



Q1. Do you currently take aspirin three or more days in a typical week?

1. Yes, a baby aspirin (81 milligrams)
2. Yes, a regular aspirin (325 milligrams)
3. No

If Q1 = 1 or 2

Q2. Approximately how long ago did you start taking aspirin regularly?

1. Less than a year ago
2. 1–3 years ago
3. 4–5 years ago
4. More than 5 years ago
5. Not sure

If Q1 = 1 or 2

Q3. Do you have any of the following medical conditions? Select all that apply.

1. A blood disorder or blood cancer (e.g., essential thrombocythemia, polycythemia vera, myelofibrosis, or chronic myeloid leukemia)
2. Antiphospholipid syndrome
3. Atrial fibrillation (“AFib”) or atrial flutter
4. Coronary artery disease (“CAD”)
5. Carotid artery disease or carotid artery stenosis (narrowing of arteries in the neck)
6. Lynch syndrome
7. Multiple myeloma
8. Peripheral arterial disease (“PAD”)
9. None of the above



If Q1 = 1 or 2

Q4. Why do you take aspirin? Select all that apply.

1. A blood disorder or blood cancer (e.g., essential thrombocythemia, polycythemia vera, myelofibrosis, or chronic myeloid leukemia)
2. Antiphospholipid syndrome
3. Atrial fibrillation ("AFib") or atrial flutter
4. Coronary artery disease ("CAD")
5. Carotid artery disease or carotid artery stenosis (narrowing of arteries in the neck)
6. Lynch syndrome
7. Multiple myeloma
8. Peripheral arterial disease ("PAD")
9. To reduce the risk of a first heart attack or stroke
10. To reduce the risk of having another heart attack, stroke, or transient ischemic attack (TIA or "mini-stroke")
11. To reduce the risk of another deep vein thrombosis ("DVT") or pulmonary embolism ("PE")
12. Due to a history of a heart stent or percutaneous coronary intervention (e.g., "heart cath" or similar)
13. Due to a history of vein or artery stenting
14. Due to a history of heart bypass surgery ("CABG")
15. For something else
16. None of the above

If Q1 = 1 or 2

Q5. Why did you start taking aspirin? Select all that apply.

1. It was recommended by my primary care provider
2. It was recommended by my cardiologist (heart specialist)
3. It was recommended by another type of specialist I see
4. It was recommended by a family member or friend
5. I decided to start taking aspirin on my own

If Q5 = 3

Q6. What type of specialist recommended you start taking aspirin?

1. Hematologist or blood doctor
2. Surgeon
3. Endocrinologist
4. Neurologist or brain specialist
5. Gastroenterologist
6. Other
7. Not sure

If Q5 = 4, or 5 and 1, 2 or 3 is not selected

Q7. Have you discussed your aspirin use with any health care provider?

1. Yes
2. No



If Q1 = 1 or 2

Q8. How much do you agree or disagree with the following statements about your aspirin use?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
It reduces my risk of heart attacks				
It reduces my risk of stroke or transient ischemic attack ("mini stroke")				
It reduces my risk of colon cancer				
It reduces my risk of dementia				
It relieves my pain				
It helps with my general health				
It increases my risk of bleeding				
The risks may be greater than the benefits				

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by NORC at the University of Chicago for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using NORC's AmeriSpeak probability-based panel. This survey module was administered online and via phone from July 17th – August 7th, 2023 to a randomly selected, stratified group of U.S. adults age 50–80 (n=2,657), with an oversample of non-Hispanic Black and Hispanic populations. The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 50% among panel members contacted to participate. The margin of error is ±1 to 5 percentage points for questions asked of the full sample and higher among subgroups.

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