

2024 Oregon Health Insurance Survey Methodology Report

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I. Introduction

The Oregon Health Authority contracted with SSRS to conduct the 2024 Oregon Health Insurance Survey (OHIS). The goal of this survey is to provide statewide data on the health insurance coverage, health care costs, access to care, and health status of the non-institutionalized population in Oregon. These data will inform policies impacting the health and healthcare of Oregon's citizens. This report describes the methods used to collect and prepare the 2024 OHIS data.

This report is organized as follows:

- Section II : OHIS sample design
- Section III: OHIS operational approach
- Section IV: OHIS instrument
- Section V: Data processing and preparation
- Section VI: Response Rate
- Section VII: Survey weights and variance estimation

Finally, at the end of the report, Section VIII includes references, Appendix A includes the instrument specifications, and Appendix B includes the communication used during the 2024 OHIS.

II. OHIS Sample Design

The goal of the 2024 OHIS was to attain a representative sample of Oregon residents and in particular to (1) attain statistical representations for each of the state's 15 pre-specified regions and (2) ensure the proportionality of ethnic and minority sub-populations.

The 2024 OHIS utilized a hybrid methodology that combined an adaptive address-based sample (ABS) push-to-web design with a prepaid cell sample. ABS surveys are frequently designed with a great deal of uncertainty about key parameters, such as the yield¹. Adaptive sample design is a strategy for dealing with this uncertainty. Adaptive sample design makes use of data collected during early phases of production to inform decisions made about the design for later phases. An adaptive sample design was implemented for this study to maximize the total number of completes, the yields of key subgroups, and to monitor costs. To this end, the survey was to be conducted in three waves. The first wave was to follow its course and, based on the results of the first wave, adjustments were to be made to the sample of the second and third waves to attain the requisite interviews. One fourth of the target sample was to be included in the first wave and the remaining sample was to be split evenly between the second and third waves. In addition to

¹ The yield of a survey is the number of pieces of sample required to obtain one completed survey. For example, a yield of 10:1 indicates that 10 pieces of sample need to be contacted to obtain one completed survey.

the ABS, the prepaid cell sample was to be released in three waves to approximately match the progress of the ABS sample. The prepaid cell sample was utilized to boost key demographics that tend to be underrepresented in ABS, such as Hispanics, people with lower education and lower income, and other related groups that are often underrepresented in general population samples (e.g., the uninsured).

Due to a higher than expected yield in the first wave, adjustments were made to the sampling plan for the ABS and OHA and SSRS decided to aim to complete data collection in two waves rather than three. To compensate for the shorter time in the field with the ABS, the prepaid cell was dialed at a higher frequency to keep pace with the ABS.

The study aimed to obtain a total of 8,000 completed interviews, 7,000 from the ABS and 1,000 from the prepaid cell sample. More information about each of the samples is provided below.

1. ABS

The 2024 OHIS utilized a hybrid design with ABS being the predominant frame. The ABS was selected via probability sampling methods, and SSRS' sister company, Marketing Systems Group (MSG), supplied all sample. Sample was generated from the United States Postal Service (USPS) Computerized Delivery Sequence File (CDSF). The CDSF is a computerized file that contains information on all delivery addresses serviced by the USPS, except for general delivery. The CDSF is updated weekly and contains home and apartment addresses as well as Post Office boxes and other types of addresses for mail delivery. Sample was selected from all residential records apart from addresses coded as vacant, seasonal (vacation), and PO boxes other than those defined as OWGM (only way to get mail), which avoids duplication of Oregon residents in the sample selection. Additional screening was performed to exclude any addresses that had previously requested no further contact by SSRS.

1.1. *Geographic Stratification*

The geographic strata for the 2024 OHIS were based on 15 regions pre-specified by the state which align with the U.S. Census Bureau's Public Use Micro Areas (PUMAs)² (Table 1). The sample plan was designed to ensure a minimum of 300 completes within each of these regions. In the interest of oversampling key demographic subgroups, the sample was further stratified based on the predicted demographics as discussed in the next section.

² Public Use Microdata Areas (PUMAs) are non-overlapping, statistical geographic areas that partition each state or equivalent entity into geographic areas containing no fewer than 100,000 people each. <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/pumas.html>

Table 1: Regions within the State of Oregon

Oregon Survey Region
Region 1: Baker, Umatilla, Union, Wallowa
Region 2: Crook, Gilliam, Grant, Hood River, Jefferson, Morrow, Sherman, Wasco,
Region 3: Harney, Klamath, Lake, Malheur
Region 4: Deschutes
Region 5: Clatsop Columbia, Lincoln, Tillamook
Region 6: Benton, Linn
Region 7: Lane
Region 8: Coos, Curry, Josephine
Region 9: Jackson
Region 10: Douglas
Region 11: Marion
Region 12: Polk, Yamhill
Region 13: Multnomah
Region 14: Clackamas
Region 15: Washington

1.2. Model Based Stratification

While providing excellent coverage in practice, ABS designs have been shown to fall short with non-white, lower income, and younger populations (Link and Burks, 2013; Rapoport, Dutwin, & Sherr, 2012). To improve sample representativeness and achieve the State’s objectives, SSRS stratified the ABS design with strategic oversamples of households predicted to have certain attributes. The sample design incorporated stratification by both geography and demographics of interest. In particular, the design used a combination of geographic strata and modeled based strata.

As with the second wave of OHIS 2023, which was also conducted by SSRS, the address-based sample for OHIS 2024 was stratified into model-based strata that have higher incidences of individuals with targeted characteristics.

To develop and test prospective models for the 2024 OHIS model, data from of OHIS 2023 were utilized in combination with a proprietary compendium of data collected over the past 3-5 years from studies employing ABS and similar data collection methods to develop and test prospective models for OHIS. Similar data were used in addition to OHIS to increase the number of cases available to run the models on. The higher the number of cases with targeted attributes, the more stable the model is, and the more able the model is to identify members of the targeted groups.

We started by appending supplemental data, including address-based data from public and commercial sources (e.g., voter-registration data, consumer databases, and marketing data on surname at the address) and geography-based data from public sources (e.g., population

characteristics by Census tract from the American Community Survey) to our aggregated “training” data set. If cases could not be matched to the auxiliary data (other than Census), they were excluded from the predictive modeling process and put into their own strata. All the appended data then served as independent variables (features) in random forest models, while the self-reported attributes (demographics, etc.) served as the dependent variables.

Half of OHIS 2023 served as the “test” data to evaluate the efficacy of the models trained on the data described above. In addition to evaluating the predictive models, the utility of individual sample flags provided by MSG database information, including the surname flags, child indicator variables, and resident age information as well as PDB (Planning Database) block-group characteristics including the density of households with African American residents and households with limited English proficiency were also evaluated.

Table 2 shows the attributes that were targeted, whether individual indicator flags, predictive models, or geo-demographic data were evaluated, and which, if any, indicator was included in the definitions of the final stratification.

Table 2: OHIS 2024 sample stratification predictors by targeted attribute

Targeted Attribute	Predictor Evaluated	Used in OHIS 2024	Modeling Stratum
Spanish-language Interview	Predictive model & geographic density indicator	Predictive model	Stratum 3
Hispanic	Surname flag, predictive model, & geographic density indicator	Surname flag & predictive model, &	Stratum 3
African American	Predictive models & geographic density indicator	Predictive models & geographic density indicator	Stratum 2
American Indian, or Alaskan Native	Predictive model & geographic density indicator	Not specifically targeted due to ineffective model	Not Used
Low income	Predictive model & geographic density indicator	Predictive model & geographic density indicator	Stratum 5
Uninsured	Predictive model & geographic density indicator	Predictive model	Stratum 5
Asian	Surname flag, predictive model, & geographic density indicator	Surname flag & predictive model	Stratum 4
Presence of children (under 18)	Sample frame flag & predictive model	Predictive model	Stratum 6
Presence of adult aged 65+	Sample frame flag & predictive model	Sample frame flag & predictive model	Stratum 1

The selected indicators were then used to create a hierarchical set of sample strata, and each address in the selected sample was assigned to one of the strata with preference given to the higher ranked stratum (for example, a household predicted to be Hispanic was included in the Hispanic/Spanish language stratum regardless of which other categories they were predicted to be in). Since sample addresses, for which there is no commercial data match, are not random and

often include groups of interest, it was important to include these cases in their own stratum even though there was not data available to assign them to a predicted group. Therefore, we created two residual strata: one includes matched cases that were not predicted to contain members from any of the target groups, and the second was unmatched cases. Regardless of their match status, all addresses were included in the sampling process.

For OHIS 2024, as with the second wave of OHIS 2023, the following strata were created:

1. Age 65+
2. African American
3. Hispanic / Spanish Speaker
4. Asian
5. Low Income/ Uninsured
6. Children in HH
7. Residual, unmatched, unflagged, and not in any high-density area
8. Residual, matched, unflagged, and not in any high-density area

This stratification scheme was designed to make use of the most effective predictive variables to target key demographic subgroups in an efficient way that minimizes the impact of the disproportionate sampling on the design effect. Those models that were not sufficiently predictive to add value were excluded.

The final step in utilizing the models was to develop sampling fractions, and thus determine the relative fractions by which modelled households were selected. Sample fraction is the ratio of the sample size in each modeled stratum to the population size in that stratum. The relative sample fraction is the ratio of the sampling fraction of each stratum to the total sampling fraction. Thus, the relative sampling fractions indicate over or undersampling of a stratum in relation to each other. A relative sampling fraction of 1.0 would indicate no over or under sampling. Higher sampling fractions would imply oversampling, while lower would indicate undersampling. The relative sample fractions below balanced the need to increase the frequency of the lowest incidence groups, while accounting for subgroups differences in response propensity and minimizing disproportionate weighting whenever possible.

The planned relative sampling fractions were as follows:

1. Age 65+ (0.39)
2. African American (0.95)
3. Hispanic / Spanish Speaker (3.66)
4. Asian (0.82)
5. Low Income/ Uninsured (0.90)
6. Children in HH (1.85)
7. Residual, unmatched, unflagged, and not in any high-density area (0.49)
8. Residual, matched, unflagged, and not in any high-density area (0.74)

Since modelling is a post-generation process, the sample was generated at the rate of the highest relative sampling fraction, which in this case was associated with the Hispanic / Spanish Speaker

stratum at a rate of 3.66. Once the main sample was selected, random subsamples within modelled strata were drawn to achieve the final desired sampling fractions.

