

NPHA Wave 8 January 2021 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

Prompt once

Q3 [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

Q4 [S]

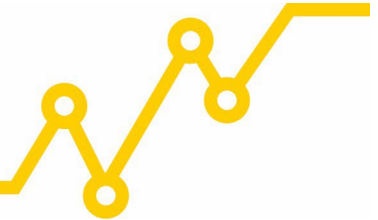
Do you have any pets?

1. Yes
2. No

Base: IF Q4=1

Q5 [S]

Did you get any of your pets since March 2020?



1. Yes
2. No

Base: ALL RESPONDENTS

Q6 [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

Q7[S]

In a typical week, how many nights do you have trouble falling or staying asleep?

1. 0 nights
2. 1-2 nights
3. 3-5 nights
4. 6-7 nights

Base: ALL RESPONDENTS

Q8 [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

Q9 [S]

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

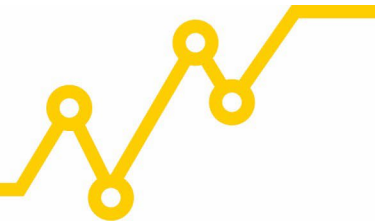
1. Hardly ever
2. Some of the time
3. Often

Base: ALL RESPONDENTS

Q12 [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

Base: ALL RESPONDENTS

Q13 [accordion, s]

Since March 2020, were any of the following true for you?

Statement in row:

- a. I delayed seeing a doctor, nurse, or another health professional because I was worried about exposure to COVID-19.
- b. I had a telehealth visit with a doctor, nurse, or another health professional.

Response in column:

1. Yes
2. No

Base: All respondents

Q14 [S]

Assuming no cost to you, how likely are you to get a COVID-19 vaccine?

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Don't know/Not sure
6. I already received a COVID-19 vaccine

Base: ALL RESPONDENTS

Q15 [M]

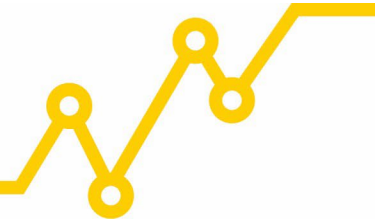
A caregiver provides unpaid care to a relative or friend age 18 or older with a chronic or disabling condition. Are you currently a caregiver? Select all that apply.

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

Section II – Falls
Age 50-80

Base: ALL RESPONDENTS

[DISPLAY1]



This next set of questions is about physical activity and falls.

Base: ALL RESPONDENTS

Q17 [S]

Moderate physical activities include activities such as brisk walking, housework, or mowing the lawn. Since March 2020, how often have you done moderate or more vigorous physical activity for at least 30 minutes?

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

Base: ALL RESPONDENTS

Q18 [S]

How has the amount of moderate or more vigorous physical activity you do changed since March 2020, if at all?

1. More physically active now
2. Less physically active now
3. No change in my physical activity

Base: ALL RESPONDENTS

Q19 [S]

How has the amount of time you spend on your feet standing or walking on a typical day changed since March 2020, if at all?

1. More time
2. Less time
3. No change

Base: ALL RESPONDENTS

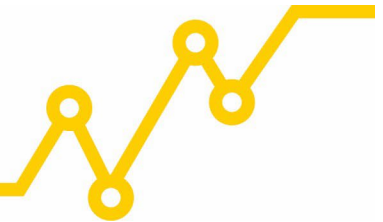
Q20 [accordion, s]

Physical conditioning is a person's flexibility, muscle strength, endurance, and ability to do physical activity. Mobility is a person's ability to move around on one's own – by walking, using assistive devices such as a cane or walker, or by using transportation.

How would you say your physical conditioning and mobility have changed since March 2020, if at all?

Statement in row:

- a. Physical conditioning
- b. Mobility



Response in column:

1. Improved
2. Worsened
3. No change

Base: ALL RESPONDENTS

Q21 [S]

Falls are where a person ends up on the ground or a lower level due to a loss of balance, slip, or trip. Since March 2020, how many times have you fallen?

