# 2019 Winter NASIS

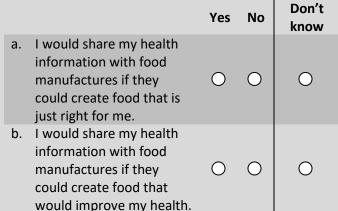
# Nebraska Annual Social Indicators Survey

### Life In Nebraska

- 1. Overall, how satisfied or dissatisfied are you with living in Nebraska?
  - O Very satisfied
  - O Somewhat satisfied
  - O Neutral
  - O Somewhat dissatisfied
  - O Very dissatisfied
- 2. All in all, do you think things <u>in Nebraska</u> are generally headed in the right direction or the wrong direction?
  - O Right direction
  - O Wrong direction
  - O Unsure
- 3. All in all, do you think things <u>in the country as a</u> <u>whole</u> are generally headed in the right direction or the wrong direction?
  - O Right direction
  - Wrong direction
  - O Unsure

### **Food Science**

4. Does each of the following statements describe you?



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

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

		Yes	No	know
a.	Have you ever heard of cultured meat?	0	0	0
b.	Would you like to learn more about cultured meat?	0	0	0
C.	Would you be willing to eat cultured meat?	0	0	0

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

		Yes	No	Don't know
a.	The general public in grocery stores	0	0	0
b.	Public school children	0	0	0
с.	People in nursing homes	0	0	0
d.	People in remote areas, such as rural or tribal communities or astronauts on the moon	0	0	0
e.	People with limited access to meat, such as service members on submarines	0	0	0
f.	People with health issues who need more or less fat in their food	0	0	0
g.	People whose religion does not allow them to eat certain kinds of meat	0	0	0
h.	People who are vegetarian or vegan	0	0	0

- 8. How much does science help you make decisions that affect your body?
  - O A lot
  - ) Some
  - O A little
  - O Not at all
  - Don't know

_				_				
9.	How	v much do you agree with the foll	owing state Do not agree at all	ments? Agree very little	Agree a little	Somewhat agree	Agree	Completely agree
	a.	I would be happy to have a robot helping with my job.		0	0	0	0	0
	b.	I am confident that there is enough food for everyone in the world.	0	0	0	0	0	0
	с.	I am worried about how creating enough food to feed everyone will impact the environment.	0	0	0	0	0	0
	d.	New food technologies are something I am uncertain about.	0	0	0	0	0	0
	e.	New foods are not healthier than traditional foods.	0	0	0	0	0	0
	f.	The benefits of new food technologies are often grossly overstated.	0	0	0	Ο	0	0
	g.	There are plenty of tasty foods around so we do not need to use new food technologies to produce more.	0	0	0	0	0	0
	h.	New food technologies decrease the natural quality of food.	0	0	0	Ο	0	0
	i.	New food technologies are unlikely to have long-term negative health effects.	0	0	0	0	0	0
	j.	New food technologies give people more control over their food choices.	0	0	0	0	0	0
	k.	New products using new food technologies can help people have a balanced diet.	0	0	0	0	0	Ο
	I.	New food technologies may have long-term negative environmental effects.	0	0	0	0	0	0
	m.	It can be risky to switch to new food technologies too quickly.	0	0	0	0	0	0
	n.	Society should not depend heavily on technologies to solve its food problems.	0	0	0	0	0	0
	0.	There is no sense trying out high-tech food products because the ones we eat are already good enough.	0	0	0	Ο	0	0
	p.	The media usually provides a balanced and unbiased view of new food technologies.	0	0	0	0	0	Ο
	q.	At home, I preferably eat meals that can be prepared quickly.	0	0	0	0	0	0

### **3D** Printing

10. 3D printing is a way to create objects (for example a toy, a bone replacement, a model) using a computer program, a "printer", and materials (for example plastic). Some people are exploring 3D printed food, for example making chocolate in fun shapes or making pizza for special diets. Next we have some questions about 3D printed food.

