

AAMC CHARGE Investigates: 2026 Call for Research Survey Information

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Survey and Data Information

Survey Data Collection

Inclusion criteria: individuals aged 18+ who speak English

Mode: online survey conducted by Morning Consult

Time frame: survey fielded February 2026

Sample: General sample of adults in the U.S. (n=5,000) oversample of AAIP+ (650) and people living with disabilities (150)

Weights: proprietary, but based on age, gender, race, educational attainment, and region to approximate a nationally representative sample

Data Management

The dataset received by the selected teams will be clean and complete (i.e., no missingness, logic checks etc. are required on the researcher's end).

The dataset will be sent to each team's primary point of contact only once their respective data use agreement is finalized and executed.

The data transfer will be via electronic file transfer, in xlsx format.

Demographic Variables Available

Note: Selected teams will receive all demographic data available in their dataset along with identified variables to answer their research question. Variables shown are not in any particular order.

Variable Name	Description	Question Wording	Labels
xdemGender	Gender	Which of the following best describes your gender identity?	1 Man 2 Woman 3 Not Listed
age	Age	What is your age? Categories derived by vendor	1 18-34 2 35-44 3 45-64 4 65+
demAgeGeneration	Generation	Derived by Vendor	1 GenZers: 1997-2012 2 Millennials: 1981-1996 3 GenXers: 1965-1980 4 Baby Boomers: 1946-1964
xpid3	Party ID	Generally speaking, do you think of yourself as...	1 Democrat 2 Independent 3 Republican
xdemIdeo3	Political Ideology	Thinking about politics these days, how would you describe your political viewpoint?	1 Liberal (1-3) 2 Moderate (4) 3 Conservative (5-7)
xeduc3	Education	What is the last grade or class you completed in school?	1 < College 2 Bachelors degree 3 Post-grad
xdemInc3	Income	Which category represents the total combined income of all members of your HOUSEHOLD during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older.	1 Under \$50k 2 \$50k-100k 3 \$100K+

Variable Name	Description	Question Wording	Labels
xdemUsr	Community Type	Would you consider where you live to be...	1 Urban
			2 Suburban
			3 Rural
xdemEmploy	Employment Status	How would you describe your present employment situation? A job in the...	1 Employed: Private Sector
			2 Employed: Government
			3 Self-Employed
			4 Homemaker
			5 Student
			6 Retired
			7 Unemployed
			8 Other
xreg4	Region	Derived by Vendor	1 Northeast
			2 Midwest
			3 South
			4 West
demMilHH1	Military service	Are you, or is anyone in your household, serving in the military or a military veteran, or not?	1 Yes
			2 No
demMilHH2	Military service _person	Is that you, or someone in your household?	1 Self
			2 Someone in my household
			3 Both myself and someone in my household
demInsured	Health Insurance status	Are you, yourself, now covered by any form of health insurance or health plan or do you not have health coverage at this time?	1 Covered by health insurance
			2 Not covered by health insurance
AAMCdem10	Health Insurance Type	Are you currently covered by any of the following types of health insurance or health coverage plans?	1 Insurance through a current or former employer or union (of this person or another family member)
			2 Insurance purchased directly from an insurance company (by this person or another family member)
			3 Medicare, for people 65 and older, or people with certain disabilities
			4 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability
			5 TRICARE or other military health care
			6 VA (enrolled for VA health care)
			7 Indian Health Service
			8 Any other type of health insurance or health coverage plan, please specify [OPEN END]

Variable Name	Description	Question Wording	Labels
demKids	Children in household	Are you the parent or guardian of any children under 18 now living in your household?	1 Yes
			2 No
demRaceEth	Race/(Hispanic) Ethnicity	What is your race and/or ethnicity? Select all that apply.	1 American Indian or Alaska Native
			2 Asian
			3 Black or African American
			4 Hispanic or Latino
			5 Middle Eastern or North African
			6 Native Hawaiian or Pacific Islander
			7 White
			8 Some Other Race
AAMCdem1	Disability Component	Are you limited in any way in any activities because of physical, mental, or emotional problems?	1 Yes
			2 No
AAMCdem2	Disability Component	Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Include occasional use or use in certain circumstances.	1 Yes
			2 No
AAMCdem3	Disability Component	Are you deaf or do you have serious hearing difficulty?	1 Yes
			2 No
AAMCdem4	Disability Component	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 Yes
			2 No
AAMCdem5	Disability Component	Because of physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1 Yes
			2 No
AAMCdem6	Disability Component	Do you have serious difficulty walking or climbing stairs?	1 Yes
			2 No

Variable Name	Description	Question Wording	Labels
AAMCdem7	Disability Component	Do you have difficulty dressing or bathing?	1 Yes
			2 No
AAMCdem8	Disability Component	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1 Yes
			2 No

Fielded Survey Instrument

Note: the variable name is **highlighted in yellow**, and the labels for the answers are next to the answer choices.

