

# 2019 Winter NASIS

## Nebraska Annual Social Indicators Survey

### Life In Nebraska

- Overall, how satisfied or dissatisfied are you with living in Nebraska?
  - Very satisfied
  - Somewhat satisfied
  - Neutral
  - Somewhat dissatisfied
  - Very dissatisfied
- All in all, do you think things in Nebraska are generally headed in the right direction or the wrong direction?
  - Right direction
  - Wrong direction
  - Unsure
- All in all, do you think things in the country as a whole are generally headed in the right direction or the wrong direction?
  - Right direction
  - Wrong direction
  - Unsure

### Food Science

4. Does each of the following statements describe you?

	Yes	No	Don't know
a. I would share my health information with food manufactures if they could create food that is just right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would share my health information with food manufactures if they could create food that would improve my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Which of these statements best describes the food eaten in your household in the last 12 months?
- Enough of the kinds of food I want to eat
  - Enough but not always the kinds of food I want
  - Sometimes not enough to eat
  - Often not enough to eat
  - Don't know

6. Researchers grow cultured meat from cells without slaughtering animals. They are trying to develop cultured meat for the general public. We have some questions for you about cultured meat.

	Yes	No	Don't know
a. Have you ever heard of cultured meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Would you like to learn more about cultured meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Would you be willing to eat cultured meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Do you think that researchers should work on making cultured meat available and affordable for the following groups?

	Yes	No	Don't know
a. The general public in grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Public school children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People in nursing homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People in remote areas, such as rural or tribal communities or astronauts on the moon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. People with limited access to meat, such as service members on submarines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. People with health issues who need more or less fat in their food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. People whose religion does not allow them to eat certain kinds of meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. People who are vegetarian or vegan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How much does science help you make decisions that affect your body?

- A lot
- Some
- A little
- Not at all
- Don't know





## Social Networks

15. Please list the initials (or nicknames) of up to 5 of the most important people in your life, people who are so important that you consider them to be part of your family, even when you do not get along. These people may be related to you, but they may also be a close friend, a romantic partner, or a trusted family friend as long as you consider them to be part of your family. Now that you've thought of the five most important people in your life, we're going to ask some questions about them, your relationships, and their relationships to each other.

	Person 1 ↓	Person 2 ↓	Person 3 ↓	Person 4 ↓	Person 5 ↓
<b>Initials (or nicknames):</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Is each person your:</b>					
Parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romantic partner/spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative, please specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other non-relative, please specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>What is each person's gender:</b>					
Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>What is each person's age (in years):</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How close do you feel to each person?</b>					
Extremely close	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quite close	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fairly close	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not very close	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In all families, there are disagreements or conflicts between members. How much conflict do you have with each person?</b>					
Very strong conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not strong conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't choose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Does each person live in Nebraska?</b>					
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Which best describes the area where each person lives?</b>					
Open country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Town less than 10,000 people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small city (such as Kearney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medium city (such as Lincoln)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suburb of a medium city	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large city (such as Omaha)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suburb of a large city	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Person 1 ↓		Person 2 ↓		Person 3 ↓		Person 4 ↓		Person 5 ↓	
<b>Initials (or nicknames):</b>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>For each person, please indicate whether in the past six months you...</b>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Told them a secret	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heard a secret told by them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Borrowed money from them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lent money to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received physical help from them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided physical help to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received emotional help from them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided emotional support to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. How close are the people you listed to each other?**

	Extremely close	Quite close	Fairly close	Not very close	They don't know each other
Person 1 and Person 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 1 and Person 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 1 and Person 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 1 and Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 2 and Person 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 2 and Person 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 2 and Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 3 and Person 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 3 and Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 4 and Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. In all families, there are disagreements or conflicts between members. How much conflict is there between the people you listed with each other? Please mark "No conflict" if they don't know each other.**

	Very strong conflict	Strong conflict	Not strong conflict	No conflict	I don't know
Person 1 and Person 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 1 and Person 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 1 and Person 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 1 and Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 2 and Person 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 2 and Person 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 2 and Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 3 and Person 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 3 and Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 4 and Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In the previous question, you were limited to naming five people who you consider family. If there are more than five people that you consider family, please list their initials here, and how you're related to them. We will not ask you any questions about the remaining people you list in this table.

	Added Person 1	Added Person 2	Added Person 3	Added Person 4	Added Person 5	Added Person 6	Added Person 7	Added Person 8	Added Person 9	Added Person 10
Initials (or nicknames):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is each person your:										
Parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romantic partner/spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative, please specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other non-relative, please specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

19. Please list the words you most strongly associate with family.

20. In your own words, please describe what you feel makes a family.

## Continuing Education

21. To the best of your knowledge, please tell me which of the following you can accomplish online through the University of Nebraska.

