



# NPHA Wave 11 July 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: July 13-31, 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

[WINTRO\_1]

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

This survey is about health.

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Q1.

In general, how would you rate your physical health?

**RESPONSE OPTIONS:**

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

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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 [NUMBOX] adult(s)

Q3B [NUMBOX] child(ren)

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Q4.

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

*Select all that apply.*

RESPONSE OPTIONS:

1. Any Medicare plan (traditional Medicare, Medicare Advantage plan, or Medicare supplemental plan (Medigap))
  2. Insurance provided through your own or someone else's employer, or retiree insurance
  3. Individual private insurance, including a marketplace plan
  4. Any non- Medicare government plan (Medicaid, VA/CHAMPVA, or TRICARE)
  5. Other (please specify): [TEXTBOX] [ANCHOR]
  6. None– have no health insurance of any kind [ANCHOR]
- 

Q5.

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
- 

Q6.

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

RESPONSE OPTIONS:

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



Q7.

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
- 

Q8.

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
- 

Q9.

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
- 

[SHOW IF Q9=1]

Q10.

Why did you have your most recent telehealth visit?

*Select all that apply.*

RESPONSE OPTIONS:

1. To save time



2. To avoid having to travel
  3. Concerns about COVID-19
  4. Provider requested a telehealth visit
  5. Did not think the visit needed to be in-person
- 

**Q11.**

How confident are you filling out medical forms by yourself?

**RESPONSE OPTIONS:**

1. Extremely
  2. Quite a bit
  3. Somewhat
  4. A little bit
  5. Not at all
- 

**Q12.**

How would you describe your diet overall?

*Select all that apply.*

**RESPONSE OPTIONS, RANDOMIZE:**

1. I eat a well-balanced diet
  2. I do not eat enough vegetables and fruits
  3. I do not get enough of certain vitamins and minerals
  4. I am a picky eater
  5. I eat too many sweets
- 

**Q13.**

How much have you been impacted by the rising cost of groceries?

**RESPONSE OPTIONS:**

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

**Q14.**

How, if at all, has your diet changed due to the rising cost of groceries?

**RESPONSE OPTIONS:**



1. Much less healthy
  2. Somewhat less healthy
  3. No change
  4. Somewhat healthier
  5. Much healthier
- 

**Q15.**

How would you describe your weight?

**RESPONSE OPTIONS:**

1. Underweight
  2. Slightly underweight
  3. About the right weight
  4. Slightly overweight
  5. Overweight
- 

**Section II – AT-HOME MEDICAL TESTS**

**Age 50-80**

**DISPLAY\_1**

The next questions are about at-home medical tests, which are kits that can be bought on the internet and/or at a store such as a supermarket or pharmacy. Most at-home medical test kits involve collecting a sample of a body fluid like blood, urine, or saliva to test for or monitor certain diseases and conditions in the privacy of your home. When answering these questions, think about any tests that you bought and NOT about any tests given to you by a health care provider or anyone else.

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**Q16.**

Have you ever bought an at-home medical test for COVID-19?

**RESPONSE OPTIONS:**

1. Yes
  2. No
- 

**Q17.**

Have you ever bought any other types of at-home medical tests?

**GRID ITEMS:**

- a. Test for an infection other than COVID-19 (such as HIV, urinary tract infection (UTI))
- b. Screening test for cancer (such as colon cancer, prostate cancer)



- c. DNA or genetic test (such as 23andMe, Ancestry.com)
- d. Hormone test (such as testosterone, menopause)
- e. Food sensitivity test
- f. Allergy test
- g. Some other test

RESPONSE OPTIONS:

- 1. Yes
- 2. No

---

BEGIN LOOP Q18-Q20

LOOP FOR EVERY 'Yes' RESPONSE CHOSEN IN Q17a-f

---

Q18.

Who recommended buying this at-home [INSERT Q17 RESPONSE OPTION IN LOWERCASE]?

