# **COVID and Opioid Related Stigma:**

# **An AmeriSpeak Omnibus General Population Survey**

# **JCOIN Omnibus Survey 2 Online Instrument**

# **Field Period: Thursday, April 30 – Monday, May 4**

|  |
| --- |
| Use of survey items and acknowledgements: NORC is happy to share the use of the below set of survey items by others in JCOIN. However, we do note (with endnotes) where NORC used items from extant scales and JCOIN members should be careful to acknowledge the original sources for the noted survey items in any resulting presentations/publications.  Also, we ask that you kindly acknowledge NORC for the items where there is no prior reference (these were items developed by NORC) in any resulting presentations/publications. |

**General COV-ID 19 questions**

## (Note: The subsection titles are not included in the administered survey but are provided here for clarification of the nature of the survey items)

Selected items were taken from a recent NORC-AP Center Survey on COVID[[1]](#endnote-1) and from PhenX Toolkit[[2]](#endnote-2) [[3]](#endnote-3)

1. First, we’d like you to think about your life at the start of the New Year in January 2020 and answer the following questions for just the month of January 2020. (Three-Item Loneliness Scale[[4]](#endnote-4))

**How often did you feel . . .**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1 = Hardly ever | 2 = Some of the time | 3 = Often |
| 1a. That you lacked companionship? | 1 | 2 | 3 |
| 1b. Left out? | 1 | 2 | 3 |
| 1c. Isolated from others? | 1 | 2 | 3 |

Now we’ll ask about things that have been occurring more recently.

1. Have you been tested for COVID-19 (coronavirus)? If so, what was the result? [Adapted From PhenX Toolkit CESR\_UAS][[5]](#endnote-5)
2. I have been tested and I tested positive (I had coronavirus)
3. I have been tested and I tested negative (I did nothave coronavirus)
4. I have been tested and I do not know the result
5. I had COVID-19 symptoms (e.g., fever, body aches, upper respiratory distress/shortness of breath, temporary loss of smell, cough, diarrhea or vomiting), but did not get tested
6. I have not been tested
7. Has anyone else in your household (not counting yourself) been tested for COVID-19 (coronavirus)? [Adapted From PhenX Toolkit CESR\_UAS]
8. They have been tested and they tested positive (They had coronavirus)
9. They have been tested and they tested negative (They did nothave coronavirus)
10. They have been tested and I do not know the result
11. They had COVID-19 symptoms (e.g., fever, body aches, upper respiratory distress/shortness of breath, temporary loss of smell, cough, diarrhea or vomiting), but did not get tested
12. They have not been tested
13. Which of the following have you done in reaction as a general response to the coronavirus pandemic (in addition to what you normally do)? [Adapted From PhenX Toolkit – MROS][[6]](#endnote-6)

|  |  |  |
| --- | --- | --- |
| **Response options** | **1 = Yes** | **2 = No** |
| a. Cancelled a doctor’s (or other healthcare) appointment | 1 | 2 |
| b. Prayed | 1 | 2 |
| c. Had a “telehealth visit” with a doctor or other health care provider (such as over the phone or on a video chat) | 1 | 2 |
| d. Avoided in-person contact with friends or family | 1 | 2 |
| e. Washed/sanitized hands more than usual | 1 | 2 |
| f. Isolation from other person(s) who lives with you | 1 | 2 |
| g. Cancelled/postponed work or school activities | 1 | 2 |
| h. Cancelled/postponed travel | 1 | 2 |
| i. Have not left my home | 1 | 2 |
| j. I have done other things to keep myself safe | 1 | 2 |
| k. Working from home | 1 | 2 |
| l. Limiting interactions with others to groups of 10 or less | 1 | 2 |
| m. Keeping a 6-foot radius when interacting with people you do not live with | 1 | 2 |
| n. Stocking up on extra food | 1 | 2 |
| o. Stocking up on extra cleaning supplies | 1 | 2 |
| p. Wearing a mask when leaving home | 1 | 2 |
| q. I have done other things to keep myself safe | 1 | 2 |
| r. I am not taking any of these steps | 1 | 2 |
| s. None of the above | 1 | 2 |

