Questionnaire Sections	Question(s)
Screener	S1-S12
Treatment History	Q100 – Q170
AMBAR Evaluation	Q300 – Q345
Other Demographics	Q400 – Q430

Notes on Programming Language within the Survey:

CAPITALIZED   Words and phrases are behind-the-scenes notes for programming purposes only. These are not visible to respondents.

RANDOMIZE: Response options will be randomized with respect to position i.e. the position of the answer will vary for each respondent

ANCHOR: The response option will have the indicated position in the list for all respondents

EXCLUSIVE: Response excludes all other responses even in a multi select question

Survey questions contain conditional text programming notes to ensure question wording is relative to the respondent type; patient or caregiver.

Sept 25 updates highlighted in blue.
Sept 29 update highlighted in pink.
Oct 22 updates

SCREENER

S1   Please carefully consider each of your answers to all of the questions in this survey as you will not be able to go back and change any responses once you move forward.

In which country do you currently reside?
[INSERT ALPHABETICAL DROP DOWN LIST OF 16 COUNTRIES BELOW PLUS 20 OTHER]

    1)   Belgium   [TERM]
    2)   Canada
    3)   France   [TERM]
    4)   Germany
    5)   Hungary   [TERM]
    6)   Italy
    7)   Latvia   [TERM]
    8)   Netherlands   [TERM]
    9)   Norway   [TERM]
    10) Poland   [TERM]
    11) Romania   [TERM]
    12) South Africa   [TERM]
    13) Spain
    14) Sweden
    15) United Kingdom
    16) United States
    20) Other   [TERM]

S2   In what year were you born?
[_____] Year of birth
[PROGRAMMER NOTE: CALCULATE AGE BASED ON YEAR] [RANGE: 1920-2020]
[IF 18 OR OLDER, ASK S3, ELSE THANK AND EXIT]

S3   Are you…
1)   Male
2)   Female

S4A   Have you or anyone you know been diagnosed with any of the following conditions? (Select all that apply)
[RANDOMIZE]

		(S4A/1) I have the condition	(S4A/2) Some I know has the condition
1	Alzheimer's Disease		
2	Lumbar arthrosis		
3	Polyneuropathy (a decreased ability to move or feel)		
4	Osteoporosis		
5	Glaucoma		
6	Hearing loss or impairment, one or both ears		

7	None. [ANCHOR]		

[IF RESPONDENT DOES NOT HAVE ALZHEIMER'S (S4A/1 NE 1) AND KNOWS SOMEONE WITH ALZHEIMER'S (S4A/2=1), ASK S4B. RESPONDENT WITH AD JUMP TO S7A. IF S4A/1 NE 1 AND S4A/2 NE 1, TERMINATE]

S4B   Are you the primary caregiver to someone who has been diagnosed with any of the following conditions? (Select all that apply)
[RANDOMIZE]
1) Alzheimer's Disease
2) Lumbar arthrosis
3) Polyneuropathy (a decreased ability to move or feel)
4) Osteoporosis
5) Glaucoma
6) Hearing loss or impairment, one or both ears
7) None. [ANCHOR]

[EXCLUDE ANY RESPONDENT WHO DOES NOT SELECT S4/1 OR ONE WHO SELECTS ALL CONDITIONS IN S4]

S5   Which of the following best describes your relationship to the person with Alzheimer's disease to whom you are the primary caregiver?
1) My parent
2) My grandparent
3) My spouse/partner
4) My sibling
5) My child
6) Not a family member

S5B   CODES FOR INSERTION IN SURVEY BASED ON RELATION
1) parent
2) grandparent
3) spouse or partner
4) sibling
5) child
6) patient

[ASK S6 IF PATIENT IS NOT A FAMILY MEMBER (S5=6)]
S6   To how many people with Alzheimer's disease do you currently provide care?
[RANGE 1 – 20]
[TERM IF MORE THAN ONE PATIENT]

[IF HAS AD, ASK S7A. IF RELATIVE HAS AD, ASK S7B]
S7A   In what stage has a healthcare provider said your Alzheimer's disease is currently?
1) MCI (mild cognitive impairment)
2) Mild (early stage)
3) Moderate (middle stage)
4) Severe (late stage)   [TERM]

5) I do not know   [TERM]

[IF RELATIVE HAS AD, ASK S7B]
S7B   In what stage of Alzheimer's disease has a healthcare provider said your [INSERT RELATION
         FROM S5B] is currently?
         1) MCI (mild cognitive impairment)
         2) Mild (early stage)
         3) Moderate (middle stage)
         4) Severe (late stage)   [TERM]
         5) I do not know   [TERM]