1. 0 times
2. 1 time
3. 2-3 times
4. 4 or more times

BASE: If Q21= 2, 3 or 4

Q22 [M]

Where did [If Q21=2: this fall; If Q21=3,4: these falls] take place? Select all that apply.

1. Outside
2. Inside my home
3. Inside, but not in my home

BASE: If Q21= 2, 3 or 4

Q23 [M]

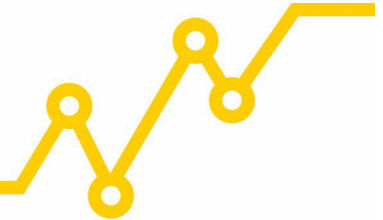
Since March 2020, have you had any of the following injuries or consequences from your [If Q21=2: fall; If Q21=3,4: falls]? Select all that apply.

1. Bruising
2. Cut or laceration requiring a bandage
3. Cut or laceration requiring sutures/stitches
4. Broken bone requiring a cast or splint
5. Sprain
6. Joint dislocation
7. Head injury
8. None of the above [s]

BASE: If Q21= 2, 3 or 4

Q24 [M]

Did you receive any of the following types of care because of [If Q21=2: your fall; If Q21=3,4: any of your falls]? Select all that apply.



1. Informal care (from family members/friends)
2. Primary care (from a primary care physician or nurse)
3. Emergency care (emergency department or urgent care)
4. Hospitalization (including surgery)
5. Physical or occupational therapy
6. Rehabilitation in a skilled nursing facility
7. None of the above

BASE: If Q21= 2, 3 or 4

Q25 [M]

Did you delay or not get any medical care that you felt you needed after your [If Q21=2: fall; If Q21=3,4: falls]?
Select all that apply.

1. Yes, delayed care
2. Yes, did not get care
3. No

BASE: If Q25 = 1 OR 2

Q26 [S]

Was the COVID-19 pandemic the major reason for delaying or not getting care you felt you needed?

1. Yes
2. No

Base: ALL RESPONDENTS

Q27 [S]

Are you afraid of falling?

1. Yes, very afraid of falling
2. Yes, somewhat afraid of falling
3. No, not afraid of falling

BASE: If Q27 = 1, 2

Q28 [S]

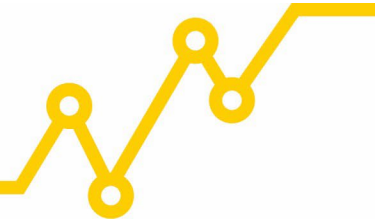
How has your fear of falling changed since March 2020?

1. More fearful of falling
2. Less fearful of falling
3. No change in my fear of falling

Section III – Blood Pressure

Age 50-80

Base: ALL RESPONDENTS



[DISPLAY2]

The next set of questions is on health conditions and health monitoring.

Base: ALL RESPONDENTS

Q29 [accordion, s]

Have you ever been told by a doctor, nurse, or another health professional (e.g., nurse practitioner, physician assistant) that you had any of the following?

Statement in row:

- a. High blood pressure or hypertension 20
- b. Stroke
- c. Heart attack, also called myocardial infarction
- d. Coronary heart disease or angina
- e. Congestive heart failure or weak or failing heart
- f. Diabetes or high blood sugar
- g. Chronic kidney disease or weak or failing kidneys

Response in columns:

1. Yes
2. No

Base: ALL RESPONDENTS

Q30 [S]

When was the last time you or someone else checked your blood pressure?

1. Within the past week
2. Within the past month
3. 1-5 months ago
4. 6 months – 2 years ago
5. More than 2 years ago

Base: ALL RESPONDENTS

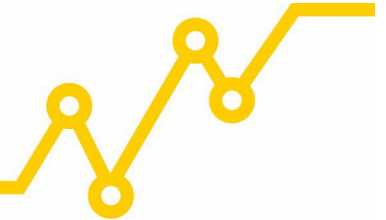
Q31 [S]

How concerned are you about your blood pressure?

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

Base: ALL RESPONDENTS

Q32 [S]



Have you ever been told by a doctor, nurse, or another health professional to periodically check your blood pressure outside of the health care system?

1. Yes
2. No

Base: ALL RESPONDENTS

Q33 [S]

Do you regularly monitor your own blood pressure?

