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

Q3A [S]
In general, how healthy is your overall diet?

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

Base: All respondents

Q4 [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**

Q5 [S]
Do you have dentures?

1. Yes, and wear them
2. Yes, but rarely or never wear them
3. No

**Base: All respondents**

Q6 [S]
Do you have any missing teeth for which you don’t have implants or dentures?

1. Yes
2. No

**Base: All respondents**

Q7 [S]
How would you compare your overall health to other people your age?

1. Better
2. Worse
3. Same

**Base: All respondents**

Q8 [S]
How would you compare how you look to other people your age?

1. Younger
2. Older
3. Same

**Base: All respondents, Prompt once**

Q9 [S]
Do any other adults (age 18 and older) live in your household?

1. Yes
2. No

**Base: All respondents, Prompt once**

Q10 [S]
Do any children (age 0-17) live in your household?

1. Yes
2. No

**Base: If Q10 = 2**

**Q11 [S]**
How often do any children age 0-17 visit your home?

1. Every day or almost every day
2. At least once a week
3. A few times a month
4. A few times a year or less
5. Never

**Base: All respondents**

**Q12 [S]**
What is your employment status?

1. Working full-time
2. Working part-time
3. Not working, but looking for work
4. Unable to work
5. Retired

**Base: All respondents**

**Q13 [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**

**Q14 [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**

**Q15 [S]**
Over the past two weeks, including today, how often have you been bothered by having little interest or pleasure in doing things?

1. Not at all
2. Several days
3. More than half the days
Nearly every day

**Base: All respondents**

**Q15A [S]**
Over the past two weeks, including today, how often have you been bothered by feeling down, depressed, or hopeless?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

**Base: All respondents**

**Q16 [S]**
In the past year, did you have a visit with a primary care provider (such as primary care doctor, physician assistant, or nurse practitioner)?

1. Yes
2. No

**Base: All respondents**

**Q17 [S]**
How many different prescription medications are you currently taking?

1. 0
2. 1
3. 2-4
4. 5-6
5. 7 or more

**Base: If Q16 = 1 (Yes)**

**Q18 [banked; S]**
In the past year, have you discussed any of the following topics with your primary care provider?

Statement per row:

a. Alcohol/other drug use
b. Driving safety/ability
c. Eating habits/nutrition
d. Physical activity
e. Gun safety
f. Your hearing
g. Your oral health

Response per column:

1. Yes
2. No
**Base: All respondents**

**Q19 [S]**
How safe do you feel in your neighborhood?

1. Very safe
2. Fairly safe
3. Fairly unsafe
4. Very unsafe

**Base: All respondents**

**Q20 [S]**
On a typical day, how many hours do you spend viewing TV, websites/apps (including social media sites like Facebook), or magazines?

1. Less than 1 hour
2. 1 to 2 hours
3. >2 to 4 hours
4. >4 to 6 hours
5. >6 hours

**Base: if Age = 65-80**

**Q21 [S]**
Are you currently enrolled in a Medicare Part D prescription drug plan?

1. Yes
2. No
3. Don’t know

**Base: If Q17 = 3, 4, or 5**

**Q22 [S]**
A comprehensive medication review is a detailed review of all of your medications by a pharmacist, usually in-person. The review covers how you take your medications, their benefits, side effects, drug interactions, cost, and whether or not you still need certain medications. 

Have you had a comprehensive medication review with a pharmacist?

1. Yes
2. No

**Base: If Q22 = 1**

**Q22A [S]**
When was the comprehensive medication review?

1. Within the last 12 months
2. More than 12 months ago
Base: if Q22 = 2

Q22B [S]
Are you aware a comprehensive medication review may be covered by insurance?

1. Yes
2. No

Base: If Q17 = 3, 4, or 5

Q23 [S]
Would you be interested in having a comprehensive medication review with a pharmacist in the future?

1. Yes
2. No

Section II – Dental
Age 65-80

Base: Age = 65-80

Disp1[DISP]
The next questions are about dental care.

Base: Age = 65-80

Q24 [S]
Which response best describes how often you go to the dentist?

1. Regularly for cleanings (and as needed for dental problems)
2. Occasionally for cleanings (and as needed for dental problems)
3. Only for dental problems
4. Never

Base: Age = 65-80

Q25 [S]
When is the last time you had a dental visit for preventive care (like teeth cleaning)?