1. Which of the following new actions are you taking to help your family, friends or your community respond to the COVID-19 pandemic and social distancing rules? [Adapted From PhenX Toolkit – MROS]

|  |  |  |
| --- | --- | --- |
| **Response options** | **1 = Yes** | 1. **= No** |
| a. Getting food or medicine for neighbors | 1 | 2 |
| b. Providing childcare | 1 | 2 |
| c. Contacting friends or family to keep in touch | 1 | 2 |
| d. Donated blood | 1 | 2 |
| e. Donated money, food, or supplies to a religious organization or group | 1 | 2 |
| f. Donated money, food, or supplies to a non-religious organization or group | 1 | 2 |
| g. I have done other things to help | 1 | 2 |
| h. I am not taking any new actions | 1 | 2 |

1. Out of the past seven days, what is your best estimate of the number of days that you did each of the following activities? [Adapted From PhenX Toolkit CESR\_UAS]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Response options** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| * 1. Connected socially with friends or family (either online or in person) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| * 1. Made time to relax | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| * 1. Exercised | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| * 1. Meditated | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| * 1. Drank alcohol | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| f. Used cannabis products such as marijuana | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Used recreational drugs other than alcohol or cannabis products | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. Have you or has someone in your household experienced any of the following employment-related and financial-related changes directly or indirectly due to the coronavirus pandemic? [Adapted from NORC-AP Center Poll]

|  |  |  |
| --- | --- | --- |
| **Response options** | **1 = Yes** | **2 = No** |
| 1. Someone was unemployed prior to the pandemic | 1 | 2 |
| 1. Someone is working in the same job and has experienced no changes | 1 | 2 |
| 1. Someone is on sick leave or other leave from the same job | 1 | 2 |
| 1. Someone has been laid off from the same job | 1 | 2 |
| 1. Someone has been scheduled for fewer hours from the same job | 1 | 2 |
| 1. Someone has chosen to work from home for the same job | 1 | 2 |
| 1. Someone has taken unpaid time off from the same job | 1 | 2 |
| 1. Someone had their wages or salary reduced from the same job | 1 | 2 |
| 1. Someone is now working at a different | 1 | 2 |
| 1. Someone is not looking for work and/or unavailable to work  (such as, retired or disabled or caring for others in household) | 1 | 2 |

1. Have you had any issues being able to pay your rent or mortgage due to due to the coronavirus pandemic?
   1. Yes
   2. No
2. Has anyone in your household passed away/died related to COVID-19 (coronavirus)?
   1. Yes
   2. No
3. Do you have a friend or family member staying in your home now who does not ordinarily stay with you?
   1. No [go to 13]
   2. Yes [go to i]
      1. Is this person living with you because of a financial challenge or other personal circumstances related to COVID-19?
         1. No [go to 13]
         2. Yes [go to ii]
      2. How long do you expect this person to live with you?
         1. A few days [go to iii]
         2. A few weeks [go to iii]
         3. A few months [go to iii]
         4. Longer [go to iii]
      3. Has this friend ever been told by a doctor that they have a mental health condition (e.g. anxiety, depression)?
         1. No [go to iv]
         2. Yes [go to iv]
         3. Don’t Know [go to iv]
      4. Does this friend currently have a substance use disorder (i.e., substance addiction, abuse or dependence)?
         1. No [go to 13]
         2. Yes [go to 13]
4. Over the past month, how often have you:

This item is from MHI-5 depressive symptoms screener[[7]](#endnote-7)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 = All of the time | 2 = Most of the time | 3 = A good bit of the time | 4 = some of the time | 5 = A little of the time | 6 = None of the time |
| * 1. Been a very nervous person | 1 | 2 | 3 | 4 | 5 | 6 |
| * 1. Felt downhearted and blue | 1 | 2 | 3 | 4 | 5 | 6 |
| * 1. Felt calm and peaceful | 1 | 2 | 3 | 4 | 5 | 6 |
| * 1. Felt so down in the dumps that nothing could cheer you up | 1 | 2 | 3 | 4 | 5 | 6 |
| * 1. Been a happy person | 1 | 2 | 3 | 4 | 5 | 6 |

1. In the past month, how often did you feel . . . (Three-Item Loneliness Scale[[8]](#endnote-8))

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1 = Hardly Ever** | **2 = Some of the time** | **3 = Often** |
| 1. First, how often did you feel that you lacked companionship? | 1 | 2 | 3 |
| 1. How often did you feel left out? | 1 | 2 | 3 |
| 1. How often did you feel isolated from others? | 1 | 2 | 3 |