		Yes	NO	Don't know
a.	Have you ever heard of 3D printed food?	0	0	0
b.	Would you like to learn more about 3D printed food?	$\bigcirc$	0	0
с.	Would you be willing to eat 3D printed food?	0	0	0
d.	I would try 3D printed food if it could create food that is just right for me.	0	0	0
e.	I would try 3D printed food if it could create food that would improve your health.	0	0	0
f.	I would try 3D printed food if it tastes good.	0	0	0

#### 11. How much do you agree or disagree that 3D printed food is just like other food but made a different way?

- Strongly disagree
- Disagree
- O Agree
- Strongly agree

#### 12. How much are each of the following statements like you?

	Not at all like me	A little like me	Somewhat like me	Very much like me
a. I am constantly sampling new and different foods.	0	0	$\bigcirc$	0
b. I do not trust new foods.	0	0	0	0
c. If I do not know what is in a food I won't try it.	0	0	0	0
d. I am afraid to eat things I have never had before.	0	0	0	0
e. I am very particular about the foods I will eat.	0	0	$\bigcirc$	0
f. I will eat almost anything.	0	0	0	0

#### 13. It is important to me that the food I eat on a typical day...

	, Do not agree at all	Agree very little	Agree a little	Somewhat agree	Agree	Completely agree
a. Contains a lot of vitamins and minerals	0	0	0	0	0	0
b. Keeps me healthy	0	0	0	0	0	0
c. Is nutritious	0	0	0	0	0	0
d. Is high in protein	0	0	0	0	0	0

#### 14. It is important to me that the food I eat in a typical day...

	•		•						
		Do not agree at all	Agree very little	Agree a little	Somewhat agree	Agree	Completely agree		
a.	Contains no additives	$\bigcirc$	0	0	0	0	0		
b.	Contains natural ingredients	0	0	0	0	0	0		
c.	Contains no artificial ingredients	0	0	0	0	0	0		
d.	Is what I usually eat	0	0	0	0	0	0		
e.	Is familiar	0	0	0	0	0	0		
f.	Is like the food I ate when I was a child	0	0	0	0	0	0		

# Social Networks

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

we regoing to ask some questions abou	Person 1	Person 2	Person 3	Person 4	Person 5
Initials (or nicknames):					
Is each person your: Parent Child Romantic partner/spouse Sibling Friend Other relative, please specify: Other non-relative, please specify:		00000	00000	00000	00000
What is each person's gender: Male Female					
What is each person's age (in years):					
How close do you feel to each person? Extremely close Quite close Fairly close Not very close			0 0 0 0		
In all families, there are disagreements or conflicts between members. How much conflict do you have with each person? Very strong conflict Strong conflict Not strong conflict No conflict	0000	0000	0000	0000	0000
Can't choose	0	0	0	0	0
<b>Does each person live in Nebraska?</b> Yes No	0	0	0	0	0
Which best describes the area where each person lives? Open country Town less than 10,000 people Small city (such as Kearney) Medium city (such as Lincoln) Suburb of a medium city Large city (such as Omaha) Suburb of a large city Don't know	0000000000	00000000	00000000	00000000	00000000

	Person 1		Pers	on 2	Person 3		Person 4		Person 5	
Initials (or nicknames):										
For each person, please indicate whether in the past six months you	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	Yes	<u>No</u>	Yes	<u>No</u>
Told them a secret	0	0	0	0	0	0	0	0	0	0
Heard a secret told by them	0	0	0	0	0	0	0	0	0	0
Borrowed money from them	0	0	0	0	0	0	0	0	0	0
Lent money to them	0	0	0	0	0	0	0	0	0	0
Received physical help from them	0	0	0	0	0	0	0	0	0	0
Provided physical help to them	0	0	0	$\bigcirc$	0	$\bigcirc$	0	0	0	0
Received emotional help from them	0	0	0	$\bigcirc$	0	0	0	0	0	0
Provided emotional support to them	0	0	0	0	0	0	0	0	0	0

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

	Extremely close	Quite close	Fairly close	Not very close	They don't know each other
Person 1 and Person 2	0	0	0	0	0
Person 1 and Person 3	0	0	$\bigcirc$	0	0
Person 1 and Person 4	0	0	0	0	0
Person 1 and Person 5	0	0	0	0	0
Person 2 and Person 3	0	0	0	0	0
Person 2 and Person 4	0	0	0	0	0
Person 2 and Person 5	0	0	0	0	0
Person 3 and Person 4	0	0	$\bigcirc$	0	0
Person 3 and Person 5	0	0	0	0	0
Person 4 and Person 5	0	0	0	0	0

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

pp ,	Very strong conflict	Strong conflict	Not strong conflict	No conflict	l don't know
Person 1 and Person 2	0	0	0	0	0
Person 1 and Person 3	0	0	0	0	0
Person 1 and Person 4	0	0	0	0	0
Person 1 and Person 5	0	0	0	0	0
Person 2 and Person 3	0	0	0	0	0
Person 2 and Person 4	0	0	0	0	0
Person 2 and Person 5	0	0	0	0	0
Person 3 and Person 4	0	0	0	0	0
Person 3 and Person 5	0	0	0	0	0
Person 4 and Person 5	0	0	0	0	0

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

Initials (or nicknames): Is each person	Added Person 1	Added Person 2 •	Added Person 3	Added Person 4	Added Person 5	Added Person 6	Added Person 7	Added Person 8	Added Person 9 •	Added Person 10
<b>your:</b> Parent Child Romantic	00	00	00	00	00	00	00	00	00	00
partner/	0	0	0	Ο	0	Ο	0	0	0	0
spouse Sibling Friend Other relative, please specify: Other non- relative, please specify:										
19. Please list th	e words yo	ou most str	ongly asso	ciate with	family.					

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

#### **Continuing Education**

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

	Yes	No	Don't know/ Refused
a. Earn a high school diploma online	$\bigcirc$	0	0
b. Finish a bachelor's degree online that you started somewhere else	$\bigcirc$	0	0
. Earn a bachelor's degree entirely online	$\bigcirc$	0	0
<ol> <li>Earn a master's degree entirely online</li> </ol>	$\bigcirc$	0	0
e. Earn a certificate or endorsement in your career field entirely online	$\bigcirc$	0	0
. Take a single class online	0	0	0

- 22. How would you describe your level of interest in taking one or more individual classes online at the University of Nebraska?
  - O Very interested
  - Somewhat interested
  - Somewhat not interested
  - Very not interested
  - O Don't know/Refused

- 23. How would you describe your level of interest in earning or completing <u>a degree online</u> at the University of Nebraska?
  - O Very interested
  - Somewhat interested \_
  - Somewhat not interested
     Very not interested

Go to #25

O Don't know/Refused

- 24. When considering returning to school online, what stops you from enrolling?
  - O Time commitment
  - O Cost
  - Program of interest not available
  - Family commitment
  - Don't know where to begin
  - Other, please specify:
- 25. How would you describe your level of interest in earning or completing <u>a certificate or other credential</u> that requires fewer credits than a degree online at the University of Nebraska?

Go to #27

- O Very interested
- O Somewhat interested
- Somewhat not interested
- O Very not interested
- O Don't know/Refused
- 26. When considering returning to school online, what stops you from enrolling?
  - O Time commitment
  - O Cost
  - Program of interest not available
  - Family commitment
  - O Don't know where to begin
  - Uncertainty about online format
  - Other, please specify:
- 27. What field of study interests you the most?

