



NPHA Wave 9 August 2021 Survey

Conducted for: University of Michigan

Conducted by: NORC at the University of Chicago

Sample Source: AmeriSpeak Probability-Based Panel

Sampled Population: General Population Ages 50-80

Date Fielded: August 2-12, 2021

Although primarily a web survey, this survey was dual-mode, and some respondents took the survey through a telephone interview. The following questionnaire has been simplified to represent just the web mode version. Telephone respondents might have heard slightly different response options more befitting their mode of data collection. AmeriSpeak's standardized introduction and thank you informational screens are not included below. At the end of the document, all of the demographic, socio-economic and household profile measures that have been asked of AmeriSpeak prior to the survey and included with the final delivered data are noted.

Section I – HEALTH AND HOUSEHOLD

Age 50-80

[DISPLAY – WINTRO_1]

Thank you for agreeing to participate in our new AmeriSpeak survey!

This survey is about health and wellness.

Q1.

In general, how would you rate your physical health?

RESPONSE OPTIONS:

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

Q2.

In general, how would you rate your mental health?

RESPONSE OPTIONS:

1. Excellent



2. Very good
 3. Good
 4. Fair
 5. Poor
-

Q3.

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

Q3A [INSERT NUMBER BOX, range 0-15] adult(s)

Q3B [INSERT NUMBER BOX, range 0-15] child(ren)

Q4.

What is your employment status?

RESPONSE OPTIONS:

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

[SHOW IF Q4=3]

Q5.

When did you retire?

RESPONSE OPTIONS:

1. Before March 2020
 2. March 2020 or after
-

Q6.

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

Please select all that apply.

RESPONSE OPTIONS:

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 (please specify): [TEXTBOX] [ANCHOR]
 10. None – have no health insurance of any kind [SP] [ANCHOR]
-

Q7.

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

RESPONSE OPTIONS:

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

Q8.

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

RESPONSE OPTIONS:

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

Q9.

In the past year, how often have you had contact with family, friends, or neighbors who do not live with you?

RESPONSE OPTIONS:

1. Every day
 2. Several times a week
 3. Once a week
 4. Every 2-3 weeks
 5. Once a month or less
-

Q10.

Have you gotten the COVID-19 vaccine?

RESPONSE OPTIONS:

1. Yes, I'm fully vaccinated
2. Yes, I've had one dose and need one more dose



3. No

[SHOW IF Q10=3]

Q11.

How likely are you to get a COVID-19 vaccine?

RESPONSE OPTIONS:

1. Very likely
 2. Somewhat likely
 3. Somewhat unlikely
 4. Very unlikely
 77. Don't know/Not sure
-

Q11A.

Should the COVID-19 vaccine be required for all health care workers?

RESPONSE OPTIONS:

1. Yes, definitely require
 2. Yes, probably
 3. No
-

Q12.

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?

Please select all that apply.

RESPONSE OPTIONS:

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
-

Q13.

What types of electronic devices do you regularly use?

Please select all that apply.

RESPONSE OPTIONS:

1. Desktop/laptop



-
2. Smartphone
 3. Tablet/iPad
 4. Smartwatch
 5. Fitness tracker

Q14.

In the past three months, how often have you done any of the following?

GRID ITEMS:

- A. Used video chat (e.g., FaceTime, Google Duo, Zoom)
- B. Used social media (e.g., Facebook, Instagram, Twitter)
- C. Used apps for your health (e.g., myFitnessPal, Apple Health)
- D. Purchased groceries online (for pick-up or delivery)

RESPONSE OPTIONS:

1. Daily or almost everyday
2. At least weekly
3. At least monthly
4. Less than monthly
5. Not at all

Q15.

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

Have you used a patient portal?

RESPONSE OPTIONS:

1. Yes
2. No, I don't have one
3. No, I have one, but do not use it

Q16.

Telehealth is when patients and health care professionals have health care visits by video chat, phones, or computers.

Have you had a telehealth visit with any of your health care providers?

Please select all that apply.

RESPONSE OPTIONS:



1. Yes, after March 1, 2020
2. Yes, before March 1, 2020
3. No

Section II – TRAVEL
Age 50-80

DISPLAY2.

The next questions are about travel.

Q17A.

Do you plan to travel over the holidays (November 2021 - January 2022)?

RESPONSE OPTIONS:

1. Yes
2. No
77. Unsure

Q17.

