Survey conducted in English and Spanish

Quotas:

- 2,000 Gen Pop 65+ (to be weighted to census for income, region, gender) Sample Group=0001
- Boost to reach n=100 (also 65+) in each of AZ, CA, FL, NV, NC, TX (Total = 600) Sample Group=0002

Q.LangPref. Please tell us in which language you prefer to take the survey?
1. English
2. Spanish

STANDARD IPSOS SCREENERS / DEMOGRAPHICS

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

YEAR/MONTH. What is your date of birth?

- ☐ YEAR
- ☐ _1910 1910
- ☐ …
- ☐ _2015 2015
- ☐ MONTH
- ☐ _1 January
- ☐ _2 February
- ☐ _3 March
- ☐ _4 April
- ☐ _5 May
- ☐ _6 June
- ☐ _7 July
- ☐ _8 August
- ☐ _9 September
- ☐ _10 October
- ☐ _11 November
- ☐ _12 December

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

RESP_AGE [Hidden]. Hidden Question - RESP_AGE "this is a dummy question that will hold age"

- ○ USE RESP_AGE [Hidden] response list

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

QUOTAGERANGE [Hidden]. Hidden Question - QUOTAGERANGE "this is a dummy question that will hold age breaks" for the quotas that should be defined by the PM; it CAN be edited and lines can be added to meet survey objectives.

- ○ _18_24 "18-24", [TERMINATE]
- ○ _25_34 "25-34",[TERMINATE]

- ⚪ _35_44 "35-44",[TERMINATE]
- ⚪ _45_54 "45-54",[TERMINATE]
- ⚪ _55_64 "55-64"[TERMINATE]
- ⚪ 65-69
- ⚪ 70-74
- ⚪ 75-79
- ⚪ 80+

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

GENDER_NONBINARY_. Are you…?

- ⚪ _2 Female
- ⚪ _1 Male
- ⚪ _3 Another gender
- ⚪ _4 Prefer not to answer

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

QMktSize_US. Please insert your zipcode: This question may be considered personal. We would like to remind you that your participation is strictly voluntary and that your responses are used for research purposes only. The answers that you provide will be presented in aggregate form and none of them will be linked back to you in any way. All data will be collected and processed in adherence to the Insights Association's Code of Conduct andin accordance with applicable state and federal legislation.

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_REGION1_Label_US [Hidden]. Hidden Question: State

- ⚪ USE HCAL_REGION1_Label_US [Hidden] response list

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_Region2_Label_US [Hidden]. Hidden Question: DMA

- ⚪ USE HCAL_Region2_Label_US [Hidden] response list

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_STDREGION_4CODES_Label_US [Hidden]. Hidden Question: Census Region

- ⚪ (1) Northeast
- ⚪ (2) Midwest
- ⚪ (3) South
- ⚪ (4) West

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_STDREGION_Label_US [Hidden]. Hidden Question: Census Division

- ○ (1) New England
- ○ (2) Middle Atlantic
- ○ (3) East North Central
- ○ (4) West North Central
- ○ (5) South Atlantic
- ○ (6) East South Central
- ○ (7) West South Central
- ○ (8) Mountain
- ○ (9) Pacific

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

Time_Zone_Label_US [Hidden]. Hidden Question: Time Zone

- ○ (5) Eastern (GMT -05:00)
- ○ (6) Central (GMT -06:00)
- ○ (7) Mountain (GMT -07:00)
- ○ (8) Pacific (GMT -08:00)
- ○ (9) Alaska (GMT -09:00)
- ○ (10) Hawaii-Aleutian Islands (GMT -10:00)
- ○ (13) Marshall Islands (GMT +12:00)

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_Region3_Label_US [Hidden]. Hidden Question: County

- ○ USE HCAL_Region3_Label_US [Hidden] response list

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_AGGLO_CODE_Label_US [Hidden]. Hidden Question: CBSA

- ○ USE HCAL_AGGLO_CODE_Label_US [Hidden] response list

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_AGGLO_CODE_TYPE_US [Hidden]. Hidden Question: CBSA Type

- ○ _1 Metropolitan Statistical Area
- ○ _2 Micropolitan Statistical Area
- ○ _3 Unassigned Area

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_MktSize_Label_US [Hidden]. Hidden Question: MarketSize

- ○ _1 10,000-99,999
- ○ _2 100,000-249,999

- ○ _3 250,000-499,999
- ○ _4 500,000-999,999
- ○ _5 1,000,000-2,499,999
- ○ _6 2,500,000-4,999,999
- ○ _7 5,000,000 +
- ○ _9 Non CBSA

