



NPHA Wave 12 January 2023 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 12-27, 2023

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

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 [NUMBOX, range 0-15] adult(s)

Q3B [NUMBOX, range 0-15] child(ren)

Q4.

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

Select all that apply.

RESPONSE OPTIONS:

1. Traditional Medicare
 2. Medicare Advantage plan
 3. Traditional Medicare plus Medigap (a supplemental Medicare plan)
 4. Medicaid
 5. Medicare and Medicaid
 6. Retiree health plan from a job that you or someone else retired from
 7. Insurance provided through your own or someone else's employer
 8. Individual insurance plan you bought directly, including from an online marketplace
 9. VA/CHAMPVA
 10. Military health care (TRICARE)
 11. Other (please specify): [TEXTBOX] [ANCHOR]
 12. None – no health insurance of any kind [ANCHOR]
-

Q5.

Do you have a primary care provider (PCP)?

RESPONSE OPTIONS:

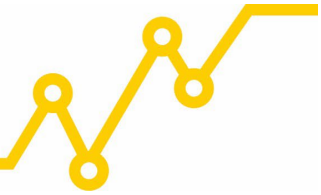
1. Yes, and it's the same PCP as I've had over the past year
 2. Yes, but I selected/am selecting a new PCP for 2023
 3. No
-

Q6.

What type of PCP/practice do you go to?

RESPONSE OPTIONS:

1. Internal Medicine
2. Family Medicine
3. Geriatrician
4. OB-GYN



- 5. Other
 - 77. Don't know
-

Q7.

In the last 3 years, have you hit your head and had any of the following symptoms in the days or weeks afterward: headache, felt abnormally dizzy, been tired/fatigued, had problems paying attention or concentrating, and/or had sensitivity to bright lights and noises?

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-

Q8.

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

RESPONSE OPTIONS:

- 1. Yes, a lot
 - 2. Yes, a little
 - 3. No
-

Q9.

Do you identify as lesbian, gay, bisexual, transgender or queer (LGBTQ)?

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
 - 77. Not sure
-

Q10.

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
-

Q11.

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



RESPONSE OPTIONS:

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

Q12.

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

Q13.

Sometimes medical action is clearly necessary, and sometimes it is clearly NOT necessary. Other times, reasonable people differ in their beliefs about whether medical action is needed.

In situations where it's not clear, do you tend to lean towards taking action or do you lean towards waiting and seeing if action is needed? Importantly, there is no "right" way to be.

RESPONSE OPTIONS:

1. I strongly lean towards waiting and seeing.
2. I lean towards waiting and seeing.
3. I somewhat lean towards waiting and seeing.
4. I somewhat lean towards taking action.
5. I lean towards taking action.
6. I strongly lean towards taking action.

Q14.

When making decisions about medical care, do you tend to lean towards doing only what is necessary or do you lean towards doing everything possible?

RESPONSE OPTIONS:

1. I strongly lean towards doing only what is necessary.
2. I lean towards doing only what is necessary.
3. I somewhat lean towards doing only what is necessary.
4. I somewhat lean towards doing everything possible.
5. I lean towards doing everything possible.



6. I strongly lean towards doing everything possible.

Q15.

In the past 12 months, did you ever feel you were treated unfairly or been discriminated against when getting medical care?

RESPONSE OPTIONS:

1. Yes
 2. No
-

[If Q15= 1]

Q16.

Were you treated unfairly in getting...?

Select all that apply.

RESPONSE OPTIONS:

1. Care from your regular or usual health care provider
 2. Care from specialists
 3. Care in an urgent or emergency situation
 4. Care during a hospital stay
 5. Help from your health plan representative
 6. Other type of medical care
-

[If Q15 = 1]

Q17.

What are some possible reasons why you think you were treated unfairly?

Select all that apply.

RESPONSE OPTIONS:

1. Your ancestry or national origin
2. Your gender or sex
3. Your race or skin color
4. Your age
5. Your weight
6. Your appearance
7. Your health/disability status
8. Your sexual orientation
9. The way you speak English (language/accents)
10. Your finances or income



- 11. Your health insurance
 - 12. Some other reason
-

[SHOW IF Q15 =1]

Q18.

How stressful, if at all, have these experiences of unfair treatment been for you? Would you say...

