



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]

Are you a grandparent of a child age 0-17?

1. Yes
2. No

Base: All respondents

Q3 [S]

A “health care provider” can be a physician, specialist, physician assistant or nurse practitioner.

In the last year, how many different health care providers have you seen?

1. 0
2. 1
3. 2
4. 3
5. 4 or more

Section II – Patient Portals

Base: All respondents

DISPLAY1 [DISPLAY]

The next questions are on patient portals.

A patient portal is a personal, password-protected internet connection to a health care practice. A patient portal allows you to log in and exchange information with your health care practice.



Base: All respondents

Q7 [S]

Have you set up a patient portal?

1. Yes
2. No

Base: If Q7=1

Q8 [GRID, SP]

Have you used your patient portal for any of the following?

Statements in row:

1. Schedule an appointment
2. Update contact or insurance information
3. Request reminders about upcoming appointments
4. Get advice about a health problem
5. Request a prescription refill
6. See test results
7. Request a referral

Responses in column:

1. Yes
2. No

Base: if any of Q8_1 to Q8_7 =1 (yes)

Q9 [GRID, SP]

How does using patient portal compare to contacting the office by phone, in terms of:

Statements in row:

- a. your ability to explain your request to the provider's office?
- b. the amount of time it takes to get a response?
- c. your ability to understand the information you get?

Responses in column:

1. Portal is better
2. Phone is better
3. Portal and phone are about the same



Base: If Q7=1

Q10 [MP]

Have you authorized anyone else to see information on your patient portal, besides yourself?

1. My spouse/partner
2. An adult child who assists with my medical care
3. Other family member who helps with my medical care
4. Other person
5. Nobody else [SP]

Base: if Q10_5=1 (Nobody else)

Q11 [S]

Why is nobody else authorized to see information on your portal?

1. Don't know how to set that up
2. Prefer to keep my medical information private
3. Don't have anyone who helps me with my medical care

Base: if Q7=2 (No)

Q12 [GRID, SP]

What are the main reasons you have NOT set up a patient portal?

Statements in row:

1. Not an option at my provider
2. Not comfortable with technology
3. Don't like doing health communication by computer
4. No need for patient portal – rarely go to the doctor
5. Didn't know I needed to set something up
6. Haven't gotten around to it
7. Other [TEXT BOX]

Responses in column:

1. Yes
2. No



Base: if Q7=2 (No)

Q13 [GRID, SP]

What is your level of concern about using a patient portal?

Statements in row:

1. I would not know which member of the office staff is answering my question.
2. It may take too long to get a response to my questions or requests.
3. There's a greater chance of errors with a portal, compared to talking with someone on the phone or in person.
4. Some of my doctors are not included in the patient portal.

Responses in column:

1. Very concerned
2. Somewhat concerned
3. Not concerned

Base: All respondents

Q14 [S]

How do you usually communicate with your health care provider's office to get advice about a health problem?

1. Phone
2. Email
3. Patient portal
4. Other [TEXT BOX]
5. N/A – rarely communicate with the health care provider

Base: if Q14=1, 2 or 3

Q15 [GRID, SP]

When contacting the office by [If only Q14=1, please insert: phone; if only Q14=2, please insert: email; if only Q14=3, please insert: patient portal], are you satisfied with:

Statements in row:

- a. your ability to explain your problem to the provider's office?
- b. the time it takes to get a response?
- c. your ability to understand the information you get?

Responses in column:

1. Very satisfied
2. Somewhat satisfied
3. Not satisfied



Section III – Vision

Base: All respondents

DISPLAY2 [DISPLAY]

The next questions are on vision.

Base: All respondents

Q16 [GRID, SP]

Do you ever wear glasses or contacts?

Statements in row:

1. Glasses
2. Contact lenses

Responses in column:

1. Yes
2. No

Base: All respondents

Q17 [S]

How good is your vision [if Q16_1=1 and Q16_2=2 or refused, please insert: with glasses; if only Q16_2=1 and Q16_1=2 or refused, please insert: with contact lenses; if Q16_1=1 and Q16_2=1, insert: with glasses or contact lenses; if Q16_1=refused and Q16_2=refused, omit text] - for seeing things far away, like recognizing someone across the street?