[IF RELATIVE HAS AD THAT IS MCI, MILD OR MODERATE (S7B<4), ASK S8]
S8   How involved are you in the overall care of your [INSERT RELATION FROM S5B] diagnosed with
         Alzheimer's disease?
         1) Not very involved   [TERM]
         2) Somewhat involved   [TERM]
         3) Involved   [TERM]
         4) Very involved
         5) Absolutely essential (I am the primary caregiver)

QUALIFYING CRITERIA:

S10 ASSIGN QUALIFYING CODE

    S10=1 QUALIFIED RESPONDENTS ARE:
- RESIDENT OF ONE OF THE 7 STUDY COUNTRIES (See S1)
- 18 YEARS OF AGE OR OLDER (S2 CALCULATED AGE >17
- DIAGNOSED WITH HAVING MCI OR MILD-MODERATE ALZHEIMER'S (S7A<4)

    S10=2 QUALIFIED RESPONDENTS ARE:
- RESIDENT OF ONE OF THE 7 STUDY COUNTRIES (See S1)
- 18 YEARS OF AGE OR OLDER (S2 CALCULATED AGE >17
- VERY INVOLVED WITH PROVIDING CARE TO A SINGLE PERSON WITH MCI OR MILD-MODERATE ALZHEIMER'S (S8>3)

    S10=3   ALL OTHERS NOT QUALIFIED

S12 COUNTRY-LEVEL QUOTAS

Country	Caregivers	Patients
Canada	80	50
Germany	100	100
Italy	30	30
Spain	100	30
Sweden	5	20
US	100	100
Totals	**415**	**330**

IF QUALIFIED RESPONDENT (**S10=1 OR 2)** ASK ~~Q1~~ Q100.
IF NOT QUALIFIED (**S10=3**), THANK AND EXIT SURVEY.

MAIN SURVEY: Treatment History

Q100   How long ago [IF S10=1 INSERT 'were you'; IF S10=2, INSERT 'was your [INSERT RELATION FROM S5B'] first diagnosed with Alzheimer's disease?
1) Less than 6 months
2) At least 6 months ago but less than 1 year
3) At least 1 year ago but less than 2 years
4) At least 2 years ago but less than 3 years
5) 3 or more years ago
6) Not sure

[IF CAREGIVER (S10=2), ASK Q105]
Q105   In approximately what year [IF S10=1 INSERT 'were you'; IF S10=2, INSERT 'was your [INSERT RELATION FROM S5B] with Alzheimer's disease] born?
[_____] Year of birth
- I don't know

[IF CAREGIVER (S10=2, ASK Q110]
Q110   Is your [INSERT RELATION FROM S5B] with Alzheimer's disease male or female?
1) Male
2) Female
3) Decline to answer

[IF CAREGIVER (S10=2, ASK Q112]
Q112   For how long have you been the primary caregiver for your [INSERT RELATION FROM S5B'] diagnosed with Alzheimer's disease?
1) Less than 6 months
2) At least 6 months ago but less than 1 year
3) At least 1 year ago but less than 2 years
4) At least 2 years ago but less than 3 years
5) 3 or more years ago

Q115   Please rank the symptoms [IF S10=1 INSERT 'you experience'; IF S10=2, INSERT 'your [INSERT RELATION FROM S5B] experiences'] <u>most frequently</u>. You can rank up to five symptoms, with 1 being the most frequently experienced, 2 being second most frequent symptom, etc. (Rank only the symptoms [IF S10=1 INSERT 'you experience'; IF S10=2, INSERT 'your [INSERT RELATION FROM S5B] experiences'].)

[RANDOMIZE]
1) Memory loss that disrupts daily life
2) Memory loss that does not disrupt daily life
3) Challenges in planning or solving problems (trouble handling money and paying bills)
4) Difficulty completing familiar tasks (i.e., eating, getting dressed, personal hygiene, etc.)
5) Getting lost, misplacing things
6) Trouble understanding visual images and spatial relationships (such as trouble getting out of a chair or setting the table)
7) Difficulty with language; problems with reading, writing, or working with numbers
8) Compromised judgement that could lead to poor decisions

9) Changes in behavior and mood (like increased anxiety or depression)
10) Problems recognizing friends and family members
11) Inability to learn or to cope with new or unexpected situations

