



NPHA Wave 4 October 2018 Survey

Section I – Health, household, and grandchildren

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

For Q2c only, change response option 1 to “Every night”

Q2 [Accordion GRID, S PER ROW]

How often do you do the following?

Statements in rows:

- a. Eat a healthy diet
- b. Get exercise
- c. Get enough sleep
- d. Keep socially active
- e. Smoke or use tobacco

Statements in columns:

1. Every day
2. Several times a week
3. Once a week
4. Every 2-3 weeks
5. Once a month or less
6. Never

Base: All respondents

Q3 [S]

In general, how would you rate your mental health?

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



5. Poor

Base: All respondents

Q4 [S]

Do you wear a hearing aid?

1. Yes
2. No

Base: All respondents

Q5 [S]

How would you rate your hearing **[IF Q4=1: with a hearing aid]**?

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

Base: If Q4 = No

Q6 [S]

Has a family member or friend ever suggested you have your hearing tested?

1. Yes
2. No

Base: All respondents

Q7 [S]

In the past year, how often have you felt a lack of companionship?

1. Hardly ever
2. Some of the time
3. Often

Base: All respondents

Q8 [S]

In the past year, how often have you felt isolated from others?

1. Hardly ever
2. Some of the time
3. Often

Base: All respondents

Q9 [S]

How often do you have contact with family, friends, or neighbors who do not live with you?



1. Every day
2. Several times a week
3. Once a week
4. Every 2-3 weeks
5. Once a month or less
6. Never

Base: All respondents

Q10 [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

Q11 [Q]

Besides you, how many other adults (age 18 and older) live in your household?

[INSERT NUMBER BOX, range 0-15] adult(s)

Base: if q11>=1

Show number of rows entered in Q11

Q12 [GRID, S PER CELL]

Please provide information on other adults in your household.

Adult	Age [drop down]	Relationship to you [drop down]
1.	<ol style="list-style-type: none"> 1. 18-29 2. 30-49 3. 50-64 4. 65-79 5. 80 or older 	<ol style="list-style-type: none"> 1. Spouse/Partner 2. Adult child 3. Parent/In-law 4. Other relative 5. Other adult
2	<ol style="list-style-type: none"> 1. 18-29 2. 30-49 3. 50-64 4. 65-79 5. 80 or older 	<ol style="list-style-type: none"> 1. Spouse/Partner 2. Adult child 3. Parent/In-law 4. Other relative 5. Other adult

Base: All respondents

Q13 [Q]

How many children (0-17 years) live in your household?



[INSERT NUMBER BOX, range 0-15] child(ren)

Base: if q13>=1

Show number of rows entered in Q13

Q14 [GRID, S PER CELL]

Please provide information on each child age 0-17 in your household.

Child	Age[drop down]	Your relationship to child[drop down]
1.	1. 0-5 2. 6-12 3. 13-17	1. Parent/Stepparent 2. Foster parent 3. Grandparent 4. Other
2	1. 0-5 2. 6-12 3. 13-17	1. Parent/Stepparent 2. Foster parent 3. Grandparent 4. Other

Base: All respondents

[DISPLAY1]

The next questions are about grandchildren

Base: All respondents

Q15 [S]

Do you have any grandchildren, including great grandchildren, step-grandchildren or adopted grandchildren?

1. Yes
2. No [Skip to next section]

Base: If Q15=1

[DISPLAY]

For remaining questions, the term grandchildren includes great grandchildren, step-grandchildren or adopted grandchildren.

Base: If Q15=1

Q16 [Q]

How many grandchildren do you have age 0-17?

[insert number, range 0-30] grandchild(ren)

Base: If Q16>=1

Q17 [S]

Do you babysit or take care of [if Q16=1: your grandchild; if q16>1: any of your grandchildren]?



1. Yes, regularly
2. Yes, occasionally
3. No

Base: If Q17 = 1 or 2

Q18 [S]

Are you the primary caregiver – meaning you are either legal guardian or solely responsible for [if **Q16=1**: your grandchild's; if **Q16>1**: any of your grandchildren's] care?

1. Yes
2. No

Base: If Q17=1 or Q18=1

Q19 [S]

On average, approximately how many hours a week do you care for your [if **Q16=1**: grandchild; if **Q16>1**: grandchildren]?