	Yes	No	Don't know/Refused
a. Earn a high school diploma online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Finish a bachelor's degree online that you started somewhere else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Earn a bachelor's degree entirely online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Earn a master's degree entirely online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Earn a certificate or endorsement in your career field entirely online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Take a single class online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How would you describe your level of interest in taking one or more individual classes online at the University of Nebraska?

- Very interested
- Somewhat interested
- Somewhat not interested
- Very not interested
- Don't know/Refused

23. How would you describe your level of interest in earning or completing a degree online at the University of Nebraska?

- Very interested
  - Somewhat interested
  - Somewhat not interested
  - Very not interested
  - Don't know/Refused
- Go to #25

24. When considering returning to school online, what stops you from enrolling?

- Time commitment
- Cost
- Program of interest not available
- Family commitment
- Don't know where to begin
- Other, please specify:

25. How would you describe your level of interest in earning or completing a certificate or other credential that requires fewer credits than a degree online at the University of Nebraska?

- Very interested
  - Somewhat interested
  - Somewhat not interested
  - Very not interested
  - Don't know/Refused
- Go to #27

26. When considering returning to school online, what stops you from enrolling?

- Time commitment
- Cost
- Program of interest not available
- Family commitment
- Don't know where to begin
- Uncertainty about online format
- Other, please specify:

27. What field of study interests you the most?

28. Have you ever reached out to the University of Nebraska regarding continuing your education?

- Yes
- No → Go to #30

29. What was your experience?

- Very good
- Good
- Poor
- Very poor

30. What, if any, issues have you had regarding continuing your education?

## Behavioral Health Treatment

The following set of questions is intended to help gain an understanding about the availability and perceived quality of behavioral health treatment in Nebraska. For these questions, behavioral health includes mental health and/or substance use disorder related needs or concerns.

31. Are mental health service treatment options available in your local community?

- No, there are no mental health treatment providers in my community.
- No, but there are mental health treatment options I could easily travel to outside my community.
- No, but I am aware of Telehealth options available.
- I'm not certain about availability of mental health treatment options.
- Yes, there are many mental health treatment options to choose from.
- Yes, but there are only limited mental health treatment options to choose from.

32. Are substance use disorder service treatment options available in your local community?

- No, there are no substance use disorder treatment providers in my community.
- No, but there are substance use disorder treatment options I could easily travel to outside my community.
- No, but I am aware of Telehealth options available.
- I'm not certain about availability of substance use disorder treatment options.
- Yes, there are many substance use disorder treatment options to choose from.
- Yes, but there are only limited substance use disorder treatment options to choose from.

33. Is your community able to effectively offer services and treatment options for someone dealing with a crisis?

- Yes, my community is able to effectively handle individuals dealing with a crisis with immediate response.
- Yes, my community is able to effectively handle individuals dealing with a crisis with some delay in response.
- Yes, in part, but additional services beyond what is available in my community would also be required.
- No, the level of care available and services offered would not meet crisis needs.
- I am not certain about response to this need.

34. If you or a close family member needed to seek treatment for mental health reasons, would you turn to any of the following for help?

	Yes	No	Don't know
a. Internet/yellow pages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Community program or directory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Family or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medical or health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Law enforcement/police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Local Regional Behavioral Health Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Network of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Nebraska Family Helpline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other help or crisis line, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
k. Self-help/support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Insurance carrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Medicaid/Medicare Managed Care Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Local behavioral health treatment provider/counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Church member or clergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Tribal elder or official	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. If you or a close family member needed to seek treatment for substance reasons, would you turn to any of the following for help?

	Yes	No	Don't know
a. Internet/yellow pages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Community program or directory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Family or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medical or health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Law enforcement/police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Local Regional Behavioral Health Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Network of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Nebraska Family Helpline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other help or crisis line, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
k. Self-help/support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Insurance carrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Medicaid/Medicare Managed Care Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Local behavioral health treatment provider/counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Church member or clergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Tribal elder or official	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How likely or unlikely are each of the following?

	Very likely	Fairly likely	Fairly unlikely	Very unlikely	Not certain
a. You would be able to recognize the signs that someone may be dealing with a mental health problem or crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You would be comfortable reaching out to someone who may be dealing with a mental health problem or crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You would be able to assist someone who may be dealing with a mental health problem or crisis connect with professional help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You would be able to assist someone who may be dealing with a mental health problem or crisis connect with community supports and programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If you had a mental health concern for yourself, you would seek out professional help or treatment <i>in</i> your local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. If you had a mental health concern for yourself, you would seek out professional help or treatment <i>outside</i> your local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. If you had a substance use concern for yourself, you would seek out professional help or treatment <i>in</i> your local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. If you had a substance use concern for yourself, you would seek out professional help or treatment <i>outside</i> your local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





