



NPHA Wave 10 January 2022 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: January 21-February 7, 2022

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!

Some of the questions in this survey may be considered sensitive. As a reminder, to protect the privacy of participants on our panel, AmeriSpeak has obtained a Certificate of Confidentiality covering the AmeriSpeak Panel. This information is available to panelists (and publicly) at: <https://www.amerispeak.org/privacy> As always, your answers are confidential.

This survey is about health and wellness. You may find a few questions to be of a sensitive nature. You can skip any questions within the survey as you see fit.

To thank you for sharing your opinions, we will give you a reward of AmeriPoints after completing the survey.

Please use the "Continue" button to move forward within the questionnaire. Do not use your browser buttons.

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)

Q5.

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]
-

Q6.

Do you have a disability, impairment, or chronic health condition that limits your activities?

CAWI RESPONSE OPTIONS:



1. Yes
 2. No
-

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
-

Q10A.

In general, how satisfied are you with your current social activities/social life?

RESPONSE OPTIONS:

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

Q10B.

In general, how satisfied are you with the relationships you have with those close to you?



RESPONSE OPTIONS:

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

Q11.

What is your relationship status?

Please select all that apply.

RESPONSE OPTIONS:

1. Married
 2. Living with a partner
 3. Partnered/dating (not living together)
 4. Widowed
 5. Divorced or Separated
 6. Never Married
-

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?

[CAWI - REMOVE BOLD] <i> 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 [SP]
-

Q13.

Do you receive services from a caregiver?

Please select all that apply.

RESPONSE OPTIONS:

1. Yes, a paid caregiver
 2. Yes, an unpaid caregiver
 3. No
-



Q14.

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. I have one set up, but do not use it
3. No, I don't have one

Q15.

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 in the past year?

RESPONSE OPTIONS:

1. Yes
2. No

Section II – AGING IN PLACE
Age 50-80

[DISPLAY - PLACE.]

The next set of questions are about staying in your home as you get older which is called "aging in place."

Q16.

If you were unable to do these things on your own, do you have someone in your life who could help you with the following tasks?

GRID ITEMS:

- A. Household chores
- B. Grocery shopping
- C. Personal care (such as bathing, helping to dress)
- D. Manage your finances

RESPONSE OPTIONS:

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



4. Definitely no

Q17.

If you needed help with household chores, shopping, personal care, or managing finances, how confident are you that you could afford to pay for these services?

RESPONSE OPTIONS:

1. Very confident
 2. Somewhat confident
 3. Not very confident
 4. Not at all confident
-

Q18.

Is there a place or organization in your community that feels welcoming for people your age to socialize, exercise, and/or participate in activities?

RESPONSE OPTIONS:

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

Q19.

Do you think your current home has the features you would need to be able to continue living there as you age?

RESPONSE OPTIONS:

1. Definitely yes
 2. Probably yes
 3. No
-

Q20.

Do you have any of the following in your home?

GRID ITEMS:

- A. Grab bars in the bathroom
- B. Shower bench/chair
- C. Ramp into home/no stairs for entry
- D. Door frames wide enough for a wheelchair
- E. Roll in shower (barrier-free)
- F. Raised toilet height
- G. Lever door handles



- H. Main floor bathroom
- I. Main floor bedroom

RESPONSE OPTIONS:

- 1. Yes
- 2. No

Q21.

How much consideration have you given to what modifications may be necessary for your home for you to be able to stay there as you age?

RESPONSE OPTIONS:

- 1. A lot
- 2. Some
- 3. Little
- 4. None

Q22.

Do you have any smart technologies in your home (e.g., appliances and/or electronic devices that can be controlled remotely)?

RESPONSE OPTIONS:

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

[If Q22 = 1, 77]

Q23.

Do you use any of the smart technologies listed below in your home?

Please select all that apply.

