

NASIS

Nebraska Annual Social Indicators Survey

2020 Winter NASIS Methodology Report

Prepared September 2020



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2020 Winter NASIS (Nebraska Annual Social Indicators Survey)

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2020 WINTER NASIS ADMINISTRATION METHODOLOGY REPORT

Introduction

This report presents a detailed account of the design and fielding of the 2020 Winter Nebraska Annual Social Indicators Survey (2020 Winter NASIS). Users of the 2020 Winter NASIS data will find it an important reference source for answers to questions about methodology.

The Nebraska Annual Social Indicators Survey was conceived as a vehicle both for producing current, topical information about Nebraskans (age 19 and older) and also for monitoring change in quality of life. As in earlier surveys, 2020 Winter NASIS was a joint effort of the Department of Sociology at the University of Nebraska-Lincoln (UNL) and a variety of University and public agencies. While the final responsibility for the design and fielding of the survey rests with the Bureau of Sociological Research (BOSR), both the costs of the survey and its planning have been shared with the Department of Sociology at UNL as well as the researchers involved, which typically include several state agencies, private non-profit agencies, and other University departments. Additional information concerning who funded specific questions in 2020 Winter NASIS can be obtained by contacting BOSR.

Mode Selection

Historically, NASIS was administered as a telephone interview with adults (age 19 and older) in households in Nebraska with a landline telephone. Due to rising costs associated with declining response rates for telephone surveys, the 2009-2010 NASIS was administered as a mail survey to Nebraska households. Each NASIS since, including 2020 Winter NASIS, has been administered as a mail survey as well. BOSR has used the mail mode in other survey projects, where it has been an efficient and cost-effective method of data collection. In this administration, a web component was also offered to some participants (see Experimental Design Treatment for details).

Design and Item Selection

Each Nebraska Annual Social Indicators Survey is designed to meet the data needs of a diverse group of researchers including UNL faculty and state agencies. In order to meet these needs, the instrument involves multiple stages of development. First, a set of “core” questions is developed. The majority of core items is repeated each year and covers basic demographic information, quality-of-life topics, and general sociological indicators. The core items are intended both to maintain continuity with previous years of NASIS and to provide information on issues of current importance and interest.

The next step in the development of the instrument is to incorporate a second set of questions to meet the data needs of the agencies and organizations purchasing space on the current survey. Interested public agencies and faculty members initially submit questions to be included in the survey. Aside from the core questions, all of those submitting questions are “buyers” (i.e., they contribute toward the cost of the survey in proportion to their data needs). As the questions from each buyer, or client, are submitted, they are formatted to fit in a mail survey. NASIS provides a cost-effective vehicle for collecting information about Nebraskans as clients purchase only the space needed to administer their items and are provided the use of the core items as part of their participation in NASIS.

With the growing interests of clients, NASIS had reached its full capacity of an annual omnibus survey. In order to serve as many researchers as needed, keep respondent burden at a reasonable level, and reduce costs, in November 2017, BOSR administered a clients survey to its past NASIS clients as well as those who had expressed interest in this survey before in an

effort to identify those core items which were less important to researchers as potential candidate items to be trimmed from the core items pool. Based on the results of this web survey and internal reviews, core items were reduced in 2018. BOSR still offers researchers the option to add previous core items back into NASIS as needed as part of their purchased space.

The 2020 Winter NASIS consisted of the core items retained after the review in 2018 and clients' questions covering several issues of interest. A copy of the final, formatted mail survey can be found in Appendix B.

Sampling Design

In order to meet the research needs of clients and increase the sample coverage, the sampling design of 2020 Winter NASIS mail survey used a postal delivery sequence based sample of household addresses (ABS). The sample included addresses for individuals and households who have an address according to the US Postal Service. Advantages to this type of sampling design include the ability to mail to all sampled addresses as well as a very high coverage (98% for the United States (O'Muircheartaigh, 2012)). To maintain a probability sample, the adult (age 19 or older) in the household with the next birthday after January 1, 2020 was asked to complete the survey.

The sampling design for NASIS has adapted to changes in the survey field over time. Traditionally, the NASIS sample was drawn from a population of non-institutionalized persons in households with telephones who resided in the State of Nebraska during the survey period. Persons under 19 years of age, persons in custodial institutions, in group living quarters, on military bases or reservations, and transient visitors to the state were excluded from the sampling universe. Since its inception in 1977, NASIS used Random Digit Dialing (RDD) procedures to select survey respondents. In 2006, NASIS respondents were drawn from a directory-listed sample of telephone numbers - a change prompted by challenges in sampling related to the proliferation of cell-phone-only adults and increased costs of RDD on the scale of NASIS. In NASIS 2008-2009, the sample design consisted of three segments: (1) a traditional directory listed sample; (2) a sample of participants of the NASIS 2007 (i.e., panel); and (3) an oversample of four counties (Colfax, Dawson, Hall, and Scotts Bluff) in Nebraska with high proportions of Hispanic/Latino residents. In 2009-2010 and 2010-2011, the sampling design utilized was a directory listed address sample. An ABS sample has been used since NASIS 2011-2012.

The sample for 2020 Winter NASIS was purchased from Dynata. A total of 6,000 cases were provided to BOSR by Dynata on January 23, 2020. These addresses were drawn throughout Nebraska with equal probability of selection. Known vacant addresses were excluded from the sampling frame. PO Boxes were only included in the sampling frame if those were the only delivery point for an address.

Experimental Design Treatment

The 2020 Winter NASIS included a single experiment. All sample members were randomly assigned to one of five conditions. The experiment was a push to web design to try to get respondents to complete the questionnaire online. Condition 1 invited respondents to take the survey online only by providing a link in the first letter, postcard, and two additional reminders. Condition 2 invited respondents to take the survey via a paper questionnaire only with a postcard reminder and then two follow-up paper surveys with reminders. Condition 3 offered respondents the choice of taking the survey online or completing the paper questionnaire in each contact with an invitation, a postcard reminder and then two follow-up surveys with reminders. Conditions 4 and 5 invited respondents to take the survey by providing a link in a

letter. Nonrespondents then received a postcard reminder with the link. In Condition 4, the first reminder was a letter with the link, and the second reminder included both the link for the online version of the survey and a paper questionnaire giving them the choice of mode of completion. In Condition 5, both reminders included the link for the online version of the survey and a paper questionnaire again giving them the choice of mode of completion. A variable indicating condition (Condition) and mode of response (Mode) are included in the final dataset.

Data Collection Process

Data were collected between January 30, 2020 and September 1, 2020. The initial survey packet was sent to all sampled addresses on January 30, 2020. In the past a few administrations, BOSR has sent out a future research card along with all other materials in order to give households the chance to be contacted for future research opportunities. Beginning in 2018, this effort has been geared toward building a more robust panel for future research use. In addition to the panelist enrollment card, a separate FAQ sheet which provided detailed answers to the most common concerns respondents are likely to have regarding joining this panel was included in each survey packet. Those who agreed to become a member of the “NebrASKa Voices” panel for future studies were asked to return their completed card separately from the questionnaire using the small, postage-paid envelope BOSR provided to mail it back to BOSR.

In the 2020 winter administration, each survey packet contained a shortened cover letter and FAQ regarding the survey (Appendix A), at least one way to complete the survey (via paper or web – see Appendix B), a panelist enrollment card with NebrASKa Voices FAQ sheet (Appendices C and D), one small postage-paid return envelope and one large postage-paid return envelope if a paper questionnaire was included. The first survey packet also included a \$1 incentive. The first survey packet was sent on January 30, 2020. The survey contained 96 questions in 12 pages when displayed on the paper questionnaire. A reminder postcard (Appendix A) was sent to all sample members about one week after the group’s initial mailing (February 10, 2020). In addition to the reminder postcard, a second survey packet (contents discussed above) was sent to all non-responders on February 20, 2020. A third survey packet (contents discussed above) was sent to all remaining non-responders on March 23, 2020. All materials were in English. A total of 1584 completed/partially completed surveys were received and processed by BOSR through September 1, 2020. In late March, BOSR’s office was shutdown due to COVID-19 precautions. Working remotely caused delays in mail processing and data entry. Data collection was kept open until data entry was almost completed, thus the extended field period.

Response Rate

A total of 1584 adults returned the 2020 Winter NASIS mail survey. The response rate of 27.9% was calculated using the American Association for Public Opinion Research’s (AAPOR) standard definition for Response Rate 2. Of the 6,000 addresses sampled, 5.3% (n=320) were determined to be ineligible (e.g., no such address; vacant), 5.4% (n=326) were undeliverable addresses with unknown eligibility. Refusals (e.g., blank survey returned; letter, phone call, or e-mail stating refusal to participate) and refused mail were obtained from 1.4% (n=84) of the sample.

Data-Entry Training, Supervision, and Quality Control

Data entry was completed by professional data-entry staff. Many of the data-entry workers had previous experience in data entry using Epi Info 6 on other mail survey projects. The data-entry staff was supervised by permanent BOSR project staff.

Data entry was completed in two steps. First, one data-entry worker would enter responses from a single survey. Second, another data-entry worker would re-key the survey and be alerted to any discrepancies with the first entry. Supervisory staff members were available to answer questions about discrepancies or illegible responses. The data-entry staff is paid by the hour, not by the number of surveys entered. This method of payment is used so that we can ensure the high quality of the data collected by our staff.

Processing of Completed Surveys

The data were collected from January 30, 2020 to September 1, 2020. Completed surveys were received from a total of 1584 respondents. As previously mentioned, paper surveys were data-entered using Epi Info 6 software with data saved on a networked file server. Each day, automatic backups were made of all directories containing information relevant to the survey.

For surveys completed via web, respondents entered their responses directly into a computerized instrument, and therefore required no additional data entry or data processing steps. The survey data were recorded in Qualtrics and stored on a secure server located within the Sociology Department at UNL after being exported.

Data Cleaning

The data are recorded and stored on a secure server located within the Sociology Department at UNL. The Statistical Package for the Social Sciences (SPSS) software package was used to process and document the dataset. The first step in data cleaning was to run frequency distributions on each of the variables in the survey. The second step was to generate variable and value labels (attempts were made to match the variable names and values for core items that appeared in previous NASIS administration periods). The final step in data cleaning was to recode all open-ended "other" responses on core variables and check for out-of-range values on all survey items. Recoding was done to correct for the most obvious errors/inconsistencies in the data. Some open-ended information, such as the county codes, were assigned numeric codes by the BOSR staff and also merged with the remainder of the data. The county codes are listed in Appendix E.

Since the data collected contains information specific to the topic, additional decisions related to cleaning and recoding of the data will be left to the client to ensure final data quality. It should be noted, too, that due to the nature of mail surveys, respondents do not always follow the instructions for skip patterns within the survey. Inconsistencies, which are common in mail surveys, will still exist in the data.

The cleaned, coded data were stored in an SPSS system file. A list of all variables in the archive file and the variable names used in the SPSS system file for each variable are included in Appendix F. Datasets for users involving subsets of items in the file were generated by selecting the appropriate items from this main file.

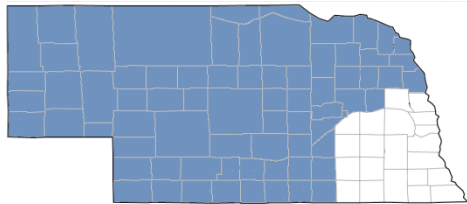
The most economical and flexible manner to use the NASIS data is by using the SPSS for Windows software program. It is also possible to produce a dataset for SAS, among other possible data formats. Any additional needs or questions concerning the NASIS dataset should be directed to the Bureau of Sociological Research.

NASIS Sample Weights

The data were weighted in three ways to account for the within household probability of selection, nonresponse, and population characteristics. First, data were weighted by the number of adults living in the household (Hwat) in order to adjust for within-household selection

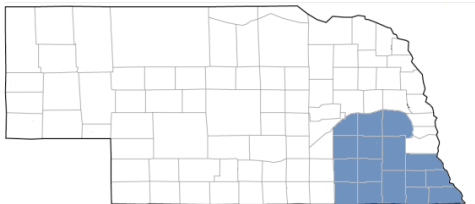
probability. Then the data were weighted for nonresponse (NRwt) by state region (reg_wt). Please refer to Figure 1 for a description of the regions. Third, poststratification weights were applied based on region (reg_wt), age (age_grp), and sex (sex) in order for the data to more closely resemble the population (post_cat). Hotdeck imputation was used to provide complete data on age and sex for weighting. Table 1 shows the poststratification groups and the population counts from the 2018 American Community Survey (ACS) for each group. The ACS age category for early adults includes 18 year olds. However, the age of majority in Nebraska is 19 years old meaning that the given ACS age categories do not perfectly provide the necessary data. As a result, the number of 19 year olds was calculated as 1% of the overall Nebraska population.

Figure 1
Definitions of Regions



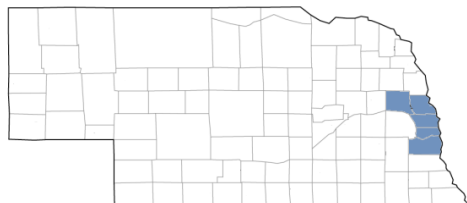
Central and West

Adams	Dundy	Loup
Antelope	Franklin	McPherson
Arthur	Frontier	Madison
Banner	Furnas	Merrick
Blaine	Garden	Morrill
Boone	Garfield	Nance
Box Butte	Gosper	Nuckolls
Boyd	Grant	Perkins
Brown	Greeley	Phelps
Buffalo	Hall	Pierce
Burt	Hamilton	Platte
Cedar	Harlan	Red Willow
Chase	Hayes	Rock
Cherry	Hitchcock	Scotts Bluff
Cheyenne	Holt	Sheridan
Clay	Hooker	Sherman
Colfax	Howard	Sioux
Cuming	Kearney	Stanton
Custer	Keith	Thomas
Dakota	Keya Paha	Thurston
Dawes	Kimball	Valley
Dawson	Knox	Wayne
Deuel	Lincoln	Webster
Dixon	Logan	



Southeast

Butler	Nemaha	Saline
Fillmore	Otoe	Saunders
Gage	Pawnee	Seward
Jefferson	Polk	Thayer
Johnson	Richardson	York
Lancaster		



Midland

Cass
Dodge
Douglas
Sarpy
Washington

Table 1. Population counts by region, age group, and sex

	Central and West	Midland	Southeast	Total
19-44 Female	176,978	87,136	156,010	420,124
19-44 Male	185,660	90,032	168,824	444,516
45-64 Female	156,704	66,829	111,166	334,699
45-64 Male	159,794	64,959	111,379	336,132
65+ Female	122,256	38,174	77,683	238,113
65+Male	100,982	31,047	62,736	194,765
Total	902,374	378,177	687,798	1,968,349

Tables 2 and 3 display ACS frequencies and its comparison to NASIS weighted and unweighted frequencies. Sampling (Hwat), nonresponse (NRwt), and poststratification (post_cat) weights were multiplied together and rescaled (Rescale) to create the final weight. The variables used in weighting are available upon request. The final weight in the dataset is called Pwate.