RESPONSE OPTIONS:

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

Section II – Patient Portals
Age 50-80

DISPLAY_2

The next set of questions is about patient portals.

[ALL RESPONDENTS]

Q19.

A patient portal is a personal, password-protected connection to a health care practice for exchanging information through a computer, phone, or tablet.

Do you have a patient portal?

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
 - 77. Not sure
-

[IF Q19=1]

Q19A.

How many patient portals (separate logins for different providers or hospitals) do you have?

- 1. 1
 - 2. 2
 - 3. 3 or more
 - 77. Not sure
-

[SHOW IF (Q19=1 OR Q19=98)]



Q19B.

The patient portal [SHOW IF Q19A=2,3 OR 77 OR 98: I you use most often] is for connecting with my...

1. regular health care provider
2. specialist
3. hospital
77. not sure

DISPLAY_PORTAL

[IF Q19=1 AND (Q19A = 2, 3 or 98), insert this into text, 'For the remaining questions, please answer about the patient portal you use most often.']

[IF Q19= 1 OR Q19=98]]

Q20.

When did you last use your patient portal?

RESPONSE OPTIONS:

1. Within the past month
2. 1-6 months ago
3. 7-12 months ago
4. 1-3 years ago
5. More than 3 years ago
6. Have never used it

[IF Q20= 1, 2, 3 OR 4]

Q21.

How does using a patient portal compare to using the phone for doing the following:

GRID ITEMS:

- a. Scheduling an appointment
- b. Getting test results
- c. Asking a question
- d. Updating your contact or insurance information
- e. Reporting symptoms or information about your health (e.g., blood pressure, glucose values, etc.)

RESPONSE OPTIONS:

1. Portal is better
 2. Phone is better
 3. Portal and phone are about the same
 4. I have not done this
-



[IF Q20= 1, 2, 3 OR 4]

Q22.

How does using a patient portal compare to using the phone to request the following:

GRID ITEMS:

- a. Referrals to other providers
- b. Prescription refills
- c. Medical records be sent to another provider
- d. Authorization for others to see your health information

RESPONSE OPTIONS:

- 1. Portal is better
- 2. Phone is better
- 3. Portal and phone are about the same
- 4. NA / have not requested this

[IF Q20= 1, 2, 3, OR 4]

Q23.

How confident are you about the following related to using your patient portal?

GRID ITEMS:

- A. Logging in and navigating the portal
- B. Getting a timely response from a health care provider if you need one
- C. Understanding the information in my portal
- D. Knowing how to contact my health care provider
- E. Knowing my information in the portal is secure

RESPONSE OPTIONS:

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

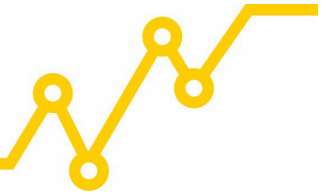
[IF Q19=2 OR Q20=5 OR 6]

Q24.

If you were to use a patient portal account, how confident would you be about the following?

GRID ITEMS:

- a. Logging in and navigating the portal
- b. Getting a timely response from a health care provider if you need one
- c. Understanding the information in my portal
- d. Knowing my information in the portal is secure



RESPONSE OPTIONS:

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

[IF Q19= 1]

Q25.

Who, if anyone, have you authorized to have access to your patient portal?

Select all that apply.

RESPONSE OPTIONS:

1. My spouse/partner
2. My adult child
3. Other family member
4. Caregiver or helper
5. Friend
6. No one else

[IF Q25 = 6]

Q26.

Why have you not authorized anyone else to see information on your patient portal?

Select all that apply.

RESPONSE OPTIONS:

1. Do not need help using my portal
2. Prefer to keep my health information private
3. Did not know this was possible
4. Do not know how to do this
5. I don't use a patient portal
6. Other

[IF Q19=2 OR Q20=4 OR 5]

Q27.

What are the reasons you [SHOW IF Q19=2: do not have a] SHOW IF Q20=4 OR 5: have not recently used your] patient portal?

Select all that apply.

RESPONSE OPTIONS:



1. No need/do not want it
2. Not comfortable with technology/not easy to use
3. Concerned about privacy
4. Someone else uses my patient portal on my behalf [SHOW IF Q20=4 OR 5]
5. Can't remember my login or password [SHOW IF Q20=4 OR 5]
6. My health care provider does not offer a portal
7. I worry I may have to pay for it
8. Not aware of patient portals [IF Q19=2]
9. Other

Q28.

