**Section I – HEALTH AND HOUSEHOLD**

**Age 50-80**

**Base: ALL RESPONDENTS**

**Q1 [S]**

In general, how would you rate your physical health?

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

**Base: ALL RESPONDENTS**

**Q2 [S]**

In general, how would you rate your mental health?

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

**Base: ALL RESPONDENTS**

**Q3 [Grid]**

In the past year, have you seen any of the following types of health care professionals?

**Statements in rows:**

1. Doctor, physician assistant, or nurse practitioner who provides your primary care
2. Specialist (such as cardiologist, dermatologist, ophthalmologist etc.)
3. Mental health provider (such as therapist, psychologist, social worker, psychiatrist etc.)
4. Dentist
5. Other type of health care professional (such as foot doctor, optometrist, chiropractor etc.)

**Responses in column:**

1. Yes
2. No

**Base: ALL RESPONDENTSLL**

**Q5 [S]**

Did you get a flu shot this past year?

1. Yes

2. No

**Base: ALL RESPONDENTS**

**Randomize responses 1-4 and record the order.**

**Q6 [M]**

Which of the following do you use to help you get around?

1. Cane
2. Walker/rolling walker
3. Wheelchair
4. Electric scooter
5. Other
6. I don’t use anything to help me get around **[s]**

**Base: ALL RESPONDENTS**

**Q7 [M]**

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

1. Medicare (traditional Medicare or Medicare Advantage plan)
2. Medicare supplemental plan
3. Retiree health plan
4. Insurance provided through own or someone else’s employer
5. Individual private insurance including a markeplace plan
6. Medicaid
7. VA/CHAMPVA
8. Military health care (TRICARE)
9. OTHER **[INSERT TEXT BOX]**
10. NONE – have no health insurance of any kind**[SP]**

**Base: ALL RESPONDENTS**

**Prompt once**

**Q8 [Q]**

How many adults and children live in your household NOT including yourself?

**[INSERT NUMBER BOX]** adult(s)

**[INSERT NUMBER BOX]** child(ren)

**Base: IF Q8>0**

**Script: PROMPT ONCE IF ANY CELL IS SKIPPED, INSERT NUMBER OF ROWS PROVIDED IN Q8**

**Q9 [GRID, S PER ROW; drop down for 9b and 9c]**

Please provide information on any adults and children in your household, not including yourself.

|  |  |  |
| --- | --- | --- |
| **9a**. Person | **9b**. Age | **9c**. Relationship to you |
| **1.** | * 0-17 * 18-29 * 30-49 * 50-64 * 65-79 * 80 or older | * Spouse/Partner * Adult child * Parent/In-law * Other relative * Other adult * Child * Grandchild * Other child |

**Section V - Emergency Preparedness**

**Age 50-80**

**Base: ALL RESPONDENTS**

**Disp5 [disp]**

*The last set of questions are about preparing for emergencies.*

**Base: ALL RESPONDENTS**

**Q46 [banked Grid; S]**

Have you ever experienced any of the following situations?

**Statements in rows:**

1. Power outage for more than a day
2. Severe weather such as a tornado, blizzard, hurricane
3. Evacuation from your home (due to fire, flood, hurricane, chemical/gas leak, carbon monoxide, etc.)
4. A lockdown in which you were required to remain in your location for safety (such as a bomb threat, active shooter, etc.)

**Responses in columns:**

1. Yes, within the last year
2. Yes, over a year ago
3. No
4. Unsure

**Base: ALL RESPONDENTS**

**Q47 [S]**

Does your community have a system (such as a smartphone app or messaging service) where you can sign up to receive information about emergencies?

1. Yes, and I have signed up for alerts
2. Yes, but I have not signed up for alerts
3. No
4. Don’t know

**Base: ALL RESPONDENTS**

**Q48 [S]**

Have you had any conversations with your family or friends about what to do if you needed to evacuate your home?

1. Yes
2. No

**Base: ALL RESPONDENTS**

**Q49 [S]**

Do you currently use any essential medical equipment that requires electricity?

1. Yes
2. No

**Base: ALL RESPONDENTS**

**Q50 [Grid; S; repeat header after c]**

Do you currently have any of the following ready in the event of a disaster or emergency?

**Statements in rows:**

1. 7-day supply of bottled water and food
2. Portable battery or solar cell phone charger
3. Battery-powered or hand crank radio
4. Generator
5. Stocked emergency kit that follows recommended guidelines
6. **[If Q49 = Yes]**Alternative power source for essential medical equipment

**Responses in column:**

1. Yes
2. No

**Base: ALL RESPONDENTS**

**Q50A [Grid; S]**

Do you currently have any of the following ready in the event of a disaster or emergency?

**Statements in rows:**

a. 7-day supply of essential medications

b. 7-day supply of essential health supplies

**Responses in column:**

1. Yes
2. No
3. I don’t need these items

**Base: ALL RESPONDENTS**

**Q51 [Grid; S add bracket text if Q8 >=1 IN EIGHER BOX]**

How confident are you that you are prepared to take care of yourself **[if Q8>=1in either box:** and others in your household**]** if the following situations occurred?

**Statements in rows:**

1. Power outage for more than a day
2. Severe weather such as a tornado, blizzard, hurricane
3. Evacuation from your home (due to fire, flood, hurricane, chemical/gas leak, carbon monoxide, etc.)
4. A lockdown in which you were required to remain in your location for safety (such as a bomb threat, active shooter, etc.)

**Responses in columns:**

1. Very confident
2. Somewhat confident
3. Not confident

**Base: ALL RESPONDENTS**

**Q52 [M]**

In the event of a disaster or emergency in your community, where would you try to get information on what to do?

1. Family/friends/neighbors
2. Smartphone app
3. Social media
4. Government websites
5. Radio
6. TV
7. Other

**Base: ALL RESPONDENTS**

**Q53 [banked Grid; S]**

How likely do you think it is that you will experience the following in the next year?

**Statements in rows:**

1. Power outage for more than a day
2. Severe weather such as a tornado, blizzard, hurricane
3. Evacuation from your home (due to fire, flood, hurricane, chemical/gas leak, carbon monoxide, etc.)
4. A lockdown in which you were required to remain in your location for safety (such as a bomb threat, active shooter, etc.)

**Responses in columns:**

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

**Base: ALL RESPONDENTS**

**Q54 [banked Grid; S]**

Imagine there is an emergency in your area and you will have to urgently leave your home. How easy or difficult do you think it would be for you to…

**Statements in rows:**

1. Receive timely information on your phone
2. Have enough money to pay to stay somewhere for 7 days
3. Have transportation to leave your home
4. Take a 7-day supply of medication and/or health supplies
5. **[If Q49=1]**Take your essential medical equipment

**Responses in columns:**

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult