Syracuse University
Maxwell School of Citizenship & Public Affairs
Center for Policy Research

National Wellbeing Survey:
A Resource for Research on U.S. Working-Age Adults

Shannon Monnat

Sept. 8. 2025

Funders and Collaborators

Funders

- National Institute on Drug Abuse (U01DA055972)
- SU Lerner Center for Public Health Promotion and Population Health
- University of Michigan SBE COVID Coordinating Center

Collaborators

- Joshua Grove, Iliya Gutin, Jennifer Karas Montez, Danielle Rhubart, Yue Sun, Emily Wiemers, Douglas Wolf, Xue Zhang

What is the National Wellbeing Survey (NWS)?

- Annual cross-sectional survey of U.S. adults ages 18-64, 2021-2025 (so far)
- Administered through Qualtrics panels (a non-probability panel of adults who opt-in to surveys for compensation)
- Annual samples of 4,000 to 7,000
- We conduct extensive data quality checks
- Includes global and replicate weights to adjust for non-probability sample (calibrated to NHIS)

Access 2021-2023 through ICPSR: https://www.icpsr.umich.edu/web/NAHDAP/series/2340

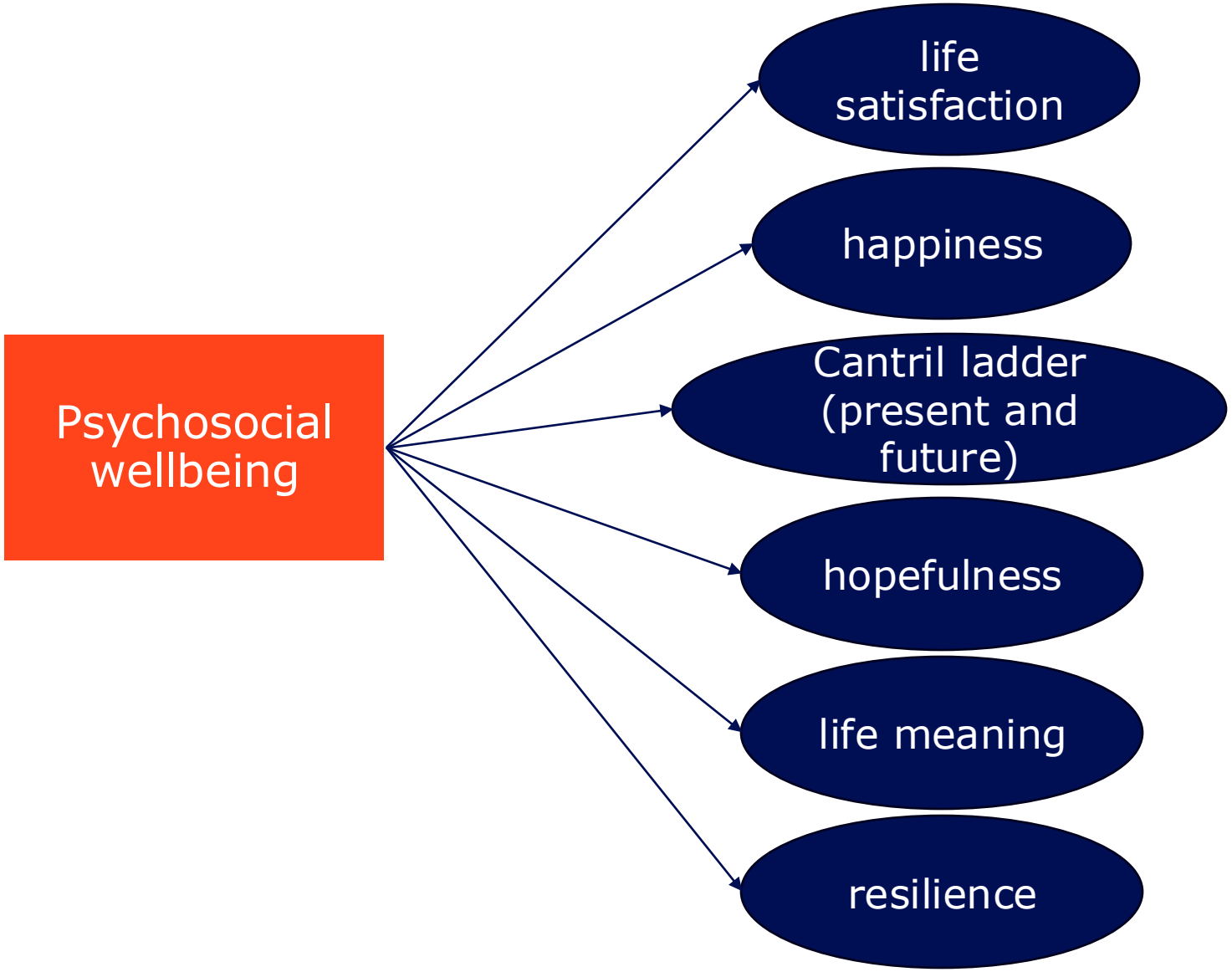
Special Features of the NWS (What's the Value Added?)

