## 2021 NASIS

## Nebraska Annual Social Indicators Survey

## Household Make-Up

1. Including yourself, how many people total live in your household?
$\square$ Total number of people
2. How many children age 18 and younger live in your household?
$\square$ children (age 18 and younger)
3. How many of the people living in your household are adults age 19 or over?
$\square$ adults (age 19 and older)
4. Are you the adult (age 19 or over) in your household with the next birthday after July 1,2021 ?
$\bigcirc$ Yes $\longrightarrow$ Please continue.
$\bigcirc$ No $\longrightarrow$ Please have the adult in your household who will have the next birthday after July 1, 2021 complete the survey.

## Life in Nebraska

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

## Alcohol Opinions

8. How much has COVID-19 (coronavirus) impacted your life in each of the following ways?

|  | I did not experience this | I experienced this and it had no impact | I experienced this and it had a little impact | I experienced this and it had a large impact |
| :---: | :---: | :---: | :---: | :---: |
| a. Loss of employment income | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| b. Stress from taking on an extra job to make ends meet | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| c. Loss of housing | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| d. Becoming infected myself | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| e. Someone close to me (family member, friend, relative) becoming infected | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| f. Loss of someone close to me (family member, friend, relative) due to COVID-19 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| g. Disruption of my own schooling | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| h. Disruption of my child's schooling | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| i. Stress in the family or personal relationships | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| j. Decline in mental well-being | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| k. Decrease in social connectedness | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

9. Please indicate for each of the following if you think it is very wrong, wrong, a little wrong, or not at all wrong for:
Not at
all
wrong
10. How wrong would most adults (over 21) in your community, or the area around where you live, think it is for individuals under the age of 21 to drink alcohol?


Very wrong
Wrong
A little wrong
Not at all wrong
11. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance abuse?


Yes
$\bigcirc$ No $\rightarrow$ Go to \#13
12. Were the advertisements about each of the following substances?

|  | Yes | No |
| :--- | :--- | :--- |
| a. Alcohol | $\bigcirc$ | $\bigcirc$ |
| b. Tobacco | $\bigcirc$ | $\bigcirc$ |
| c. Marijuana, cannabis, or | $\bigcirc$ | $\bigcirc$ |
| THC products | $\bigcirc$ | $\bigcirc$ |
| d. Prescription pain killers | $\bigcirc$ |  |
| e. Other drugs |  |  |

13. How much do you think people risk harming themselves physically or in other ways if they have 5 or more drinks of an alcoholic beverage once or twice a week?Great risk
Moderate risk
$\bigcirc$
Slight risk
No risk
14. During the past $\mathbf{1 2}$ months, have you allowed individuals under the age of $\mathbf{2 1}$ to drink alcohol on your property (home, barn, garage, etc.), including special occasions (prom, graduations, birthdays)?Yes
No
15. In general, how supportive are you of additional taxes on alcohol purchases?


Very supportive
Somewhat supportive
Not very supportive
$\bigcirc$ Not at all supportive
〇 Don't know
16. How much do you think people risk harming themselves physically or in other ways if they use marijuana, cannabis, or THC products once or twice a week?Great risk


Moderate risk
Slight risk
○ No risk
17. Are you the parent or guardian of a 9-20 year old?Yes
$\bigcirc$ No $\rightarrow$ Go to \#20
18. During the past 12 months, have you talked with any of your children under the age of 21 about the following substances?

|  | Yes | No |
| :--- | :---: | :---: |
| a. Alcohol | $\bigcirc$ | $\bigcirc$ |
| b. Tobacco | $\bigcirc$ | $\bigcirc$ |
| c. Marijuana, cannabis, | $\bigcirc$ | $\bigcirc$ |
| or THC products | $\bigcirc$ | $\bigcirc$ |
| d. Prescription pain | $\bigcirc$ | $\bigcirc$ |
| killers |  |  |

19. During the past 12 months, have you provided alcohol to any of your children under the age of 21? Do not include sips for religious purposes.


Yes
No
20. Since the spread of COVID-19 in Nebraska (March 2020), are you drinking more or less alcohol?A lot more
A little more
About the same
A little less
A lot less
I have never used alcohol
21. One drink is equivalent to a 12 -ounce beer, a 5 -ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?


Number of drinksNo drinks in the past 30 days

MALES: Please answer question \#22. If you are not male, please skip to question \#23.
22. During the past $\mathbf{3 0}$ days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
days (enter number from 0 to 30 )

FEMALES: Please answer question \#23. If you are not a female, please skip to question \#24.
23. During the past $\mathbf{3 0}$ days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours?
$\square$ days (enter number from 0 to 30 )
24. How often have you purchased alcohol for home delivery or pick up?
Never $\rightarrow$ Go to \#26
○ 1-3 times or less per month $\rightarrow$ Go to \#25
Once per week $\rightarrow$ Go to \#25
〇 More than once per week $\boldsymbol{\rightarrow}$ Go to \#25
25. When you order alcohol for home delivery or pick up, how often are you asked for your ID?
O NeverRarely
A About half the time
$\bigcirc$ Almost every time
O Every time
26. Since the spread of COVID-19 in Nebraska (March 2020), are you using more or less marijuana, cannabis, or THC products?

O A lot more

- A little more

O About the same
A little less

- A lot less

O I have never used marijuana, cannabis, or THC products
27. During the past 30 days, on how many days did you use marijuana or cannabis?


Number of days

Did not use marijuana or cannabis in the past 30 days

## Public Media

28. How much do you agree or disagree with each of the following?

|  | Strongly <br> agree | Agree | Neither <br> agree nor <br> disagree | Disagree | Strongly <br> disagree |
| :--- | :--- | :--- | :---: | :---: | :---: |
| a. I trust the information from local news sources. | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| b. I trust the information from national news sources. | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| c. I trust the information from my local public media |  |  |  |  |  |
| station. | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

29. In the past 12 months, have you watched any programs on Nebraska Public Media (formerly NET)?Yes
$\bigcirc$ No
30. In the past 12 months, have you listened to any programs on Nebraska Public Media (formerly NET)?
31. In the past 12 months, what television or radio program(s) did you watch and/or listen to on Nebraska Public Media (formerly NET), if any?

32. In an average week, how many hours do you spend listening, watching, and/or engaging online with public media (e.g., NPR, PBS) programming? If you are unsure, make your best guess.


0 hours a week
1-5 hours a week
6-11 hours a week
12-17 hours a week
18-25 hours a week
25+ hours a week
33. In your opinion, how important is it to fund public media in Nebraska?

Very important
Somewhat important
Not very important
Not at all important
34. What makes you most proud to be living in Nebraska?
$\qquad$
35. In your opinion, which of the following issues facing

Nebraskans is of greatest concern?
Access to affordable healthcare
Economic stability
Political divide
Affordable housing
Access to quality schools and education
Areservation of natural resources
Food insecurity
Other, please specify:
36. Do you use each of the following sources of media regularly (i.e., weekly)?

|  | Yes No |
| :---: | :---: |
| a. AM/FM radio stations in your city/town | $\bigcirc \bigcirc$ |
| b. Local TV stations | $\bigcirc \bigcirc$ |
| c. Local newspaper (physical paper) | $\bigcirc \bigcirc$ |
| d. Local newspaper (online/app) | $\bigcirc \bigcirc$ |
| e. Network TV (ABC, NBC, etc.) | $\bigcirc \bigcirc$ |
| f. Cable TV news channels (CNN, Fox News, etc.) | $\bigcirc \bigcirc$ |
| g. Streaming video services (Netflix, Hulu, etc.) | $\bigcirc \bigcirc$ |
| h. Music streaming services (Spotify, Pandora, etc.) | $\bigcirc \bigcirc$ |
| i. Social media | $\bigcirc \bigcirc$ |
| j. General internet browsing | $\bigcirc \bigcirc$ |
| k. Podcasts | $\bigcirc \bigcirc$ |
| l. SiriusXM satellite radio | $\bigcirc \bigcirc$ |
| m. National newspaper (physical paper; New York Times, Washington Post, etc.) | $\bigcirc \bigcirc$ |
| n. National newspaper (online/app; New York Times, Washington Post, etc.) | $\bigcirc \bigcirc$ |
| o. Your local public television station (Nebraska Public Media, formerly NET) | $\bigcirc \bigcirc$ |
| p. Your local public radio station (Nebraska Public Media, formerly NET) | $\bigcirc \bigcirc$ |

## Early Childhood

37. How satisfied or dissatisfied are you with each of the following related to child care and education for children 8 years old or younger in the city or area where you live?