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

- O Yes
- No → Go to #30

# 29. What was your experience?

- O Very good
- O Good
- ) Poor
- O Very poor

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

# **Behavioral Health Treatment**

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

- 31. Are <u>mental health</u> service treatment options available in your local community?
  - No, there are no mental health treatment providers in my community.
  - No, but there are mental health treatment options I could easily travel to outside my community.
  - No, but I am aware of Telehealth options available.
  - I'm not certain about availability of mental health treatment options.
  - Yes, there are many mental health treatment options to choose from.
  - Yes, but there are only limited mental health treatment options to choose from.
- 32. Are <u>substance use disorder</u> service treatment options available in your local community?
  - No, there are no substance use disorder treatment providers in my community.
  - No, but there are substance use disorder treatment options I could easily travel to outside my community.
  - No, but I am aware of Telehealth options available.
  - I'm not certain about availability of substance use disorder treatment options.
  - Yes, there are many substance use disorder treatment options to choose from.
  - Yes, but there are only limited substance use disorder treatment options to choose from.
- 33. Is your community able to effectively offer services and treatment options for someone dealing with a crisis?
  - Yes, my community is able to effectively handle individuals dealing with a crisis with immediate response.
  - Yes, my community is able to effectively handle individuals dealing with a crisis with some delay in response.
  - Yes, in part, but additional services beyond what is available in my community would also be required.
  - No, the level of care available and services offered would not meet crisis needs.
  - O I am not certain about response to this need.

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

		Yes	No	Don't know
a.	Internet/yellow pages	0	0	0
b.	Community program or directory	0	0	0
с.	Family or friend	0	0	0
d.	Medical or health care provider	0	0	0
e.	Hospital	0 0	0 0	0
f.	Law enforcement/police	0	0	0
g.	Local Regional Behavioral Health Authority	0	0	0
h.	Network of Care	0	0	0
i.	Nebraska Family Helpline	0	0	0
j.	Other help or crisis line, please specify:	0	0	0
k.	Self-help/support group	0	0	0
Ι.	Insurance carrier	Ō	00	Ō
m.	Medicaid/Medicare Managed Care Organization	0	0	0
n.	Local behavioral health treatment provider/ counselor	0	0	0
о.	School	0	0	0
p.	Church member or clergy	000	000	0
q.	Tribal elder or official	0	0	0
r.	Other, please specify:	0	0	0

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

- a. You would be able to recognize the signs that someone may be dealing with a mental health problem or crisis.
- b. You would be comfortable reaching out to someone who may be dealing with a mental health problem or crisis.
- c. You would be able to assist someone who may be dealing with a mental health problem or crisis connect with professional help.
- d. You would be able to assist someone who may be dealing with a mental health problem or crisis connect with community supports and programs.
- e. If you had a mental health concern for yourself, you would seek out professional help or treatment *in* your local community.
- f. If you had a mental health concern for yourself, you would seek out professional help or treatment *outside* your local community
- g. If you had a substance use concern for yourself, you would seek out professional help or treatment *in* your local community.
- h. If you had a substance use concern for yourself, you would seek out professional help or treatment *outside* your local community.

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

		Yes	No	Don't know
a.	Internet/yellow pages	0	0	0
b.	Community program or directory	0	0	0
с.	Family or friend	0	0	0
d.	Medical or health care provider	0	0	0
e.	Hospital	0 0	0	0
f.	Law enforcement/police	0	0 0	0
g.	Local Regional Behavioral Health Authority	0	0	00 0
h.	Network of Care	0	0	00
i.	Nebraska Family Helpline	0	0	0
j.	Other help or crisis line, please specify:	0	0	0
k.	Self-help/support group	0	0	0
Ι.	Insurance carrier	Ó	0	0
m.	Medicaid/Medicare Managed Care Organization	0	0	0
n.	Local behavioral health treatment provider/ counselor	0	0	0
0.	School	0	Ο	0
p.	Church member or clergy	0	0	00
q.	Tribal elder or official	0	0	0
r.	Other, please specify:	0	0	0

	Very likely	Fairly likely	Fairly unlikely	Very unlikely	Not certain
	0	0	0	0	0
:	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
<i>ı</i> .	0	0	0	0	0
	0	0	0	0	0
<i>ı</i> .	0	0	0	0	0