- Oversamples residents of nonmetro counties.
  - Includes both USDA rural-urban continuum codes (RUCCs) and respondents' self-reports of rurality.
- Includes state and county FIPS codes.
- Includes a comprehensive set of measures of psychosocial wellbeing, physical health, mental health, health behaviors, and employment measures.

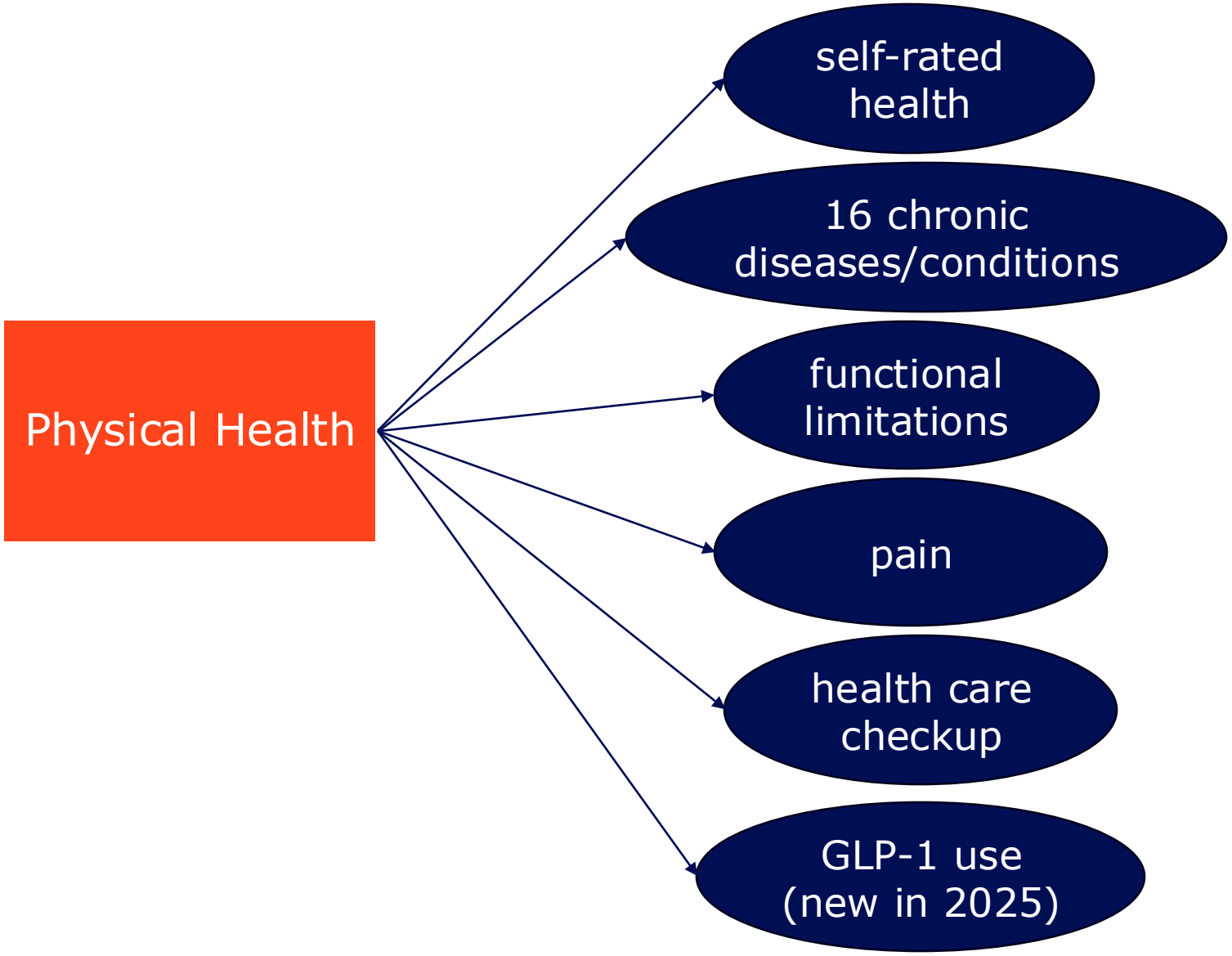
Survey Domains

- Psychosocial wellbeing
- Social relationships and supports
- Physical health
- Mental health
- Health behaviors
- Employment status and quality
- SES resources
- COVID-19 experiences
- Political orientation and presidential vote choice
- Demographics

