NATIONAL POLL ON HEALTHY AGING
UNIVERSITY OF MICHIGAN

NPHA Wave 13 August 2023 Survey

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. Finally, this is a TrueNorth survey that included non-probability panelists. These non-probability panelists were asked a series of demographic profile questions that were not asked of AmeriSpeak panelists because that information was already on file. This demographic profile questions asked only of non-probability panelists are also not included here. 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.

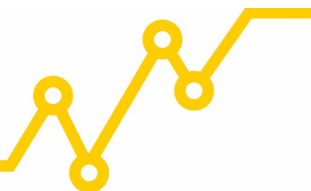## Health & HH Module

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Q1.
In general, how would you rate <u>your physical</u> health?

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

Q2.
In general, how would you rate <u>your mental</u> health?

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

Q3.
How would you rate your memory overall?

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

Q5.
How would you rate your hearing?

RESPONSE OPTIONS:
1. Excellent
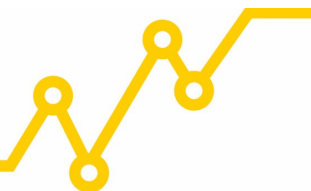2. Very Good
3. Good
4. Fair
5. Poor

Q6.
 Who lives in your household? Select all that apply.

RESPONSE OPTIONS:
1. I live alone
2. Spouse/partner
3. Child/children age 0-17
4. Grandchild/grandchildren age 0-17
5. Other adults

Q7.
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. Retiree health plan from a job that you or someone else retired from
6. Insurance provided through your own or someone else's employer
7. Individual insurance plan you bought directly, including from an online marketplace
8. VA/CHAMPVA
9. Military health care (TRICARE)
10. Other (please specify): [TEXTBOX] [ANCHOR]
11. None – no health insurance of any kind [ANCHOR]

Q8.
Do you have a primary care provider (PCP)?

RESPONSE OPTIONS:
1. Yes
2. No
77. Unsure

Q9.
How familiar are you with the resources for older adults available in your community?

RESPONSE OPTIONS:
1. Very familiar
2. Somewhat familiar
3. Not very familiar
4. Not at all familiar

Q10.
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

Q11.

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

RESPONSE OPTIONS:
1. Yes
2. No
77. Not sure

Q12.

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

Q13.

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

RESPONSE OPTIONS:
1. Hardly ever
2. Some of the time
3. Often

Q15.

How often do you leave your home to participate in social or recreational activities?
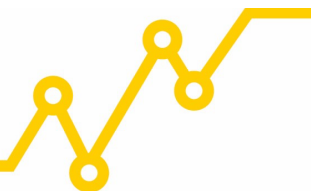
RESPONSE OPTIONS:
1. Frequently, at least three days a week
2. Regularly, at least weekly
3. Occasionally, at least monthly
4. Infrequently, periodically throughout the year
5. I don't participate in social or recreational activities

Q16.

In the past year, have you provided regular care or assistance to a family member or friend age 50 or older who has a health problem or disability?

Select all that apply.

1. Yes, to someone who lives with me
2. Yes, to someone who does <u>not</u> live with me
3. No

Q17.

<u>In the past year</u>, have you provided help to this person/these people age 50 or older with any of the following tasks?

Select all that apply.

1. Health care (making or attending health care appointments, communicating with providers)
2. Home maintenance (cleaning, yardwork, home maintenance, adding safety features)
3. Meals (shopping or meal preparations)
4. Finances (paying bills or banking)
5. Personal care (providing hands on support for activities such as dressing or bathing)
6. Medical care (managing medications; helping with injections, blood testing, IVs, wound care, or other medical tasks)
7. Transportation (providing rides)
8. I have not helped with any of these tasks in the past year
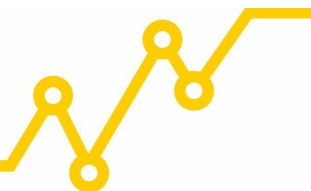

Q19.

Have you ever been overweight?

RESPONSE OPTIONS:
1. Yes
2. No

Q18.

Currently, I am…

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

Q20.
Have you heard about the respiratory syncytial virus (RSV) vaccine recently approved for adults age 60 and over that will be available this fall?

RESPONSE OPTIONS:
1. Yes
2. No

Q21.
How interested are you in getting the respiratory syncytial virus (RSV) vaccine this fall?

RESPONSE OPTIONS:
1. Very interested
2. Somewhat interested
3. Not interested

Scams

Q22.
In the past two years, did anyone try to scam you by phone, text, email, mail, or online?

RESPONSE OPTIONS:
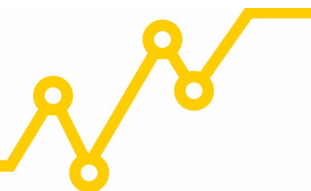1. Yes
2. No

[SHOW IF Q22 = 1]
Q23A.
In the past two years, did you experience any of the following as a result of a scam?

Select all that apply.

RESPONSE OPTIONS:
1. Lost money (e.g., purchased something that was never received)
2. My identity was stolen
3. My credit card/bank account was compromised
4. Lost something else of value [TEXTBOX]
5. An account was hacked
6. None of the above

[SHOW IF Q23A = 1-5]
Q23B.
How much of an impact did experiencing a scam have on your financial, mental or physical well-being?

RESPONSE OPTIONS:
1. Major impact
2. Minor impact
3. No impact

Q24.
How confident do you feel in being able to recognize a scam?

RESPONSE OPTIONS:
1. Very confident
2. Somewhat confident
3. Not very confident
4. Not at all confident

Q25.
How much do you agree or disagree with the following statements?

GRID ITEMS:
a. Policymakers should do more to protect people from scams.
b. Companies/organizations should do more to protect people from scams.
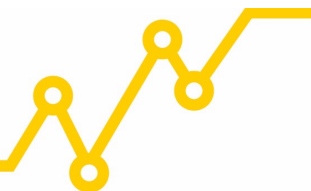c. I would like to know more about how to protect myself from scams.

RESPONSE OPTIONS:
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Aspirin Module

DISPLAY_ASPIRIN
The next set of questions is about aspirin use.

Q26.

Do you currently take aspirin three or more days in a typical week?

RESPONSE OPTIONS:
1. Yes, a baby aspirin (81 milligrams)
2. Yes, a regular aspirin (325 milligrams)
3. No [Skip to next module]

[SHOW IF Q26 = 1 OR 2]
Q27.

Approximately how long ago did you start taking aspirin regularly?

RESPONSE OPTIONS:
1. Less than a year ago
2. 1-3 years ago
3. 4-5 years ago
4. More than 5 years ago
77. Not sure

[SHOW IF Q26 = 1 OR 2]
Q28A.

Do you have any of the following medical conditions?

Select all that apply.

RESPONSE OPTIONS:
1. A blood disorder or blood cancer (e.g., essential thrombocythemia, polycythemia vera, myelofibrosis, or chronic myeloid leukemia)
2. Antiphospholipid syndrome
3. Atrial fibrillation ("AFib") or atrial flutter
4. Coronary artery disease ("CAD")
5. Carotid artery disease or carotid artery stenosis (narrowing of arteries in the neck)
6. Lynch syndrome
7. Multiple myeloma
8. Peripheral arterial disease ("PAD")
9. None of the above

[SHOW IF Q26 = 1 OR 2]
Q28B.

Why do you take aspirin?

Select all that apply.