38. Are you raising a child 8 years old or younger that lives in this home?Yes
No $\rightarrow$ Go to "Substance Use"
39. What is the age of your youngest child?
$\square$ Year(s)
40. Does this child have an identified disability?Yes
No
Please consider your youngest child under 5 years old, as you answer the following questions.
41. In a typical week, how often do you or any other family member read books with your child?
Everyday
3 to 6 times
Once or twice
Not at all
42. Does your child attend child care or school?Yes
$\bigcirc$ No $\rightarrow$ Go to \#45
43. 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 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| b. Utilities | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| c. Food | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| d. Car payment(s) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| e. Loans/student loans | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| f. Medical expenses | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

44. Have you received help from each of the following supports so you could afford early childhood care and education expenses for this child?
a. Unpaid employer leave following this child's birth
b. Paid employer leave following this child's birth
c. Employer pays portion/all of child care fees/tuition
d. Child care subsidy (State-funded)
e. Child care tax-credit
f. Flexible spending account (to help pay for child care fees/tuition)
g. Paid time off when my child is ill and I need to stay home
h. Child care provided for free from a friend or relative
45. During a typical week, where does your child spend the most time during the daytime hours?Our home with a parent or family member
$\bigcirc$
In a friend or neighbor's home
At home with nanny or au pair
Childcare center/daycare provider
Public school preschool/pre-kindergarten
Private preschool/prekindergarten
Special education preschool classroom
O Kindergarten
Elementary school ( $1^{\text {st }}-3^{\text {rd }}$ grade)
After school care

For the next questions, please consider the setting, outside of the home, in which your child spends the most time.
46. How would you rate this setting for providing these aspects of your child's early care and education?

|  | Poor | Fair | Good | Excellent |
| :---: | :---: | :---: | :---: | :---: |
| a. Teaching how to get along with others | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| b. Safety | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| c. Nutrition | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| d. Physical activity | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| e. Discipline | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| f. Teaching literacy: letters, sounds and words | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| g. Teaching mathematics: numbers, counting, and problem-solving | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| h. Warm, caring interactions with caregivers | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

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

Very much
Quite a bit
O Some
O A little bit
O Not at all
48. How comfortable are you talking with your child's teacher/caregiver about your child's development and needs?

O Very comfortable
O Quite a bit comfortable
O Somewhat comfortable
A little bit comfortable
O Not comfortable at all
49. Overall, how satisfied or dissatisfied are you with the quality of care and education that your child receives?
O Very satisfied
Satisfied
Neither satisfied nor dissatisfied
$\bigcirc$ Dissatisfied
O Very dissatisfied
50. 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 | $\bigcirc$ |
| b. | Been late for work | $\bigcirc$ |
| c. Left work earlier than normal | $\bigcirc$ | $\bigcirc$ |
| d. Been distracted at work | $\bigcirc$ | $\bigcirc$ |
| e. Turned down a job offer/promotion | $\bigcirc$ | $\bigcirc$ |
| f. Reduced your work hours or quit | $\bigcirc$ | $\bigcirc$ |

51. How concerned are you that the COVID-19 pandemic may have negatively affected your child's learning and development?


Very concerned
Quite a bit concerned
Somewhat concerned
A little bit concerned
O Not concerned at all
52. Did your child participate in remote learning during the COVID-19 pandemic?

53. For how much of the school year did your child participate in remote learning?None (0\%)
0
0
0
0
0
A little (1-10\%)
Some (11-40\%)
About half (41-60\%)
Much (61-90\%)
Most (91-99\%)
All (100\%)

## Substance Use

54. How often do you have a drink containing alcohol?

O Never
O Monthly or less
O 2-4 times a month

- 2-3 times a week

○ 4 or more times a week
55. How many standard drinks containing alcohol do you have on a typical day?

| $\bigcirc$ | $1-2$ |
| :--- | :--- |
| $\bigcirc$ | $3-4$ |
| $\bigcirc$ | $5-6$ |
| $\bigcirc$ | $7-9$ |
| $\bigcirc$ | 10 or more |

56. How often do you have six or more drinks on one occasion?
$\bigcirc$ Never
○ Less than monthly
O Monthly
O Weekly
Daily or almost daily
57. Have you used any of the following substances in ways other than prescribed in the past year?

|  | Yes | No |
| :--- | :--- | :--- |
| a. Marijuana/Cannabis | $\bigcirc$ | $\bigcirc$ |
| b. Cocaine | $\bigcirc$ | $\bigcirc$ |
| c. Methamphetamine | $\bigcirc$ | $\bigcirc$ |
| d. Amphetamine | $\bigcirc$ | $\bigcirc$ |
| e. Heroin | $\bigcirc$ | $\bigcirc$ |
| f. Opioids other than heroin | $\bigcirc$ | $\bigcirc$ |
| g. Hallucinogens or psychedelics | $\bigcirc$ | $\bigcirc$ |

