



NPHA Wave 15 August 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: 08/05/2024 – 08/27/2024

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. These 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 respondents prior to the survey and included with the final delivered data are noted.

Section I – Health & Household

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 would you rate your memory overall?

RESPONSE OPTIONS:

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

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
-

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 (biological, step, or adopted)
 4. Grandchild / grandchildren age 0-17 (biological, step, or adopted)
 5. Other adults (age 18 and older)
 6. Other children (age 0-17)
-



Q6.

How many grandchildren do you have (include great grandchildren, step-grandchildren or adopted grandchildren)?

RESPONSE OPTIONS:

1. 1
2. 2-4
3. 5 or more
4. None

#[SHOW IF Q6 = 1]

Q7A.

What is the age range of your grandchild?

RESPONSE OPTIONS:

1. Infant (0 to 11 months)
2. 1 to 4 years old
3. 5 to 9 years old
4. 10 to 17 years old
5. 18 years old or older

#[SHOW IF Q6=2 OR 3]

Q7B.

What are the age ranges of your grandchildren?

Select all that apply.

RESPONSE OPTIONS:

1. Infant (0 to 11 months)
2. 1 to 4 years old
3. 5 to 9 years old
4. 10 to 17 years old
5. 18 years old or older

#[SHOW IF (Q6 = 1, 2, 3)]

Q7C.

Do you have primary custody / primary parental responsibility for any grandchild aged 0 to 17?

RESPONSE OPTIONS:

1. Yes
2. No



#[SHOW IF (Q7A = 1, 2, 3, 4) OR (Q7B = 1, 2, 3, 4)]

Q8.

How often do you see your [INSERT IF Q6=1: grandchild; INSERT IF Q6=2,3: grandchildren]? [INSERT IF Q6=2,3: Please think about the grandchild(ren) you see the most often.

RESPONSE OPTIONS:

1. Almost daily / daily
2. At least once a week
3. About once or twice a month
4. Once every few months
5. About once a year or less
6. Almost never / never

#[SHOW IF (Q7A = 1, 2, 3, 4) OR (Q7B = 1, 2, 3, 4)]

Q9.

In the past year, have you provided financial support for your [INSERT IF Q6=1: grandchild; INSERT IF Q6=2,3: grandchildren] aged 0 to 17 for any of the following?

Select all that apply.

RESPONSE OPTIONS:

1. Education
2. Major expenses (such as daycare, summer camps, sports, medical costs)
3. Day-to-day expenses (such as groceries, meals, clothing, etc.)
4. None of the above

#[SHOW IF (Q7A = 1, 2, 3, 4) OR (Q7B = 1, 2, 3, 4) OR (Q8 = 1,2,3,4,5,77,98,99)]

Q9A.

How often do you provide care / babysitting for your [INSERT IF Q6=1: grandchild; INSERT IF Q6=2,3: grandchildren] aged 0 to 17?

Select all that apply.

RESPONSE OPTIONS:

1. Almost daily / daily
2. At least once a week
3. About once or twice a month
4. Once every few months
5. About once a year or less
6. Almost never / never
7. I do not provide care for my [INSERT IF Q6=1: grandchild; INSERT IF Q6=2,3: grandchildren]



#[SHOW IF (Q7A = 2, 3, 4) OR (Q7B = 2, 3, 4)]

Q10.

In the past month, have you done any of the following activities with or for your [INSERT IF Q6=1: grandchild; INSERT IF Q6=2,3: grandchildren] aged 1 to 17?

Select all that apply.

RESPONSE OPTIONS:

1. Cooked food or baked with them
2. Bought food for them
3. Prepared meals or snacks for them
4. Ate meals or snacks with them
5. I have not done any of the above with or for my [INSERT IF Q6=1: grandchild; INSERT IF Q6=2,3: grandchildren]

Q11.

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

Select all that apply.

RESPONSE OPTIONS:

1. Insurance provided through your own or someone else's employer
2. Individual insurance plan you bought directly, including from an online marketplace
3. Medicare Advantage plan
4. Medicaid
5. Military health care (TRICARE)
6. Retiree health plan from a job that you or someone else retired from
7. Traditional Medicare without a Medigap plan
8. Traditional Medicare plus Medigap (a supplemental Medicare plan)
9. VA / CHAMPVA
10. Other (please specify): [TEXTBOX]
11. None – no health insurance of any kind

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
-

DISPLAY_CAREGIVING.

The next set of questions is about caregiving.

