



## NPHA Wave 5 May 2019 Survey

**Section I – Health and household**  
**Age 50-80**

**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**

**Q3 [GRID]**

In the past year, have you seen any of the following types of health care professionals?

**Statements in rows:**

- a. Doctor, physician assistant, or nurse practitioner who provides your primary care
- b. Specialist (such as cardiologist, dermatologist, ophthalmologist etc.)
- c. Mental health provider (such as therapist, psychologist, social worker, psychiatrist etc.)
- d. Dentist
- e. Other type of health care professional (such as foot doctor, optometrist, chiropractor etc)

**Responses in column:**

1. Yes
2. No



**Base: All respondents**

**Q5 [S]**

Did you get a flu shot this past year?

1. Yes
2. No

**Base: All respondents**

**Randomize responses 1-4 and record the order.**

**Q6 [M]**

Which of the following do you use to help you get around?

1. Cane
2. Walker/rolling walker
3. Wheelchair
4. Electric scooter
5. Other
6. I don't use anything to help me get around [s]

**Base: All respondents**

**Q7 [M]**

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

1. Medicare (traditional Medicare or Medicare Advantage plan)
2. Medicare supplemental plan
3. Retiree health plan
4. Insurance provided through own or someone else's employer
5. Individual private insurance including a marketplace plan
6. Medicaid
7. VA/CHAMPVA
8. Military health care (TRICARE)
9. OTHER [INSERT TEXT BOX]
10. NONE – have no health insurance of any kind[SP]

**Base: All respondents**

**Q8 [Q]**

Besides you, how many adults and children live in your household NOT including yourself?

[INSERT NUMBER BOX] adult(s)

[INSERT NUMBER BOX] child(ren)

**Base: If Q8>0**

**Script: PROMPT ONCE IF ANY CELL IS SKIPPED, INSERT NUMBER OF ROWS PROVIDED IN Q8**

**Q9 [GRID, S PER ROW; DROPT DOWN FOR 9B AND 9C]**



Please provide information on any adults and children in your household, not including yourself.

9a. Person	9b. Age	9c. Relationship to you
1.	1. 0-17 2. 18-29 3. 30-49 4. 50-64 5. 65-79 6. 80 or older	1. Spouse/Partner 2. Adult child 3. Parent/In-law 4. Other relative 5. Other adult 6. Child 7. Grandchild 8. Other child

**Section II – Physician ratings**  
**Age 50-80**

**Base: All respondents**

**DISP1 [disp]**

The next set of questions is about selecting doctors.

**Base: All respondents**

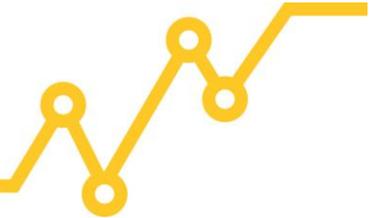
**Split on 2 screens**

**Q10 [banked format]**

When selecting a doctor for yourself, how important are each of the following to you?

	Very important	Somewhat important	Not important
1. Accepts my health insurance			
2. Convenient office location			
3. Convenient office hours			
4. How long it takes to get an appointment			
5. Doctor's years of experience			
6. Where the doctor trained/attended medical school			
7. Word of mouth (from family/friends)			
8. Recommendation from another doctor			
9. Doctor's online ratings/reviews			
10. Ability to have an in-home visit			
11. Ability to have a video visit			
12. Ability to interact online (email my doctor, request refills, scheduling)			
13. Doctor's gender being the same as mine			
14. Doctor's race/ethnicity being the same as mi			

**Base: All respondents**



**Q11 [S]**

Have you ever looked up ratings or reviews online for a doctor for yourself?

1. Yes
2. No

**Base: If Q11 = 2**

**Q12 [M]**

Why haven't you looked up ratings or reviews for a doctor online?