58. Have you used any of the following substances in ways other than prescribed in your lifetime?

|  | Yes | No |
| :--- | :--- | :--- |
| a. Marijuana/Cannabis | $\bigcirc$ | $\bigcirc$ |
| b. Cocaine | $\bigcirc$ | $\bigcirc$ |
| c. Methamphetamine | $\bigcirc$ | $\bigcirc$ |
| d. Amphetamine | $\bigcirc$ | $\bigcirc$ |
| e. Heroin | $\bigcirc$ | $\bigcirc$ |
| f. Opioids other than heroin | $\bigcirc$ | $\bigcirc$ |
| g. Hallucinogens or psychedelics | $\bigcirc$ | $\bigcirc$ |

59. Could you get the following substances in ways other than through a prescription if you wanted to?

|  |  | Yes |
| :--- | :--- | :--- |
| a. Marijuana/Cannabis | $\bigcirc$ | $\bigcirc$ |
| b. Cocaine | $\bigcirc$ | $\bigcirc$ |
| c. Methamphetamine | $\bigcirc$ | $\bigcirc$ |
| d. Amphetamine | $\bigcirc$ | $\bigcirc$ |
| e. Heroin | $\bigcirc$ | $\bigcirc$ |
| f. Opioids other than heroin | $\bigcirc$ | $\bigcirc$ |
| g. Hallucinogens or psychedelics | $\bigcirc$ | $\bigcirc$ |

60. Do you know anyone close to you that currently uses any of the following substances in ways that are not prescribed?

|  | Yes | No |
| :--- | :--- | :--- |
| a. Marijuana/Cannabis | $\bigcirc$ | $\bigcirc$ |
| b. Cocaine | $\bigcirc$ | $\bigcirc$ |
| c. Methamphetamine | $\bigcirc$ | $\bigcirc$ |
| d. Amphetamine | $\bigcirc$ | $\bigcirc$ |
| e. Heroin | $\bigcirc$ | $\bigcirc$ |
| f. Opioids other than heroin | $\bigcirc$ | $\bigcirc$ |
| g. Hallucinogens or psychedelics | $\bigcirc$ | $\bigcirc$ |

61. Do you know anyone who has experienced a drug overdose in the past year?
$\bigcirc$ Yes
$\bigcirc$ No
62. Do you know where to get Narcan (naloxone) if you needed it?
$\begin{array}{ll}\bigcirc & \text { Yes } \\ \bigcirc & \text { No }\end{array}$
〇 I don't know what this is $\boldsymbol{\rightarrow}$ Go to \#64
63. Do you know how to use Narcan (naloxone)?Yes
$\bigcirc$ No
64. Do you know what a syringe service program is?

〇 Yes
$\bigcirc$ No
65. Which view comes closer to your view about the use of marijuana by adults?
O It should be legal for medical AND recreational useIt should be legal for medical use only
O It should not be legal
66. If marijuana/cannabis were to become legal for medical use in Nebraska, do you think you would use it?

67. If marijuana/cannabis were to become legal for medical use in Nebraska, do you think you would use marijuana to substitute for any current medications?Yes
$\bigcirc$ No
68. How much do you disagree or agree with the following statements when thinking about cocaine, methamphetamines, or heroin?

|  | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
| :---: | :---: | :---: | :---: | :---: | :---: |
| a. Most people in my community believe that a person who uses these substances cannot be trusted. | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| b. Most people in my community believe that a person who uses these substances is dangerous. | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| c. Most people in my community think that a person who uses these substances is to blame for their own problems. | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

d. Most people in my community believe that a person who uses these substances is lazy.
69. How much do you disagree or agree with the following statements when thinking about opioids?

| a. Most people in my community believe that a person |  |  |  |
| :--- | :--- | :--- | :--- |
| who uses opioids cannot be trusted. | Neither <br> disagree <br> disagree | Disagree <br> or agree | Agree <br> agree |
| b. Most people in my community believe that a person |  |  |  |
| who uses opioids is dangerous. |  |  |  |

70. How much do you disagree or agree with the following statements when thinking about marijuana/cannabis?

| Strongly |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
| disagree | Disagree | Neither <br> disagree <br> or agree | Agree | Strongly <br> agree |

a. Most people in my community believe that a person who uses marijuana cannot be trusted.
b. Most people in my community believe that a person who uses marijuana is dangerous.
c. Most people in my community think that a person who uses marijuana is to blame for their own problems.
d. Most people in my community believe that a person who uses marijuana is lazy.
71. How much do you disagree or agree with the following statements?
a. We should treat drug use as a health issue and not a
criminal issue.
72. How much do you disagree or agree that Nebraska state law should allow for community-based prevention programs that can provide the following services to people who inject drugs?
Strongly
agree

## About Your Household

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

Own outright


Renting
Provided as part of job/wages
Other, specify:
74. Which of the following comes closest to the kind of housing unit you now live in?
Detached single family house
O Mobile home
Townhouse/Condominium
Apartment/Duplex
Other, specify:
75. What is your current marital or relationship status?

