
3. Special offer/rewards program
4. Free/discounted medications
5. Medication not available at one of the pharmacies
6. Other**[INSERT TEXT BOX]**

Base: Q50a = 1 AND Q50b = 2 AND Q50c = 1

[Display]

You indicated you have filled prescriptions at a retail pharmacy, and through a mail/internet pharmacy.

Base: Q50a = 1 AND Q50b = 1 AND Q50c = 2

[Display]

You indicated you have filled prescriptions at a retail pharmacy, and at a hospital pharmacy.

Base: Q50a = 1 AND Q50b = 1 AND Q50c = 1

[Display]

You indicated you have filled prescriptions at a retail pharmacy, at a hospital pharmacy and through a mail/internet pharmacy.

Base: Q50a = 2 AND Q50b = 1 AND Q50c = 1

[Display]

You indicated you have filled prescriptions at a hospital pharmacy, and through a mail/internet pharmacy.

Base: Q50a = 1 AND (Q50b = 1 OR Q50c = 1)

Q55 [M]

Why did you fill some of your prescriptions at a retail pharmacy instead of a **[if Q50b =1 and Q50c ne 1:**hospital/clinic pharmacy**/if Q50c=1 and Q50b ne 1:** mail order/Internet pharmacy**/if Q50b=1 AND Q50c = 1:** hospital/clinic pharmacy or mail order/Internet pharmacy**]**?

1. Convenience
2. Best price
3. Pharmacist there to answer questions
4. Services like home delivery, drive through
5. Takes my insurance
6. Prescriptions automatically sent there by doctor's office
7. Needed medication right away
8. Other **[INSERT TEXT BOX]**

Base: Q50b = 1 AND (Q50a = 1 OR Q50c = 1)

Q57 [M]

Why did you fill some prescriptions at the hospital/clinic pharmacy instead of a **[if Q50a=1 and Q50c ne 1:** retail pharmacy**/if Q50c =1 and Q50a ne 1:** mail order/Internet pharmacy**/if Q50a=1 AND Q50c =1:** retail pharmacy or mail order/Internet pharmacy**]**?

1. Convenience
2. Best price
3. Pharmacist there to answer questions
4. Needed uncommon medication
5. Doctor suggested
6. Prescriptions automatically sent there by doctor's office
7. Other **[INSERT TEXT BOX]**

Base: Q50c = 1 AND (Q50a = 1 OR Q50b = 1)

Q59 [M]

Why did you fill some of your prescriptions through a mail/Internet pharmacy instead of a **[if Q50a=1 and Q50b ne 1:** retail pharmacy**/if Q50b =1 and Q50a ne 1:** hospital/clinic pharmacy**/ if Q50a=1 AND Q50c =1:** retail pharmacy or hospital/clinic pharmacy**]**?

1. Convenience
2. Best price
3. Required by insurance
4. Prescriptions not complex/don't need pharmacist input

5. Prescriptions automatically sent there by doctor's office
6. Other **[INSERT TEXT BOX]**

Q60 [S]
Please compare retail pharmacies and mail order/Internet pharmacies in terms of:

a **[S]**. price

1. Retail is better
2. Mail is better
3. About the same

b **[S]**. quality of medication

1. Retail is better
2. Mail is better
3. About the same

c **[S]**. helping you know how to take your medication

1. Retail is better
2. Mail is better
3. About the same

Q61 [S]
Is the cost of your prescription medications a burden for you?

1. Major burden
2. Somewhat of a burden
3. Not a burden

Q62 [S]
In the last 2 years, have you and your doctor talked about medication costs?

1. Yes
2. No

Base: Q46 = 2, 3, 4, OR 5

Q63 [S]

Do you think your doctor is aware of how much you spend on medications?

1. Yes
2. No

Base: Q46 = 2, 3, 4, OR 5

Q64 [S]

In the last 2 years, has a doctor ever recommended a less expensive prescription medicine?

1. Yes
2. No
3. Don't know

Base: Q46 = 2, 3, 4, OR 5

Q65 [S]

In the last 2 years, has a pharmacist ever recommended a less expensive prescription medicine?

1. Yes
2. No
3. Don't know

Base: Q46 = 2, 3, 4, OR 5

[DISPLAY]

The next questions are about drug interactions.

A drug interaction occurs when medications taken at the same time interfere with each other, affecting how well they work. This can happen with prescription, over-the-counter, and herbal medications.

Base: Q46 = 2, 3, 4, OR 5

Q66 [S]

When you fill a prescription, do you think the pharmacist knows about all of your medications and how they interact.

1. Definitely Yes
2. Probably Yes
3. No
4. Don't know

Base: Q46 = 2, 3, 4, OR 5

Q67 [S]

In your opinion, who is responsible for talking to you about possible drug interactions?

1. the doctor
2. the pharmacist
3. both equally responsible

Base: Q46 = 2, 3, 4, OR 5

Q68 [S]
In the past 2 years, have you talked with anyone about drug interactions?
1. Yes
2. No
3. Don't know

Base: Q68 = 1

Q69 [M]
Who did you talk with?

1. Doctor
2. Nurse
3. Pharmacist
4. Other person

Base: Q46 = 2, 3, 4, OR 5

Q70 [S]
How confident are you that you know how to avoid drug interactions?

1. Very confident
2. Mostly confident
3. Somewhat confident
4. Not confident

Section VI – Caregiving
Age 50-80

Base: All respondents

[DISPLAY]
These last questions are about caregiving.

Base: All respondents

Q71 [S]
Do you currently help to take care of an older adult (age 65 or older) who has memory problems such as dementia, Alzheimer's or another cognitive impairment?

1. Yes, 1 person
2. Yes, more than 1 person
3. No **[SKIP TO END OF SURVEY IF SELECTED]**

Base: Q71 = 2
[DISPLAY]
Think about person you spend the most time caring for.

Base: Q71 = 1 OR 2
Q72 [S]
What is this person's relationship to you?

1. Spouse
2. Parent/in-law
3. Other relative
4. Friend/neighbor
5. Other **[INSERT TEXT]**

Base: Q71 = 1 OR 2
Q74 [S]
Does **[IF Q72=1: your spouse/IF Q72=2: your parent/in-law/IF Q72=3: your relative/if Q72=4 or 5 or refused: this person]** live with you?

1. Yes
2. No

Base: Q74 = 1
Q75 [S]
Does **[IF Q72=1: your spouse/IF Q72=2: your parent/in-law/IF Q72=3: your relative/if Q72=4 or 5: this person]** live alone?

1. Yes
2. No

Base: Q71 = 1 OR 2
Q73 [S]
Where does **[IF Q72=1: your spouse/IF Q72=2: your parent/in-law/IF Q72=3: your relative/if Q72=4 or 5 or refused: this person]** live?

1. Home/apartment
2. Senior living community

3. Assisted living/nursing home/group home
4. Other **[INSERT TEXT BOX]**

Base: Q71 = 1 OR 2

Q76 [S]

How would you describe **[IF Q72=1: your spouse/IF Q72=2: your parent/in-law/IF Q72=3: your relative/if Q72=4 or 5 or refused: this person]**'s memory loss?

1. Mild
2. Moderate
3. Severe

Base: Q71 = 1 OR 2

Q77 [S]

How long can **[IF Q72=1: your spouse/IF Q72=2: your parent/in-law/IF Q72=3: your relative/if Q72=4 or 5 or refused: this person]** be safely left alone?

1. Less than 10 minutes
2. Less than one hour
3. 1-3 hours
4. Most of the day
5. A day or more

Base: Q71 = 1 OR 2

Q78 [GRID, S PER ROW]

In addition to memory problems, does **[IF Q72=1: your spouse/IF Q72=2: your parent/in-law/IF Q72=3: your relative/if Q72=4 or 5 or refused: this person]** also need assistance with:

Statement per row:

1. Another health condition(s)
2. Disability/injury
3. Mental health problem(s)

Statement per column:

1. Yes
2. No

Base: Q71 = 1 OR 2

Q79 [GRID, S PER ROW]

What types of care do you provide for **[IF Q72=1:** your spouse**/IF Q72=2:** your parent/in-law**/IF Q72=3:** your relative**/if Q72=4 or 5 or refused:** this person**]?**

1. Monitor safety (to prevent accidents or wandering)
2. Personal care (such as bathing, dressing, toileting)
3. Medical assistance (such as giving medications, going to appointments, checking blood sugar)
4. Household help (such as meals, shopping, laundry, transportation, finances, home maintenance)

Statement per column:

1. Yes
2. No

Base: Q71 = 1 OR 2
Q80 [M]
Who else helps care for **[IF Q72=1:** your spouse**/IF Q72=2:** your parent/in-law**/IF Q72=3:** your relative**/if Q72=4 or 5 or refused:** this person**]?**

1. Family members
2. Friends/Neighbors
3. Paid caregivers
4. Community agencies

Base: Q71 = 1 OR 2
Q81 [S]
Do you think **[IF Q72=1:** your spouse**/IF Q72=2:** your parent/in-law**/IF Q72=3:** your relative**/if Q72=4 or 5 or refused:** this person**]** has enough help?