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



Base: All respondents

Q18 [S]

How good is your vision [if Q16_1=1 and Q16_2=2 or refused, please insert: with glasses; if only Q16_2=1 and Q16_1=2 or refused, please insert: with contact lenses; if Q16_1=1 and Q16_2=1, insert: with glasses or contact lenses; if Q16_1=refused and Q16_2=refused, omit text] - for seeing things up close, like reading a newspaper or book?

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

Base: All respondents

Q19 [S]

Have you ever been diagnosed with cataracts, glaucoma, macular degeneration or diabetic eye disease?

1. Yes
2. No
3. Not sure

Base: All respondents

Q20 [S]

How often should someone like you get an eye exam with an eye doctor (ophthalmologist or optometrist)?

1. Every year
2. Every 2 years
3. Every 3-5 years
4. When there is a problem

Base: All respondents

Q21 [S]

When was the last time you had an eye exam with an eye doctor (ophthalmologist or optometrist)?

1. Within the past year
2. 1-2 years ago
3. 3-5 years ago
4. Over 5 years ago
5. Not sure



Base: if Q21=3 or 4

Q22 [M]

Why haven't you had an eye exam in several years?

1. Haven't had any problems with my eyes or vision
2. Just didn't get around to it
3. Cost
4. Not covered by my insurance
5. Hard to get to the eye doctor
6. Easier to buy reading glasses from the drugstore or other location
7. Other [TEXT BOX]

Base: if Q21=1 or 2

Q23 [S]

What is the main reason you had a recent eye exam?

1. Having a problem with my eyes or vision
2. Check my prescription
3. My primary care doctor referred me
4. I wanted to make sure my vision was okay
5. My spouse, family member or friend suggested it
6. Needed an eye exam to renew my driver's license
7. Other [Text box]

Base: All respondents

Q24 [S]

At your regular check-ups, does your primary health care provider ask you about your vision?

1. Yes
2. No
3. NA - don't get regular check-ups

Base: All respondents

Q25 [S]

At your regular check-ups, does your primary health care provider test your eyes (e.g. have you read a chart on the wall)?

1. Yes
2. No
3. NA - don't get regular check-ups



Section IV – Opioids

Base: All respondents

DISPLAY3 [DISPLAY]

The next questions are about opioid pain medications, such as Vicodin, OxyContin, and Percocet. These are medications that require a prescription (they do not include medications like Tylenol, Aleve or Motrin).

Base: All respondents

Q26 [S]

Have you filled a prescription for pain medication for yourself?

1. Yes, within the last year
2. Yes, 1-2 years ago
3. Yes, 3 or more years ago
4. No

Base: if Q26=1 or 2

Q27 [M]

What was the cause of the pain?

1. Injury/accident
2. Arthritis/back pain
3. Dental problems
4. Surgery
5. Chronic pain (such as fibromyalgia/nerve pain)
6. Nerve related pain
7. Headaches
8. Cancer-related
9. Illness-related (other than cancer)
10. Other [Text box]



Base: if Q26=1 or 2

Q28 [GRID, SP]

Did the health care provider prescribing the pain medication talk with you about:

Statements in row:

1. How often to take the pain medication
2. Side effects
3. When to reduce the amount of pain medication
4. Risk of addiction
5. Risk of overdose
6. What to do with leftover pills

Responses in column:

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

Base: if Q26=1 or 2

Q29 [GRID, SP]

Did the pharmacist talk with you about:

Statements in row:

1. How often to take the pain medication
2. Side effects
3. When to reduce the amount of pain medication
4. Risk of addiction
5. Risk of overdose
6. What to do with leftover pills

Responses in column:

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



Base: if Q26=1 or 2

Q30 [GRID, SP]

Which of the following are true with your most recent pain medication prescription?

Statements in row:

1. I took pain medication other than how it was prescribed (more frequently and/or higher dose)
2. I tried to take pain medication less often, or in a lower amount than prescribed
3. A family member helped make sure I didn't take too much pain medication
4. I switched to a non-opioid pain medication as soon as possible

Responses in column:

1. True
2. False

Base: if Q26=1 or 2

Q31 [S]

Did you have any leftover prescription pain medication?