RESPONSE OPTIONS:
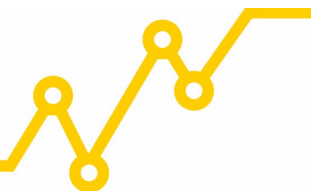1. [SHOW IF Q28A_1=1] A blood disorder or blood cancer (e.g., essential thrombocythemia, polycythemia vera, myelofibrosis, or chronic myeloid leukemia)
2. [SHOW IF Q28A_2=1] Antiphospholipid syndrome
3. [SHOW IF Q28A_3=1] Atrial fibrillation ("AFib") or atrial flutter
4. [SHOW IF Q28A_4=1 Coronary artery disease ("CAD")
5. [SHOW IF Q28A_5=1] Carotid artery disease or carotid artery stenosis (narrowing of arteries in the neck)
6. [SHOW IF Q28A_6=1] Lynch syndrome
7. [SHOW IF Q28A_7=1] Multiple myeloma
8. [SHOW IF Q28A_8=1] Peripheral arterial disease ("PAD")
9. To reduce the risk of a first heart attack or stroke
10. To reduce the risk of having another heart attack, stroke, or transient ischemic attack (TIA or "mini-stroke")
11. To reduce the risk of another deep vein thrombosis ("DVT") or pulmonary embolism ("PE")
12. Due to a history of a heart stent or percutaneous coronary intervention (e.g., "heart cath" or similar)
13. Due to a history of vein or artery stenting
14. Due to a history of heart bypass surgery ("CABG")
15. For something else
16. None of the above

[SHOW IF Q26 = 1 OR 2]
Q29.
Why did you start taking aspirin?

Select all that apply.

RESPONSE OPTIONS:
1. It was recommended by my primary care provider
2. It was recommended by my cardiologist (heart specialist)
3. It was recommended by another type of specialist I see
4. It was recommended by a family member or friend
5. I decided to start taking aspirin on my own

[SHOW IF Q29 = 3]

Q30.
What type of specialist recommended you start taking aspirin?

RESPONSE OPTIONS:
1. Hematologist or blood doctor
2. Surgeon
3. Endocrinologist
4. Neurologist or brain specialist
5. Gastroenterologist
6. Other
77. Not sure

[SHOW IF Q29= 4, or 5 AND 1, 2 OR 3 is NOT selected]

Q31.
Have you discussed your aspirin use with any health care provider?

RESPONSE OPTIONS:
1. Yes
2. No

[SHOW IF Q26 = 1 OR 2]
Q32.
How much do you agree or disagree with the following statements about your aspirin use?

GRID ITEMS:
a. It reduces my risk of heart attacks
b. It reduces my risk of stroke or transient ischemic attack ("mini stroke")
c. It reduces my risk of colon cancer
d. It reduces my risk of dementia
e. It relieves my pain
f. It helps with my general health
g. It increases my risk of bleeding
h. The risks may be greater than the benefits

RESPONSE OPTIONS:
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Music Module
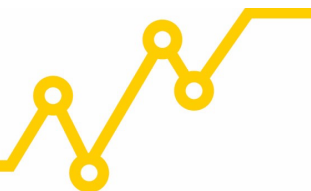
DISPLAY_MUSIC

The next set of questions is about music.

Q33.

In the past year, how often have you spent time…

GRID ITEMS:

a. Listening to music (such as on a radio, phone, CD, record player, or other device)
b. Playing an instrument
c. Singing casually (such as at home to yourself or with family/friends)
d. Singing formally (such as in a choir)
e. Attending live musical concerts in-person
f. Viewing musical performances on TV or on the internet

RESPONSE OPTIONS:

1. Daily
2. A few times a week
3. A few times a month
4. A few times in the past year
5. Have not done this in the past year
6. Have never done this

#[(Q33A=01,02,03,04) OR (Q33B=01,02,03,04)]
Q34.

How often do you do the following with other people?

GRID ITEMS:

a. Listen to music [If Q33a = 1-4]
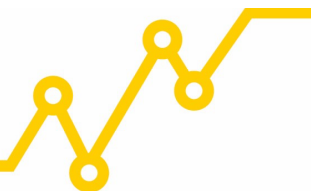b. Play an instrument [If Q33b = 1-4]

RESPONSE OPTIONS:

1. Usually
2. Occasionally
3. Rarely/never

[If any Q33A-F = 1,2, 3, 4, OR 5
Q35.

What benefits do you get from music?

