

Sightlines Survey

How often do you and your spouse or partner have a really good talk about something important to you?

- At least once a day
- A few times a week
- Once a week
- A few times a month
- Less often than that
- Don't know
- Not applicable

How much can you rely on your partner for help if you have a serious problem?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who currently live with you?

- Several times a day
- About once a day
- Several times a week
- About once a week
- Two or three times a month
- About once a month
- Less than once a month
- Never or hardly ever
- Don't know
- Not applicable

How often do you have contact with any members of your family who currently live with you via...?

	Always	Most of the time	About half the time	A little of the time	Never
In-person visits	<input type="radio"/>				
Phone calls	<input type="radio"/>				
Emails	<input type="radio"/>				
Text messages	<input type="radio"/>				
Social media posts	<input type="radio"/>				
Online video interactions	<input type="radio"/>				

How much can you rely on members of your family who currently live with you for help if you have a serious problem?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who do not live with you?

- Several times a day
- About once a day
- Several times a week
- About once a week
- Two or three times a month
- About once a month
- Less than once a month
- Never or hardly ever
- Don't know
- Not applicable

How often do you have contact with any members of your family who do not live with you via...?

	Always	Most of the time	About half the time	A little of the time	Never
In-person visits	<input type="radio"/>				
Phone calls	<input type="radio"/>				
Emails	<input type="radio"/>				
Text messages	<input type="radio"/>				
Social media posts	<input type="radio"/>				
Online video interactions	<input type="radio"/>				

How much can you rely on members of your family who currently live with you for help if you have a serious problem?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

How often are you in contact with any close friends?

- Several times a day
- About once a day
- Several times a week
- About once a week
- Two or three times a month
- About once a month
- Less than once a month
- Never or hardly ever
- Don't know
- Not applicable

How often do you have contact with any close friends via...?

	Always	Most of the time	About half the time	A little of the time	Never
In-person visits	<input type="radio"/>				
Phone calls	<input type="radio"/>				
Emails	<input type="radio"/>				
Text messages	<input type="radio"/>				
Social media posts	<input type="radio"/>				
Online video interactions	<input type="radio"/>				

How much can you rely on your close friends for help if you have a serious problem?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

How often are you in contact with any other friends or acquaintances?

- Several times a day
- About once a day
- Several times a week
- About once a week
- Two or three times a month
- About once a month
- Less than once a month
- Never or hardly ever
- Don't know
- Not applicable

How often do you have contact with any other friends or acquaintances?

	Always	Most of the time	About half the time	A little of the time	Never
In-person visits	<input type="radio"/>				
Phone calls	<input type="radio"/>				
Emails	<input type="radio"/>				
Text messages	<input type="radio"/>				
Social media posts	<input type="radio"/>				
Online video interactions	<input type="radio"/>				

How much can you rely on any other friends or acquaintances for help if you have a serious problem?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

Are you currently working for pay?

- Yes, full-time
- Yes, part-time
- Yes, gig/contract work
- No
- Other _____

How often do you have a real conversation or get together socially with any of your neighbors?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- 4-6 times a year
- Once a year
- Never

How much can you rely on your neighbors for help if you have a serious problem?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

How often do you typically attend community events or meetings (e.g., organized social group gatherings, sports clubs, organized recreational activities, local events)?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- 4-6 times a year
- Once a year
- Never

How often do you typically attend religious or spiritual services?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- 4-6 times a year
- Once a year
- Never

Over the past year, have you done any volunteer activities through or for an organization?

- Yes
- No

Over the past week, did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

Over the past week, did you use any product containing marijuana?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

Over the past week, how often did you drink any alcoholic beverages?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

On a typical day when you drink alcohol, how many alcoholic drinks do you have (1 drink = 1 oz. hard liquor, 4 oz. wine, 12 oz. beer)?

Over the past month, how often did you use any illegal drugs (e.g., cocaine, heroin, methamphetamine)? (Note: your response will be kept confidential and will not be tied to any identifying information)

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- 4-6 times a year
- Once a year
- Never

How many hours do you typically spend sitting or reclining at work, home, or school each day?

How many hours do you typically spend sitting or reclining at work, home, or school each day?

How many minutes per week do you engage in vigorous physical activity?

How many minutes per week do you engage in moderate physical activity?

How many minutes per week do you engage in light physical activity?

How tall are you in inches?

How much do you weigh in pounds?

Over the past week, how often did you eat fruits and vegetables?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

On a typical day when you eat fruits and vegetables, how many servings do you have?

How much sleep do you usually get each night on a typical weekday or workday?

What is your annual family income?

- Less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000 - \$149,999
- More than \$150,000

How much debt do you currently have?

- Less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000 - \$149,999
- More than \$150,000

Are you able to cover at least \$3000 in expenses in case of an emergency?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Do you have any investment accounts (check all that apply)?

- Savings account
- CD
- Bonds
- Mutual fund
- Single stocks
- Other _____

Do you have a retirement savings account through your workplace or personally (e.g, IRA)

- Yes
- No

Do you or your partner own your own home?

- Yes
- No

Do you have health insurance through your work, private company, or government plan?

- Yes
- No

Do you have long-term disability insurance either through a private or workplace sponsor?

- Yes
- No

Do you have term life insurance?

- Yes
- No