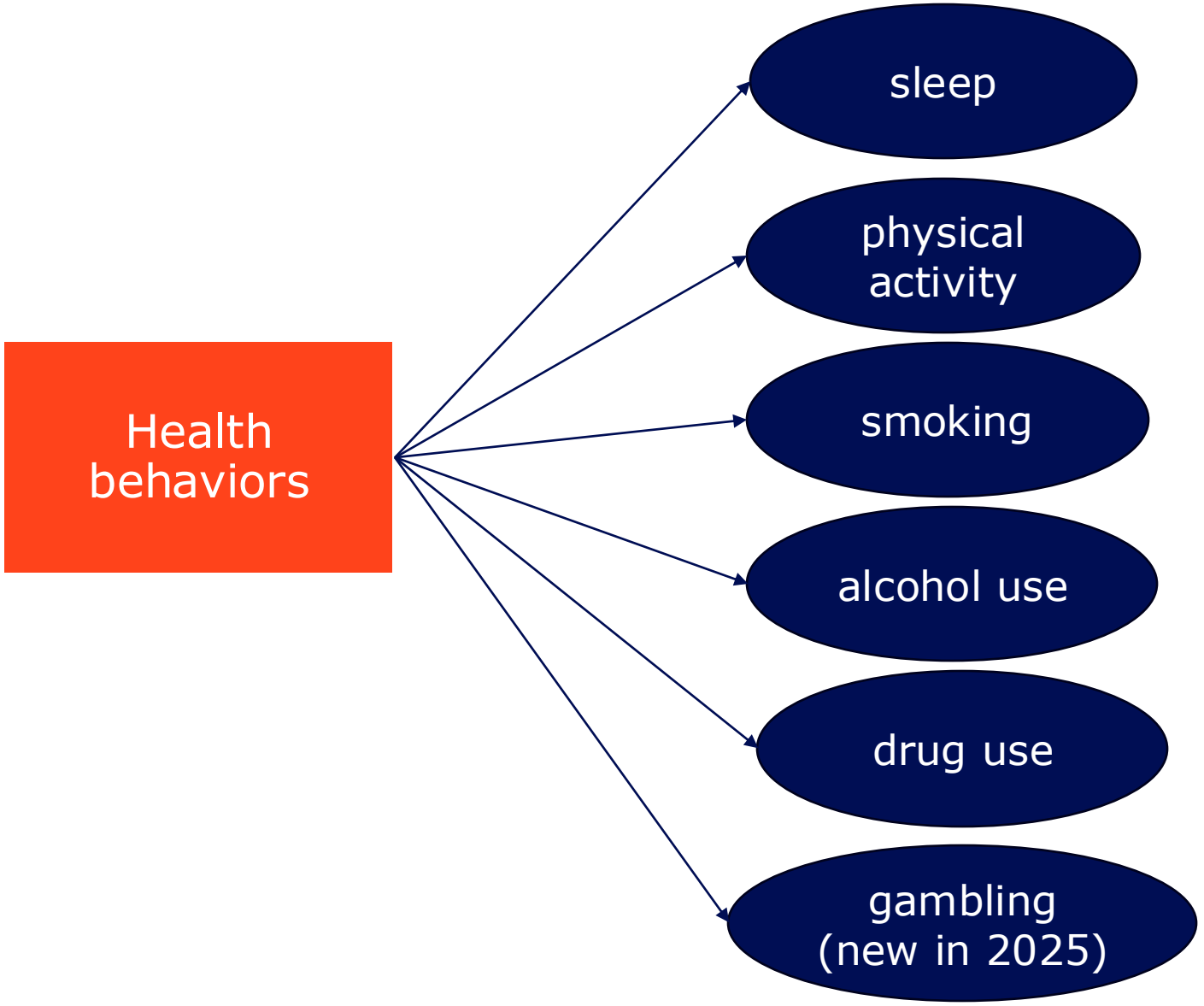
Survey Domains



Survey Domains



Survey Domains



Sample Sizes and Number of Counties Represented by Year

Year	Respondent N	County N
2021	4,014	1,430
2022	7,644	1,801
2023	7,105	1,746
2024	7,027	1,713
2025	6,099	1,716
TOTAL POOLED	31,889	

Nonmetro Oversample

RUCC	U.S. Pop % (ages 18-64) (2018-22 ACS)	NWS % (N), unweighted				
		2021 N=4,014	2022 N=7,644	2023 N=7,105	2024 N=7,027	2025 N=6,999
1	58.0	46.1 (1,850)	46.1 (3,526)	45.3 (3,219)	47.2 (3,315)	47.7 (3,337)
2	20.1	17.8 (715)	15.5 (1,187)	16.3 (1,161)	16.1 (1,129)	16.2 (1,135)
3	8.7	7.8 (315)	13.0 (996)	12.1 (863)	9.1 (639)	9.1 (636)
4&5	5.1	9.6 (385)	10.9 (836)	11.0 (780)	10.9 (766)	11.1 (776)
6&7	5.0	10.4 (418)	10.6 (811)	11.5 (814)	10.9 (765)	11.1 (773)
8&9	3.0	8.2 (331)	3.7 (288)	3.7 (268)	5.9 (417)	4.9 (342)
Metro Total	86.8	71.7 (2,880)	74.7 (5,709)	73.8 (5,243)	72.3 (5,083)	73.0 (5,108)
Nonmetro Total	13.2	28.3 (1,134)	25.3 (1,935)	26.2 (1,862)	27.7 (1,948)	27.0 (1,891)

Total Nonmetro N 2021-2025 = 8,770

Examples of Research Using the NWS

The ANNALS of the American Academy of Political and Social Science
Volume 698, Issue 1, November 2021, Pages 111-136