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

HCAL_STDMKTSIZE_Label_US [Hidden]. Hidden Question: STDMarketSize

- ○ _1 <1M
- ○ _2 1M-4.9M
- ○ _3 5M+
- ○ _4 Non metro

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PROGRAMMER NOTES]

NielsenCountySizeCode_US [Hidden]. Hidden Question: Nielsen CountySize Code

- ○ _A
- ○ _B
- ○ _C
- ○ _D

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

ADULTS01. How many people 18 years old or older are there in your household excluding yourself?
(If no persons 18 years old or older in your household excluding yourself, please type 0).

18-34 35-49 50-64 65+

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PN: if HHCMP10=1, then KIDS02+DKIDS02 not asked and assume no children in hhld.]

KIDS02. How many children under the age of 18 are living in your household? Please reference only the children for which you are the parent or legal guardian. (If there are no children under 18 in your household, please type 0)

[PN: GENERATE A VARIABLE FOR HHSIZE ADDING ADULTS01 AND KIDS02]

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

USEDU3. What is the highest degree or level of school you have completed?

Select only one

- ○ Education through Grade 12 [Expandable Header]
  - o _1 Grade 4 or less
  - o _2 Grade 5 to 8
  - o _3 Grade 9 to 11
  - o _4 Grade 12 (no diploma)
- ○ High School Graduate [Expandable Header]
  - o _5 Regular High School Diploma
  - o _6 GED or alternative credential
- ○ College or Some College [Expandable Header]
  - o _7 Some college credit, but less than 1 year
  - o _8 1 or more years of college credit, no degree
  - o _9 Associate's degree (AA, AS, etc)
  - o _10 Bachelor's degree (BA, BS, etc.)
- ○ After Bachelor's Degree [Expandable Header]
  - o _11 Master's degree (MA, MS, MBA, etc.)
  - o _12 Professional degree (MD, DDS, JD, etc.)
  - o _13 Doctorate degree (PhD, EdD, etc.)

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

[PN: First 8 codes are shown everywhere. Codes from 9 to 12 are shown only in some countries, as mentioned in the following. Wherever they are hidden, will be mentioned as "N/A". Code 9 is shown in US, Canada, Russia, Norway, Sweden, Denmark, Switzerland, Turkey - hidden everywhere else. Code 10 is shown in US and Canada, hidden everywhere else. Code 11 is shown in Russia, Egypt, Jordan, Lebanon,Kuwait, Morocco, Qatar, Saudi Arabia, United Arab Emirates, Japan, Hungary, Poland, Romania - hidden everywhere else. Order is changeable on ad-hoc basis, but as default code 11 is placed between codes 3 and 4. Code 12 is shown in Hungary only, hidden everywhere else. Order is changeable on ad-hoc basis, but as default code 12 is placed between codes 6 and 7.]

EMP01_. What is your current employment status?

Select only one

- ○ _1 Employed full-time
- ○ _2 Employed part-time
- ○ _3 Self employed
- ○ _4 Unemployed but looking for a job
- ○ _5 Unemployed and not looking for a job/Long-term sick or disabled
- ○ _6 Full-time parent, homemaker
- ○ _7 Retired
- ○ _8 Student/Pupil
- ○ _9 Military
- ○ _10 Prefer not to answer
- ○ _11 N/A
- ○ _12 N/A

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

USRETH3. This is a topic of sensitive nature. Answering is voluntary, however, collecting such information enables us to provide a more refined research analysis.   Are you of Hispanic, Latino or Spanish origin? If you don't agree to provide us such information, a "Prefer not to answer" option is available for you to select, at your discretion. For any survey research purposes, your responses are combined with the answers from all other participants. We will provide our client only anonymous results, unless you

separately consent otherwise. The data will be held by us for the research purposes no longer than 12 months.

Select only one

- ○ _1 Yes
- ○ _2 No
- ○ _3 Prefer not to answer

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

USRACE4. This is a topic of sensitive nature. Answering is voluntary, however, collecting such information enables us to provide a more refined research analysis.   If you don't agree to provide us such information, a "Prefer not to answer" option is available for you to select, at your discretion. For any survey research purposes, your responses are combined with the answers from all other participants. We will provide our client only anonymous results, unless you separately consent otherwise. The data will be held by us for the research purposes no longer than 12 months.   What is your race?

Select all that apply.