In the next year, do you plan to take any trips where you will travel at least 100 miles away from home and stay for 2 or more weeks?

RESPONSE OPTIONS:

1. Yes, for 2-4 weeks
2. Yes, for 1 month or longer
3. No

[SHOW IF Q17=1 OR 2]

Q18.

Where do you plan to travel in the next year?

Please select all that apply.

RESPONSE OPTIONS:

1. Within my state
2. Outside my state but within the U.S.
3. Outside the U.S.

[SHOW IF Q17=1 OR 2]

Q19.



What type of transportation will you use when you travel in the next year?

Please select all that apply.

RESPONSE OPTIONS:

1. Car
2. Plane
3. Other

[SHOW IF Q17=1 OR 2]

Q20.

Do you plan to do any of the following before you travel?

GRID ITEMS:

- A. Ensure I have enough prescription medication for the duration of my trip
- B. Ensure I have enough medical supplies for the duration of my trip
- C. Visit my primary care provider before traveling
- D. Identify a doctor or clinic in the area I will travel to
- E. Check what my health insurance covers in the area I will travel to
- F. Purchase additional health insurance coverage

RESPONSE OPTIONS:

1. Yes
2. No
3. Not applicable

[SHOW IF Q17=1 OR 2]

Q21.

If you need to see a doctor while traveling, where would you likely seek care?

Please select all that apply.

RESPONSE OPTIONS:

1. My regular primary care provider via telehealth
2. Local hospital emergency room
3. Local clinic or doctor (not urgent care)
4. Local urgent care clinic or clinic in a pharmacy or store
5. I would not seek care while traveling

[SHOW IF Q17=1 OR 2]

Q21A.



If there was a spike in COVID-19 cases in the area you plan to travel to, how would this affect your decision to travel?

RESPONSE OPTIONS:

1. No impact on my plans
2. May change my plans
3. I definitely would change my plans

Q22.

In the past year, did you take any trips where you traveled at least 100 miles away from home and stayed 2 or more weeks?

Please select all that apply.

RESPONSE OPTIONS:

1. Yes, for 2-4 weeks
2. Yes, for 1 month or longer
3. No

[SHOW IF Q22=1 OR 2]

Q23.

Did you do any of the following before you traveled?

Did you do the following before you traveled?

GRID ITEMS:

- A. Ensured I had enough prescription medication for the duration of my trip
- B. Ensured I had enough medical supplies for the duration of my trip
- C. Visited a primary care provider
- D. Identified a doctor or clinic in the area I traveled to
- E. Checked what my health insurance covers in the area I traveled to
- F. Purchased additional health insurance coverage

RESPONSE OPTIONS:

1. Yes
2. No
3. Not applicable

[SHOW IF Q22=1 OR 2]

Q24.

In the past year, was there a time you thought you needed medical care while traveling?



RESPONSE OPTIONS:

1. Yes, and I got care
2. Yes, but I did not get care
3. No

[SHOW IF Q24=1]

Q25.

Where did you seek medical care when traveling?

RESPONSE OPTIONS:

1. My regular primary care provider via telehealth
2. Local hospital emergency room
3. Local clinic or doctor (not urgent care)
4. Urgent care clinic/clinic located in a pharmacy or a retail store
5. Other place

Section III – MOBILE HEALTH APPS
Age 50-80

DISPLAY3.

The next questions are about mobile health apps, which are programs that run on smartphones or tablets that can:

- Keep track of your health information (e.g., diet, exercise, weight loss, or sleep)
- Give you information about health
- Help you share information with your healthcare professional

Q26.

Do you use any health apps?

RESPONSE OPTIONS:

1. Yes, currently use
2. No, but have used in the past
3. No, have never used

[SHOW IF Q26=2 OR 3]

Q27.

Why don't you currently use health apps?



Please select all that apply.

RESPONSE OPTIONS:

1. Not sure they could help
2. Don't know how to get/use them
3. Not interested
4. Cost
5. Never thought about using them
6. Not comfortable with technology
7. Don't have a smartphone/tablet
8. Other

[SHOW IF (Q26=1 OR 2)
Q28.

Do you or have you ever used health app(s) for...

