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AMERISPEAK HEALTH 2022 SURVEY

CONTEXT: THIS QUESTIONNAIRE CONTAINS THE MEASURES USED BY NORC’S AMERISPEAK UNIT TO COLLECT BACKGROUND INFORMATION REGARDING HEALTH STATUS AND HEALTH CARE USE.

HL001 (SP)

In general, how would you rate your overall health?

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

HL002 (SP)

In general, how would you rate your mental or emotional health?

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

HL022 (SP)

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

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

HL003NEW (HL003NEWA-HL003NEWM) (MP, OPEN-END)

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

Select all that apply.

- 01 High blood pressure or hypertension
 - 02 Diabetes or high blood sugar
 - 03 High blood cholesterol level
 - 04 Cancer or a malignant tumor, excluding minor skin cancer
 - 05 Lung disease such as chronic bronchitis or emphysema
 - 06 A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems
 - 07 A stroke
 - 08 Any emotional, nervous, or psychiatric problem
 - 09 Alzheimer's disease
 - 10 Dementia, senility or any other serious memory impairment
 - 11 Arthritis or rheumatism
 - 12 COVID-19
 - 13 Other, please specify:
 - 14 None of the above
-

[IF HL003NEW=8]

HL003NEWHA (SP)

Have you ever been diagnosed with an anxiety disorder?

1. Yes
 2. No
-

[IF HL003NEW=8]

HL003NEWHB (SP)

Have you ever been diagnosed with depression?

1. Yes
 2. No
-

HL004 (SP)

Do you currently take any prescription medications on a regular basis to help manage your health?

1. Yes
 2. No
 77. Don't know
-

[IF HL004=1]

HL005 (SP)

How many prescription medications do you take on a regular basis?

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

HL023 (HL023A-HL023C) (MP)

At any time in the last 12 months, has anyone in your household provided unpaid care to a relative or friend 18 years or older to help them take care of themselves?

This may include helping with personal needs or household chores. It might be managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing. This adult need not live with you.

Select all that apply.

1. Yes, I have provided care to an adult in the last year
 2. Someone else in my household has provided care
 3. No
-

HL024 (HL024A-HL024C) (MP)

In the last 12 months, has anyone in your household provided unpaid care to any child under the age of 18 because of a medical, behavioral, or other condition or disability?

This kind of unpaid care is more than the normal care required for a child of that age. This could include care for an ongoing medical condition, a serious short-term condition, emotional or behavioral problems, or developmental problems.

Select all that apply.

1. Yes, I have provided care to a child in the last year
 2. Someone else in my household has provided care
 3. No
-

HL025 (SP)

Are you deaf or do you have serious difficulty hearing?

1. Yes
 2. No
-

HL026 (SP)

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1. Yes
 2. No
-

HL006 (SP)

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1. Yes
 2. No
-

HL007 (SP)

Do you have serious difficulty walking or climbing stairs?

1. Yes
 2. No
-

HL008 (SP)

Do you have difficulty dressing or bathing?

1. Yes
 2. No
-

HL027 (SP)

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1. Yes
 2. No
-

HL009 (SP)

Do you receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping (because of an impairment or a physical or mental health problem)?

1. Yes
 2. No
-

HL010 (SP)

Do you receive help or supervision with personal care (such as bathing, dressing, or getting around the house)?

1. Yes
2. No

HL011 (SP)

Do you use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities (because of an impairment or a physical or mental health problem)?

1. Yes
2. No

HL014 (SP)

Is anyone in the household limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

1. Yes
2. No

HL015 (SP)

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. Yes
2. No

[IF HL015=1]

[GRID: NUMBOX; RANGE: 1 TO 99; DROP DOWN]

HL016 (HL016_TIMES & HL016_PER)

How many times per week or per month did you take part in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise during the past month?

Number of Times	Per Week or Month?
__ [NUMBOX 1-99] __	[DROPDOWN:] times per week times per month

HLSMOKE1 (SP)

Have you smoked at least 100 cigarettes in your entire life?

1. Yes
2. No

[IF HLSMOKE1=1]

HLSMOKE2 (SP)

Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
 2. Some days
 3. Not at all
-

[IF HLSMOKE2=1 OR 2]

HLSMOKE3 (OPEN-END)

On average, about how many cigarettes do you now smoke each day?

NOTE: 1 pack = 20 cigarettes.

_____ Number of Cigarettes

HLSMOKE4 (HLSMOKE4A-HLSMOKE4H) (MP)

During the past 30 days, which of the following tobacco products did you use at least once?

Select all that apply.

- 01 Regular cigarettes
 - 02 Electronic cigarettes or vaping nicotine
 - 03 Cigars, cigarillos or little filtered cigars
 - 04 Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable tobacco)
 - 05 Hookah
 - 06 Tobacco pipes
 - 07 Bidis
 - 08 None of the above
-

HLDRINK2 (SP)

Do you now drink alcohol every day, some days, or not at all?