Table 3 shows the initially estimated achieved incidence of each targeted group under the design as well as the achieved unweighted incidence in wave 2 of 2023 for comparison.

Table 3: Estimated Incidence of Targeted Subgroups from the ABS sample in OHIS 2024

Targeted Subgroups	Oregon Population Incidence	Estimated Incidence	Estimated Count ³	Incidence in wave 2 of 2023
Black/African American	2.9%	2.5%	178	2.2%
Asian	6.3%	7.3%	511	6.0%
NHPI	0.7%	0.9%	64	0.8%
American Indian or Native American	3.0%	4.1%	287	4.0%
Hispanic	13.4%	13.5%	945	11.0%
Households with children	20.8%	29.7%	2082	25.0%
Uninsured	4.6%	4.8%	338	4.6%
Households with any 65+	18.2%	22.5%	1578	32.3%

1.3. Sample yield, sample release, and wave 2 adjustment

Unlike OHIS 2023, SSRS did not send a \$1 pre-incentive for OHIS 2024. Instead, respondents were offered a \$10 post-completion incentive. It was initially expected that the removal of the pre-incentive from the OHIS protocol would negatively impact the yield. The initially estimated yield of the 2024 cycle was 19.5:1. However, after a mid-field analysis that showed a better-than-expected yield, the sampling plan was adjusted accordingly. Figures from the initial assessment and mid-wave reassessment are included in this section.

Table 4 below displays the household counts from the Computerized Delivery Sequence File (CDS) sample frame, the expected total sample size for approximately 7,000 completes from the ABS, and the desired distribution of completes by the 15 health regions-based geographic based strata based on initial pre-field estimates. These data were used for wave 1 sample estimates.

^{1.} This column projects the number of responding households with the target demographic.

Table 4 - CDSF Household Counts, Expected Total Sample Size, and Desired Number of Completed surveys by geographic based stratum - Initial Pre-field Assessment

Geographic Strata	Households	Sample	Sample %	Completes
Region 1	47,094	7,267	5.3%	300
Region 2	45,624	6,994	5.1%	300
Region 3	43,916	7,118	5.2%	300
Region 4	88,489	6,814	5.0%	300
Region 5	70,044	6,189	4.5%	300
Region 6	84,389	5,155	3.8%	300
Region 7	160,705	9,271	6.8%	542
Region 8	72,340	6,346	4.6%	300
Region 9	91,045	6,166	4.5%	300
Region 10	41,716	6,631	4.9%	300
Region 11	127,273	7,638	5.6%	373
Region 12	71,930	6,499	4.8%	300
Region 13	361,987	29,775	21.8%	1,704
Region 14	166,821	8,773	6.4%	471
Region 15	239,172	15,863	11.6%	910
Total	1,712,545	136,500	100.0%	7,000

The modeled substrata served as substrata within the main geographic-based strata. In other words, the sample design first sought to achieve the targeted number of completes by geography. The model-based stratification was then applied within each geography to undersample or oversample the relevant demographic subgroups.

Table 5 below displays initial estimated mailout by geographic and modeled strata for the full field protocol under initial design parameters.

Table 5 – Expected total sample size by geographic and modeled stratum – Initial Pre-field Assessment

Strata	Age 65+	African American	Hispanic / Spanish Speaker	Asian	Low Income/ Uninsured	Children in HH	Residual Unmatched	Residual Matched	Total
Region 1	482	344	4,435	22	1,256	494	152	82	7,267
Region 2	492	222	3,781	34	1,183	1,025	175	82	6,994
Region 3	497	394	3,536	33	1,503	921	157	77	7,118
Region 4	881	555	415	63	1,635	2,798	257	211	6,814
Region 5	790	256	691	52	1,788	2,168	289	155	6,189
Region 6	889	716	784	88	1,443	845	227	163	5,155
Region 7	1,724	2,010	1,038	154	2,387	1,200	434	325	9,271
Region 8	944	320	1,467	50	1,893	1,313	215	144	6,346
Region 9	1,053	894	1,296	56	1,549	945	200	173	6,166
Region 10	574	731	1,108	48	2,614	1,218	103	172	6,631
Region 11	1,168	1,584	2,120	90	1,430	758	301	188	7,638
Region 12	782	522	1,473	63	1,501	1,835	147	176	6,499
Region 13	2,695	8,950	8,789	945	2,788	3,702	1,189	716	29,775
Region 14	1,667	1,257	720	391	1,866	2,201	266	403	8,773
Region 15	1,943	3,924	3,405	1,214	1,458	2,862	563	493	15,863
Total	16,581	22,680	35,058	3,303	26,295	24,347	4,675	3,560	136,500

Assessment of the overall yield as well as the performance of geographic and demographic strata after wave 1 led to revising the sampling plan. The field period was abbreviated to two waves, and the second wave was designed to obtain the remaining number of needed completes. Models were adjusted based on 2024 wave 1 incidence and implemented for the wave 2 sample. Below are the sample estimates adjusted for wave 2 based on the new sampling plan.

Table 6 - CDSF Household Counts, Expected Wave 2 Sample Size, and Desired Number of Completed surveys by geographic based stratum – Reassessment

Geographic Strata	Households	Sample	Sample %	Completes
Region 1	47,094	1,959	8.1%	156
Region 2	45,624	1,656	6.8%	144
Region 3	43,916	1,371	5.7%	120
Region 4	88,489	639	2.6%	79
Region 5	70,044	934	3.9%	102
Region 6	84,389	607	2.5%	92
Region 7	160,705	1,543	6.4%	202
Region 8	72,340	869	3.6%	98
Region 9	91,045	1,304	5.4%	130
Region 10	41,716	953	3.9%	105
Region 11	127,273	1,487	6.1%	149
Region 12	71,930	633	2.6%	77
Region 13	361,987	5,756	23.7%	693
Region 14	166,821	1,599	6.6%	193
Region 15	239,172	2,925	12.1%	368
Total	1,712,545	24,237	100.0%	2708

Table 7 – Expected Wave 2 sample size by geographic and modeled stratum – Reassessment

Strata	Age 65+	African American	Hispanic / Spanish Speaker	Asian	Low Income/ Uninsured	Children in HH	Residual Unmatched	Residual Matched	Total
Region 1	85	120	191	10	385	1,105	43	20	1,959
Region 2	86	100	198	18	371	813	53	16	1,656
Region 3	84	286	247	15	412	267	48	12	1,371
Region 4	133	65	38	8	210	108	55	24	639
Region 5	135	64	68	16	439	92	94	27	934
Region 6	138	86	38	12	191	77	44	22	607
Region 7	291	367	82	31	444	165	106	58	1,543
Region 8	160	70	60	13	414	62	65	24	869
Region 9	185	263	162	19	405	174	63	35	1,304
Region 10	92	46	47	15	424	281	30	19	953
Region 11	206	375	290	24	330	140	86	37	1,487
Region 12	124	69	80	9	222	70	35	23	633
Region 13	477	2,545	389	289	723	820	362	152	5,756
Region 14	287	252	105	83	375	352	71	73	1,599
Region 15	338	879	349	293	318	498	153	96	2,925
Total	2,822	5,585	2,345	855	5,662	5,024	1,307	637	24,237

2. Prepaid Cell Sample

Prepaid cell numbers are associated with cell phones that are “pay as you go” and do not require a contract. Data from other studies show that prepaid cell numbers are more likely to be used by Hispanic people, people with lower education and lower income, and other related groups that are often underrepresented in general population samples (e.g., the uninsured).

For the 2024 OHIS, the ABS was supplemented by a prepaid cell phone sample to enhance the representativeness of the overall sample and to bring the total completed interviews with households from underrepresented groups closer to desired targets. Table 8 below shows the incidence for of the targeted subgroups for the Oregon population, and the estimated and achieved incidence from the ABS, the prepaid cell sample, and the combined sample.

Table 8: Incidence of Target Groups in the 2024 OHIS

Targeted Subgroups	Oregon Population	Proportion of Sample					
		ABS		Prepaid Cell Sample		Combined Samples	
	%	Est. %	Actual %	Est. %	Actual %	Est. %	Actual %
Black/African American	2.9%	2.5%	3.4%	4.3%	4.4%	2.7%	3.5%
Asian	6.3%	7.3%	7.3%	3.6%	4.2%	6.8%	7.0%
NHPI	0.7%	0.9%	1.4%	1.9%	2.3%	1.0%	1.5%
AIAN	3.0%	4.1%	4.3%	7.7%	6.2%	4.6%	4.5%
Hispanic	13.4%	13.5%	13.7%	19.6%	18.7%	14.3%	14.3%
Household with children	20.8%	29.7%	29.9%	22.5%	19.7%	28.8%	28.8%
Uninsured	4.6%	4.8%	4.6%	8.1%	7.9%	5.2%	4.9%
Household with any 65+	18.2%	22.5%	21.8%	42.2%	42.1%	25.0%	24.1%

2.1. Adaptive Design

A model-based adaptive design was implemented to reduce outbound dialing costs while maintaining yield and the representativeness of the responding sample.

Using data from previous prepaid cell samples, a random forest model was developed to predict the outcomes of later call attempts based on the outcomes of the first few call attempts. Specifically, for any cases that did not respond to the first 3 call attempts, this model predicted “response propensity” (RP) conditional on continued dialing—that is, the probability that a response would eventually be obtained if calls continued to be made. Model predictors included status codes, call durations, and other paradata from the first 3 call attempts.

This model was applied to assign an RP score to each case in the OHIS prepaid sample that passes the third call attempt without yet having responded. At that point, any cases with a RP score below a prespecified “cut point” were stopped, while cases above the “cut point” continued to be called up to a maximum of 6 dials. The rationale for this approach was to direct the remaining dialing

effort towards those cases for which it is most likely to be successful, while reducing effort for those that are unlikely to eventually yield a completed survey.