1. Been to the same doctor for years
2. I don't trust reviews
3. I don't know where to look
4. Never thought about it
5. Not interested in online reviews
6. Other

**Base: If Q11 = 1**

**Q13 [S]**

In the past year, how often have you looked up doctor ratings/reviews online for yourself?

1. More than once
2. Once
3. Never

**Base: If Q13 = 1 or 2**

**Q14 [M]**

Why did you look up ratings/reviews for a doctor? Select all that apply.

1. To find a new doctor
2. To read reviews on a doctor I have seen
3. To read a review on a doctor I'm considering
4. Other

**Base: If Q13 = 1**

**Q15 [S]**

Have you ever selected a doctor for yourself due to good online ratings/reviews?

1. Yes
2. No

**Base: If Q15=1**

**Q16 [S]**

For the doctor you selected, how well did the ratings/reviews match your experience?

1. Very well



2. Somewhat well
3. Not well
4. Have not seen this doctor yet

**Base: If Q13=1**

**Q17 [S]**

Have you ever not chosen a doctor due to bad online ratings/reviews?

1. Yes
2. No

**Base: All respondents**

**Q18 [M]**

Have you ever changed doctors because of any of the following?

1. Bad ratings/reviews
2. Didn't have a good experience
3. I moved
4. Doctor no longer practicing
5. Insurance reasons
6. I have not changed doctors [S]
7. Other [write-in for pretest]

**Base: All respondents**

**Q19 [S]**

Have you ever posted a rating/review online about a doctor?

1. Yes
2. No

**Base: If Q19=1**

**Q20 [M]**

What motivated you to rate/review the doctor?

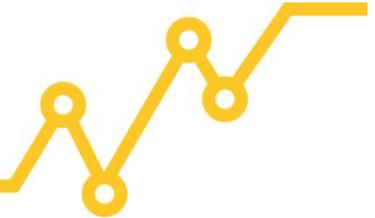
1. The doctor suggested I rate him/her
2. The office staff suggested I leave a rating
3. To praise a good experience
4. To criticize a bad experience
5. Other

**Base: All respondents**

**Q21 [banked GRID; S and RANDOMIZE Row statements]**

Please rate your level of agreement with the following statements.

**Statement in row:**



- a. The total number of reviews is important when selecting a doctor.
- b. I would select a doctor with many positive reviews even if he/she had a few very negative reviews.
- c. I would avoid selecting a doctor with many negative reviews even if he/she had a few very positive reviews.
- d. I have read reviews about doctors that I thought were fake.
- e. Some doctors influence their ratings to make themselves look good (for example, by asking satisfied patients to leave a rating).

**Scales in column:**

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

**Base: All respondents**

**Q22 [S]**

Are you aware that it is possible to look up information about doctors, including disciplinary actions, through your state medical board?

1. Yes, and have looked up a doctor
2. Yes, but have not looked up a doctor
3. No

**Section III – Telehealth**

**Age 50-80**

**Base: All respondents**

**DISP2 [disp]**

The next questions are about telehealth.

Telehealth is when patients and health care professionals have health care visits by video using smartphones or computers.

**Base: All respondents**

**Q23 [banked GRID; S PER ROW]**

Do your health care professionals offer telehealth visits?

**Statement in row:**

- a. Doctor, physician assistant, or nurse practitioner who provides your primary care
- b. Specialist (such as cardiologist, dermatologist, ophthalmologist, etc.)
- c. Mental health professional (such as therapist, psychologist, social worker, psychiatrist, etc.)
- d. Other type of health care professional (such as foot doctor, optometrist, chiropractor, etc.)



**Responses in columns:**

1. Yes
2. No
3. Don't know
4. Don't see this type of provider

**Base: If Q23 = Yes for either a, b, c, or d, then populate Q24 statements in rows**

**Q24 [GRID; S]**

In the past year, have you had a telehealth visit with any of the following health care professionals?