Select all that apply.

RESPONSE OPTIONS: [RANDOMIZE OPTIONS]
1. Provides joy
2. Connects me with others
3. Relieves stress/relaxes me
4. Motivates/energizes me
5. Helps me feel a spiritual or religious connection
6. Helps keep my mind sharp (memory, ability to concentrate/focus)
7. Improves my mental health/mood/attitude
8. Sparks memories/helps recall life events
9. Reduces pain
10. None of the above [ANCHOR]
11. Other [ANCHOR]

Q36A.
Which, if any, of the following limit how much you listen to music?

Select all that apply.

RESPONSE OPTIONS, RANDOMIZE
1. Lack of interest
2. Health factors (such as limited mobility, changes in dexterity, vision/hearing impairments, pain)
3. Lack of time
4. Lack of access to internet, TV, or radio
5. Other [ANCHOR]
6. None of the above [ANCHOR]

#[SHOW IF Q33B = 1, 2, 3 4, OR 5]
Q36B.
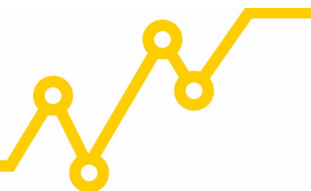Which, if any, of the following limit how much you play an instrument?
Select all that apply.

RESPONSE OPTIONS, RANDOMIZE
1. Lack of interest
2. Health factors (such as limited mobility, changes in dexterity, vision/hearing impairments, pain)
3. Lack of time
4. Lack of access to instrument or performing group
5. Forgot how to play/haven't played in a long time
6. Other [ANCHOR]
7. None of the above [ANCHOR]

Q37.
How important is music to you these days?

RESPONSE OPTIONS:
1. Very important
2. Somewhat important
3. Not important

Q38.
Would you say that music is more important, less important, or the same level of importance to you now as compared to in your youth?

RESPONSE OPTIONS:
1. More important
2. Less important
3. Same importance

Medication for Weight Management module

DISPLAY_WEIGHTMANAGEMENT
The next set of questions is about treatments for weight management.

Q39.
Which, if any, of the following prescription medications used for weight management have you heard about?

Select all that apply.

1. Wegovy (generic name is semaglutide)
2. Ozempic (generic name is semaglutide)
3. Saxenda (generic name is liraglutide)
4. Qsymia (generic name is phentermine-topiramate)
5. Contrave (generic name is bupropion-naltrexone)
6. Phentermine
7. Never heard of any of these medications

[If Q39 = any 1-6 are checked; populate rows]
Q39A.

Have you ever taken any of the following prescription medications used for weight management?

Select all that apply.

1. [SHOW IF Q39_1=1] Wegovy (generic name is semaglutide)
2. [SHOW IF Q39_2=1] Ozempic (generic name is semaglutide)
3. [SHOW IF Q39_3=1] Saxenda (generic name is liraglutide)
4. [SHOW IF Q39_4=1] Qsymia (generic name is phentermine-topiramate)
5. [SHOW IF Q39_5=1] Contrave (generic name is bupropion-naltrexone)
6. [SHOW IF Q39_6=1] Phentermine
7. None of the above [ANCHOR]

[If Q39 = any 1-6 are checked]
Q40.
Where did you hear about these prescription medications used for weight management?

Select all that apply.

RESPONSE OPTIONS:
1. The news (e.g., TV, magazines, newspapers)
2. Social media (e.g., Facebook, Twitter, Instagram)
3. Advertisement on TV, internet, or radio
4. Online search
5. From friends or family
6. My health care provider recommended one or more of these medications for me
7. Other

Q41.
Have you ever done any of the following to lose weight?

GRID ITEMS:
a. Changed your diet (e.g., reduced food intake or used a special food program)
b. Engaged in physical activity/exercise
c. Worked with a registered dietician or nutritionist
d. Worked with a personal trainer
e. Used an app or online program to track diet, exercise, and behavior change
f. Taken supplements or other over-the-counter medication
g. Had bariatric surgery

RESPONSE OPTIONS:
1. Yes, on my own
2. Yes, with a health care provider's recommendation

3. No

Do you think health insurance should cover the following treatments for overweight and obesity?