1. Compared to the month of January 2020, before the outbreak began, how has the frequency of your communication with close friends and family to provide/receive social support changed? [Adapted From PhenX Toolkit MROS]
2. I communicate with them more often than before
3. I communicate with them about the same as before
4. I communicate with them less often than before
5. How much difficulty do you have [Adapted From PhenX Toolkit MROS]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 = None | 2 = Some | 3 = Much | 4 = Unable or very difficult |
| 1. Obtaining the food that you need because of the COVID-19 pandemic or social distancing rules? | 1 | 2 | 3 | 4 |
| 1. Obtaining the medicine that you need because of the COVID-19 pandemic or social distancing rules? | 1 | 2 | 3 | 4 |
| 1. With getting routine medical care that you need because of the COVID-19 pandemic or social distancing rules? | 1 | 2 | 3 | 4 |

1. Would you hesitate to seek care if you needed medical care for a health condition? Please select one statement below that you most agree with.
2. Yes, I would hesitate to seek care due to the COVID-19 pandemic primarily to avoid exposure to the clinic or hospital
3. Yes, I would hesitate to seek care due to the COVID-19 pandemic primarily to avoid overburdening the healthcare system
4. Yes, I would hesitate to seek care because you do not have health insurance
5. Yes, I would hesitate to seek care for some other reason
6. No, I would you **not** hesitate to seek care
7. Do you live in a city/town with a stay-at-home or shelter-in-place order, and do you agree with the order?
   1. Yes we have an order, and I agree with it
   2. Yes we have an order, and I do not agree with it
   3. No we do not have an order, and I think we should an order
   4. No we do not have an order, and I agree with not having an order
8. Since March 2020, have you noticed any difficulties getting adequate pain control for acute or chronic health conditions?
9. I haven’t had any conditions that have required pain control.
10. I have had conditions that needed pain management and could get the medicine or therapies I needed.
11. I have had conditions that needed pain management but could not get the medicine or therapies I needed because of issues related to COVID-19 (e.g., became unemployed and lost insurance, could not see a doctor)
12. I have had conditions that needed pain management but could not get the medicine or therapies I needed for reasons that do not have to do with COVID-19-related issues

**[End COVID specific Qs]**

## **Opioids + COVID-19**

Some items are from the Wave 1 JCOIN Omnibus Survey on opioid stigma, and some are new COVID-19 related probes.

*The next set of question are about a class of drugs called opioids and your experience with them directly or through a family member or close friend. When we refer to opioids below, we are including both illegal drugs, such as heroin; and legal prescription opioids that might be misused or used differently than prescribed, such as synthetic opioids (fentanyl), and pain relievers or cough syrups available by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine (including Lean and Purple Drink), Percocet, tramadol, morphine, and others. When we refer to opioid use disorder below, we are using the definition provided by the Diagnostic and Statistical Manual of Mental Disorders as “a problematic pattern of opioid use leading to clinically significant impairment or distress.” This can include health problems, disability, and failure to meet major responsibilities at work, school, or home. Other terms people may use to describe an opioid use disorder include opioid addiction, opioid abuse, and opioid dependence.*

*As with all AmeriSpeak surveys we want to remind you of the confidential nature of this survey and that all survey questions below are voluntary. However, we encourage you to answer the below questions and have your voice heard on America’s current opioid problem.*

## **Opioid Policy Scale**

Items adapted from Kennedy-Hendricks et al., 2017[[9]](#endnote-9) and used during Wave 1

We would like to ask you some questions about policies related to the problem of opioid addiction/prescription pain medication or cough syrup misuse.