**Statement in row:**

- a. **[Q23\_a=1]** Doctor, physician assistant, or nurse practitioner who provides your primary care
- b. **[Q23\_b=1]** Specialist (such as cardiologist, dermatologist, ophthalmologist, etc.)
- c. **[Q23\_c=1]** Mental health professional (such as therapist, psychologist, social worker, psychiatrist, etc.)
- d. **[Q23\_d=1]** Other type of health care professional (such as foot doctor, optometrist, chiropractor, etc.)

**Responses in columns:**

1. Yes
2. No

**Base: If Q24 = Yes for either a, b, c, or d**

**Q25 [M]**

Why did you have a telehealth visit instead of an in-person visit? Select all that apply.

1. Convenience
2. Transportation issues (unable to travel, no vehicle, don't drive etc.)
3. More private
4. Needed care when health care professional's office wasn't open
5. Health care professional requested it
6. Cost was less
7. Wanted to see what it was like
8. Other

**Base: If Q24 = Yes for either a, b, c, or d**

**Q26 [S]**

For your most recent telehealth visit, where were you?

1. At home (yours or someone else's)
2. At a health care professional's office/health care facility
3. Work/office
4. Somewhere else

**Base: If Q24 = Yes for either a, b, c, or d**

**Q27 [S]**



How easy or difficult was it for you to use the technology necessary to complete your telehealth visit?

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

**Base: If Q24 = Yes for either a, b, c, or d**

**Q28 [Banked GRID; S]**

How does a telehealth visit compare to an office visit, in terms of:

**Statements in rows:**

- a. Communicating with your health care professional
- b. Feeling cared for by your health care professional
- c. Feeling connected to your health care professional
- d. Amount of time the entire visit takes
- e. Comfort discussing sensitive topics
- f. Amount of time spent with the health care professional
- g. Your out-of-pocket cost
- h. Overall convenience
- i. Overall quality of care

**Responses in columns:**

1. Telehealth visit better
2. Office visit better
3. Telehealth visit and office visit about the same

**Base: If Q24\_a=2 and Q24\_B=2 AND Q24\_C=2 AND Q24\_D=2**

**Q29 [M]**

Why have you NOT have a telehealth visit in the past year? Select all that apply.

1. Don't have the necessary equipment (smart phone, home computer, etc.)
2. Wanted to see my health care professional face-to-face
3. Worried about privacy
4. Not comfortable with technology
5. Didn't consider it
6. Doctor required in-person visit
7. Other

**BASE: If Q23\_a = No or don't know (2 or 3), show row a**

**If Q23\_b = No or don't know (2 or 3), show row b**

**If Q23\_c= No or don't know (2 or 3), show row c**

**Q30 [Banked GRID, S]**

How interested would you be in having a telehealth visit with:



**Statements in rows:**

- a. Primary care doctor, nurse practitioner or physician assistant
- b. Specialist (such as cardiologist, dermatologist, ophthalmologist, etc.)
- c. Mental health professional (such as therapist, psychologist, social worker, psychiatrist, etc.)

**Responses in columns:**

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

**Base: All respondents**

**Q31 [Banked GRID, S]**

If offered, would you want a telehealth visit in any of the following circumstances?

**Statements in rows:**

- a. For a one-time follow-up after a medical procedure or surgery
- b. For a new patient visit to discuss a new health problem that has come up
- c. For a visit with a health care professional you have already seen in the past
- d. For a mental health concern
- e. For a sensitive health concern
- f. For an unexpected illness while traveling

**Responses in columns:**

1. Definitely Yes
2. Probably Yes
3. Probably No
4. Definitely No

**Base: All respondents**

**Q32 [Grid; S; repeat headers after c]**

Do you have any of the following concerns about telehealth visits?

**Statements in rows:**

- a. Privacy
- b. Difficulty seeing or hearing the health care professional
- c. Technical difficulties using the technology
- d. Not feeling personally connected to the health care professional
- e. Health care professional not being able to do a physical exam
- f. Quality of care not being as good as a face-to-face visit

**Responses in columns:**



1. Yes
2. No

**Base: All respondents**

**Q33A [S]**

How comfortable are you with using video technology such as FaceTime, Skype, Google Hangout, or other video chat app or websites?

