

# 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 (1<sup>st</sup> – 3<sup>rd</sup> 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"/>
<hr/>			
k. Self-help/support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Insurance carrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Medicaid/Medicare Managed Care Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Local behavioral health treatment provider/counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Church member or clergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Tribal elder or official	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 quantity	<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 quantity	<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 → Go to #49
- No

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:

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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](mailto:bosr@unl.edu)