The RP models we developed for similar state health surveys were able to predict the outcomes of later call attempts with high accuracy. The use of highly accurate RP models allows for the stopping of dialing early for some cases while minimizing the reduction in the completion rate (and therefore any reduction in sample representativeness), since very few of the cases that were stopped early would ever have responded.

The exact parameters of the adaptive design—specifically, the number of calls after which the RP score is assigned and the RP cut point that determines whether dialing continues—were set based on analysis of completed prepaid samples. These parameters were set to target approximately a 30% reduction in the total number of dials relative to the standard protocol of 6 dial attempts. The outcome of the process was monitored throughout the fielding of the study to verify that the predicted demographic profile of the sample was not being significantly compromised.

III. OHIS Operational Approach

1. ABS Operational Approach

1.1. Contact Protocol

As indicated previously, the sample was released in two waves. Each wave followed the contact protocol described below. Dates of the mailings by wave can be found in Table 9.

Similarly to 2023 OHIS, the 2024 OHIS ABS sample received an initial invitation letter inviting them to participate. The most significant change to the 2024 OHIS ABS contact protocol was in the use of post-incentives rather than pre-incentives. The envelope (contained the same information as the prior cycle, but without the addition of a window with a visible cash incentive. The letter was relatively unchanged between cycles, but the 2024 letters had additional text offering a \$10 post-incentive to those who completed the survey. The letter requested that the respondent complete the survey online and included both a link that directed web respondents to log on to a .org URL (oregonhealthsurvey.org) and a QR code that, when scanned, took the respondent directly to the survey.

Those who typed in the URL into their browser were redirected to the official OHIS website. The website, pictured below, included Frequently Asked Questions (FAQs), contact information for the researchers, and a link to launch the survey. The website was available in English and Spanish.

Figure 1. Oregon Health Survey Website



Upon choosing 'Take the Survey/Responda la Encuesta' respondents were redirected to the SSRS Confirmit Survey, where they were instructed to enter the unique user ID provided in the mailing materials. Those who chose to scan the QR code were taken directly to the Confirmit webpage, were able to bypass the passcode (which was instead embedded into the QR code) and begin the survey.

The letter alerted those without Internet access to call a toll-free 1-800 number to conduct the survey by phone with a live interviewer. The letters included a sentence in Spanish with the survey URL and the 1-800 number. The back of the letter included a series of FAQs. All mailings sent to the Hispanic/Latino(a) stratum received a bilingual, English/Spanish, version of the invitation letter and FAQs. The letter was printed in two colors and mailed with a live stamp to increase the likelihood that it would be opened and read.

A week after the initial invitation letter was sent, all households in the ABS received a postcard reminder. The postcard reminded the respondents about the survey and the incentive offered for completion.

Approximately two weeks after the postcard mailing, all remaining nonrespondents were sent a reminder letter. The letter was mostly identical to the invitation letter. As with other mailings, the Hispanic/Latino(a) stratum was sent a bilingual version.

Finally, two weeks after the reminder letter in Wave One and one week after the reminder letter in Wave Two, a reminder postcard was sent to all remaining nonrespondents. As with other mailings, the Hispanic/Latino(a) stratum was sent a bilingual version.

Table 9: Contact Protocol Dates by Wave

Mailing	Wave 1	Wave 2
Initial Invitation	3/22/24	6/7/24
Postcard	3/29/24	6/14/24
Letter Reminder	4/12/24	6/28/24
Postcard Reminder	4/23/24	7/5/24

As previously mentioned, the first wave of ABS data collection was intended to bring one-fourth of the completed interviews, and was retroactively re-assessed to make up roughly two-thirds of completes while the second wave was intended to bring the remaining one-third. The table below shows the estimated number of completed interviews expected as well as the actual number of completed interviews obtained, per wave and in total.

Table 10: Completed Interviews by Wave

	Wave 1	Wave 2	Total
Estimated # of Interviews ⁴	4,307	2,708	7,000
Completed Interviews ⁵	4,597	3,206	7,803
% of Goal	106.7%	118.4%	111.5%

2. Prepaid Cell Phone Operational Approach

The protocol for the prepaid cell sample for the 2024 OHIS was to call sampled numbers up to 6 times, with a pause after the 3rd call. As described previously, a model was used to predict “response propensity” (RP) to determine whether calling more than 3 times would likely result in the case becoming a completed interview or not. Cases that had a good likelihood of becoming completed interviews proceeded up to 6 calls, while those that did not, stopped at 3 calls. Calls were made at different times of day and different days of the week and up to 3 voicemails were left.

Sample members who initially refused to complete the survey were offered the opportunity to be re-contacted at a more convenient time. Bilingual interviewers were available for participants who wished to conduct the interview in Spanish.

By the end of data collection, 1,001 interviews were completed using the Prepaid Cell Phone Sample.

⁴ These figures represent the re-assessed sample estimates, which was completed during Wave 1. As such, Wave 1 estimates reflect actual completes at the time of the re-assessment.

⁵ Some of these are Partial Interviews counted as complete. More information is provided on partials counted as completes later in the report.

3. Telephone Methods for Prepaid Cell Sample and ABS

Outbound dialing for the PPD sample was run throughout the field period, and inbound dialing was available for either sample type during the whole field period. The telephone methods were the same for the outbound calls to the Prepaid Cell sample and for those who chose to call in to complete the survey by telephone either because they were part of the ABS and received a letter or because there were part of the Prepaid Cell Sample and were returning a voicemail. The same group of interviewers was trained and conducted telephone interviews with sample members from both groups.

3.1. Interviewer Training

Interviewers received both written materials about the survey and formal training for conducting this survey. Prior to the commencement of the study, and as necessary throughout the fielding process, SSRS project directors:

- Explained the study's overall objectives, specific procedures, and survey content to interviewers.
- Briefed and trained interviewers on the issues specific to the study.
- Provided FAQs and scripts in English and Spanish, as well as contact information for project personnel.
- Monitored interviewers for the duration of the project and provided feedback when necessary.

Call center supervisors and interviewers were given the opportunity to walk through each question in the survey. Interviewers were given instructions to help them maximize response rates and ensure accurate data collection. They were instructed to encourage participation by emphasizing the social importance of the project and to reassure respondents that the information they provided was confidential. In addition, instructions were added for the 2024 field period to reduce length of interview (LOI) by allowing interviews to not read lists multiple times if the question was read more than once as part of a loop for multiple household members.

Interviewers were monitored during the first several nights of interviewing and provided feedback where appropriate to improve interviewer technique and clarify survey questions. The interviewer monitoring process was repeated periodically during the field period.

3.2. Survey Fielding

The following steps were taken in conducting the telephone interviews to maximize telephone response rates:

- Instituted a call rule of three to six calls, based on the adaptive design.
- Varied the times of day, and days of week when call-backs were placed (differential call rule).

- Explained the purpose of the study and stated as accurately as possible the expected length of the interview.
- Permitted respondents to set the schedule for a call-back, allowing them to return the interviewer's call on a toll-free number.
- Provided a clear and early statement that the call was not a sales call.
- Informed respondents about how they would be well-served by the survey results.
- Have bilingual interviewers available to take calls and return voicemails.

3.3. *Refusal Conversion*

SSRS has a core group of specially trained and highly experienced callback specialists and refusal converters who called back all initial refusals to the telephone survey on this project and attempted to persuade the respondent to complete the interview. Cases where a call attempt resulted in a respondent or household refusal, termination, or other break-off were attempted again after a period of at least seven days.

IV. 2024 OHIS Instrument

1. Survey Content

The 2024 OHIS survey was built using the 2023 survey as a base. On the whole, and especially when compared to the changes made between the 2021 and 2023 cycles, the survey instrument remained practically unchanged between the 2023 and 2024 cycles. This was expected, as the 2023 questionnaire was a large departure from the 2021 questionnaire due to methods changes and an emphasis on a web-based survey mode. Likewise, the time between cycles was reduced to a few months to better align the OHIS data deliveries with Oregon's legislative sessions. This required a faster survey design period and allowed for an easier transition between cycles due to continuing operational momentum. The few changes that were made to the instrument are documented later in this section.

Sections of the 2024 OHIS survey:

- Survey Lead in Statement, Introduction, Respondent Selection
- Household Level Information
- Person Level Demographics
- Family Unit Formation
- Insurance Coverage
- Private Insurance
- Private Insurance Follow Up Questions
- Insurance Follow Up
- Follow Up Questions for Those Covered by OHP
- Private Insurance Follow Up Questions

- Follow Up Questions for the Uninsured
- Interruptions in Coverage
- Access to Care & Doctor Visits
- Prescription Medications
- Dental Insurance and Care
- Healthcare Expenses and Barriers
- Employment
- Employer Sponsored Insurance
- Income Questions

As in the 2023 OHIS, the 2024 survey started by asking the respondents to list all the people living in their household. Then the survey proceeded by asking each section of the survey to each person in the household. Certain sections are only applicable to respondents above a certain age (For example, Employment), while others were only applicable to respondents qualifying due to their insurance status (For example, Follow Up Questions for the Uninsured). In addition, respondents who were not aware of health-related information for someone in their household were able to indicate this early in the survey and not be asked subsequent questions for this person. This is explained in the following section.

1.1. Unknown health-related information

Like 2023, the 2024 OHIS allowed respondents to indicate at the beginning of the survey that they did not know any health-related information for someone else in their household. This question was labeled UnitScrn. If a person was selected at this question, no further health related questions were asked about this person.

The question reads as follows and people selected at that question were marked as such in the data file.

The rest of the interview asks about health-related information about everyone you listed. Is there anyone in the household who you don't know health-related information about?

1.2. Family Unit Formation

Each household was composed of one or more persons and one or more families. These definitions changed slightly between 2023 and 2024 to address small discrepancies in the assignment of minors to their proper family units. Below are the rules used to assign persons to family units:

- The respondent and his/her spouse were classified in the same family unit (always family ID 1).
- Adults aged 19 and older who were not married to the respondent were classified as a separate family unit.