1. In the past year
2. 1-2 years ago
3. >2-5 years ago
4. >5-10 years ago
5. More than 10 years ago
6. Never

Base: Age = 65-80

Q26 [S]
When is the last time you had a dental visit for a dental problem (like a toothache or cavity)?

1. In the past year
2. 1-2 years ago
3. >2-5 years ago
4. >5-10 years ago
5. More than 10 years ago
6. Never

**Base: Age = 65-80**

Q27 [Grid; S]
In the past two years, have you…

**Statement per row:**

a. visited an ER/emergency department for a dental problem?
   b. taken pain medication for a dental problem?

**Response per column:**

1. Yes
2. No

**Base: Age = 65-80**

Q28 [Accordion; S]
How true are the following statements?

**Statement per row:**

a. It’s as easy for me to get dental care as medical care.
b. My health or mobility limits my ability to get dental care.
c. My oral health is important to me.
d. I am embarrassed about the condition of my teeth.
e. I consider not going to the dentist because of the cost.

**Response per column:**

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

**Base: Age = 65-80**

Q29 [Accordion; S]
Rate your agreement with the following statements?

**Statement per row:**

a. Regular dental care at my age is as important as when I was younger.
b. Oral health problems can contribute to other medical problems.

Response per column:

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

Base: Age = 65-80

Q30 [Grid; S]
In the past two years, have dental problems caused any of the following for you?

Statement per row:

a. Pain
b. Problems with eating/chewing
c. Sleep problems
d. Missed/avoided social activities
e. Financial problems
f. Missed work [Include row if Q13=1 or 2]

Response per column:

1. Yes
2. No

Base: Age = 65-80

Q31 [S]
In the past two years, has there been a time when you needed dental care but delayed getting dental care?

1. Yes
2. No

Base: Age = 65-80

Q31A [S]
In the past two years, has there been a time when you needed dental care but did not get dental care?

1. Yes
2. No

Base: Age = 65-80

Q32 [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 Q31a = 1 or Q31 = 1**

**Q33 [Accordion; S]**
Did any of the following cause you to delay or not get the dental care you needed?

**Statement per row:**

- a. [If Q32 = Yes] Problems with dental insurance [If Q32 = No] Not having dental insurance
- b. Cost/out of pocket costs
- c. Finding a dentist
- d. Being afraid of the dentist
- e. Transportation challenges
- f. Finding time to get to the dentist
- g. Health or mobility problems

**Response per column:**

1. Yes
2. No

**Base: If Q31a = 1**

**Q34 [M]**
What problems did you have related to dental insurance?

1. My dental insurance didn’t cover what I needed
2. Premiums and/or out of pocket costs are too high
3. Reached annual limit
4. Couldn’t find a dentist that accepted my plan
5. Other

**Base: Age = 65-80**

**Q35 [S]**
In the past two years, have you had to finance or borrow money for any dental care you received?

1. Yes
2. No

**Base: if Q35 = 1**

**Q36 [M]**
How did you cover the cost of the dental care you received?

1. Payment plan
2. Borrowed money
3. Other
How do you currently get your dental insurance?

1. Medicare Advantage Plan
2. Through employer (mine or my spouse’s/partner’s)
3. Purchased on my own
4. Medicaid
5. Retiree health plan
6. Other

Are dental benefits a factor in your choice of a Medicare Advantage Plan?

1. Yes
2. No

Would you favor or oppose a policy that would add a dental benefit to Medicare?

1. Strongly favor
2. Somewhat favor
3. Somewhat oppose
4. Strongly oppose

Would you favor or oppose this policy if it meant you would have to pay more for Medicare?

1. Strongly favor
2. Somewhat favor
3. Somewhat oppose
4. Strongly oppose

The next set of questions is about food.
Base: All respondents

Q41 [Q]
During the past 7 days, how many times did you, or someone else in your family, cook food for **dinner** or **supper** at home?

[Drop down menu of 0-7 times]

Base: All respondents

Q42 [S]
How often do you or does some else do major food shopping for you (include getting groceries through **curbside pickup** or a **delivery service**)?

1. More than once a week
2. Once a week
3. Once every two weeks
4. Once a month or less
5. Don't do major food shopping

Base: All respondents

Q43 [S]
Do you get groceries through a curbside pickup or home grocery delivery service?

a. Yes
b. No

Base: All respondents

Q44 [banked; S]
Do the following **make it difficult** for you to get groceries?