GRID ITEMS:

- A. Nutrition/diet
- B. Exercise/physical activity
- C. Weight loss
- D. Sleep
- E. Mental health/stress management
- F. Blood pressure
- G. Meditation
- H. Other

RESPONSE OPTIONS:

1. Currently use
2. Stopped using
3. Have never used

[SHOW IF (Q26=1 OR 2)]
Q29.

How [INSERT IF Q26=1: do you; INSERT IF Q26=2: did you] use health apps?

Please select all that apply.

RESPONSE OPTIONS:

1. Keep track of my health (such as diet, exercise, weight loss, or sleep)
2. Share or compete with family/friends
3. Get information about health



-
4. Share information with my healthcare provider(s)
 5. Other
-

[SHOW IF (Q26=1 OR 2)]

Q30.

How confident are you that your personal data on health apps will be kept private and secure?

RESPONSE OPTIONS:

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

Q31.

The next few questions are about diabetes.

Do you have diabetes?

RESPONSE OPTIONS:

1. Yes, type 1
 2. Yes, type 2
 3. Yes, other (not type 1 or type 2)
 4. Yes, don't know which type
 5. No
-

[SHOW IF (Q31=1 OR 2) AND (Q26=1 OR 2)]

Q32.

Do you currently use a health app to track your blood sugar?

RESPONSE OPTIONS:

1. Yes
 2. No, but I may be interested in using one
 3. No, and I am not interested in using one
-

[SHOW IF (Q31=1 OR 2) AND (Q26=1 OR 2)]

Q33.

Do you currently use a health app to track your diabetes medication?

RESPONSE OPTIONS:

1. Yes



2. No, but I may be interested in using one
 3. No, and I am not interested in using one
-

[SHOW IF (Q31=1 OR 2)]

Q34.

Continuous glucose monitors (CGMs) repeatedly check your blood sugar for 10-14 days using a small patch worn on your skin. They do not require any finger sticks.

What statement best represents your experience with CGMs?

RESPONSE OPTIONS:

1. Never heard of CGMs
 2. Heard of CGMs, but have never used one
 3. Used a CGM in the past, but do not use one now
 4. Currently use a CGM
-

[SHOW IF Q34=1, 2, OR 3]

Q35.

How interested are you in using a CGM [INSERT IF Q34=3: now]?

RESPONSE OPTIONS:

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

Section IV – ELECTIVE SURGERY Age 50-80

DISPLAY5.

The next questions are about elective surgery.

Q36.

Elective surgery is a surgical procedure that is scheduled in advance and is not done for an immediately life-threatening health problem.

In the last 5 years, did you consider having an elective surgery?

RESPONSE OPTIONS:

1. Yes



2. No

[SHOW IF Q36=1]

Q37.

Think back to the most recent time you considered having an elective surgery. Did you talk with a doctor about having this surgery?

RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF Q36=1]

Q38.

When was the most recent time you considered having an elective surgery?

RESPONSE OPTIONS:

1. Within the last year
 2. 1 to 3 years ago
 3. 4 to 5 years ago
 77. Unsure
-

[SHOW IF Q36=1]

Q39.

What was the most recent type of surgery you considered having?

RESPONSE OPTIONS:

1. Abdominal surgery (e.g., hernia repair, gall bladder removal, hysterectomy)
 2. Joint surgery (e.g., hip or knee replacement)
 3. Heart surgery (e.g., valve replacement)
 4. Eye surgery (e.g., cataract surgery)
 5. Head or neck surgery (e.g., nose or sinus surgery)
 6. Breast surgery (e.g., lumpectomy or mastectomy)
 7. Arm or shoulder surgery (e.g., shoulder arthroscopy)
 8. Foot or leg surgery (e.g., an amputation)
 9. Back surgery (e.g., laminectomy or fusion)
 10. Cosmetic surgery (e.g., face lift, abdominoplasty)
 11. Other
-



[SHOW IF Q36=1]

Q40.

Did you have the surgery?

RESPONSE OPTIONS:

1. Yes
2. No, but plan to within the next year
3. No, but plan to in more than a year
4. No, and I am not planning to

[SHOW IF Q36=1]

Q41.

Think back to the most recent time you considered having an elective surgery. The next questions ask about your decisions on whether to have this surgery and when to have this surgery.

In your decision about whether to have this surgery, how concerned were you about the following?