RESPONSE OPTIONS:

- 1. Smart stove alarm
- 2. Smart thermostat
- 3. Smart water/bath temperature monitor
- 4. Water leak detector
- 5. Smart medication pillbox
- 6. Large display/High visibility telephones
- 7. Personal emergency response system
- 8. Doorbell camera
- 9. Voice controlled assistive devices (e.g, Echo, iHome etc.)



- 10. Other
 - 11. None of the above [\[SP\]](#) [\[ANCHOR\]](#)
-

[\[SHOW IF \(Q3A=1-15 or Q3B=1-15\)\]](#)

Q24.

Does anyone in your household (not including yourself) have a disability, impairment, or chronic health condition that limits their activities?

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-

Q25.

How difficult is it for you to use the main rooms in your home due to clutter or the number of possessions you have?

RESPONSE OPTIONS:

- 1. Very difficult
 - 2. Somewhat difficult
 - 3. Not very difficult
 - 4. Not at all difficult
-

Q26.

Have you moved in the past 5 years?

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-

[\[SHOW IF Q26 =1\]](#)

Q27.

During your last move, did you...

GRID ITEMS:

- A. move to a smaller home
- B. move closer to relatives
- C. move in with relatives or have relatives move in with you
- D. move to a home that is easier to get around in (e.g., a single-story home)

RESPONSE OPTIONS:

- 1. Yes



-
2. No
-

[SHOW IF Q26 = 2 OR (Q27A, Q27B, Q27C, Q27D=2)]

Q28.

In the next 5 years, are you planning to...

RESPONSE OPTIONS:

- A. move to a smaller home?]
- B. move closer to relatives?]
- C. move in with relatives or have relatives move in with you?]
- D. move to a home that is easier to get around in (e.g., a single-story home)?]

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
 - 3. Maybe
-

Q29.

How important is it for you to be able to stay in your current home for as long as possible?

RESPONSE OPTIONS:

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

Section III – ARTHRITIS
Age 50-80

[DISPLAY_ARTHRITIS.]

The next set of questions are on arthritis and joint pain.

Q30.

How much do you agree or disagree with the following statements?

GRID ITEMS:

- A. There is nothing a person with arthritis or joint pain can do to make their symptoms better.
- B. Arthritis and joint pain are a normal part of aging.

RESPONSE OPTIONS:

- 1. Strongly agree
- 2. Agree



3. Disagree
 4. Strongly disagree
-

Q31.

Do you currently experience any symptoms of arthritis or joint pain?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF Q31 = 1]

Q32.

How would you rate the severity of your arthritis or joint pain?

RESPONSE OPTIONS:

1. Mild
 2. Moderate
 3. Severe
-

[SHOW IF Q31 = 1]

Q33.

How confident are you that you can manage your arthritis or joint pain on your own?

RESPONSE OPTIONS:

1. Very confident
 2. Somewhat confident
 3. Not very confident
 4. Not at all confident
-

[SHOW IF Q31 = 1]

Q34.

How often do you experience arthritis or joint pain?

RESPONSE OPTIONS:

1. Every day
 2. More than half the days
 3. About half the days
 4. Less than half the days
 5. Rarely
-



[SHOW IF Q31 = 1]

Q35.

Are you limited in any of your usual activities because of arthritis or joint pain?

RESPONSE OPTIONS:

1. Yes, very limited
2. Yes, somewhat limited
3. No

[SHOW IF Q31 = 1]

Q36.

How much does your arthritis or joint pain interfere with your day-to-day life?

RESPONSE OPTIONS:

1. Quite a bit
2. Somewhat
3. Not too much
4. Not at all

Q37.

Have you ever been told by a health care professional that you have any of the following?

Please select all that apply.

RESPONSE OPTIONS:

1. Osteoarthritis, also called “wear and tear” or “bone on bone” arthritis
2. Rheumatoid Arthritis or “RA”
3. Gout or pseudogout
4. Another kind of arthritis, like psoriatic arthritis, lupus, ankylosing spondylitis
5. Arthritis, but not sure what type
6. None of the above [SP]

Q38.