Table 2 Representativeness of 2020 Winter NASIS Sample by Region of State (Percentage Distribution by Region)

Category	Based on 2018 ACS Estimate	NASIS, Unweighted	NASIS, Weighted By Pwate
Central and West	45.8%	32.1%	45.8%
Midland (Omaha Area)	19.2%	40.8%	19.2%
Southeast	34.9%	27.1%	34.9%
Total	100%	100%	100%

Table 3 Representativeness of 2020 Winter NASIS Sample by Age and Sex (Percentage Distribution in Age and Sex Categories)*

Category	Based on 2018 ACS Estimate	NASIS, Unweighted	NASIS, Weighted By Pwate
Age Group:			
19 – 44	43.9%	29.1%	43.4%
45 – 64	34.1%	37.1%	34.1%
65+	22.0%	33.8%	22.4%
Sex:			
Males	49.6%	41.1%	49.4%
Females	50.4%	58.9%	50.6%
Total	100%	100%	100%

*Weighted estimates are calculated using imputed variables. The frequencies above are of the variables before imputation. As a result, the weighted frequencies do not exactly match the 2018 ACS estimates.

Design Effects

Since the 2020 Winter NASIS used simple random sampling, there is no loss in precision due to the sampling design. The design effect due to weighting adjustments is 1.64, which represents the loss in statistical efficiency that results from unequal weights¹. Appropriate adjustments need

¹ The formula used is: $1 + cv^2(w) = \frac{n(\sum_1^n w_i^2)}{(\sum_1^n w_i)^2}$

to be incorporated into statistical tests when using 2020 Winter NASIS data. See Appendix G for more information.

Questions

Any questions regarding this report or the data collected can be directed to the Bureau of Sociological Research at the University of Nebraska-Lincoln by calling (402) 472-3672 or by sending an e-mail to bosr@unl.edu.

Appendices

Appendix A: Cover Letters, FAQs, and postcards

Condition 1

First Mailing – Cover Letter and FAQ



BUREAU OF SOCIOLOGICAL RESEARCH

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P.O. Box 880325
Lincoln, NE 68588-0325
(402) 472-3672
FAX (402) 472-4568
1-800-480-4549
Email: bosr@unl.edu

DATE

[City] Resident
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear [City] Resident,

I am writing to ask for your household's help with a survey called the Nebraska Annual Social Indicators Survey, also called the NASIS. The questions on this survey come from multiple researchers and cover a variety of topics. The researchers have pooled their limited resources to be able to do this survey. NASIS results are used by these and other researchers, non-profits, and state agencies. They are also used for student training and for student research papers.

This effort can only be successful with your help. We need the **adult (age 19 or over) from your household who has the next birthday after January 1, 2020** to do the survey.

To access this survey online, please go to the link listed below and enter your unique identification number.

Survey Link:
Unique Identification Number:

More information about the survey can be found on the enclosed sheet. We have enclosed a small gift of \$1 to thank you for helping with the survey.

Sincerely,

A handwritten signature in blue ink that reads "Lindsey Witt-Swanson".

Lindsey Witt-Swanson
Associate Director
Bureau of Sociological Research
University of Nebraska-Lincoln

907 Oldfather Hall / P.O. Box 880325 / Lincoln, NE 68588-0325 / (402)472-3672 / 1-800-480-4549 / bosr@unl.edu

Nebraska Annual Social Indicators Survey (NASIS) Information

Why did this survey come to my house? We sent the survey to a small number of randomly chosen Nebraska addresses. Answers from these households will represent the entire state.

Who should do the survey? The adult age 19 or older in your household who has the next birthday after January 1, 2020. This helps the survey represent all Nebraskans.

What should this person do? Answer the questions online using the provided link and unique identification number. The survey takes around 15 minutes.

Who is asking these questions? Researchers at the UNL Sociology Department, UNL College of Journalism and Mass Communications, UNL School of Natural Resources, NET, 4-H Nebraska, and Nebraska Department of Health and Human Services have pooled their resources to do this survey. This uses limited resources more responsibly and reduces the number of surveys people are asked to do.

Has this study been approved by the University? Yes. The UNL Institutional Review Board approved the survey. (IRB# 20160816236FB).

Is this voluntary? Yes.

Will my answers be kept confidential? Yes. Your answers will be combined with other people's answers in all reports, papers, presentations, and other analyses so nobody can tell who gave which answers. No identifying information will be reported. Thus, there are no known risks to participating.

Who uses this information? The primary users are the researchers who came together to do the survey. We will also share the survey data and analyses with other researchers, state government employees, non-profit organizations, or media. Instructors use the data to teach students, and students use it for research.

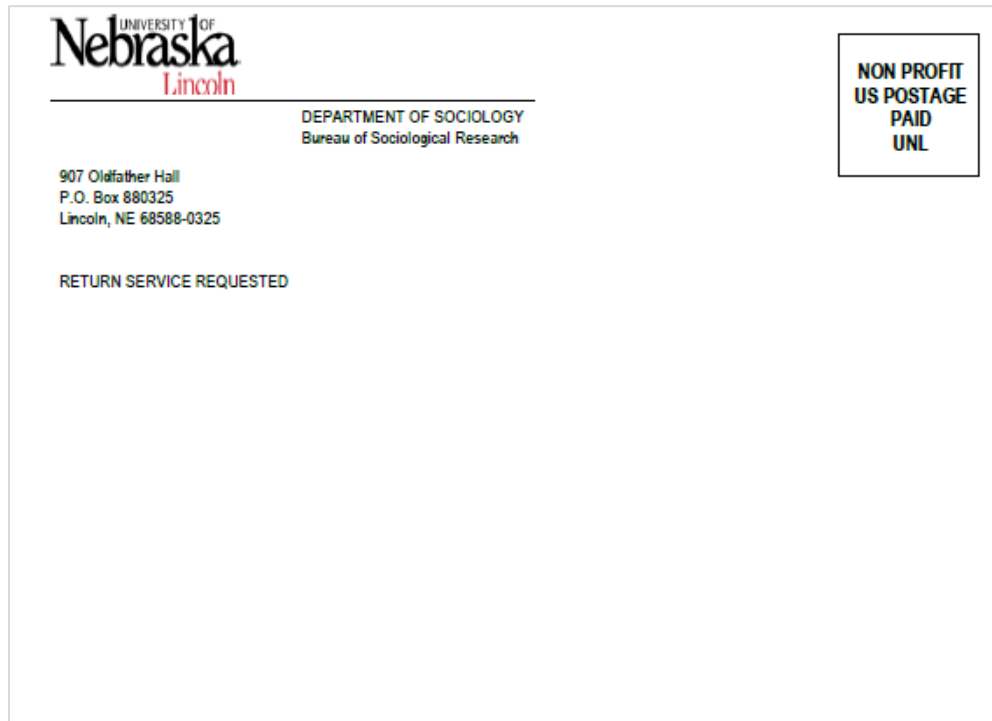
Who do I contact if I have questions about the survey? The Bureau of Sociological Research (1-800-480-4549 or email bosr@unl.edu).

Who do I contact if I have questions about my rights as a research participant? The UNL Institutional Review Board. 402-472-6965.

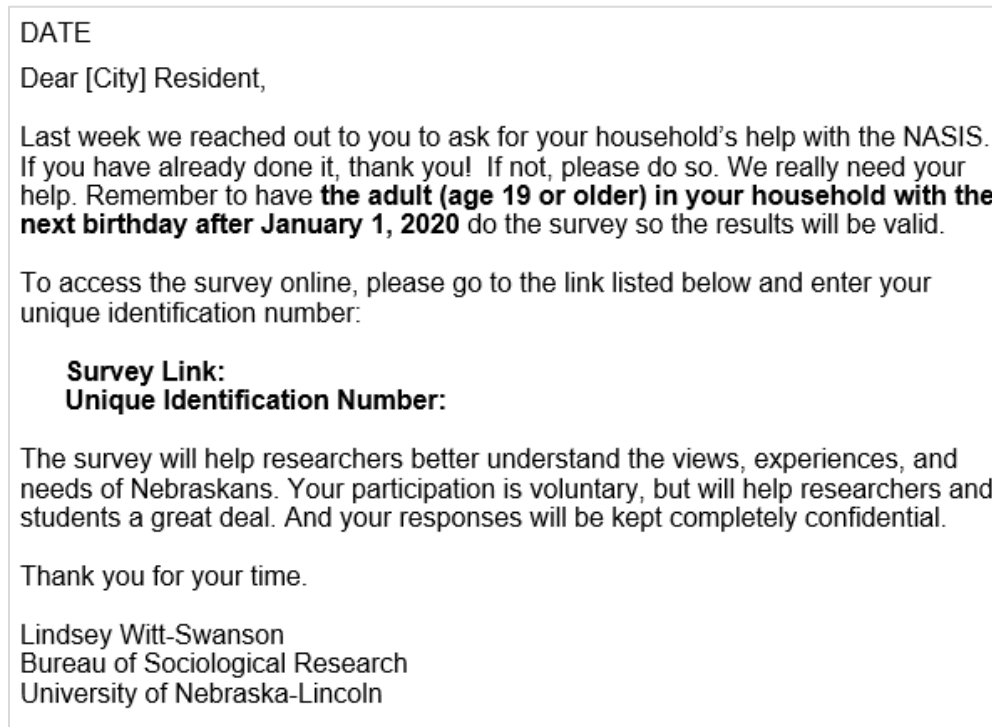
What is the future research card? This card gives you the chance to be contacted for future research opportunities. You can complete this survey whether or not you decide to return the future research card.

Reminder Postcard

Front:



Back:



Second Mailing – Cover Letter and FAQ



BUREAU OF SOCIOLOGICAL RESEARCH

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(402) 472-3672
FAX (402) 472-4568
1-800-480-4549
Email: bosr@unl.edu

DATE

«City» Resident
«Addy1» «Addy2»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear [City] Resident,

A few weeks ago we asked your household to complete the 2020 Nebraska Annual Social Indicators Survey (NASIS). We have not yet received your household's completed survey.

The NASIS has been conducted since 1977. Results have been presented at scientific meetings, published in books and articles, and covered in the news. We hope to continue this tradition. The questions asked on this year's survey will contribute to research, education, and state government decisions. We need the adult (age 19 or over) from your household who has the next birthday after January 1, 2020 to do the survey.

To complete this survey online, please go to the link listed below and enter your unique identification number.

Survey Link:
Unique Identification Number:

More information about the survey can be found on the enclosed sheet.

Sincerely,

Lindsey Witt-Swanson
Associate Director
Bureau of Sociological Research
University of Nebraska-Lincoln

907 Oldfather Hall / P.O. Box 880325 / Lincoln, NE 68588-0325 / (402)472-3672 / 1-800-480-4549 / bosr@unl.edu

«ID»

Nebraska Annual Social Indicators Survey (NASIS) Information

Why did this survey come to my house? We sent the survey to a small number of randomly chosen Nebraska addresses. Answers from these households will represent the entire state.

Who should do the survey? The adult age 19 or older in your household who has the next birthday after January 1, 2020. This helps the survey represent all Nebraskans.

What should this person do? Answer the questions online using the provided link and unique identification number. The survey takes around 15 minutes.

Who is asking these questions? Researchers at the UNL Sociology Department, UNL College of Journalism and Mass Communications, UNL School of Natural Resources, NET, 4-H Nebraska, and Nebraska Department of Health and Human Services have pooled their resources to do this survey. This uses limited resources more responsibly and reduces the number of surveys people are asked to do.

Has this study been approved by the University? Yes. The UNL Institutional Review Board approved the survey. (IRB# 20160816236FB).

Is this voluntary? Yes.

Will my answers be kept confidential? Yes. Your answers will be combined with other people's answers in all reports, papers, presentations, and other analyses so nobody can tell who gave which answers. No identifying information will be reported. Thus, there are no known risks to participating.

Who uses this information? The primary users are the researchers who came together to do the survey. We will also share the survey data and analyses with other researchers, state government employees, non-profit organizations, or media. Instructors use the data to teach students, and students use it for research.

Who do I contact if I have questions about the survey? The Bureau of Sociological Research (1-800-480-4549 or email bosr@unl.edu).

Who do I contact if I have questions about my rights as a research participant? The UNL Institutional Review Board. 402-472-6965.

What is the future research card? This card gives you the chance to be contacted for future research opportunities. You can complete this survey whether or not you decide to return the future research card.

Third Mailing – Cover Letter and FAQ



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Lincoln, NE 68588-0325
(402) 472-3672
FAX (402) 472-4568
1-800-480-4549
Email: bsr@unl.edu

DATE

«City» Resident
«Addy1» «Addy2»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear [City] Resident,

About a month ago we asked your household for help with the 2020 Nebraska Annual Social Indicators Survey (NASIS). We have not yet received your household's completed survey and are writing again to ask for your help.

The NASIS has been conducted for 44 years. Researchers, state agencies, and non-profits have presented findings to professional organizations, government decision-makers, and news reporters and published it in books and articles. We hope to continue providing data for these teams to share with the public. We need the adult (age 19 or over) from your household who has the next birthday after January 1, 2020 to do the survey.

To complete this survey online, please go to the link listed below and enter your unique identification number.

Survey Link:
Unique Identification Number:

More information about the survey can be found on the enclosed sheet.

Sincerely,

Lindsey Witt-Swanson
Associate Director
Bureau of Sociological Research
University of Nebraska-Lincoln

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«ID»

Nebraska Annual Social Indicators Survey (NASIS) Information

Why did this survey come to my house? We sent the survey to a small number of randomly chosen Nebraska addresses. Answers from these households will represent the entire state.

Who should do the survey? The adult age 19 or older in your household who has the next birthday after January 1, 2020. This helps the survey represent all Nebraskans.

What should this person do? Answer the questions online using the provided link and unique identification number. The survey takes around 15 minutes.

Who is asking these questions? Researchers at the UNL Sociology Department, UNL College of Journalism and Mass Communications, UNL School of Natural Resources, NET, 4-H Nebraska, and Nebraska Department of Health and Human Services have pooled their resources to do this survey. This uses limited resources more responsibly and reduces the number of surveys people are asked to do.

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Condition 2
First Mailing – Cover Letter and FAQ



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1-800-480-4549
Email: bosr@unl.edu

January 31, 2020

«City» Resident
«Addy1» «Addy2»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear «City» Resident,

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This effort can only be successful with your help. We need the adult (age 19 or over) from your household who has the next birthday after January 1, 2020 to do the survey.

Please complete and return the enclosed paper questionnaire.

More information about the survey can be found on the enclosed sheet. We have enclosed a small gift of \$1 to thank you for helping with the survey.