GRID ITEMS:

- A. Difficulty of recovery
- B. Pain/discomfort
- C. Your out-of-pocket costs
- D. Exposure to COVID-19
- E. Time needed to be off work
- F. Having someone care for you after surgery
- G. Inability to care for someone else after surgery
- H. Transportation for surgery and follow-up care

RESPONSE OPTIONS:

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

[SHOW IF Q36=1]

Q42.

In deciding whether to have this surgery, what sources of information did you use?

Please select all that apply.

RESPONSE OPTIONS:

1. Surgeon
2. Primary care provider
3. Other health care providers



-
4. Family members/friends
 5. Internet
 6. Other sources

[SHOW IF Q36=1]

Q43.

Please rate how much you agree or disagree that you understood the following things when deciding whether to have this surgery.

GRID ITEMS:

- A. Benefits of the surgery
- B. Risks of the surgery
- C. Health risks of delaying the surgery
- D. What the recovery process would be like
- E. What your out-of-pocket costs would be

RESPONSE OPTIONS:

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

[SHOW IF Q40=2 OR 3]

Q44.

In your decision about when to have your surgery, were you concerned about any of the following?

Please select all that apply.

RESPONSE OPTIONS:

1. Difficulty of recovery
 2. Pain/discomfort
 3. Your out-of-pocket costs
 4. Exposure to COVID-19
 5. Time needed to be off work
 6. Having someone care for you after surgery
 7. Inability to care for someone else after surgery
 8. Transportation for surgery and follow-up care
 9. Waiting until retirement to have the surgery
-



[SHOW IF Q40=1]

Q45.

How satisfied or dissatisfied were you overall with the outcome of your surgery?

RESPONSE OPTIONS:

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

[SHOW IF Q36=2 OR Q40=4]

Q46.

If you needed an elective surgery in the future, how important would the following factors be in making a decision about whether to have the surgery?

GRID ITEMS:

- A. Ratings/reviews of the hospital
- B. Ratings/reviews of the surgeon
- C. Recommendation from your primary care provider
- D. Recommendations from family or friends
- E. Travel distance to the hospital/facility
- F. Having the surgery in the same health system as your primary care provider
- G. Health insurance coverage for the surgery
- H. Understanding your out-of-pocket medical costs for the surgery
- I. Being able to get a second opinion before the surgery

RESPONSE OPTIONS:

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

[SHOW IF Q36=2]

Q47.

If you needed elective surgery in the future, would you be concerned about any of the following?

Please select all that apply.

RESPONSE OPTIONS:

1. Difficulty of recovery
2. Pain/discomfort
3. Your out-of-pocket costs
4. Exposure to COVID-19



5. Time needed to be off work
6. Having someone to care for you after surgery
7. Inability to care for someone else after the surgery
8. Transportation for surgery and follow-up care
9. Waiting until retirement to have the surgery

Section V – JOYS AND STRESSES

Age 50-80

DISPLAY6.

The next questions are about joys and stresses now and those experienced since the pandemic began.

Q48.

Generally, how much JOY do you feel these days?

RESPONSE OPTIONS:

1. A lot
 2. Some
 3. Very little
 4. None
-

Q49.

Generally, how much STRESS do you feel these days?

RESPONSE OPTIONS:

1. A lot
 2. Some
 3. Very little
 4. None
-

Q50.

Since March 2020, to what extent have the following relationships been a source of JOY for you?

GRID ITEMS:

- A. Spouse/partner
- B. Children
- C. Grandchildren



- D. Friends
- E. Neighbors
- F. [SHOW IF Q4=1 OR 2: Co-workers]

RESPONSE OPTIONS:

- 1. A lot
- 2. Some
- 3. Very little
- 4. Not at all
- 5. Not applicable

Q51.

Since March 2020, to what extent have the following relationships been a source of STRESS for you?

GRID ITEMS:

- A. Spouse/partner
- B. Children
- C. Grandchildren
- D. Friends
- E. Neighbors
- F. [SHOW IF Q4=1 OR 2: Co-workers]

RESPONSE OPTIONS:

- 1. A lot
- 2. Some
- 3. Very little
- 4. Not at all
- 5. Not applicable

Q52.

Since March 2020, to what extent have the following activities been a source of JOY for you?

GRID ITEMS:

- A. Connecting with others by phone or virtually
- B. Connecting with others in person
- C. New or strengthened friendships or relationships
- D. Spending time on social media (e.g., Facebook, Instagram, Twitter)



RESPONSE OPTIONS:

1. A lot
 2. Some
 3. Very little
 4. Not at all
 5. Not applicable
-

Q53.