1. Yes
2. No

Base: if Q31=1 (Yes)

Q32 [GRID, SP]

What did you do with the leftover your pain medication?

Statements in row:

1. Saved for when I have pain again
2. Threw in the trash
3. Flushed down the toilet
4. Returned to the pharmacy/health care provider's office
5. Returned to law enforcement/community "takeback" event
6. Kept at home – didn't do anything
7. Other [Text box]
8. Don't remember

Responses in column:

1. Yes
2. No



Base: Q26=3 or 4 OR If Q31=2

Q33 [S]

What would you do with leftover prescription pain medication?

Statements in row:

1. Save it for when I have pain again
2. Throw in the trash
3. Flush it down the toilet
4. Return to the pharmacy/health care provider's office
5. Return to law enforcement/community "takeback" event
6. Keep it at home – wouldn't do anything
7. Other [Text box]

Responses in column:

1. Yes
2. No

Base: All respondents

Q33A [GRID, SP]

There is a new product to help with safe disposal of leftover pain medication. It is a powder that is poured into the bottle of leftover pills and mixed with water; after shaking for 30 seconds, the medication bottle can be safely put into the trash.

If you were given this product when you picked up your pain medication from the pharmacy, would you use it for leftover medication?

1. Definitely would use it
2. Maybe would use it
3. Would probably not use it

Base: If Q33a = 2 or 3 maybe or probably not

Q33B.[M]

Why might you NOT use it?

1. Might lose the product before I'm ready to dispose of leftover medication
2. Would rather save the medication for future use
3. Would rather use another method for disposing leftover medication
4. Other [text box]



Base: If Q33a = 1, 2 or 3

Q33c.[s]

If you had to pay \$5-10 for this product, how likely would you be to purchase it?

1. Very likely
2. Somewhat likely
3. Not likely

Base: all respondents

Q34 [GRID, SP]

Please indicate whether or not you would support the following:

Statements in row:

1. Limit total number of days and pain pills that health care providers can prescribed.
2. Require health care providers to review patient's prescription records before prescribing pain pills.
3. Require patients to tell health care providers about pain medication use before prescribing pain pills.
4. Require patients to return unused pain pills to their health care provider or a pharmacy.
5. Require special training in order to prescribe or dispense pain pills.

Responses in column:

1. Strongly support
2. Support
3. Do not support

Section V – Genetic testing

Base: if ppage>=50 and ppage<=64

DISPLAY 5[DISPLAY]

The next set of questions are about genetic/DNA testing.

Base: if ppage>=50 and ppage<=64

Q35 [GRID, SP]

Have you gotten any of the following?

Statements in row:

1. A specific genetic test recommended by a doctor (such as BRCA - breast cancer risk test)
2. A direct-to-consumer general genetic test (such as 23andMe, Ancestry.com)
3. Other [Text box]

Responses in column:

1. Yes
2. No



Base: if Q35_1=1

Q36 [M]

Why did you get the specific genetic test?

1. My doctor suggested I get the test
2. To understand how to treat a current health condition
3. To predict whether I may develop a specific disease in the future
4. To help inform what medications I should take
5. To get a general idea of my disease risk
6. Other

Base: if Q35_2=1

Q37 [M]

Why did you get a direct-to-consumer genetic test?

1. To find out more about my ancestry
2. To predict whether I may develop a specific disease in the future
3. Curiosity about my genetic make-up
4. To get a general idea of my disease risk
5. Saw ad and was interested
6. Other

Base: if ppage>=50 and ppage<=64

Q38 [G]

How interested are you in getting genetic tests for the following?

Statement in row:

- a. Medical care – to guide your current diagnosis or treatment
- b. Health risk—to estimate risk of future disease/condition
- c. Ancestry

Responses in column:

1. Very interested
2. Somewhat interested
3. Not interested



Base: if ppage>=50 and ppage<=64

Q39 [GRID, SP]

Would the following make you more or less interested in getting a genetic test?

Statements in row:

- a. If the test was for a disease that ran in your family?
- b. If the test was for a disease that is unknown in your family history?
- c. If your insurance covered the full cost of the test?
- d. If the test was for a disease that has no known treatment?