1. Yes
2. No

BASE: If Q33=1

Q34 [M]

Why do you monitor your blood pressure? Select all that apply. 21

1. To be as healthy as possible
2. Because my doctor suggested it
3. To prevent a decline in my cognitive function
4. To reduce my risk of stroke
5. To reduce my risk of kidney disease
6. To reduce my risk of heart disease
7. Other

BASE: If Q33=1

Q35 [M]

Where do you monitor your blood pressure? Select all that apply.

1. At home
2. In a clinic
3. In the community (e.g., a pharmacy or grocery store)
4. Some other place

Base: ALL RESPONDENTS

Q36 [S]

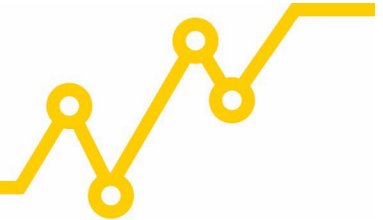
Do you have a home blood pressure monitor device with an arm cuff?

1. Yes, and I use it
2. Yes, but I don't use it
3. No

BASE: If Q36=1

Q37 [S]

How often do you typically use a home blood pressure monitor device to check your blood pressure?



1. Daily
2. Several times a week
3. Once a week
4. One to three times a month
5. Less than once a month
6. Never

BASE: If Q36=3

Q38 [M]

Why do you not have a home blood pressure monitor device? Select all that apply.

1. Too expensive
2. Not able to find one
3. Don't think I need one/never thought about getting one
4. Not sure how to use it/too complicated
5. Don't think they're accurate
6. Other

BASE: If Q37=1-5 22

Q39 [S]

Do you share your home blood pressure readings with a doctor, nurse or another health professional?

1. Yes, I take them to my doctor visits
2. Yes, my blood pressure device automatically reports them to my doctor
3. Yes, I send them to my doctor
4. No

BASE: If Q39 = 1, 2 OR 3

Q40 [S]

Does your doctor, nurse or another health professional provide feedback on your home blood pressure readings?

1. Yes
2. No

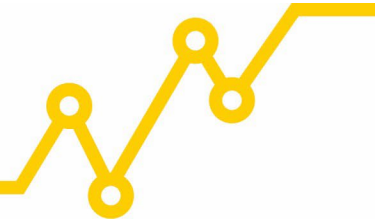
Base: ALL RESPONDENTS

Q41 [S]

Are you currently taking medication prescribed by a doctor, nurse, or another health professional to help control your high blood pressure?

1. Yes
2. No

BASE: If Q41 = 1



Q42 [accordion, s]

Are any of the following true for you?

Statement in rows:

- a. During the past 2 weeks, was there any day when you did not take your blood pressure medication?
- b. Have you ever stopped taking a blood pressure medication without telling your doctor because you felt worse when you took it?
- c. When you feel like your blood pressure is under control, do you sometimes stop taking your medication?

Response in rows:

- 1. Yes
- 2. No

BASE: If Q41 = 1

Q43 [S]

How often do you have difficulty remembering to take all your blood pressure medication?

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Frequently
- 5. Always

Section IV – Mental Health
Age 50-80

Base: ALL RESPONDENTS

[DISPLAY3]

The next set of questions is about mental health.

Base: ALL RESPONDENTS

Q44 [S]

Compared to 20 years ago, how would you rate your overall mental health now?

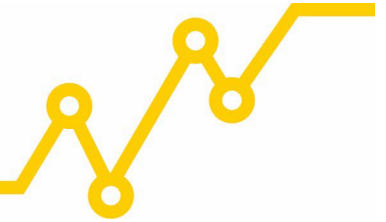
- 1. Better
- 2. About the same
- 3. Worse

Base: ALL RESPONDENTS

Q46 [S]

Compared to before the COVID-19 pandemic began, how would you rate your current overall mental health?

- 1. Better than before the pandemic



2. About the same
3. Worse than before the pandemic

Base: ALL RESPONDENTS

Q45 [S]

How comfortable are you talking about your mental health?