Q120 Which of the following medications [IF S10=1 INSERT 'have you **ever used** to treat your'; IF S10=2, INSERT 'has your [INSERT RELATION FROM S5B] **ever used** to treat their'] Alzheimer's disease? (Select all that apply)
[MULTIPLE SELECT]
[RANDOMIZE]

	Generic name	**Brand name**
1	Donepezil	Aricept
2	Galantamine	Razadyne
3	Memantine	Namenda
4	Rivastigmine	Exelon
5	Memantine + Donepezil	Namzaric
9	Not sure	*(anchor, exclusive)*
10	None of the above	*(anchor, exclusive)*

Q125 Which of the following medications [IF S10=1 INSERT 'do you **currently use** to treat your'; IF S10=2, INSERT 'does your [INSERT RELATION FROM S5B] **currently use** to treat their'] Alzheimer's disease? (Select all that apply)

[ONLY SHOW TREATMENTS EVER USED IN PREVIOUS QUESTION]
[RANDOMIZE]

	Generic name	**Brand name**
1	Donepezil	Aricept
2	Galantamine	Razadyne
3	Memantine	Namenda
4	Rivastigmine	Exelon
5	Memantine + Donepezil	Namzaric
9	Not sure	*(anchor, exclusive)*
10	None of the above	*(anchor, exclusive)*

Q130   Please indicate how long [IF S10=1 INSERT 'you have been using your current medication below as a treatment for your Alzheimer's disease'; IF S10=2, INSERT 'you [INSERT RELATION FROM S5B] has been using their current medication below as a treatment for their Alzheimer's disease.

[ONLY SHOW TREATMENTS ~~EVER USED~~ CURRENTLY USED IN PREVIOUS QUESTION (Q125)]
[SHOW IN SAME ORDER AS IN PREVIOUS QUESTION]

	Generic name	Brand name	Duration currently used
1	Donepezil	Aricept	
2	Galantamine	Razadyne	
3	Memantine	Namenda	
4	Rivastigmine	Exelon	
5	Memantine + Donepezil	Namzaric	

[RESPONSE OPTIONS FOR ANSWER GRID]
1) Less than 6 months
2) At least 6 months but less than 1 year
3) At least 1 year but less than 2 years
4) At least 2 years but less than 3 years
5) 3 or more years
6) Not sure

Q140   How easy or difficult is it for [IF S10=1 INSERT 'you to take your'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B] to take their'] current treatment ([INSERT MED FROM Q125] for Alzheimer's disease?
1) Very easy
2) Somewhat easy
3) Neither easy nor difficult
4) Somewhat difficult
5) Very difficult

Q150   In your opinion, which of the following best describes [IF S10=1 INSERT 'your experience with the overall side effects of [INSERT MED FROM Q125], your'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'s experience with the overall side effects of [INSERT MED FROM Q125], their'] current treatment for Alzheimer's disease?
9) [IF CAREGIVER (S10=2)] They have not experienced any side effects.
10) [IF PATIENT (S10=1)] I have not experienced any side effects.
1) Not at all bothersome
2) Somewhat bothersome
3) Bothersome
4) Very bothersome
5) Extremely bothersome

[IF CAREGIVER (S10=2), ASK Q155.]

Q155   Which of the following best describes <u>YOUR</u> experience with your [INSERT RELATION FROM S5B]'s overall side effects from [INSERT MED FROM Q125], their current Alzheimer's disease treatment?
   9)   They have not experienced any side effects.
   1)   Not at all bothersome
   2)   Somewhat bothersome
   3)   Bothersome
   4)   Very bothersome
   5)   Extremely bothersome

Q160   Overall, how satisfied are you with [IF S10=1 INSERT 'the current treatment efficacy of [INSERT MED FROM Q125] in controlling your'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'s current treatment efficacy of [INSERT MED FROM Q125] in controlling his/her'] Alzheimer's disease symptoms?
   1)   Not at all satisfied
   2)   Somewhat satisfied
   3)   Satisfied
   4)   Very satisfied
   5)   Extremely satisfied

Q165   Below is a list of potential goals for treatments of Alzheimer's disease. Please pick the 3 goals that are most important to you.
   [RANDOMIZE]
   1)   Slow the progression of memory loss
   2)   Slow the progression of loss to activities of daily living (making payments, using tools, driving, doing laundry, eating, toileting…)
   3)   Slow the progression of psychological/psychiatric symptoms (delusions, hallucinations, apathy, depression, agitation…)
   4)   Delay how soon [IF S10=1 INSERT 'I may need to be'; IF S100=2 INSERT 'your' RELATION FROM S5B] is'] placed into an assisted living home
   5)   Maintain [IF S10=1 INSERT 'my'; IF S10=2 INSERT 'your' [RELATION FROM S5B]'s'] quality of life
   6)   Maintain independence
   7)   Maintain [IF S10=1 INSERT 'my'; IF S10=2 INSERT 'your' [INSERT RELATION FROM S5B]'s'] sense of control

[ASK Q170 IF MORE THAN ONE ITEM IS SELECTED IN Q165]
Q170   Of the treatment goals you picked below, which is the one <u>MOST</u> important to you?
[SHOW ONLY UP TO THREE THE GOALS SELECTED IN Q165.]

1) Slow the progression of memory loss
2) Slow the progression of loss to activities of daily living (making payments, using tools, driving, doing laundry, eating, toileting…)
3) Slow the progression of psychological/psychiatric symptoms (delusions, hallucinations, apathy, depression, agitation…)
4) Delay how soon [IF S10=1 INSERT 'I may need to be'; IF S100=2 INSERT 'your' RELATION FROM S5B] is'] placed into an assisted living home
5) Maintain [IF S10=1 INSERT 'my'; IF S10=2 INSERT 'your' [RELATION FROM S5B]'s'] quality of life
6) Maintain independence
7) Maintain [IF S10=1 INSERT 'my'; IF S10=2 INSERT 'your' [INSERT RELATION FROM S5B]'s'] sense of control

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AMBAR EVALUATION

Q300   The purpose of the remainder of this survey is to gather your opinion about a treatment program in development for people who have been diagnosed with mild to moderate Alzheimer's disease.

How familiar are you with a procedure called "plasmapheresis," "apheresis," or "therapeutic plasma exchange"?
1) Never heard of it
2) Heard of but not familiar
3) Somewhat familiar
4) Very familiar
5) Extremely familiar

Q307   Therapeutic plasma exchange (TPE) is a therapeutic procedure in which blood from the patient is passed through a medical device (filter) which separates out the plasma in the blood from other components of the blood. The plasma is removed and replaced with a similar solution such as colloid solution (e.g., albumin and/or plasma) or a combination of crystalloid/colloid solution.

Then the blood from the patient is filtered and the blood cells with the solution replacing plasma are returned to the patient's body. By performing the TPE, harmful proteins are removed from the body and symptoms may get better.

This procedure has been used for decades to treat blood, neurologic, or autoimmune diseases. i.e. if a person has an autoimmune condition, plasma exchange may prevent the body from accumulating the harmful antibodies causing the immune condition.

How TPE currently works

- The procedure takes place in the hospital or at an outpatient center or clinic setting.
- The process is not painful, other than a needle stick required in each arm.
- The patient lies in bed or sits in a reclining chair during the TPE and is free to watch TV, read, or simply rest.
- A nurse or a specialist will insert a needle attached to a thin tube into a vein in each arm.
- The person's blood comes out through one of the tubes and goes into a machine that separates the blood and removes the plasma. Then the blood cells are mixed with a solution of albumin, and the new mixture goes back into the person's body through the other tube.
- Most treatment sessions last 2 to 4 hours.
- A medical professional will be present throughout the entire process.

Q310   Next, please carefully read the following description about a new Alzheimer's treatment.

[AMBAR DESCRIPTION]
A new Alzheimer's treatment has been shown to slow the progression of a patient's cognitive and functional decline. This treatment involves the use of therapeutic plasma exchange (TPE), as previously described. The process removes the plasma from the blood where harmful substances known to impact Alzheimer's disease reside, and replaces this plasma with human albumin or in some cases with intravenous immunoglobulin (IVIG).

The patient must travel to the plasma exchange clinic with their caregiver for each treatment. The full TPE process takes about two to three hours.

Here is the Alzheimer's treatment regimen for the first year.
- For the first 6 weeks the patient undergoes plasma exchange once each week in a hospital or clinic setting.
- After the first six weeks, plasma exchanges are then conducted only once a month in the clinic for up to one year of treatment.
- Remember, a caregiver must be with you at all visits.

How interested would you be in [IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'] receiving this treatment? (*Your response in no way commits [IF S10=1 INSERT 'you'; IF S10=2 INSERT 'your' [INSERT RELATION FROM S5B]'] to such treatment. We simply would like to know the level of interest people have in the treatment given the description above.*)

Not at all interested								Extremely interested
1	2	3	4	5	6	7	8	9

Q325   What specific information about the new treatment for Alzheimer's disease just described would be <u>most</u> important for you to know in order to decide whether you would want [IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'] to undergo the treatment? Please rank the top 3 items that would be important to you, with 1 = Most important to know, 2 = Second most important, etc.

[RANDOMIZE]
1) Efficacy of the treatment
2) Potential side-effects of the treatment
3) [SHOW IF S10=2] Things I as the caregiver would specifically need to do (and not do) during the treatment
4) If free transportation for [IF S10=1 INSERT 'me'; IF S10=2 INSERT 'my [INSERT RELATION FROM S5B]'] to and from the hospital or clinic would be provided
5) Whether the treatment would be covered by my [IF S10=2 INSERT RELATION FROM S5B]'s'] insurance
6) Other (SPECIFY) [ANCHOR]

7) Nothing; I would not want [IF S10=2 INSERT 'my [INSERT RELATION FROM S5B]'] to undergo the treatment. [ANCHOR, EXCLUSIVE]

[ASK Q326 IF Q325 NE 7 AND IF MORE THAN ONE ITEM IS RANKED IN Q325]
Q326 Of the items you picked below, which is the one <u>MOST</u> important to you?
[SHOW ONLY THE ITEMS RANKED IN Q325]
1) Efficacy of the treatment
2) Potential side-effects of the treatment
3) [SHOW IF S10=2] Things I as the caregiver would specifically need to do (and not do) during the treatment
4) If free transportation for [IF S10=1 INSERT 'me'; IF S10=2 INSERT 'my [INSERT RELATION FROM S5B]'] to and from the hospital <mark>or clinic</mark> would be provided
5) Whether the treatment would be covered by my [IF S10=2 INSERT RELATION FROM S5B]'s'] insurance
6) Other (SPECIFY) [ANCHOR]
7) Nothing; I would not want [IF S10=2 INSERT 'my [INSERT RELATION FROM S5B]'] to undergo the treatment. [ANCHOR, EXCLUSIVE]

Q315 How easy or difficult would undergoing this new treatment process for Alzheimer's disease described above be for [IF S10=1 INSERT 'you'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]']?

1) Easy
2) Somewhat easy
3) Neither easy nor difficult
4) Somewhat difficult
5) Difficult enough that I do not see [IF S10=1 INSERT 'myself'; IF S10=2 INSERT 'them'] doing it

[ASK IF RESP THINKS IT WOULD BE SOMEWHAT OR TOO DIFFICULT (Q315>3)]
Q320 Please briefly explain why you think undergoing the new treatment process for Alzheimer's disease would be difficult for [IF S10=1 INSERT 'you'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'].

[TEXT BOX]

[ASK IF RESP THINKS IT WOULD BE EASY or SOMEWHAT EASY (Q315<3)]
Q323 Please briefly explain why you think undergoing the new treatment process for Alzheimer's disease would be easy for [IF S10=1 INSERT 'you'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'].

[TEXT BOX]

Q330 Which of the following would you find useful in explaining the new treatment for Alzheimer's disease to [IF S10=1 INSERT 'you'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]']?

[RANDOMIZE]
1 Detailed information provided to you directly from your doctor
2 Printed booklet which outlines the treatment requirements and procedures
3 A video to help explain the treatment requirements and procedures

4   <mark>A website with detailed information about the treatment</mark>
5   Other (SPECIFY)
6   None of the above.

[ONLY ASK IF Q325=7 (RESP WOULD NOT WANT TREATMENT)]
Q335   What is/are the primary reason(s) you would not want [IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'] to undergo the new treatment for Alzheimer's disease? Select up to 3.

[MULTIPLE SELECT, MAX 3 OPTIONS]
[RANDOMIZE]
1)   Do not want to make any changes to my [IF S10=2 INSERT RELATION FROM S5B]'s'] current Alzheimer's disease treatment
2)   My [IF S10=2 INSERT RELATION FROM S5B]'s'] Alzheimer's disease symptoms are already well controlled
3)   Fear of unwanted/unknown side effects
4)   Too time consuming
5)   Fear of any process involving needles and/or blood
6)   Not enough information to make an informed decision
7)   Lack of dependable transportation
8)   Concern about insurance coverage or reimbursement
9)   Other (SPECIFY)   [ANCHOR]
10) None of the above   [ANCHOR, EXCLUSIVE]