37. If you or a family member were in need of treatment for a behavioral health related need, 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	0	0	0
b.	Covered in part by private or group insurance		0	0
c.	Medicaid	0	0	0
d.	Medicare	0	0	0
e.	SSI/SSDI	0	0	0
f.	Regional Behavioral Health Authority	0	0	0
g.	Child welfare		0	0
h.	Veterans Administration	0	0	0
i.	Other direct federal funding	0	0	0
j.	Other direct state funding	0	0	0
k.	Private self-pay	0	0	0
I.	Indian Health Services	0	0	0
m.	Other, please specify:	0	0	0

#### 38. Have you ever used any of the following resources to seek help in getting treatment for any behavioral health need for yourself or someone close to you?

		Yes	No	Don't know
a.	Internet/yellow pages	0	0	0
b.	Community program or directory	0	0	0
с.	Family or friend	0	0	0
d.	Medical or health care provider	0	0	0
e.	Hospital	0 0	0 0	0
f.	Law enforcement/police	0	Ο	0
g.	Local Regional Behavioral Health Authority	0	0	00
h.	Network of Care	0	0	00
i.	Nebraska Family Helpline	0	0	0
j.	Other help or crisis line, please specify:	0	0	0
k.	Self-help/support group	0	0	0
١.	Insurance carrier	0	0	0
m.	Medicaid/Medicare Managed Care Organization	0	0	0
n.	Local behavioral health treatment provider/ counselor	0	0	0
0.	School	0	0	0
p.	Church member or clergy	000	000	000
q.	Tribal elder or official	0	0	0
r.	Other, please specify:	0	0	0

#### 39. Please indicate whether or not each of the following happened to you in the last six months.

		Yes	No
a. You had a secret to tell		0	0
b. You needed to borrow money		0	0
c. You needed help with a physical task (for example, r	noving or mowing your lawn)	0	0
d. You needed emotional support (for example, someo	ne to talk to about a problem)	0	$\bigcirc$

### Trust in Institutions

40. There are many different institutions in this country, for example, the government, courts, police, and civil servants. Please indicate your personal trust in the following institutions.

	Very strong distrust	Strong distrust	Distrust	Neither trust nor distrust	Trust	Strong trust	Very strong trust
<ul> <li>The federal government in Washington D.C.</li> </ul>	0	0	0	0	0	0	0
b. The state government	0	0	0	0	0	0	0
c. Local government	0	0	0	0	0	0	0
d. Nebraska Department of Natural Resources	0	0	0	0	0	0	0

### **About Your Household**

- 41. Do you or some member of your household own your home outright, buying it, or renting?
  - Own outright
  - O Buying (paying a mortgage)
  - Renting
  - Provided as part of job/wages
  - Other, specify:

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

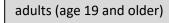
- O Detached single family house
- O Mobile home
- O Townhouse/Condominium
- O Apartment/Duplex
- Other, specify:

#### 43. What is your current marital or relationship status?

- Married
- O Married, living apart
- Not married, but living with a partner (cohabiting)
- O Never married
- O Divorced
- Widowed
- Separated
- 44. How many children age 18 and younger live in your household?

children (age 18 and younger)

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



- 46. Please indicate the category that describes your total family income in the last 12 months.
  - O Less than \$10,000
  - \$10,000 to less than \$20,000
  - \$20,000 to less than \$30,000
  - \$30,000 to less than \$40,000
  - \$40,000 to less than \$50,000
  - \$50,000 to less than \$75,000
  - \$75,000 to less than \$100,000
  - \$100,000 to less than \$150,000
  - \$150,000 or more

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

- A great deal of difficulty
- Quite a bit of difficulty
- Some difficulty
- A little difficulty
- No difficulty at all
- 48. Overall, how satisfied or dissatisfied are you with your current financial situation?
  - Very satisfied
  - Satisfied
  - O Neither satisfied nor dissatisfied
  - O Dissatisfied
  - Very dissatisfied

