

SECTION I *Questions Highlighted In Yellow Are For External Release (8-13, 15-20, 22-40)*

response percentages are noted in red when available for each question

1. Overall, how satisfied are you with your AARP membership?

- Extremely satisfied
 Very satisfied
 Somewhat satisfied
 Not too satisfied
 Not at all satisfied

2. How likely are you to renew your membership with AARP?

- Extremely likely
 Very likely
 Somewhat likely
 Not too likely
 Not at all likely

3. If you were to renew your AARP membership, how important would each of the following be in your decision to renew?

	<i>Extremely Important</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Not Too Important</i>	<i>Not At All Important</i>
a. AARP Tax Aide (providing taxpreparation/counseling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. AARP Driver Safety (driver safety course).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Jobs/Career resources (information, tools, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. AARP Roadside Assistance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. AARP financial resources (information, tools, services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. AARP credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. AARP's advocacy and lobbying efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. AARP volunteer opportunities in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. AARP programs or activities in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. AARP's charitable work that helps others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. AARP efforts to end hunger.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. AARP auto/motorcycle insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. AARP life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. AARP health/medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. AARP long-term care insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. AARP prescription discount program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. AARP homeowner's or mobile home insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Health/wellness discounts (vision, hearing, dental, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Discounts on travel, hotels, and/or car rentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Technology discounts (cell phone, ADT, Amazon, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Everyday discounts (restaurants, shopping, entertainment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. AARP Life Reimagined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. AARP The Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. AARP Bulletin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. AARP website (www.aarp.org)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Other AARP informational resources (publications, webinars, mobile apps, online newsletters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. AARP Rewards For Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. AARP consumer fraud efforts (ID theft, scams, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. AARP Caregiving Resource Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How would you prefer to hear about AARP programs, activities, and/or services? (✓ check ALL that apply)

- USPS Mail E-Mail AARP website AARP Bulletin AARP The Magazine
 AARP Apps TV Text messages Telephone AARP digital newsletters

5. In what language would you prefer to receive communications and/or materials from AARP?

- English Spanish French German Chinese
 Japanese Korean Vietnamese Tagalog Other

6. Using a 0 to 10 point scale where '0' means “not at all likely” and '10' means “extremely likely,” how likely are you to recommend an AARP membership to family, friends or co-workers?

<i>Not At All</i>								<i>Extremely</i>		
<i>Likely</i>								<i>Likely</i>		
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Based upon your experience and/or interactions with AARP, please read the following statements and indicate how much you agree with each one. Please use a 1 to 7 point scale, where ‘1’ means you do not agree at all and ‘7’ means you completely agree with the statement.

	<i>Do NOT</i>					<i>Completely</i>	
	<i>Agree At All</i>					<i>Agree</i>	
	1	2	3	4	5	6	7
AARP is effective at meeting my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP is easy to work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP is enjoyable to work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP sends me the right amount of mail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What is your general outlook on life? (✓check only ONE)

- 28 Life is great 44 Life is very good 14 Life is okay 11 Life is challenging 3 Life is very challenging

9. In the last 12 months, have you volunteered any of your time for a nonprofit organization, charity, school, hospital, religious organization, neighborhood association, civic group, or any other group?

- 51 Yes 49 No

10. In which of the following activities have you participated in the last 5 years, including the last presidential election in 2012? (✓check ALL that apply)

- 24 Contacted (phone, email, text, etc.) a public official to make your views known on an issue
- 22 Contributed money to a candidate or political party
- 7 Volunteered to work on a campaign for a particular candidate or party
- 9 Contacted the media (TV, radio, newspaper, etc.) to make your views known on an issue
- 15 Participated in a political event or town meeting
- 9 Volunteered with a group working to influence local, state, or national government
- 76 Voted in a Presidential election
- 74 Voted in a State or local election
- 17 Met with an elected official
- 15 Used social media (Twitter, Facebook, blogs, etc.) to express political opinions
- 13 I have NOT DONE ANY of these activities in the last 5 years

11. In the last 12 months, have you or anyone in your household contributed money to:

A church or religious organization	74	Yes	26	No
A charitable organization that is not a church or religious organization	82	Yes	18	No
Any organization that works to influence local, state, or national government or political campaigns	27	Yes	73	No

12. Are you currently providing unpaid help to a relative or friend 18 years or older to help them take care of themselves? This would include things such as grocery shopping, providing transportation, managing finances, arranging for healthcare or other services, preparing meals, etc...