Which, if any, of the following would be helpful in using a patient portal?

Select all that apply.

1. Receiving training/tutorial on how to use the portal and features
2. Learning how my information in the portal is kept private and secure
3. None of the above, I don't plan to use a portal
4. None of the above, I am already comfortable using a portal

Section III – Identifying Risks of Dementia
Age 65-80

SHOW MODULE 2 (DISPLAY_3 THROUGH Q45) TO ONLY RESPONDENTS AGED 65-80

DISPLAY_3

This next set of questions is about memory, dementia and screening tests.

Q29.

How would you rate your memory overall?

RESPONSE OPTIONS:

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

Q31.

How many of your close blood relatives (i.e., parents, siblings, grandparents, aunts/uncles) have been diagnosed with Alzheimer's disease or another type of dementia?



RESPONSE OPTIONS:

1. 0
 2. 1
 3. 2 or more
 77. Not sure
-

Q32.

Please indicate the extent to which you agree/disagree with the following...

GRID ITEMS:

- a. I am concerned that someday I will develop Alzheimer’s disease or a related dementia.
- b. Alzheimer’s disease will one day become a manageable chronic condition like diabetes or heart disease.

RESPONSE OPTIONS:

1. Strongly agree
 2. Somewhat agree
 3. Neither agree nor disagree
 4. Somewhat disagree
 5. Strongly disagree
-

Q33.

During cognitive screening (e.g., memory testing), a person is given a brief set of tasks to test their memory and thinking skills, such as remembering a short list of common words or drawing a complex figure.

How familiar are you with cognitive screening (e.g., memory testing)?

RESPONSE OPTIONS:

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

Q34.

Have you ever had cognitive screening?

RESPONSE OPTIONS:

1. Yes, within the past year
2. Yes, more than a year ago
3. No



[IF 34= 1]

Q36.

Where was your most recent cognitive screening done?

RESPONSE OPTIONS:

1. At a visit with a health care provider
2. At a research study visit
3. At a community health fair or other event
4. Through an online/computer test that I took myself
5. Other place

Q37.

Please indicate the extent to which you agree or disagree with the following statements about cognitive screening.

GRID ITEMS:

- a. If my health care provider thought I needed it, they would recommend it for me.
- b. It is not reliable or may give inaccurate results.
- c. Health care providers should offer it annually for all adults age 65 and above.
- d. It is not worth doing until there are better treatment and prevention options for Alzheimer's disease and other dementias.
- e. It can be useful to inform the medical care and advance care planning of older adults.
- f. I would be concerned about the privacy of my test results.

RESPONSE OPTIONS:

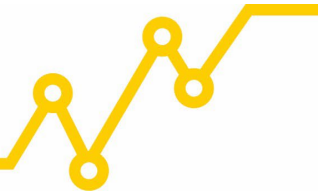
1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

Q38.

If the results of a cognitive screening test suggested concerns about your memory and thinking skills, how likely is it that you would...

GRID ITEMS:

- a. Consider changes to your financial or advance care planning (e.g., life or long-term care insurance, or will/trust)
- b. Take steps to improve your "brain health" (e.g., get more exercise, stay mentally and socially engaged)



- c. Believe that you were probably going to develop Alzheimer’s disease or another serious brain disorder
- d. Have significant distress
- e. Be concerned that others would view you differently if they found out

RESPONSE OPTIONS:

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

Q40.

Biomarker testing is a new way to tell if someone is at risk for memory and thinking problems. Biomarkers for Alzheimer’s disease can be detected with a simple blood test that looks for the build-up of abnormal proteins in the brain (e.g., amyloid plaques, tau tangles) that might be an early sign of the disease.

How familiar are you with blood biomarkers for Alzheimer’s disease?

RESPONSE OPTIONS:

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

Q41.

Have you ever had a blood biomarker test for Alzheimer’s disease?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 77. Not sure

[If 41= 2 or 77]

Q42.

A blood biomarker test can tell people if they are at higher risk for developing Alzheimer’s disease, but it would not give a definite “yes/no” answer.

Would you ever be interested in having a blood biomarker test for Alzheimer’s disease?

Select all that apply.