### **About Yourself**

- 49. Are you:
  - O Male
  - Female

#### 50. Do you think of yourself as:

- O Heterosexual/straight
- O Homosexual/gay or lesbian
- Bisexual
- Something else
- O Not sure
- 51. As far as you know, are any of your immediate family members, relatives, neighbors, co-workers, or close friends gay, lesbian, or bisexual?
  - O Yes
  - O No
- 52. Were you born in Nebraska, another state, or a foreign country?
  - O Nebraska
  - Another state
  - O Foreign country
- 53. Are you still living in the same residence as you were 2 years ago?
  - O Yes
  - O No
- 54. Which of the following best describes the area you live in?
  - Open country
  - O Town less than 10,000 people
  - Small city (such as Kearney)
  - Medium city (such as Lincoln)
  - Suburb of a medium city
  - Large city (such as Omaha)
  - Suburb of a large city

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

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

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

year(s)

- 57. In general, how would you describe your political views?
  - O Very liberal
  - Liberal
  - Middle-of-the-road
  - Conservative
  - Very conservative
  - Other, specify:

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

- Democrat
- Republican
- Independent
- Other, specify:

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

- O Clinton
- O Trump
- Other, specify:
- O Did not vote
- 60. Do you consider yourself to be Hispanic or Latino/a?
  - O Yes
  - O No

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

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

#### 62. What is the highest degree you have attained?

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

#### 63. Would you say that your overall health and wellbeing is excellent, good, fair or poor?

- Excellent
- O Good
- **Fair**
- O Poor

#### 64. Do you smoke cigarettes?

- O Yes
- O No
- 65. Do you typically work full-time, part-time, go to school, keep house, or something else? (*Check all that apply*)
  - Working full-time (35 hours or more)
  - Working part-time
  - Have a job, but not at work
  - (due to illness, vacation, or strike)
  - Unemployed, laid off, looking for work
  - Retired
     In school
     Go to

     Keeping house
     #68

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



average total hours per week

- 67. How satisfied or dissatisfied are you with your job?
  - Very satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied

68.	Ном	v many times in the past 12 months hav	e you:	70. How	often do you attend religious services?
	a.	Worked on a community project?		0	Several times a week
	b.	Attended any public meeting in		0	Once a week
		which there was a discussion of			Nearly every week
		town or school affairs?		Ŭ	About once a month
	с.	Attended a political meeting or		-	Several times a year
		rally?			About once a year
	d.	Attended any club or organizational		Ā	Less than once a year
		meeting (not including meetings for work)?		0	Never
	e.	Volunteered?		-	eneral, how much do your religious or spiritual
	f.	Attended religious services (not			efs influence your daily life?
		including weddings and funerals)?			Very much Quite a bit
				_	Some
	Do you consider yourself to be Protestant, Catholic,			-	A little
	Jew	ish, Muslim, or something else?		-	None
	$\bigcirc$	Protestant		0	
	$\bigcirc$	Catholic		0	Doesn't apply, not religious or spiritual
	~	Jewish Muslim		72. Wha	t year were you born?
	$\tilde{\mathbf{O}}$	None (no religion)			
	$\tilde{\mathbf{O}}$	Other, specify:			
				72 W/ba	t is your sin code?
			J	73. what	t is your zip code?

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

	· · · · · · · · · · · · · · · · · · ·	All of the time	, Most of the time	Some of the time	A little of the time	None of the time
a.	So sad nothing could cheer you up?	$\bigcirc$	0	0	0	$\bigcirc$
b.	Nervous?	$\bigcirc$	0	0	0	0
с.	Restless or fidgety?	0	0	0	0	0
d.	Hopeless?	0	0	0	0	0
e.	That everything was an effort?	0	0	0	0	0
f.	Worthless?	0	0	0	0	0

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

## Thank you!

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

Questions or requests from this survey can be directed to:

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