- Adults aged 18 were initially classified as a separate family unit. An assessment was later made to determine if they should be classified into the same family unit as their parents (see below).
- Married couples were classified in the same family unit. This included married couples involving someone under age 17.
- Children aged 17 and younger were classified in the same unit as their parent(s)/guardians. If their parent(s) or legal guardian did not live in the household, they were considered a separate family unit. With the exceptions that Children aged 17 and younger were classified into a separate family unit from their parents in cases where they were married and/or had a child of their own, no matter their residence.
- Adults that were aged 18 were classified into a family unit based upon whether they were currently living with their parents, were married and/or had children. If they were not married and did not have any children, they were classified in the same family unit as their parents (if living in the same household). If they were married and/or had a child of their own, they were classified as a separate family unit (with their spouse and/or child).
- Those who were identified as the ward of another household member were classified in the same unit as that household member, unless prior rules determined the ward should be classified separately.

The above instructions remained the same between 2023 and 2024. The bullet points below were added prior to the 2024 cycle:

- If any children was 18 or younger, unmarried, did not have a child, and had a parent, guardian, or person taking care of them in the household, they were assigned to the same family as their parents, their guardian, or the person taking care of them.
- For any children under 17 who were still without a family, they were assigned to the family of the respondent.
- If any child was 17 or 18 years old and did not have parent, guardian, or person taking care of them, child was treated as emancipated and was assigned to their own family.

1.3 Survey Instrument Changes

A series of minor changes were made to the 2024 OHIS questionnaire following the 2023 cycle. Below is a list of the changes made to the instrument:

Table 11: Changes to OHIS Questionnaire 2023 – 2024

Question	Type of Change	Description of Change
CELL1	Removed and Replaced	The original CELL1 question from 2023 asked for an age range of the respondent in order to determine screen-outs due to age. The new CELL1 reads “Are you 18 years of age or older?”
WSC2b	Answer Category Change	Response option 5, “PO box” was removed from the instrument.

GEND1	Text Change	Removed definitions of “non-binary,” “agender,” and “Questioning/exploring” from the answer text.
TRANS	Text Change	Removed definition of “transgender” from question text.
TRANS	Answer Category Change	Added response option 4- “Questioning” to the program.
SEXOR1	Text Change	Removed the definitions of “Straight” and “Questioning” from the answer texts.
RACE1 & RACE1a	Answer Category Change	Removed response option 4 – “Caribbean Islander” from the instrument and subsequent follow-ups.
RACE1 thru RACE7	Logic Change	Change from “Select 1” to “Mark all that apply” for race/ethnicity sub-categories.
FAM3	Logic Change	Changed age component of logic to include “18 or under” rather than only “Under 18.”
FAM3a	Answer Category Change	Added response option 50 – “No one” to program.
INSP04b, INSP15a	Answer Category Change	Added category “Regence” to the instrument.
INSP20	Text Change	Changed wording of question to more clearly define “premium” and to help respondent understand the target of the question.
INSU03	Answer Category Change	Added category 21 – “No longer qualifying for Marketplace subsidies” to the instrument.
MCA04	Answer Category Change	Added category 15 – “Concerns about cost” to the instrument.
MCA04E	Logic Change	Included MCA04=15 in question base.
INSW01	Removed and Replaced	2023 version of the question asked if anyone in HH had a gap in insurance in the past 12 months. 2024 flipped the language to ask “has everyone in the household had insurance for all of the past 12 months.”
INSW01b	Logic Change	Due to the inverting of INSW01, this question now included only those who had NOT had a gap in insurance as reported in INSW01
DOCV12_a	Text Change	Removed “medical” as a qualifier for “care” in question text.
NDOCV13	Answer Category Change	Added answer category 17 – “Needed urgent mental health care” to the instrument.
EXP02	Text Change	Removed “vision care” from question text.
EXP02b	Question Added	Added to capture vision care expenses separately from dental care costs
A17e	Text Change	Added text to clarify we were referencing <i>remaining</i> medical debt vs. total amount or the amount already paid.

EMP12	Logic Change	Changed question logic to correctly capture working folks who are not privately insured.
Incentive battery	Questions added	Added to capture requisite information to remit \$10 post-incentive payment to the respondent.

2. Completed and Partially Completed OHIS Interviews

2.1 Interviews

Data collection for the 2024 OHIS began on March 27th, 2024, (mailing occurred on March 22nd, 2024) and was completed on August 5th, 2024. During this period, 8,054 interviews were from the ABS, and 1,001 interviews were from the Prepaid Cell sample. Out of these, 9,055 interviews, 8,792 of those were fully completed interviews while 263 interviews were partially completed. Partially completed interviews are interviews where the respondent has answered through at least the insurance section but has not finished the survey.

The table below shows the completed and partially completed by sample type.

Table 12: Completed and Partially Completed Interviews by Sample Type – Household Level

	Sample Type		Total
	ABS	Prepaid	
Completed Interview	7,803	989	8,792
Partially Completed Interview	251	12	263
Total	8,054	1,001	9,055

2.2 Persons

Since the OHIS collects data about everyone in the household, the household level file is later converted to a person level file. More details about this process are provided in section V of this report.

Out of the 9,055 mentioned above, a total of 21,800 person records were received. A crosstab of the completed and partially completed interviews by sample type at the person level can be found in Table 13 below.

Table 13: Completed and Partially Completed Interviews by Sample Type – Person Level

	Sample Type		Total
	ABS	Prepaid	
Completed Interview	18,942	2,218	21,160
Partially Completed Interview	594	46	640
Total	19,536	2,264	21,800

3. Survey Modes, Languages, and Length

3.1 Modes

The 2024 cycle of OHIS was again programmed in a computer assisted interviewing (CAI) platform that supports CATI and computer assisted web interview (CAWI). The advantage of having only one instrument in a CAI program that supports both modes is that respondents can start the interview in one mode and continue in the other, if they choose to, preventing any duplicate records. Another important advantage, from a data management perspective, is that the data are stored in a single database and no data harmonization is required later. The survey was programmed and tested ensuring that it would display appropriately and consistently across a wide range of devices and screen sizes (PCs, tablets, smartphones) and browsers. All the numbers reported in this section include both completed interviews and partial interviews as described in section 2.1.

The majority of the respondents from the ABS took the survey on the web, with only 3.7% of the respondents calling in. Thirty nine percent of those who completed on the web did so using a computer while the other 60% used a tablet or smartphone (see table below).

Table 14: Mode by Sample Type and Device Type

	Web		Phone	
	Count	%	Count	%
ABS	7,752	96.3%	302	3.7%
PC/Large Screen	3,020	39.0%		
iPhone/iPad	2,944	38.0%		
Android Smartphone	1,693	21.8%		
Other Smartphone	8	0.1%		
Generic Phone	87	1.1%		
Prepaid Cell Phone Sample			1,001	100%

3.2 Languages

The survey was available in English and Spanish and both versions were available in both the CATI and CAWI modes. Spanish CATI interviews were conducted by bilingual interviewers who are able to switch back and forth between languages, as necessary. For the 2024 OHIS, 2% of the completed interviews from the ABS were completed in Spanish while 4% of the completed interviews from the Prepaid Cell Sample were completed in Spanish. While OHIS 2024 did not obtain as many Spanish interviews through the Prepaid Cell Sample than in 2023 than in 2024 (4% vs. 9.6%), the incidence of respondents preferring to do the interview in Spanish in the Prepaid Cell Sample is still twice as much as in the ABS. This is in line with the expectation of the Prepaid Cell Sample bringing in more Hispanics/Latino(a)s. It is also interesting to note that more

interviews from the ABS were completed in Spanish in 2024 than in 2023 (2% vs. .7%). This could be due to the change in methodology.

Table 15: Language of Interview by Sample Type

	English		Spanish	
	Count	%	Count	%
ABS	7,895	98.0%	159	2.0%
Prepaid Cell Phone Sample	961	96.0%	40	4.0%
Total	8,856	97.8%	199	2.2%

3.3 Length

The interview length was 29 minutes on average. Specifically, the average length of an interview was 44 minutes on the phone and 27 minutes on the web.

V. Data Processing and Preparation

A household level analytical data file was created from the raw unedited survey data from both CATI and web surveys from both samples (ABS and prepaid cell phone sample). The data were cleaned, which is a process that ensures that all ranges and logic checks programmed in the survey are correctly executed in the backend dataset. While discrepancies are rare, they can occur due to data updates, respondents backing up, or other unexpected behaviors. When such discrepancies are found, the data are reviewed and corrected where necessary.

Next, the household level file was converted to a person level file that included all data elements collected for a given person in a household along with data on the characteristics of the person’s family and household. Additional data checks were implemented as part of the person level data file development work, checking for consistency across variables and family members, and developing composite measures of family and household characteristics.

Additional variables were constructed at the household, family, and person levels to capture information about health insurance coverage, income, and other demographic characteristics. Thorough data checks were implemented to ensure the accuracy of these constructed variables as well as the consistency with the collected survey data. A full data dictionary was delivered to OHA along with the data. Some of these variables were changed or were added in the 2024 cycle. Below is a list of changes to these variables:

Table 16: Changes to OHIS Constructed Variable Specifications 2023 - 2024

Variable	Type of Change	Description of Change
PRIMINS	Added	Formerly DCINSURE, this variable was created to capture the primary insurance of the person without regard to group vs. private insurance distinction .
PRIMINS_DIRECT	Added	This variable is a version of PRIMINS, but recoded to capture the group vs. direct insurance distinction.
HH ADULT, FAMADULT, and UADULT	Logic	Updated code for streamlined computation
HHKIDS, FAMKIDS, and UCHILD	Logic	Updated code for steamlined computation
FPL and related	Logic	Updated based on most recent federal poverty line definitions
INSORM	Logic	Updated logic to no longer involve now-obsolete DCINSURE variable.
INSURE1	Removed	Not needed for analytical purposes
NPOL, NPOLICY, and NPOLTYPE	Logic	Logic for these variables was updated to streamline computation and not rely on now-obsolete variables
WORKING	Added	Added to streamline creation of other constructed variables and for analytical purposes.

In both the household and person level files, missing values for key demographic variables of the person and person’s household members, such as age, race/ethnicity, and education status were replaced through hot-deck imputation procedures (Myers, 2011). For the variables for which imputed data were created, a new variable was created including the imputed values for cases that had missing values. In general, the percentage of respondents who answered don’t know or refused for any given question was quite low; however, item nonresponse for family income was somewhat higher. Roughly 12 percent of the total sample was missing all data on the income questions. The imputation process is a necessary step prior to creating weights, a procedure described in Section VII of this report.

VI. Survey Response Rates

Response rates are one method used to assess the quality of a survey, as they provide a measure of how successfully the survey obtained responses from the sample. The American Association of Public Opinion Research (AAPOR) has established standardized methods for calculating response rates (AAPOR, 2008). Overall response rates achieved for the ABS, landline, and cell phone samples and the overall survey sample are reported below. Before presenting those estimates, our methods for calculating the response rates are described.

AAPOR Response Rate #3 was calculated for this study. Response rate #3 is generally defined as the number of households in which an interview was completed divided by the estimated number of eligible households in the sample. Note that cell phone numbers are considered to be a respondent’s personal communication device, and as such, if the respondent could not answer questions about insurance in the household, the interview was terminated rather than handed off to another household member.

In estimating the response rate for the OHIS, each sample record was classified in one of the four categories as defined by AAPOR:

1. Eligible, completed interview
2. Eligible, no interview
3. Unknown if eligible
4. Not eligible

Final response rates for the 2024 OHIS are summarized in Table 17 along with the response rates from prior years. The response rate for the ABS sample was 15.4 percent. The response rate for the prepaid cell phone was 13.4 percent. The overall response rate for the 2024 OHIS was 14.1 percent

Table 17: Response Rates for 2011-2024 OHIS

Sample	ABS	RDD - Landline Telephone	RDD - Cell Phone	Prepaid Cell Phone	Overall Response Rate
2011	40.4%	N/A	N/A		40.4%
2013	43.9%	N/A	N/A		43.9%
2015	37.0%	N/A	N/A		37.0%
2017	N/A	21.7%	8.8%		13.4%
2019	N/A	22.6%	13.1%		16.6%
2021	N/A	19.3%	16.1%		16.7%
2023	12.3%			7.8%	9.7%
2024	15.4%			13.4%	14.1%

VII. Survey Weights and Variance Estimation

1. Survey Weights

The survey data were weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents (nonresponse bias), and to address gaps in coverage in the survey frame (coverage bias). Survey weights can reduce the effect of nonresponse and coverage gaps on the reliability of the survey results (Keeter et. al., 2000, 2006; Groves 2006). Overall, the procedure executed for this study followed the two-step procedure detailed in Kalsbeek and Agans (2008), which is first to correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on

targeted household characteristics, and then to balance the sample to match official statistics for persons living in Oregon on metrics such as age and sex (post-stratification weighting).

In developing weights for the Oregon Health Insurance Survey (OHIS), the survey data were weighted first at the household level and then at the person level.

1.1. Household base weights

The base weighting process corrects for disproportionate probabilities of selection at the household level. The base weight was calculated differently depending on whether the respondent was contacted through the prepaid cell sample (PCS) or via address-based sample (ABS). Because the two samples were drawn from separate, but overlapping, frames, it was necessary to first calculate base weights for each sample separately, and then combine the samples.

1.2. Address-based sample weights

For the ABS portion, the household base weight began with a stratification weight that adjusted for sampling fractions across design strata. This effectively accounts for any over- or under-sampling across sample strata. The stratification weight, WS_i , can be expressed as $WS_i = N_i/n_i$ where N_i is the size of the sample frame in stratum i and n_i is the amount of sample drawn from stratum i . The OHIS strata are created by crossing the eight hierarchical model-based sampling strata (Age 65+, African American, Hispanic/Spanish Speaker etc.) with the fifteen Oregon health region based sampling strata, yielding 120 strata for base weighting. All the addresses within each of the 120 weighting strata will have the same stratification weight.

Next, the household weights were adjusted for unknown residential status and non-residential (i.e., ineligible) addresses. Weights for addresses with unknown residential status and non-residential addresses were set to zero after this calculation. The residential status adjustment applied to the weights for addresses classified as “unknown residential status” reflected the share of addresses of unknown status that were likely to be eligible for the survey. The adjustment, $ABSA1F_i$, was computed as follows:

$$ABSA1F_i = \begin{cases} \left(\sum_{i \in RES} WS_i + \sum_{i \in UNK_RES} p_{res} \times WS_i \right) / \sum_{i \in RES} WS_i, & \text{if } i \in RES \\ 0, & \text{if } i \in UNK_RES, NON_RES \end{cases}$$

where RES denotes addresses identified as residential, UNK_RES denotes addresses with unknown residential status, and NON_RES denotes non-residential addresses. WS_i is the stratification weight described above, and p_{res} is the estimated proportion of eligible residential addresses among those with unknown residential status. p_{res} was calculated separately for each of the fifteen Oregon region-based sampling strata.

The new weight, $ABSA1W_i$, was computed as:

$$ABSA1W_i = ABSA1F_i \times WS_i$$

for all known residential households.

The second adjustment in the household base weight for the ABS accounts for known residential households that did not complete the survey.

This weight, $ABSA2W_i$, was computed as:

$$ABSA2W_i = ABSA2F_i \times ABSA1W_i$$

where $ABSA2F_i$ is the household nonresponse adjustment factor computed as

$$ABSA2F_i = \begin{cases} \sum_{i \in HR, HNR} ABSA1W_i / \sum_{i \in HR} ABSA1W_i, & \text{if } i \in HR \\ 0, & \text{if } i \in HNR \end{cases}$$

where HR is the set of household respondents and HNR is the set of household nonrespondents. Household respondents are cases where household status is confirmed, and the survey is completed. Household nonrespondents are cases where household status is confirmed, but no surveys are completed. This adjustment was performed within nonresponse adjustment cells.

The third household base weight adjustment calibrates the responding sample to the low response score (LRS) from the Census Planning Database in order to address the potential for additional, unmeasured factors driving nonresponse to the OHIS that are captured by the Census-modeled LRS.⁶ A five-category variable was created that divides census block groups into quintiles based on the LRS. Then the household weights were calibrated to match the occupied household distribution from the Census Planning Database for Oregon block groups. This weight, $ABSA3W_i$, was computed as:

$$ABSA3W_i = ABSA3F_{gi} \times ABSA2W_i$$

The low response score calibration adjustment, $ABSA3F_{gi}$, was computed as:

$$ABSA3F_{gi} = N_g / \sum_{i \in g} ABSA2W_i$$

Where g denotes the low response score quintile and N_g is the number of occupied housing units in quintile g . This adjustment helps reduce nonresponse bias based on potentially unmeasured characteristics that are common to address-based studies.

⁶ Chandra Erdman, Nancy Bates, The Low Response Score (LRS): A Metric to Locate, Predict, and Manage Hard-to-Survey Populations, Public Opinion Quarterly, Volume 81, Issue 1, 1 March 2017, Pages 144–156, <https://doi.org/10.1093/poq/nfw040>

1.3. Prepaid Cell Sample (PCS) weights

The PCS weights followed a similar structure as the ABS weights. The PCS weights began with a design weight that was applied to all of the sample, WD , and can be expressed as $WD_i = N_i/n_i$ where N_i is the size of the PCS frame and n_i is the amount of PCS drawn.

Then an adjustment was made to that weight for unknown eligibility status and ineligible phone numbers within the PCS. Ineligible cases are those that are non-working phones, or working phones that are out of state or belong to a child. The unknown cases are working phones where we were unable to get any information to determine eligibility. Weights for those with unknown eligibility and ineligible phone numbers were set to zero. The eligibility adjustment for the known eligible sample, $PPDA1F_i$, was computed as follows:

$$PPDA1F_i = \begin{cases} \left(\sum_{i \in ELIG} WD_i + \sum_{i \in UNK_ELIG} p_{elig} \times WD_i \right) / \sum_{i \in ELIG} WD_i, & \text{if } i \in ELIG \\ 0, & \text{if } i \in UNK_ELIG, NON_ELIG \end{cases}$$

where ELIG denotes phone numbers identified as eligible, UNK_ELIG denotes phone numbers with unknown eligibility status, and NON_ELIG denotes ineligible phone numbers, and p_{elig} is the estimated proportion of eligible phone numbers among those with unknown eligibility status.

The adjusted weight, $PPDA1W_i$, was computed as:

$$PPDA1W_i = PPDA1F_i \times WD_i$$

We made the above adjustment within each region.

Next, a nonresponse adjustment was computed to account for eligible phone numbers where no survey was completed.

This weight, $PPDA2W_i$, was computed as:

$$PPDA2W_i = PPDA2F_i \times PPDA1W_i$$

Where $PPDA2F_i$ is the prepaid cell phone nonresponse adjustment factor computed as:

$$PPDA2F_i = \begin{cases} \sum_{i \in HR, HNR} PPDA1W_i / \sum_{i \in HR} PPDA1W_i, & \text{if } i \in PR \\ 0, & \text{if } i \in PNR \end{cases}$$

Where PR is the set of PCS respondents and PNR is the set of PCS nonrespondents. PCS respondents are cases where eligibility status is confirmed, and the survey is completed. PCS nonrespondents are cases where eligibility status is confirmed, but no survey is completed. This adjustment was performed on the PCS as a whole.

1.4. Combined ABS and PCS weights

Since the two samples will be drawn from separate, but overlapping, frames, they needed to be combined with a composite adjustment that downweights cases in the overlap. Only ABS households who indicated having at least one or more prepaid cell phones were included in the compositing adjustment along with all cases from the Prepaid Cell Phones sample since all of these cell phone owners are presumed to have a physical address. For the remainder of the ABS, the adjustment was simply 1.

The overlapping frame adjustment, $OFAF_i$ was computed as:

$$OFAF_i = \begin{cases} 1/PPD_i, & i \in PPD \cup ABS(PPD) \\ 1, & i \in ABS(\sim PPD) \end{cases}$$

where PPD_i is the number of adults in the household who have a prepaid cell phone ($PPD_i > 0$). PPD_i was capped at 3 to contain the variance of the weights.