38 Yes 62 No

13. Which of the following events have affected your life or your spouse/partner's life in the last 2 years? (✓ check ALL that apply)

10	Loss of a job	3	Divorce or separation
32	Reduction in income	7	Death of spouse/partner
29	Reduction in savings or assets	31	Death of a family member or close friend
14	Debt problems	8	Adult children became financially dependent
10	Moved to a new house	17	Birth of one or more grandchildren
1	Foreclosure/loss of home	5	Been without health insurance for any period of time
6	Started a new job	14	Survived a major illness
2	Started own business	27	Decline in physical health
18	Started retirement	5	Stopped driving
17	Started claiming Social Security benefits	7	Experienced memory loss and/or cognitive impairment
9	Family member moved in with you	21	Experienced difficulty walking
6	Parent/older relative moved into nursing home	20	Experienced hearing or vision loss
4	Provided primary care for a grandchild	29	Chronic health problems (heart disease, diabetes, high blood pressure, mental illness, etc.)
16	Modified or remodeled your home	9	NONE OF THESE in the last 2 years
5	Became an empty nester		

14. AARP offers activities and events on topics of interest to people 50+ in all states and many local communities.

In Column 'A', please indicate the AARP activities in which you have participated during the last 2 years.

In Column 'B', please indicate those activities in which you would be interested in participating over the next 2 years, if AARP offered them in your local area or community.

	<i>A.</i> <i>Participated In</i> <i>During the</i> <i>Last 2 Years</i>	<i>B.</i> <i>Would Be Interested In</i> <i>Participating Over the</i> <i>Next 2 Years</i>
AARP Educational programs/activities (e.g., health & wellness, fraud prevention, Driver Safety, personal finances, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
AARP Volunteer opportunities that meet community needs (e.g., hunger, youth programs, improving streets, Tax Aide, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
AARP Discounts to local entertainment or cultural events	<input type="checkbox"/>	<input type="checkbox"/>
AARP Forums with expert speakers on national or state issues	<input type="checkbox"/>	<input type="checkbox"/>
AARP Voter education and candidate information, activities, or events	<input type="checkbox"/>	<input type="checkbox"/>
AARP Social events at local museums, cafes, libraries, halls	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II

15. Please rate your own level of concern about the following:

	Extremely Concerned	Very Concerned	Somewhat Concerned	Not Too Concerned	Not At All Concerned
Health Care					
Having adequate health insurance coverage	51	26	11	7	5
Having Medicare benefits available to you in the future....	59	24	9	5	3
Staying mentally sharp.....	60	24	10	4	2
Declining physical health or chronic conditions.....	41	28	21	8	3
Living a healthy lifestyle.....	48	31	14	5	2
Paying for health care expenses (co-pays, prescription drugs, uncovered expenses, etc.)..	53	24	13	7	3
Economic/Financial					
Having Social Security available to you in the future.....	67	18	8	4	3
Having public assistance benefits available (Medicaid, SSI, low-income housing, food stamps).....	31	16	19	18	17
Managing debt (credit cards, mortgage, other loans, etc.)..	27	17	19	20	17
	67	18	8	4	3
Work					
Having employment opportunities in your community.....	18	15	18	19	31
Facing age discrimination in the workplace	16	13	15	20	36
Losing a job.....	12	9	12	21	46
Maintaining relevant job skills and experience.....	14	14	17	19	37
Having work/life balance.....	17	15	16	17	35
Retirement					
Having enough income or savings to retire	42	19	16	11	12
Ensuring the solvency and security of your retirement plans.....	44	22	17	9	9
Having to postpone retirement	17	11	12	15	46
Consumer					
Protecting yourself against consumer fraud/identity theft .	48	28	17	5	3
Affording the cost of your utilities.....	33	22	20	15	10
Protecting yourself against unfair/deceptive financial practices	38	25	20	11	6
Being able to afford groceries or household necessities	32	17	18	19	15
Having online/Internet security and safety.....	35	25	20	10	11
Independent Living and Long-term Care					
Staying in your own home as you get older	45	24	17	9	6
Paying for long-term care (nursing home, home health services, etc.)	38	25	21	10	7
Having long-term care or home health services available ..	40	26	20	9	5
Continuing to drive or get around as you get older	40	27	19	9	5
Feeling isolated or lonely	19	16	23	23	19
Providing support/help/caregiving for a loved one	26	21	23	16	15