- ☐ _1 White
- ☐ _2 Black or African American
- ☐ _3 Native American or Alaskan Native
- ☐ _4 Asian
- ☐ _5 Pacific Islander
- ☐ _6 Other race
- ☐ _7 Prefer not to answer [EXCLUSIVE]

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

US01ETH [Hidden]. (Hidden question) Which of the following best describes you?

- ○ White or Caucasian (not Hispanic or Latino)
- ○ Black or African-American (not Hispanic or Latino)
- ○ Asian/Pacific Islander
- ○ Native American, Alaska Native, Aleutian
- ○ Hispanic or Latino (White or Caucasian)
- ○ Hispanic or Latino (Black or African-American)
- ○ Hispanic or Latino (all other races/multiple races)
- ○ Other
- ○ Prefer not to answer

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

US01ETH_MAPPING [Hidden]. US01ETH Mapping from USRETH3 & USRACE4

Hispanics are treated as 1st priority

- ○ If USRETH3=1 (Yes)
- ○ a)   And if USRACE4= at least two punches (no matter which) OR USRACE4= only one punch among (3,4,5,6,7), then US01ETH= Hispanic or Latino (all other races/multiple races)
- ○ b)   And if USRACE4= only one punch and that is 1, then US01ETH= Hispanic or Latino (White or Caucasian)

- c)   And if USRACE4= only one punch and that is 2, then US01ETH= Hispanic or Latino (Black or African-American)
- Black are treated as 2nd priority
- If USRETH3= 2(No) or 3 (Prefer not to answer) and USRACE4=2 (no matter how many punches on race, as long one of them is =2), then US01ETH= Black or African-American (not Hispanic or Latino)
- Native American are treated as 3rd priority
- If USRETH3= 2(No) or 3 (Prefer not to answer) and USRACE4=3 (no matter how many punches on race, as long one of them is =3), then US01ETH= Native American, Alaska Native, Aleutian
- Asian are treated as 4th priority
- If USRETH3= 2(No) or 3 (Prefer not to answer) and USRACE4= 4 or 5 (no matter how many punches on race, as long one of them is =4 or 5), then US01ETH= Asian/Pacific Islander
- Other are treated as 5th priority
- If USRETH3= 2(No) or 3 (Prefer not to answer) and USRACE4=6 (no matter how many punches on race, as long one of them is =6), then US01ETH= Other
- White are treated as 6th priority
- If USRETH3= 2(No) or 3 (Prefer not to answer) and USRACE4=1, then US01ETH = White or Caucasian (not Hispanic or Latino)
- Prefer not to answer are treated as 7th priority
- If USRETH3= 2(No) or 3 (Prefer not to answer) and USRACE4=7, then US01ETH = Prefer not to answer

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

USMAR2. What is your marital status?

Select only one

- _1 Single, never married
- _2 Living with partner
- _3 Married
- _4 Widowed
- _5 Divorced or separated

[QA TERMINATE IF USMAR2=P2-P3 AND NO OTHER ADULTS IN HH AT ADULTS01]

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

USHHI3. Please indicate your annual household income before taxes.

- USE USHHI3 response list

CLIENT SCREENERS

S1. . Which of the following best describes your **primary** health insurance? Please select one answer.

1. **Original Medicare**: Standard Medicare option that includes hospital insurance (Medicare Part A) and medical insurance (Medicare Part B)
2. **Medicare Advantage, including Dual-Eligible Special Needs Plans**: An "all-in-one" alternative to Original Medicare. These "bundled" plans include Part A, Part B, and usually Part D (prescription coverage)
3. **VA Insurance**: Insurance provided by the Veterans Administration
4. **Other private non-Medicare insurance**
5. **Medicaid**
6. Other / None / Unsure [TERMINATE]

[ASK S2 IF S1=P2 'Medicare Advantage']
S2. Which type of Medicare Advantage plan do you have? [SINGLE RESPONSE]

1. **Health Maintenance Organization (HMO), including Special Needs Plans (SNPs):** provides health care coverage from doctors, other health care providers, or hospitals in the plan's network
2. **Preferred Provider Organization (PPO), including Special Needs Plans (SNPs):** has a network of doctors, specialists, hospitals, and other health care providers you can use, but you can ALSO use out-of-network providers for covered services, usually for a higher cost
3. **Other type of Medicare Advantage Plan**: Private Fee-for-Service (PFFS), Medical Savings Account (MSA)
4. Unsure [TERMINATE]

[ASK S3 IF S2=P1=P2]
S3. Which type of Medicare Special Needs Plan (SNP) do you have? [SINGLE RESPONSE]

1. **Chronic** Condition SNP / C-SNP
2. **Dual** Eligible SNP / D-SNP
3. **Institutional** SNP / I-SNP
4. Have SNP, unsure of type
5. None – do not have a SNP

MAIN QUESTIONNAIRE

NO Q1

Q2 How many times, on average, do you seek medical care? Please include physical exams, visits for laboratory or other tests and any incident related visits. Do not include dentist visits.