1. <5
2. 5-10
3. 11-20
4. 21-30
5. >30

Base: If Q17 = 2

Q20 [S]

On average, approximately how many times a month do you care for your [if **Q16=1**: grandchild; if **Q16>1**: grandchildren]?

1. Less than once a month
2. 1-2
3. 3-4
4. 5 or more

Base: If Q17 = 1, 2 or Q18=1

Q21 [M]

What [if **Q16=1**: is the age of the grandchild; if **Q16>1**: are the ages of the grandchildren] you care for?

Select all that apply.

1. <1 year
2. 1-2 years
3. 3-5 years
4. 6-10 years
5. 11 years or older



Base: If Q16>=1

Q22 [S]

My physical health is good enough to provide care to my [if Q16=1: grandchild; if Q16>1: grandchildren].

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

Base: If Q16>=1

Q23 [S]

My mental health is good enough to provide care to my [if Q16=1: grandchild; if Q16>1: grandchildren].

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

Base: If Q16>=1

Q24 [S]

Having grandchildren helps to keep me feeling young.

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

Base: If Q16>=1

Q25 [S]

In the last year, [if Q16=1: has your grandchild; if Q16>1: have any of your grandchildren] come to visit you in your home?

1. Yes
2. No

Base: If Q15=1

Q26 [accordion GRID, S PER ROW]

When was the last time you used Skype, FaceTime, Google Hangout or other video chat app or website to talk with...

Statement in rows:

- a. [if Q16>=1]your [if Q16=1: grandchild; if Q16>1: grandchildren]
- b. your children or other family members
- c. friends or other people



Statement in columns:

1. In the last month
2. In the last year
3. I've never done this

Section II – Pets & health

Base: All respondents

[DISPLAY2]

The next questions are about pets.

Base: All respondents

Q27 [S]

Do you have any pets?

1. Yes
2. No

Base: If Q27=2

Q28A [M]

What are your main reasons for not having any pets?

1. Allergies (your own or household member)
2. Cost
3. Don't want to be tied down
4. Just choose not to have a pet
5. No interest (your own or household member)
6. Not healthy enough to take care of a pet
7. Not enough time to care for pet
8. Pets not allowed where I live
9. Pet recently died
10. Too messy
11. Other

Base: If Q27=1

Q28B [S]

What was your main reason for getting a pet?

1. Companionship
2. Security/protection
3. To get exercise
4. Pet needed a home
5. To reduce stress
6. Other



Base: If Q27=1

Q29 [M]

What kind of pet(s) do you currently have?

1. Cat
2. Dog
3. Fish/Bird/Reptile
4. Small mammal (rabbit, guinea pig, hamster etc.)
5. Other

Base: If Q29=1

Q30 [Q]

How many cats do you have?

[INSERT NUMBER BOX]

Base: If Q29=2

Q31 [Q]

How many dogs do you have?

[INSERT NUMBER BOX]

Base: If Q27=1

Q32 [S]

Who cares for your pet(s)?

1. Only you
2. You and others
3. Only others

Base: If Q27=1

Q33 [Grid; Yes/No for each]

Does having pet(s) help you...

1. Be physically active
2. Cope with physical or emotional symptoms
3. Enjoy life
4. Feel protected
5. Feel loved
6. Reduce stress
7. Stick to a routine
8. Take mind off of pain
9. Other

1. Yes



2. No

Base: If Q29 = 1 or 2

Q34 [S]

Does your pet(s) sleep in your bed?

1. Always
2. Sometimes
3. Rarely
4. Never

Base: If Q27=1

Q35 [accordion GRID, S PER ROW]

How much do you agree with the following statements?

Having pet(s)...

Rows:

- a. connects me with others
- b. gives me a sense of purpose
- c. makes it difficult to travel or enjoy activities away from home
- d. strains my budget

Columns:

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

Base: If Q27=1

Q36 [S]

My pet's needs take priority over my own health needs.

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

Base: If Q27=1

Q36A [S]

Do you have pet insurance for any of your pets?

1. Yes
2. No



Section III – Medication storage

Base: if Q13>=1 OR Q16>=1

[DISPLAY3]

The next set of questions is about medicines you may have in your home.

Base: if Q13>=1 OR Q16>=1

Q37 [GRID, S PER ROW]

Do you currently have the following kinds of medicines or products in your home?