GRID ITEMS:
a. Prescription medication which has been FDA approved for weight loss
b. Weight loss surgery such as gastric sleeve, gastric band, or gastric bypass surgery
c. Sessions with a registered dietician or nutritionist
d. Sessions with a personal trainer
e. Membership to a gym or fitness facility
f. Apps or online programs to track diet, exercise, and/or behavior change

RESPONSE OPTIONS:
1. Yes
2. No

Q43.
Would you favor or oppose the following regarding FDA-approved prescription medication for weight management?

a. Require Medicare to cover these medications
b. Pay more for your Medicare premium to have these medications covered, even if you do not use these medications yourself

RESPONSE OPTIONS:
1. Favor
2. Oppose

Q44.
How much do you agree or disagree with the following statements:

GRID ITEMS [RANDOMIZE ROWS]:
a. Obesity is a lifestyle choice resulting from a person's eating and exercise habits.
b. Obesity is a chronic condition resulting from a combination of genetics, the food environment, medical conditions, and social factors.
c. I would be interested in taking prescription medications for weight management.

RESPONSE OPTIONS:
1. Strongly agree
2. Somewhat agree
3. Somewhat disagree

4. Strongly disagree

Non-traditional Sites of Care Module

DISPLAY_Sites of Care
The next set of questions is about alternative sites for health care.
[SPACE]
Alternative sites for health care are places <u>other than</u> a typical health care provider's office/clinic, community health center, or hospital emergency department where patients receive care <u>in-person</u>. For these questions, we are <u>not</u> referring to telehealth visits.

Q45.
<u>In the past two years,</u> how many times have you gone to one of these sites for care?

GRID ITEMS [RANDOMIZE]:
a. Retail health clinic (typically found in retail locations such as pharmacies, grocery stores, or department stores)
b. Urgent care clinic (this does not include a hospital emergency department)
c. Worksite clinic
d. Mobile clinic (in a bus or van that comes to a location near you)

RESPONSE OPTIONS:
1. Never
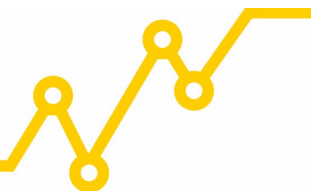2. Once
3. 2-3 times
4. 4 or more times

Q46.
How likely are you to use an alternative site for health care in the future?

RESPONSE OPTIONS:
1. Very likely
2. Somewhat likely
3. Not likely

[SHOW IF Q46 = 3]

Q47.

Why are you <u>not likely</u> to seek health care at an alternative site in the future?

Select all that apply.

RESPONSE OPTIONS, RANDOMIZE
1. I am not familiar with them
2. I don't trust them
3. I prefer a typical health care provider's office/clinic, community health center, or hospital emergency department
4. My insurance doesn't cover it/I am worried about the cost
5. It would be hard to get to one/none close by
6. I am concerned about the privacy of my health data
7. Other reason [ANCHOR]

[SHOW IF Q45a-d = 2, 3, OR 4]
Q48.

Why did you go you to an alternative site rather than a regular health care provider's office/clinic, community health center, or hospital emergency department?

Select all that apply.

RESPONSE OPTIONS, RANDOMIZE

1. I got an appointment sooner/at a more convenient time
2. Your regular health care provider's office was closed
3. The alternative site was closer
4. My health care provider told me to go there
5. Cost
6. To receive care that is more culturally or language-appropriate for me
7. I was out of town
8. I needed a vaccine, specific test, or health exam for a job or other reason
9. I needed urgent care but did not want to go to a hospital emergency department
10. This is where I usually go for health care
11. Other reason [ANCHOR]

[SHOW IF Q45a-d = 2, 3, OR 4]
Q49.
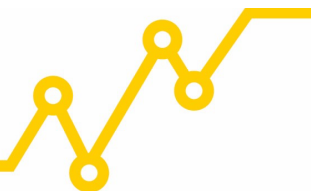
What were you seeking care or treatment for when you visited an alternative site for health care site in the past two years?