The final ABS weight, $ABSA4W_i$, was computed as:

$$ABSA4W_i = OFAF_i \times ABSA3W_i$$

The final PCS base weight was computed as:

$$PPDA3W_i = OFAF_i \times PPDA2W_i$$

The final composite household-level base weight, $BWHH_i$, is therefore:

$$BWHH_i = \begin{cases} WS_i \times ABSA1F_i \times ABSA2F_i \times ABSA3F_{gi} \times OFAF_i, & i \in ABS \\ WD_i \times PPDA1F_i \times PPDA2F_i \times OFAF_i, & i \in PPD \end{cases}$$

A final adjustment was made so that the distribution of cases in households with a prepaid cell phone was in its proper proportion relative to the ABS frame size in Oregon. This information was obtained from a question in the survey that was asked for respondents in the ABS sample (PPD2). This adjustment makes it so that the sum of the final composite household-level base weights of households with a prepaid cell phone, regardless of which frame they are sampled from, total the estimated number of households in the ABS frame containing one or more prepaid cell phones.

$$FBWHH_i = \begin{cases} BWHH_i, & i \in ABS(\sim PPD) \\ (BWHH_i) \times \left(\sum_{i \in ABS(PPD)} ABSA3W_i / \sum_{i \in PPD \cup ABS(PPD)} BWHH_i \right), & i \in PPD \cup ABS(PPD) \end{cases}$$

1.5. Household-level post-stratification

With the household-level base weight applied, the sample was post-stratified to known household parameters based on the 2022 U.S. Census Bureau's American Community Survey

(ACS)⁷, the 2022-23 National Survey of Children’s Health, and area characteristics obtained from Claritas⁸. The latter included population density quintiles, based on the population per square mile in each zip code, and Oregon regions, as defined by zip code.

The benchmarks used for post-stratification raking were based on the noninstitutionalized household population of Oregon for the following parameters:

- Presence of children in the household
- Number of adults in the household
- Household composition, which would cross the adults in the household with children ages 0-17 in the household to yield 6 categories, one adult and no kids, two adults and no kids, three or more adults and no kids, one adult and one or more kids, two adults and one or more kids, three or more adults and one or more kids
- Highest level of education attained by a member of the household
- Homeownership
- Population density based on the population per square mile in each zip code (divided into quintiles)
- Oregon regions
- Household home access to the internet

1.6. *Person-level base weights*

The person-level base weight, BWP, was the final household-level weight, WHH, after post-stratification raking.

$$BWP = WH$$

1.7. *Person-level post-stratification*

The benchmarks used for post-stratification for the people in the household were based on the noninstitutionalized population of Oregon for the following parameters:

- Age by sex
- Oregon health regions
- Education for people 18 and over and parental education for people under 18,
- Race/ethnicity
- Employment status for people 18 and over
- Marital status for people 18 and over
- Presence of target’s parents in household for people under 18
- Population density based on the population per square mile in each zip code (divided into quintiles)
- Nativity status
- Enrollment in Medicaid (the Oregon Health Plan)

Two separate sets of person weights were computed. The first set did not calibrate for enrollment in Medicaid. The second set did calibrate for Medicaid enrollment.

⁷ Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. IPUMS USA: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2021. <https://doi.org/10.18128/D010.V11.0>.

⁸ <https://claritas.com/>

The population density and Oregon HSR benchmarks were obtained from Claritas. The enrollment counts for the Oregon Health Plan were obtained from administrative counts provided by the Oregon Health Authority. The household composition benchmarks for number of adults by number of children and the highest parental level of education for those under 18 were obtained from the National Survey of Children’s Health. Remaining benchmarks were based on 2022 ACS estimates.

1.8. *Weight trimming*

To minimize the potential impact of very large weights on survey estimates, the weights were trimmed at the 2nd and 98th percentiles, then adjusted so that the final target weights summed to the noninstitutionalized population of Oregon.

2. Variance Estimation

Special variance estimation procedures have been developed to account for a complex sample design. Using these procedures, factors such as stratification, sampling from different frames, and the use of differential sampling rates to oversample targeted subpopulations can be appropriately reflected in estimates of sampling error. Linear and replicate weights were developed for variance estimation for 2024 OHIS, and replication is the preferred variance estimation technique.

2.1 *Replication*

The basic idea behind replication is to draw subsamples from the sample, compute the estimate of interest from each subsample, and estimate the variance of the original sample using the variability of the subsample estimates. Specifically, subsamples of the original “full” sample are selected to calculate subsample estimates of a parameter for which a “full-sample” estimate of interest has been generated. The variability of these subsample estimates about the estimate for the full sample can then be assessed. The subsamples are called replicates, and the estimates from the subsamples are called replicate estimates.

For the OHIS, replicate weights were created to produce the corresponding replicate estimate. Each replicate weight was computed using the same steps as the full sample weight but using only the subsample of cases comprising each replicate.

Replicate point estimates (e.g., mean) generated from replicate weights were used in the following general formula to calculate the associated variance for the point estimate:

$$v(\hat{\theta}) = a \sum_{r=1}^R (\hat{\theta}_{(r)} - \hat{\theta})^2$$

where $\hat{\theta}_{(r)}$ is the estimate generated from the r th replicate; $\hat{\theta}$ is the full-sample estimate generated using the main analytic weight; and a is a constant depending on the replication method chosen. R is the total number of replicates formed.

2.2 Design of Replicates

Replicate variance estimation requires a set of weights that capture components associated with the sample design and weight adjustments applied to the full-sample weight.

A paired jackknife replication method (JK2) was used for computing variances in the 2024 OHIS. We created 80 variance estimation replicates. Even though many more could be created, 80 replicates provide enough degrees of freedom while simultaneously minimizing the computational demands for estimation. For the ABS and PCS, the 80 variance strata were formed by sorting the full sample into 121 strata (the 120 ABS strata plus one stratum for the PCS) and within each stratum, the sample was arranged in the same sort order that was used in sample selection. Next, adjacent sampled units (addresses or phone numbers) were paired to establish initial variance estimation strata (the first two units were in the first initial stratum, the third and fourth sampled units will be in the second initial stratum, etc.). Each pair was sequentially assigned to one of 80 final variance estimation strata (the first pair to variance estimation stratum 1, the second to stratum 2, ..., the 80th stratum pair to stratum 80, the 81st pair to stratum 1, etc.). As a result, each variance stratum had approximately the same number of sampled units. The same process was followed for each sampling stratum.

Once the variance strata were created, the replicate weights were created. The full replicate weights were constructed by first modifying the full sample base weights. The replicate base weight for replicate R for record i is

$$w_i^{(r)} = \begin{cases} 2w_i, & \text{if } i \text{ is in variance stratum } r \text{ and variance unit 1} \\ 0, & \text{if } i \text{ is in variance stratum } r \text{ and variance unit 2} \\ w_i, & \text{if } i \text{ is not in variance stratum } r \end{cases}$$

The same sequence of weighting adjustments used in the full sample weight is then applied to the replicate base weights to create the final replicate weights. Thus, all the different components of the weighting process are fully reflected in the replicate weights.

The final step was to calibrate the weights to the population estimates used for the full sample. Thus, the sum of the weights for each of the replicates and for the full sample matches the size of the noninstitutionalized population in Oregon (apart from rounding).

VIII: References

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Appendix A: 2024 OHIS Instrument

Field Dates: 03/27/2024 – 09/05/2024

Oregon Health Insurance Survey

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Notes Regarding the 2024 Oregon Health Insurance Survey Documentation

This document provides the questions and response categories for the questions asked during the 2024 Oregon Health Insurance Survey, as well as the programming logic. This is the long version of the survey instrument. A short version which includes only the question text is provided in a separate document.

Questions are generally asked about all household members. In cases where the question is asked of a sub-set of respondents, the group asked the question is noted above the question as “ASK IF”.

Response categories presented in sentence case are read to respondents when the question is asked. Response categories in ALL CAPS are not read.

All questions include the response categories DON'T KNOW and REFUSED in CATI. The category DON'T KNOW is used when the respondent is unsure or answers they do not know. The Category REFUSED is used when the respondent has chosen not to answer the question. Don't know and Refused options are not displayed in CAWI unless specified. Web Blank is used in CAWI when the respondent skips a question.

GLOBAL PROGRAMMING NOTES

Quotas

Total n=8,000

ABS n=7,000 completes

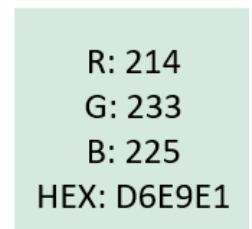
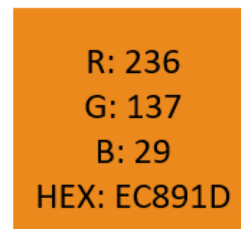
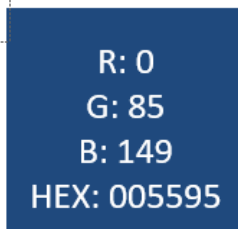
RDD n=1,000 (prepaid cell) completes

- MODE= Web, CATI
- SAMPTYPE= 1 (ABS), 2 (Prepaid Cell)
- Except for screening questions (through the end of LOCATION AND R IDENTIFICATION section), allow respondents to skip all other survey questions without a response.
- Message to show on the web if skipped:
If you do not know or prefer not to answer, click the “Next” button again.
- The body of the page (question area) should be white.
- Question text should be in larger font than response options.
- Question numbers will be removed before going live.
- Preferred fonts – Arial, Helvetica, or Verdana.
- Do not show any Section titles (ex – Demographics, etc.)
- Languages – allow respondent to pick among the following language preferences:
 - English
 - Spanish
- Grids:

- Html tables should be programmed in a way that column widths are set as proportions of the screen size. This will allow content to adjust to different browser window sizes.
 - Do NOT display table lines.
 - Columns should be of equal width.
 - Rows should be shaded – starting with the first row.
 - No vertical shading – i.e. columns.
 - Please locate ‘Finish Survey Later’ button to bottom of screen.
 - If you have technical trouble with this survey, please contact info@OregonHealthSurvey.org
 - The URL for the survey is OregonHealthSurvey.org
- Logo should be displayed on every screen for PC and on the landing page for mobile.