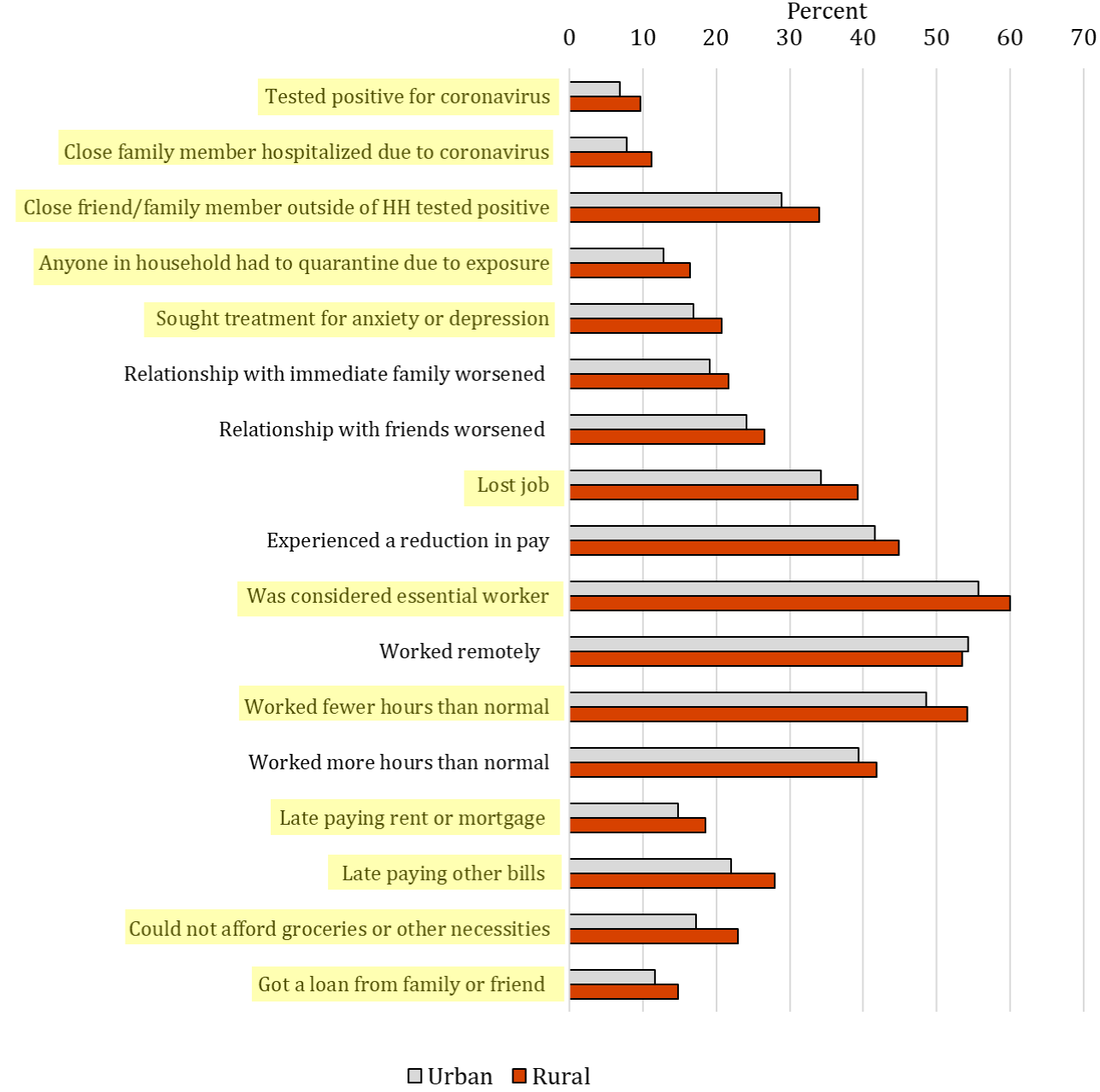
https://doi.org/10.1177/00027162211069717

Rural-Urban Variation in COVID-19 Experiences and Impacts among U.S. Working-Age Adults

Shannon M. Monnat

Rural working-age adults reported worse COVID-19 impacts than urban adults in 2021.

- Used data from 2021 NWS
- Rural residents did worse on nearly all outcomes.



Highlighted indicates statistical significance at $p<.05$ in multilevel adjusted models.