Health Status

demOwnHeal How would you describe your overall health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

AAMCd9 How would you describe your **mental** health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

AAMC1 Have you **ever** been told by a doctor or other health professional that you have any of the following conditions? *Please select all that apply.*

- 1 High blood pressure
- 2 High cholesterol
- 3 Heart disease (including coronary artery disease and congestive heart failure)
- 4 Diabetes Type 1
- 5 Diabetes Type 2
- 6 Cancer
- 7 Stroke
- 8 Obesity
- 9 Autism spectrum disorder
- 10 Chronic stress
- 11 Sleep condition (e.g. insomnia, sleep apnea)
- 12 Mental health condition (e.g. depression, anxiety)
- 13 Arthritis and/or other joint disorders
- 14 Chronic lung conditions (e.g. asthma, COPD)
- 15 Dementia (including Alzheimer's disease)
- 16 Other, please specify **[OPEN END]**
- 17 None of the above

[IF AAMC1 == 1:16]

AAMC2 You indicated you have one or more chronic conditions.

How confident are you that you can:

- 1 Keep the fatigue caused by your disease from interfering with the things you want to do
- 2 Keep the physical discomfort or pain of your disease from interfering with the things you want to do
- 3 Keep the emotional distress caused by your disease from interfering with the things you want to do
- 4 Keep any other symptoms or health problems you have from interfering with the things you want to do
- 5 Do the different tasks and activities needed to manage your health condition to reduce you need to see a doctor
- 6 Do things other than just taking medication to reduce how much your illness affects your everyday life

- 1 Very confident
- 2 Somewhat confident
- 3 Not too confident
- 4 Not confident at all
- 5 Don't know/No opinion

Health Care Access

Insurance Status

demInsured Are you, yourself, now covered by any form of health insurance or health plan or do you not have health coverage at this time? A health plan would include any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare, Medicaid, or the military.

- 1 Covered by health insurance
- 2 Not covered by health insurance

[IF demInsured == 1]

AAMCdem10 Are you currently covered by any of the following types of health insurance or health coverage plans?

- 1 Insurance through a current or former employer or union (of this person or another family member)
- 2 Insurance purchased directly from an insurance company (by this person or another family member)
- 3 Medicare, for people 65 and older, or people with certain disabilities
- 4 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability
- 5 TRICARE or other military health care
- 6 VA (enrolled for VA health care)
- 7 Indian Health Service
- 8 Any other type of health insurance or health coverage plan, please specify **[OPEN END]**

AAMC3 Have any of the following happened to your health insurance coverage in the **last 12 months**?

- 1 I gained health insurance after being uninsured for at least one year
- 2 I lost my health insurance coverage but regained coverage within the last 12 months.
- 3 None of the above

AAMC4 In the **last 12 months**, how have your health insurance costs (including premiums, deductibles, or copays) changed, if at all?

- 1 Increased significantly
- 2 Increased somewhat
- 3 Increased a little
- 4 Did not increase at all
- 5 Don't know/No opinion

AAMC5 In the **last 12 months**, did you or a health care professional believe you needed medical care?

- 1 Yes, only once
- 2 Yes, more than once
- 3 No

AAMC6 In the **last 12 months**, how many times did you or a health care professional believe you needed medical care?

- 1 2-4 times
- 2 4+ times
- 3 Do not recall

AAMC7 In the **last 12 months**, thinking about the times you needed medical care, how often were you able to get it?

- 1 Always able to get it
- 2 Only able to get it some of the time
- 3 Never able to get it

[IF AAMC5 == 1:2]

AAMC8 In the **last 12 months**, were you ever delayed in getting the medical care you or health care professional believed necessary?

- 1 Yes
- 2 No

[IF AAMC7 == 2:3]

AAMC9 Thinking about your **most recent experience** of being unable to obtain medical care, which of the following statements best describes why you were unable to obtain care?

- 1 Could not find a professional that accepts my insurance
- 2 Could not find a professional that would see me regardless of insurance

- 3 Could not afford
- 4 Could not get an appointment soon enough
- 5 Could not get to the professional's office (transportation problems)
- 6 Could not find a professional who offered telehealth visits
- 7 Other reason, please specify **[OPEN END]**

AAMC10 In the **last 12 months**, was there any time when you did not fill a prescription for medicine because of the **out-of-pocket** cost?

- 1 Yes
- 2 No

AAMC11 In the **last 12 months**, was there any time when you skipped a medical test, treatment or follow-up recommended by a doctor because of the **out-of-pocket** cost?

- 1 Yes
- 2 No

AAMC12 In the **last 12 months**, were there times when you had problems paying or were unable to pay for medical bills?

- 1 Yes
- 2 No

Health Screenings

TEXT As you may know, a medical screening test uses brief questions, checklists, or tests during a visit to detect potential health problems enabling early identification and appropriate evaluation or care.

AAMC13 In the last 12 months, have you been screened for any of the following? *Please select all that apply.*

- 1 Cancer screenings (e.g., lung, skin, mammogram, colonoscopy, prostate)
- 2 Pap smear **[IF demGender3 != 1]**
- 3 Cholesterol test
- 4 Eye health assessments
- 5 Blood glucose / A1c test
- 6 Body mass index
- 7 Blood pressure
- 8 Other, please specify **[OPEN END]**
- 9 None of the above

TEXT As you may know, a mental health screening involves answering a set of standard questions or checklists used before, during or after a doctor's visit to detect depression, anxiety, or substance-use problems and, when needed, to refer patients for follow-up care.

AAMC14a In the last 12 months, has a doctor or other health care professional screened you for depression?

- 1 Yes
- 2 No
- 3 I do not know/remember
- 4 Prefer not to say

AAMC14b In the last 12 months, has a doctor or other health care professional screened you for anxiety?

- 1 Yes
- 2 No
- 3 I do not know/remember
- 4 Prefer not to say

Access to Mental Health Care

AAMC15 In the last 12 months, have you or anyone in your immediate family (such as a spouse/partner, children, or parents) **experienced difficulty** getting mental health care when it was needed? *Please select all that apply.*

- 1 Yes, I needed mental health care and had trouble getting it
- 2 Yes, a family member needed mental health care and had trouble getting it
- 3 No, neither I nor my immediate family members had trouble getting mental health care when it was needed
- 4 Not applicable - neither I nor my immediate family needed mental health care
- 5 Prefer not to say

[IF AAMC15 == 1,2]

AAMC16 Which of the following reasons describe why you were **unable** to get the mental health care you needed? *Please select all that apply.*

- 1 Could not find a provider who accepts my insurance
- 2 Could not find a provider who would see me, regardless of insurance
- 3 Could not afford the cost of care
- 4 Could not get an appointment soon enough
- 5 Had transportation or travel difficulties getting to the provider
- 6 Could not find a provider who offered telehealth or virtual visits
- 7 Care was not available in a setting where I felt comfortable
- 8 Worried about being judged or stigmatized for seeking mental health care
- 9 Did not know where to go for help
- 10 Language or communication barriers
- 11 Other, please specify **[OPEN END]**
- 12 None of the above

AAMC17 How comfortable, if at all, would you personally feel getting mental health care in the following settings?

- 1 Your regular doctor's office
- 2 Your school **[ONLY SHOWN TO RESPONDENTS WHO DON'T IDENTIFY AS A STUDENT]**
- 3 A community center
- 4 A stand-alone mental health clinic
- 5 In your own home through telehealth/virtual visits

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Somewhat uncomfortable
- 4 Very uncomfortable
- 5 Don't know/No opinion

Health Related Social Needs

AAMC18 In the last 12 months, did a health care professional (such as a doctor, nurse, or clinic staff) ask you about any of the following needs or concerns before, during, or after a medical appointment?

- 1 Concern about losing your housing or not having a stable place to live
- 2 Concern about running out of food or not having enough food to eat
- 3 Lack of reliable transportation to meet daily needs
- 4 Difficulty paying utility bills (e.g., electricity, gas, oil, or water)
- 5 Concern that someone, including family or friends, might physically harm you
- 6 Concern about being able to get childcare when needed **[ONLY SHOWN TO RESPONDENTS WHO DON'T IDENTIFY AS A PARENT OR GUARDIAN]**
- 7 Worry about losing your insurance coverage or currently without insurance coverage

- 1 Yes, I was asked and shared my need
- 2 Yes, I was asked but did not share my need
- 3 Yes, I was asked, but did not have this need
- 4 No, I was not asked, but I did have this need
- 5 No, I was not asked, and I did not have this need
- 6 Don't know/No opinion

AAMC19 Were you referred to or connected with a program or organization to help with the following need(s)?

- 1 Concern about losing your housing or not having a stable place to live [IF AAMC18_1 == 1]
- 2 Concern about running out of food or not having enough food to eat [IF AAMC18_2 == 1]
- 3 Lack of reliable transportation to meet daily needs [IF AAMC18_3 == 1]
- 4 Difficulty paying utility bills (e.g., electricity, gas, oil, or water) [IF AAMC18_4 == 1]
- 5 Concern that someone, including family or friends, might physically harm you [IF AAMC18_5 == 1]
- 6 Concern about being able to get childcare when needed [IF AAMC18_6 == 1]
- 7 Worry about losing your insurance coverage or currently without insurance coverage [IF AAMC18_7 == 1]

- 1 No, I did not receive a referral for my need
- 2 Yes, I was referred to a program or service at the **same clinic/location** and **was able to get help**
- 3 Yes, I was referred to a program or service at the **same clinic/location** but **was not able to get help**
- 4 Yes, I received a referral to an outside program or organization, but I did not follow up
- 5 Yes, I received a referral to an **outside program or organization**, and it **helped** me with my need
- 6 Yes, I received a referral to an outside **program or organization**, but it **did not help** me with my need
- 7 Prefer not to say

AAMC20a Do you feel emotionally safe where you currently live?

- 1 Yes
- 2 No
- 3 Unsure
- 4 I choose not to answer this question

AAMC20b Do you feel physically safe where you currently live?

- 1 Yes
- 2 No
- 3 Unsure
- 4 I choose not to answer this question

[IF AAMC18_1:7 == 1:3]

AAMC21 Thinking about times when a health care professional asked you about your needs or concerns—before, during, or after an appointment—how much do you agree or disagree with the following?

- 1 I felt supported by my provider
- 2 I felt more confident about my care
- 3 I felt understood by my provider
- 4 I felt uncomfortable or embarrassed
- 5 I felt dismissed or not taken seriously by my provider
- 6 I felt hopeful about getting help

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

AAMC22 How often do you have contact with people you care about and feel close to? This could include talking on the phone, visiting friends or family, or participating in social or community activities.

- 1 Several times a day
- 2 Once a day
- 3 A few times a week
- 4 Once a week
- 5 A few times a month
- 6 Once a month
- 7 Less than once a month
- 8 Don't know/No opinion

Caregiving

TEXT As you may know, caregiving is defined as helping a family member or friend with their daily activity needs because of illness, disability, or old age. This can include giving medicine, helping with bathing or meals, driving to doctor visits, or offering emotional support. For the purposes of this survey, this **does not** include non-medically related caregiving to a child.

AAMC23 In the last 12 months, have you been a caregiver as defined above?

- 1 Yes, for one person only
- 2 Yes, for more than one person but at different times
- 3 Yes, for more than one person at the same time
- 4 No, I have not been a caregiver in the last 12 months

[IF AAMC23 == 1:3]

AAMC24 For whom were you a caregiver? If you care for more than one person in the last 12 months, please select who you cared for most frequently.

- 1 Parent or parent-in-law
- 2 Spouse / partner
- 3 Child under 18 **with** a disability
- 4 Child under 18 **without** a disability
- 5 Adult child (18 or older) **with** a disability
- 6 Friend or non-relative
- 7 Other, please specify **[OPEN END]**
- 8 None of the above

[IF AAMC23 == 1:3]

AAMC25 Which of the following describe the main reason(s) you provided care for this person?
Please select up to 3.

- 1 Chronic illness (e.g., cancer, kidney disease)
- 2 Short-term illness (e.g., infection, flu)
- 3 Short-term physical recovery (e.g., after surgery, broken bones)
- 4 Physical disability that limits daily activities (e.g., vision loss, loss of limb)
- 5 Developmental disability (e.g., autism spectrum disorder, Down syndrome)
- 6 Cognitive impairment (e.g., dementia, Alzheimer's disease)
- 7 Mental health condition (e.g., severe depression, schizophrenia)
- 8 Substance use or addiction disorder (e.g., opioid misuse, alcoholism)
- 9 Age-related frailty (e.g., reduced strength, balance, or mobility)
- 10 End-of-life care
- 11 Other, please specify **[OPEN END]**
- 12 None of the above

[IF AAMC23 == 1:3]

AAMC26 Is the caregiving you provide paid or unpaid?

- 1 Paid by a government program (e.g., Medicaid, Consumer Directed Personal Assistance Program)
- 2 Paid by a private individual or family
- 3 Paid by a private company or agency
- 4 Unpaid
- 5 Prefer not to say

[IF AAMC23 == 1:3]

AAMC27 Which of the following describes the **biggest** challenge you face as a caregiver?

- 1 Cost of care (out-of-pocket expenses for care, equipment, or services)
- 2 Difficulty accessing help from agencies or home health professionals
- 3 Emotional or mental stress (e.g., anxiety, depression, burnout)
- 4 Physical strain from caregiving tasks (e.g., lifting, bathing, long hours)
- 5 Lack of assistance from family or friends
- 6 Balancing caregiving with work or other responsibilities
- 7 Lack of information or training about how to provide care
- 8 Navigating insurance, benefits, or legal issues
- 9 Feeling socially isolated or lacking support from the community
- 10 Other, please specify **[OPEN END]**
- 11 None of the above