OHA’s main colors are



-
- Set auto-suspend for web surveys at 15 minutes of inactivity
- All questions in CATI should allow for:
 - DON’T KNOW (8/98/998)
 - REFUSED (9/99/999)
- All questions on web should allow for:
 - WEB BLANK (999)
- A few web questions have explicit RF and DK that are shown for the web. They are called out in the questionnaire. Most have 2 DK options – DK and DK what this question is asking. (Gender/Sexual Orientation Questions - GEND1, TRANS, SEXOR1, Race Questions - RACE, RACE0-7, RACE1a, BORN1, BORN2, D7, Functional Difficulties Questions - DS1, DS1a, DS2, DS2a, DS3, DS3a, DS4, DS4a, DS5, DS5a, DS6, DS6a, DS7, DS7a, DS8, DS8a, DS9, DS9a, Income Question - INC02, INC03)
- The survey should be 508 compliant.

I. Survey Lead In Statement, Introduction, Respondent Selection

SECTION: WEB INTRO

ASK IF WEB R, MODE=WEB

WEBINTRO0. (Web)

Welcome to the 2024 Oregon Health Insurance Survey. This survey is being conducted by the Oregon Health Authority. Your household was selected to participate in this survey to represent many households like yours. You will receive a \$10 gift card for your time.

Enter your secure access code in the box below. The code is printed on the invitation you received in the mail. If you agree to participate in this survey, click next.

PROGRAM: DISPLAY SECURE ACCESS CODE AS R TYPES IT IN.

ERROR MESSAGE: IF SECURE ACCESS CODE IS NOT RECOGNIZED, DISPLAY: "This secure access code is not valid. Please reenter. If you are unable to access the survey, please email us at info@OregonHealthSurvey.org

ASK IF WEB R, MODE=WEB

WEBINTRO1. (Web)

This survey asks about health, access to health, and health insurance. If you agree to participate, it will take about 25 minutes. It may be shorter for small households.

Your interview is important as it represents many others in your community. For our results to be valid and useful, it is very important that we interview the households we select.

All of the information you provide will be kept strictly confidential.

ASK IF WEB R, MODE=WEB

HELP. (Web)

Move forward or backward in the survey using the Next and Back buttons. Do not use your browser's buttons or menus while taking the survey.

Please answer each question by selecting the item or category that best describes your response. Then click the Next button to go to the next question.

If you are unable to answer a particular question, you may click the Next button to advance to the next question.

To select responses in questions with buttons, click on the button beside your response. If a question asks for a text response, click on the box and begin typing.

If you have any questions, you may contact us at info@OregonHealthSurvey.org

PROGRAM: IN ADDITION TO THIS SCREEN, ALSO DISPLAY THE TEXT FROM "HELP" AT ANY POINT DURING THE SURVEY IF R CLICKS ON THE "NEED ASSISTANCE LINK."
GO TO WSC1.

ASK IF WEB R BREAKS OFF FROM WEB SURVEY

SUSPEND. (Web)

Your answers have been saved. When you return to continue the survey, you will need to enter the 7-digit Secure Access Code found on the materials we sent.

PROGRAM: END

ASK IF WEB R RESUMES SURVEY AND ENTERS HIS/HER ACCESS CODE

SUSPEND_RESUME. (Web)

Welcome back to the Oregon Health Insurance Survey. Click the “Next” button to return where you left off.

PROGRAM: GO TO THE NEXT UNANSWERED QUESTION.

***END* SECTION: WEB INTRO**

SECTION: CATI INTRO

CALLER ID = OR HEALTH SURVEY

Display local OR phone number.

ASK IF CATI OUTBOUND TO PPD IF VOICEMAIL, MODE=CATI AND O/B AND SAMPTYPE=CELL, LEAVE VOICEMAIL ON CALL 1ST, 3RD, AND 5TH CALL

OBVOICEMAIL. (CATI)

Hello. My name is _____ and I’m calling from SSRS on behalf of the State of Oregon. We are working on a study about health care and health insurance in Oregon.

Another interviewer will be contacting your household in the next few days.

If you would like to find out more about our study, you can visit OregonHealthSurvey.org

Thank you and goodbye.

ASK IF CATI OUTBOUND TO PPD IF PHONE IS PICKED UP, MODE=CATI AND O/B AND SAMPTYPE=CELL, OR OTHER ADULT IN HH AVAILABLE TO TALK, IDENTIFY_ADULT2a=1, OR OTHER ADULT KNOWS ABOUT HEALTH INSURANCE FOR HH MEMBERS, ALTR=1

CATIINTRO1. (CATI)

Hello. My name is _____. I am calling from SSRS on behalf of the State of Oregon.

INTERVIEWER: IF YOU REACH A CHILD, ASK TO SPEAK TO AN ADULT AND REINTRODUCE YOURSELF.

I would like to tell you about the 2024 Oregon Health Insurance Survey. This survey is being done by the State of Oregon.

For quality assurance, this call will be recorded.

PROGRAM: GO TO CELL1.

ASK IF CATI INBOUND IF PHONE IS PICKED UP, MODE=CATI AND I/B

CATIINTRO1a. (CATI)

Hello, thank you for calling SSRS regarding the 2024 Oregon Health Insurance Survey. This survey is being conducted by the State of Oregon.

For quality assurance, this call will be recorded. May I please have the secure access code printed on your letter?

PROGRAM: GO TO CELL1.

VOICEMAIL TO BE SET UP BY TELEOPS, NOT QRE

Hello and thank you for calling SSRS regarding the Oregon Health Insurance Survey. We are unable to take your call right now but if you leave us a voicemail with your name, phone number, secure access code, and best time to reach you, one of our interviewers will call you back. Thank you for your interest in this important study.

ASK IF CELL PHONE SAMPLE, SAMPTYPE=CELL

CELL1. (CATI)

Are you 18 years of age or older?

- | | | |
|---|------------|--------------------|
| 1 | Yes | CONTINUE TO CELL2a |
| 2 | No | GO TO TERM1 |
| 7 | REFUSED | GO TO TERM1 |
| 8 | DON'T KNOW | GO TO TERM1 |

ASK IF CELL PHONE SAMPLE R AND AGE IS 18+, CELL1=1

CELL2a. (CATI)

Is your primary residence located in Oregon?

- | | | |
|----|--------------------------|-------------|
| 1 | Yes | GO TO CELL3 |
| 2 | No | GO TO TERM2 |
| 98 | (DO NOT READ) DON'T KNOW | GO TO TERM2 |
| 99 | (DO NOT READ) REFUSED | GO TO TERM2 |

ASK IF CELL PHONE SAMPLE R AND HOME IS IN OREGON, SAMPTYPE=CELL AND CELL2A=1, OR RETURNED I/B ABS

CELL3. (CATI)

Before we continue, are you driving right now?

- | | | |
|----|---|---------------|
| 1 | Not driving | GO TO INTRO2 |
| 2 | Driving | GO TO DRIVING |
| 3 | (IF VOLUNTEERED) THIS IS NOT A CELL PHONE | SEE PROGRAM |
| 99 | (DO NOT READ) REFUSED | GO TO EXIT2 |

PROGRAM: IF CELL3=3 AND SAMPTYPE=CELL, GO TO TERM3.

ASK IF CATI

INTRO2. (CATI)

First, I'd like to tell you about the survey. It asks about health, access to health, and health insurance. You were selected to participate in this survey to represent many households like yours. The study should take about 25 minutes, depending on the size of your household. You will receive a \$10 gift card for your time.

Your interview is important as it represents many others in your community.

All of the information you provide will be kept strictly confidential.

Do you agree to start the survey?

- 1 Yes SEE PROGRAM
- 2 No END

PROGRAM: IF SAMPTYPE=CELL, GO TO S2, ELSE (SAMPTYPE=ABS) GO TO WSC1.

***END* SECTION: CATI INTRO**

SECTION: LOCATION AND R IDENTIFICATION

ASK IF ABS SAMPLE R ON THE WEB OR CATI, SAMPTYPE=ABS

WSC1. (Web, CATI)

Are you completing the survey for {Web/CATI: this address/ADDRESS FROM SAMPLE}?
 {Web/CATI: ADDRESS FROM SAMPLE}

- 1 Yes, that is my address GO TO WSC2
- 2 No, that is not my address GO TO EXIT1
- 99 (DO NOT READ) REFUSED GO TO EXIT2
- 97 Web Blank GO TO EXIT2

ASK IF R IS COMPLETING SURVEY FOR SAMPLED ADDRESS, WSC1=1

WSC2. (Web, CATI)

Do you live or stay at {Web/CATI: this address/ADDRESS FROM SAMPLE}?
 {Web/CATI: ADDRESS FROM SAMPLE}

{Web/CATI: Select "Yes" if you...

-usually live or stay at this address, or

-have no other permanent place to live or currently live or stay at this address, even for a short time.}/(SELECT YES IF RESPONDENT USUALLY LIVES OR STAYS AT THIS ADDRESS, OR HAVE NO OTHER PLACE TO LIVE OR STAY AND CURRENTLY LIVE OR STAY AT THIS ADDRESS, EVEN FOR A SHORT TIME.)}

- 1 Yes GO TO WSC2b

- | | | |
|----|-----------------|-------------|
| 2 | No | GO TO WSC4 |
| 99 | (CATI: REFUSED) | GO TO EXIT2 |
| 97 | Web Blank | GO TO EXIT2 |

ASK IF R LIVES/STAYS AT THAT ADDRESS, WSC2=1
--

WSC2b. (Web, CATI)

Is this address your main residence, a second home, a vacation home, or a group quarter?

- | | | |
|----|-----------------------|-------------|
| 1 | Main residence | GO TO WSC3 |
| 2 | Second home | GO TO TERM2 |
| 3 | Vacation home | GO TO TERM2 |
| 4 | Group quarter | GO TO TERM4 |
| 99 | (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 | Web Blank | GO TO EXIT2 |

ASK IF SAMPLED ADDRESS IS R'S MAIN RESIDENCE, WSC2B=1

WSC3. (Web, CATI)

Are you at least 18 years old?

- | | | |
|----|-----------------------|-----------------------|
| 1 | Yes | GO TO S2 |
| 2 | No | GO TO IDENTIFY_ADULT# |
| 99 | (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 | Web Blank | GO TO EXIT2 |

PROGRAM: IF MODE=WEB, GO TO IDENTIFY_ADULT1, ELSE GO TO IDENTIFY_ADULT2.