RESPONSE OPTIONS:



1. Yes, as soon as possible
 2. Yes, at some point in the future
 3. Yes, if a health care provider recommended it
 4. Yes, if I started to develop memory or thinking problems
 5. No
-

Q44.

Please indicate the extent to which you agree or disagree with the following statements about blood biomarker testing for Alzheimer’s disease.

GRID ITEMS:

- a. If my health care provider thought I needed it, they would recommend it for me
- b. It is not reliable or may give inaccurate results
- c. Health care providers should offer it annually for all adults age 65 and above
- d. It is not worth doing until there are better treatment and prevention options for Alzheimer’s disease and other dementias
- e. It can be useful to inform the medical care and advance care planning of older adults
- f. I would be concerned about the privacy of my test results

RESPONSE OPTIONS:

1. Strongly agree
 2. Somewhat agree
 3. Neither agree nor disagree
 4. Somewhat disagree
 5. Strongly disagree
-

Q45.

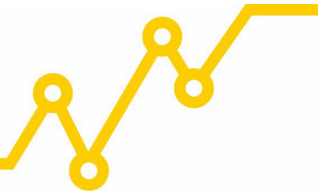
If a blood test found Alzheimer’s disease biomarkers to be present in your brain, how likely is it that you would...

GRID ITEMS:

- a. Consider changes to your financial or advance care planning (e.g., life or long-term care insurance, or will/trust)
- b. Take steps to improve your “brain health” (e.g., get more exercise, stay mentally and socially engaged)
- c. Believe that you were probably going to develop Alzheimer’s disease
- d. Have significant distress
- e. Be concerned that others would view you differently if they found out

RESPONSE OPTIONS:

1. Very likely
2. Somewhat likely



3. Not likely

Section IV – Cancer Screening
Age 50-80

DISPLAY_4

This next set of questions is on health and cancer screening.

Q47.

Imagine that, for people who have certain health conditions, there is an accurate way for health professionals to predict how much longer they are likely to live, on average.

Would you want to know this information for yourself, either now or in the future?

RESPONSE OPTIONS:

1. Definitely would
 2. Probably would
 3. Probably would not
 4. Definitely would not
-

Q48.

Do you think knowing how much longer you are likely to live would help you make decisions about your health or healthcare (e.g., about whether to get screening tests, take certain medications, have healthier habits or have certain treatments)?

RESPONSE OPTIONS:

1. Definitely yes
 2. Probably yes
 3. Unsure
 4. Probably not
 5. Definitely not
-

Q49.

Has anyone ever discussed how much longer you are going to live as a way to help you make important decisions (e.g., health or financial decisions) about your future?

Select all that apply.

RESPONSE OPTIONS:

1. Yes, a health care provider
2. Yes, a financial planner



3. Yes, someone else
 4. No
-

DISPLAY_SCREENING

Recent guidelines suggest that whether or not someone should get a cancer screening test (e.g., a colonoscopy or mammogram) should depend on how much longer they are likely to live. This is because for many healthy older adults, the harms of testing may be greater than the benefits of finding a new cancer.

RANDOMIZE GROUPS FOR CONTINUE FIRST VS. STOP FIRST –
RANDOMIZE [QUESTION ORDER Q51, Q52, Q53, Q54] OR [QUESTION ORDER Q53, Q54, Q51, Q52]
ALL PARTICIPANTS GET ALL 4 QUESTIONS

Q51.

How much do you agree or disagree with the following statement: “Guidelines should determine whether someone should CONTINUE cancer screening based on how much longer they have to live.”

RESPONSE OPTIONS:

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

Q52.

Imagine that a doctor said to you:

“You are older than the usual age range for this cancer screening test. However, since you are in quite good health and may live quite a while longer, it might make sense to have you get this screening test again.”

How likely would you be to follow this recommendation to CONTINUE screening?

RESPONSE OPTIONS:

1. Very likely
 2. Somewhat likely
 3. Somewhat unlikely
 4. Very unlikely
-

Q53.



How much do you agree or disagree with the following statement: “Guidelines should determine whether someone should STOP cancer screening based on how much longer they have to live.”

RESPONSE OPTIONS:

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

Q54.

Imagine that a doctor said to you:

“You are in the usual age range for this cancer screening test. However, since you have health issues and there is uncertainty on how much longer you have to live, it might not make sense for you to get this screening test.”