**Statement per row:**

a. Time it takes to get groceries
b. Lack of transportation
c. Hours your grocery store is open
d. Caregiving responsibilities
e. Physical limitations
f. No grocery store nearby

**Response per column:**

1. Yes
2. No
3. Not applicable

Base: All respondents

Q45 [N, Please place number box next to the statement]
During the past 7 days, how many meals did you eat from:

**Statement per row:**
- a. fast food restaurants
- b. dine-in/sit down restaurants (not fast food)
- c. take-out or delivery

**Response per column:**

1. Number of meals \([N, \text{RANGE } 0-25]\)

**Base: All respondents**

**Q46 [S]**
During the past 7 days, how often did you eat alone?

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

**Base: All respondents**

**Q47 [Accordion; S]**
How much do you agree with the following statements?

**Statement per row:**

- a. I enjoy cooking.
- b. It is difficult for me to cook meals.
- c. Cooking costs too much money.
- d. I am confident preparing meals from basic ingredients.
- e. It takes too much time to cook.

**Response per column:**

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

**Base: All respondents**

**Q48 [Accordion; S]**
Here are some statements that people have made about their food situation. For these situations, please indicate whether it was often true, sometimes true or never true for you or your household in the last 12 months.
Statement per row:

1. “The food that I bought just didn’t last and I didn’t have money to get more.”
2. “I couldn’t afford to eat balanced meals.”

Response per column:

a. Often true
b. Sometimes true
c. Never true

Base: All respondents

Q49 [S]
In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn’t enough money for food?

1. Yes
2. No

Base: if Q49 = 1

Q50 [S]
How often did this happen?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months

Base: All respondents

Q51 [Grid, S]
In the last 12 months:

Statement per row:

a. did you ever eat less than you felt you should because there wasn’t enough money for food?
b. were you ever hungry but didn’t eat because there wasn’t enough money for food?

Statement per column:

1. Yes
2. No

Base: All respondents

Q52 [Grid; S]
In the last 12 months:

Statement per row:

a. did you or anyone in your household receive SNAP benefits (food stamps)?
b. did you go to a community program or senior center to eat prepared meals?
c. did you receive any meals delivered to your home from programs such as Meals on Wheels?
d. Did you or anyone in your household get donated food from a place such as a food bank?

**Statement per column:**
1. Yes
2. No

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### Section IV – Ageism

**Age 50-80**

**Base: All respondents**

**Disp3 [DISP]**

This next set of questions is about aging.

**Base: All respondents**

**Q53 [Accordion; S]**

In your day-to-day life, how often do the following things happen to you?

**Statement per row:**

1. I hear, see, and/or read jokes about old age, aging, or older people.
2. I hear, see, and/or read things suggesting that older adults and aging are unattractive or undesirable.
3. People insist on helping me with things I can do on my own.
4. People seek my guidance because of my wisdom and experience.

**Response per column:**

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

**Base: All respondents**

**Q54 [Accordion; S]**

In your day-to-day life, how often do the following things happen to you?

**Statement per row:**

1. People assume I have difficulty hearing and/or seeing things.
2. People assume I have difficulty remembering and/or understanding things.
3. People assume that I have difficulty with cell phones and computers.
4. People assume I do not do anything important or valuable.

**Response per column:**

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

**Base: All respondents**

**Q55 [Accordion; S]**
How much do you agree with the following statements?

**Statement per row:**

a. As I get older, my life is better than I thought it would be.
b. My feelings about aging have become more positive as I’ve gotten older.
c. I have a strong sense of purpose.
d. I feel more comfortable being myself as I’ve gotten older.
e. I am concerned about the future of the planet.

**Response per column:**

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

**Base: All respondents**

**Q56 [Accordion; S]**
How much do you agree with the following statements?

**Statement per row:**

a. Feeling depressed, sad, or worried is part of getting older.
b. Feeling lonely is part of getting older.
c. Having health problems is part of getting older.
d. I invest time or effort to look younger than my age.
e. I make sure to do activities that I believe are important for my health.

**Response per column:**

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

**Base: All respondents**

**QF1 [O]**
Please share any comments about this survey.

[TEXT BOX]