In the past year, have you taken any of the following for arthritis or joint pain?

Please select all that apply.

RESPONSE OPTIONS:

1. Steroid pills taken by mouth (such as prednisone, prednisolone, hydrocortisone, or Medrol)
2. Steroid shots into the joint (intra-articular steroids)
3. Nonsteroidal anti-inflammatories (such as Tylenol, aspirin, naproxen, ibuprofen, voltaren)
4. Disease-modifying anti-rheumatic drugs (such as Methotrexate, Plaquenil/hydroxychloroquine)



-
5. Opioids (such as Vicodin, Percocet, Tramadol)
 6. Other prescription pain medications (such as Neurontin/gabapentin, Flexeril/cyclobenzaprine, Cymbalta/duloxetine)
 7. Supplements (such as glucosamine, chondroitin, MSM - methylsulfonylmethane, turmeric, Boswellia, fish oil)
 8. Cannabidiol (CBD)
 9. Marijuana
 10. Other
-

[SHOW IF Q38_1 = 1]

Q39A.

Have you ever discussed the risks of taking steroid pills with your health care provider?

RESPONSE OPTIONS:

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

[SHOW IF Q38_4 = 1]

Q39B.

Have you ever discussed the risks of taking disease-modifying anti-rheumatic drugs (such as Methotrexate, Plaquenil/hydroxychloroquine) with your health care provider?

RESPONSE OPTIONS:

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

[SHOW IF TWO OR MORE RESPONSE OPTIONS SELECTED FOR Q38=1]

Q39.

Has your health care provider ever discussed the risks of arthritis medication interactions with you?

RESPONSE OPTIONS:

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

[SHOW IF Q38_1 = 1]

Q40.

On average, how often do you take steroid pills for joint pain?



RESPONSE OPTIONS:

1. More than once a month
 2. Once a month
 3. Once every few months
 4. 1 or 2 times a year
 5. Less than once a year
-

[SHOW IF Q38_2 = 1]

Q41.

On average, how often do you get steroid shots for joint pain?

RESPONSE OPTIONS:

1. More than once a month
 2. Once a month
 3. Once every few months
 4. 1 or 2 times a year
 5. Less than once a year
-

[SHOW IF ANY (Q38_1, Q38_2, Q38_3, Q38_4, Q38_5, Q38_6, Q38_7, Q38_8, Q38_9)=1]

Q43.

How helpful is/are [INSERT Q38 IN LOWERCASE] in relieving your arthritis or joint pain symptoms?

RESPONSE OPTIONS:

1. Very helpful
 2. Somewhat helpful
 3. Not helpful
 77. Not sure
-

[SHOW IF Q31 = 1]

Q42.

Within the past year, have you done any of the following to help with your arthritis or joint pain symptoms?

RESPONSE OPTIONS:

1. Exercise
 2. Physical therapy
 3. Occupational therapy
 4. Splints/braces
 5. Massage
 6. Acupuncture or acupressure
 7. Other
-



[SHOW IF ANY (Q42_1, Q42_2, Q42_3, Q42_4, Q42_5, Q42_6)=1]
Q44.

How helpful is [INSERT Q42 IN LOWERCASE] in relieving your arthritis or joint pain symptoms?

RESPONSE OPTIONS:

1. Helpful
2. Not helpful
77. Not sure

Section IV – INTEGRATIVE MEDICINE
Age 50-80

[DISPLAY_INTEGRATIVE.]

The next set of questions are on integrative medicine, which combines both traditional and complementary strategies to prevent and treat health concerns.

Q46.

Do you currently receive or do any of the following integrative medicine strategies to treat or prevent a health concern?