1. Once a week or more
2. 2-3 times a month
3. Once a month
4. A few times a year
5. Once or twice a year
6. Less than once a year

Q3 How many times, on average, do you skip medical care when you need it?

1. Once a week or more
2. 2-3 times a month
3. Once a month
4. A few times a year
5. Once or twice a year
6. Less than once a year
7. Never

[ASK Q4 IF Q3=p1-p6]
Q4. Please explain why you skipped medical care.
[OPEN-END] [MINIMUM 5 CHARACTERS. IF LESS THAN 5 CHARACTERS, SHOW MESSAGE, "PLEASE TYPE IN A VALID RESPONSE"]

[ASK Q5 IF Q3=p1-p6]
Q5. Even though you just told us in your own words, please select the reasons below that caused you to skip medical care. Please select a response for each item.
[RANDOMIZE] [PROGRESSIVE GRID – Yes / No RESPONSES FOR EACH]

1. No ride to get there
2. I didn't know where to go
3. Lack of medical providers nearby
4. I don't have a primary physician
5. Couldn't get a timely appointment
6. Lack of mobility / too ill to get there

7. I did not want a virtual/telehealth appointment
8. Lack of technology needed for virtual/telehealth visits (e.g., phone, computer, internet access), or didn't know how to use it
9. Didn't have anyone to be with me at visit/care for me afterwards
10. I have a hard time understanding medical information/instructions
11. I did not want to leave my home / go out in public
12. Worried about losing my independence
13. Mental health concerns
14. Worried about having enough money to pay for it
15. Concerned provider wouldn't understand me or my needs because of my culture or language
16. Other (SPECIFY IF YES) [ANCHOR]

[PN: Q5 & Q6 NETS: Transportation Access 1-7; Lack of Support 8-10; Aging in place 11-12 ; Mental Health 13; Economic Instability 14; Cultural Barriers 15; Food Insecurity N/A]

[ASK Q6 IF Q3=p7 "Never"]
Q6. Even though you haven't skipped seeking medical care, please tell us how likely is it that you may skip medical care in the future due to each of the following?
[RANDOMIZE] [PROGRESSIVE GRID – Not at all likely / Somewhat likely / Very likely RESPONSES FOR EACH]
1. No ride to get there
2. Not knowing where to go
3. Lack of medical providers nearby
4. Not having a primary physician
5. Inability to get a timely appointment
6. Lack of mobility / too ill to get there
7. Not wanting a virtual/telehealth appointment
8. Lack of technology needed for virtual/telehealth visits (e.g., phone, computer, internet access), or didn't know how to use it
9. Not having someone to be with me at visit/care for me afterwards
10. Difficulty understanding medical information/instructions
11. Not wanting to leave my home / go out in public
12. Worried about losing my independence
13. Mental health concerns
14. Worried about having enough money to pay for it
15. Concerned provider wouldn't understand me or my needs because of my culture or language

[ASK Q6 IF Q3=p7 "Never"]
Q6b. Is there anything else likely to make you skip medical care in the future?
1. Yes (SPECIFY)
2. No

Q7. Do you have a primary care physician?

1. Yes
2. No
3. Unsure

[QA FLAG: Q7=1 AND Q5=P4 YES]

[ASK Q8 IF Q7=P2 'No']
Q8. Why don't you have a primary care physician? Select all that apply.
[RANDOMIZE]
1. No ride to get there
2. I don't know where to go
3. Lack of medical providers nearby
4. Can't afford copay or deductible for check-ups / preventative care
5. Don't have insurance for what Medicare doesn't cover
6. Provider wouldn't understand me or my needs because of my culture or language
7. I have a hard time understanding medical information/instructions
8. Other (SPECIFY) [ANCHOR]

[PN: Q8 NETS: Transportation / Access 1-3; Economic Instability 4-5; Cultural Barriers 6; Lack of Support 7; Aging in place N/A; Mental Health N/A; Food Insecurity N/A]