Responses in column:

1. More interested
2. Less interested
3. Same

Base: if ppage>=50 and ppage<=64

Q40 [G]

There are genetic tests to see whether or not someone is carrying a gene that indicates an elevated risk for certain diseases. How interested are you in getting a genetic test for the following diseases?

Statements in row:

- a. Alzheimer's
- b. Macular degeneration
- c. Parkinson's

Responses in column:

1. Very interested
2. Somewhat interested
3. Not interested



Base: if ppage>=50 and ppage<=64

Q41 [GRID, SP]

Please indicate your level of agreement with the following statements about genetic testing:

Getting a genetic test ...

Statements in row:

1. may help recognize my risk for health problems earlier
2. is not necessary if I know which diseases run in my family
3. may make me worry too much about my future health
4. may inform me about possible health risks for my children/grandchildren

Responses in column:

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

Section V – Women’s urinary incontinence

Base: IF ppgender=2 (female)

DISPLAY 6[DISPLAY]

The next questions are about urine leakage which includes anything from a few drops of urine to complete loss of bladder control.

Base: if ppgender=2 (female)

Q42 [S]

In the past year, have you experienced urine leakage?

1. Yes
2. No

Base: if Q42=1 (Yes)

Q43 [S]

How often do you experience urinary leakage?

1. Most days
2. At least once a week
3. A few times per month
4. Less than once a month



Base: if Q42=1 (Yes)

Q44 [S]

How much urine do you typically lose each time leakage occurs?

1. Small amount (a few drops)
2. Medium amount (enough to notice)
3. Large amount (enough to soak through a pad and/or undergarments)

Base: if Q42=1 (Yes)

Q45 [GRID, SP]

Does your urine leakage occur...

Statements in row:

1. during exercise or physical activity
2. when sneezing or coughing
3. when laughing
4. randomly
5. on my way to the bathroom
6. Other [Text box]

Responses in column:

1. Yes
2. No

Base: if Q42=1 (Yes)

Q46 [S]

Overall, how much of a problem is leakage of urine for you?

1. A major problem
2. Somewhat of a problem
3. Little or not a problem

Base: if Q42=1 (Yes)

Q47 [S]

Have you ever talked with your doctor about urine leakage?

1. Yes
2. No
3. I don't know/remember



Base: if Q47=1 (Yes)

Q48 [S]

What type of doctor did you talk with?

1. Family practice/internist
2. Obstetrician/gynecologist
3. Urologist
4. Other [Text box]

Base: if Q47=1 (Yes)

Q51 [S]

Did the doctor recommend a treatment?

1. Yes, and it helped
2. Yes, but it didn't help
3. Yes, but have not pursued the recommended treatment
4. No, did not get advice
5. No, but I was referred to another doctor for treatment

Base: if Q47=2 (No)

Q52 [M]

Why haven't you talked to your doctor about urine leakage?

1. Doctor has not asked
2. Not that bad of a problem
3. Had other things to discuss
4. Didn't think doctor could help
5. I am uncomfortable discussing urine leakage
6. Don't think of urine leakage as a health issue
7. Other

Base: if Q42=1 (Yes)

Q53 [S]

Do you think it's easier to talk about urine leakage with a female doctor?

1. Much easier
2. Somewhat easier
3. No difference



Base: if Q42=1 (Yes)

Q54 [GRID, SP]

Do you do any of the following to deal with urine leakage?

Statements in row:

1. Wear pads or protective undergarments (such as maxi pads or Depends)
2. Do Kegel exercises (pelvic floor muscle contractions)
3. Take over-the-counter medication
4. Limit fluid intake

Responses in column:

1. Yes
2. No

Base: if Q42=1 (Yes)

Q55 [SP]

Please answer the following statements.

In the past year, have concerns about urine leakage caused you to limit or modify your social activities?

1. Yes
2. No

Base: if Q42=1 (Yes)

Q56 [GRID, SP]

Please rate the following statements.

Statements in row:

- a. I am embarrassed by my urine leakage
- b. Because of my urine leakage, I worry that I may smell to others
- c. I wear certain clothes (e.g. dark colors or layers) in case urine leakage occurs
- d. I worry about my urinary leakage getting worse

Responses in column:

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