GRID ITEMS:

- A. Acupuncture
- B. Biofeedback
- C. Clinical hypnosis
- D. Guided imagery
- E. Massage therapy
- F. Meditation and mindfulness
- G. Tai chi/qi gong
- H. Yoga
- I. Chiropractic care

RESPONSE OPTIONS:

1. Yes
2. Not now, but have done in the past
3. No, but have interest in trying it
4. No, and not interested in trying it

[SHOW IF ANY (Q46A, Q46E, Q46F, Q46H, Q46I = 1)]
[LOOP Q48 FOR EACH RESPONSE OPTION=1 IN Q46]
Q48.

What is the main reason you use/practice [INSERT Q46]?



RESPONSE OPTIONS:

1. Physical symptoms (e.g., pain, insomnia, digestive issues, common cold)
2. Mental health (e.g., depression/anxiety)
3. Acute injury (e.g., sports injury/overuse injury)
4. Chronic disease ([SHOW IF CAWI]:e.g., diabetes, obesity, high blood pressure)
5. Stress management
6. Relaxation
7. Other [ANCHOR]

[SHOW IF ANY (Q46A, Q46E, Q46F, Q46H, Q46I)=1]

Q47.

Did your health care provider suggest [INSERT Q46 IN LOWERCASE]?

RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF ANY (Q46A, Q46B, Q46C, Q46D, Q46E, Q46F, Q46G, Q46H, Q46I = 1)]

Q49.

How beneficial do you find these integrative medicine strategies you use to your overall health?

RESPONSE OPTIONS:

1. Very beneficial
2. Somewhat beneficial
3. Not beneficial
4. Too early to tell

[SHOW IF ALL Q46A, Q46B, Q46C, Q46D, Q46E, Q46F, Q46G, Q46H, Q46I = 2, 3, 4)]

Q50.

Why are you not using/no longer using any integrative medicine strategies?

Please select all that apply.

[Randomize response options 1-5]

RESPONSE OPTIONS:

1. Don't know about them
2. Don't know how to access them
3. Don't think they work
4. Don't need them/no interest
5. Cost



6. Other

Q51.

Have you ever talked about integrative medicine strategies with a health care provider?

RESPONSE OPTIONS:

1. Yes
 2. No
-

Q52.

How comfortable do you feel talking about complementary and integrative health approaches with your health care providers?

RESPONSE OPTIONS:

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

Q53.

Where, if at all, do you get information about complementary and integrative health approaches?

Please select all that apply.

RESPONSE OPTIONS:

1. Primary care provider
 2. Other health care provider
 3. Family/friend
 4. Magazines or TV
 5. Social media
 6. Internet
 7. Do not get information on complementary and integrative health approaches [SP] [ANCHOR]
-

[SHOW IF ANY (Q46A, Q46B, Q46C, Q46D, Q46E, Q46F, Q46G, Q46H, Q46I = 1, 3)]

Q54.

Does your current health insurance cover the integrative medicine strategies you use or want to try?

RESPONSE OPTIONS:

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



[SHOW IF Q54 = 2, 77]

Q56.

How likely are you to try integrative medicine strategies if they were covered under your insurance?

RESPONSE OPTIONS:

1. Likely
2. Somewhat likely
3. Not likely

Q57.

How often does your primary care provider talk with you about lifestyle factors such as exercise, sleep, and nutrition?

RESPONSE OPTIONS:

1. At all visits
2. At most visits
3. At some visits
4. Never

Q58

How much do you think each of the following impacts health?

GRID ITEMS:

- A. Mind (mental status)
- B. Environment (personal and work environments)
- C. Relationships

RESPONSE OPTIONS:

1. Major impact
2. Minor impact
3. No impact

Section V – WOMEN’S HEALTH

Age 50-80

[DISPLAY_WOMEN’S HEALTH.]

[SHOW IF S_GENDER=FEMALE]

The next set of questions are about women’s health and sexual activity.

[SHOW IF S_GENDER=FEMALE]



Q59.

Which of the following best describes your menopausal status?