## Married



Married, living apart
$\bigcirc$
Not married, but living with a partner
(cohabiting)Never married
Divorced
Widowed
Separated
76. 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
77. During the past 12 months, how much difficulty have you had paying your bills?A great deal of difficultyQuite a bit of difficultySome difficulty
A little difficulty
No difficulty at all
78. Overall, how satisfied or dissatisfied are you with your current financial situation?
Very satisfiedSatisfied
Neither satisfied nor dissatisfied
$\bigcirc$ Dissatisfied
Very dissatisfied

## About Yourself

79. What year were you born?

80. Are you:

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
$\bigcirc$ No
83. Were you born in Nebraska, another state, or a foreign country?
Nebraska
Another state
$\bigcirc$ Foreign country
84. Are you still living in the same residence as you were 2 years ago?
$\bigcirc$ Yes
$\bigcirc$ No
85. Do you live on a farm, in open country but not on a farm, or in a town or city?
$\bigcirc$ Farm
Open country, but not a farm
$\bigcirc$ Town or city
86. How many years have you lived in this Nebraska county? (Please enter "0" if less than 1 year.)

87. What is your zip code?

88. In general, how would you describe your political views?
Very liberal
O Liberal
Middle-of-the-road
O Conservative
Very conservative
Other, specify:
$\square$
89. In general, what do you consider yourself politically?Democrat


Republican
Independent
Other, specify:
90. Who did you vote for in the 2020 Presidential Election?Biden
O Trump
Other, specify:
$\square$
Did not vote
91. How often do you interact "face to face" with people of a different race or ethnicity?Daily
O Weekly
O Monthly
Almost neverNever
92. Do you consider yourself to be Hispanic or Latino/a?
YesNo
93. What race or races do you consider yourself to be? (Check all that apply)

94. What is the highest degree you have attained?

O No diploma
O High School Diploma/GED
Some college, but no degree
O Technical/Associate/Junior College (2 yr, LPN)
Bachelor's Degree (4 yr, BA, BS, RN)
Graduate Degree (Masters, PhD, Law, Medicine)
95. Would you say that your overall health and well-being is excellent, good, fair or poor?


Excellent
Good
$\bigcirc$ Fair
Poor
96. Do you smoke cigarettes?Yes
O No
97. Do you typically work full-time, part-time, go to school, keep house, or something else? (Check all that apply)

98. 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.)
$\square$ average total hours per week
99. How satisfied or dissatisfied are you with your job?


Very satisfied
Satisfied
Neither satisfied nor dissatisfied
Dissatisfied
Very dissatisfied
100. How many times in the past 12 months have you:
a. Worked on a community project? $\square$
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)?

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


Protestant
Catholic
Jewish
Muslim
None (no religion)
Other, specify:
102. How often do you attend religious services?

Several times a week
Once a week
Nearly every week
O About once a month
Several times a year
About once a year
Less than once a year
O Never
103. In general, how much do your religious or spiritual beliefs influence your daily life?
Very much
Quite a bit
Some
O A little
O None
Doesn't apply, not religious or spiritual
104. Do you have internet access at home, including through a cellular signal?
$\bigcirc$
Yes
No $\rightarrow$ Go to \#108
105. Do you have each of the following types of internet access at home?

|  | Yes | No |
| :--- | :---: | :---: |
| a. Dial-up internet service | $\bigcirc$ | $\bigcirc$ |
| b. Higher speed broadband |  |  |
| service (DSL, cable, or fiber |  |  |
| optic) |  |  |

106. How dependable is your internet service at home?

O Very dependable
O Mostly dependable
Somewhat dependable
A little dependable
O Not dependable at all
107. How fast or slow is your internet service at home?

O Very fast
Somewhat fast
Somewhat slow
O Very slow
108. Do you have...

A smartphone
Both a cell phone and a smartphone
A cell phone, but not a smartphone
$\bigcirc$ None
109. During the past 4 weeks ( 28 days), how much of the time did you feel:

110. Please use the space below to provide any comments or feedback.
$\square$

## 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:
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