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

Base: ALL RESPONDENTS

Q47 [S]

If you had a mental health concern, who would you most want to talk with about it?

1. Primary care provider
2. Mental health professional (e.g. counselor, therapist, or psychiatrist)
3. Religious clergy
4. Spouse/Partner
5. Other family/friends
6. No one

Base: ALL RESPONDENTS

Q48 [M]

In the past 2 years, have you talked with any of the following about your mental health? Select all that apply.

1. Primary care provider
2. Mental health professional (e.g. counselor, therapist, psychiatrist)
3. Religious clergy
4. Spouse/Partner
5. Other family/friends
6. No one

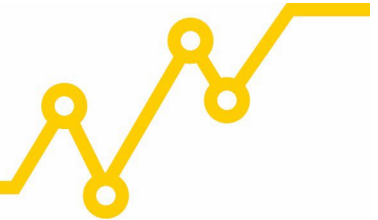
Base: ALL RESPONDENTS

Q49 [Grid; S]

In the past 2 years, have you been referred to or considered seeing a mental health professional (e.g. counselor, therapist, psychiatrist)?

1. Yes, referred
2. Yes, considered seeing
3. No

Base: ALL RESPONDENTS



Q50 [S]

Have you ever seen a mental health professional (e.g. counselor, therapist, psychiatrist)?

1. Yes, within the past year
2. Yes, 1-2 years ago
3. Yes, more than 2 years ago
4. No

BASE: Q50 = 4

Q51a1 [S]

Do you have any hesitations about seeing a mental health professional in the future?

1. Yes
2. No
3. Unsure

BASE: If Q51a1=1 or 3

Q51a [M]

Why would you be hesitant to see a mental health professional? Select all that apply.

1. I don't think I would need to
2. I don't think it would help
3. I could not afford it
4. I would feel embarrassed
5. Too hard to find a provider
6. Other

Base: ALL RESPONDENTS

Q51b [Accordion; S]

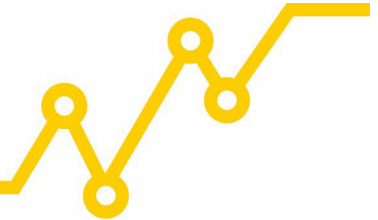
Since March 2020, how would you describe the following for yourself?

Statement in row:

- A. Sleep
- B. Anxiety/worry
- C. Depression/sadness

Response in column:

1. Better
2. Same
3. Worse



Base: ALL RESPONDENTS

Q52 [accordion; S]

Since March 2020, have you done any of the following for your mental health:

Statement in row:

- a. Discussed any new mental health concerns with your primary care provider
- b. Started seeing a mental health professional (counselor, therapist, psychiatrist)
- c. Used a new app or web-based program for your mental health
- d. Adjusted or started a new mental health medication
- e. Made a lifestyle change to improve my well-being (such as exercise, diet, meditation)

Response in column:

- 1. Yes
- 2. No

Base: ALL RESPONDENTS

Q53 [M]

Do you currently use any of the following for your mental health? Select all that apply.

- 1. Prescription medication
- 2. Over the counter medication
- 3. Herbal supplements
- 4. Marijuana/cannabis products
- 5. Alcohol
- 6. None of the above [S]

Base: ALL RESPONDENTS

Q56 [Accordion; S]

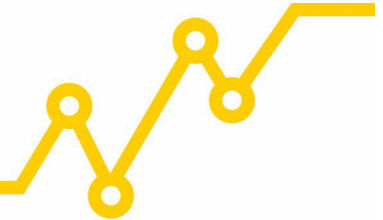
Over the past 2 weeks, including today, how often have you been bothered by the following problems:

Statement in column:

- a. Having little interest or pleasure in doing things
- b. Feeling down, depressed, or hopeless
- c. Feeling nervous, anxious, or on edge
- d. Not being able to stop or control worrying
- e. Feeling stressed

Responses underneath each row:

- 1. Not at all
- 2. Several days
- 3. More than half the days



4. Nearly every day

Section V – Alcohol
Age 50-80

Base: ALL RESPONDENTS

[DISPLAY 4]

The next set of questions is about alcohol and marijuana.

Base: ALL RESPONDENTS

Q57 [S]

How often did you have a drink containing alcohol in the past year?

1. Never
2. Monthly or less
3. 2-4 times a month
4. 2-3 times a week
5. 4 or more times a week

BASE: If Q57 = 2-5

Q58 [S]

In the past year, how many drinks containing alcohol did you have on a typical day when you were drinking?

1. 1 or 2
2. 3 to 4
3. 5 to 6
4. 7 to 9
5. 10 or more

BASE: If Q57 = 2-5

Q59 [S]

How often did you have six or more drinks on one occasion in the past year?

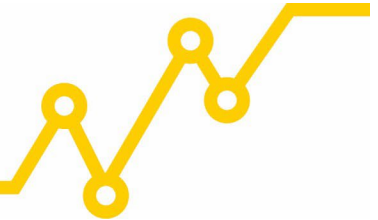
1. Daily or almost daily
2. Weekly
3. Monthly
4. Less than monthly
5. Never

Base: ALL RESPONDENTS

Q60 [S]

Was there ever a time in your life when you thought you were drinking too much alcohol?

1. Yes, in the past year



2. Yes, but not in the past year
3. No

Base: ALL RESPONDENTS

Q61 [S]

Have you ever sought help for your drinking from a therapist, doctor, or support group?

1. Yes, in the past year
2. Yes, but not in the past year
3. No

BASE: If Q57 = 2-5

Q62 [S]

Since March 2020, how has your use of alcohol changed, if at all?

1. Increased a lot
2. Increased slightly
3. Stayed the same
4. Decreased slightly
5. Decreased a lot

BASE: If Q57 = 2-5

Q63 [S]

Does alcohol ever make it hard for you to remember parts of the day or night?

1. Yes
2. No

BASE: If Q57 = 2-5

Q64 [S]

Do you ever drink alcohol while you are also using other drugs, including marijuana, prescription tranquilizers, prescription sleeping pills, prescription pain pills, or any illicit drugs?

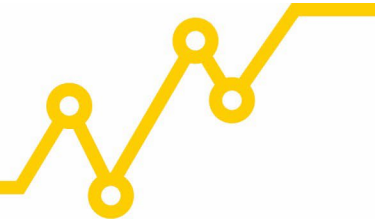
1. Yes
2. No

BASE: If Q57 = 2-5

Q65 [M]

What are the reasons that you use alcohol? Select all that apply.

1. Like the taste
2. It's part of my routine
3. Helps me relax
4. To be social
5. To cope with stress



6. To help with pain
7. To help with sleep
8. To help with mood
9. Boredom
10. Other

Base: ALL RESPONDENTS

Q66 [S]

In the past year, how often did you use cannabis products that contain THC (marijuana, pot, hash, 'edibles')?

1. Never
2. Monthly or less
3. 2-4 times a month
4. 2-3 times a week
5. 4 or more times a week

Section VI – Savings for Healthcare

Age 50-80

Base: ALL RESPONDENTS

[DISPLAY5]

The last set of questions is about health insurance and health care savings.

Base: ALL RESPONDENTS

Q67 [S]

Below is a list of different kinds of health insurance. Which of the following is your primary source of insurance coverage?

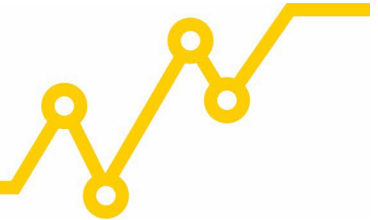
1. Health insurance through your or someone else's employer or union
2. Medicare, a government plan that pays health care bills for people aged 65 or older and for some people with disabilities
3. Medicaid or any other state medical assistance plan for those with lower incomes
4. Health insurance that you bought through a state or federal individual marketplace/exchange
5. Veteran's Affairs (VA), Department of Defense, or other military programs
6. Health insurance from some other source
7. I do not have any health care insurance/coverage

BASE: If Q67= 1 or 4

Q68 [S]

Are you the only one covered under your health insurance plan, or is there at least one other person covered?