RESPONSE OPTIONS:

1. Premenopausal - I have no symptoms of menopause
2. Perimenopausal - I have some symptoms of menopause and have seen changes in my menstruation patterns
3. Menopausal - Menstruation stopped within the past year, and I have regular menopause symptoms
4. Menopausal - Menstruation stopped within the past year, and I do not have regular menopause symptoms
5. Postmenopausal with symptoms - Menstruation stopped more than a year ago and I still experience some menopause symptoms
6. Postmenopausal without symptoms - Menstruation stopped more than a year ago and I no longer experience any menopause symptoms

[SHOW IF S_GENDER=FEMALE]

Q60.

In the past year, have you experienced any of the following symptoms?

GRID ITEMS:

- A. Menstrual changes
- B. Hot flashes/night sweats
- C. Weight gain/slowed metabolism
- D. Reduced libido or sexual drive
- E. Mood swings/irritability
- F. Pelvic/bladder pain
- G. Sleep problems
- H. Urinary Tract Infections (UTIs)
- I. Other

RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF ANY (Q60A, Q60B, A60C, Q60D, Q60E, Q60F, Q60G, Q60H, Q60I= 1)]

Q61.

How much do these symptoms interfere with your day-to-day life?

RESPONSE OPTIONS:

1. Quite a bit
2. Somewhat



3. Not too much
 4. Not at all
-

[SHOW IF ANY (Q60A, Q60B, Q60C, Q60D, Q60E, Q60F, Q60G, Q60H, Q60I= 1)]
Q62.

Have you talked with your health care provider about any of these symptoms?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF ANY (Q60A, Q60B, Q60C, Q60D, Q60E, Q60F, Q60G, Q60H, Q60I= 1)]
Q63.

Have you discussed potential treatment for these symptoms with your health care provider?

RESPONSE OPTIONS:

1. Yes
 2. No
-

[Show If Q63 = 1]
Q63A.

Did you treat/receive treatment for your symptoms?

RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF ANY (Q60A, Q60B, Q60C, Q60D, Q60E, Q60F, Q60G, Q60H, Q60I= 1) AND Q63A=1]
Q64.

Overall, how well do you think your symptoms are managed?

RESPONSE OPTIONS:

1. Very well
 2. Somewhat well
 3. Not very well
 4. Not at all
-

[SHOW IF ANY (Q60A, Q60B, Q60C, Q60D, Q60E, Q60F, Q60G, Q60H, Q60I= 1)]
Q65.

Do your symptoms interfere with your...



GRID ITEMS:

- A. self-confidence
- B. romantic relationships
- C. ability to be sexually active (sexual activity could include caressing, foreplay, masturbation, and intercourse)

RESPONSE OPTIONS:

- 1. A lot
- 2. Somewhat
- 3. A little
- 4. Not at all
- 5. NA – I am not sexually active [\[show this response only for row Q65c\]](#)

[\[Introduction for men\]](#)

[\[SHOW IF S_GENDER=MALE\]](#)

The next set of questions are about sexual activity.

[\[SHOW IF S_GENDER=MALE OR FEMALE\]](#)

Q66.

Do any other aspects of your health interfere with your ability to be sexually active (sexual activity could include caressing, foreplay, masturbation, and intercourse)?

CAWI RESPONSE OPTIONS:

- 1. Yes
- 2. No

[\[SHOW IF S_GENDER=MALE OR FEMALE\]](#)

Q67.

Does your partner's health interfere with your ability to be sexually active together?

CAWI RESPONSE OPTIONS:

- 1. Yes
- 2. No

[\[SHOW IF S_GENDER=MALE OR \(S_GENDER = FEMALE AND Q65C=1, 2, 3, 4, 77, 98, 99\)\]](#)

Q68.

In the past year, have you been sexually active?

CAWI RESPONSE OPTIONS:



1. Yes
2. No

[SHOW IF S_GENDER=MALE OR (S_GENDER = FEMALE AND Q65C=1, 2, 3, 4, 77, 98, 99)]
Q69.

Overall, how satisfied are you with your sexual activity in the past year?

RESPONSE OPTIONS:

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

[If Q11 = 1, 2, or 3]
Q70.

Overall, how satisfied are you with the intimacy between you and your spouse/partner in the past year?

RESPONSE OPTIONS:

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

DEMOGRAPHIC VARIABLES

Age 50-80

[DISPLAY]
DEMOS.

Now we are going to ask you some questions about yourself. You may have already answered a similar question(s) previously in other surveys, however, we appreciate a response to the following...

[SHOW IF MISSING RACE_1]
RACE1.

Please check one or more categories below to indicate what race or races you consider yourself to be.

RESPONSE OPTIONS:

1. White
2. Black or African American
3. American Indian or Alaskan Native - Type in name of enrolled or principal type: [TEXTBOX]
4. Asian Indian
5. Chinese



6. Filipino
7. Japanese
8. Korean
9. Vietnamese
10. Other Asian - Type in race: [TEXTBOX]
11. Native Hawaiian
12. Guamanian or Chamorro
13. Samoan
14. Other Pacific Islander - Type in race: [TEXTBOX]
15. Some other race - Type in race: [TEXTBOX]

[SHOW IF ANY MISSING (P_HL003NEWA-P_HL003NEWN) OR ANY (P_HL003NEWA-P_HL003NEWN) = 77, 98, 99]
HL003NEW.

Has a doctor ever told you that you had any of the following conditions?

GRID ITEMS:

- A. High blood pressure or hypertension
- B. Diabetes or high blood sugar
- C. High blood cholesterol level
- D. Cancer or a malignant tumor, excluding minor skin cancer
- E. Lung disease such as chronic bronchitis or emphysema
- F. A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems
- G. A stroke
- H. Any emotional, nervous, or psychiatric problem
- I. Alzheimer's disease
- J. Dementia, senility, or any other serious memory impairment
- K. Arthritis or rheumatism
- L. COVID-19
- M. Other, please specify: [TEXTBOX]
- N. None of the above

RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF MISSING P_HL011 OR P_HL011=77, 98, 99]
HL011.

Do you use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities (because of an impairment or a physical or mental health problem)?

RESPONSE OPTIONS:

1. Yes



2. No

[SHOW IF P_LGBT=MISSING OR P_LGBT=77,98,99]
LGBT.

This next question is about sexual orientation. Which of the following best represents how you think of yourself?

RESPONSE OPTIONS:

1. Gay; Lesbian or gay
 2. Straight, that is, not gay; Straight, that is, not lesbian or gay
 3. Bisexual
 4. Something else
 77. I don't know the answer
-

[SHOW IF P_HL009=MISSING OR P_HL099=77,98,99]
HL009.

Do you receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping (because of an impairment or physical or mental health problem)?

RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF <> Q5_10=1]
QHL033.

Which of the following is your main source of health insurance coverage?

RESPONSE OPTIONS:

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
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[DISPLAY_RECAP.]

Thank you for completing the survey. We know there were some hard topics in this survey, and we appreciate your honesty. We want you to know that if you need help with any of the issues discussed in



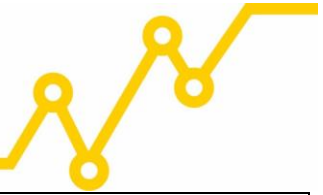
this survey, there are people who want to help you. These are just some of the resources that are available to you: click here to read. [\[INSERT LINK TO RESOURCES PAGE ON 'CLICK HERE TO READ'\]](#)

**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 (7 categories)	1 = 18-24; 2 = 25-34; 3 = 35-44; 4 = 45-54; 5 = 55-64; 6 = 65-74; 7 = 75+
Age (4 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



Variable	Values
	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
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



Variable	Values
	4 = Not working - looking for work
	5 = Not working – retired
	6 = Not working – disabled
	7 = Not working – other