

## NPHA Wave 14 February 2024 Survey

Conducted for: University of Michigan

Conducted by: NORC at the University of Chicago

Sample Source: AmeriSpeak Probability-Based Panel and non-probability panel respondents, calibrated using TrueNorth

Sampled Population: General Population Age 50+

Date Fielded: 02/22/2024 – 03/12/2024

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.

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### Health & Household Module

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#### Q1.

In general, how would you rate your physical health?

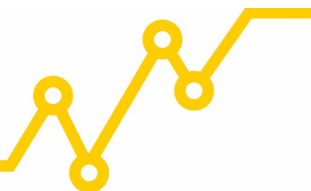
#### RESPONSE OPTIONS:

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?



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**RESPONSE OPTIONS:**

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

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**Q3.**

How would you rate your memory overall?

**RESPONSE OPTIONS:**

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

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**Q4.**

Are your day-to-day activities limited because of a health problem or disability?

**RESPONSE OPTIONS:**

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

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**Q5.**

Who lives in your household?

*Select all that apply.*

**RESPONSE OPTIONS:**

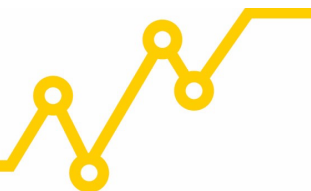
1. I live alone
2. Spouse / partner
3. Child / children age 0-17
4. Grandchild / grandchildren age 0-17
5. Other adults

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**Q6A.**

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

*Select all that apply.*



RESPONSE OPTIONS:

1. Traditional Medicare without a Medigap plan
  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 [\[ANCHOR\]](#)
- 

Q7A.

Do you have a primary care provider (PCP)?

RESPONSE OPTIONS:

1. Yes
  2. No
  77. Unsure
- 

Q8.

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
- 

[\[SHOW IF Q8 = 1\]](#)

Q9A.

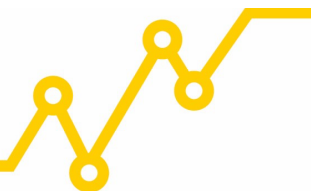
In the past year, have you sent a message to a health care provider using an online patient portal?

RESPONSE OPTIONS:

1. Yes
  2. No
- 

[\[SHOW IF Q9A = 1\]](#)

Q9B.



Have you ever paid a co-payment or been charged money for exchanging messages with your health care provider over the patient portal?

RESPONSE OPTIONS:

1. Yes
2. No
77. Not sure

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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

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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

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Caregiving Questions

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DISPLAY\_CAREGIVING.

The next set of questions is about caregiving.

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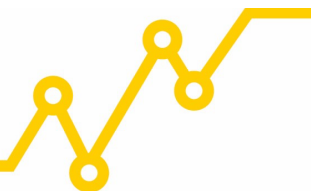
Q12.

In the past year, have you provided regular care or assistance to a family member or friend (adult or child) who has a health problem or disability?

*Select all that apply.*

RESPONSE OPTIONS:

1. Yes, to someone who lives with me
  2. Yes, to someone who does not live with me
  3. No
-



[SHOW IF Q12 = 1 OR 2]

Q12A.

In the past year, have you provided regular care or assistance to someone age 65 or older?

RESPONSE OPTIONS:

1. Yes
  2. No
- 

[SHOW IF Q12 = 1 OR 2]

Q12B.

In the past year, have you provided regular care or assistance to someone (adult or child) who has an intellectual or developmental disability?

RESPONSE OPTIONS:

1. Yes
  2. No
- 

[SHOW IF Q12 = 1 OR 2]

Q13.

In the past year, for how many family members or friends have you provided regular care or assistance?

RESPONSE OPTIONS:

1. 1
  2. 2
  3. 3
  4. 4
  5. 5 or more
- 

[SHOW IF (Q12 = 1 OR 2) AND (Q13 = 1, 2, 3, 4, OR 5)]

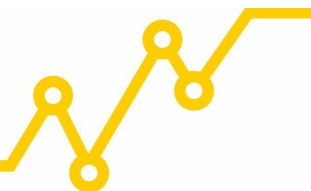
Q15B.

Do any of the family members or friends to whom you provide regular care or assistance have any of the following health concerns?

*Select all that apply.*

RESPONSE OPTIONS:

1. Problems with memory or thinking
2. Physical disability (including challenges with mobility)
3. Mental health concerns
4. Vision or hearing impairment
5. Other health concerns



6. None of the above

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**Q16A.**

Who do you think should have primary responsibility for covering the cost of caregiving for older adults?