	No	Yes
Over-the-counter medicine		
Prescription medicine		
Vitamins/supplements		

Base: if any Q37=2 (Yes)

Q38 [GRID, S PER ROW]

Do you keep all medicine and/or products in the containers that they are sold in, or do you put some doses in other containers?

	All in the containers that they are sold in	Some in other containers
[Q37_1=2] Over-the-counter medicine		
[Q37_2=2] Prescription medicine		
[Q37_3=2] Vitamins/supplements		

Base: if any Q38=2 (Some in other containers)

Q39 [GRID, S PER ROW]

What kinds of containers do you use?

	Child-proof containers	Easy-to-open containers (such as pill organizers)	Other types of containers
[Q38_1=2] Over-the-counter			
[Q38_2=2] Prescription medicine			
[Q38_3=2] Vitamins/supplements			

Base: if any Q37=2 (Yes)



Q40 [Accordion GRID, M PER ROW]

Where do you keep these medicines and/or products? Select all that apply.

	On counte r or table	In cupboar d or cabinet	In locked cupboar d or cabinet	In bag/purs e	Refrigerat or	Othe r plac e
[Q37_1=2]Over-the-counter medicine						
[Q37_2=2]Prescription medicine						
[Q37_3=2]Vitamins/suppleme nts						

Base: If Q25 = 1 and any Q37=2 (Yes)

Q42 [S]

When your [if Q16=1: grandchild; if Q16>1: grandchildren] [if Q16=1: visits; if Q16>1: visit] you, do you put your medicines in a different place?

1. Yes
2. No

Base: If Q42=1 (Yes)

Q43 [S]

Where do you put them?

1. Hidden away
2. In locked cabinets
3. Other

Base: If Q16>=1 and any Q37=2 (Yes)

Q44 [S]

When you are visiting your [if Q16=1: grandchild; if Q16>1: grandchildren], where do you put your medicines?

1. In bag/purse
2. On counters
3. In locked cupboard or cabinets
4. Don't take medicine with me
5. I don't visit my grandchildren
6. Other



Respondents age 50-65

Base: ppage=50-64

[DISPLAY4]

The next questions are about memory.

Base: ppage=50-64

Q45 [S]

How would you rate your memory compared to when you were younger?

1. As good as when I was younger
2. Slightly worse than when I was younger
3. Much worse than when I was younger

Base: ppage=50-64

Q46 [S]

Dementia is a gradual, permanent decline in thinking, including memory and reasoning.

How likely are you to develop dementia during your lifetime?

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

Base: ppage=50-64

Q47 [S]

Do you think you are more or less likely than other people your age to develop dementia?

1. More likely
2. Just as likely
3. Less likely

Base: ppage=50-64

Q48 [S]

How worried are you that you will develop dementia?

1. Very worried
2. Somewhat worried
3. Not worried

Base: ppage=50-64

Q49 [S]

Have you ever discussed ways to prevent dementia with your doctor?

1. Yes
2. No



Base: ppage=50-64

Q50 [GRID, S PER ROW]

Do you take or do any of the following to maintain or improve your memory?

STATEMENT IN ROW:

1. Fish oil/omega-3
2. Gingko
3. Other vitamins or dietary supplements
4. Crossword puzzles or other brain games
5. Other

SCALES IN COLUMN:

1. Yes
2. No

Base: ppage=50-64

Q51 [M]

Do/did any of your family members have dementia?

1. Yes, living family members
2. Yes, deceased family members
3. No
4. Don't Know

Base: ppage=50-64

Q52 [S]

Have you ever been a caregiver for a person with dementia?

1. Yes
2. No

Base: ppage=50-64

Q53 [accordion grid]

Think about the types of research described below. For each type of research, all costs of health care directly related to the research would be covered. You would pay nothing for the research or for related medical care.

How likely would you be to take part in the following types of health research related to dementia?

	Very likely	Somewhat likely	Not likely
a. Testing a new medicine to prevent dementia			
b. Testing a new treatment for dementia			



c. Giving a DNA sample to let researchers study genetic patterns of dementia			
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Base: if any Q53=3

PROGRAMMING NOTE: if more than one inserts, please add comma in between.

[If Q53= not likely for ANY, use language based in Q53 response. If Q53c = not likely, include row6]

Q54 [M]

Why are you not likely to take part in [if Q53_1=3: testing a new medicine; if Q53_2=3: testing a new treatment; IF Q53_3=3: giving a DNA sample] for dementia research?