1. Just me
2. Me and at least one other person



BASE: If (Q67= 1 or 4) AND (Q68=1 or 2)

Q69 [S]

A deductible is the amount of money you have to pay before your health insurance will pay for many health care services. This is different than what you pay to your insurance company every month (i.e., the “premium”). Is the annual deductible for medical care for your plan less than **[if Q68=1: \$1,400 / if Q68=2: \$2,800]** or **[if Q68=1: \$1,400 / if Q68=2: \$2,800]** or more?

When answering this question do not think about any separate deductibles you might have for prescription drugs, hospitalization, or out-of-network care.

1. Less than **[if Q68=1: \$1,400 / if Q68=2: \$2,800]**
2. More than **[if Q68=1: \$1,400 / if Q68=2: \$2,800]** 29
3. Do not know

BASE: If Q69=2

Q70 [S]

A Health Savings Account (HSA) is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. Individuals or employers can contribute pre-tax dollars to the account, and money withdrawn for qualified medical expenses is never taxed. Unlike a Flexible Spending Account (FSA), contributions to HSAs roll over from year to year. To qualify for an HSA you must have a high-deductible health plan, which is currently defined as a health plan with a minimum deductible of \$1,400 for an individual or \$2,800 for a family. Do you currently have a Health Savings Account (HSA)?

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

BASE: IF Q70=1

Q71[S]

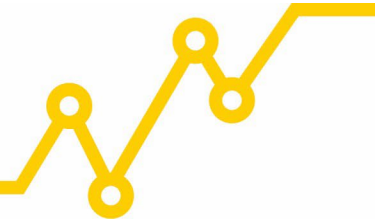
To what extent do you agree or disagree with the following statement? I use my Health Savings Account (HSA) more for retirement savings than to pay for medical expenses.

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

BASE: all respondents

Q72 [S]

A Flexible Spending Account (FSA) is a type of savings account offered by some employers to allow employees to set aside pre-tax dollars of their own money to use throughout the year to reimburse themselves for their out-of-pocket health care expenses. With a Flexible Spending Account (FSA), any money remaining in the account at the end of the year (with a short grace period) is forfeited. Do you currently have a Flexible Spending Account (FSA)?



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

Base: ALL RESPONDENTS

Q73 [S]

Health Reimbursement Arrangements (HRAs) are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts. Do you currently have a Health Reimbursement Arrangement (HRA)?

1. Yes
2. No 30
3. Don't know

Base: ALL RESPONDENTS

Q74 [Accordion; S]

In the past 12 months did you put aside money to pay for health care, before you needed it, in any of the following?

Statement in row:

- a. **[display if Q70=1]** Health Savings Account (HSA)
- b. **[display if Q72=1]** Flexible Spending Account (FSA)
- c. Personal bank account

Response in column:

1. Yes
2. No

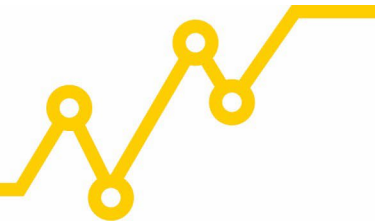
Base: If Q74 = 2 for all

Q75 [M]

What were the reasons you did not put aside money in the past 12 months to pay for health care before you needed it? Select all that apply.

1. Didn't need any health care services
2. Didn't think about it
3. Couldn't afford to
4. Already had enough savings to pay for health care I might need
5. Other

Base: If Q74=1 for any a-c



Q76 [S] About how much money in total did you put aside in the past 12 months to pay for health care before you needed it?

1. Less than \$1,000
2. \$1,000 to \$1,999
3. \$2,000 or more
4. Don't know

Base: ALL RESPONDENTS

Q77 [S]

As of right now, how confident are you that you have enough money to pay for health care you may need in the next year?

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

Base: ALL RESPONDENTS

Q78 [accordion ;S]

During the past 12 months...

Statement in row:

- a. Have you delayed seeking medical care because of worry about the cost?
- b. Was there any time when you needed medical care but did not get it because you couldn't afford it?
- c. Did you have problems paying any medical, dental, or other health care bills?

Response in column:

1. Yes
2. No

[All Respondents]

QF1. Please share any comments about this survey.