**RESPONSE OPTIONS:**

1. Government
  2. Employers
  3. Non-profit organizations / charities
  4. Family, relatives, or friends
  5. The person needing care
  6. Other
- 

**Q16B.**

Are you familiar with Area Agencies on Aging (AAAs)? These are local organizations that provide information and resources to older adults and caregivers.

**RESPONSE OPTIONS:**

1. Yes, I've heard of AAAs but never used them
  2. Yes, I've heard of AAAs and used them
  3. No, I've never heard of AAAs
- 

**Q16C.**

Do you know about the State Health Insurance Assistance Program (SHIP), which provides health insurance counseling to people with Medicare? This program can go by different names for some states. [\[SHOW IF S\\_STATE=MI: It is called the Michigan Medicare Assistance Program or MMAP in Michigan.\]](#)

**RESPONSE OPTIONS:**

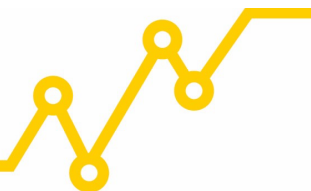
1. Yes, I've heard of this program but never used it
  2. Yes, I've heard of this program and used it
  3. No, I've never heard of it
- 

**Q16D.**

Long-term services and supports (LTSS) includes a variety of medical and personal care services for people who require assistance with self-care due to aging, illness, or disability. How much do you know about your options for LTSS should you need them?

**RESPONSE OPTIONS:**

1. A lot
2. A little



3. Very little
4. Nothing at all

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### Top 10 Health Behaviors and Health Concerns in Your Community Module

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#### DISPLAY\_TOP10\_1.

The next set of questions is about things you may do for your health.

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#### Q17.

How well do you...

#### GRID ITEMS, RANDOMIZE:

- a. Control stress
- b. Eat a healthy diet
- c. Exercise regularly
- d. Get adequate sleep
- e. Have regular social interactions
- f. Hear (with hearing aid or cochlear implant, if you use them)
- g. Keep mentally sharp
- h. Limit alcohol use
- i. Maintain a healthy weight
- j. Maintain good oral health
- k. Avoid smoking / vaping
- l. Prepare for retirement
- m. Prepare to age in place
- n. See (with glasses or contact lenses, if you use them)

#### RESPONSE OPTIONS:

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

#### DISPLAY\_TOP10\_2.

For the next question (on four screens), please think about older adults in your community.

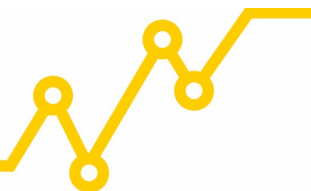
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#### Q18.

How concerned are you about the following for older adults in your community?

#### GRID ITEMS, RANDOMIZE:

- a. Access to affordable healthy foods



- b. Access to quality home care / assisted living / nursing home care
- c. Access to quality mental health care
- d. Ageism / age discrimination
- e. Alcohol use
- f. Being able to age in place
- g. Cost of dental care
- h. Cost of medical care
- i. Cost of health insurance / Medicare
- j. Cost of home care / assisted living / nursing home care
- k. Cost of prescription medications
- l. Health risks from polluted water and air
- m. Health care quality
- n. Inaccurate / misleading health information
- o. Access to social and recreational activities
- p. Marijuana / cannabis use
- q. Neighborhood safety
- r. Obesity
- s. Opioid / fentanyl use
- t. Poverty
- u. Racial and ethnic discrimination
- v. Financial scams / fraud
- w. Social isolation / loneliness
- x. Stress / anxiety
- y. Unequal access to health care
- z. Vaccine hesitancy

#### RESPONSE OPTIONS:

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

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#### Cannabis Module

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#### DISPLAY\_CANNABIS.

The next set of questions is about CBD and cannabis.

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#### Q19.

In the past year, how often have you used CBD products (such as oils, lotions, salves, vapes, tinctures, food / drink) that do not contain THC.

*THC is the chemical in marijuana or cannabis products that gets a person "high".*





Only include products that are sold as CBD products.

RESPONSE OPTIONS:

1. Never
2. Once or twice
3. Monthly
4. Weekly
5. Almost daily or daily

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Q20.

In the past year, how often have you used cannabis products that contain THC (e.g., marijuana, pot, hash, edibles)?