To what extent do you currently feel STRESS when doing or thinking about doing the following activities?

GRID ITEMS:

- A. Leaving your home
- B. Having visitors inside your home
- C. Receiving medical care in person
- D. Being in a crowded indoor space
- E. Being in a crowded outdoor space

RESPONSE OPTIONS:

1. A lot
 2. Some
 3. Very little
 4. Not at all
 5. Not applicable
-

Q54.

Since March 2020, to what extent have the following activities been a source of JOY for you?

GRID ITEMS:

- A. Physical activity
- B. Being outdoors
- C. Work
- D. Pets
- E. Being alone

RESPONSE OPTIONS:

1. A lot
2. Some



3. Very little
 4. Not at all
 5. Not applicable
-

Q55.

Since March 2020, to what extent have the following caused you STRESS?

GRID ITEMS:

- A. Your health
- B. Your ability to get health care
- C. Getting COVID-19
- D. Money
- E. Well-being of family/friends
- F. National events/politics

RESPONSE OPTIONS:

1. A lot
 2. Some
 3. Very little
 4. Not at all
 5. Not applicable
-

Q56.

Since March 2020, to what extent have the following activities been a source of JOY for you?

GRID ITEMS:

- A. Attending online events
- B. Spending time on hobbies, skills, or projects
- C. Volunteering or helping others
- D. Attending spiritual or religious activities

RESPONSE OPTIONS:

1. A lot
 2. Some
 3. Very little
 4. Not at all
 5. Not applicable
-



Q57.

Since March 2020, to what extent have you felt a sense of LOSS over missing the following activities or not doing them like normal?

GRID ITEMS:

- a. Going on vacation
- b. Spending time with family in person
- c. Spending time with friends in person
- d. Attending large events (e.g., concerts, festivals, sports)
- e. Attending celebrations (e.g., birthday parties, weddings)

RESPONSE OPTIONS:

- 1. A lot
 - 2. Some
 - 3. Very little
 - 4. Not at all
-

Q58.

How much JOY do you feel when thinking about the future?

RESPONSE OPTIONS:

- 1. A lot
 - 2. Some
 - 3. Very little
 - 4. None
-

Q59.

How much STRESS do you feel when thinking about the future?

RESPONSE OPTIONS:

- 1. A lot
 - 2. Some
 - 3. Very little
 - 4. None
-



Q60.

Compared to before the pandemic, how resilient (e.g., able to overcome challenges, recover, “bounce back”) do you feel?

RESPONSE OPTIONS:

1. More
 2. About the same
 3. Less
-



**Demographic Profile:
Additional questions asked of panelists prior to this survey
and are included with the survey data**

Variable	Values
Gender	1 = Male
	2 = Female
Age	Age in years
Age (2 categories)	1 = 18-29; 2 = 30-44; 3 = 45-59; 4 = 60+
Education (5 categories)	1 = Less than HS
	2 = HS graduate
	3 = Vocational/tech school/some college/associates
	4 = Bachelor's degree
	5 = Post grad study/professional degree
Race/Ethnicity	1 = White, Non-Hispanic
	2 = Black, Non-Hispanic
	3 = Other, Non-Hispanic
	4 = Hispanic
	5 = 2+ races, Non-Hispanic
	6 = Asian/Pacific Islander, Non-Hispanic
Housing Type	1 = A one-family house detached from any other house
	2 = A one-family house attached to one or more houses
	3 = A building with 2 or more apartments
	4 = A mobile home or trailer
	5 = Boat, RV, van, etc.
Household Income (18 categories)	1 = Less than \$5,000 2 = \$5,000 to \$9,999
	3 = \$10,000 to \$14,999 4 = \$15,000 to \$19,999
	5 = \$20,000 to \$24,999 6 = \$25,000 to \$29,999
	7 = \$30,000 to \$34,999 8 = \$35,000 to \$39,999
	9 = \$40,000 to \$49,999 10 = \$50,000 to \$59,999
	11 = \$60,000 to \$74,999 12 = \$75,000 to \$84,999
	13 = \$85,000 to \$99,999 14 = \$100,000 to \$124,999
	15 = \$125,000 to \$149,999 16 = \$150,000 to \$174,999
	17 = \$175,000 to \$199,999 18 = \$200,000 or more
Household Income (9 categories)	1 = Less than \$10,000
	2 = \$10,000 to \$19,999
	3 = \$20,000 to \$29,999
	4 = \$30,000 to \$39,999
	5 = \$40,000 to \$49,999
	6 = \$50,000 to \$74,999
	7 = \$75,000 to \$99,999
	8 = \$100,000 to \$149,999
	9 = \$150,000 or more
Household Income (4 categories)	1 = Less than \$30,000
	2 = \$30,000 to \$59,999
	3 = \$60,000 to \$99,999
	4 = \$100,000 or more



