

Survey about Transportation

DIRECTIONS: Please respond to as many questions as possible. If you are unsure, please pick the closest response or guess.

To begin, we'd like to ask you a few questions about how you get wherever you need to go, both now and what you expect in the future.

1. *How satisfied are you with your current transportation mobility? In other words, how easily can you get where you need or want to go?*

Not at All Satisfied Very Satisfied

2. *How much are your current transportation needs being met using each of the following transportation methods?*

a. <i>DRIVING YOURSELF</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All
b. <i>RIDES WITH OTHER DRIVERS</i> (family, friends, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All
c. <i>BUSES</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All
d. <i>TAXIS/CABS</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All
e. <i>MASS TRANSPORT</i> (light rail, trains, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All
f. <i>SPECIALIZED TRANSPORT</i> (medical transport, disabled/senior shuttles, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All
g. <i>WALKING</i> (for transportation, <u>NOT</u> for enjoyment or exercise exclusively)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All
h. <i>"E-HAIL" APPS</i> (such as Uber or Lyft) on a smartphone or tablet	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All
i. OTHER Please specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None All

Next, we have more questions about your driving experiences.

10. How old were you when you learned to drive? _____ years old

11. How experienced do you feel you are as a driver?

Not at All Experienced Very Experienced

12. For how many years did you drive *intensely* on a regular basis, that is, driving frequently and/or long distances for your work or personal life? _____ years

13. At any point in your driving history, have you modified your driving in any of the following ways (please select all that apply):

- Drive only with others in the car
- Drive slower than you used to
- Avoid left-hand turns
- Drive only during daylight
- Avoid peak traffic hours
- Avoid busy intersections
- Stay within familiar areas
- Avoid highways/interstates
- Temporarily been unable to drive
- Other (please describe):

For the next set of questions, we will focus on people or places where you might get information about safe driving.

<p>14. How many meetings, lectures, or classes have you attended to learn information about aging and driving?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>None A Lot</p>
<p>15. How much information about safe driving for older adults have you sought out from magazine articles, brochures, guides, or other sources (either printed or on the Internet)?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>None A Lot</p>
<p>16. Regardless of how much transportation planning you have or haven't done, how much planning about your transportation do you intend to do in the future?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>None A Lot</p>

17. Have you talked to family, friends, or others about how they plan to get around if they stop driving?

Not at All A Lot

18. Are you responsible for anyone else's transportation?

Yes No



IF YES, please describe:

19. How many drivers live with you (not including yourself, if you currently drive)? _____ drivers

20. Are you currently able to drive?

Yes No



IF NO, how many years has it been since the last time you drove? _____ years



IF NO, why did you stop driving?

If you are **NOT CURRENTLY** able to drive, please skip to page 12, question 48.

21. Do you have a car available to use when you need one? Yes No

22. Do you limit your driving to nearby places? Yes No

23. Do you drive on longer trips? Yes No

24. In the past year, how many days (on average) did you drive each week?
_____ days/week

25. How difficult is it for you to believe that you may become a nondriver someday?

Not at All Difficult Very Difficult

26. How <u>stressful</u> is driving for you currently?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not at All Very
27. Whether or not driving is stressful to you, how <u>enjoyable</u> is it for you currently?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not at All Very
28. If you were no longer able to drive, how <u>satisfied</u> do you think you would be with your transportation mobility?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not at All Very

How much would thinking now about a time when you're no longer driving...

29. ...help you to <u>meet future transportation needs</u> ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not at All A Lot
30. ...help make a future transition to nondriver easier <u>emotionally</u> ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not at All A Lot

31. When do you think you will stop driving completely?

32. *In the past year, have you experienced any events that made you consider changing your driving?*

Yes No



IF YES, please mark what kind of events occurred (please select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Car accident or collision | <input type="checkbox"/> Near miss |
| <input type="checkbox"/> Someone you know stopped driving | <input type="checkbox"/> New diagnosis |
| <input type="checkbox"/> A conversation about your driving | <input type="checkbox"/> Health Issue |
| <input type="checkbox"/> Backing up into objects | |
| <input type="checkbox"/> Finding unexplained dents or dings in your vehicle | |
| <input type="checkbox"/> Hearing about older driver safety or unsafe older drivers stories | |
| <input type="checkbox"/> Other (please describe): | |

33. *How easy do you believe it would be for you to meet your transportation needs if you were no longer driving yourself?*

Not Easy at All Very Easy

34. *How long do you expect to continue driving? _____ years*

35. *Have you driven in the last 30 days?*

Yes No



*IF NO, how many years has it been since the last time you drove?
(Please write "0" if you drove in the last year.) _____ years*

41. If you were no longer driving yourself, how well could your future transportation needs be met using each the following transportation methods?