*This includes any products that contain THC such as:*

- *flower in joints, blunts, bowls*
- *dabs / wax / shatter / budder, butane hash oil, or other concentrates*
- *oil or dried flower in vaporizers*
- *edibles, beverages, and tinctures*
- *skincare products such as lotions*

Do not include products that contain only CBD.

RESPONSE OPTIONS:

1. Never
2. Once or twice
3. Monthly
4. Weekly
5. Almost daily or daily

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[SHOW IF Q20 = 2, 3, 4, OR 5]

Q21.

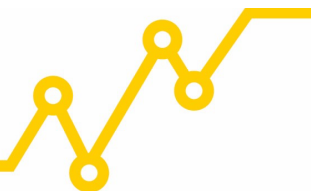
In the past year, how often did you use each of these types of cannabis products containing THC?

GRID ITEMS:

- a. Flower in joints, blunts, bowls
- b. Dabs / wax / shatter / budder, butane hash oil, or other concentrates
- c. Oil or dried flower in vaporizers
- d. Edibles, beverages, and tinctures
- e. Skincare products such as lotions

RESPONSE OPTIONS:

1. Never
2. Once or twice



3. Monthly
4. Weekly
5. Almost daily or daily

---

[SHOW IF Q20 = 2, 3, 4, OR 5]

Q22.

In the past year, did you use any cannabis products containing THC for the following reasons?

GRID ITEMS:

- a. To enjoy the effects / feel good
- b. To help mental health or mood (e.g., depression, anxiety, loneliness)
- c. To experiment
- d. To celebrate
- e. To relax
- f. To help with pain relief
- g. To help with sleep
- h. To make a social gathering more fun / connect with others
- i. To treat a medical condition

RESPONSE OPTIONS:

1. Yes
2. No

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[SHOW IF Q20 = 2, 3, 4, OR 5]

Q23.

In the past year, how often did you drive within 2 hours of using cannabis products?

RESPONSE OPTIONS:

1. Never
2. 1-2 times
3. 3-5 times
4. 6-10 times
5. More than 10 times
6. N/A I do not drive

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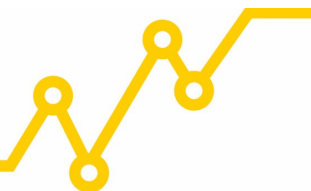
[SHOW IF Q20 = 2, 3, 4, OR 5]

Q24.

Do the following people know that you have used cannabis in the past year?

GRID ITEMS:

- a. Children



- b. Spouse / partner
- c. Grandchildren
- d. Other family members
- e. Friends / neighbors
- f. Primary care provider
- g. Other health care providers

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 3. N/A

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[SHOW IF Q20 = 2, 3, 4, OR 5]

Q25.

Has a health care provider ever stopped prescribing you a medication because they learned that you use cannabis?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 3. N/A

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[SHOW IF Q20 = 2, 3, 4, OR 5]

Q26.

In the past year, did you ...

GRID ITEMS:

- a. [SHOW IF Q20 = 3, 4, OR 5] use more cannabis to feel the effect you wanted?
- b. [SHOW IF Q20 = 2, 3, 4, OR 5] have strong desires or cravings for cannabis?

RESPONSE OPTIONS:

- 1. Yes
- 2. No

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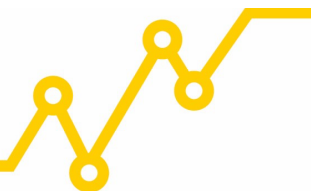
[SHOW IF Q20 = 2, 3, 4 OR 5]

Q27.

In the past year, did...

GRID ITEMS:

- a. using the same amount of cannabis have less effect than it used to?
- b. your cannabis use increase (either amount or how often)?



RESPONSE OPTIONS:

1. Yes
2. No

Q28.

These questions ask about cannabis products that contain THC (e.g., marijuana, pot, hash, edibles)

*This includes any products that contain THC such as:*

- *flower in joints, blunts, bowls*
- *dabs / wax / shatter / budder, butane hash oil, or other concentrates*
- *oil or dried flower in vaporizers*
- *edibles, beverages, and tinctures*
- *skincare products such as lotions*

*Do not include products that contain only CBD.*

How much do you agree or disagree with these statements:

GRID ITEMS:

- a. People can become addicted to cannabis
- b. It is safe to drive within an hour or two after using cannabis
- c. Today, cannabis is stronger than it was 20 or 30 years ago

RESPONSE OPTIONS:

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

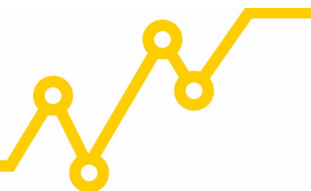
Q29.