Variable	Values
Marital Status	1 = Married
	2 = Widowed
	3 = Divorced
	4 = Separated
	5 = Never married
	6 = Living with partner
Metropolitan Statistical Area Status	0 = Non-Metro
	1 = Metro (as defined US OMB Core-Based Statistical Area)
Home Internet Access	0 = No
	1 = Yes
Telephone Service	1 = Landline telephone only
	2 = Have a landline, but mostly use cellphone
	3 = Have cellphone, but mostly use landline
	4 = Cellphone only
	5 = No telephone service
Ownership of Living Quarters	1 = Owned or being bought by you or someone in your household
	2 = Rented for cash
	3 = Occupied without payment of cash rent
Region 4 (US Census)	1 = Northeast
	2 = Midwest
	3 = South
	4 = West
Region 9 (US Census)	1 = New England
	2 = Mid-Atlantic
	3 = East-North Central
	4 = West-North Central
	5 = South Atlantic
	6 = East-South Central
	7 = West-South Central
	8 = Mountain
	9 = Pacific
State	State of residence
Household Size	Total number of members in household
HH members, age 0-1	Number of household members in age group
HH members, age 2-5	Number of household members in age group
HH members, age 6-12	Number of household members in age group
HH members, age 13-17	Number of household members in age group
HH members, age 18+	Number of household members in age group
Current Employment Status	1 = Working - as a paid employee
	2 = Working - self-employed
	3 = Not working - on temporary layoff from a job
	4 = Not working - looking for work
	5 = Not working – retired
	6 = Not working – disabled
	7 = Not working – other
Overall health	1 = Gotten better



Variable	Values
	2 = Gotten worse
	3 = Stayed about the same
High blood pressure or hypertension	1 = Yes
	2 = No
Diabetes or high blood sugar	1 = Yes
	2 = No
High blood cholesterol level	1 = Yes
	2 = No
Cancer or a malignant tumor, excluding minor skin cancer	1 = Yes
	2 = No
Lung disease such as chronic bronchitis or emphysema	1 = Yes
	2 = No
A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems	1 = Yes
	2 = No
A stroke	1 = Yes
	2 = No
Any emotional, nervous, or psychiatric problem	1 = Yes
	2 = No
Alzheimer's disease	1 = Yes
	2 = No
Dementia, senility or any other serious memory impairment	1 = Yes
	2 = No
Arthritis or rheumatism	1 = Yes
	2 = No
COVID-19	1 = Yes
	2 = No
Other medical condition(s)	1 = Yes
	2 = No
No medical conditions	1 = Yes
	2 = No
Health insurance coverage	1 = A plan through your employer
	2 = A plan through your spouse's employer
	3 = A plan you purchased yourself directly from an insurance company
	4 = DOV_QHL033_4
	5 = Medicare
	6 = DOV_QHL033_6
	7 = Some other source
Mental health professional	1 = Yes
	2 = No
Premium	1 = Very confident
	2 = Somewhat confident
	3 = Not too confident
	4 = Not at all confident
Deductible	1 = Very confident
	2 = Somewhat confident



Variable	Values
	3 = Not too confident
	4 = Not at all confident
Co-payments	1 = Very confident
	2 = Somewhat confident
	3 = Not too confident
	4 = Not at all confident
Co-insurance	1 = Very confident
	2 = Somewhat confident
	3 = Not too confident
	4 = Not at all confident
Maximum annual out-of-pocket spending	1 = Very confident
	2 = Somewhat confident
	3 = Not too confident
	4 = Not at all confident
Provider network	1 = Very confident
	2 = Somewhat confident
	3 = Not too confident
	4 = Not at all confident
Covered services	1 = Very confident
	2 = Somewhat confident
	3 = Not too confident
	4 = Not at all confident