1. Every day
 2. Some days
 3. Not at all
-

[IF HLDRINK2=1 OR 2]

HLDRINK3 (OPEN-END)

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

_____ Number of Drinks

HL020 (OPEN-END)

About how much do you weigh without shoes on?

_____ pounds

HL021 (HL021_FEET & HL021_INCHES) (OPEN-END)

How tall are you without shoes on?

_____ feet, _____ inches

HL032 (SP)

Are you now covered by any form of health insurance or health plan?

A health plan would include any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid.

1. Yes
 2. No
 77. Don't know
-

[IF HL032=1]

HL033 (SP)

Which of the following is your main source of health insurance coverage?

1. A plan through your employer
 2. A plan through your spouse's employer
 3. A plan you purchased yourself directly from an insurance company
 4. [\[Health insurance marketplace: Q33_4_fill\]](#)
 5. Medicare
 6. [\[Medicaid: Q33_6_fill\]](#)
 7. Some other source
-

[IF HL033=4]

HL034 (SP)

Do you receive any financial assistance or a subsidy from the government to help pay your health insurance premium each month?

1. Yes
 2. No
 77. Don't know
-

HL035 (SP)

Is there a place that you usually go when you are sick or need advice about your health?

1. Yes
 2. No
 3. More than one place
-

[IF HL035=1]

HL037 (SP)

What kind of place do you go to most often for your medical care?

1. Clinic or health center
 2. Doctor's office or HMO
 3. Hospital emergency room
 4. Hospital outpatient department
 5. Some other place
-

HL039 (SP)

In the last 6 months, how many times did you go to an emergency room to get care for yourself?

1. None
 2. 1
 3. 2
 4. 3
 5. 4
 6. 5-9
 7. 10 or more
-

[IF HL39=2-7]

HL040 (SP, OPEN-END)

What was the main reason for your last emergency room visit?

1. Didn't have a doctor
 2. Doctor's office or clinic was not open
 3. Doctor's office or clinic was open, but could not get an appointment
 4. Problem was too serious for the doctor's office or clinic
 5. Get most of my care at the emergency room
 6. Other, please specify:
-

HL041 (SP)

In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

1. None
 2. 1
-

3. 2
 4. 3
 5. 4
 6. 5-9
 7. 10 or more times
-

HL045 (SP)

In the last 6 months, how often was it easy to get the care, tests, or treatments you needed?

1. Never
 2. Sometimes
 3. Usually
 4. Always
-

HL046 (SP)

In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a doctor believed necessary?

1. Yes
 2. No
-

[IF HL039 = 2 TO 7 OR HL041 = 2 TO 7]

HL031 (SP)

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all of the health care you have received in the past 6 months?

1. 0 – worst health care possible
 2. 1
 3. 2
 4. 3
 5. 4
 6. 5
 7. 6
 8. 7
 9. 8
 10. 9
 11. 10 – best health case possible
-

HL048 (SP)

Have you had either a flu shot or flu spray in the nose within the past year?

1. Yes
 2. No
-

[IF FEMALE]

HL049 (SP)

When did you have your most recent Pap test?

NOTE: A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1. Within the past year
 2. Within the past 2 years
 3. Within the past 3 years
 4. Within the past 5 years
 5. Within the past 10 years
 6. More than 10 years ago
 7. Never
-

[IF FEMALE]

HL050 (SP)

When did you have your most recent mammogram?

NOTE: A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

1. Within the past year
 2. Within the past 2 years
 3. Within the past 3 years
 4. Within the past 5 years
 5. Within the past 10 years
 6. More than 10 years ago
 7. Never
-

[IF MALE]

HL051 (SP)

When did you have your most recent colonoscopy?

NOTE: A colonoscopy is a test that examines the bowel by inserting a tube in the rectum.

1. Within the past year
 2. Within the past 2 years
 3. Within the past 3 years
 4. Within the past 5 years
 5. Within the past 10 years
 6. More than 10 years ago
 7. Never
-

HL052 (SP)

During the past 12 months, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker about your own health?

1. Yes
 2. No
-

HL053 (SP)

During the past 12 months, have you gone to a dentist for a regular teeth cleaning or check-up?

1. Yes
 2. No
-

HL054 (SP)

In the past 12 months, how many times have you had an overnight stay in a hospital?

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

HL055 (SP)

In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

1. Yes
 2. No
 77. Don't Know
-

HL056 (SP)

Do you or anyone in your household currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or through bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

1. Yes
 2. No
 77. Don't Know
-

[IF HL056=1]

HL057 (SP)

Do you or anyone in your household currently have any medical bills that you are unable to pay at all?

1. Yes
 2. No
 77. Don't Know
-

HL058 (SP)

Some people find health insurance coverage complicated and difficult to understand. For each of the health insurance terms below, 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.

- a. Premium
- b. Deductible
- c. Co-payments
- d. Co-insurance
- e. Maximum annual out-of-pocket spending
- f. Provider network
- g. Covered services

[CAWI RESPONSE OPTIONS]:

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