These questions apply to different types of cannabis products containing THC, the chemical that gets a person high. Do not respond about products that contain CBD only.

How much do you think people risk harming themselves physically and in other ways if they regularly (at least weekly):

GRID ITEMS:

- a. Smoke cannabis flower in joints, blunts, bowls
- b. Dab or take cannabis concentrates
- c. Vape cannabis
- d. Consume edibles, beverages, or tinctures containing cannabis



- e. Use cannabis skincare products

RESPONSE OPTIONS:

1. No risk
2. Slight risk
3. Moderate risk
4. High risk
77. Not sure

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Q30.

Have you ever discussed cannabis use with any of your health care providers?

*Select all that apply.*

RESPONSE OPTIONS:

1. Yes, I brought it up
2. Yes, a health care provider brought it up
3. No

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Cost of Healthy Aging Module

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DISPLAY\_HEALTHYAGING.

The next set of questions are about financial matters.

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Q34.

How well do the following statements describe you or your situation over the past year?

GRID ITEMS:

- a. Because of my money situation, I feel like I will never have the things I want in life.
- b. I am just getting by financially.
- c. I am concerned that the money I have or will save won't last as long as I need it to.

RESPONSE OPTIONS:

1. Completely
  2. Very well
  3. Somewhat
  4. Very little
  5. Not at all
-



Q35.

In the past year, how often do the following statements apply to you?

GRID ITEMS:

- a. I have money left over at the end of the month.
- b. My finances control my life.

RESPONSE OPTIONS:

- 1. Always
  - 2. Often
  - 3. Sometimes
  - 4. Rarely
  - 5. Never
- 

Q36.

In the past year, have you had to cut back on any of the following?

*Select all that apply.*

RESPONSE OPTIONS:

- 1. Gas
  - 2. Groceries
  - 3. Utilities (including cell phone bills)
  - 4. Personal items (clothing, toiletries)
  - 5. Home maintenance
  - 6. Social and recreational activities
  - 7. None of these
- 

Q37.

In the past year, did you have trouble paying for health insurance, prescription drugs, or health care services or did you delay getting or not get needed health care (like doctor's visits or dental or vision care)?

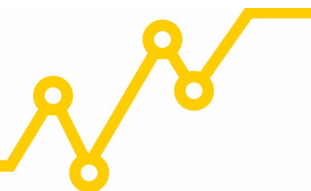
RESPONSE OPTIONS:

- 1. Yes
  - 2. No
- 

[SHOW IF Q37 = 1]

Q38.

In the past year, which of the following did you have trouble paying for, delay getting, or need but not get due to cost?



*Select all that apply.*

**GRID ITEMS:**

- A. Prescription medications
- B. Doctor visits
- C. Health insurance
- D. Medical equipment or supplies
- E. Dental care
- F. Vision care / glasses
- G. Hearing aids

**RESPONSE OPTIONS:**

- 1. Had trouble paying for
- 2. Delayed getting
- 3. Needed but did not get
- 4. Not applicable
- 5. No problems due to cost

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**Q40.**

In the past year, how much stress have you felt regarding your personal finances?

**RESPONSE OPTIONS:**

- 1. A lot
- 2. Some
- 3. A little or none

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**[SHOW IF Q12 = 1 OR 2]**

**Q41.**

In the past year, how much stress have you felt related to the financial and personal costs to you for the caregiving you provide?

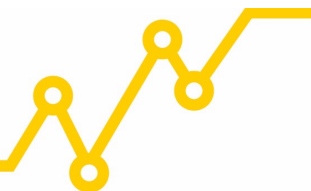
**RESPONSE OPTIONS:**

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

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**Q42.**

In the past year, have you or has anyone in your household done any of the following to increase income?



*Select all that apply.*

RESPONSE OPTIONS:

1. Worked more hours
2. Got a new job or 2<sup>nd</sup> job
3. Taken money out of savings or a retirement account
4. Sold items / possessions
5. None of these

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Q43.

In the past year, have you or has anyone in your household done any of the following to reduce expenses or make money available for other purposes?