Select all that apply.

RESPONSE OPTIONS, RANDOMIZE

1. Prescription renewal
2. COVID-19 infection/possible infection
3. Symptoms of illness (such as sore throat, fever, stomach pain, rash/itching, chest pain, dizziness, fatigue)
4. Injury (e.g., sprain, bone fracture, or cut/abrasion)
5. Vaccine (for COVID-19, flu, or other illnesses)
6. A specific screening, test, or exam (other than for COVID-19)
7. A physical for work, school or travel
8. A mental health concern
9. Something else [ANCHOR]

[SHOW IF Q45a-d = 2, 3, OR 4]
Q50.
After your most recent visit to an alternative site for health care, did you go for follow-up care?

RESPONSE OPTIONS:
1. Yes, at the same alternative site
2. Yes, at my usual health care provider's office/clinic
3. Yes, somewhere else
4. No, I did not need follow up care
5. No, I chose not to go for follow up care

[SHOW IF Q50 = 1, 3, 4 OR 5 AND Q8 in HH = 1 (Yes PCP)]
Q51.
Did your primary care provider (PCP) know about your most recent visit to an alternative site for health care?
Select all that apply.

RESPONSE OPTIONS:
1. Yes, I let my PCP know
2. Yes, my records were sent to my PCP
3. No
77. Not sure

[SHOW IF Q45a-d = 2, 3, OR 4]
Q52.

Overall, how does care at an alternative site for health care compare to care at your PCP's office, in terms of:

GRID ITEMS, RANDOMIZE
a. Ease of talking to a health care provider
b. Feeling connected to a health care provider
c. Amount of time spent with the health care provider
d. Cost
e. Overall convenience
f. Overall quality of care

RESPONSE OPTIONS:
1. Alternative site is better
2. PCP's office is better
3. Alternative site and PCP's office are about the same

DTC Care Module

Q55.

The next set of questions is about health care services provided on-demand via the internet, app, or phone by a company which uses an online platform or subscription service. No referral or insurance is required. Examples include Amazon Clinic, Sesame, Roman, BetterHelp, Rosy, Hims & Hers.

Have you ever used or considered using this type of service?

1. Yes, used
2. Yes, considered, but didn't use
3. No, never considered it [Skip to Q67]
4. No, never heard of it [Skip to Q67]

[SHOW IF Q55 = 1 OR 2]
Q54.

This question is about health care services provided on-demand via the internet, app, or phone by a company which uses an online platform or subscription service.

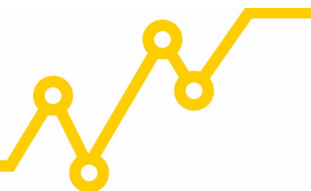How did you hear about these types of services?

Select all that apply.

RESPONSE OPTIONS:
1. Social media
2. Friends and family
3. Online search
4. TV, internet, or radio advertisements
5. Other

[SHOW IF Q55= 1]
Q56.

This question is about health care services provided on-demand via the internet, app, or phone by a company which uses an online platform or subscription service.

What health issue did you use this type of service for?

Select all that apply.

RESPONSE OPTIONS [RANDOMIZE OPTIONS]:
1. Mood and mental health
2. Sexual health
3. Addiction/substance abuse
4. Skin care
5. Hair loss
6. Pain management
7. Weight management
8. General health (such as allergies, sinus infection, pink eye, acid reflux)
9. Other [ANCHOR]

[SHOW IF Q55= 1]
Q58.
This question is about health care services provided on-demand via the internet, app, or phone by a company which uses an online platform or subscription service.

When did you <u>first</u> start using this type of service?