Contents lists available at ScienceDirect

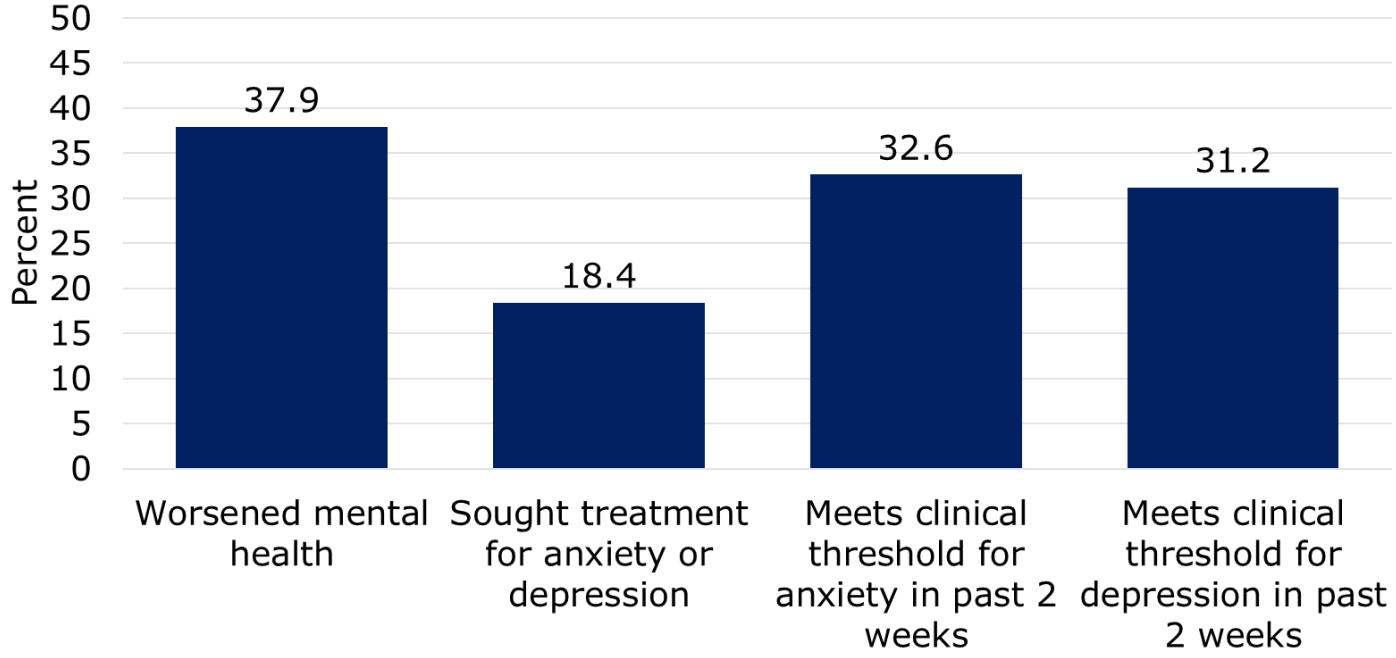
Preventive Medicine Reports

journal homepage: www.elsevier.com/locate/pmedr

U.S. States' COVID-19 physical distancing policies and working-age adult mental health outcomes

Shannon M. Monnat [a,b,c,g,*], David C. Wheeler [d], Emily Wiemers [e,f,g], Yue Sun [a,b,c], Xinxin Sun [d], Douglas A. Wolf [c,e,f,g], Jennifer Karas Montez [a,c,f,g]

- Linked the 2021 NWS to states' COVID-19 physical distancing policies.
- Considered the relationship between these policies and four mental health outcomes.



Higher scores on state physical distancing policy indices were associated with greater odds of reporting worsened mental health (due to the pandemic), greater odds of seeking treatment for anxiety or depression, and greater odds of meeting the clinical threshold for anxiety.

Syracuse University
Maxwell School of
Citizenship & Public Affairs
Lerner Center for Public Health
Promotion & Population Health

DATA SLICE #61
November 14, 2023

Sexual Minorities are More Depressed and Anxious than Heterosexuals in the U.S., Especially among Women

Joshua Grove

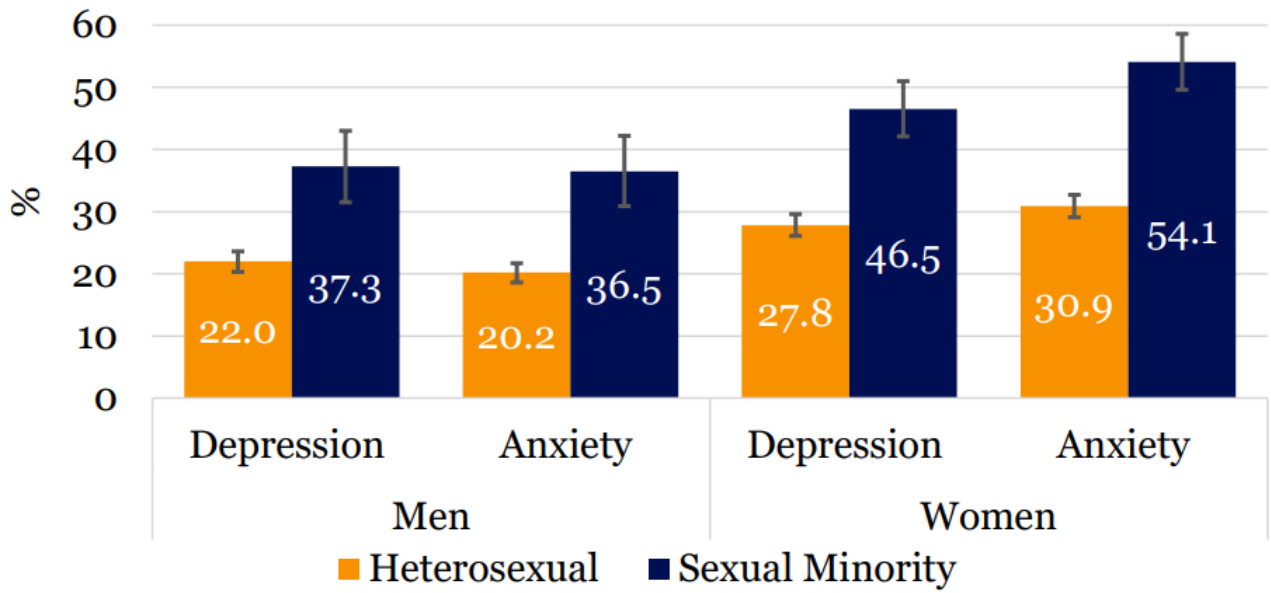


Figure 1. Differences in Depression and Anxiety by Sexual Orientation and Sex among Working-Age Adults (18-64) in the United States, 2022