16. Please rate your own level of interest in the following:

	<i>Extremely Interested</i>	<i>Very Interested</i>	<i>Somewhat Interested</i>	<i>Not Too Interested</i>	<i>Not At All Interested</i>
Health and Wellness					
Staying mentally sharp.....	61	29	8	2	1
Staying physically fit	54	33	10	1	1
Maintaining a healthy diet.....	47	35	14	2	1
Getting enough sleep	46	32	15	5	2
Reducing stress	45	27	17	8	3
Work					
Starting/running your own business	5	5	10	19	62
Learning about other types of jobs where your skills would be applicable	8	11	16	16	50
Keeping up with technology to maintain job skills	11	16	18	13	42
Gaining new job-related skills or experiences	8	12	16	17	48
Advancing in your job/career.....	6	7	12	19	56
Finding new ways to make money	17	16	20	11	36
Starting a new job/career.....	6	7	12	18	56
Having flexible work arrangements	12	13	13	12	50
Retirement					
Learning about retirement alternatives (second careers, phased retirement, etc.)	15	15	18	16	36
Planning financially for your retirement	18	19	19	14	31
Planning what you will do in retirement (volunteer, travel, hobbies, etc.)	18	19	22	13	28
Community					
Participating in online social networking (Facebook, Twitter, etc.)	7	12	21	21	39
Meeting with local AARP members in-person at planned events.....	4	9	24	27	35
Connecting with other AARP members online.....	2	5	17	30	45
Finding volunteer opportunities in your community	6	12	27	23	32
Using shared economy services like Uber, Airbnb, Zipcar, etc. ...	4	7	16	24	50
Government					
Having an organization represent your needs and interests in national or state government.....	33	28	22	8	10
Having access to unbiased information on candidates and elections	35	30	19	7	10
Having access to unbiased information on government or political activities and issues	35	30	19	7	10
Personal Interests					
Learning new things	33	35	23	5	5
Spending time on hobbies and personal interests	34	39	20	4	4
Spending time with family and friends	47	37	12	2	2
Traveling	34	31	20	8	7
Setting and/or achieving personal goals.....	25	32	26	9	8
Finding local entertainment activities that are fun and affordable	29	34	23	8	7

17. Which of the following items do you currently have? (✓check ALL that apply)

- 49 Desktop computer
- 52 Laptop computer or Netbook
- 25 E-reader such as a Kindle, Kobo, or Nook
- 37 iPad or other tablet computer
- 53 Smartphone such as an iPhone or Android
- 11 Wearable technology device such as a FitBit, Jawbone UP, or Apple Watch
- 15 I DO NOT currently have any of these items

18. About how often do you go online or use the Internet? This includes access from home, work, a mobile device (such as a smartphone), or someplace else. (✓check only ONE)

- 50 Several times a day
- 10 Few times a week
- 3 Less often
- 16 About once a day
- 4 Few times a month
- 17 Never (*Skip to Question 20*)

19. Thinking about what you do online, how often do you use the Internet or go online to do each of the following with any of the devices you have access to (computer, laptop, tablet, smartphone, etc.)?

	Every day	Few times a week	Few times a month	Less often	Never
Play a game.....	28	14	7	12	40
Send/receive email	64	19	8	5	5
Send/receive text messages or instant messages	50	18	8	8	16
Make a purchase.....	3	10	33	39	16
Comparative shop for discounts and/or deals	6	19	32	26	18
Access a social networking site like Facebook, Twitter, or LinkedIn.....	32	15	8	10	34
Leave/post your own reviews/ratings/comments online about things like music, movies, books, travel, and/or any other product or service.....	5	6	12	28	48
Get news and/or other information	45	24	13	10	8
Get health and/or fitness information	13	23	28	21	15
Perform banking or financial transactions.....	14	27	22	10	28
Get directions or traffic information.....	7	19	32	27	15
Download and/or purchase an ‘App’	2	4	14	39	40
Watch videos/shows on sites like YouTube, Hulu, Amazon Prime, or Netflix	8	13	16	23	41

20. Which of the following best describes how you and any other adults living in your household receive all of the telephone calls coming into the household?

- 32 **All** or almost all of the calls are received on cell phones
- 48 **Some** calls are received on cell phones and some are received on regular phones
- 19 **Very few** or none of the calls are received on cell phones
- 2 **Not sure**

21. Please read each of the following statements about AARP and indicate how much you agree with each statement. Please use a 0 to 10 point scale, where '0' means you do not agree at all and '10' means you completely agree with the statement.