*Select all that apply.*

RESPONSE OPTIONS:

1. Cut back on discretionary spending / extras (travel, recreation, etc.)
2. Cut back on necessities (food, shelter, etc.)
3. Cut back on saving for the future
4. Used credit cards without paying the monthly balance
5. Borrowed money from family or friends
6. Taken out new loans or refinanced your home
7. None of these

---

Q44.

In the past year, how much would you say inflation has impacted you?

RESPONSE OPTIONS:

1. A great deal
2. A little bit
3. Very little or not at all

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Health Literacy Module

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DISPLAY\_LITERACY.

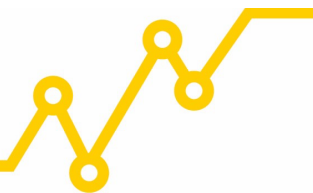
The last set of questions is about health information.

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Q45.

How easy is it for you to find accurate health information on the internet?





RESPONSE OPTIONS:

1. Very easy
  2. Somewhat easy
  3. Not easy
  4. N/A – I do not look for health information on the internet
- 

Q46.

In the past year, about how many times did you get medical care from a health care provider (in person or virtually)?

RESPONSE OPTIONS:

1. 0
  2. 1 to 2
  3. 3 to 4
  4. 5 or more
- 

Q47.

How confident are you with being able to identify health / medical misinformation when you see it?

RESPONSE OPTIONS:

1. Confident
  2. Somewhat confident
  3. Not too confident
  4. Not at all confident
- 

Q48.

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
- 

Q49.

How confident are you that you know or can find information about your out-of-pocket costs before having the following?

GRID ITEMS:



- a. An office visit with a health care provider
- b. A medical procedure
- c. A new prescription medication

RESPONSE OPTIONS:

- 1. Confident
- 2. Somewhat confident
- 3. Not too confident
- 4. Not at all confident

---

Q50.

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

GRID ITEMS:

- a. Written information from my health care providers is easy for me to understand.
- b. Verbal information from my health care providers is easy for me to understand.
- c. The label attached to my prescription bottle is easy for me to understand.
- d. I understand the information that comes with my prescription medications.

RESPONSE OPTIONS:

- 1. Completely agree
- 2. Somewhat agree
- 3. Somewhat disagree
- 4. Completely disagree
- 5. N/A

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Q51.

In the past year, have you sought or received health information from any of the following people?  
Select all that apply.

RESPONSE OPTIONS:

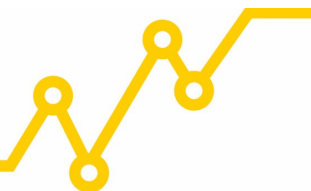
- 1. Health care provider
- 2. Pharmacist
- 3. Family member / friend without a medical background
- 4. Family member / friend with a medical background
- 5. None of the above

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[SHOW IF Q51 = 1, 2, 3, OR 4]

Q52.

How trustworthy do you find health information from these sources?



GRID ITEMS:

- a. [SHOW IF Q51 = 1] Health care provider
- b. [SHOW IF Q51 = 2] Pharmacist
- c. [SHOW IF Q51 = 3] Family member / friend without a medical background
- d. [SHOW IF Q51 = 4] Family member / friend with a medical background

RESPONSE OPTIONS:

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

---

Q55.

In the past year, have you sought health information from any of the following websites?

*Select all that apply.*

RESPONSE OPTIONS:

1. Non-profit organizations (like American Heart Associations, American Cancer Society, etc.)
2. Online support groups, forums or blogs
3. Federal government (like CDC, NIH, Medicare)
4. Universities / medical school sites (like Harvard, University of Michigan, etc.)
5. Health / health condition-focused sites (like WebMD, healthline.com, etc.)
6. Health care systems sites (like Mayo Clinic, Kaiser Permanente, Cleveland Clinic, etc.)
7. [SHOW IF S\_STATE=MI] Michigan Department of Health & Human Services (MDHHS)
8. Other websites [ANCHOR]
9. None of the above [ANCHOR]

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[SHOW IF Q55 = 1-7]

Q56.

How trustworthy do you find health information from these websites?