Data Source: National Wellbeing Survey, 2022. *Notes*: Depression is based on respondents' answers to questions about having little interest and pleasure in doing things and feeling down, depressed, or hopeless. Anxiety is based on questions about feeling nervous, anxious, or on edge and being unable to control worrying. Percentages are weighted to be representative of the age 18-64 population by sex, age, race/ethnicity, education, and metro status. Error bars represent 95% confidence intervals (N=7,626).

Self-Reported ADHD Diagnosis and Illicit Drug Use and Prescription Medication Misuse Among U.S. Working-Age Adults

Andrew S. London[1], Kevin M. Antshel[1], Joshua Grove[1], Iliya Gutin[1], and Shannon M. Monnat[1]

Journal of Attention Disorders
1–12

DOI: 10.1177/10870547251365677
journals.sagepub.com/home/jad
Sage

Adults with ADHD are more likely to use illicit drugs and misuse prescription drugs than their peers without ADHD.

Table 4. Multivariable Logistic Regression Analyses of Lifetime and Past-Year Substance Use by ADHD Diagnosis Status, Total NWS Sample and NWS Participants with No Drug Use Disorder.

Panel A: total	Ever used			Past-year use		
Illicit drugs (use)	ADHD AOR[a]	[95% CI]	*p*	ADHD AOR[a]	[95% CI]	*p*
Marijuana	2.22	[1.89, 2.60]	<.001	2.15	[1.85, 2.50]	<.001
Powder Cocaine	2.11	[1.77, 2.52]	<.001	2.00	[1.45, 2.76]	<.001
Crack Cocaine	2.28	[1.84, 2.84]	<.001	1.63	[1.08, 2.46]	<.05
Methamphetamine	2.09	[1.72, 2.54]	<.001	2.22	[1.72, 2.85]	<.001
Heroin	2.10	[1.64, 2.70]	<.001	2.25	[1.45, 3.47]	<.001
Fentanyl	2.22	[1.71, 2.89]	<.001	2.37	[1.61, 3.47]	<.001
Hallucinogens	2.24	[1.87, 2.69]	<.001	2.21	[1.62, 3.01]	<.001
Prescription medications (misuse)						
Opioids	2.00	[1.62, 2.47]	<.001	2.05	[1.47, 2.84]	<.001
Tranquilizers	2.06	[1.63, 2.60]	<.001	2.80	[1.93, 4.06]	<.001
Sedatives	1.77	[1.22, 2.59]	<.01	1.96	[1.04, 3.68]	<.05
Stimulants	3.08	[2.45, 3.86]	<.001	3.33	[2.32, 4.77]	<.001
Panel B: no drug use disorder	**Ever used**			**Past, year use**		
Illicit drugs (use)	ADHD AOR[a]	[95% CI]	*p*	ADHD AOR[a]	[95% CI]	*p*
Marijuana	1.95	[1.65, 2.32]	<.001	2.01	[1.70, 2.38]	<.001
Powder Cocaine	1.80	[1.45, 2.22]	<.001	1.59	[0.99, 2.54]	.053
Crack Cocaine	1.83	[1.37, 2.45]	<.001	0.77	[0.37, 1.59]	.477
Methamphetamine	1.77	[1.38, 2.28]	<.001	1.94	[1.32, 2.87]	<.001
Heroin	1.90	[1.53, 2.35]	<.001	1.66	[1.09, 2.53]	<.05
Fentanyl	1.92	[1.31, 2.79]	<.001	1.54	[0.73, 3.25]	.260
Hallucinogens	1.90	[1.53, 2.35]	<.001	1.66	[1.09, 2.53]	<.05
Prescription medications (misuse)						
Opioids	1.69	[1.29, 2.21]	<.001	1.56	[0.97, 2.53]	.069
Tranquilizers	1.84	[1.34, 2.53]	<.001	2.47	[1.40, 4.36]	<.01
Sedatives	1.98	[1.25, 3.14]	<.01	2.19	[1.06, 4.54]	<.05
Stimulants	2.87	[2.14, 3.85]	<.001	3.48	[2.12, 5.69]	<.001

[a]ADHD AOR is the adjusted odds ratio comparing the odds of use among persons ever diagnosed with ADHD to the odds of use among persons never diagnosed with ADHD derived from models that include control variables. Models control for: Sex; Age; Race/Ethnicity; Nativity; Education; and Urban-Rural Continuum.