*Select all that apply.*

RESPONSE OPTIONS:

- 1. Your primary care provider
- 2. Another health care provider
- 3. Local government agency or organization
- 4. Family/friends/co-worker
- 5. Saw/heard an advertisement
- 6. None of the above

---

Q19.

Did you share the results of this at-home [INSERT Q17 RESPONSE OPTION IN LOWERCASE] with your primary care provider?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 3. Never took the test

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Q20.

Was this at-home [INSERT Q17 RESPONSE OPTION IN LOWERCASE] worth what you paid for it?

RESPONSE OPTIONS:



1. Yes
  2. No
  3. Someone else bought the test for me
- 

Q21.

In the future, how interested are you in using the following at-home medical tests?

GRID ITEMS:

- a. Test for COVID-19
- b. Test for an infection other than COVID-19 (such as HIV, urinary tract infection)
- c. Screening test for cancer (such as colon cancer, prostate cancer)
- d. DNA or genetic test (such as 23andMe, Ancestry.com)
- e. Hormone test (such as testosterone, menopause)
- f. Food sensitivity test
- g. Allergy test

RESPONSE OPTIONS:

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

[SHOW IF ALL Q21A-Q21G=3]

Q22.

Why are you not interested in any at-home medical testing?

*Select all that apply.*

1. I can get any tests I need through my doctor
  2. I may not be able to afford it
  3. I worry I may not be able to trust the results
  4. It may not be worth the cost
  5. Never thought about doing it
  6. Don't need for my health concerns
  7. Some other reason [ANCHOR]
- 

Q23.

Please indicate your level of agreement with the following statements about at-home medical tests:  
*At-home medical tests...*

GRID ITEMS:



- A. are more convenient than tests through my health care providers
- B. can be trusted to give reliable results
- C. are regulated by the government
- D. are a good value
- E. should be discussed with my doctor

**RESPONSE OPTIONS:**

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

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**Section III – SUPPORT WITH HEALTH CARE AND DECISION-MAKING**  
**Age 50-80**

**Display\_2**

This next set of questions is about helping someone age 65 or older, such as a family, friend, or neighbor, with health and personal care needs.

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**Q24.**

In the past two years, have you helped someone age 65 or older with any of the following?

*Select all that apply.*

**RESPONSE OPTIONS:**

- 1. Health care (making or attending health care appointments, or communicating with providers)
- 2. Health insurance (selecting coverage, understanding benefits, or contacting insurance company)
- 3. Home maintenance or improvement (cleaning, yardwork, home maintenance, or adding safety features)
- 4. Meals (shopping or meal preparations)
- 5. Finances (paying bills or banking)
- 6. Coordinating care (finding or coordinating care at home or outside the home)
- 7. Personal care (providing hands on support for activities such as dressing or bathing)
- 8. Medical care (managing medications; helping with injections, blood testing, IVs, wound care, or other medical tasks)
- 9. I have not helped anyone age 65 or older with any of these tasks in the past two years





[SHOW IF ANY Q24\_1 to Q24\_8=1]

Q25.

In the past two years, have you helped more than one person age 65 or older with any of these tasks?

RESPONSE OPTIONS:

1. Yes
2. No

---

[SHOW IF ANY Q24\_1 to Q24\_8=1]

Q26.

[SHOW IF Q25=1 If you helped more than one person, please answer the remaining questions about the person you provided the most help for. ]

Are you currently helping this person?

RESPONSE OPTIONS:

1. Yes
2. No

---

[SHOW IF Q26=1 OR 2]

Q27.

How long have/did you helped/help this person?

RESPONSE OPTIONS:

1. Less than a year
2. 1-3 years
3. 3-5 years
4. 5 or more years

---

[SHOW IF Q26=1 OR 2]

Q28.

Do/Did you and the person you help/helped live in the same household?

RESPONSE OPTIONS:

1. Yes
  2. No
-



[SHOW IF Q26=1 OR 2]

Q29.

The person I help/helped is...