**Do you disagree or agree with the following statements?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Statement | Select one option | | | | | |
| 1=Strongly disagree | 2=Somewhat disagree | 3=Neither disagree or agree | 4=Somewhat agree | | 5=Strongly agree |
| 1. **I favor expanding Medicaid**[[10]](#footnote-1) **insurance benefits for low income families to provide coverage for treatment of opioid use disorders, including addiction to prescription pain medications.** | 1 | 2 | 3 | 4 | | 5 |
| 1. **I favor making naloxone (also known as “Narcan”), a medication that can quickly reverse the effects of a person experiencing an opioid overdose, widely available and affordable without a prescription.** | 1 | 2 | 3 | 4 | | 5 |
| 1. **I believe that making drug treatment mandatory is an effective way to help people with an opioid use disorder.** | 1 | 2 | 3 | 4 | | 5 |
| 1. **I favor increasing government spending to improve treatment of opioid use disorders.** | 1 | 2 | 3 | 4 | | 5 |
| 1. **High schools and colleges should be allowed to dismiss or expel a person with an opioid use disorder.** | 1 | 2 | 3 | 4 | | 5 |
| 1. **Physicians and other healthcare providers should be allowed to refuse to treat a person with an opioid use disorder.** | 1 | 2 | 3 | 4 | | 5 |
| 1. **Employers should be allowed to deny employment to a person with a current opioid use disorder.** | 1 | 2 | 3 | 4 | | 5 |
| 1. **Landlords should be allowed to deny housing to a person with a current opioid use disorder.** | 1 | 2 | 3 | | 4 | 5 |
| 1. **Jails and prisons should evaluate whether those convicted of non-violent crimes should be released to prevent the spread of COV-ID 19 within jails/prisons (NEW item)** | 1 | 2 | 3 | 4 | | 5 |

## **SOCIAL STIGMA SCALE**

Items were adapted from Kennedy-Hendricks et al., 2017[[11]](#endnote-10) and used in Wave 1

**Do you disagree or agree with the following statements?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Select one option** | | | | |
| 1=Strongly disagree | 2=Somewhat disagree | 3=Neither disagree or agree | 4=Somewhat agree | 5=Strongly agree |
| 1. **I would be willing to have a person with a past history of opioid use disorder/addiction start working closely with me on a job.** | 1 | 2 | 3 | 4 | 5 |
| 1. **I am comfortable having a person with a past history of opioid use disorder/addiction marry into my family.** | 1 | 2 | 3 | 4 | 5 |
| 1. **I would be willing to have a person with a current opioid use disorder/addiction start working closely with me on a job.** | 1 | 2 | 3 | 4 | 5 |
| 1. **I would be comfortable to have a person with a current opioid use disorder/addiction marry into my family.** | 1 | 2 | 3 | 4 | 5 |
| 1. **People with a current addiction to opioids/prescription pain medications are more dangerous than the general population.** | 1 | 2 | 3 | 4 | 5 |
| 1. **A person who is currently addicted to opioids/prescription pain medication cannot be trusted.** | 1 | 2 | 3 | 4 | 5 |

## **PERSONAL EXPERIENCE WITH OPIOIDS AND CRIMINAL JUSTICE**

Items adapted from Wave 1 survey.

*The next set of questions are about your own personal experiences or the experiences of any family members or close friends. We recognize these are sensitive items but like all the items on this survey your responses will be kept private and treated confidentially.*

1. In your lifetime, have you ever misused opioids/prescription pain medication (used in a way other than prescribed or developed a problem with them)?
   1. No [go to i]
      1. [If 1 = a. No] Do you think the COVID-19 pandemic will increase the misuse of opioids/prescription pain medication?
         1. Yes [go to 2]
         2. No [go to 2]
   2. Yes [go to ii]
2. [If 1 = b. Yes] When was the last time?
   * + 1. Past 6 months [go to 01]
       2. 6 – 12 months ago [go to iii]
       3. 1-5 years ago [go to iii]
       4. 5+ years ago [go to iii]

[If past 6 months] Is this your first time misusing opioids/prescription pain medications?

No [go to iii]

Yes [go to 02 then 2-misdeameanor]

[If past 6 months] Was this due to COVID-19 (directly or indirectly)?

No [go to iii]

Yes [go to iii]

1. [If yes, to question 1, past 6 months, not first time] During the past 6 months, have you received treatment for your opioid/prescription pain medication misuse?

No [go to iv]

Yes [go to 1]

[If 1.b.iii = 04 yes] Has COVID-19 made it difficult or impossible to continue this treatment?

No [go to iv]

Yes [go to iv]

1. [If Yes to Question 1] Have you ever overdosed after taking opioids/prescription pain medication?
   * + 1. No
       2. Yes
2. Have you ever been convicted of any misdemeanor or felony crime?
   1. Yes, most recently within the past year
   2. Yes, most recently over a year ago
   3. No
3. Have you ever been incarcerated in jail or prison?
   1. Yes, most recently within the past year
   2. Yes, most recently over a year ago
   3. No
4. Have any family members or close friends you know ever misused opioids/prescription pain medication (i.e., used in a way other than prescribed or developed a problem with them)?
   1. No [go to 5]
   2. Yes [ go to 4b.i.]
      1. [If 4=b yes] When was the last time?
         1. Past 6 months [go to 01]
         2. 6-12 months ago [go to 5]
         3. 1-5 years ago [go to 5]
         4. 5+ years ago [go to 5]
            1. [If past 6 months] Is this their first time misusing opioids/prescription pain medications?