Q15.

In the past year, have you provided regular care or assistance to an adult family member or friend 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
-

Q18.

Do you have any family members (children or adults) who have been diagnosed as being on the autism spectrum, including Asperger's Syndrome?

RESPONSE OPTIONS:

1. Yes
 2. No
-

#[SHOW IF Q18 = 1]

Q19.

Do you provide regular care or assistance for any family members (children or adults) who are on the autism spectrum, or have Asperger's Syndrome?

RESPONSE OPTIONS:

1. Yes
 2. No
-



Q11A.

How likely are you to get a COVID-19 vaccine this fall?

RESPONSE OPTIONS:

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
77. Don't know / Not sure

Section II – Friendships

DISPLAY_FRIENDSHIPS.

The next set of questions are about your friendships.

Q20.

How many close friends do you have?

RESPONSE OPTIONS:

1. None
 2. 1
 3. 2-3
 4. 4-5
 5. 6 or more
-

Q21.

Would you say you have enough close friends?

RESPONSE OPTIONS:

1. Yes, I have enough close friends
 2. No, I do not have enough close friends
-

Q22.

How interested are you in developing new friendships?

RESPONSE OPTIONS:

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



#[SHOW IF Q20 = 2, 3, 4, or 5]

Q23.

In the past year, how often have you had contact with your close friend(s)?

RESPONSE OPTIONS:

1. Almost daily / daily
2. At least once a week
3. About once or twice a month
4. Once every few months
5. About once a year or less
6. Almost never / never

#[SHOW IF Q20 = 2, 3, 4, or 5]

Q24.

In the past month, through which of the following ways have you had contact with your close friend(s)?

Select all that apply.

RESPONSE OPTIONS:

1. In-person
2. Phone call
3. Video chat
4. Text message
5. Email
6. Social media
7. None of the above

#[SHOW IF Q20 = 2, 3, 4, or 5]

Q25.

How would you rate the amount of contact you have with your close friends?

RESPONSE OPTIONS:

1. Would like more
2. It's about right
3. Would like less

#[SHOW IF Q20 = 2, 3, 4, or 5]

Q30.

Can you count on your close friends to provide support if you needed...



GRID ITEMS:

- a. emotional support (in good times or bad)
- b. to discuss your health
- c. to borrow money in an emergency

RESPONSE OPTIONS:

- 1. Yes, definitely
 - 2. Sometimes
 - 3. No
-

#[SHOW IF Q20 = 2, 3, 4, or 5]

Q32.

In the past year, has a close friend done any of the following?

GRID ITEMS:

- a. Attended your medical appointments
- b. Helped you when you were sick or injured
- c. Picked up medication for you

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
 - 3. Not applicable
-

#[SHOW IF Q20 = 2, 3, 4, or 5]

Q33.

In the past year, [INSERT IF Q20=2: has your close friend; INSERT IF Q20=3,4,5: have your close friends] encouraged or motivated you to....

GRID ITEMS:

- a. make healthy choices (such as exercising more or eating a healthier diet)
- b. stop engaging in unhealthy behaviors (such as eating unhealthy foods or drinking too much)
- c. get a symptom or health issue checked out by a health care provider

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-



Q34.

Compared to when you were younger...

GRID ITEMS:

- a. making friends now is...
- b. maintaining friendships now is...

RESPONSE OPTIONS:

- 1. Harder
- 2. About the same
- 3. Easier

#[SHOW IF Q20 = 2, 3, 4, or 5]

Q26.

Are any of your close friend(s) from a different generation (at least 15 years older or younger than you)?

RESPONSE OPTIONS:

- 1. Yes
- 2. No

#[SHOW IF Q26 = 1]

Q27.

Are those close friend(s) from different generations: older than you, younger than you, or both?

RESPONSE OPTIONS:

- 1. Older
- 2. Younger
- 3. Both

Section III – Health & Work

DISPLAY_HEALTHWORK.

The next set of questions is about work.

#[SHOW IF MISSING (S_EMPLOY)]

Q_CDEMPLOY_14.

Which of the following best describes your current employment status?



RESPONSE OPTIONS:

01. Working – as a paid employee
 02. Working – self employed
 03. Not working – on temporary layoff from a job
 04. Not working – looking for work
 05. Not working – retired
 06. Not working – disabled
 07. Not working – other
-

#[SHOW IF (S_EMPLOY=1 or 2)]

Q35.

Thinking about the work that you currently do, how would you classify the physical demands of your work?