Disability and Health Journal 18 (2025) 101705

Contents lists available at ScienceDirect

Disability and Health Journal

journal homepage: www.disabilityandhealthjnl.com

The role of perceived social support in subjective wellbeing among working-age U.S. adults with and without limitations in activities of daily living

Nastassia Vaitsiakhovich, MA [a,*], Scott D. Landes, PhD [b], Shannon M. Monnat, PhD [a]

Working-age adults with a self-care disability are less likely to report that their life has meaning compared those without limitations.

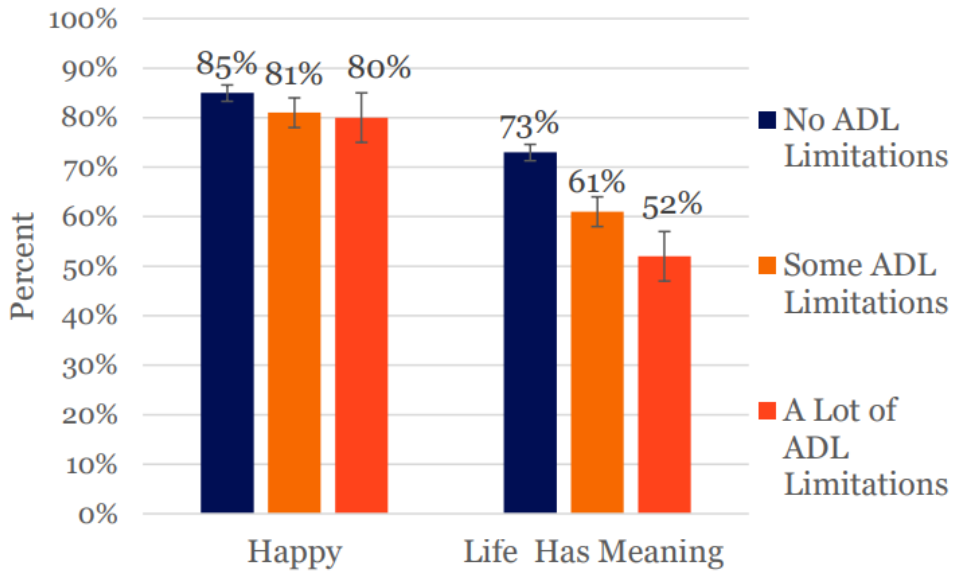
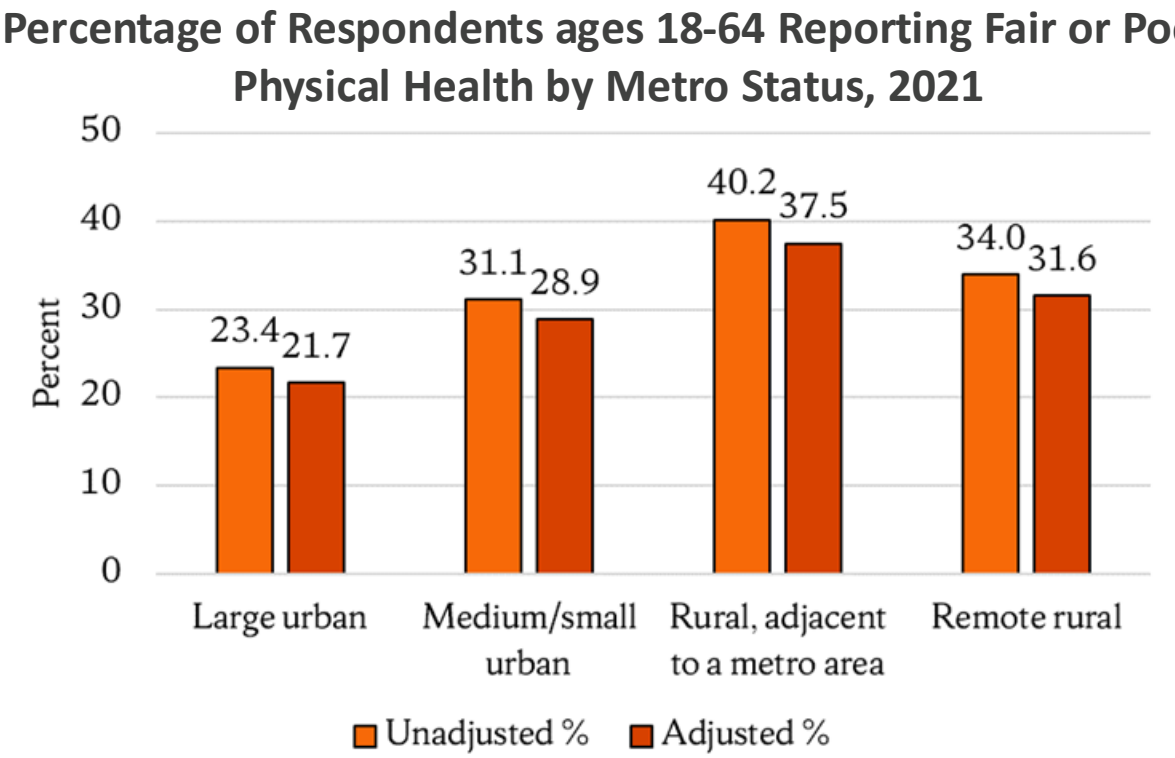


Figure 1: Percentage of Respondents Aged 18-64 Who Reported Being Happy and Perceiving Their Life as Meaningful by ADL Disability Status, 2021

Data Source: National Wellbeing Survey, 2021. N=3,775. The models controlled for: sex, race-ethnicity, age, marital status, metropolitan status, education, employment, annual household income in 2019, number of people in the household, smoking status, morbidity status, obesity/overweight status, perceived social support, and overall COVID-19 impact.