**RESPONSE OPTIONS:**

1. My spouse/partner
2. My parent/parent in-law
3. Other family member
4. My friend/neighbor
5. Other person

---

[SHOW IF ANY Q24\_1 TO Q24\_8 =1]

Q30.

Have you ever been paid money for the help you provided to this person?

**RESPONSE OPTIONS:**

1. Yes
2. No

---

[SHOW ROWS WHICH CORRESPOND TO Q24\_1 TO Q24\_8 =1]

Q31.

Overall, how confident do/did you feel in your ability to help this person with...

**GRID ITEMS:**

- a. Health care (making or attending appointments, communicating with providers)
- b. Health insurance (selecting coverage, understanding benefits, contacting insurance company)
- c. Home maintenance or improvement (cleaning, yardwork, home maintenance, adding safety features)
- d. Meals (shopping or meal preparations)
- e. Finances (paying bills or banking)
- f. Coordinating services (finding or coordinating care at home, assisted living or long-term care)
- g. Personal care (providing hands on support for activities such as dressing or bathing)
- h. Medical care (managing medications; helping with injections, blood testing, IVs, wound care, or other medical tasks)

**RESPONSE OPTIONS:**

1. Very confident
2. Somewhat confident



3. A little confident
4. Not at all confident

---

[SHOW IF ANY Q24\_1 TO Q24\_8 =1]

Q32.

What challenges do you experience, if any, in helping this person?

*Select all that apply.*

RESPONSE OPTIONS, RANDOMIZE:

1. Lack of time for my own self-care
2. Lack of knowledge or training in how to provide help
3. Lack of help/support from family/friends
4. Lack of appreciation from the person I help
5. Balancing my work or other responsibilities
6. Balancing time with my family/friends
7. Emotional or physical fatigue
8. Navigating care options and/or decisions
9. My own financial problems
10. None of these challenges

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[SHOW IF Q24\_1= 1 AND Q26 = 1]

Q34.

For the person you help, have you ever communicated directly with their health care provider(s) about their health and/or care?

*Select all that apply.*

RESPONSE OPTIONS:

1. Yes, in person
2. Yes, in a virtual visit
3. Yes, by phone
4. Yes, by email or mail
5. Yes, through an online patient portal
6. No, I have not communicated directly with their care provider(s) about their care

---

[SHOW IF ANY Q24\_1 TO Q24\_8 =1]

Q35.

Has a health care provider ever said the person you help/helped had any of the following conditions?

*Select all that apply.*



**RESPONSE OPTIONS:**

1. Mild cognitive impairment
2. Alzheimer’s disease or other dementia
3. No, neither of these conditions
4. Not sure

---

[SHOW IF ANY Q24\_1 TO Q24\_8 =1]

Q36.

When thinking about the help you provided to this person, how difficult or easy was it to provide this help compared with what you expected?

1. Much more difficult
2. Somewhat more difficult
3. About what I expected
4. Somewhat easier
5. Much easier
6. I had no expectations

---

[SHOW IF ANY Q24\_1 TO Q24\_8 =1]

Q37.

Has helping this person been positive for you in any of the following ways?

*Select all that apply.*

**RESPONSE OPTIONS:**

- a. Become more aware of my own future health and personal care needs
- b. Become more familiar with resources in my community
- c. Become closer with family and/or friends
- d. Felt a sense of purpose
- e. Felt appreciated
- f. Motivated me to become more focused on my own health
- g. Motivated me to prepare a will, trust, and/or advanced directives (such as power of attorney or health care proxy)

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**Section IV – ADDICTIVE EATING**  
**Age 50-80**

**Display\_3**

The next set of questions is about your eating habits in the past year.



**Q38.**

People sometimes have difficulty controlling how much they eat of certain foods such as:

- Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy
- Starches like white bread, rolls, pasta, and rice
- Salty snacks like chips, pretzels, and crackers
- Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries
- Sugary drinks like soda pop, lemonade, sports drinks, and energy drinks

When the following questions ask about “CERTAIN FOODS” please think of ANY foods or beverages similar to those listed in the food or beverage groups above or ANY OTHER foods you have had difficulty within the past year.