1. Very comfortable
2. Somewhat comfortable
3. Not comfortable
4. Have never done this

**Base: All respondents**

**Q33B [S]**

In the past year, how easy or difficult was it for you to get to/from your health care appointments?

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

**Section IV – Antibiotics**

**Age 50-80**

**Base: All respondents**

**Disp3 [disp]**

The next questions are about antibiotics.

**Base: All respondents**

**Q34 [S]**

In the past two years, have you filled a prescription for oral antibiotics for yourself?

1. Yes
2. No

**Base: If Q34 = 1**

**Q35 [M]**

Why were you prescribed antibiotics?

1. Respiratory infection (such as pneumonia, bronchitis, sinus infection)
2. Urinary tract infection
3. Skin infection
4. Dental infection



5. Other

**Base: If Q34 = 1**

**Q36 [Grid; S]**

Did the health care professional who prescribed the antibiotic talk with you about:

**Statements in rows:**

- a. How to take the antibiotic
- b. Potential side effects and drug interactions

**Responses in columns:**

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

**Base: If Q34 = 1**

**Q37 [Grid; S]**

Did the pharmacist talk with you about:

**Statements in rows:**

- a. How to take the antibiotic
- b. Potential side effects and drug interactions

**Responses in columns:**

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

**Base: If Q34 = 1**

**Q38 [S]**

The last time you took antibiotics, did you have any medication leftover?

- 1. Yes
- 2. No

**Base: If Q38 = 1 (Yes)**

**Q39 [M]**

Why did you have antibiotics leftover? Select all that apply.

- 1. Stopped taking because I felt better
- 2. Stopped taking because of side effects
- 3. Stopped taking because they didn't help



4. Forgot to take all of them/skipped some doses
5. I was given more than I needed
6. Other

**Base: If Q38 = 1 (Yes)**

**Q40 [S]**

What did you do with the leftover antibiotics?

1. Kept them
2. Threw them in trash/flushed down the toilet
3. Gave them to another person
4. Don't remember
5. Other

**Base: If Q40 = 1 (Yes)**

**Q41 [M]**

Why did you keep the leftover antibiotics? Select all that apply.

1. In case I get another infection
2. In case a family member gets an infection
3. Forgot to dispose
4. No specific reason
5. Unsure how to dispose of
6. Other

**Base: All respondents**

**Q42 [M]**

Have you ever taken any leftover antibiotics without talking to your health care professional? Select all that apply.

1. Yes, mine
2. Yes, someone else's
3. No [s]

**Base: All respondents**

**Q43 [Banked Grid; S]**

Please indicate whether you agree or disagree with the following statements.

**Statements in rows:**

- a. When I get a cold or flu, antibiotics help me get better sooner.
- b. If I have had a cold that lasts long enough for me to visit a doctor, I expect a prescription for antibiotics.
- c. Overuse of antibiotics can lead to antibiotics not working the next time I need them.
- d. I am cautious regarding my use of antibiotics.
- e. I am concerned about side effects from antibiotics



**Responses in columns:**

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

**Base: All respondents**

**Disp4 [disp]**

Please rate your agreement with the next two statements.

**Base: All respondents**

**[Randomize and record the order of Q44A and Q44B]**

**Q44A [S]**

Doctors over-prescribe antibiotics.

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

**Base: All respondents**

**Q44B [S]**

Doctors don't prescribe antibiotics when they should.

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

**Section V – Emergency preparedness**

**Respondents age 50-80**

**Base: All respondents**

**Disp5 [disp]**

The last set of questions are about preparing for emergencies.

**Base: All respondents**

**Q46 [Banked Grid; S]**

Have you ever experienced any of the following situations?