No [go to 5]

Yes [go to 5]

1. Have any of your family members or close friends ever overdosed from opioids/prescription pain medication?
   1. No [go to 6]
   2. Yes [go to 5a]

5a. [If 5= b yes] When was the last time?

* + 1. Past 6 months [go to 6]
    2. 6 – 12 months ago [go to 6]
    3. 1-5 years ago [go to 6]
    4. 5+ years ago [go to 6]

1. Have any of your family members or close friends ever been convicted of any misdemeanor or felony crime?
   1. Yes, most recently within the past year
   2. Yes, most recently over a year ago
   3. No
2. Have any of your family members or close friends ever been incarcerated in jail or prison?
   1. Yes, most recently within the past year
   2. Yes, most recently over a year ago
   3. No

# AmeriSpeak Core Adult Profile Variables

# (These are questions that JCOIN/MAARC received from the AmeriSpeak panel database and did not have to ask the participants again)

1. What is your date of birth? 🡪 numerical entry, 4 category, and 7 category age variables
2. What kind of internet access do you have? Please select all that apply? 🡪 Internet or non-internet household variable
   1. High-speed, broadband internet at home (such as cable or DSL)
   2. Dial-up internet at home
   3. Internet on a cell connection on a mobile phone
   4. Internet at work, or office, or other location that you can use for taking surveys on a computer or tablet
   5. No internet access at all
3. What best describes your telephone service for your household?
   1. Landline telephone only
   2. Have a landline, but mostly use cell phone
   3. Have cellphone, but mostly use landlines
   4. Cellphone only
   5. No telephone service
4. Are you taking this survey on a…
   1. Laptop, netbook or personal computer
   2. Smartphone or mobile phone
   3. Tablet
   4. Something else (Please specify \_\_\_\_\_\_ )
5. What is the highest level of school you have completed?
   1. No formal education
   2. 1st, 2nd, 3rd, or 4th grade
   3. 5th or 6th grade
   4. 7th or 8th grade
   5. 9th grade
   6. 10th grade
   7. 11th grade
   8. 12th grade NO DIPLOMA
   9. HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)
   10. Some college, no degree
   11. Associate degree
   12. Bachelor's degree
   13. Master's degree
   14. Professional or Doctorate degree
6. Which statement best describes your 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
7. We ask questions about race and ethnicity now so that we will not have to ask you these questions on this topic after each survey. This is about Hispanic ethnicity. Are you of Spanish, Hispanic, or Latino descent? 🡪 Rolled into 6 categories race/ethnicity variable
   1. No I am not
   2. If Yes, is that Mexican, Mexican-American, Chicano or
   3. Puerto Rican or
   4. Cuban
   5. Central American or
   6. South American or
   7. Caribbean or
   8. Other Spanish/Hispanic/Latino
8. Please tell me which of the following categories indicates which race or races you consider yourself to be. 🡪 6 Categories of race/ethnicity
   1. White
   2. Black or African American
   3. American Indian or Alaskan Native - Type in name of enrolled or principal type
   4. Asian Indian
   5. Chinese
   6. Filipino
   7. Japanese
   8. Korean
   9. Vietnamese
   10. Other Asian - Type in race
   11. Native Hawaiian
   12. Guamanian or Chamorro
   13. Samoan
   14. Other Pacific Islander - Type in race
   15. Some other race - Type in race
9. What sex were you assigned at birth, on your original birth certificate?
   1. Male
   2. Female
10. Are you…
    1. Married
    2. Widowed
    3. Divorced
    4. Separated
    5. Never married
    6. Living with a partner
11. You said six or more persons live in your household. How many live in your household? Please enter the total number of adult and children living in your household at least 3 months in any given year below. [Number entry]
12. Share with us a little about where you live. Are your 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
13. Which best describes the building where you live?
    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.
14. Please tell us the age and gender of other persons living in your household, including both children and adults: Age in year [Number entry] 🡪 five variables for number of household members ages 0-1, 2-5, 6-12, 13-17, and 18+
15. Income
    1. Every household is different when it comes to managing personal finances. So that we can give you can give you appropriate surveys, let us know how familiar or not familiar you are about the finances in your household…we mean things like the total income of your household, the costs of renting or purchasing a home, about health insurance, and major bills...Error message reads: Please answer this question if you are comfortable doing so.
       1. Not very familiar
       2. Slightly familiar
       3. Somewhat familiar
       4. Moderately familiar
       5. Extremely familiar
    2. Was your total HOUSEHOLD income in <insert last year eg: 2014 if today is 2015> …
       * 1. Below $40,000
         2. $40,000 or more
       1. And was your total HOUSEHOLD income in <insert last year eg: 2014 if today is 2015> …
          * 1. Below $20,000
            2. $20,000 or more
          1. Which one of the following includes your total HOUSEHOLD income in <insert last year eg: 2014 if today is 2015> before taxes?
             1. Less than $5,000
             2. $5,000 to $9,999
             3. $10,000 to $14,999
             4. $15,000 to $19,999
          2. Which one of the following includes your total HOUSEHOLD income in <insert last year eg: 2014 if today is 2015> before taxes?
             1. $20,000 to $24,999
             2. $25,000 to $29,999
             3. $30,000 to $34,999
             4. $35,000 to $49,999
       2. Was your total HOUSEHOLD income in <insert last year eg: 2014 if today is 2015> …
          * 1. Below $85,000
            2. $85,000 or more
          1. Which one of the following includes your total HOUSEHOLD income in <insert last year eg: 2014 if today is 2015> before taxes?
             1. $40,000 to $44,999
             2. $50,000 to $59,999
             3. $60,000 to $79,999
             4. $75,000 to $84,999
          2. Which one of the following includes your total HOUSEHOLD income in <insert last year eg: 2014 if today is 2015> before taxes?
             1. $85,000 to $99,999
             2. $100,000 to $124,999
             3. $125,000 to $149,999
             4. $150,000 to $174,999
             5. $175,000 to $199,999
             6. $200,000 or more
16. State of participant
17. Metropolitan Area Flag

1. **Endnotes**

   NORC at the University of Chicago. AP-NORC Poll. <http://www.apnorc.org/projects/Documents/april_topline_clean.pdf> [↑](#endnote-ref-1)
2. RTI International. PhenX Toolkit. Accessed from: <https://www.phenxtoolkit.org/about>. [↑](#endnote-ref-2)
3. <https://www.phenxtoolkit.org/covid19/> [↑](#endnote-ref-3)
4. Hughes ME, Waite LJ, Hawkley LC, Cacioppo JT. A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies. Res Aging. 2004;26(6):655‐672. doi:10.1177/0164027504268574 [↑](#endnote-ref-4)
5. Center for Economic and Social Research – Understanding America Study <https://www.phenxtoolkit.org/toolkit_content/PDF/CESR_UAS.pdf> [↑](#endnote-ref-5)
6. The Osteoporotic Fractures in Men (MROS) Study/Study of Muscle, Mobility, and Aging (SOMMA) - [MROS/SOMMA COVID-19 Social Impact Questionnaire](https://www.phenxtoolkit.org/toolkit_content/PDF/MROS.pdf). <https://www.phenxtoolkit.org/toolkit_content/PDF/MROS.pdf> [↑](#endnote-ref-6)
7. Berwick, DM, Murphy, JM, Goldman, PA, Ware, JE, Barsky, AJ, Weinstein, MC. Performance of a Five-Item Mental Health Screening Test. Medical Care. 1991:29(2):169-176. [↑](#endnote-ref-7)
8. Hughes ME, Waite LJ, Hawkley LC, Cacioppo JT. A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies. Res Aging. 2004;26(6):655‐672. doi:10.1177/0164027504268574 [↑](#endnote-ref-8)
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10. The respondent will have a blue hover definition for this term: “Note for survey: Please note that Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is funded and administered by states, according to federal requirements.” [↑](#footnote-ref-1)
11. Kennedy-Hendricks, A., Barry, C. L., Gollust, S. E., Ensminger, M. E., Chisolm, M. S., & McGinty, E. E. (2017). Social stigma toward persons with prescription opioid use disorder: associations with public support for punitive and public health–oriented policies. Psychiatric services, 68(5), 462-469. [↑](#endnote-ref-10)