RESPONSE OPTIONS:

1. Sedentary (sitting most of the time, occasional walking or standing, minimal physical activity)
 2. Light (stand up to 6 hours / day, lift up to 10 pounds frequently and up to 20 pounds occasionally)
 3. Medium (stand up to 6 hours / day, lift up to 25 pounds frequently and 50 pounds occasionally)
 4. Heavy (stand 6 hours or more / day, lifting 25 pounds or more frequently and 50 pounds or more occasionally)
-

#[SHOW IF (S_EMPLOY=1)]

Q37.

Which of the following describes your current work situation?

RESPONSE OPTIONS:

1. Fully remote / telecommute (I do not work at an official worksite on any day)
 2. Hybrid format (I do not work at an official worksite some days)
 3. None of the above
-

#[SHOW IF (S_EMPLOY=1)]

Q38.

Did your employer offer you any of the following prior to the COVID-19 pandemic?

GRID ITEMS:

- a. Remote / telecommute work
- b. Hybrid work



RESPONSE OPTIONS:

1. Yes
2. No
3. Don't know

#[SHOW IF (S_EMPLOY=1)]

Q37A.

Do you have either of the following with your work schedule?

Select all that apply.

RESPONSE OPTIONS:

1. Flexibility on days or times of the day worked
2. Flexibility on the number of hours worked
3. [SHOW IF Q37= 3] Flexibility to work in a hybrid format
4. None of the above

#[SHOW IF (S_EMPLOY=1)]

Q38A.

Did your employer offer you any of the following prior to the COVID-19 pandemic?

GRID ITEMS:

- a. Flexibility on days or times of the day worked
- b. Flexibility on the number of hours worked

RESPONSE OPTIONS:

1. Yes
2. No
3. Don't know

#[SHOW IF (S_EMPLOY=1 or 2)]

Q36.

On a typical workday, where do you primarily perform your job?

RESPONSE OPTIONS:

1. Someplace other than my home
 2. Home
-



#[SHOW IF Q37 = 3]

Q40.

Which of the following are reasons you do not work remotely / telecommute or in hybrid format?

Select all that apply.

RESPONSE OPTIONS, RANDOMIZE:

1. Lack of a suitable remote workspace (not related to technology)
2. Lack of remote access to technology (such as internet connection, equipment, computer)
3. Prefer working in-person
4. Prefer to keep work and home environments separate
5. Not possible due to nature of work
6. Not allowed by my supervisor / management
7. Not part of the work culture
8. Some other reason [ANCHOR]

#[SHOW IF (S_EMPLOY=1)]

Q41.

Which of the following actions has your employer taken in the past year?

Select all that apply.

RESPONSE OPTIONS:

1. Eliminated remote / telecommute work option
2. Eliminated hybrid work option
3. Decreased flexibility in schedule (days or times of the day worked / number of hours worked)
4. Increased the number of days expected in the office, field, or on-site
5. None of the above

#[SHOW IF (S_EMPLOY=1 or 2)]

Q42.

What impact does your work have on your...

GRID ITEMS:

- a. Mental / emotional health
- b. Physical health
- c. Overall well-being

RESPONSE OPTIONS:

1. Very positive
2. Somewhat positive
3. Somewhat negative



4. Very negative

#[SHOW IF (S_EMPLOY=1,2)]

Q43.

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

GRID ITEMS:

- A. I am able to maintain a good work-life balance
- B. I am able to take time off from work for health care appointments
- C. I am able to take time off for vacations / personal time
- D. I have control over my time at work
- E. I am able to take time off for caregiving responsibilities

RESPONSE OPTIONS:

- 1. Strongly Agree
 - 2. Agree
 - 3. Disagree
 - 4. Strongly Disagree
 - 5. [ONLY SHOW FOR GRID ITEM E] N/A
-

#[SHOW IF (S_EMPLOY=1 or 2)]

Q44.

Right now, how important to you are the following reasons for working?

GRID ITEMS:

- a. To have financial stability
- b. To save for retirement
- c. To get access to health insurance
- d. To support my family members financially
- e. To maximize my Social Security benefits
- f. To contribute to society
- g. To have a sense of purpose

RESPONSE OPTIONS:

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



#[SHOW IF (S_EMPLOY=1 or 2)]

Q45.

Please rate your level of agreement or disagreement with the following statements about your work.

GRID ITEMS:

- a. It keeps my brain sharp.
- b. It helps me maintain social connections.
- c. It keeps me physically active.
- d. It helps me to stay focused.
- e. It gives me the opportunity to learn new skills.

RESPONSE OPTIONS:

- 1. Strongly Agree
 - 2. Agree
 - 4. Disagree
 - 5. Strongly Disagree
-

#[SHOW IF (S_EMPLOY=1 or 2)]

Q46.

Overall, how satisfied are you with your job?

RESPONSE OPTIONS:

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

#[SHOW IF (S_EMPLOY=1)]

Q47.

To what extent do you feel valued by your...

GRID ITEMS:

- a. Employer
- b. Supervisor
- c. Co-workers

RESPONSE OPTIONS:

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



#[SHOW IF S_EMPLOY=1,2,3,4,6,7]

Q48.

Do any of the following impact your ability to work?

GRID ITEMS:

- a. Poor health
- b. Disability / chronic illness (physical or mental health condition)
- c. Limited options for transportation
- d. Not having the necessary training, skills, or experience
- e. Caregiving for a child or grandchild
- f. Caregiving for an adult
- g. A prior conviction or legal action

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 3. [ONLY SHOW FOR GRID ITEMS E, F, G] N/A

#[SHOW IF (S_EMPLOY=3,4,5,6,7)]

Q49_1.

Have you worked in the past five years?

RESPONSE OPTIONS:

- 1. Yes
- 2. No

#[SHOW IF (S_EMPLOY=1,2) OR (Q49_1=1)]

Q49.

Have you experienced any of the following related to your work in the past five years?

GRID ITEMS:

- a. Age discrimination
- b. Pay too low to be worth my time
- c. Health insurance didn't cover my needs or cost too much
- d. Job is too physically demanding
- e. My skills are not being fully used
- f. No remote work / telecommute or hybrid options (ability to work from home)

RESPONSE OPTIONS:

- 1. Yes
- 2. No



3. Unsure

#[SHOW IF (S_EMPLOY=3,4,5,6,7)]

Q50.

Are any of the following reasons that you do not work for pay?

GRID ITEMS:

- a. [SHOW IF (S_EMPLOY<>5)] I am retired
- b. I cannot find a job
- c. I don't need to work / I am financially secure
- d. I prefer to do volunteer work
- e. I am a caregiver
- f. The lack of flexibility on when / where I work
- g. My health prevents me from working

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-

#[SHOW IF (S_EMPLOY=5)]

Q51.

At what age did you retire?

[NUMBOX; UPPER LIMIT 999]

#[SHOW IF (S_EMPLOY=1,2,3,4)]

Q52.

At what age do you plan to retire? If you're not sure or never plan to retire, please mark that below and leave this box blank.

[NUMBOX; UPPER LIMIT 999]

RESPONSE OPTIONS, DISABLE IF NUMBOX IS NOT EMPTY:

- 1111. Never
 - 7777. Not sure
-

Section IV – LTC



DISPLAY_LTC.

The next set of questions is about long-term care.

Long-term care includes services designed to meet a person's health or personal care needs (like bathing, dressing, eating / making meals, taking medications) when they can no longer perform such activities on their own.

Q53.

Do you think long-term care can be provided in the following place?

GRID ITEMS:

- A. A person's home
- B. Assisted living facility
- C. Nursing home

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-

Q54.

If you needed to permanently move into a nursing home, who do you think would pay for this care?

Select all that apply.

RESPONSE OPTIONS:

- 1. Medicare
 - 2. Medicaid
 - 3. My long-term care insurance
 - 4. Me and / or my family from personal financial resources
 - 5. VA - Department of Veterans Affairs
-

Q55.

Are you currently using any services to help you with your daily activities such as: bathing, dressing, eating, and / or taking medications?

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-



Q56.

Looking to the future, how likely do you think it is that you will need long-term care (either home care, assisted living, or nursing home)?

RESPONSE OPTIONS:

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

Q57.

How confident are you with being able to afford to pay for the following types of long-term care in the future?

GRID ITEMS:

- a. Home care
- b. Assisted living
- c. Nursing home

RESPONSE OPTIONS:

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

Q58.

Which of the following things have you done to plan for your long-term care needs in the future?

Select all that apply.

RESPONSE OPTIONS:

1. Bought long-term care insurance
 2. Looked into or visited assisted living / nursing home facilities I would consider moving to
 3. Designated a durable power of attorney for medical care
 4. Made home modifications to help me age in place
 5. Identified people in my life who could serve as caregivers
 6. None of the above
-

Q59.