Q9. In the past 12 months, did any of the following apply to you?
[RANDOMIZE]
1. I did not fill, refill or collect a prescription
2. I purposely skipped or reduced prescription doses to delay the next refill
3. I stopped taking a medication against my physician's advice
4. None of the above [ANCHOR – MUTUALLY EXCLUSIVE]

[Q9 PIPE-INS FOR Q10: 1 – not fill, refill, or collect a prescription; 2-purposely skip or reduce a prescription dose to delay the next refill; 3-stop taking medication against your physician's advice]

[ASK Q10 IF Q9=P1-P3]
Q10. Why did you [INSERT Q9 PIPE-IN RESPONSE(S)]? Select all that apply.
[RANDOMIZE = GROUP 1-2]

1. Need money for food
2. Need money for other expenses, bills, etc.
3. Medication wasn't working
4. No longer necessary
5. Side effects
6. Worried about becoming dependent/addicted

7. Lack of transportation to pharmacy
8. Prescription delivery not reliable / available
9. Need for doctor visit to refill prescription
10. Other (SPECIFY)

[PN: Q10 Nets: ; Food Insecurity 1; Economic Instability 2; Efficacy 3-4; Adversity 5-6 ; Transportation Access 7-9]

Q11. What do you think will be potential obstacles and barriers to your health and well-being in the future?
[OPEN-END] [MINIMUM 5 CHARACTERS. IF LESS THAN 5 CHARACTERS, SHOW MESSAGE, "PLEASE TYPE IN A VALID RESPONSE"]

Q12. Even though you just told us in your own words, please tell us how likely, if at all, you think each of the following may impact your health and well-being in the future. Please select a response for each item.
[RANDOMIZE] [PROGRESSIVE GRID – Not at all likely / Somewhat likely / Very likely RESPONSES FOR EACH]
1. Not having reliable transportation to medical care
2. Lack of doctors/nurses nearby
3. Delayed treatment by medical professionals (i.e., time to get an appointment, procedure scheduled, etc.)
4. Limited access to reliable technology needed for for virtual/telehealth visits (e.g., phone, computer, internet), or lack of knowledge of how to use it
5. Not having anyone to help me during visit / after visit
6. Difficulty understanding medical information/instructions
7. Not wanting to leave home / go out in public
8. Losing my independence
9. Difficulty physically taking care of myself
10. Mental health concerns (depression, anxiety, etc.)
11. Not having enough money to pay for monthly premiums, appointments, medications and other medical expenses
12. Other responsibilities taking priority over my health and medical care
13. Language / cultural barrier
14. Doctors/nurses providers not understanding my health concerns
15. Not having regular access to healthy/nutritious foods

[PN: Q12 NETS: Transportation Access 1-3; Lack of Support 4-6; Aging in place 7-9 ; Mental Health 10; Economic Instability 11-12; Cultural Barriers 13-14; Food Insecurity 15]

[IF ONE RESPONSE 'Very Likely' IN Q12, ADD IT TO Q13 AND SKIP TO Q14;
IF NONE IN Q12 ARE Very Likely and ONLY ONE RESPONSE is 'Somewhat Likely,' ADD IT TO Q13 AND SKIP TO Q14; IF ALL IN Q12 ARE 'Not at all likely' SKIP TO Q14]

Q13. Which of those do you feel could be the main barrier? Please select one
[RANDOMIZE – SAME ORDER AS Q12 AND ONLY SHOW RESPONSES Q12=Somewhat or Very Likely]
[SAME LIST AS Q12]

[ASK Q14 IF EMP01=P1-P4]
Q14. Which of the following best describes why are you still working? Select all that apply.
[RANDOMIZE]
1. Need money for medical expenses / medical debt
2. Need money for basic living expenses (e.g., rent/mortgage, utilities, groceries, etc.)
3. The financial benefit of the extra income
4. Need the insurance available through an employer
5. To delay taking Social Security
6. Inflation (e.g., increased food, housing costs)
7. Working gives me a sense of purpose / pride
8. Pursuit of passion / doing what I love
9. I want to stay busy / have a schedule
10. Social interactions / to be around people
11. Other (SPECIFY) [ANCHOR]

Q15. Do you currently have any medical debt? Please select all that apply.
1. Yes – owe medical providers (e.g., doctors, hospitals)
2. Yes – unpaid credit card balances used to pay medical bills
3. Yes – home equity loan / HELOC used to pay medical bills
4. No medical debt   [ANCHOR – MUTUALLY EXCLUSIVE]