1. Fear of finding out information about myself
2. I don't think dementia will affect me
3. I don't want to be a "guinea pig" for researchers
4. Participation would take too much time
5. There is too high a chance for harm
6. Do not want my DNA stored in a biobank [If Q53c= not likely]
7. Other

Section IV – Health insurance

Respondents age 50-64

Base: ppage=50-64

[DISPLAY5]

The last questions are about health insurance.

Base: ppage=50-64

Q55 [M]

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

1. Insurance provided through own or someone else's employer
2. Individual private insurance including exchange plans
3. Medicare
4. Medicare Advantage or supplemental plan
5. Retiree health plan
6. Medicaid, Medical Assistance or any government plan for people with low income or a disability
7. VA/CHAMPVA
8. Military health care (TRICARE)
9. OTHER [INSERT TEXT BOX]
10. NONE – have no health insurance of any kind [SP]

Base: ppage=50-64

Q56 [S]

Will you make a change to the health insurance plan you will have in 2019?



1. Yes, because I want to
2. Yes, because I have to
3. No
4. Thinking about it
5. Already changed my plan, because I wanted to
6. Already changed my plan, because I had to

Base: ppage=50-64

Q57 [S]

In the past year, have you reviewed information about different health insurance options?

1. Yes
2. No

Base: if Q57=1

Q58 [M]

Where did you get information from? Select all that apply.

1. Employer
2. Family or friends
3. Health insurance company
4. Health insurance advocate, counselor, or expert
5. Internet
6. State and/or federal government
7. Other

Base: ppage=50-64

Q59 [GRID, S PER ROW]

In the past year, have you:

Statement in row:

- a. Thought about going without health insurance
- b. Decided to go without health insurance
- c. Kept a job specifically to have health insurance through your employer
- d. Delayed or considered delaying retirement specifically to have health insurance through your employer
- e. Looked closely at what your health insurance covers related to what you need

Scales in column:

1. Yes
2. No

Base: ppage=50-64

Q60 [S]

Did you delay getting a medical procedure in 2018 until your deductible was met?

1. Yes
2. No



Base: ppage=50-64

Q61 [S]

Did you have a medical procedure you needed in 2018 in case it is not covered next year?

1. Yes
2. No

Base: ppage=50-64

Q62 [S]

In the last year, have you not gotten medical care because of how much it would cost you?

1. Yes
2. No

Base: ppage=50-64

Q63 [S]

In the last year, have you not filled a prescription because of how much it would cost you?

1. Yes
2. No

Base: If Q56 = 1,2,4 or 5 or 6

Q64 [S]

Are there any medical procedures you are waiting to get until you change your health insurance plan?

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

Base: ppage=50-64

Q65 [S]

Are there any medical procedures you are waiting to get until you have Medicare coverage?

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

Base: If Q64=1 or Q65= 1

Q66 [M]

Why are you waiting?

1. So the procedure will be covered by insurance
2. To be able to go to specific doctor
3. So the cost is lower
4. Other



Base: If Q64=1 or Q65= 1

Q67 [S]

Have you talked with your doctor about waiting to get this procedure?

1. Yes
2. No

Base: ppage=50-64

Q68 [accordion GRID, S per row]

Please rate your confidence with the following:

Statement in rows:

- a. Understanding health insurance terms (such as premium, copay, and deductible).
- b. Finding out what is covered by your health plan before you receive a health care service.
- c. **[Q10 ne 3]** Finding out your out of pocket costs before you receive a health care service.
- d. Being able to afford the cost of your health insurance and out of pocket costs over the next year.
- e. Being able to afford the cost of your health insurance and out of pocket costs when you retire.

Statement in columns:

1. Very confident
2. Moderately confident
3. Slightly confident
4. Not at all confident

Base: ppage=50-64

Q69 [S]

How closely do you follow news about possible changes to the Affordable Care Act, Medicaid or Medicare?

1. Very closely
2. Somewhat closely
3. Not very closely
4. Not at all

Base: ppage=50-64

Q70 [S]

How concerned are you about potential changes to your health insurance coverage due to changes in federal policies?

1. Very concerned
2. Somewhat concerned
3. Not very concerned
4. Not at all concerned

Base: All respondents

QX. (QF1) [O]



Please share any comments about this survey.

[TEXT BOX]