**Statements in rows:**



- a. Power outage for more than a day
- b. Severe weather such as a tornado, blizzard, hurricane
- c. Evacuation from your home (due to fire, flood, hurricane, chemical/gas leak, carbon monoxide, etc.)
- d. A lockdown in which you were required to remain in your location for safety (such as a bomb threat, active shooter, etc.)

**Responses in columns:**

1. Yes, within the last year
2. Yes, over a year ago
3. No
4. Unsure

**Base: All respondents**

**Q47 [S]**

Does your community have a system (such as a smartphone app or messaging service) where you can sign up to receive information about emergencies?

1. Yes, and I have signed up for alerts
2. Yes, but I have not signed up for alerts
3. No
4. Don't know

**Base: All respondents**

**Q48 [S]**

Have you had any conversations with your family or friends about what to do if you needed to evacuate your home?

1. Yes
2. No

**Base: All respondents**

**Q49 [S]**

Do you currently use any essential medical equipment that requires electricity?

1. Yes
2. No

**Base: All respondents**

**Q50 [Grid; S; repeat header after c]**

Do you currently have any of the following ready in the event of a disaster or emergency?

**Statements in rows:**



- a. 7-day supply of bottled water and food
- b. Portable battery or solar cell phone charger
- c. Battery-powered or hand crank radio
- d. Generator
- e. Stocked emergency kit that follows recommended guidelines
- f. **[If Q49 = Yes]** Alternative power source for essential medical equipment

**Responses in columns:**

1. Yes
2. No

**Base: All respondents**

**Q50A [Grid; S]**

Do you currently have any of the following ready in the event of a disaster or emergency?

**Statements in rows:**

- a. 7-day supply of essential medications
- b. 7-day supply of essential health supplies

**Responses in columns:**

1. Yes
2. No

**Base: All respondents**

**Q51 [Grid; S add bracket text if Q8 >=1 IN EITHER BOX]**

How confident are you that you are prepared to take care of yourself **[if Q8 >=1 in either box: and others in your household]** if the following situations occurred?

**Statements in rows:**

- a. Power outage for more than a day
- b. Severe weather such as a tornado, blizzard, hurricane
- c. Evacuation from your home (due to fire, flood, hurricane, chemical/gas leak, carbon monoxide, etc.)
- d. A lockdown in which you were required to remain in your location for safety (such as a bomb threat, active shooter, etc.)

**Responses in columns:**

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



**Base: All respondents**

**Q52 [M]**

In the event of a disaster or emergency in your community, where would you try to get information on what to do?

1. Family/friends/neighbors
2. Smartphone app
3. Social media
4. Government websites
5. Radio
6. TV
7. Other

**Base: All respondents**

**Q53 [Banked Grid; S]**

How likely do you think it is that you will experience the following in the next year?

**Statements in rows:**

- a. Power outage for more than a day
- b. Severe weather such as a tornado, blizzard, hurricane
- c. Evacuation from your home (due to fire, flood, hurricane, chemical/gas leak, carbon monoxide, etc.)
- d. A lockdown in which you were required to remain in your location for safety (such as a bomb threat, active shooter, etc.)

**Responses in columns:**

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely

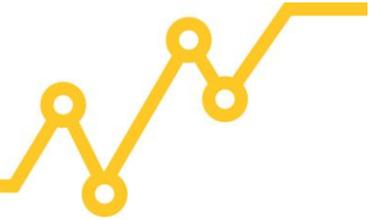
**Base: All respondents**

**Q54 [Banked Grid; S]**

Imagine there is an emergency in your area and you will have to urgently leave your home. How easy or difficult do you think it would be for you to...

**Statements in rows:**

- a. Receive timely information on your phone
- b. Have enough money to pay to stay somewhere for 7 days
- c. Have transportation to leave your home
- d. Take a 7-day supply of medication and/or health supplies
- e. **[If Q49=1]** Take your essential medical equipment



**Responses in columns:**

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

**Base: All respondents**

**QF1 [O]**

Please share any comments about this survey.

**[TEXT BOX]**