	Do NOT Agree At All										Completely Agree
	0	1	2	3	4	5	6	7	8	9	10
AARP is honest and trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP makes things better for society.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP saves me money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP is relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP is for people like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP makes individuals' lives better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP is actively involved in my community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AARP challenges outdated beliefs about aging ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III

The following are for statistical purposes only and your information will be kept entirely confidential. We use this information so that AARP can get a better understanding of the background of its members. This information allows us to ensure our programs and offerings appeal to people who have varying interests and expectations.

22. Do you own or rent your primary residence?

81 Own 15 Rent 4 Other

23. Are you 45 Male 55 Female

24. What is your age? __Mean of 69__ Years

25. Have you retired from a previous job/career? 71 Yes 29 No

26. What is your current employment status?

3 Self-employed full-time	2 Unemployed (looking for work)
4 Self-employed part-time	56 Retired completely – not working at all (Skip to Question 30)
18 Employed full-time	4 Homemaker (Skip to Question 30)
8 Employed part-time	4 Other (Skip to Question 30)

27. At what age would you like to retire? __Mean of 64__ Years

28. At what age do you realistically expect to retire? __Mean of 66__ Years

29. Do you currently own a business and have at least one other person you pay as an employee?

9 Yes 91 No

30. Does any disability, handicap, or chronic disease keep you or your spouse or partner from participating fully in work, school, housework, or other activities? (✓check ALL that apply)

25 Myself 12 Spouse/Partner 57 Neither

31. What is the highest level of education you have achieved?

5 Some high school or less	8 Technical or vocational school graduate	17 Four year college graduate
25 High school graduate	25 Some college or 2-year college graduate	21 Post-graduate work or degree

32. Are you of Hispanic, Latino, or Spanish origin? 5 Yes 95 No (Skip to Question 34)

33. What language do you use at home? In the 1st column, check the category that best describes the language you speak at home. In the 2nd column, check the category that best describes the language you read at home.

	Speak At Home (Check only ONE item below)	Read At Home (Check only ONE item below)
Spanish only or most of the time.....	15	15
Spanish and English equally but prefer Spanish.....	11	9
Spanish and English equally, no preference	13	6
Spanish and English equally but prefer English.....	15	13
English only or most of the time.....	46	59

34. What race do you consider yourself? (✓ check ALL that apply)

80 White-Caucasian	1 Chinese	1 Filipino
10 Black or African American	1 Japanese	<1 Asian Indian
<1 Native Hawaiian or Pacific Islander	<1 Korean	<1 Other Asian
2 American Indian or Alaska Native	<1 Vietnamese	2 Some other race

35. What is your current marital status?

54 Married	20 Widowed (Skip to Question 37)	1 Separated (Skip to Question 37)
3 Living with partner	14 Divorced (Skip to Question 37)	7 Never Married (Skip to Question 37)

36. What is your spouse or partner's age? ___ Mean of 64 ___ Years

37. Please indicate which of the following persons currently live in your household (✓ check ALL that apply).

3 Parents/Parents-in-law	13 Children 18 or older	3 Children under 18
4 Other adults not related to you	2 Grandchildren 18 or older	4 Grandchildren under 18
6 Other relatives		

38. In general, how would you describe your political views?

12 Very Conservative	24 Somewhat Conservative	41 Moderate	17 Somewhat Liberal	7 Very Liberal
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39. What was your total pre-tax household income from all sources in 2015?

10 \$15,000 or less	17 \$35,001 to \$50,000	7 \$100,001 to \$120,000
13 \$15,001 to \$25,000	17 \$50,001 to \$75,000	5 \$120,001 to \$150,000
12 \$25,001 to \$35,000	13 \$75,001 to \$100,000	7 \$150,001 or more

40. Do you consider yourself to be:

98 Heterosexual or straight	2 LGBT (lesbian, gay, bi-sexual, transgender)
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41. If AARP can improve your membership experience, please tell us how in the space below:

Thank you very much for completing the AARP Member Opinion Survey. Please return your completed survey by June 10, 2016 in the enclosed postage-paid envelope to:
 AARP 2016 Member Opinion Survey; c/o Ipsos Public Affairs; PO Box 5030; Chicago, IL 60680-9858