[IF Q15=P1-P3 'Any Medical Debt' ASK Q16]
Q16. Thinking about the amount you owe related to medical debt, how does that relate to your basic living expenses?
[SINGLE RESPONSE]
1. Medical debt is **less than one month** of basic living expenses (rent/mortgage, utilities, groceries, non-medical insurance)
2. Medical debt is **equal to one month** of basic living expenses
3. Medical debt is **equal to two months** of basic living expenses
4. Medical debt **is equal to three months** of basic living expenses
5. Medical debt is **equal to four or more months** of basic living expenses

Q17. Do you feel you have the resources and support to pay your medical expenses and/or debt in the next 12 months?
1. Yes
2. No
3. Unsure

Q18. Would you use the following benefits in the next 12 months if available to you through your health insurance?
[PROGRESSIVE GRID – Yes / No RESPONSES FOR EACH]

a) Help paying for groceries
b) 24/7 access to doctors by phone / video
c) Help paying rent, mortgage or utilities
d) Fresh food delivery
e) Help paying for gas for your car
f) Alternative therapies (e.g., acupuncture, massage, reiki, etc.)
g) Fitness classes, in-person or virtual
h) Help making home safer (e.g., handrails, widen doorways, etc.)
i) Personal medical safety alert system
j) Memory exercises / other memory care support
k) In-home health care visits
l) Rides to doctor's appointments
m) Pest control
n) Technology help / training
o) Mental health counseling
p) Non-medical companionship
q) Help scheduling appointments
r) Pet sitting
s) Wellness recommendations personalized to you based on your medical history and info shared with insurer
t) Assistance with end-of-life plan

[IF ONE'Yes' RESPONSE IN Q18, ADD IT TO Q19 AND SKIP TO Q20]
Q19. Which is most needed or important to you? Please select one
[RANDOMIZE – SAME ORDER AS Q18 AND ONLY SHOW RESPONSES 'Yes' IN Q18]
[SAME LIST AS Q18]

Q20. How often do you spend time with family, friends or other companions? [SINGLE RESPONSE]
1. I spend time with my family, friends, or other companions every day or several times a week
2. I frequently go 2 or 3 weeks without spending time with family, friends or other companions
3. I frequently spend a month or more alone and only spend time with family, friends, or other companions a few times a year
4. I don't spend any time at all with family, friends, or other companions

Q21. Which of the following describes how often you feel lonely?
1. Never
2. Rarely
3. Sometimes
4. Often

[ASK Q22 IF Q21=P2-P4]
Q22. Do you feel lonelier now than you did 12 months ago?
1. Yes
2. No
3. Unsure

Q23. Which of the following describes how often you feel depressed?
1. Never
2. Rarely
3. Sometimes
4. Often

[ASK Q24 IF Q23=P2-P4]
Q24. Do you feel more depressed now than you did 12 months ago?
1. Yes
2. No
3. Unsure

Q25. Which of these factors have caused the most stress or anxiety for you in the past 12 months? Please rank the top 3 with 1=the main factor and continue to rank 2 and 3. If you haven't experienced any stress of anxiety over the past 12 months, select the checkbox at the end of the selection.
[PN NOTE: DO NOT FORCE RANKS 2-3]
[RANDOMIZE]

_____ Loneliness
_____ Loss and bereavement
_____ Caring for other family members
_____ Concerns about losing my independence
_____ My health (illness, disease, injury, pain, physical limitation)
_____ Medical expenses or medical debt
_____ Not having enough money for basic living expenses
_____ Not having enough healthy food to eat
_____ Other reason (SPECIFY) [ANCHOR]
_____ I have not experienced any stress or anxiety in the past year [ANCHOR, EXCLUSIVE]

DEMOGRAPHICS

D1. Which of the following best describes your living situation? [SINGLE RESPONSE]
1. Live in a single family home
2. Live in a town home / condo / co-op / apartment
3. Live in a retirement home / community – independent living
4. Live in an assisted living situation
5. Other
6. Prefer not to answer

D2. Do you consider the area where you live to be: [SINGLE RESPONSE]

1. Urban (city)
2. Suburban
3. Rural (country)

D3. How long have you lived in your community? Type 0 if less than 1 year. [PN: 0-ACTUAL AGE VALID, MAX RANGE 99] [QFLAG D3. FLAG IF D3 IS > ACTUAL AGE]

_____ YEARS