

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

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"/>										

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"/>						
AARP is easy to work with	<input type="checkbox"/>						
AARP is enjoyable to work with	<input type="checkbox"/>						
AARP sends me the right amount of mail.....	<input type="checkbox"/>						

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

- Life is great Life is very good Life is okay Life is challenging 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?

- Yes 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)

- Contacted (phone, email, text, etc.) a public official to make your views known on an issue
- Contributed money to a candidate or political party
- Volunteered to work on a campaign for a particular candidate or party
- Contacted the media (TV, radio, newspaper, etc.) to make your views known on an issue
- Participated in a political event or town meeting
- Volunteered with a group working to influence local, state, or national government
- Voted in a Presidential election
- Voted in a State or local election
- Met with an elected official
- Used social media (Twitter, Facebook, blogs, etc.) to express political opinions
- 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 Yes No
- A charitable organization that is not a church or religious organization Yes No
- Any organization that works to influence local, state, or national government or political campaigns Yes 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...

- Yes 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)

- | | |
|--|---|
| <input type="checkbox"/> Loss of a job | <input type="checkbox"/> Divorce or separation |
| <input type="checkbox"/> Reduction in income | <input type="checkbox"/> Death of spouse/partner |
| <input type="checkbox"/> Reduction in savings or assets | <input type="checkbox"/> Death of a family member or close friend |
| <input type="checkbox"/> Debt problems | <input type="checkbox"/> Adult children became financially dependent |
| <input type="checkbox"/> Moved to a new house | <input type="checkbox"/> Birth of one or more grandchildren |
| <input type="checkbox"/> Foreclosure/loss of home | <input type="checkbox"/> Been without health insurance for any period of time |
| <input type="checkbox"/> Started a new job | <input type="checkbox"/> Survived a major illness |
| <input type="checkbox"/> Started own business | <input type="checkbox"/> Decline in physical health |
| <input type="checkbox"/> Started retirement | <input type="checkbox"/> Stopped driving |
| <input type="checkbox"/> Started claiming Social Security benefits | <input type="checkbox"/> Experienced memory loss and/or cognitive impairment |
| <input type="checkbox"/> Family member moved in with you | <input type="checkbox"/> Experienced difficulty walking |
| <input type="checkbox"/> Parent/older relative moved into nursing home | <input type="checkbox"/> Experienced hearing or vision loss |
| <input type="checkbox"/> Provided primary care for a grandchild | <input type="checkbox"/> Chronic health problems (heart disease, diabetes, high blood pressure, mental illness, etc.) |
| <input type="checkbox"/> Modified or remodeled your home | |
| <input type="checkbox"/> Became an empty nester | <input type="checkbox"/> NONE OF THESE in the last 2 years |

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.

	A. <i>Participated In During the Last 2 Years</i>	B. <i>Would Be Interested In Participating Over the 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:

	<i>Extremely Concerned</i>	<i>Very Concerned</i>	<i>Somewhat Concerned</i>	<i>Not Too Concerned</i>	<i>Not At All Concerned</i>
Health Care					
Having adequate health insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having Medicare benefits available to you in the future....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying mentally sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declining physical health or chronic conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living a healthy lifestyle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for health care expenses (co-pays, prescription drugs, uncovered expenses, etc.)..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic/Financial					
Having Social Security available to you in the future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having public assistance benefits available (Medicaid, SSI, low-income housing, food stamps).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing debt (credit cards, mortgage, other loans, etc.)..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work					
Having employment opportunities in your community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facing age discrimination in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing a job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining relevant job skills and experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having work/life balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement					
Having enough income or savings to retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring the solvency and security of your retirement plans.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having to postpone retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer					
Protecting yourself against consumer fraud/identity theft ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affording the cost of your utilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting yourself against unfair/deceptive financial practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to afford groceries or household necessities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having online/Internet security and safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living and Long-term Care					
Staying in your own home as you get older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for long-term care (nursing home, home health services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having long-term care or home health services available ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing to drive or get around as you get older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling isolated or lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing support/help/caregiving for a loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Extremely Interested *Very Interested* *Somewhat Interested* *Not Too Interested* *Not At All Interested*

Health and Wellness

Staying mentally sharp.....	<input type="checkbox"/>				
Staying physically fit	<input type="checkbox"/>				
Maintaining a healthy diet.....	<input type="checkbox"/>				
Getting enough sleep	<input type="checkbox"/>				
Reducing stress	<input type="checkbox"/>				

Work

Starting/running your own business	<input type="checkbox"/>				
Learning about other types of jobs where your skills would be applicable	<input type="checkbox"/>				
Keeping up with technology to maintain job skills	<input type="checkbox"/>				
Gaining new job-related skills or experiences	<input type="checkbox"/>				
Advancing in your job/career.....	<input type="checkbox"/>				
Finding new ways to make money	<input type="checkbox"/>				
Starting a new job/career.....	<input type="checkbox"/>				
Having flexible work arrangements	<input type="checkbox"/>				

Retirement

Learning about retirement alternatives (second careers, phased retirement, etc.)	<input type="checkbox"/>				
Planning financially for your retirement	<input type="checkbox"/>				
Planning what you will do in retirement (volunteer, travel, hobbies, etc.)	<input type="checkbox"/>				

Community

Participating in online social networking (Facebook, Twitter, etc.)	<input type="checkbox"/>				
Meeting with local AARP members in-person at planned events.....	<input type="checkbox"/>				
Connecting with other AARP members online.....	<input type="checkbox"/>				
Finding volunteer opportunities in your community	<input type="checkbox"/>				
Using shared economy services like Uber, Airbnb, Zipcar, etc. ...	<input type="checkbox"/>				

Government

Having an organization represent your needs and interests in national or state government.....	<input type="checkbox"/>				
Having access to unbiased information on candidates and elections	<input type="checkbox"/>				
Having access to unbiased information on government or political activities and issues	<input type="checkbox"/>				

Personal Interests

Learning new things	<input type="checkbox"/>				
Spending time on hobbies and personal interests	<input type="checkbox"/>				
Spending time with family and friends	<input type="checkbox"/>				
Traveling	<input type="checkbox"/>				
Setting and/or achieving personal goals.....	<input type="checkbox"/>				
Finding local entertainment activities that are fun and affordable	<input type="checkbox"/>				

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

- Desktop computer
- Laptop computer or Netbook
- E-reader such as a Kindle, Kobo, or Nook
- iPad or other tablet computer
- Smartphone such as an iPhone or Android
- Wearable technology device such as a FitBit, Jawbone UP, or Apple Watch
- 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)

- Several times a day
- About once a day
- Few times a week
- Few times a month
- Less often
- 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.)?

	<i>Every day</i>	<i>Few times a week</i>	<i>Few times a month</i>	<i>Less often</i>	<i>Never</i>
Play a game.....	<input type="checkbox"/>				
Send/receive email	<input type="checkbox"/>				
Send/receive text messages or instant messages	<input type="checkbox"/>				
Make a purchase.....	<input type="checkbox"/>				
Comparative shop for discounts and/or deals	<input type="checkbox"/>				
Access a social networking site like Facebook, Twitter, or LinkedIn.....	<input type="checkbox"/>				
Leave/post your own reviews/ratings/comments online about things like music, movies, books, travel, and/or any other product or service.....	<input type="checkbox"/>				
Get news and/or other information	<input type="checkbox"/>				
Get health and/or fitness information	<input type="checkbox"/>				
Perform banking or financial transactions.....	<input type="checkbox"/>				
Get directions or traffic information.....	<input type="checkbox"/>				
Download and/or purchase an 'App'	<input type="checkbox"/>				
Watch videos/shows on sites like YouTube, Hulu, Amazon Prime, or Netflix	<input type="checkbox"/>				

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?

- All or almost all of the calls are received on cell phones
- Some calls are received on cell phones and some are received on regular phones
- Very few or none of the calls are received on cell phones
- 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.

	<i>Do NOT Agree At All</i>										<i>Completely Agree</i>
	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?

- Own Rent Other

23. Are you Male Female

24. What is your age? _____ Years

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

26. What is your current employment status?

- | | |
|--|---|
| <input type="checkbox"/> Self-employed full-time | <input type="checkbox"/> Unemployed (looking for work) |
| <input type="checkbox"/> Self-employed part-time | <input type="checkbox"/> Retired completely – not working at all (<i>Skip to Question 30</i>) |
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Homemaker (<i>Skip to Question 30</i>) |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Other (<i>Skip to Question 30</i>) |

27. At what age would you like to retire? _____ Years

28. At what age do you realistically expect to retire? _____ Years

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

- Yes 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)

- Myself Spouse/Partner Neither

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Some high school or less | <input type="checkbox"/> Technical or vocational school graduate | <input type="checkbox"/> Four year college graduate |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Some college or 2-year college graduate | <input type="checkbox"/> Post-graduate work or degree |

32. Are you of Hispanic, Latino, or Spanish origin? Yes 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.....	<input type="checkbox"/>	<input type="checkbox"/>
Spanish and English equally but prefer Spanish.....	<input type="checkbox"/>	<input type="checkbox"/>
Spanish and English equally, no preference	<input type="checkbox"/>	<input type="checkbox"/>
Spanish and English equally but prefer English.....	<input type="checkbox"/>	<input type="checkbox"/>
English only or most of the time.....	<input type="checkbox"/>	<input type="checkbox"/>

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

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

35. What is your current marital status?

- Married
- Living with partner
- Widowed (Skip to Question 37)
- Divorced (Skip to Question 37)
- Separated (Skip to Question 37)
- Never Married (Skip to Question 37)

36. What is your spouse or partner's age? _____ Years

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

- Parents/Parents-in-law
- Other adults not related to you
- Other relatives
- Children 18 or older
- Grandchildren 18 or older
- Children under 18
- Grandchildren under 18

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

- Very Conservative
- Somewhat Conservative
- Moderate
- Somewhat Liberal
- Very Liberal

39. What was your total pre-tax household income from all sources in 2015?

- \$15,000 or less
- \$15,001 to \$25,000
- \$25,001 to \$35,000
- \$35,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$150,000
- \$150,001 or more

40. Do you consider yourself to be:

- Heterosexual or straight
- LGBT (lesbian, gay, bi-sexual, transgender)

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