In the past 12 months...

**GRID ITEMS:**

- a. I had such strong urges to eat certain foods that I couldn’t think of anything else.
- b. I tried and failed to cut down on or stop eating certain foods.
- c. If I had emotional problems because I hadn’t eaten certain foods, I would eat those foods to feel better.
- d. Eating the same amount of food did not give me as much enjoyment as it used to.

**RESPONSE OPTIONS:**

1. Never
2. Less than once a month
3. Once a month
4. 2-3 times a month
5. Once a week
6. 2-3 times a week
7. 4-6 times a week
8. Every Day

---

**Q39.**

In the past 12 months...

**GRID ITEMS:**

- a. My eating behavior caused me a lot of distress.
- b. I had significant problems in my life because of food and eating. These may have been problems with my daily routine, work, school, friends, family, or health.
- c. My overeating got in the way of me taking care of my family or doing household chores.
- d. I kept eating in the same way even though my eating caused emotional problems.

**RESPONSE OPTIONS:**



1. Never
  2. Less than once a month
  3. Once a month
  4. 2-3 times a month
  5. Once a week
  6. 2-3 times a week
  7. 4-6 times a week
  8. Every Day
- 

Q40.

In the past 12 months...

GRID ITEMS:

- a. My friends or family were worried about how much I overate.
- b. I spent a lot of time feeling sluggish or tired from overeating.
- c. I avoided work, school or social activities because I was afraid I would overeat there.
- d. I was so distracted by eating that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).
- e. I ate to the point where I felt physically ill.

RESPONSE OPTIONS:

1. Never
  2. Less than once a month
  3. Once a month
  4. 2-3 times a month
  5. Once a week
  6. 2-3 times a week
  7. 4-6 times a week
  8. Every Day
- 

Q41.

Within the past 12 months [we/I] worried whether [our/my] food would run out before [we/I] got money to buy more.

1. Often true
  2. Sometimes true
  3. Never true
- 

Q42.

Within the past 12 months the food [we/I] bought just didn't last and [we/I] didn't have money to get more.



1. Often true
2. Sometimes true
3. Never true

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**Section V – RELIGION, SPIRITUALITY AND HEALTH**  
**Age 50-80**

Display\_4

The last set of questions are about beliefs and health.

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Q43.

How important are the following types of beliefs to you/in your life?

GRID ITEMS:

- a. Religious beliefs
- b. Spiritual beliefs
- c. Cultural beliefs
- d. Atheist/agnostic beliefs

RESPONSE OPTIONS:

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

[SHOW IF Q43A-Q43D=1,2,3]

Q44.

How has the importance of your beliefs changed, if at all, as you have gotten older?

GRID ITEMS:

- a. Religious beliefs
- b. Spiritual beliefs
- c. Cultural beliefs
- d. Atheist/agnostic beliefs

RESPONSE OPTIONS:

1. Became more important
2. Stayed the same



3. Became less important

---

[SHOW IF Q43A-Q43D=1,2]

Q45.

Do you feel part of a community or organization that shares your [religious, spiritual, cultural, atheist/agnostic] beliefs?

RESPONSE OPTIONS:

1. Yes
  2. No
- 

[SHOW IF Q43A-Q43D=1,2]

Q46.

Have your [religious, spiritual, cultural, atheist/agnostic] beliefs ever influenced your health care decisions?

RESPONSE OPTIONS:

1. Yes
  2. No
- 

[SHOW IF Q43A-Q43D=1,2]

Q47.

Do you anticipate that your [religious, spiritual, cultural, atheist/agnostic] beliefs will have an influence on your health care decisions in the future?

RESPONSE OPTIONS:

1. Yes
  2. No
  77. Not sure
- 

[SHOW IF Q43A-Q43D=1,2 AND ALL RESPONDENTS receive Q48D, E and F.]