## About Your Household

41. Do you or some member of your household own your home outright, buying it, or renting?

- Own outright
- Buying (paying a mortgage)
- Renting
- Provided as part of job/wages
- Other, specify:

42. Which of the following comes closest to the kind of housing unit you now live in?

- Detached single family house
- Mobile home
- Townhouse/Condominium
- Apartment/Duplex
- Other, specify:

43. What is your current marital or relationship status?

- Married
- Married, living apart
- Not married, but living with a partner (cohabiting)
- Never married
- Divorced
- Widowed
- Separated

44. How many children age 18 and younger live in your household?

 children (age 18 and younger)

45. Including yourself, how many adults age 19 and older live in your household?

 adults (age 19 and older)

46. Please indicate the category that describes your total family income in the last 12 months.

- Less than \$10,000
- \$10,000 to less than \$20,000
- \$20,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 to less than \$100,000
- \$100,000 to less than \$150,000
- \$150,000 or more

47. During the past 12 months, how much difficulty have you had paying your bills?

- A great deal of difficulty
- Quite a bit of difficulty
- Some difficulty
- A little difficulty
- No difficulty at all

48. Overall, how satisfied or dissatisfied are you with your current financial situation?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

## About Yourself

49. Are you:

- Male
- Female

50. Do you think of yourself as:

- Heterosexual/straight
- Homosexual/gay or lesbian
- Bisexual
- Something else
- Not sure

51. As far as you know, are any of your immediate family members, relatives, neighbors, co-workers, or close friends gay, lesbian, or bisexual?

- Yes
- No

52. Were you born in Nebraska, another state, or a foreign country?

- Nebraska
- Another state
- Foreign country

53. Are you still living in the same residence as you were 2 years ago?

- Yes
- No

54. Which of the following best describes the area you live in?

- Open country
- Town less than 10,000 people
- Small city (such as Kearney)
- Medium city (such as Lincoln)
- Suburb of a medium city
- Large city (such as Omaha)
- Suburb of a large city

55. Do you live in a farm, in open country but not on a farm, or in a town or city?

- Farm
- Open country, but not a farm
- Town or city

56. How many years have you lived in this Nebraska county? (Please enter "0" if less than 1 year.)

 year(s)

57. In general, how would you describe your political views?

- Very liberal
- Liberal
- Middle-of-the-road
- Conservative
- Very conservative
- Other, specify:

58. In general, what do you consider yourself politically?

- Democrat
- Republican
- Independent
- Other, specify:

59. Who did you vote for in the 2016 Presidential Election?

- Clinton
- Trump
- Other, specify:

- Did not vote

60. Do you consider yourself to be Hispanic or Latino/a?

- Yes
- No

61. What race or races do you consider yourself to be? (Check all that apply)

- White (Caucasian)
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other, specify:

62. What is the highest degree you have attained?

- No diploma
- High School Diploma/GED
- Some college, but no degree
- Technical/Associate/Junior College (2 yr, LPN)
- Bachelor's Degree (4 yr, BA, BS, RN)
- Graduate Degree (Masters, PhD, Law, Medicine)

63. Would you say that your overall health and well-being is excellent, good, fair or poor?

- Excellent
- Good
- Fair
- Poor

64. Do you smoke cigarettes?

- Yes
- No

65. Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply)

- Working full-time (35 hours or more)
- Working part-time
- Have a job, but not at work (due to illness, vacation, or strike)
- Unemployed, laid off, looking for work
- Retired
- In school
- Keeping house
- Disabled
- Other, specify:

Go to #68

66. During the average week, how many hours do you usually work, NOT including the time you travel to and from work? (In the box below, write the total hours worked including any second jobs.)

 average total hours per week

67. How satisfied or dissatisfied are you with your job?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

**68. How many times in the past 12 months have you:**

- a. Worked on a community project?
- b. Attended any public meeting in which there was a discussion of town or school affairs?
- c. Attended a political meeting or rally?
- d. Attended any club or organizational meeting (not including meetings for work)?
- e. Volunteered?
- f. Attended religious services (not including weddings and funerals)?

**69. Do you consider yourself to be Protestant, Catholic, Jewish, Muslim, or something else?**

- Protestant
- Catholic
- Jewish
- Muslim
- None (no religion)
- Other, specify:

**70. How often do you attend religious services?**

- Several times a week
- Once a week
- Nearly every week
- About once a month
- Several times a year
- About once a year
- Less than once a year
- Never

**71. In general, how much do your religious or spiritual beliefs influence your daily life?**

- Very much
- Quite a bit
- Some
- A little
- None
- Doesn't apply, not religious or spiritual

**72. What year were you born?**

**73. What is your zip code?**

**74. During the past 4 weeks (28 days), how much of the time did you feel:**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. So sad nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. That everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**75. Please use the space below to provide any comments or feedback.**

**Thank you!**

We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire.

Questions or requests from this survey can be directed to:

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