Sincerely,

Lindsey Witt-Swanson
Associate Director
Bureau of Sociological Research
University of Nebraska-Lincoln

907 Oldfather Hall / P.O. Box 880325 / Lincoln, NE 68588-0325 / (402)472-3672 / 1-800-480-4549 / bosr@unl.edu

«ID»

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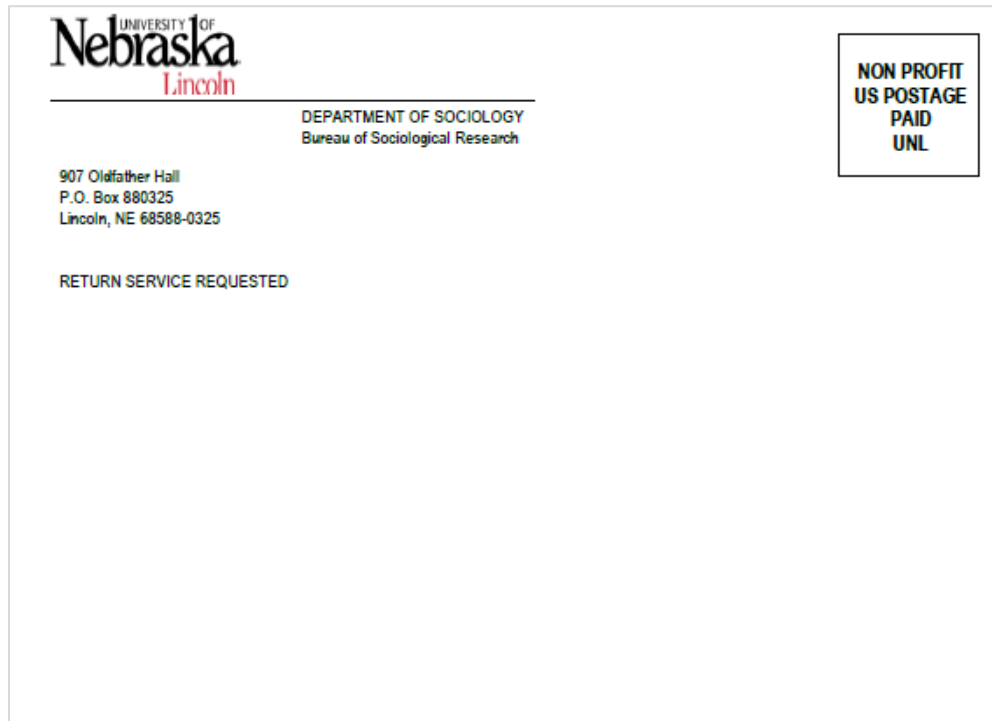
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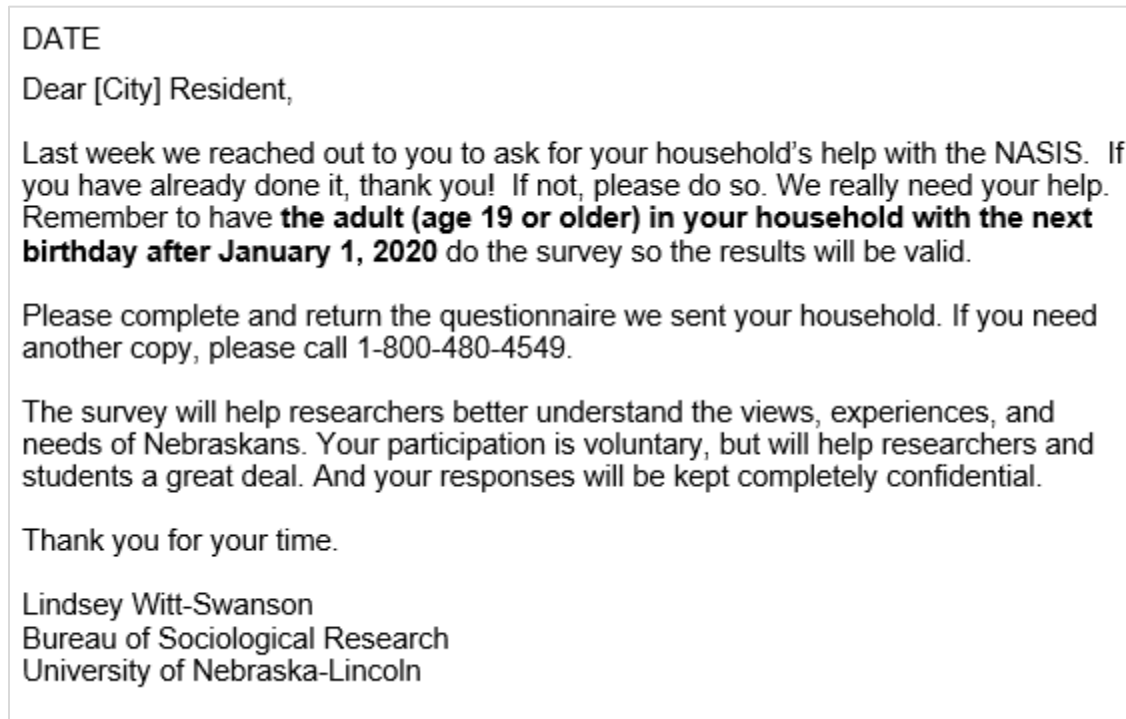
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Reminder Postcard

Front:



Back:



Second Mailing – Cover Letter and FAQ



BUREAU OF SOCIOLOGICAL RESEARCH

Department of Sociology
907 Oldfather Hall
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FAX (402) 472-4568
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Condition 3
First Mailing – Cover Letter and FAQ



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Reminder Postcard

Front:

 <hr/>	<p>DEPARTMENT OF SOCIOLOGY Bureau of Sociological Research</p>	<p>NON PROFIT US POSTAGE PAID UNL</p>
<p>907 Oldfather Hall P.O. Box 880325 Lincoln, NE 68588-0325</p>		
<p>RETURN SERVICE REQUESTED</p>		

Back:

DATE

Dear [City] Resident,

Last week we reached out to you to ask for your household's help with the NASIS. If you have already done it, thank you! If not, please do so. We really need your help. Remember to have **the adult (age 19 or older) in your household with the next birthday after January 1, 2020** do the survey so the results will be valid.

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If you prefer to respond by mail, please complete and return the questionnaire we sent your household. If you need another paper copy, please call 1-800-480-4549.

The survey will help researchers better understand the views, experiences, and needs of Nebraskans. Your participation is voluntary, but will help researchers and students a great deal. And your responses will be kept completely confidential.

Thank you for your time.

Lindsey Witt-Swanson
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Second Mailing – Cover Letter and FAQ



BUREAU OF SOCIOLOGICAL RESEARCH

Department of Sociology
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Third Mailing – Cover Letter and FAQ



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Condition 4
First Mailing – Cover Letter and FAQ



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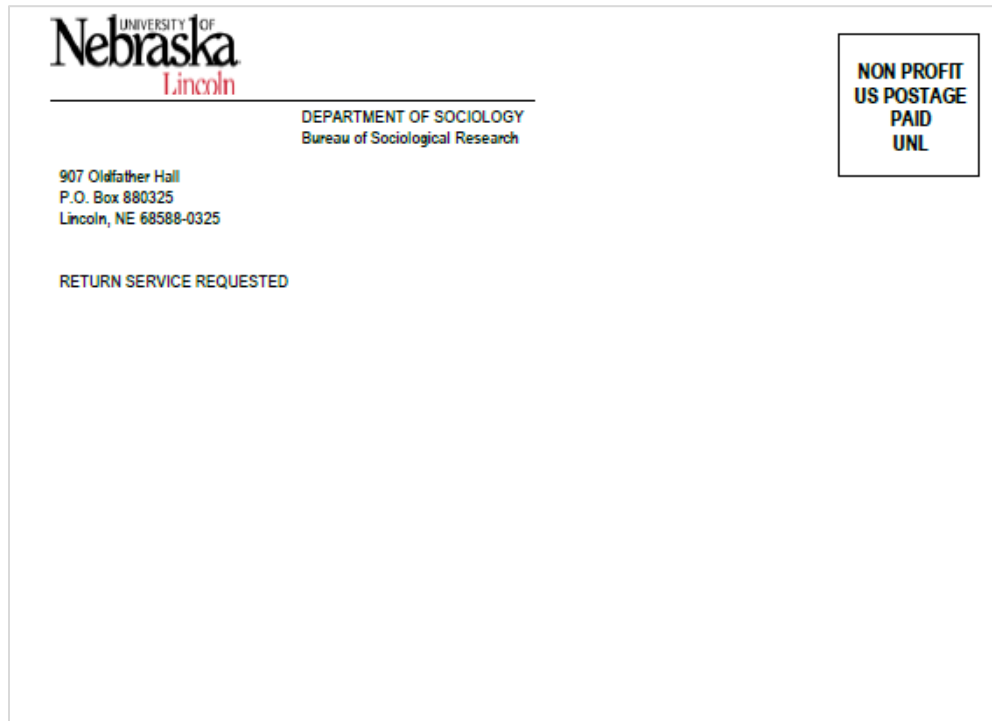
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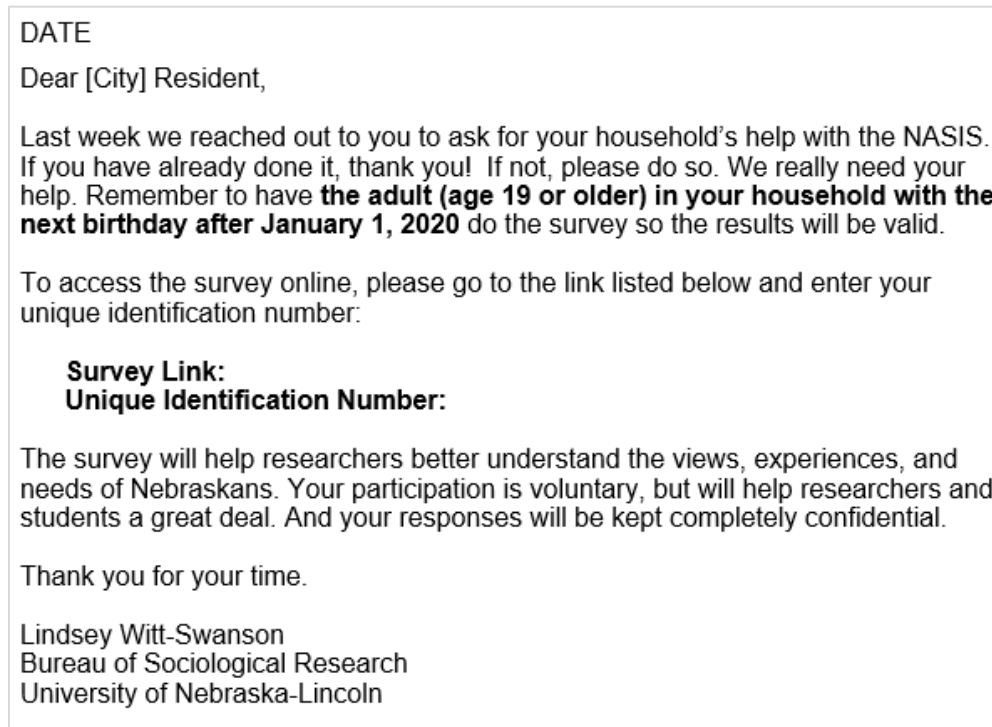
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«City», «STATE_ABBR» «ZIP»-«ZIP4»

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About a month ago we asked your household for help with the 2020 Nebraska Annual Social Indicators Survey (NASIS). We have not yet received your household's completed survey and are writing again to ask for your help.

The NASIS has been conducted for 44 years. Researchers, state agencies, and non-profits have presented findings to professional organizations, government decision-makers, and news reporters and published it in books and articles. We hope to continue providing data for these teams to share with the public. We need the adult (age 19 or over) from your household who has the next birthday after January 1, 2020 to do the survey.

We have made the survey available online because it allows us to collect the information more quickly and to be more responsible with our research money. However, because some people don't use the internet and it is important that we hear from all households, we've also enclosed a paper copy and a postage-paid return envelope. To complete this survey online, please go to the link listed below and enter your unique identification number.

Survey Link:
Unique Identification Number:

If you do not want to do the survey online, please complete and return the enclosed paper questionnaire.

More information about the survey can be found on the enclosed sheet.

Sincerely,

Lindsey Witt-Swanson
Associate Director
Bureau of Sociological Research
University of Nebraska-Lincoln

907 Oldfather Hall / P.O. Box 880325 / Lincoln, NE 68588-0325 / (402)472-3672 / 1-800-480-4549 / bosr@unl.edu

«10»

Nebraska Annual Social Indicators Survey (NASIS) Information

Why did this survey come to my house? We sent the survey to a small number of randomly chosen Nebraska addresses. Answers from these households will represent the entire state.

Who should do the survey? The adult age 19 or older in your household who has the next birthday after January 1, 2020. This helps the survey represent all Nebraskans.

What should this person do? Answer the questions either online using the provided link and unique identification number or by paper and return the survey in the return envelope. The survey takes around 15 minutes.

Who is asking these questions? Researchers at the UNL Sociology Department, UNL College of Journalism and Mass Communications, UNL School of Natural Resources, NET, 4-H Nebraska, and Nebraska Department of Health and Human Services have pooled their resources to do this survey. This uses limited resources more responsibly and reduces the number of surveys people are asked to do.

Has this study been approved by the University? Yes. The UNL Institutional Review Board approved the survey. (IRB# 20160816236FB).

Is this voluntary? Yes.

Will my answers be kept confidential? Yes. Your answers will be combined with other people's answers in all reports, papers, presentations, and other analyses so nobody can tell who gave which answers. No identifying information will be reported. Thus, there are no known risks to participating.

Who uses this information? The primary users are the researchers who came together to do the survey. We will also share the survey data and analyses with other researchers, state government employees, non-profit organizations, or media. Instructors use the data to teach students, and students use it for research.

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Who do I contact if I have questions about my rights as a research participant? The UNL Institutional Review Board. 402-472-6965.

What is the future research card? This card gives you the chance to be contacted for future research opportunities. You can complete this survey whether or not you decide to return the future research card.

Condition 5
First Mailing – Cover Letter and FAQ



BUREAU OF SOCIOLOGICAL RESEARCH

Department of Sociology
907 Oldfather Hall
P.O. Box 880325
Lincoln, NE 68588-0325
(402) 472-3672
FAX (402) 472-4568
1-800-480-4549
Email: bsr@unl.edu

DATE

[City] Resident
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear [City] Resident,

I am writing to ask for your household's help with a survey called the Nebraska Annual Social Indicators Survey, also called the NASIS. The questions on this survey come from multiple researchers and cover a variety of topics. The researchers have pooled their limited resources to be able to do this survey. NASIS results are used by these and other researchers, non-profits, and state agencies. They are also used for student training and for student research papers.

This effort can only be successful with your help. We need the adult (age 19 or over) from your household who has the next birthday after January 1, 2020 to do the survey.

To access this survey online, please go to the link listed below and enter your unique identification number.

Survey Link:
Unique Identification Number:

More information about the survey can be found on the enclosed sheet. We have enclosed a small gift of \$1 to thank you for helping with the survey.

Sincerely,

Lindsey Witt-Swanson
Associate Director
Bureau of Sociological Research
University of Nebraska-Lincoln

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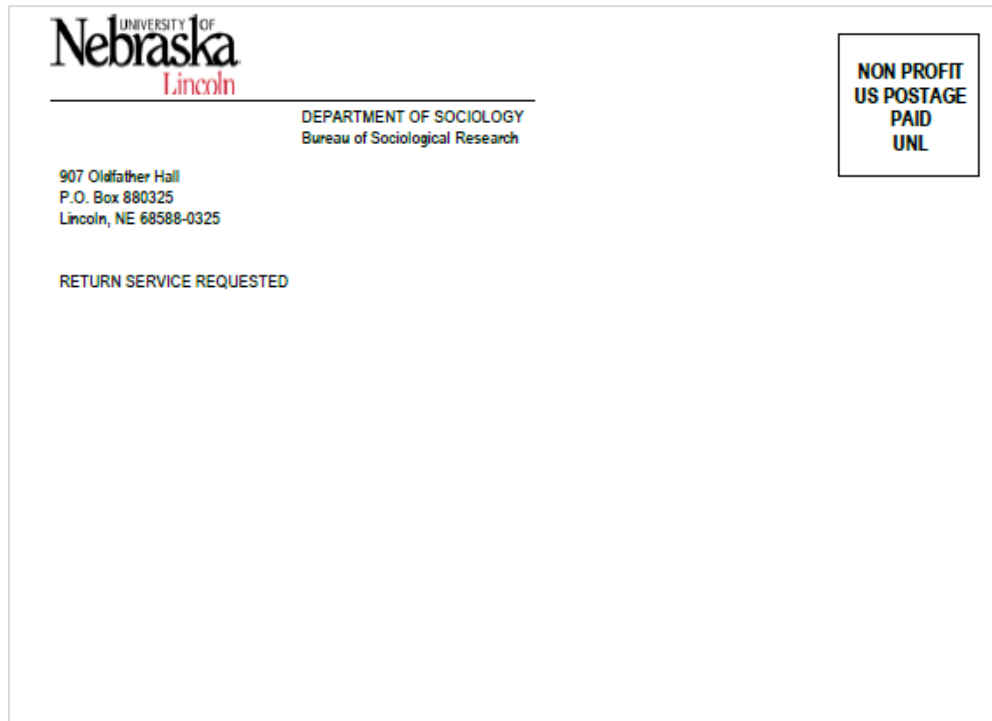
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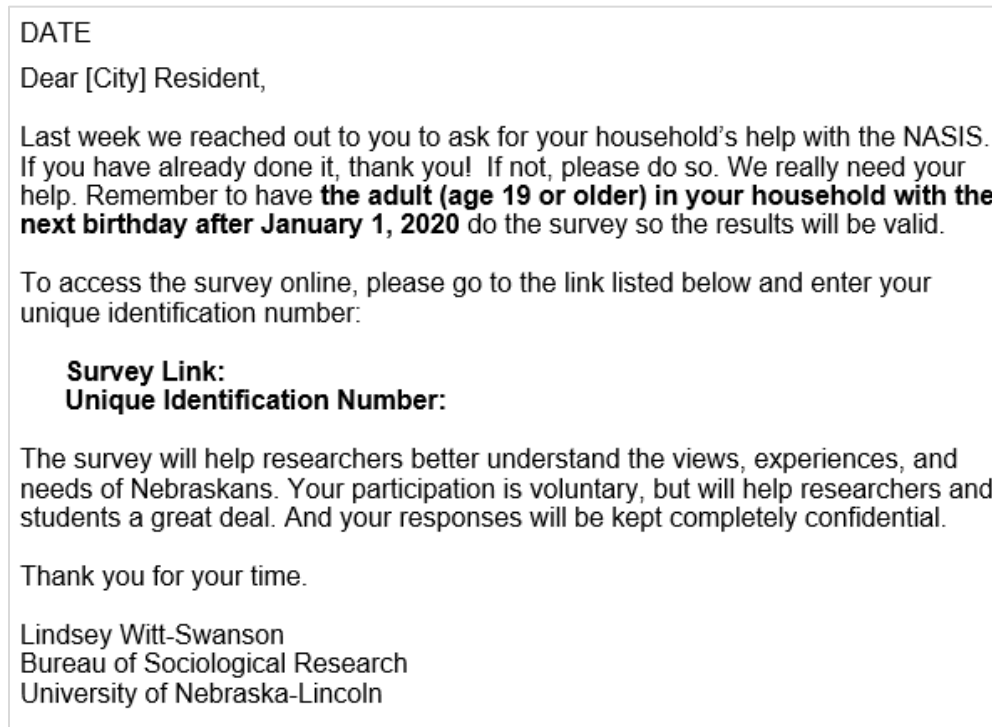
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Reminder Postcard

Front:



Back:



Second Mailing – Cover Letter and FAQ



BUREAU OF SOCIOLOGICAL RESEARCH

Department of Sociology
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Lincoln, NE 68588-0325
(402) 472-3672
FAX (402) 472-4568
1-800-480-4549
Email: bosr@unl.edu

DATE

«City» Resident
«Addy1» «Addy2»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear [City] Resident,

A few weeks ago we asked your household to complete the 2020 Nebraska Annual Social Indicators Survey (NASIS). We have not yet received your household's completed survey.

The NASIS has been conducted since 1977. Results have been presented at scientific meetings, published in books and articles, and covered in the news. We hope to continue this tradition. The questions asked on this year's survey will contribute to research, education, and state government decisions. We need the adult (age 19 or over) from your household who has the next birthday after January 1, 2020 to do the survey.

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«ID»

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Third Mailing – Cover Letter and FAQ



BUREAU OF SOCIOLOGICAL RESEARCH

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DATE

«City» Resident
«Addy1» «Addy2»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

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2020 Winter NASIS

Nebraska Annual Social Indicators Survey

Life In Nebraska

1. Overall, how satisfied or dissatisfied are you with living in Nebraska?
 - Very satisfied
 - Somewhat satisfied
 - Neutral
 - Somewhat dissatisfied
 - Very dissatisfied
2. 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
3. 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
4. Were you born in Nebraska, another state, or a foreign country?
 - Nebraska
 - Another state
 - Foreign country
5. Are you still living in the same residence as you were 2 years ago?
 - Yes
 - No
6. 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
7. How many years have you lived in this Nebraska county? (Please enter "0" if less than 1 year.)

Year(s)

Outdoor Recreation

8. Which of the following best describes your interest or involvement in fishing?
 - I have never heard of fishing
 - I have heard of fishing, but never thought about going fishing
 - I am curious about fishing, but never thought about going fishing
 - I have fished with assistance or invitation from someone else, but have no interest in fishing again
 - I have fished with assistance or invitation from someone else, and I want to go fishing again (and I would fish again if I had support) → Go to #11
 - I fish regularly
 - I fish regularly and am compelled to teach others to fish
 - I used to fish, but no longer fish
9. Have each of the following prevented you from fishing?

	Yes	No
a. I have no interest in fishing	<input type="radio"/>	<input type="radio"/>
b. I do not know how to fish	<input type="radio"/>	<input type="radio"/>
c. I do not have anyone to take me fishing	<input type="radio"/>	<input type="radio"/>
d. I do not have a place to go fishing	<input type="radio"/>	<input type="radio"/>
e. I do not have the equipment for fishing	<input type="radio"/>	<input type="radio"/>
f. I do not have time to fish	<input type="radio"/>	<input type="radio"/>
g. I do not like to eat fish	<input type="radio"/>	<input type="radio"/>
h. It is boring	<input type="radio"/>	<input type="radio"/>
i. My family and friends do not fish	<input type="radio"/>	<input type="radio"/>
j. Other, please specify:	<input type="radio"/>	<input type="radio"/>
10. Would you be interested in fishing if provided the opportunity?
 - Yes
 - No

11. On how many days did you participate in the following recreational activities during 2019?
(Please enter "0" if you did not.)

- a. Fishing Day(s)
- b. Ice fishing Day(s)
- c. Hunting Day(s)
- d. Shooting sports (trap, sporting clays, target) Day(s)
- e. Camping (cabins, RV, tenting, back-packing) Day(s)
- f. Wildlife viewing (bird, wildlife, photography) Day(s)
- g. Bicycling (road, trail, mountain, stunt) Day(s)
- h. Adventure sports (skate boarding, rock climbing, sky diving, scuba diving) Day(s)
- i. Paddle sports (kayak, paddleboard, tanking) Day(s)
- j. Pleasure boating (jet skiing, water skiing) Day(s)
- k. Winter sports (sledding, skiing, ice skating) Day(s)
- l. Swimming Day(s)
- m. Hiking Day(s)

12. On how many days did you participate in the following recreational activities during 2019?
(Please enter "0" if you did not.)

- a. Photography Day(s)
- b. Gardening/horticulture Day(s)
- c. Sewing/quilting/knitting/scrapbooking Day(s)
- d. Woodworking/metal working Day(s)
- e. Art (painting, drawing, pottery, poetry) Day(s)
- f. Cultural sites (museums, zoos, galleries) Day(s)
- g. Driving (motorcycling, classic cars, touring) Day(s)
- h. Watching TV/surfing the Internet/computer games Day(s)
- i. Foraging for wild fruits, edible plants, or mushrooms for personal consumption Day(s)

13. On how many days did you participate in the following recreational activities during 2019?
(Please enter "0" if you did not.)

- a. Golf Day(s)
- b. Attending spectator sports (college, high school, professional) Day(s)
- c. Coaching or watching kids who are participating in group activities Day(s)
- d. Participating in team sports (basketball, volleyball, softball) Day(s)
- e. Recreational sports (frisbee, golf, tennis) Day(s)
- f. Fitness (walking, running, weight lifting) Day(s)
- g. Other, specify: Day(s)

News, Media, and Medicaid

14. How much do you trust or distrust the local and statewide news reported by your local Nebraska news media (newspaper, radio station, television station)?

- Strongly trust
- Somewhat trust
- Neither trust nor distrust
- Somewhat distrust
- Strongly distrust

15. How much do you trust or distrust the news reported by national news media?

- Strongly trust
- Somewhat trust
- Neither trust nor distrust
- Somewhat distrust
- Strongly distrust

16. How do you feel about the decision to expand Medicaid eligibility in Nebraska?

- Strongly support
- Somewhat support
- Neither support nor oppose
- Somewhat oppose
- Strongly oppose

Early Childhood

17. How satisfied or dissatisfied are you with the quality of child care and education in the city or area where you live?

- Very satisfied
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

18. Are you raising a child eight years old or younger that lives in this home?

- Yes
 No → Go to #35

19. What is the age of your youngest child?

Year(s)

20. Does this child have an identified disability?

- Yes
 No

Please consider your youngest child under 5 years old as you answer the following questions.

21. In a typical week, how often do you or any other family member read books with your child?

- Every day
 3 to 6 times
 Once or twice
 Not at all

22. Does your child attend child care or school?

- Yes
 No → Go to #24

23. How much do you pay during a typical week for this child's care and/or education?

\$, .

 per day
 per week
 per month

24. How much do you spend on child care and education compared to each of the following expenses?

	A lot less on child care and education	A little less on child care and education	About the same amount	A little more on child care and education	A lot more on child care and education	Not applicable
a. Rent/house payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Utilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Car payment(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Loans/student loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Medical expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child?

	Yes	No
a. Unpaid employer leave following this child's birth	<input type="radio"/>	<input type="radio"/>
b. Paid employer leave following this child's birth	<input type="radio"/>	<input type="radio"/>
c. Employer pays portion/all of child care fees/tuition	<input type="radio"/>	<input type="radio"/>
d. Child care subsidy (State-funded)	<input type="radio"/>	<input type="radio"/>
e. Child care tax-credit	<input type="radio"/>	<input type="radio"/>
f. Flexible spending account (to help pay for child care fees/tuition)	<input type="radio"/>	<input type="radio"/>
g. Paid time off when my child is ill and I need to stay home	<input type="radio"/>	<input type="radio"/>
h. Child care provided for free from a friend or relative	<input type="radio"/>	<input type="radio"/>

26. During a typical week, where does your child spend the most time during the daytime hours?

- Our home with a parent or family member
 In a friend or neighbor's home
 At home with a nanny or au pair
 Child care center/daycare provider
 Public school preschool/pre-kindergarten
 Private preschool/pre-kindergarten
 Special education preschool classroom
 Kindergarten
 Elementary school (1st – 3rd grade)
 After school care

For the next questions, please consider the setting, outside of the home, in which your child spends the most time.

27. How would you rate this setting for providing these aspects of your child's early care and education?

	Poor	Fair	Good	Excellent
a. Nutrition environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Teaching how to get along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Teaching literacy: letters, sounds, and words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Teaching mathematics: numbers, counting, and problem-solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How much do the adults in this setting (teachers, caregivers, administrators) value your family's culture and background?

- Very much
- Quite a bit
- Some
- A little bit
- Not at all

29. How comfortable are you talking with your child's teacher/caregiver about your child's development and needs?

- Very comfortable
- Quite a bit comfortable
- Somewhat comfortable
- A little bit comfortable
- Not at all comfortable

30. Overall, how satisfied or dissatisfied are you with the quality of care and education that your child receives?

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

31. Over the past three months, because of child care issues, have you experienced any of the following?

	Yes	No
a. Missed a full day of work	<input type="radio"/>	<input type="radio"/>
b. Been late for work	<input type="radio"/>	<input type="radio"/>
c. Left work earlier than normal	<input type="radio"/>	<input type="radio"/>
d. Been distracted at work	<input type="radio"/>	<input type="radio"/>
e. Turned down a job offer/promotion	<input type="radio"/>	<input type="radio"/>
f. Reduced your work hours or quit	<input type="radio"/>	<input type="radio"/>

32. From what sources do you get information about services for your child?

	Yes	No
a. Pediatrician	<input type="radio"/>	<input type="radio"/>
b. Teacher/Child care provider	<input type="radio"/>	<input type="radio"/>
c. Family member	<input type="radio"/>	<input type="radio"/>
d. Friends and neighbors	<input type="radio"/>	<input type="radio"/>
e. Web searches	<input type="radio"/>	<input type="radio"/>
f. School	<input type="radio"/>	<input type="radio"/>

33. Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important.

- Finishes tasks
- Can count to 20 or more
- Takes turns and shares
- Has good problem-solving skills
- Is able to use pencils and paint brushes
- Is not disruptive of the class
- Knows the English language
- Is sensitive to other children's feelings
- Sits still and pays attention
- Knows most of the letters of the alphabet
- Can follow directions
- Identifies primarily colors and shapes
- Communicates needs, wants, and thoughts verbally in their home language
- Writes own name
- Read or pretends to read storybooks

34. Did each of the following activities occur before your child started kindergarten? *If your child has not attended kindergarten yet, please select "N/A."*

	Yes	No	N/A
a. My child and I visited a kindergarten classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A kindergarten teacher visited my child's preschool classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There was a spring orientation about kindergarten for children and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. We had an individual meeting with school staff (teachers, principals, etc.) about kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. We learned about expectations for kindergarten readiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Health Treatment

35. Please describe the availability of behavioral health (which includes mental health and/or substance use disorders) service options in your local community for each of the following.

	Yes, there are many treatment options	Yes, but there are limited treatment options	No, but I am aware of Telehealth options	No, but there are treatment options I could easily travel to	No, there are no treatment providers	I am not certain about availability of treatment options
a. Mental Health Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Substance Use Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Crisis Response for Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Youth Specific Services for Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you?

	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"/>
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"/>

37. If you or a family member were in need of behavioral health treatment, would you have any of the following as a payment option?

	Yes	No	Don't know
a. Covered in full by private or group insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Covered in part by private or group insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. SSI/SSDI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Regional Behavioral Health Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Child welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Veterans Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other direct federal funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other direct state funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Private self-pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Indian Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community

38. How important are each of the following to you?

	Extremely important	Very important	Moderately important	Slightly important	Not at all important
a. Identifying as a member of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Being different from members of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cooperating with members of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Helping other members of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Being independent rather than depending on other community members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Which is the biggest obstacle standing in your way of participating in natural resource efforts within your community?

- Time
- Knowledge of the subject
- Relationship with your community
- Resources

40. How strongly do you agree or disagree that each of the following statements helps build your community's identity?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. Its plants and animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Its culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Its geographic setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Its history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Its businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Do you try to help your community by combating the following natural resource challenges?

	Yes	No
a. Surface water quality	<input type="radio"/>	<input type="radio"/>
b. Surface water <u>quantity</u>	<input type="radio"/>	<input type="radio"/>
c. Soil erosion	<input type="radio"/>	<input type="radio"/>
d. Non-native species	<input type="radio"/>	<input type="radio"/>
e. Game species	<input type="radio"/>	<input type="radio"/>
f. Endangered species	<input type="radio"/>	<input type="radio"/>
g. Noxious weeds	<input type="radio"/>	<input type="radio"/>

42. Who should be responsible for managing the following natural resource challenges that affect your community?

	Individuals	Neighborhoods	Cities/Towns	State agencies	Federal agencies
a. Surface water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Surface water <u>quantity</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Soil erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Non-native species	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Game species	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Endangered species	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Noxious weeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Language in the U.S.

43. Please indicate your level of agreement or disagreement with each of the statements below.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. To be considered American, one should speak English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would support the government spending additional money to provide better programs for linguistic-minority students in public schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Parents of non- or limited-English-proficient students should be counseled to speak English with their children whenever possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is important the people in the US learn a language in addition to English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is unreasonable to expect a regular-classroom teacher to teach a child who does not speak English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The rapid learning of English should be a priority for non-English-proficient or limited-English-proficient students even if it means they lose the ability to speak their native language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Local and state governments should require that all government business (including voting) be conducted only in English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Having a non- or limited-English-proficient student in the classroom is detrimental to the learning of the other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Regular-classroom teachers should be required to receive pre-service or in-service training to be prepared to meet the needs of linguistic minorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Most non- and limited-English-proficient children are not motivated to learn English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. At school, the learning of the English language by non- or limited-English-proficient children should take precedence over learning subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. English should be the official language of the United States.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Non- and limited-English-proficient students often use unjustified claims of discrimination as an excuse for not doing well in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Insurance

44. Do you have health insurance?

- Yes
- No → Go to #48

45. What type of health insurance coverage do you have?

- Employer provided
- Self-Purchased
- Medicare
- Medicaid
- Other, please specify:

46. In the past year, have you made any medical claims that were denied by your health insurance?

- Yes
- No

47. In the past year, have you been surprised by any medical bills that you thought would be covered by your health insurance?

- Yes
- No → Go to #49

48. What is the main reason that you do not have health insurance?

- Employer does not provide health insurance
- Cannot afford to purchase health insurance
- Cannot afford dependent coverage
- Other, please specify:

49. Do you get physical exams or health check-ups at least once a year?

- Yes → Go to #51
- No

50. What is the main reason that you did not get a physical exam in the past year?

- No insurance coverage
- Insurance does not cover routine physical exams
- The co-pay is too expensive
- No time
- No doctor
- Not needed. I am healthy
- Other, please specify:

51. Do you have a family doctor or routine health care provider?

- Yes → Go to #53
- No

52. Are each of the following a reason for why you do not have a routine health care provider?

- | | Yes | No |
|--|-----------------------|-----------------------|
| a. Never needed a doctor | <input type="radio"/> | <input type="radio"/> |
| b. No insurance covered providers in my area | <input type="radio"/> | <input type="radio"/> |
| c. No preferred providers in my area | <input type="radio"/> | <input type="radio"/> |
| d. No insurance | <input type="radio"/> | <input type="radio"/> |
| e. Do not like primary care physician assigned | <input type="radio"/> | <input type="radio"/> |
| f. Other, please specify: | <input type="radio"/> | <input type="radio"/> |

53. Where do you go when you need to see a doctor about a non-emergency health problem or illness?

- Regular physician
- Emergency Room
- Urgent Care Clinic
- Community Health Clinic
- Other, please specify:

54. Have you had any preventive health care exams, like a colonoscopy or mammogram, in the past 5 years?

- Yes → Go to #56
- No

55. What is the main reason that you have not had a preventive exam in the past 5 years?

- No insurance coverage for preventive exams
- The health insurance co-pay is too expensive
- No time
- No doctor
- Cannot afford to purchase health insurance
- Cannot afford dependent coverage
- Other, please specify:

56. How concerned are you with being able to afford healthcare in the next 5 years?

- Very concerned
- Somewhat concerned
- A little concerned
- Not at all concerned

57. How concerned are you that young people today will be able to afford the healthcare they need as they grow older?

- Very concerned
- Somewhat concerned
- A little concerned
- Not at all concerned

58. How concerned are you that people living in rural areas of Nebraska will not be able to get access to the healthcare they need in the next ten years?

- Very concerned
- Somewhat concerned
- A little concerned
- Not at all concerned

59. Have you ever experienced any problems paying medical bills in the past year?

- Yes
- No

60. Should Medicare be expanded to cover anyone who is age 55 or older?

- Yes
- No

61. Should Medicare be available at standard rates to anyone who does not have employer covered health insurance?

- Yes
- No

62. Should employer and private healthcare insurance be replaced by a universal Medicare type insurance provided to everyone?

- Yes
- No

63. Have you ever felt that a healthcare provider treated you unfairly or did not respect you when you sought treatment or advice?

- Yes
- No → Go to #65

64. Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider?

	Yes	No
a. Age	<input type="radio"/>	<input type="radio"/>
b. Disability	<input type="radio"/>	<input type="radio"/>
c. Gender	<input type="radio"/>	<input type="radio"/>
d. Race	<input type="radio"/>	<input type="radio"/>
e. Religion	<input type="radio"/>	<input type="radio"/>
f. Sexual Orientation	<input type="radio"/>	<input type="radio"/>
g. Other, please specify:	<input type="radio"/>	<input type="radio"/>

News, Media, and Medicaid

Nebraskans in November 2018 voted to expand Medicaid to provide healthcare to people ages 19 to 64 who have annual income up to \$16,753 for individuals or up to \$34,638 for a family of four. The federal government will pay 90 percent of the expansion cost. The expansion plan has two levels – basic and prime. Basic will include physician and hospital services and certain prescription drugs. Prime will include basic as well as coverage for dental, vision and over-the-counter drugs. After the first year, prime recipients must work or look for work, or be in college or an apprenticeship, or volunteer for a public charity, or be a caretaker for a relative.

65. After reading the background information, how do you feel about Nebraska Medicaid expansion?

- Strongly support
- Somewhat support
- Neither support nor oppose
- Somewhat oppose
- Strongly oppose

66. Please briefly describe the main reason why you feel the way you do about Nebraska Medicaid expansion?

About Your Household

67. 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, please specify:

68. 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, please specify:

69. 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

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

Children (age 18 and younger)

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

Adults (age 19 and older)

72. 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

73. 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

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

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

About Yourself

75. Are you:

- Male
- Female

76. What year were you born?

77. What is your zip code?

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

- Yes
- No

79. 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, please specify:

80. 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)

81. Do you think of yourself as:

- Heterosexual/straight
- Homosexual/gay or lesbian
- Bisexual
- Something else

- Not sure

82. 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

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

- Democrat
- Republican
- Independent
- Other, please specify:

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

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

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

- Clinton
- Trump
- Other, please specify:

- Did not vote

86. 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 #89

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

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

88. 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

89. 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

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

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

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

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

92. 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)

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

- Excellent
- Good
- Fair
- Poor

94. Do you smoke cigarettes?

- Yes
- No

95. 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"/>

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

Thank you!

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:

Bureau of Sociological Research

University of Nebraska-Lincoln

907 Oldfather Hall | PO Box 880325

Lincoln, NE 68588-0325

Phone: 1-800-480-4549 (toll free)

E-mail: bosr@unl.edu

Web

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



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

- Nebraska
- Another state
- Foreign country

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

- Yes
- No

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

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

Year(s)



Outdoor Recreation

Which of the following best describes your interest or involvement in fishing?

- I have never heard of fishing
- I have heard of fishing, but never thought about going fishing
- I am curious about fishing, but never thought about going fishing
- I have fished with assistance or invitation from someone else, but have no interest in fishing again
- I have fished with assistance or invitation from someone else, and I want to go fishing again (and I would fish again if I had support)
- I fish regularly
- I fish regularly and am compelled to teach others to fish
- I used to fish, but no longer fish



Have each of the following prevented you from fishing?

	Yes	No
I have no interest in fishing	<input type="radio"/>	<input type="radio"/>
I do not know how to fish	<input type="radio"/>	<input type="radio"/>
I do not have anyone to take me fishing	<input type="radio"/>	<input type="radio"/>
I do not have a place to go fishing	<input type="radio"/>	<input type="radio"/>
I do not have the equipment for fishing	<input type="radio"/>	<input type="radio"/>
I do not have time to fish	<input type="radio"/>	<input type="radio"/>
I do not like to eat fish	<input type="radio"/>	<input type="radio"/>
It is boring	<input type="radio"/>	<input type="radio"/>
My family and friends do not fish	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>



What other factor(s) prevented you from fishing?

Would you be interested in fishing if provided the opportunity?

- Yes
- No



On how many days did you participate in the following recreational activities during 2019? (Please enter "0" if you did not.)

Fishing Day(s)

Ice fishing Day(s)

Hunting Day(s)

Shooting sports (trap, sporting clays, target) Day(s)

Camping (cabins, RV, tenting, back-packing) Day(s)

Wildlife viewing (bird, wildlife, photography) Day(s)

Bicycling (road, trail, mountain, stunt) Day(s)

Adventure sports (skate boarding, rock climbing, sky diving, scuba diving) Day(s)

Paddle sports (kayak, paddleboard, tanking) Day(s)

Pleasure boating (jet skiing, water skiing) Day(s)

Winter sports (sledding, skiing, ice skating) Day(s)

Swimming Day(s)

Hiking Day(s)



On how many days did you participate in the following recreational activities during 2019? (Please enter "0" if you did not.)

Photography Day(s)

Gardening/horticulture Day(s)

Sewing/quilting/knitting/scrapbooking Day(s)

Woodworking/metal working Day(s)

Art (painting, drawing, pottery, poetry) Day(s)

Cultural sites (museums, zoos, galleries) Day(s)

Driving (motorcycling, classic cars, touring) Day(s)

Watching TV/surfing the Internet/computer games Day(s)

Foraging for wild fruits, edible plants, or mushrooms for personal consumption Day(s)



On how many days did you participate in the following recreational activities during 2019? (Please enter "0" if you did not.)

Golf Day(s)

Attending spectator sports (college, high school, professional) Day(s)

Coaching or watching kids who are participating in group activities Day(s)

Participating in team sports (basketball, volleyball, softball) Day(s)

Recreational sports (frisbee golf, tennis) Day(s)

Fitness (walking, running, weight lifting) Day(s)

Other Day(s)



What other recreational activities did you participate in during 2019?



News, Media, and Medicaid

How much do you trust or distrust the local and statewide news reported by your local Nebraska news media (newspaper, radio station, television station)?

- Strongly trust
- Somewhat trust
- Neither trust nor distrust
- Somewhat distrust
- Strongly distrust

How much do you trust or distrust the news reported by national news media?

- Strongly trust
- Somewhat trust
- Neither trust nor distrust
- Somewhat distrust
- Strongly distrust

How do you feel about the decision to expand Medicaid eligibility in Nebraska?

- Strongly support
- Somewhat support
- Neither support nor oppose
- Somewhat oppose
- Strongly oppose



Early Childhood

How satisfied or dissatisfied are you with the quality of child care and education in the city or area where you live?

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

Are you raising a child eight years old or younger that lives in this home?

- Yes
- No



What is the age of your youngest child?

Year(s)

Does this child have an identified disability?

- Yes
- No



Please consider your youngest child under 5 years old as you answer the following questions.

In a typical week, how often do you or any other family member read books with your child?

- Every day
- 3 to 6 times
- Once or twice
- Not at all

Does your child attend child care or school?

- Yes
- No



How much do you pay during a typical week for this child's care and/or education?

- Per day \$
- Per week \$
- Per month \$



How much do you spend on child care and education compared to each of the following expenses?

	A lot less on child care and education	A little less on child care and education	About the same amount	A little more on child care and education	A lot more on child care and education	Not applicable
Rent/house payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car payment(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loans/student loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child?

	Yes	No
Unpaid employer leave following this child's birth	<input type="radio"/>	<input type="radio"/>
Paid employer leave following this child's birth	<input type="radio"/>	<input type="radio"/>
Employer pays portion/all of child care fees/tuition	<input type="radio"/>	<input type="radio"/>
Child care subsidy (State-funded)	<input type="radio"/>	<input type="radio"/>
Child care tax-credit	<input type="radio"/>	<input type="radio"/>
Flexible spending account (to help pay for child care fees/tuition)	<input type="radio"/>	<input type="radio"/>
Paid time off when my child is ill and I need to stay home	<input type="radio"/>	<input type="radio"/>
Child care provided for free from a friend or relative	<input type="radio"/>	<input type="radio"/>



During a typical week, where does your child spend the most time during the daytime hours?

- Our home with a parent or family member
- In a friend or neighbor's home
- At home with a nanny or au pair
- Child care center/daycare provider
- Public school preschool/pre-kindergarten
- Private preschool/pre-kindergarten
- Special education preschool classroom
- Kindergarten
- Elementary school (1st – 3rd grade)
- After school care

For the next questions, please consider the setting, outside of the home, in which your child spends the most time.

How would you rate this setting for providing these aspects of your child's early care and education?

	Poor	Fair	Good	Excellent
Nutrition environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching how to get along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching literacy: letters, sounds, and words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching mathematics: numbers, counting, and problem-solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How much do the adults in this setting (teachers, caregivers, administrators) value your family's culture and background?

- Very much
- Quite a bit
- Some
- A little bit
- Not at all

How comfortable are you talking with your child's teacher/caregiver about your child's development and needs?

- Very comfortable
- Quite a bit comfortable
- Somewhat comfortable
- A little bit comfortable
- Not at all comfortable

Overall, how satisfied or dissatisfied are you with the quality of care and education that your child receives?

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



Over the past three months, because of child care issues, have you experienced any of the following?

	Yes	No
Missed a full day of work	<input type="radio"/>	<input type="radio"/>
Been late for work	<input type="radio"/>	<input type="radio"/>
Left work earlier than normal	<input type="radio"/>	<input type="radio"/>
Been distracted at work	<input type="radio"/>	<input type="radio"/>
Turned down a job offer/promotion	<input type="radio"/>	<input type="radio"/>
Reduced your work hours or quit	<input type="radio"/>	<input type="radio"/>

From what sources do you get information about services for your child?

	Yes	No
Pediatrician	<input type="radio"/>	<input type="radio"/>
Teacher/Child care provider	<input type="radio"/>	<input type="radio"/>
Family member	<input type="radio"/>	<input type="radio"/>
Friends and neighbors	<input type="radio"/>	<input type="radio"/>
Web searches	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>



Which of these characteristics are the most important for your child to be ready for kindergarten? *Please select the 5 you consider most important.*

- Finishes tasks
- Can count to 20 or more
- Takes turns and shares
- Has good problem-solving skills
- Is able to use pencils and paint brushes
- Is not disruptive of the class
- Knows the English language
- Is sensitive to other children's feelings
- Sits still and pays attention
- Knows most of the letters of the alphabet
- Can follow directions
- Identifies primarily colors and shapes
- Communicates needs, wants, and thoughts verbally in their home language
- Writes own name
- Read or pretends to read storybooks



Did each of the following activities occur before your child started kindergarten? *If your child has not attended kindergarten yet, please select "N/A."*

	Yes	No	N/A
My child and I visited a kindergarten classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A kindergarten teacher visited my child's preschool classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was a spring orientation about kindergarten for children and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We had an individual meeting with school staff (teachers, principals, etc.) about kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We learned about expectations for kindergarten readiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Behavioral Health Treatment

Please describe the availability of behavioral health (which includes mental health and/or substance use disorders) service options in your local community for each of the following.

	Yes, there are many treatment options	Yes, but there are limited treatment options	No, but I am aware of Telehealth options	No, but there are treatment options I could easily travel to	No, there are no treatment providers	I am not certain about availability of treatment options
Mental Health Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Response for Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Specific Services for Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you?

	Yes	No	Don't know
Internet/yellow pages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community program or directory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical or health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement/police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Regional Behavioral Health Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Network of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nebraska Family Helpline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other help or crisis line, please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help/support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance carrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid/Medicare Managed Care Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local behavioral health treatment provider/ counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church member or clergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal elder or official	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If you or a family member were in need of behavioral health treatment, would you have any of the following as a payment option?

	Yes	No	Don't know
Covered in full by private or group insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Covered in part by private or group insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI/SSDI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Behavioral Health Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other direct federal funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other direct state funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private self-pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What other payment option might you have if you or a family member were in need of behavioral health treatment?



Community

How important are each of the following to you?

	Extremely important	Very important	Moderately important	Slightly important	Not at all important
Identifying as a member of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being different from members of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperating with members of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping other members of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being independent rather than depending on other community members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which is the biggest obstacle standing in your way of participating in natural resource efforts within your community?

- Time
- Knowledge of the subject
- Relationship with your community
- Resources

How strongly do you agree or disagree that each of the following statements helps build your community's identity?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Its plants and animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Its culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Its geographic setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Its history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Its businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Do you try to help your community by combating the following natural resource challenges?

	Yes	No
Surface water quality	<input type="radio"/>	<input type="radio"/>
Surface water <u>quantity</u>	<input type="radio"/>	<input type="radio"/>
Soil erosion	<input type="radio"/>	<input type="radio"/>
Non-native species	<input type="radio"/>	<input type="radio"/>
Game species	<input type="radio"/>	<input type="radio"/>
Endangered species	<input type="radio"/>	<input type="radio"/>
Noxious weeds	<input type="radio"/>	<input type="radio"/>

Who should be responsible for managing the following natural resource challenges that affect your community?

	Individuals	Neighborhoods	Cities/Towns	State agencies	Federal agencies
Surface water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surface water <u>quantity</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soil erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-native species	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Game species	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endangered species	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noxious weeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Language in the U.S.

Please indicate your level of agreement or disagreement with each of the statements below.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
To be considered American, one should speak English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support the government spending additional money to provide better programs for linguistic-minority students in public schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents of non- or limited-English-proficient students should be counseled to speak English with their children whenever possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important the people in the US learn a language in addition to English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is unreasonable to expect a regular-classroom teacher to teach a child who does not speak English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The rapid learning of English should be a priority for non-English-proficient or limited-English-proficient students even if it means they lose the ability to speak their native language.

Local and state governments should require that all government business (including voting) be conducted only in English.

Having a non- or limited-English-proficient student in the classroom is detrimental to the learning of the other students.

Regular-classroom teachers should be required to receive pre-service or in-service training to be prepared to meet the needs of linguistic minorities.

Most non- and limited-English-proficient children are not motivated to learn English.

At school, the learning of the English language by non- or limited-English-proficient children should take precedence over learning subject matter.

English should be the official language of the United States.

Non- and limited-English-proficient students often use unjustified claims of discrimination as an excuse for not doing well in school.



Health Insurance

Do you have health insurance?

- Yes
- No



What type of health insurance coverage do you have?

- Employer provided
- Self-Purchased
- Medicare
- Medicaid
- Other, please specify:

In the past year, have you made any medical claims that were denied by your health insurance?

- Yes
- No



In the past year, have you been surprised by any medical bills that you thought would be covered by your health insurance?

- Yes
- No



What is the main reason that you do not have health insurance?

- Employer does not provide health insurance
- Cannot afford to purchase health insurance
- Cannot afford dependent coverage
- Other, please specify:

Do you get physical exams or health check-ups at least once a year?

- Yes
- No



What is the main reason that you did not get a physical exam in the past year?

- No insurance coverage
- Insurance does not cover routine physical exams
- The co-pay is too expensive
- No time
- No doctor
- Not needed. I am healthy
- Other, please specify:



Do you have a family doctor or routine health care provider?

- Yes
- No



Are each of the following a reason for why you do not have a routine health care provider?

	Yes	No
Never needed a doctor	<input type="radio"/>	<input type="radio"/>
No insurance covered providers in my area	<input type="radio"/>	<input type="radio"/>
No preferred providers in my area	<input type="radio"/>	<input type="radio"/>
No insurance	<input type="radio"/>	<input type="radio"/>
Do not like primary care physician assigned	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>



What other reason(s) you do not have a routine health care provider?

Where do you go when you need to see a doctor about a non-emergency health problem or illness?

- Regular physician
- Emergency Room
- Urgent Care Clinic
- Community Health Clinic
- Other, please specify:

Have you had any preventive health care exams, like a colonoscopy or mammogram, in the past 5 years?

- Yes
- No



What is the main reason that you have not had a preventive exam in the past 5 years?

- No insurance coverage for preventive exams
- The health insurance co-pay is too expensive
- No time
- No doctor
- Cannot afford to purchase health insurance
- Cannot afford dependent coverage
- Other, please specify:



How concerned are you with being able to afford healthcare in the next 5 years?

- Very concerned
- Somewhat concerned
- A little concerned
- Not at all concerned

How concerned are you that young people today will be able to afford the healthcare they need as they grow older?

- Very concerned
- Somewhat concerned
- A little concerned
- Not at all concerned

How concerned are you that people living in rural areas of Nebraska will not be able to get access to the healthcare they need in the next ten years?

- Very concerned
- Somewhat concerned
- A little concerned
- Not at all concerned

Have you ever experienced any problems paying medical bills in the past year?

- Yes
- No

Should Medicare be expanded to cover anyone who is age 55 or older?

- Yes
- No



Should Medicare be available at standard rates to anyone who does not have employer covered health insurance?

- Yes
- No

Should employer and private healthcare insurance be replaced by a universal Medicare type insurance provided to everyone?

- Yes
- No

Have you ever felt that a healthcare provider treated you unfairly or did not respect you when you sought treatment or advice?

- Yes
- No



Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider?

	Yes	No
Age	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>



What other reason(s) did you feel you were treated unfairly or without respect by a healthcare provider?



News, Media, and Medicaid

Nebraskans in November 2018 voted to expand Medicaid to provide healthcare to people ages 19 to 64 who have annual income up to \$16,753 for individuals or up to \$34,638 for a family of four. The federal government will pay 90 percent of the expansion cost. The expansion plan has two levels – basic and prime. Basic will include physician and hospital services and certain prescription drugs. Prime will include basic as well as coverage for dental, vision and over-the-counter drugs. After the first year, prime recipients must work or look for work, or be in college or an apprenticeship, or volunteer for a public charity, or be a caretaker for a relative.

After reading the background information, how do you feel about Nebraska Medicaid expansion?

- Strongly support
- Somewhat support
- Neither support nor oppose
- Somewhat oppose
- Strongly oppose

Please briefly describe the main reason why you feel the way you do about Nebraska Medicaid expansion?



About Your Household

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, please specify:

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, please specify:

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

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

Children (age 18 and younger)

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

Adults (age 19 and older)



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

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

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

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

About Yourself

Are you:

Male

Female

What year were you born?

What is your zip code?

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

Yes

No

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, please specify:

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)



Do you think of yourself as:

- Heterosexual/straight
- Homosexual/gay or lesbian
- Bisexual
- Something else

- Not sure

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

In general, what do you consider yourself politically?

- Democrat
- Republican
- Independent
- Other, please specify:

In general, how would you describe your political views?

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

Who did you vote for in the 2016 Presidential Election?

- Clinton
- Trump
- Other, please specify:
- Did not vote



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, please specify:



How satisfied or dissatisfied are you with your job?

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

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

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

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

- Very much
- Quite a bit
- Some
- A little
- None

- Does not apply, not religious or spiritual

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

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



How many times in the past 12 months have you:

Worked on a community project

Attended any public meeting in which there was a discussion of town or school affairs

Attended a political meeting or rally

Attended any club or organizational meeting (not including meetings for work)

Volunteered

Attended religious services (not including weddings and funerals)

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

Excellent

Good

Fair

Poor

Do you smoke cigarettes?

Yes

No

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
So sad nothing could cheer you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless or fidgety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That everything was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



Appendix C: NebrASKa Voices Enrollment Card

Front:



NebrASKa Voices Enrollment Card

We are offering an exciting opportunity to Nebraskans to make your voice heard through the NebrASKa Voices Panel. The attached FAQ document explains the panel in detail for your reference, but feel free to contact us as well with any questions or concerns.

Please use this card to let us know whether or not you would like to be a member of the NebrASKa Voices Panel. Return your completed card separately from your survey using the small, postage-paid envelope we have provided or by mailing it to:

Bureau of Sociological Research
P.O. Box 880325
Lincoln, NE 68588-0325

If you have any questions, give us a call at 402-472-3672 or 1-800-480-4549 or email bosr@unl.edu.

Back:

1. **Would you like to join the NebrASKa Voices Panel?**
 Yes
 No → Stop and return this card in the small envelope
↓
Great! Please tell us a little about yourself, so we know how best to contact you in the future. Be assured that your contact information will not be disclosed or used for any purpose other than this panel.
2. **What is your name?**
First name: _____ Last name: _____
3. **What is your telephone number, including area code, which would be the best number for us to call?**
Phone: (____) _____ - _____ N/A, no phone at this time
4. **What is your email address?**
_____@_____
5. **What is the best way to contact you about future research studies?**
 Mail
 Phone
 Email

Appendix D: NebrASKa Voices FAQ



Frequently Asked Questions (FAQs)

Q: Who can become a NebrASKa Voices Panel member?

Every year, the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln sends out the Nebraska Annual Social Indicators Survey (NASIS). This survey is sent to a representative sample of Nebraskans to learn about their opinion on a variety of topics and issues. The data collected help shape program and policy development in Nebraska. To ensure a random sample of Nebraskans, the adult aged 19 or older who has the next birthday after a designated date of the contacted household is invited to join the NebrASKa Voices Panel. BOSR does not currently accept spontaneous opt-in to the panel from individuals who are not contacted to take part in NASIS. This allows the panel to remain a random sample of Nebraskans.

Q: Why are my answers important to you?

Your answers are extremely important in helping University researchers and Nebraska policy makers make sound and informed decisions in key areas to improve the well-being of our people and communities. The impact of your participation can never be underestimated and we always would like to hear from you.

Q: How do I join your panel?

Simply return your completed card separately from your survey using the small, postage-paid envelope we have provided or by mailing it to:

Bureau of Sociological Research
P.O. Box 880325
Lincoln, NE 68588-0325

Q: What are the benefits of joining and what should I expect as a member?

Panelists benefit by allowing their voices to be heard in research. BOSR will also keep panelists informed on results and outcomes of research in which the panel participated. Panelists are able to stay connected with the research taking place at the University of Nebraska through participation and communication.

After agreeing to join, panelists will receive a welcome letter to confirm their membership and a small token of our appreciation for joining the panel. BOSR will then connect with you at least twice a year to update contact information as needed and to keep you updated on the research that the panel has helped with.

You will be invited to participate in research projects as you are eligible. You can then choose whether or not you want to participate in any particular study. The panel is new, so we are not sure yet what the need will be for panel members to participate in research projects. As a result, we will start by allowing panelists to be eligible for up to three research opportunities a year. If demand is higher than what that cap will allow, we will reach out to you with any changes to this policy. We realize that your time is important, and will be respectful of that.

Q: If I join your panel, how often will I receive an invitation to participate in a survey?

BOSR will contact panel members who are eligible for certain studies. We will notify panel members by your preferred mode of communication whenever we can. Each panelist can be notified of up to three research opportunities a year. You can then choose whether or not you want to participate in any particular study.

«ID»

Q: In what kinds of studies might I be asked to participate?

Panelists may be asked to participate in studies from a variety of areas. In the past, panelists have been asked to participate in focus groups, complete surveys, and take part in research at the University's Center for Brain, Biology and Behavior (CB3).

BOSR only works with legitimate academic researchers, state and local government, and trustworthy local organizations. We will never try to sell you anything. In addition, BOSR will always strive to provide our panelists an appropriate user experience and will not field projects that in our professional opinion will result in a poor user experience for our panelists. Again, you always have the right to choose which studies you want or do not want to participate in.

Q: How long will these projects take me?

Each project is different. Some projects may take ten to fifteen minutes to complete. Others may include a one-hour focus group, or require an hour at the Center for Brain, Biology and Behavior on campus. You will be told how long participation will take with each project we pass along to you. You can then use this information to determine whether or not you want to participate in each study.

Q: How will you protect my privacy and ensure confidentiality of my answers?

BOSR will never share your contact information with anyone outside of BOSR unless you have explicitly agreed to participate in an additional study where the researcher needs to communicate with you directly. Otherwise, BOSR will keep your contact information safely on our secure server.

BOSR will take all possible steps to protect your privacy. Your answers to any projects you participate in will be held in strict confidentiality and will be used only for research purposes. The results will be reported in aggregate form or as summary only, and will never be presented in a way that you can be identified individually.

Q: What if I do not want to answer your surveys or want to opt out of the panel in future?

Although your feedback is strongly encouraged and appreciated, participation in any of our future surveys is completely voluntary. If you change your mind, you may withdraw from the panel any time by simply informing us and we will remove you from the list. You can simply give us a call at 402-472-3672 or 1-800-480-4549 or email bosr@unl.edu. Our contact information can also be found on our website, bosr.unl.edu.

Q: What is BOSR and what does it do?

BOSR is a university-affiliated, nonprofit academic survey organization directed by Dr. Jolene Smyth (jsmyth2@unl.edu) and Lindsey Witt-Swanson, Assistant Director (lwitt2@unl.edu) at the University of Nebraska-Lincoln. It was established in 1964 and has been helping researchers with their studies ever since.

As a university-affiliated, nonprofit academic survey organization, the Bureau of Sociological Research (BOSR) provides a range of research services for faculty, staff, administrators and students. BOSR actively works with UNL investigators on the design, implementation and completion of research projects. BOSR also provides research services for state, government and local organizations outside of the University. Information collected by BOSR is helpful for program evaluation, budgeting justifications, and planning purposes.

Our central administrative goal has always been to provide high quality research services to advance knowledge and to help improve social conditions. BOSR supports all aspects of social science research applications and strives to offer quality research services while adapting to new technologies.

Appendix E: County Codes (All begin with “31”)

001 Adams	077 Greeley	153 Sarpy
003 Antelope	079 Hall	155 Saunders
005 Arthur	081 Hamilton	157 Scotts Bluff
007 Banner	083 Harlan	159 Seward
009 Blaine	085 Hayes	161 Sheridan
011 Boone	087 Hitchcock	163 Sherman
013 Box Butte	089 Holt	165 Sioux
015 Boyd	091 Hooker	167 Stanton
017 Brown	093 Howard	169 Thayer
019 Buffalo	095 Jefferson	171 Thomas
021 Burt	097 Johnson	173 Thurston
023 Butler	099 Kearney	175 Valley
025 Cass	101 Keith	177 Washington
027 Cedar	103 Keya Paha	179 Wayne
029 Chase	105 Kimball	181 Webster
031 Cherry	107 Knox	183 Wheeler
033 Cheyenne	109 Lancaster	185 York
035 Clay	111 Lincoln	
037 Colfax	113 Logan	
039 Cuming	115 Loup	
041 Custer	117 McPherson	
043 Dakota	119 Madison	
045 Dawes	121 Merrick	
047 Dawson	123 Morrill	
049 Deuel	125 Nance	
051 Dixon	127 Nemaha	
053 Dodge	129 Nuckolls	
055 Douglas	131 Otoe	
057 Dundy	133 Pawnee	
059 Fillmore	135 Perkins	
061 Franklin	137 Phelps	
063 Frontier	139 Pierce	
065 Furnas	141 Platte	
067 Gage	143 Polk	
069 Garden	145 Red Willow	
071 Garfield	147 Richardson	
073 Gosper	149 Rock	
075 Grant	151 Saline	

Appendix F: 2020 Winter NASIS Variables and Descriptions

Variable	Description (Label)
ID	ID
NElive	Overall, how satisfied or dissatisfied are you with living in Nebraska?
NEdir	All in all, do you think things in Nebraska are generally headed in the right direction or the wrong direction?
USdir	All in all, do you think things in the country as a whole are generally headed in the right direction or the wrong direction?
born1	Were you born in Nebraska, another state, or a foreign country?
resi	Are you still living in the same residence as you were 2 years ago?
rurb	Do you live in a farm, in open country but not on a farm, or in a town or city?
live10m	How many years have you lived in this Nebraska county? (Please enter '0' if less than 1 year)
REC1	Which of the following best describes your interest or involvement in fishing?
REC2A	Have each of the following prevented you from fishing? I have no interest in fishing
REC2B	Have each of the following prevented you from fishing? I do not know how to fish
REC2C	Have each of the following prevented you from fishing? I do not have anyone to take me fishing
REC2D	Have each of the following prevented you from fishing? I do not have a place to go fishing
REC2E	Have each of the following prevented you from fishing? I do not have the equipment for fishing
REC2F	Have each of the following prevented you from fishing? I do not have time to fish
REC2G	Have each of the following prevented you from fishing? I do not like to eat fish
REC2H	Have each of the following prevented you from fishing? It is boring
REC2I	Have each of the following prevented you from fishing? My family and friends do not fish
REC2J	Have each of the following prevented you from fishing? Other, please specify:
REC2OTH	What other factor(s) prevented you from fishing?
REC3	Would you be interested in fishing if provided the opportunity?
REC4A	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Fishing
REC4B	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Ice fishing
REC4C	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Hunting
REC4D	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Shooting sports (trap, sporting clays, target)

REC4E	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Camping (cabins, RV, tenting, back-packing)
REC4F	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Wildlife viewing (bird, wildlife, photography)
REC4G	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Bicycling (road, trail, mountain, stunt)
REC4H	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Adventure sports (skate boarding, rock climbing, sky diving, scuba diving)
REC4I	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Paddlesports (kayak, paddleboard, tanking)
REC4J	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Pleasure boating (jet skiing, water skiing)
REC4K	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Winter sports (sledding, skiing, ice skating)
REC4L	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Swimming
REC4M	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Hiking
REC5A	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Photography
REC5B	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Gardening/horticulture
REC5C	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Sewing/quilting/knitting/scrapbooking
REC5D	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Woodworking/metal working
REC5E	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Art (painting, drawing, pottery, poetry)
REC5F	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Cultural sites (museums, zoos, galleries)
REC5G	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Driving (motorcycling, classic cars, touring)
REC5H	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Watching TV/surfing the Internet/computer games

REC5I	On how many days did you participate in the following recreational activities during 2019? (Please enter '0' if you did not): Foraging for wild fruits, edible plants, or mushrooms for personal consumption
REC6A	On how many days did you participate in the following recreatoinal activities during 2019? (Please enter '0' if you did not): Golf
REC6B	On how many days did you participate in the following recreatoinal activities during 2019? (Please enter '0' if you did not): Attending spectator sports (college, high school, professional)
REC6C	On how many days did you participate in the following recreatoinal activities during 2019? (Please enter '0' if you did not): Coaching or watching kids who are participating in group activities
REC6D	On how many days did you participate in the following recreatoinal activities during 2019? (Please enter '0' if you did not): Participating in team sports (basketball, volleyball, softball)
REC6E	On how many days did you participate in the following recreatoinal activities during 2019? (Please enter '0' if you did not): Recreational sports (frisbee golf, tennis)
REC6F	On how many days did you participate in the following recreatoinal activities during 2019? (Please enter '0' if you did not): Fitness (walking, running, weight lifting)
REC6G	On how many days did you participate in the following recreatoinal activities during 2019? (Please enter '0' if you did not): Other, specify:
REC6OTH	What other recreational activities did you participate in during 2019?
NEWS2	How much do you trust or distrust the local and statewide news reported by your local Nebraska news media (newspaper, radio station, television station)?
NEWS3	How much do you trust or distrust the news reported by national news media?
NEWS1	How do you feel about the decision to expand Medicaid eligibility in Nebraska?
CHILD1	How satisfied or dissatisfied are you with the quality of child care and education in the city or area where you live?
CHILD2	Are you raising a child eight years old or younger that lives in this home?
CHILD3	What is the age of your youngest child?
CHILD4	Does this child have an identified disability?
CHILD5	In a typical week, how often do you or any other family member read books with your child?
CHILD6	Does your child attend child care or school?
CHILD7B	How much do you pay during a typical week for this child's care and/or education?
CHILD7A	How much do you pay during a typical week for this child's care and/or education?
CHILD8A	How much do you spend on a child care and education compared to each of the following expenses? Rent/house payment
CHILD8B	How much do you spend on a child care and education compared to each of the following expenses? Utilities

CHILD8C	How much do you spend on a child care and education compared to each of the following expenses? Food
CHILD8D	How much do you spend on a child care and education compared to each of the following expenses? Car payment(s)
CHILD8E	How much do you spend on a child care and education compared to each of the following expenses? Loans/student loans
CHILD8F	How much do you spend on a child care and education compared to each of the following expenses? Medical expenses
CHILD9A	Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child? Unpaid employer leave following this child's birth
CHILD9B	Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child? Paid employer leave following this child's birth
CHILD9C	Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child? Employer pays portion/all of child care fees/tuition
CHILD9D	Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child? Child care subsidy (State-funded)
CHILD9E	Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child? Child care tax-credit
CHILD9F	Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child? Flexible spending account (to help pay for child care fees/tuition)
CHILD9G	Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child? Paid time off when my child is ill and I need to stay home
CHILD9H	Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child? Child care provided for free from a friend or relative
CHILD10	During a typical week, where does your child spend the most time during the daytime hours?
CHILD11A	How would you rate this setting for providing these aspects of your child's early care and education? Nutrition environment
CHILD11B	How would you rate this setting for providing these aspects of your child's early care and education? Teaching how to get along with others
CHILD11C	How would you rate this setting for providing these aspects of your child's early care and education? Safety
CHILD11D	How would you rate this setting for providing these aspects of your child's early care and education? Nutrition
CHILD11E	How would you rate this setting for providing these aspects of your child's early care and education? Physical activity
CHILD11F	How would you rate this setting for providing these aspects of your child's early care and education? Discipline
CHILD11G	How would you rate this setting for providing these aspects of your child's early care and education? Teaching literacy: letters, sounds and words

CHILD11H	How would you rate this setting for providing these aspects of your child's early care and education? Teaching mathematics: numbers, counting, and problem-solving
CHILD12	How much do the adults in this setting (teachers, caregivers, administrators) value your family's culture and background?
CHILD13	How comfortable are you talking with your child's teacher/caregiver about your child's development and needs?
CHILD14	Overall, how satisfied are you with the quality of care and education that your child receives?
CHILD15A	Over the past three months, because of child care issues, have you experienced any of the following? Missed a full day of work
CHILD15B	Over the past three months, because of child care issues, have you experienced any of the following? Been late for work
CHILD15C	Over the past three months, because of child care issues, have you experienced any of the following? Left work earlier than normal
CHILD15D	Over the past three months, because of child care issues, have you experienced any of the following? Been distracted at work
CHILD15E	Over the past three months, because of child care issues, have you experienced any of the following? Turned down a job offer/promotion
CHILD15F	Over the past three months, because of child care issues, have you experienced any of the following? Reduced your work hours or quit
CHILD16A	From what sources do you get information about services for your child? Pediatrician
CHILD16B	From what sources do you get information about services for your child? Teacher/Child care provider
CHILD16C	From what sources do you get information about services for your child? Family member
CHILD16D	From what sources do you get information about services for your child? Friends and neighbors
CHILD16E	From what sources do you get information about services for your child? Web searches
CHILD16F	From what sources do you get information about services for your child? School
CHILD17A	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Finishes tasks
CHILD17B	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Can count to 20 or more
CHILD17C	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Takes turns and shares
CHILD17D	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Has good problem-solving skills
CHILD17E	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Is able to use pencils and paint brushes

CHILD17F	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Is not disruptive of the class
CHILD17G	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Knows the English language
CHILD17H	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Is sensitive to other children's feelings
CHILD17I	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Sits still and pays attention
CHILD17J	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Knows most of the letters of the alphabet
CHILD17K	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Can follow directions
CHILD17L	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Identifies primarily colors and shapes
CHILD17M	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Communicates needs, wants, and thoughts verbally in their home language
CHILD17N	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Writes own name
CHILD17O	Which of these characteristics are the most important for your child to be ready for kindergarten? Please select the 5 you consider most important. Read or pretends to read storybooks
CHILD18A	Did each of the following activities occur before your child started kindergarten? If your child has not attended kindergarten yet, please select 'N/A'. My child and I visited a kindergarten classroom
CHILD18B	Did each of the following activities occur before your child started kindergarten? If your child has not attended kindergarten yet, please select 'N/A'. A kindergarten teacher visited my child's preschool classroom
CHILD18C	Did each of the following activities occur before your child started kindergarten? If your child has not attended kindergarten yet, please select 'N/A'. There was a spring orientation about kindergarten for children and parents
CHILD18D	Did each of the following activities occur before your child started kindergarten? If your child has not attended kindergarten yet, please select 'N/A'. We had an individual meeting with school staff (teachers, principals, etc.) about kindergarten
CHILD18E	Did each of the following activities occur before your child started kindergarten? If your child has not attended kindergarten yet, please select 'N/A'. We learned about expectations for kindergarten readiness

B_health1A	Please describe the availability of behavioral health (which includes mental health and/or substance use disorders) service options in your local community for each of the following. Mental health Disorders
B_health1B	Please describe the availability of behavioral health (which includes mental health and/or substance use disorders) service options in your local community for each of the following. Substance Use Disorders
B_health1C	Please describe the availability of behavioral health (which includes mental health and/or substance use disorders) service options in your local community for each of the following. Crisis Response for Behavioral Health
B_health1D	Please describe the availability of behavioral health (which includes mental health and/or substance use disorders) service options in your local community for each of the following. Youth Specific Services for Behavioral Health
B_health8A_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Internet/yellow pages
B_health8B_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Community program or directory
B_health8C_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Family or friend
B_health8D_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Medical or health care provider
B_health8E_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Hospital
B_health8F_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Law enforcement/police
B_health8G_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Local Regional Behavioral Health Authority
B_health8H_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Network of Care
B_health8I_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Nebraska Family Helpline
B_health8J_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Other help or crisis line, please specify:
B_health8JOTH_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Other, please specify:
B_health8K_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Self-help/support group

B_health8L_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Insurance carrier
B_health8M_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Medicaid/Medicare Managed Care Organization
B_health8N_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Local behavioral health treatment provider/counselor
B_health8O_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? School
B_health8P_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Church member or clergy
B_health8Q_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Tribal elder or official
B_health8R_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Other, please specify:
B_health8ROTH_20	Have you ever used any of the following to find services for behavioral health treatment for yourself or someone close to you? Other, please specify:
B_health7A_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Covered in full by private or group insurance
B_health7B_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Covered in part by private or group insurance
B_health7C_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Medicaid
B_health7D_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Medicare
B_health7E_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? SSI/SSDI
B_health7F_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Regional Behavioral Health Authority
B_health7G_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Child welfare
B_health7H_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Veterans Administration
B_health7I_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Other direct funeral funding
B_health7J_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Other direct state funding

B_health7K_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Private self-pay
B_health7L_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Indian Health Services
B_health7M_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Other, please specify:
B_health7OTH_20	If your or a family member were in need of behavioral health treatment, would you have any of the following as a payment option? Other, please specify:
COMM1A	How important are each of the following to you? Identifying as a member of your community
COMM1B	How important are each of the following to you? Being different from members of your community
COMM1C	How important are each of the following to you? Cooperating with members of your community
COMM1D	How important are each of the following to you? Helping other members of your community
COMM1E	How important are each of the following to you? Being independent rather than depending on other community members
COMM2	Which is the biggest obstacle standing in your way of participating in natural resource efforts within your community?
COMM3A	How strongly do you agree or disagree that each of the following statements helps build your community's identity? Its plants and animals
COMM3B	How strongly do you agree or disagree that each of the following statements helps build your community's identity? Its culture
COMM3C	How strongly do you agree or disagree that each of the following statements helps build your community's identity? Its geographic setting
COMM3D	How strongly do you agree or disagree that each of the following statements helps build your community's identity? Its history
COMM3E	How strongly do you agree or disagree that each of the following statements helps build your community's identity? Its business
COMM4A	Do you try to help your community by combating the following natural resource challenges? Surface water quality
COMM4B	Do you try to help your community by combating the following natural resource challenges? Surface water quantity
COMM4C	Do you try to help your community by combating the following natural resource challenges? Soil erosion
COMM4D	Do you try to help your community by combating the following natural resource challenges? Non-native species
COMM4E	Do you try to help your community by combating the following natural resource challenges? Game species
COMM4F	Do you try to help your community by combating the following natural resource challenges? Endangered species
COMM4G	Do you try to help your community by combating the following natural resource challenges? Noxious weeds

COMM5A	Who should be responsible for managing the following natural resource challenges that affect your community? Surface water quality
COMM5B	Who should be responsible for managing the following natural resource challenges that affect your community? Surface water quantity
COMM5C	Who should be responsible for managing the following natural resource challenges that affect your community? Soil erosion
COMM5D	Who should be responsible for managing the following natural resource challenges that affect your community? Non-native species
COMM5E	Who should be responsible for managing the following natural resource challenges that affect your community? Game species
COMM5F	Who should be responsible for managing the following natural resource challenges that affect your community? Endangered species
COMM5G	Who should be responsible for managing the following natural resource challenges that affect your community? Noxious weeds
LANGUAGE1	Please indicate your level of agreement or disagreement with each of the statements below. To be considered American, one should speak English.
LANGUAGE2	Please indicate your level of agreement or disagreement with each of the statements below. I would support the government spending additional money to provide better programs for linguistic-minority students in public schools.
LANGUAGE3	Please indicate your level of agreement or disagreement with each of the statements below. Parents of non- or limited-English-proficient students should be counseled to speak English with their children whenever possible.
LANGUAGE4	Please indicate your level of agreement or disagreement with each of the statements below. It is important the people in the US learn a language in addition to English.
LANGUAGE5	Please indicate your level of agreement or disagreement with each of the statements below. It is unreasonable to expect a regular- classroom teacher to teach a child who does not speak English.
LANGUAGE6	The rapid learning of English should be a priority for non-English-proficient or limited-English-proficient students even if it means they lose the ability to speak their native language.
LANGUAGE7	Please indicate your level of agreement or disagreement with each of the statements below. Local and state governments should require that all government business (including voting) be conducted only in English.
LANGUAGE8	Please indicate your level of agreement or disagreement with each of the statements below. Having a non- or limited-English-proficient student in the classroom is detrimental to the learning of the other students.
LANGUAGE9	Please indicate your level of agreement or disagreement with each of the statements below. Regular-classroom teachers should be required to receive pre-service or in-service training to be prepared to meet the needs of linguistic minorities.
LANGUAGE10	Please indicate your level of agreement or disagreement with each of the statements below. Most non- and limited-English proficient children are not motivated to learn English.
LANGUAGE11	Please indicate your level of agreement or disagreement with each of the statements below. At school, the learning of the English language by non-

	or limited-English-proficient children should take precedence over learning subject matter.
LANGUAGE12	Please indicate your level of agreement or disagreement with each of the statements below. English should be the official language of the United States.
LANGUAGE13	Please indicate your level of agreement or disagreement with each of the statements below. Non- and limited-English-proficient students often use unjustified claims of discrimination as an excuse for not doing well in school.
HEALTH1	Do you have health insurance
HEALTH2	What type of health insurance coverage do you have?
HEALTH2OTH	What type of health insurance coverage do you have? Other, please specify:
HEALTH3	In the past year, have you made any medical claims that were denied by your health insurance?
HEALTH4	In the past year, have you been surprised by any medical bills that you thought would be covered by your health insurance?
HEALTH5	What is the main reason that you do not have health insurance?
HEALTH5OTH	What is the main reason that you do not have health insurance? Other, please specify:
HEALTH6	Do you get physical exams or health check-ups at least once a year?
HEALTH7	What is the main reason that you did not get a physical exam in the past year? Other, please specify:
HEALTH7OTH	What is the main reason that you did not get a physical exam in the past year? - Other, please specify: - Text
HEALTH8	Do you have a family doctor or routine health care provider?
HEALTH9A	Are each of the following a reason for why you do not have a routine health care provider? Never needed a doctor
HEALTH9B	Are each of the following a reason for why you do not have a routine health care provider? No insurance covered providers in my area
HEALTH9C	Are each of the following a reason for why you do not have a routine health care provider? No preferred providers in my area
HEALTH9D	Are each of the following a reason for why you do not have a routine health care provider? No insurance
HEALTH9E	Are each of the following a reason for why you do not have a routine health care provider? Do not like primary care physician assigned
HEALTH9F	Are each of the following a reason for why you do not have a routine health care provider? Other, please specify:
HEALTH9OTH	Are each of the following a reason for why you do not have a routine health care provider? Other, please specify:
HEALTH10	Where do you go when you need to see a doctor about a non-emergency health problem or illness?
HEALTH10OTH	Where do you go when you need to see a doctor about a non-emergency health problem or illness? Other, please specify:
HEALTH11	Have you had any preventive health care exams, like a colonoscopy or mammogram, in the past 5 years?

HEALTH12	What is the main reason that you have not had a preventive exam in the past 5 years?
HEALTH12OTH	What is the main reason that you have not had a preventive exam in the past 5 years? Other, please specify:
HEALTH13	How concerned are you with being able to afford healthcare in the next 5 years?
HEALTH14	How concerned are you that young people today will be able to afford the healthcare they need as they grow older?
HEALTH15	How concerned are you that people living in rural areas of Nebraska will not be able to get access to the healthcare they need in the next ten years?
HEALTH16	Have you ever experienced any problems paying medical bills in the past year?
HEALTH17	Should Medicare be expanded to cover anyone who is age 55 or older?
HEALTH18	Should Medicare be available at standard rates to anyone who does not have employer covered health insurance?
HEALTH19	Should employer and private healthcare insurance be replaced by a universal Medicare type insurance provided to everyone?
HEALTH20	Have you ever felt that a healthcare provider treated you unfairly or did not respect you when you sought treatment or advice?
HEALTH21A	Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider? Age
HEALTH21B	Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider? Disability
HEALTH21C	Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider? Gender
HEALTH21D	Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider? Race
HEALTH21E	Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider? Religion
HEALTH21F	Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider? Sexual Orientation
HEALTH21G	Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider? Other, please specify:
HEALTH21OTH	Do you feel each of the following was a reason for being treated unfairly or without respect by a healthcare provider? Other, please specify:
NEWS4	After reading the background information, how do you feel about Nebraska Medicaid expansion?
NEWS5	Please briefly describe the main reason why you feel the way you do about Nebraska Medicaid expansion?
ohom	Do you or some member of your household own your home outright, buying it, or renting?
ohom_ot	Do you or some member of your household own your home outright, buying it, or renting? Other, please specify:
home	Which of the following comes closest to the kind of housing unit you now live in?
home_ot	Which of the following comes closest to the kind of housing unit you now live in? Other, please specify:

marr	What is your current marital or relationship status?
kids_18	How many children age 18 and younger live in your household?
adults	Including yourself, how many adults age 19 and older live in your household?
income_18	Please indicate the category that describes your total family income in the last 12 months.
fs5	During the past 12 months, how much difficulty have you had paying your bills?
fina	Overall, how satisfied or dissatisfied are you with your current financial situation?
sexr_18	Are you:
sexr_18_ot	Are you: Other, please specify:
agyr	What year were you born?
rzipcod	What is your zip code?
hisp1	Do you consider yourself to be Hispanic or Latino/a?
race_1	What race or races do you consider yourself to be? (Check all that apply) White (Caucasian)
race_2	What race or races do you consider yourself to be? (Check all that apply) Black or African American
race_3	What race or races do you consider yourself to be? (Check all that apply) Asian
race_4	What race or races do you consider yourself to be? (Check all that apply) American Indian or Alaska Native
race_5	What race or races do you consider yourself to be? (Check all that apply) Native Hawaiian or other Pacific Islander
race_6	What race or races do you consider yourself to be? (Check all that apply) Other, please specify:
race_ot	What race or races do you consider yourself to be? (Check all that apply) Other, please specify:
degr	What is the highest degree you have attained?
sexorien	Do you think of yourself as:
lgbfriend	As far as you know, are any of your immediate family members, relatives, neighbors, co-workers, or close friends gay, lesbian, or bisexual?
part	In general, what do you consider yourself politically?
part_ot	In general, what do you consider yourself politically? Other, please specify:
poli	In general, how would you describe your political views?
poli_ot	In general, how would you describe your political views? Other, please specify:
vote16	Who did you vote for in the 2016 Presidential Election?
vote16_ot	Who did you vote for in the 2016 Presidential Election? Other, please specify:
empl1_13	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)

empl2_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): Working part-time
empl3_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): Have a job, but not at work (due to illness, vacation, or strike)
empl4_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): Unemployed, laid off, looking for work
empl5_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): Retired
empl6_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): In school
empl7_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): Keeping house
empl8_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): Disabled
empl9_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): Other, please specify:
empl_ot_13	Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply): Other, please specify:
jsat	How satisfied or dissatisfied are you with your job?
whrs	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)
ratt	How often do you attend religious services?
relginflu	In general, how much do your religious or spiritual beliefs influence your daily life?
relgaffil	Do you consider yourself to be Protestant, Catholic, Jewish, Muslim, or something else?
relgaffil_ot	Do you consider yourself to be Protestant, Catholic, Jewish, Muslim, or something else? Other, please specify:
IMG7_A	How many times in the past 12 months have you: Worked on a community project
IMG7_B	How many times in the past 12 months have you: Attended any public meeting in which there was a discussion of town or school affairs
IMG7_C	How many times in the past 12 months have you: Attended a political meeting or rally
IMG7_D	How many times in the past 12 months have you: Attended any club or organizational meeting (not including meetings for work)
IMG7_E	How many times in the past 12 months have you: Volunteered
IMG7_F	How many times in the past 12 months have you: Attended religious services (not including weddings and funerals)
scwell	Would you say that your overall health and well-being is excellent, good, fair or poor?
smoke	Do you smoke cigarettes?
sad_18	During the past 4 weeks (28 days), how much of the time did you feel: So sad nothing could cheer you up?

nerve_18	During the past 4 weeks (28 days), how much of the time did you feel: Nervous?
rest_18	During the past 4 weeks (28 days), how much of the time did you feel: Restless or fidgety?
hope_18	During the past 4 weeks (28 days), how much of the time did you feel: Hopeless?
effort_18	During the past 4 weeks (28 days), how much of the time did you feel: That everything was an effort?
worth_18	During the past 4 weeks (28 days), how much of the time did you feel: Worthless?
Comments	Please use the space below to provide any comments or feedback
EMPL	[recoded single category as in phone NASIS] Respondent's current employment status
Marr10m	Current marital or relationship status
home1	Which of the following comes closest to the kind of housing unit you now live in
ohom1	Do you or some member of your household own your home outright, buying it, or renting
fina1	Overall, how satisfied are you with your current financial situation
racecat	Race/ethnic category
Mode	Mode of response
ZIP	Zip code from sample file
FIPS	County
CONDITION	Experimental condition
AGE	Age
reg	NE DHHS regions
Hwat	age_grp
reg_wt	sex
NRwt	Final weight
WtNRHH	[USED FOR WEIGHTING] Within Household Selection Probability
age_grp	[USED FOR WEIGHTING] Region for weighting
sex	[USED FOR WEIGHTING] Nonresponse weight
age_grpHD	[USED FOR WEIGHTING] Combined sampling and nonresponse weight
sexHD	Age group
post_cat	Sex recoded into binary
SemiFinalWt	[USED FOR WEIGHTING] Age group after imputation
Rescale	[USED FOR WEIGHTING] Sex after imputation
Pwate	[USED FOR WEIGHTING] Poststratification weights

Appendix G: Estimate of Sampling Error

The 2020 Winter NASIS sample is a simple random sample of households in the state. Because the data were weighted to account for within household selection and population characteristics, the estimates of the sampling error are not straightforward. Table 4 presents margins of sampling error for some of the most likely sample sizes *not* taking the design effect from weighting into account. Exact margins of error for alternative specifications of sample size and reported percentages can be easily computed by using the following formula for the 95% confidence level:

$$\text{Margin of error} = 1.96 * \text{square root } (p(1-p)/n)$$

p = the expected proportion selecting the answer
n = number of responses

Table 4. Approximate Margins of Error of Percentages by Selected Sample Size NOT Accounting for Design Effect (Expressed In Percentages)*

Reported Percentage	Full Sample* n=1584	75% Sample n=1188	50% Sample n=792	33.3% Sample n=528	25% Sample n=396	10% Sample n=158
50	2.46%	2.84%	3.48%	4.26%	4.92%	7.80%
40 or 60	2.41%	2.79%	3.41%	4.18%	4.83%	7.64%
30 or 70	2.26%	2.61%	3.19%	3.91%	4.51%	7.15%
20 or 80	1.97%	2.27%	2.79%	3.41%	3.94%	6.24%
10 or 90	1.48%	1.71%	2.09%	2.56%	2.95%	4.68%
5 or 95	1.07%	1.24%	1.52%	1.86%	2.15%	3.40%

When accounting for design effects due to weighting, the adjusted sampling error will be increased as is shown when comparing Table 4 to Table 5 where the design effect is incorporated:

$$\text{Margin of error} = \text{square root } (\text{deff}) * 1.96 * \text{square root } (p(1-p)/n)$$

deff = design effects
p = the expected proportion selecting the answer
n = number of responses

Table 5. Approximate Margins of Error of Percentages by Selected Sample Size NOT Accounting for Design Effect (Expressed In Percentages)*

Reported Percentage	Full Sample* n=1584	75% Sample n=1188	50% Sample n=792	33.3% Sample n=528	25% Sample n=396	10% Sample n=158
50	3.16%	3.65%	4.47%	5.47%	6.32%	10.00%
40 or 60	3.10%	3.57%	4.38%	5.36%	6.19%	9.80%
30 or 70	2.90%	3.34%	4.09%	5.01%	5.79%	9.17%
20 or 80	2.53%	2.92%	3.57%	4.38%	5.05%	8.00%
10 or 90	1.90%	2.19%	2.68%	3.28%	3.79%	6.00%
5 or 95	1.38%	1.59%	1.95%	2.38%	2.75%	4.36%

* 95% confidence interval states that in 95 out of 100 samples drawn using the same sample size and design, the interval will contain the population value.

Appendix H: AAPOR Transparency Initiative Immediate Disclosure Items

1. Who sponsored the research study.

Introduction

2. Who conducted the research study.

Introduction

3. If who conducted the study is different from the sponsor, the original sources of funding will also be disclosed.

Introduction

4. The exact wording and presentation of questions and response options whose results are reported. This includes preceding interviewer or respondent instructions and any preceding questions that might reasonably be expected to influence responses to the reported results.

Appendix B

5. A definition of the population under study and its geographic location.

Introduction/Sampling Design

6. Dates of data collection.

Data Collection Process

7. A description of the sampling frame(s) and its coverage of the target population, including mention of any segment of the target population that is not covered by the design. This may include, for example, exclusion of Alaska and Hawaii in U.S. surveys; exclusion of specific provinces or rural areas in international surveys; and exclusion of non-panel members in panel surveys. If possible the estimated size of non-covered segments will be provided. If a size estimate cannot be provided, this will be explained. If no frame or list was utilized, this will be indicated.

Sampling Design

8. The name of the sample supplier, if the sampling frame and/or the sample itself was provided by a third party.

Sampling Design

9. The methods used to recruit the panel or participants, if the sample was drawn from a pre-recruited panel or pool of respondents.

Not applicable to project

10. A description of the sample design, giving a clear indication of the method by which the respondents were selected, recruited, intercepted or otherwise contacted or encountered, along with any eligibility requirements and/or oversampling. If quotas were used, the variables defining the quotas will be reported. If a within-household selection procedure was used, this will be described. The description of the sampling frame and sample design will include sufficient detail to determine whether the respondents were selected using probability or non-probability methods.

Sampling Design

11. Method(s) and mode(s) used to administer the survey (e.g., CATI, CAPI, ACASI, IVR, mail survey, web survey) and the language(s) offered.

Mode Selection/Data Collection Process

12. Sample sizes (by sampling frame if more than one was used) and a discussion of the precision of the findings. For probability samples, the estimates of sampling error will be reported, and the discussion will state whether or not the reported margins of sampling error or statistical analyses have been adjusted for the design effect due to weighting, clustering, or other factors. Disclosure requirements for non-probability samples are different because the precision of estimates from such samples is a model-based measure (rather than the average deviation from the population value over all possible samples). Reports of non-probability samples will only provide measures of precision if they are accompanied by a detailed description of how the underlying model was specified, its assumptions validated and the measure(s) calculated. To avoid confusion, it is best to avoid using the term “margin of error” or “margin of sampling error” in conjunction with non-probability samples.

Sampling Design/Design Effects/Estimate of Sampling Error

13. A description of how the weights were calculated, including the variables used and the sources of weighting parameters, if weighted estimates are reported.

NASIS Sample Weights

14. If the results reported are based on multiple samples or multiple modes, the preceding items will be disclosed for each.

Not applicable to project

15. Contact for obtaining more information about the study.

Questions