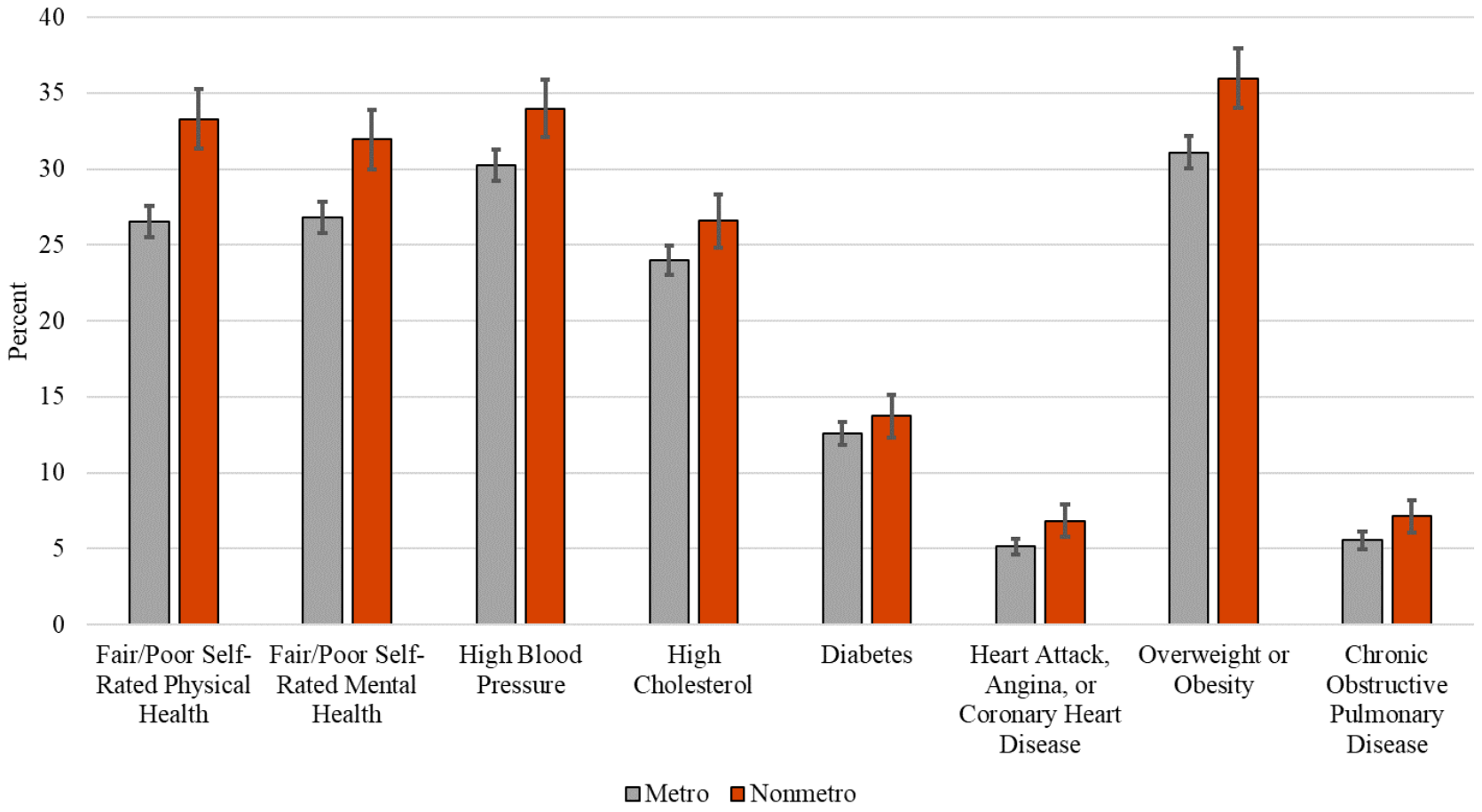
Rural Working-Age Adults Report Worse Physical Health than their Urban Peers



Notes: The adjusted percentages account for differences in sex, age, race/ethnicity, marital status, household income, education, health insurance coverage, employment status, and perceived impacts of COVID-19 on their lives as of early-2021. Analyses are weighted.

Rhubart DC, Monnat SM. Self-Rated Physical Health Among Working-Aged Adults Along the Rural-Urban Continuum — United States, 2021. *MMWR Morb Mortal Wkly Rep* 2022;71:161–166.

Rural Working-Age Adults Are Worse Off on Numerous Health Conditions



Data Source: National Wellbeing Survey, 2021 and 2022 N=11,658 adults ages 18-64
Percentages are age-adjusted, weighted, and control for survey year. Error bars represent 95% confidence intervals. Metro status based on 2013 USDA ERS RUCC. Chronic diseases are based on respondents' self reports of getting a diagnoses from a health care provider.