RESPONSE OPTIONS:
1. Before March 2020
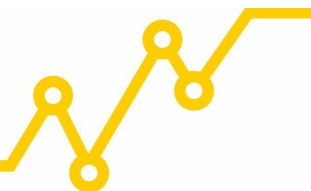2. March 2020 – December 2022
3. After January 2023

[SHOW IF Q55= 1]
Q62.
In the past two years, how many times have you used this type of service?
RESPONSE OPTIONS:
1. 1
2. 2-3
3. 4-5

4. 6 more

Q57.

This question is about health care services provided on-demand via the internet, app, or phone by a company which uses an online platform or subscription service.

What company did you use for this type of service? If you have used more than one company, please indicate the company you used most recently.

1. Please specify: [TEXTBOX]

77. Not sure

Q59.

Thinking about the last time you used this type of service, why did you do so?

Select all that apply.

RESPONSE OPTIONS: [RANDOMIZE ROWS]
1. Convenience
2. The cost was reasonable
3. Limited access to a health provider/no usual health care provider
4. I felt uncomfortable addressing the issue with my usual health care provider
5. My usual health care provider could not help with the issue
6. My usual health care provider was not open/available
7. My insurance wouldn't cover the services I was seeking
8. Other

Q60.

Which of the following did you receive through this type of service?

Select all that apply.

RESPONSE OPTIONS:
1. Prescription medication

2. New medical diagnosis
3. Counseling
4. Referral to another medical group, clinic, or specialist
5. Something else
6. None of the above

[SHOW IF Q60_1= 1]
Q61.
Was the medication prescribed by this type of service for a one-time treatment, ongoing treatment, or as a refill?

RESPONSE OPTIONS:
1. One-time
2. Ongoing

3. Refill

[SHOW IF Q55= 1 AND Q8 in HH = 1 (has PCP)]
Q63.
Is your primary care provider (PCP) aware you used this type of service?

RESPONSE OPTIONS:
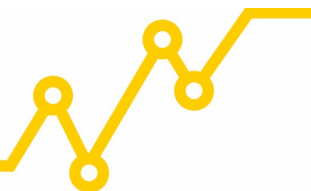1. Yes
2. No

77. Don't know

[If Q60_1= 1 AND Q8 in HH = 1 (has PCP)]
Q64.
Has your PCP been informed of the prescription you received from this type of service?

RESPONSE OPTIONS:
1. Yes
2. No

77. Don't know

[If Q60_2=1 AND Q8 in HH = 1(has PCP)]
Q65.

Has your PCP been informed of your diagnosis made through this type of service?

RESPONSE OPTIONS:
1. Yes
2. No

77. Don't know

[SHOW If Q55=1 AND Q8 in HH = 1(has PCP)]
Q66.

Overall, how does this type of service compare to care at your PCP's office, in terms of:

GRID ITEMS:
A. Ease of talking to a health care provider
B. Feeling connected to a health care provider
C. Amount of time spent with the health care provider
D. Cost
E. Overall convenience
F. Overall quality of care

RESPONSE OPTIONS:
1. This type of service is better
2. PCP's office is better
3. This type of service and my PCP's office are about the same

Q67.
This question is about health care services provided on-demand via the internet, app or phone by a company which uses an online platform or subscription service. No referral or insurance is required.

Would you be interested in using this type of service in the future?

RESPONSE OPTIONS:
1. Yes

2. No
77. Not sure

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	
Household Income (4 categories)	1 = Less than $30,000	
	2 = $30,000 to $59,999	

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

Variable	Values
	7 = Not working – other
HL003NEW (Diagnoses)	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 artery 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
	N = None of the above
HL037 (Usual Place of care)	1= Clinic or health center
	2 = Doctor's office or HMO
	3 = Hospital emergency room
	4 = Hospital outpatient department
	5 = Some other place
HL023A (Provided care to an adult)	1 = Yes, I have provided care to an adult in the last year
	2 = Someone else in my household has provided care
	3 = No
HL022 (Health)	1 = Gotten better
	2 = Gotten worse
	3 = Stayed about the same
HL021_FEET	0-12 feet
HL021_INCHES	0-12 inches