How likely would you be to follow this recommendation to STOP screening?

RESPONSE OPTIONS:

1. Very likely
 2. Somewhat likely
 3. Somewhat unlikely
 4. Very unlikely
-

Q55.

Some guidelines have recently used a 10-year life expectancy threshold to determine screening recommendations for older adults. In other words, if someone is likely to live longer than 10 years, it is recommended that they continue getting cancer screening tests. If not, it is recommended that they stop getting cancer screening tests.

Does a 10-year threshold seem too long, too short, or about right for deciding whether or not to recommend someone continue or stop getting screening tests?

RESPONSE OPTIONS:

1. Too long
 2. About right
 3. Too short
-

Q56.

How acceptable or unacceptable would it be for your health care provider to bring up how much longer you’re likely to live when...



GRID ITEMS:

- a. Recommending that you **START** a new medication
- b. Recommending that you **STOP** taking a medication
- c. Recommending that you have a screening test for cancer at an age older than guideline recommendations, because you are likely to live long enough to benefit
- d. Recommending that you **STOP** having screening tests for cancer because you won't live long enough to benefit

RESPONSE OPTIONS:

1. Very acceptable
2. Somewhat acceptable
3. Somewhat unacceptable
4. Very unacceptable

Q57.

Do you believe it is a significant problem that some older adults receive cancer screening tests when guideline recommendations say that they should not?

RESPONSE OPTIONS:

1. Yes
2. No

Section V – Deprescribing
Age 50-80

DISPLAY_5

This last set of questions in on medications.

Q58.

How many different medications do you take in a typical week?

Count each medication one time regardless of the number of times that you take it per week.

GRID ITEMS:

- a. Prescription medications
- b. Over-the-counter medications
- c. Dietary supplements such as vitamins, minerals, or herbal or natural supplements

RESPONSE OPTIONS:

1. 0
2. 1-2



3. 3-4
4. 5 or more

[IF Q58a= 1, SKIP TO Q69]

[IF Q58a= 2, 3, OR 4]
Q59.

In the past two years, have you stopped taking a prescription medication that you took for more than a year?

RESPONSE OPTIONS

1. Yes
 2. No
-

[IF Q59=1]
Q60.

Think about the most recent prescription medication that you stopped after taking it for at least a year. Were any of the following part of the reason for stopping the prescription medication?

GRID ITEMS, RANDOMIZE:

- a. My health condition or its symptoms had improved or resolved
- b. The medication was not providing enough benefit
- c. The medication caused side effects or other problems
- d. The medication was too expensive
- e. I started a different medication that my health care provider thought would be better

RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF Q59=1. IF Q60e= 1 skip Q61]
Q61.

Did you talk with a health care professional before making the decision to stop the prescription medication?

RESPONSE OPTIONS:

1. Yes
 2. No
-

[IF Q59=1. IF Q60e = 1 skip Q62]
Q62.



How comfortable were you stopping the prescription medication?

RESPONSE OPTIONS:

1. Very comfortable
2. Somewhat comfortable
3. Somewhat uncomfortable
4. Very uncomfortable

[IF Q61=1]

Q63.

How helpful was it to talk with a health care professional before making the decision to stop the prescription medication?

RESPONSE OPTIONS:

1. Very helpful
2. Somewhat helpful
3. Not helpful

[IF Q58a = 2, 3, OR 4]

Q64.

How often do you expect that your health care provider to review each of your prescription medications to determine if they are still all necessary, safe, and working well for you?

RESPONSE OPTIONS:

1. At every visit
2. Once a year
3. Every few years
4. No expectation

[IF Q58a = 2, 3, OR 4]

Q65.

Please rate your level of agreement with the following...

GRID ITEMS:

- a. Sometimes I think I take too many medicines.
- b. If my health care provider said it was possible, I would be willing to stop one or more of my regular medicines.

RESPONSE OPTIONS:

1. Strongly agree
2. Agree



3. Unsure
4. Disagree
5. Strongly disagree

[If Q65b = 1 OR 2]

Q66.

Think about ONE prescription medication that you would be MOST interested in stopping, if your health care provider said it was possible. Why do you take this medication?

1. Heart disease or heart-related prevention (including high blood pressure, high cholesterol)
2. Diabetes
3. Respiratory disease (such as asthma, bronchitis, or emphysema)
4. Brain-related issues (such as anxiety, difficulty sleeping, depression, bipolar disorder, memory loss, dementia)
5. Pain (such as from arthritis, an injury, chronic pain, or nerve pain)
6. Digestive conditions (such as heartburn, reflux, constipation, or irritable bowel syndrome)
7. Kidney and bladder issues (such as urine leakage, incontinence, not being able to empty the bladder, urinary tract infections, or kidney disease)
77. Not sure why
8. Other reason

[IF Q65b = 1 or 2]

Q67.

How likely would you be to ask the health care provider who prescribed the medication for advice about whether you could stop the medication you are most interested in stopping during your next visit?

RESPONSE OPTIONS:

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely

[IF Q58a, 58b, 58c= 2, 3, OR 4]

Q69.

Overall, how much do you think the following medications you are taking are helping you?

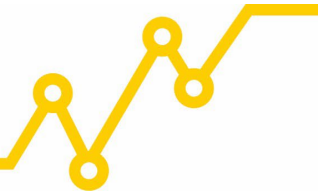
GRID ITEMS:

- a. Prescription medications [SHOW IF Q58a=2,3, or 4]
- b. Over-the-counter medications [SHOW IF Q58b=2,3, or 4]
- c. Dietary supplements such as vitamins, minerals, or herbal or natural supplements [SHOW IF Q58=c2,3, or 4]



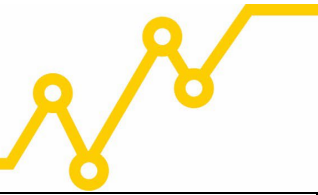
RESPONSE OPTIONS:

1. A lot
2. Somewhat
3. Not enough
77. Don't know

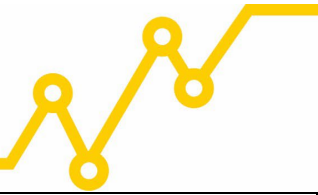


Demographic Profile:
Additional questions asked of panelists prior to this survey
and are included with the survey data

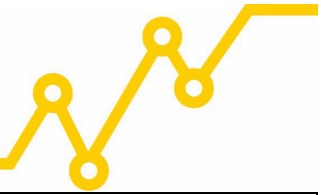
Variable	Values
Gender	1 = Male
	2 = Female
Age	Age in years
Age (7 categories)	1 = 18-24; 2 = 25-34; 3 = 35-44; 4 = 45-54; 5 = 55-64; 6 = 65-74; 7 = 75+
Age (4 categories)	1 = 18-29; 2 = 30-44; 3 = 45-59; 4 = 60+
Education (5 categories)	1 = Less than HS
	2 = HS graduate
	3 = Vocational/tech school/some 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
	9 = \$150,000 or more



Variable	Values
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



Variable	Values
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
Diagnosed Conditions	1 = High blood pressure or hypertension
	2 = Diabetes or high blood sugar
	3 = High blood cholesterol level
	4 = Cancer or a malignant tumor, excluding minor skin cancer
	5 = Lung disease such as chronic bronchitis or emphysema
	6 = A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems
	7 = A stroke
	8 = Any emotional, nervous, or psychiatric problem
	9 = Alzheimer’s disease
	10 = Dementia, senility, or any other serious memory impairment
	11 = Arthritis or rheumatism
	12 = COVID-19
	13 = Other, please specify: [TEXTBOX]
	14 = None of the above
Change in Health (past year)	1 = Gotten better
	2 = Gotten worse
	3 = Stayed about the same
Time Since Check-up	1 = Within the past year (anytime less than 12 months ago)
	2 = Within the past 2 years (more than 1 year but less than 2 years ago)
	3 = Within the past 5 years (more than 2 years but less than 5 years ago)
	4 = More than 5 years ago
	5 = Have never seen a doctor for a check-up
Most Recent Mammogram	1 = Within the past year
	2 = Within the past 2 years
	3 = Within the past 3 years
	4 = Within the past 5 years
	5 = Within the past 10 years
	6 = More than 10 years ago
	7 = Never
Most Recent Colonoscopy	1 = Within the past year



Variable	Values
	2 = Within the past 2 years
	3 = Within the past 3 years
	4 = Within the past 5 years
	5 = Within the past 10 years
	6 = More than 10 years ago
	7 = Never