1. Yes
2. No

Base: Q81 = 2
Q82 [S]
Have you tried to hire additional help?

1. Yes
2. No

Base: Q82 = 1
Q83 [M]
What challenges have you had with trying to hire help?

1. Costs too much
2. Lack of qualified people to hire
3. Wouldn't want someone in home
4. Help is unreliable
5. None
6. Other **[INSERT TEXT BOX]**

Base: Q71 = 1 OR 2

Q84 [S]

How long have you been providing care for **[IF Q72=1:** your spouse**/IF Q72=2:** your parent/in-law**/IF Q72=3:** your relative**/if Q72=4 or 5 or refused:** this person**]**?

1. Less than 1 year
2. 1 to 2 years
3. 3 to 5 years
4. 5 to 10 years
5. More than 10 years

Base: Q71 = 1 OR 2

Q85 [S]

How often do you care for **[IF Q72=1:** your spouse**/IF Q72=2:** your parent/in-law**/IF Q72=3:** your relative**/if Q72=4 or 5 or refused:** this person**]**?

1. Daily
2. Several times a week
3. About once a week
4. 1-2 times a month or less

Base: Q85 = 1-4

Q86 [Q]

How many hours of care do you provide for **[IF Q72=1:** your spouse**/IF Q72=2:** your parent/in-law**/IF Q72=3:** your relative**/if Q72=4 or 5 or refused:** this person**]**?

[INSERT NUMBER BOX, IF Q85=1, RANGE=0-24, IF Q85=2-4, range 0-72] hours per **[IF Q85=1:**day**/if Q85=2 OR 3:** week**/IF Q85=4:** month**]**

Base: Q71 = 1 OR 2

Q87 [GRID, S PER ROW]

How much do your caregiving responsibilities interfere with your ability to:

Statement per row:

1. Take good care of yourself (get enough sleep, exercise, etc.)
2. Go to the doctor when you have a health concern or problem

3. Spend time with family and friends
4. Take care of your everyday responsibilities (shopping, household duties, etc.)
5. Stay on top of work responsibilities
6. Other [write-in]

Statement per column:
1. A great deal
2. Somewhat
3. Not at all

Base: Q71 = 1 OR 2

Q88 [S]

How stressful is caring for **[IF Q72=1: your spouse/IF Q72=2: your parent/in-law/IF Q72=3: your relative/if Q72=4 or 5 or refused: this person]** for you?

1. Very stressful
2. Somewhat stressful
3. Not stressful

Base: Q71 = 1 OR 2

Q89 [S]

How rewarding is caring for **[IF Q72=1: your spouse/IF Q72=2: your parent/in-law/IF Q72=3: your relative/if Q72=4 or 5 or refused: this person]** for you?

1. Very rewarding
2. Somewhat rewarding
3. Not rewarding

Base: Q71 = 1 OR 2

Q90 [GRID, S PER ROW]

In the past year, have you used, or would like to use, any of the following to help you in your role as a caregiver?

Statement per row:
1. Support groups
2. Family mediation or family therapy
3. Self-help resources
4. Classes, training or conferences
5. Respite care
6. Family leave
7. Other [write-in]

Statement per column:
1. Have used
2. Would like to use
3. Not interested

Base: Q71 = 1 OR 2

Q91 [S]

Please choose your level of agreement with the following statements.

I put off or don't do things I should do for my health (such as get a check-up, test or elective procedure) because of my caregiving responsibilities.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Base: Q71 = 1 OR 2

Q92 [S]

My physical and mental health are good enough to provide care to **[IF Q72=1:** my spouse**/IF Q72=2:** my parent/in-law**/IF Q72=3:** my relative**/if Q72=4 or 5 or refused:** this person**].**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Base: Q71 = 1 OR 2

Q93 [S]

Being a caregiver has made me think about MY OWN potential needs for caregiving in the future.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree