



NPHA Wave 7 June 2020 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

Q4 [S]

How much has the COVID-19 pandemic affected the ability to get needed health care for yourself?

1. A great deal
2. Somewhat
3. Not at all

Base: All respondents

Q5 [GRID] 15

Have you had any of the following experiences with medical care and appointments for yourself due to COVID-19?

Statements in rows:

- a. Canceled/rescheduled appointment(s)
- b. Canceled/rescheduled surgery
- c. Did not seek medical care when you thought you should



Responses in column:

1. Yes
2. No

Base: All respondents

Q6A[S]

How concerned are you about being able to get needed health care for yourself over the next 6 months?

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

Base: All respondents

Q6B[S]

In general, I know if I need medical care or if I can handle a health problem myself.

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

Base: All respondents

Q6C [S]

When it comes to making decisions about my health:

1. I want to make decisions myself, after listening to my doctor.
2. I want to share equally in decisions with my doctor.
3. I want my doctor to make decisions, after listening to me.

Base: All respondents

Q7 [S]

What is your employment status?

1. Working full-time
2. Working part-time
3. Recently unemployed
4. Retired
5. Not working at this time
6. On disability

Base: All respondents, Prompt once

Q8 [Q]

How many adults and children age 0-17 live in your household NOT including yourself?



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

Base: All respondents

Q10A [M]

Which of the following do you have access to where you live? Select all that apply

1. A view of nature from inside your home
2. A place to safely isolate if you had COVID-19
3. An outdoor space (balcony, patio, porch or yard) to safely engage with your neighbors/community
4. A greenspace (garden, a park, or woods) within walking distance

Base: All respondents

Q10B [accordion, s]

Since March 2020, how often have you done the following?

Statement in row:

- a. Spent time outdoors/interacted with nature
- b. Interacted with people in your neighborhood
- c. Walked or biked around your neighborhood

Responses in column:

1. Every day or almost every day
2. A few times a week
3. A few times a month or less
4. Never

Base: All respondents

Q10C[M]

A caregiver provides unpaid care to a relative or friend age 18 or older with a chronic or disabling condition. In the past year, have you been a caregiver? Select all that apply.

1. Yes, provide care to an adult who lives with me
2. Yes, provide care to an adult who does NOT live with me
3. No [s]

Base: Q10C = 1 OR 2

Q10D [S]

How has the COVID-19 pandemic changed your feelings of stress related to caregiving? 17

1. Much more stressful
2. A little more stressful
3. About the same
4. Less stressful



Base: Q10C = 1 OR 2

Q10E [M]

Have you experienced any of the following related to caregiving during the COVID-19 pandemic? Select all that apply.

1. Difficulty getting needed in-home and out-of-home services (e.g. nursing, therapy, or respite care)
2. Difficulty getting needed medical care for your care recipient
3. Confusion on recommended public health guidelines
4. Providing less care to reduce risk/spread of COVID-19
5. Decrease in support from family and friends
6. Increase in support from family and friends
7. Received information from health care professionals about caring for someone with COVID-19

Base: All respondents

Q10F [M]

What type(s) of health insurance do you currently have? Select all that apply.

1. Medicare (traditional Medicare or Medicare Advantage plan)
2. Medicare supplemental plan (Medigap)
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]

Section II – Hearing
Age 50-80

Base: All respondents

[Display]

The next questions are about hearing.

Base: All respondents

Q11 [S]

Do you wear/use a cochlear implant (surgically implanted device) or hearing aid?

1. Yes, hearing aid
2. Yes, cochlear implant
3. No

Base: All respondents



Q12 [S]

How would you rate your hearing [If Q11=1 insert: with a hearing aid / If Q11 =2 insert: with a cochlear implant]?

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

Base: All respondents

Q13 [S]

Has your primary care provider asked you about your hearing in the past two years?

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

Base: All respondents

Q14 [S]

Has your hearing been tested by a health care professional in the past two years?

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

Base: All respondents

Q15 [S]

How important is it for you to have your hearing tested by a health care professional every two years?

1. Very important
2. Somewhat important
3. Not important

Section II – Telehealth

Age 50-80

Base: All respondents

[Display]

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

Q16 [accordion, S PER ROW]

Do your health care professionals offer telehealth visits?



Statement 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 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: Q16 a, b, c, OR d = Yes

Q17 [accordion; M]

Have you had a telehealth visit with any of the following health care professionals? Select all that apply.

Statements in rows:

- a. Doctor, physician assistant, or nurse practitioner who provides 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, after March 1, 2020
2. Yes, before March 1, 2020
3. No [s]

Base: Q17 a, b, c, OR d = 1 or 2

Q18 [S]

How was your most recent telehealth visit conducted?

1. By video on phone
2. By video on tablet or computer
3. Audio only by phone

Base: Q17 a, b, c, OR d = 1 or 2

Q19 [M]

Why did you have a telehealth visit? Select all that apply.

1. Only option available when scheduling the appointment
2. In-person appointment was cancelled by healthcare provider and rescheduled for telehealth visit
3. Fear of COVID-19 led me to request or reschedule a telehealth visit
4. Convenience
5. Other



Base: Q17 a, b, c, OR d = 1 or 2

Q20 [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: Q17 a, b, c, OR d = 1 or 2

Q21 [accordion; 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 connected to your health care professional
- c. Amount of time spent with the health care professional
- d. Overall convenience
- e. 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: Q17 = 3 for all rows

Q22 [M]

Why have you NOT had a telehealth visit? Select all that apply.

1. Wanted to see my health care professional in-person
2. Worried about privacy
3. Not comfortable with the technology/didn't have the technology
4. Didn't consider it/wasn't given the option
5. Doctor required in-person visit
6. No recent need for a visit/telehealth visit
7. Didn't believe it would be effective
8. Other

Base: All respondents

Q23 [accordion; S]

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

Statement in rows:

- a. Primary care provider



- b. Specialty care provider
- c. Mental health care provider

Responses in columns:

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

BASE: If Q23a, b OR c = 1 or 2

Q24 [S]

How has your interest in having a telehealth visit in the future changed, if at all, due to the COVID-19 pandemic?

- 1. More interest
- 2. Same interest
- 3. Less interest

Base: All respondents

Q25 [accordion; 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
- c. For a visit with a health care professional you have already seen

Responses in columns:

- 1. Definitely yes
- 2. Probably yes
- 3. Probably no
- 4. Definitely no

Base: All respondents

Q26 [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. Not feeling personally connected to the health care professional
- d. Health care professional not being able to do a physical exam
- e. Quality of care not being as good as in-person visit

Responses in columns:



1. Yes
2. No

Base: All respondents

Q27 [S]

How comfortable are you using video technology such as FaceTime, Zoom, 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

Q28 [S]

A patient portal is a personal, password-protected connection to a health care practice for exchanging information.

Have you set up a patient portal?

1. Yes
2. No

Section III – Social Isolation

Age 50-80

The next questions are about your contact with others.

Base: All respondents

Q29 [S]

Since March 2020, how often have you felt a lack of companionship?

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

Base: All respondents

Q30 [S]

Since March 2020, would you say you feel...

1. Much more companionship
2. A little more companionship
3. About the same
4. A little less companionship
5. Much less companionship

Base: All respondents



Q31 [S]

Since March 2020, how often have you felt isolated from others?

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

Base: All respondents

Q32 [S]

Since March 2020, would you say you feel...

1. Much less isolated
2. A little less isolated
3. About the same
4. A little more isolated
5. Much more isolated

Base: All respondents

Q33 [ACCORDION]

Over the past two weeks, how often have you been bothered by the following:

Statement in row:

- a. Having little interest or pleasure in doing things
- b. Feeling down, depressed, or hopeless
- c. Having interpersonal conflicts

Response in column:

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

Base: All respondents

Q34 [S]

Since March 2020, 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

Q35 [accordion]

Since March 2020, how often, if at all, have you done the following to connect with family and friends who do not live with you?

Statement in row:

- a. Used video chat
- b. Used social media

Response in column:

- 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

Q37 [accordion]

Since March 2020, how often do you do the following?

Statement in row:

- 1. Eat a healthy diet
- 2. Get exercise
- 3. Get enough sleep
- 4. Drink alcoholic beverages
- 5. Have arguments with family or friends

Response in column:

- 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

Section V - Falls

Randomly assign R to one of the two groups DOV_V [S]: 1=Group1; 2=Group2

Base: IF DOV_V=1

[Randomize ½ of respondents to see Introduction A and the other ½ of respondents to see Introduction B.]



[Introduction A] *These next questions are about falls. Falls are where a person ends up on the ground or a lower level due to a loss of balance, slip or trip.*

[Introduction B] *These next questions are about falls. Falls can result from routine activities and are common among older adults. Falls are where a person ends up on the ground or a lower level due to a loss of balance, slip, or trip.*

Base: IF DOV_V=1

Q39[S]

In the past year, how many times have you fallen?

1. Never
2. Once
3. 2-3 times
4. 4 or more times

Base: If Q39= 2, 3 or 4

Q40 [S]

Did you receive medical care for any fall?

1. Yes
2. No

Base: IF DOV_V=1

Q41 [accordion]

Rate your agreement with the following statements.

Statement in row:

- a. I worry about falling.
- b. I limit my activities to reduce my risk of falls.
- c. I have been more sedentary because of the COVID-19 pandemic.

Response in column:

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

Section VI – ED Visits

Age 50-80

The next questions are about the emergency room (ER).

Base: All respondents

Q45 [S]

In the past 2 years, how many times did you go to an ER to receive care for yourself?

1. 0



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

Base: If Q45 = 2, 3, 4, 5

Q46 [M]

In the past 2 years, have you sought care in the ER for any of the following reasons? Select any that apply.

- 1. Could not get timely primary care appointment
- 2. Could not get timely specialty care appointment
- 3. Inability to care for myself at home
- 4. Help with medications or medical supplies (such as oxygen, mobility device)
- 5. None of the above [s]

Base: If Q45 = 2, 3, 4, 5

Q47 [accordion;S]

Thinking back to your most recent ER visit:

Statements in row:

- a. I was involved in decision-making about testing and the plan for care.
- b. The health care team involved my family, friends, and/or caregivers in discussions of my care.

Responses in column:

- 1. Too little
- 2. About right
- 3. Too much
- 4. NA - family/friends or caregiver were not present [show this response for Q47b only]

Base: If Q45 = 2, 3, 4, 5

Q48 [S]

Were you discharged from the ER at the end of your most recent visit?

- 1. Yes
- 2. No, I was hospitalized

Base: If Q48 = 1 (Yes)

Q49 [accordion]

Thinking back to your most recent ER visit, please rate your agreement with the following statements.

Statements in row:

- a. My condition was explained in a way I could understand.
- b. DURING the visit, care was explained to me.
- c. At the END of the visit, the discharge plan of care was explained to me.
- d. The hospital staff took my preferences and those of my family into account.



Responses in column:

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

Base: If Q48 = 1

Q50 [accordion]

Thinking back to your most recent ER visit, were you able to do the following as recommended after your ER visit?

Statements in row:

- a. Fill your prescriptions
- b. Follow-up with your primary care doctor
- c. Follow-up with a specialty doctor
- d. Follow-up lab testing (e.g., blood test, urine test, etc.)
- e. Follow-up radiology testing (e.g. X-ray, CT scan, MRI, ultrasound, etc.)
- f. Home care services (e.g. visiting nurse, physical therapy, etc.)

Responses in column:

1. Yes
2. No
3. Not yet, still in the process
4. Not recommended/Does not apply to me

Base: If Q45 = 2, 3, 4, 5

Q51[S]

Thinking back to your last ER visit, what did you think about how much you had to pay out of pocket for your care?

1. Lower than expected
2. About what I expected
3. Higher than expected
4. Haven't received a bill yet

Base: All respondents

Q52 [M]

If you had a health concern that may be an emergency, what sources of information would you use to decide whether to go to the ER? Select all that apply.

1. Health care provider or office staff
2. Family members/friends
3. Internet



4. None [s]

Base: All respondents

Q53 [accordion;S]

If you had to go to an ER, how important are these factors in deciding which ER to go to?

Statements in row:

- a. Location
- b. Recommended by family or friends
- c. Recommended by health care provider
- d. Reputation
- e. Covered by insurance

Responses in column:

- 1. Very important
- 2. Somewhat important
- 3. Not important

Base: All respondents

Q54 [accordion; S]

If you were deciding whether to go to the ER, how concerned would you be about the following?

Statements in row:

- a. Wait times
- b. Being admitted to the hospital
- c. Transportation home
- d. Exposure to COVID-19
- e. Out of pocket cost of care

Responses in column:

- 1. Very concerned
- 2. Somewhat concerned
- 3. Not at all concerned

Base: All respondents

Q55 [GRID;S]

If you were deciding whether to go to the ER, how concerned would you be about being unable to care for others who are dependent on you (such as family or pets)?

- 1. Very concerned
- 2. Somewhat concerned
- 3. Not at all concerned
- 4. Not applicable



Base: All respondents

Q56 [S]

Since March 2020, was there a time when you thought you needed to go to the ER but did not because you were worried about being exposed to COVID-19?

1. Yes
2. No

Base: All respondents

Q57 [S]

In the past 2 years, was there a time when you thought you needed to go to the ER but did not because you were worried about the cost?

1. Yes
2. No

Base: All respondents

Q58 [S]

How confident are you about being able to afford your out of pocket cost for an ER visit if you needed to go?

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

Section VII – Advance Care Planning

Age 50-80

These last questions are about medical decision-making.

Base: All respondents

Q59 [M]

Outside the healthcare system, with whom do you consult regarding decisions about your own health and health care? Select all that apply.

1. Spouse
2. Adult children
3. Other family/friends
4. No one [s]

Base: All respondents

Q60 [S]

Have you talked to anyone about the types of medical treatment you want or don't want if you become seriously ill?

1. Yes
2. No

Base: If Q60 = 1 (Yes)



Q60A [S]

When did you last talk with someone about the types of medical treatment you want if you become seriously ill?

1. Within the past 3 months
2. More than 3 months, but less than a year
3. 1 year or more

Base: If Q60= 1 (Yes)

Q60B [M]

What prompted you to talk with someone about the types of medical treatment you want if you become seriously ill? Select all that apply.

1. Concern about COVID-19 **[If Q60A = 1]**
2. Hospitalization/surgery/health concern for myself
3. Hospitalization of a family member or friend
4. Health care provider suggested it
5. Loss of loved one
6. Changed my preferences
7. Just felt it was important to do
8. Other

Base: If Q60= 2 (No)

Q60D [M]

Why have you not talked with someone about the types of medical treatment you want if you become seriously ill? Select at that apply.

1. Don't think it's necessary
2. Haven't gotten around to it
3. I don't like talking about these things
4. Other

Base: All respondents

Q61 [S]

Have you made any legal arrangements (sometimes called a durable power of attorney for health care) for someone to make decisions about your medical care when you cannot?

1. Yes
2. No

Base: All respondents

Q62 [S] Do you have a document that outlines the type of medical care you do or do not want when you cannot make decisions (sometimes called a living will or advance directive)?

1. Yes
2. No



Base: If Q61 or 62 = Yes [insert text to reflect responses to Q61 and Q62]

Q63 [S]

When did you last complete or update [a durable power of attorney for health care/and your living will]?

1. Within the past 3 months
2. More than 3 months ago, but less than a year
3. 1 year ago or more

Base: If Q61 or 62 = Yes [insert text to reflect responses to Q61 and Q62]

Q64 [M]

What prompted you to complete or update [a durable power of attorney for health care/ and your living will]?

Select all that apply.

1. Concern about COVID-19 **[If Q63 = 1]**
2. Hospitalization/surgery/health concern for myself
3. Hospitalization of a family member or friend
4. Health care provider suggested it
5. Loss of loved one
6. Changed my preferences
7. Just felt it was important to do
8. Other

Base: If Q61 or 62 = No [insert text to reflect responses to Q61 and Q62]

Q66 [M]

Why have you not completed [a durable power of attorney for health care/ and your living will]?

Select at that apply.

1. Don't think it's necessary
2. Haven't gotten around to it
3. I don't like thinking about these things
4. No one has asked me to
5. I don't know how
6. Cost

Base: All respondents

Q67 [S]

If you had to go to the ER, how important is it to have a conversation in the ER about **[if Q62=1: your / if Q62=2 or refused: creating an] advance directive [if Q62=2 or refused: (a document about the types of medical treatment you want if you become seriously ill)]?**

1. Very important
2. Somewhat important
3. Not important



Base: All respondents

Q68 [S]

If you had to go to the ER, how concerned are you that care you receive will not be consistent with your [If **Q62= 1: advance directive/ If Q62= 2 or refused: wishes about the types of medical treatment you want if you become seriously ill**]?

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