[ASK Q336 IF Q335 NE 10 AND IF MORE THAN ONE ITEM IS RANKED IN Q335]
Q336   Of the items you picked below, which is the one <u>MOST</u> important reason?
[SHOW ONLY THE ITEMS RANKED IN Q335]
1)   Do not want to make any changes to my [IF S10=2 INSERT RELATION FROM S5B]'s'] current Alzheimer's disease treatment
2)   My [IF S10=2 INSERT RELATION FROM S5B]'s'] Alzheimer's disease symptoms are already well controlled
3)   Fear of unwanted/unknown side effects
4)   Too time consuming
5)   Fear of any process involving needles and/or blood
6)   Not enough information to make an informed decision
7)   Lack of dependable transportation
8)   Concern about insurance coverage or reimbursement
9)   Other (SPECIFY)   [ANCHOR]

[ONLY ASK IF Q325=1-6 (RESP WOULD WANT TREATMENT)]
Q337   What is/are the primary reason(s) you would want [IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'] to undergo the new treatment for Alzheimer's disease? Please be as specific as possible.

[TEXT BOX]

[ONLY ASK IF Q325=1-6 (RESP WOULD WANT TREATMENT)]

Q329   Approximately how much time would you be willing to spend traveling one direction from your [IF S10=2 INSERT RELATION FROM S5B]'s'] home to the location where [IF S10=1 INSERT 'you'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'] could receive the new treatment for Alzheimer's disease?

1) 1-10 minutes
2) 11-20 minutes
3) 21-30 minutes
4) 31-40 minutes
5) 41-50 minutes
6) 51-60 minutes
7) More than 60 minutes
8) Unwilling/unable to travel

[SHOW Q340 AND Q345 ON SAME SCREEN.]

Q340   What impact, if any, would knowing [IF S10=1 INSERT 'you'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B]'] could receive the new treatment for Alzheimer's disease in [IF S10=1 INSERT 'your'; IF S10=2 INSERT 'their'] home have on your interest?

A lot less interested				Neither more nor less interested			A lot more interested	
1	2	3	4	5	6	7	8	9

[ASK Q345 IF Q340 NE 5]

Q345   Please briefly describe why knowing the new treatment could be received at home makes you [IF Q340<5 INSERT 'less'; IF Q340>5 INSERT 'more' interested in the treatment.

[TEXT BOX]

Demographics

Q400 Thank you for your answers so far. You are almost finished with the survey. Would you describe where [IF S10=1 INSERT 'you live'; IF S10=2 INSERT 'your [INSERT RELATION FROM S5B] lives'] as…?

1) Urban (city)
2) Suburban (just outside a city)
3) Rural (country)

Q410 [IF S10=1 INSERT 'Do you'; IF S10=2 INSERT 'Does your [INSERT RELATION FROM S5B]'] have medical insurance for prescription medication?
1   Yes
2   No

[IF HAS INSURANCE FOR RX MEDICATION, ASK Q415. OTHERS SKIP TO Q420.]
Q415 What type of primary insurance [IF S10=1 INSERT 'do you'; IF S10=2 INSERT 'does your [INSERT RELATION FROM S5B]'] have?

1   Government Program [SPECIFY]
2   Private Insurance

Q420 How many years of schooling have you completed?

1	0 – 3 years
2	4 – 5 years
3	6 – 8 years
4	9 – 13 years
5	13 or more years
6	I do not know.
7	Prefer not to answer.

[IF CAREGIVER (S10=2), ASK Q422]
Q422 How many years of schooling did your [INSERT RELATION FROM S5B] complete?

1	0 – 3 years
2	4 – 5 years
3	6 – 8 years
4	9 – 13 years
5	13 or more years
6	I do not know.

Q425   What was <u>your</u> total household income for 2019? Your best estimate will do.

	US AND CANADA	EU	SWEDEN
1	Under $15,001	Under €12,001	Under kr132,000
2	$15,001 - $25,000	€12,001 - €20,000	kr132,200 - kr220,000
3	$25,001 - $50,000	€20,001 - €40,000	kr220,001 - kr438,000
4	$50,001 - $75,000	€40,001 - €60,000	kr438,001 - kr658,000
5	$75,001 - $100,000	€60,001 - €80,000	Kr658,001 - kr876,800
6	Over $100,000	Over €80,000	Over kr876,800
7	Prefer not to answer	Prefer not to answer	Prefer not to answer

Q430   Finally, have you ever donated blood or plasma? (Select all that apply.)

1) Yes, blood
2) Yes, plasma
3) No, neither
4) Prefer not to answer

[END OF SURVEY]