**26-011459-01 Senior Health 2026 / S26019842**

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 minimum n=100 (also 65+) in each of AZ, CA, FL, NV, NC, TX, CO 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

**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

**GENDER_NONBINARY_**. Are you…?

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

**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.

**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+** |

**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)

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

[SINGLE RESPONSE]

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

**EMP01**_. What is your current employment status?

- _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

**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.

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

**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]

**USMAR2**. What is your marital status?

[SINGLE RESPONSE]

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

**USHHI3**. Please indicate your annual household income before taxes.

**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

**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

**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 or vision 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

**Q4**. We want to better understand why you skipped medical care. In 1-3 sentences, describe the reason(s) you skipped medical care. The more details, the better!
[OPEN-END]

**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.
[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)

**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?

[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

**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

**Q8**. Why don't you have a primary care physician? Select all that apply.

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)

**Q9**. In the past 12 months, did any of the following apply to you?

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 [EXCLUSIVE]

**Q10**. Why did you [INSERT Q9 PIPE-IN RESPONSE(S)]? Select all that apply.

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)

**Q11**. What do you think will be potential obstacles and barriers to your health and well-being in the future? In 1-3 sentences, describe in detail those possible obstacles and barriers. The more details, the better!
[OPEN-END]

**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.
[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 financial 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

**Q13**. Which of those do you feel could be the main barrier? Please select one
[SAME LIST AS Q12]

**Q14**. Which of the following best describes why are you still working? Select all that apply.

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)

**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 [EXCLUSIVE]

**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? [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

**Q19**. Which is most needed or important to you? Please select one
[SAME LIST AS Q18]

**Q20**. How often do you spend time with family, friends or other companions?

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

**Q21b**. Have you experienced any health changes that you believe are **related** to loneliness? Select all that apply.

1. Increased anxiety
2. Depression
3. Sleep disturbances
4. Decreased physical activity
5. Changes in appetite
6. Cardiovascular issues – heart disease, high blood pressure
7. Weakened immune system
8. Metabolic problems – obesity, high cholesterol, insulin resistance
9. Cognitive decline – dementia, Alzheimer's
10. Substance abuse
11. Neglecting personal care
12. Avoiding social events – withdrawing from activities
97. Other (SPECIFY)
99. No noticeable health changes [EXCLUSIVE]

**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

**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.

_____ 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)
_____ I have not experienced any stress or anxiety in the past year [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.

____ YEARS