Q48.

Thinking about beliefs, how much do you agree or disagree with these statements?

GRID ITEMS:

- a. I would like my health care providers to ask me about my [religious, spiritual, cultural, atheist/agnostic] beliefs.





- b. I'm comfortable discussing my [religious, spiritual, cultural, atheist/agnostic] beliefs with my health care providers.
- c. It's important that my health care providers have similar [religious, spiritual, cultural, atheist/agnostic] beliefs as me.
- d. I prefer that my health care providers keep their religious, spiritual, cultural or agnostic/atheist beliefs separate from their practice of health care.
- e. I'm reluctant to receive health care from a provider with religious, spiritual, cultural or agnostic/atheist beliefs that differ from mine.
- f. It's important for me to know the religious, spiritual, cultural or agnostic/atheist beliefs of my health care providers.

**RESPONSE OPTIONS:**

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

---

[SHOW IF Q43A, Q43B OR Q43C or Q43D=1,2]  
Q49.

Have you ever discussed your [religious, spiritual, cultural, agnostic/atheist beliefs] with a health care provider?

*Select all that apply.*

**RESPONSE OPTIONS:**

- 1. Yes, a primary care provider
- 2. Yes, a specialist
- 3. Yes, some other type of health care provider
- 4. No

---

[SHOW IF Q43A-Q43D=1,2]  
Q50.

How much do you think your beliefs help you cope with health challenges you have or may have in the future?

**RESPONSE OPTIONS:**

- 1. A lot
- 2. Somewhat
- 3. Not at all



Q53.

How much do you think your health care providers can help with the following:

**GRID ITEMS:**

- a. Finding deeper meaning in an experience of illness
- b. Finding hope amidst health challenges
- c. Finding/supporting religious or spiritual connections with a higher power/spiritual realm/spiritual beings
- d. Supporting/improving my relationship with myself
- e. Asking about/helping me identify the deeply held beliefs/values that are relevant to my healthcare decision-making

**RESPONSES OPTIONS:**

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

[SHOW IF Q43a, b, c, d = 1, 2 OR 3]

Q54.

What, if anything, do you wish your health care providers knew about your [religious, spiritual, cultural, atheist/agnostic] beliefs?

[MEDIUM TEXTBOX]

**Section VI – DEMOGRAPHIC**  
**Age 50-80**

[DISPLAY]

DEMO\_INTRO.

Before we wrap up, just some quick background questions.

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

---

BMI1.

About how much do you weigh without shoes on?

\_\_\_\_\_ pounds

---

BMI2.

How tall are you without shoes on?

\_\_\_\_\_ feet, \_\_\_\_\_ inches

---

RELIG.

What is your present religion, if any?

- 1 Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, Jehovah’s Witness, etc.)
- 2 Roman Catholic (Catholic)
- 3 Mormon (Church of Jesus Christ of Latter-day Saints/LDS)
- 4 Orthodox (Greek, Russian, or some other orthodox church)
- 5 Jewish (Judaism)
- 6 Muslim (Islam)
- 7 Buddhist
- 8 Hindu
- 9 Atheist (do not believe in God)
- 10 Agnostic (not sure if there is a God)
- 11 Nothing in particular
- 12 Just Christian
- 13 Unitarian (Universalist)



14     Something else - please specify: [TEXTBOX] [ANCHOR]

**RELITEN.**

Would you call yourself a strong [INSERT RESPONSE TO RELIG OR P\_RELIG IN LOWERCASE] or not a very strong [INSERT RESPONSE TO RELIG OR P\_RELIG IN LOWERCASE]?

**RESPONSE OPTIONS:**

1. Strong
2. Not very strong

**HL022**

Would you say that your overall health has gotten better, gotten worse, or stayed about the same over the past year?

**RESPONSE OPTIONS:**

1. Gotten better
2. Gotten worse
3. Stayed about the same

**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



Variable	Values
	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
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
	1 = Northeast



Variable	Values
Region 4 (US Census)	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