GRID ITEMS:

- A. [SHOW IF Q55 = 1] Non-profit organizations (like American Heart Associations, American Cancer Society, etc.)
- B. [SHOW IF Q55 = 2] Online support groups, forums or blogs
- C. [SHOW IF Q55 = 3] Federal government (like CDC, NIH, Medicare)
- D. [SHOW IF Q55 = 4] Universities / medical school sites (like Harvard, University of Michigan, etc.)
- E. [SHOW IF Q55 = 5] Health / health condition-focused sites (like WebMD, healthline.com, etc.)
- F. [SHOW IF Q55 = 6] Health care systems sites (like Mayo Clinic, Kaiser Permanente, Cleveland Clinic, etc.)
- G. [SHOW IF Q55 = 7 AND S\_STATE = MI] Michigan Department of Health & Human Services (MDHHS)



RESPONSE OPTIONS:

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

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Q53.

In the past year, have you sought health information from any of the following sources?

*Select all that apply.*

RESPONSE OPTIONS:

1. Social media (Facebook, Twitter or X, etc.)
2. Community organizations such as a senior center, church, etc.
3. Health insurance company
4. Your hospital
5. None of the above [\[ANCHOR\]](#)

---

[SHOW IF Q53 = 1-4]

Q54.

How trustworthy do you find health information from these sources?

GRID ITEMS:

- a. [\[SHOW IF Q53 = 1\]](#) Social media (Facebook, Twitter or X, etc.)
- b. [\[SHOW IF Q53 = 2\]](#) Community organizations such as a senior center, church, etc.
- c. [\[SHOW IF Q53 = 3\]](#) Your health insurance company
- d. [\[SHOW IF Q53 = 4\]](#) Your hospital

RESPONSE OPTIONS:

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

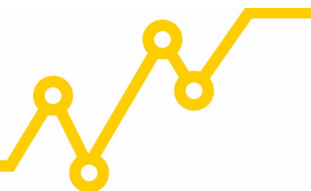
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Q57.

How much would you trust health information generated by Artificial Intelligence (AI)?

RESPONSE OPTIONS:

1. Very
2. Somewhat



3. Not very much
4. Not at all

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HL003NEW.

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

*Select all that apply.*

RESPONSE OPTIONS:

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. Menopause
14. A digestive condition, such as irritable bowel, colitis, or an ulcer
15. Involuntary leaking of urine from the bladder
16. Bowel incontinence
17. Other, please specify: [TEXTBOX]
18. None of the above

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NEW4.

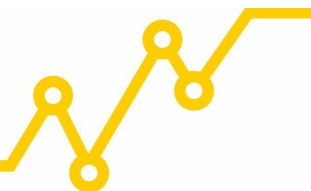
How good are you at calculating a 15% tip? Please rate from 1 to 5 where 1 is not at all good and 5 is extremely good.

RESPONSE OPTIONS:

1. 1 - Not at all good
2. 2
3. 3
4. 4
5. 5 - Extremely good

---

Q6.



Suppose you had \$100 in a savings account and the interest rate was 2% per year. After 5 years, how much do you think you would have in the account if you left the money to grow?

RESPONSE OPTIONS:

1. More than \$102
  2. Exactly \$102
  3. Less than \$102
- 

Q7.

Imagine that the interest rate on your savings account was 1% per year and inflation was 2% per year. After 1 year, with the money in this account would you be able to buy:

RESPONSE OPTIONS:

1. More than today
  2. Exactly the same as today
  3. Less than today
- 

Q58.

Please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.

GRID ITEMS:

- A. Premium
- B. Deductible
- C. Co-payments
- D. Co-insurance
- E. Maximum annual out-of-pocket spending
- F. Provider network
- G. Covered services

RESPONSE OPTIONS:

- 01 Very confident
  - 02 Somewhat confident
  - 03 Not too confident
  - 04 Not at all confident
-



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

Variable	Values
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
	3 = \$60,000 to \$99,999



Variable	Values
	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	Known number of household members in age group
HH members, age 2-5	Known number of household members in age group
HH members, age 6-12	Known number of household members in age group
HH members, age 13-17	Known number of household members in age group
HH members, age 18+	Known 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





Variable	Values
Political Ideology	1 = Very liberal
	2 = Somewhat liberal
	3 = Moderate
	4 = Somewhat conservative
	5 = Very conservative
Gender at Birth	01 = Male
	02 = Female
Current Gender	01 = Male
	02 = Female
	03 = Transgender
	04 = Do not identify as male, female, or transgender
Sexual Orientation	01 = Gay / Lesbian or gay
	02 = Straight, that is, not gay / lesbian or gay
	03 = Bisexual
	04 = Something Else
	05 = I don't know the answer