a. RIDES WITH OTHER DRIVERS (family, friends, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not Well at All Very Well </div>
b. BUSES	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not Well at All Very Well </div>
c. MASS TRANSPORT (light rail, trains, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not Well at All Very Well </div>
d. TAXIS/CABS	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not Well at All Very Well </div>
e. SPECIALIZED TRANSPORT (medical transport, disabled/senior shuttles, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not Well at All Very Well </div>
f. WALKING (for transportation, <u>NOT</u> for enjoyment or exercise exclusively)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not Well at All Very Well </div>
g. "E-HAIL" APPS (such as Uber or Lyft) on a smartphone or tablet	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not Well at All Very Well </div>
h. OTHER Please specify: _____	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not Well at All Very Well </div>

42. How comfortable would you be using each of the following transportation methods in the future if you were no longer driving?

a. RIDES WITH OTHER DRIVERS (family, friends, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Comfortable Completely Comfortable </div>
b. BUSES	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Comfortable Completely Comfortable </div>
c. MASS TRANSPORT (light rail, trains, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Comfortable Completely Comfortable </div>
d. TAXIS/CABS	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Comfortable Completely Comfortable </div>
e. SPECIALIZED TRANSPORT (medical transport, disabled/senior shuttles, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Comfortable Completely Comfortable </div>
f. WALKING (for transportation, <u>NOT</u> for enjoyment or exercise exclusively)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Comfortable Completely Comfortable </div>
g. "E-HAIL" APPS (such as Uber or Lyft) on a smartphone or tablet	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Comfortable Completely Comfortable </div>
h. OTHER Please specify: _____	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Comfortable Completely Comfortable </div>

43. How *likely* would you be to use each of the following transportation methods if you were not driving in the future?

a. <i>RIDES WITH OTHER DRIVERS</i> (family, friends, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Likely Very Likely </div>
b. <i>BUSES</i>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Likely Very Likely </div>
c. <i>MASS TRANSPORT</i> (light rail, trains, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Likely Very Likely </div>
d. <i>TAXIS/CABS</i>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Likely Very Likely </div>
e. <i>SPECIALIZED TRANSPORT</i> (medical transport, disabled/senior shuttles, etc.)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Likely Very Likely </div>
f. <i>WALKING</i> (for transportation, <u>NOT</u> for enjoyment or exercise exclusively)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Likely Very Likely </div>
g. <i>"E-HAIL" APPS</i> (such as Uber or Lyft) on a smartphone or tablet	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Likely Very Likely </div>
h. OTHER Please specify: _____	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Not at All Likely Very Likely </div>

In addition to what you are doing, we are interested in learning how much have you talked to other people about a time when you are no longer driving.

	a. How much have you discussed a possible nondriving future with this person or people?	b. Do you think they want you to plan <u>MORE</u> for a nondriving future?	c. How much <u>do you care</u> about if they want you to plan more?
44. Spouse/ Partner	<input type="checkbox"/> Have not talked <input type="checkbox"/> Talked in passing <input type="checkbox"/> Seriously talked <input type="checkbox"/> Do not have a spouse/partner <i>(If not, please move on to question 45.)</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot
45. Adult Children/ Grandchildren	<input type="checkbox"/> Have not talked <input type="checkbox"/> Talked in passing <input type="checkbox"/> Seriously talked <input type="checkbox"/> Do not have adult children/grandchildren <i>(If not, please move on to question 46.)</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot
46. Healthcare Providers (including primary care physicians, eye doctors, nurses, etc.)	<input type="checkbox"/> Have not talked <input type="checkbox"/> Talked in passing <input type="checkbox"/> Seriously talked <input type="checkbox"/> Do not have healthcare providers <i>(If not, please move on to question 47.)</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot
47. Others Please specify:	<input type="checkbox"/> Have not talked <input type="checkbox"/> Talked in passing <input type="checkbox"/> Seriously talked	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot

If you are skipping forward from page 2 or 4, please start again here.

Consider what would happen if you could not get yourself to valued destinations and activities independently. Maybe this is occurring already in your life; maybe it could happen in the future.

- 48.** Read each statement and consider if you agree or disagree and how strongly. Mark your answer by circling the appropriate number to the right. Respond to all items if possible.

	Strongly DISAGREE				Strongly AGREE
<i>a. Mobility loss can be sudden or progressive, but it is always devastating.</i>	1	2	3	4	5
<i>b. Asking others for help with mobility means that I am losing my independence.</i>	1	2	3	4	5
<i>c. I am a burden if I ask others for help with transportation.</i>	1	2	3	4	5
<i>d. I avoid thinking about losing my mobility.</i>	1	2	3	4	5
<i>e. I wish others would stop talking to me about my mobility.</i>	1	2	3	4	5
<i>f. Asking for a ride creates an inconvenience for others.</i>	1	2	3	4	5
<i>g. Other people simply don't understand what it's like to have limited mobility.</i>	1	2	3	4	5
<i>h. It is devastating for older people to have someone take away their car keys.</i>	1	2	3	4	5
<i>i. I do not like to ask others for a ride.</i>	1	2	3	4	5
<i>j. I feel depressed at the thought of being limited in my mobility.</i>	1	2	3	4	5

	Strongly DISAGREE					Strongly AGREE	
k. <i>Moving to a retirement community is too restrictive for my desired mobility.</i>	1	2	3	4	5		
l. <i>When I see older people with significant limitations in mobility, I fear that I will end up like that too.</i>	1	2	3	4	5		
m. <i>There is no way to plan for loss of mobility in aging.</i>	1	2	3	4	5		
n. <i>A big loss of mobility would really hurt my self-esteem.</i>	1	2	3	4	5		
o. <i>Loss of mobility is very isolating and depressing.</i>	1	2	3	4	5		
p. <i>I shudder to think of a time when I am less mobile than I am now.</i>	1	2	3	4	5		
q. <i>I refuse to accept that I might lose my mobility in the future.</i>	1	2	3	4	5		
r. <i>My future independence hinges on my ability to get myself around.</i>	1	2	3	4	5		
s. <i>I have not thought much about my future mobility before today.</i>	1	2	3	4	5		
t. <i>I've seen others become frail and immobile in older age, and I am determined to avoid this fate at whatever cost.</i>	1	2	3	4	5		
u. <i>It really frustrates me when I have difficulty getting around.</i>	1	2	3	4	5		
v. <i>I feel angry when I think about losing my mobility.</i>	1	2	3	4	5		
w. <i>I feel self-conscious when my mobility needs become a concern for others.</i>	1	2	3	4	5		
x. <i>It is not easy for me to ask for help with transportation when I need it.</i>	1	2	3	4	5		

Please share how much you have planned for the following future needs. Mark the appropriate box for each topic below.

How much have you planned for your possible future...

<p>49....general health care needs?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Not at All A Lot</p>
<p>50....financial matters?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Not at All A Lot</p>
<p>51....housing or living arrangements?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Not at All A Lot</p>
<p>52....personal healthcare?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Not at All A Lot</p>
<p>53....end-of-life decisions?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Not at All A Lot</p>
<p>54....estate planning and/or will?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Not at All A Lot</p>

Finally, we'd like to know some more general information about you.

55. In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

The following two questions are about activities you might do during a typical day. Does **YOUR HEALTH NOW LIMIT YOU** in these activities? If so, how much?

56. *MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:*

- Yes, Limited A Lot
- Yes, Limited A Little
- No, Not Limited At All

57. *Climbing SEVERAL flights of stairs:*

- Yes, Limited A Lot
- Yes, Limited A Little
- No, Not Limited At All

During the **PAST 4 WEEKS** have you had any of the following problems with your work or other regular activities **AS A RESULT OF YOUR PHYSICAL HEALTH?**

58. *ACCOMPLISHED LESS than you would like:* Yes No

59. *Were limited in the KIND of work or other activities:* Yes No

During the **PAST 4 WEEKS**, were you limited in the kind of work you do or other regular activities **AS A RESULT OF ANY EMOTIONAL PROBLEMS** (such as feeling depressed or anxious)?

60. *ACCOMPLISHED LESS than you would like:* Yes No

61. *Didn't do work or other activities as CAREFULLY as usual:* Yes No

62. *During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?*

- Not At All
- A Little Bit
- Moderately
- Quite A Bit
- Extremely

The next three questions are about how you feel and how things have been DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS –

63. *Have you felt calm and peaceful?*

- All of the Time
- Most of the Time
- A Good Bit of the Time
- Some of the Time
- A Little of the Time
- None of the Time

64. *Did you have a lot of energy?*

- All of the Time
- Most of the Time
- A Good Bit of the Time
- Some of the Time
- A Little of the Time
- None of the Time

65. *Have you felt downhearted and blue?*

- All of the Time
- Most of the Time
- A Good Bit of the Time
- Some of the Time
- A Little of the Time
- None of the Time

66. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the Time
- Most of the Time
- A Good Bit of the Time
- Some of the Time
- A Little of the Time
- None of the Time

67. What is your current age? _____ years old

68. To what age do you expect to live? _____ years old

69. What is the highest grade of school or year of college you completed?

- Less than high school
IF LESS THAN HIGH SCHOOL, what was the last grade you finished? _____
- High school diploma
- Some college
- College graduate
- Some graduate/professional school
- Master's/Professional degree
- Doctorate

70. What is your gender? _____

71. What race do you consider yourself to be? Please mark all that apply.

- White/Caucasian Black/African-American
- Other (Please specify): _____

72. Do you consider yourself Hispanic or Latino? Yes No Not sure

73. How would you describe the area where you live?

- Urban (City) Rural Suburban

74. How would you describe your current employment status?

- Working full-time
 Working part-time
 Temporarily laid off
 Unemployed and looking for work
 Disabled and unable to work
 Retired
 Homemaker
 Other (please describe): _____

75. Which best describes your yearly household income?

- Less than \$10,000
 \$10,000 to \$14,999
 \$15,000 to \$24,999
 \$25,000 to \$49,999
 \$50,000 to \$99,999
 \$100,000 to \$149,999
 \$150,000 to \$199,999
 \$200,000 and above

76. What is your current relationship status?

- Single (never married)
 Married/Domestic partnership
 Divorced/Separated
 Widowed

Thank you for completing the survey! Please mail it back in the envelope included in the package. You should get your \$20 gift card within 3-4 weeks after we receive your survey.