Have you discussed your long-term care plans / options with any of the following people?



Select all that apply.

RESPONSE OPTIONS:

1. Spouse / partner
 2. Children
 3. Grandchildren
 4. Close friend
 5. Other relative
 6. Health care provider(s)
 7. I have not discussed my long-term care plans with anyone
-

Q60.

If you needed assistance with daily activities in the future, which setting / option would you most prefer? Select one.

RESPONSE OPTIONS:

1. In my home with family / friend caregivers
 2. In my home with paid caregivers
 3. In my home without help
 4. Move to an assisted living facility
 5. Move to a nursing home
 6. Move in with a family member / friend caregiver
-

Q61.

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

GRID ITEMS:

- a. I am worried about my future need for long-term care.
- b. My need for long-term care seems too far off to make plans for it.
- c. I know how to plan for my long-term care needs.
- d. I will let my family make decisions about my long-term care for me.

RESPONSE OPTIONS:

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



Q63A.

What is your overall impression of nursing homes and assisted living?

GRID ITEMS

- a. Nursing homes
- b. Assisted living

RESPONSE OPTIONS:

- 1. Mostly positive
 - 2. Mostly negative
 - 77. Unsure
-

Q62.

When you think about nursing homes, are any of the following concerns for you?

Select all that apply.

RESPONSE OPTIONS, RANDOMIZE:

- 1. Quality of care (overall care and safety)
 - 2. Quality of life (such as comfort of facility, activities)
 - 3. Medication errors
 - 4. Boredom / loneliness
 - 5. Staffing
 - 6. Spread of infections
 - 7. Cost
 - 8. None of the above [ANCHOR]
-

Q64.

Do you have a family member or friend who ...

GRID ITEMS:

- a. lives / has lived in a nursing home in the past five years
- b. lives / has lived in assisted living in the past five years

RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-

Q67.

How have your views of assisted living or nursing homes changed, if at all, due to the COVID-19 pandemic?



GRID ITEMS:

- a. Assisted living
- b. Nursing homes

RESPONSE OPTONS:

- 1. My views are more positive
- 2. My views are more negative
- 3. My views have not changed

Section V – Climate Change

DISPLAY_CLIMATECHANGE.

The next set of questions is about the climate change.

Q68.

In the past two years, which of the following have you personally experienced?

Select all that apply.

RESPONSE OPTONS:

- 1. Poor air quality due to wildfire smoke
 - 2. Extreme heat
 - 3. Severe storms (such as a tornado, flooding, blizzard, hurricane)
 - 4. Ozone / smog / air pollution not from wildfires
 - 5. Long power outages (more than 1 day)
 - 6. None of the above
-

Q69.

How concerned are you about the impact of climate change on your health?

RESPONSE OPTONS:

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

Q70.

How concerned are you about the effects of extreme heat on your health?



RESPONSE OPTONS:

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

Q71.

Do you feel that you have enough reliable information about the potential impacts of climate change on your health?

RESPONSE OPTONS:

1. Yes
 2. No
 77. Unsure
-

Q72.

How concerned are you about the following potential effects of climate change?

GRID ITEMS:

- a. Loss of basic infrastructure (such as the electric power grid, water services, transportation, and telecommunications)
- b. More frequent severe storms (such as tornadoes, flooding, blizzards, hurricanes)
- c. More extreme heat events
- d. Air pollution and poor air quality
- e. Changes in infectious diseases (such as Lyme disease, West Nile virus, COVID-19)

RESPONSE OPTONS:

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

Q74.

How concerned are you about the effect of climate change on the health of future generations?

RESPONSE OPTONS:

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



Q75.

Have any of your health care providers talked with you about how to prepare for climate-related health emergencies (such as extreme heat or storms)?

RESPONSE OPTIONS:

1. Yes
2. No

#[SHOW IF Q75 = 1]

Q76.

As a result of talking with your health care provider, did you take any action to prepare for climate-related health emergencies (such as extreme heat or storms)?

RESPONSE OPTIONS:

1. Yes
2. No

Q78.

Where do you get information about the health impacts of climate change?

Select all that apply.

RESPONSE OPTONS:

1. Newspaper / magazines / journals (print or online)
2. Health care provider
3. Family or friends
4. Social media (such as Facebook, Instagram)
5. TV / radio
6. Other sources
7. I do not get information about the health impacts of climate change

Q79.

How much anxiety or stress do you feel related to climate change?

RESPONSE OPTONS:

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



DEMOS

Race_2.

Are you of Arab or Chaldean or Middle Eastern descent?

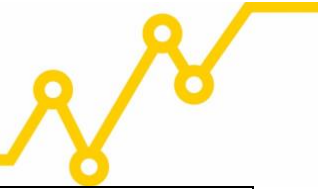
RESPONSE OPTIONS:

- 01 Yes
- 02 No

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

Table 1 Additional Questions Included with Survey Data

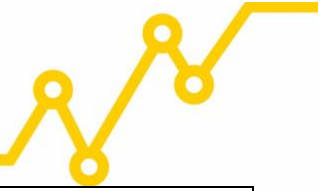
Variable	Values
Age	Age in years
Age (7 categories)	1 = 18-24; 2 = 25-34; 3 = 35-44; 4 = 45-54; 5 = 55-64; 6 = 65-74; 7 = 75+
Age (4 categories)	1 = 18-29; 2 = 30-44; 3 = 45-59; 4 = 60+
Education (5 categories)	1 = Less than HS
	2 = HS graduate
	3 = Vocational/tech school/some college/associates
	4 = 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



Variable	Values
Household Income (9 categories)	1 = Less than \$10,000
	2 = \$10,000 to \$19,999
	3 = \$20,000 to \$29,999
	4 = \$30,000 to \$39,999
	5 = \$40,000 to \$49,999
	6 = \$50,000 to \$74,999
	7 = \$75,000 to \$99,999
	8 = \$100,000 to \$149,999
	9 = \$150,000 or more
Household Income (4 categories)	1 = Less than \$30,000
	2 = \$30,000 to \$59,999
	3 = \$60,000 to \$99,999
	4 = \$100,000 or more
Marital Status	1 = Married
	2 = Widowed
	3 = Divorced
	4 = Separated
	5 = Never married
	6 = Living with partner
Metropolitan Statistical Area Status	0 = Non-Metro
	1 = Metro (as defined US OMB Core-Based Statistical Area)
Home Internet Access	0 = No
	1 = Yes
Telephone Service	1 = Landline telephone only
	2 = Have a landline, but mostly use cellphone
	3 = Have cellphone, but mostly use landline
	4 = Cellphone only
	5 = No telephone service
Ownership of Living Quarters	1 = Owned or being bought by you or someone in your household
	2 = Rented for cash
	3 = Occupied without payment of cash rent
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



Variable	Values
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
Working full/part time	1 = Full-time
	2 = Part-time
Industry	1 = Agriculture, Forestry, Fishing and Hunting
	2 = Mining, Quarrying, and Oil and Gas Extraction
	3 = Utilities
	4 = Construction
	5 = Manufacturing
	6 = Wholesale Trade
	7 = Retail Trade
	8 = Transportation and Warehousing
	9 = Information
	10 = Finance and Insurance
	11 = Real Estate and Rental and Leasing
	12 = Professional, Scientific, and Technical Services
	13 = Management of Companies and Enterprises
	14 = Administrative and Support and Waste Management and Remediation Services
	15 = Educational Services
	16 = Health Care and Social Assistance
	17 = Arts, Entertainment, and Recreation
	18 = Accommodation and Food Services
	19 = Other Services (except Public Administration)
	20 = Public Administration
	21 = Have never worked
Occupation	1 = Management Occupations
	2 = Business and Financial Operations Occupations
	3 = Computer and Mathematical Occupations
	4 = Architecture and Engineering Occupations
	5 = Life, Physical, and Social Science Occupations
	6 = Community and Social Service Occupations
	7 = Legal Occupations
	8 = Educational Instruction and Library Occupations
	9 = Arts, Design, Entertainment, Sports, and Media Occupations
	10 = Healthcare Practitioners and Technical Occupations
	11 = Healthcare Support Occupations



Variable	Values
	12 = Protective Service Occupations
	13 = Food Preparation and Serving Related Occupations
	14 = Building and Grounds Cleaning and Maintenance Occupations
	15 = Personal Care and Service Occupations
	16 = Sales and Related Occupations
	17 = Office and Administrative Support Occupations
	18 = Farming, Fishing, and Forestry Occupations
	19 = Construction and Extraction Occupations
	20 = Installation, Maintenance, and Repair Occupations
	21 = Production Occupations
	22 = Transportation and Material Moving Occupations
	23 = Military Specific Occupations
	24 = Have never worked
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
	77 = I don't know the answer