ASK IF R DOES NOT LIVE/STAY AT ADDRESS, WCS2=2
--

WSC4. (Web/CATI)

Does anyone live or stay at {web/CATI: this address/ADDRESS FROM SAMPLE}?
 {Web/CATI: ADDRESS FROM SAMPLE}

{Web/CATI: Select "Yes" if anyone...

-usually lives or stays at this address, or

-have no other permanent place to live or stay and currently live or stay at this address, even for short time. (SELECT YES IF ANYONE USUALLY LIVES OR STAYS AT THIS ADDRESS, OR HAVE NO OTHER PLACE TO LIVE OR STAY AND CURRENTLY LIVE OR STAY AT THIS ADDRESS, EVEN FOR A SHORT TIME.)}

- | | | |
|----|-----------------------|-----------------------|
| 1 | Yes | GO TO IDENTIFY_ADULT# |
| 2 | No | GO TO WSC5 |
| 99 | (DO NOT READ) REFUSED | GO TO EXIT2 |

97 Web Blank GO TO EXIT2
 PROGRAM: IF MODE=WEB, GO TO IDENTIFY_ADULT1, ELSE (CATI) GO TO IDENTIFY_ADULT2.

ASK IF NO ONE LIVES AT THE SAMPLED ADDRESS, WSC4=2

WSC5. (Web/CATI)

Is {web/CATI: this address/ADDRESS FROM SAMPLE} a residential address, a business address, or both?

{Web/CATI: ADDRESS FROM SAMPLE}

1 Residential	GO TO TERM2
2 Business	GO TO TERM2
3 Both Residential and Business	GO TO TERM2
99 (DO NOT READ) REFUSED	GO TO EXIT2
97 Web Blank	GO TO EXIT2

ASK IF WEB R IS NOT 18+, MODE= WEB AND WSC3=2, OR
 WEB R DOES NOT LIVE AT ADDRESS BUT SOMEONE DOES, MODE=WEB AND WSC4=1,

IDENTIFY_ADULT1. (Web)

Please follow the instructions provided in the materials we mailed and give these materials to an adult who lives or stays at {ADDRESS FROM SAMPLE}. Thank you.

PROGRAM: END AND RESET RECORD.

ASK IF CATI R IS NOT 18+, MODE=CATI AND WSC3=2 OR
 CATI R DOES NOT LIVE AT ADDRESS BUT SOMEONE DOES, MODE=CATI AND WSC4=1,

IDENTIFY_ADULT2. (CATI)

Is there an adult who lives or stays at this address?

1 Yes	GO TO IDENTIFY_ADULT2a
2 No	GO TO EXIT6
99 (DO NOT READ) REFUSED	GO TO EXIT2

ASK IF THERE IS AN ADULT WHO LIVES AT THIS ADDRESS, IDENTIFY_ADULT2=1

IDENTIFY_ADULT2a. (CATI)

Are they currently available to talk?

1 Yes	GO TO CATIINTRO1
2 No	GO TO EXIT2b
99 (DO NOT READ) REFUSED	GO TO EXIT2

ASK IF ABS SAMPLE R WHO CONFIRMED RESIDENCE IN OR AND IS AT LEAST 18+, WSC3=1, OR CELL PHONE SAMPLE R AND NOT DRIVING, SAMPTYPE=CELL AND CELL3=1, (SAW INTRO3)

S2. (Web, CATI)

{Web/CATI: Next are/I'd like to begin by asking} some questions about health insurance for people in your household. Can you answer questions about health insurance for people in your household?

- | | | |
|----|--------------------------|-------------|
| 1 | Yes | |
| 2 | No | SEE PRG |
| 98 | (DO NOT READ) DON'T KNOW | SEE PRG |
| 99 | (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 | Web Blank | GO TO EXIT2 |

PROGRAM:

IF S2=2 , 98 AND MODE=CATI AND SAMPTYPE=CELL, GO TO EXIT5,
 IF S2=2, 98 AND MODE=CATI AND SAMPTYPE=ABS, GO TO S3.
 ELSE (MODE=WEB), GO TO EXITS3

ASK IF CATI R DOES NOT KNOW ABOUT HEALTH INSURANCE FOR PEOPLE IN HH, OR RF, OR DK AND SAMPLE IS ABS, MODE=CATI AND S2=2, 98 AND SAMPTYPE=ABS

S3. (Web, CATI)

Is another adult available who could answer questions about health insurance?

- | | | |
|----|--------------------------|-------------|
| 1 | Yes | SEE PRG |
| 2 | No | SEE PRG |
| 98 | (DO NOT READ) DON'T KNOW | GO TO EXIT5 |
| 99 | (DO NOT READ) REFUSED | GO TO EXIT2 |
| 97 | Web Blank | GO TO EXIT2 |

PROGRAM:

IF S3=1 AND MODE=CATI, GO TO ALTR
 IF S3=1 AND MODE=WEB, GO TO EXITS3
 IF S3=2 AND MODE=CATI, GO TO EXIT2b
 IF S3=2 AND MODE=WEB, GO TO EXIT5

ASK IF ANOTHER PERSON IS AVAILABLE TO ANSWER QUESTIONS ABOUT HEALTH INSURANCE AND MODE IS CATI, S3=1 AND MODE=CATI

ALTR. (CATI)

May I please speak with this person?

- | | | |
|---|-----|------------------|
| 1 | Yes | GO TO CATIINTRO1 |
|---|-----|------------------|

2	Not available	GO TO EXIT2b
98	(DO NOT READ) DON'T KNOW	GO TO EXIT5
99	(DO NOT READ) REFUSED	GO TO EXIT2
97	Web Blank	GO TO EXIT2

***END* SECTION: LOCATION AND R IDENTIFICATION**

SECTION: TERMINATE SCREENS

ASK IF CELL PHONE SAMPLE R AND AGE IS LESS THAN 18, DK, OR RF, CELL1 = 1, 98, 99

TERM1. (CATI)

Thank you. We are only interviewing people who are 18 years old or older.

PROGRAM: END

ASK IF HOME IS OUTSIDE OR, DK, OR RF, CELL2A = 2, 98, 99, OR NOT R'S MAIN RESIDENCE, WSC2B=2, 3, 4, OR UNOCCUPIED/NON RES, WSC5=1, 2, 3

TERM2. (Web, CATI)

We are only interviewing people whose main residence is in Oregon, so these are all the questions {Web/CATI: we/I} have for you today. Thank you.

PROGRAM: END

ASK IF CELL PHONE SAMPLE R BUT DID NOT REACH CELL, SAMPTYPE=CELL AND CELL3=3

TERM3. (CATI)

We are only interviewing cell phone lines at this time. Thank you.

PROGRAM: END

ASK IF RESIDENCE IS GROUP QUARTER OR MISSING, RF/DK, WSC2B=4 OR HHCMPGRP=1,97, 98, 99M4. (Web, CATI)

Thank you for taking the time to complete this survey, but individuals living in group quarters do not qualify for this study. END

ASK IF R IS DRIVING, CELL3=2

DRIVING. (CATI)

For safety reasons, I cannot continue the interview. Someone will call you back at a later time. Thank you.

PROGRAM: END

ASK IF NOT COMPLETING FOR SAMPLED ADDRESS, WSC1=2

EXIT1. (Web, CATI)

The Oregon Health Insurance Survey needs to collect information about: {ADDRESS FROM SAMPLE}. Because you have indicated that you are not completing the survey for that address, we do not need any further information at this time. Thank you.

{Web/CATI: If that is your home address, please press the Back button below to return to the previous question./}

PROGRAM: END

ASK IF

ABS SAMPLE R REFUSES OR DOES NOT ANSWER ADDRESS CONFIRMATION, WSC1=99, 97, OR

REFUSES OR DOES NOT ANSWER IF LIVES/STAYS AT ADDRESS, WSC2=99, 97, OR

REFUSES OR DOES NOT ANSWER IF MAIN RESIDENCE, WSC2B=99, 97, OR

REFUSES OR DOES NOT ANSWER IF 18+, WSC3=99, 97, OR

REFUSES OR DOES NOT ANSWER IF ANYONE LIVES/STAYS AT ADDRESS, WSC4=99, 97, OR

REFUSES OR DOES NOT ANSWER IF ADDRESS IS RESIDENTIAL OR COMMERCIAL, WSC5=99, 97, OR

REFUSES TO INDICATE IF ADULT LIVES IN HH, IDENTIFY_ADULT2=99, OR

REFUSES TO INDICATE IF ADULT IN HH IS AVAILABLE TO TALK, IDENTIFY_ADULT2A=99, OR

ABS SAMPLE R AND REFUSES TO INDICATE IF REACHED ON CELL PHONE, ABSCCELL=99, OR

CELL PHONE SAMPLE R OR ABS SAMPLE R REACHED ON CELL) AND REFUSES TO INDICATE IF DRIVING, CELL3=99, OR

REFUSES OR DOES NOT ANSWER IF CAN ANSWER Q ABOUT HEALTH INSURANCE FOR HH, S2=99, 97, OR

REFUSES OR DOES NOT ANSWER IF OTHER ADULT CAN ANSWER Q ABOUT HEALTH INSURANCE FOR HH, S3=99, 97, OR

REFUSES OR DOES NOT ANSWER IF CAN SPEAK TO ALT ADULT, ALTR=99, 97, OR

REFUSES, DOESN'T KNOW, OR DOES NOT ANSWER # OF PEOPLE IN HH, S4=98, 99, 97

EXIT2. (Web, CATI)

Unfortunately, {Web/CATI: we/I} cannot continue the interview without that information. Thank you.

PROGRAM: CODE CASE AS REFUSAL AND END.

ASK IF ADULT NOT AVAILABLE AND CATI, IDENTIFY_ADULT2A=2 AND MODE=CATI

EXIT2b. (CATI)

Please give the materials we mailed to the adult who lives or stays at this address and can answer questions about health insurance. Thank you.

PROGRAM: END

ASK IF CELL PHONE SAMPLE R AND CANNOT ANSWER OR DOES NOT KNOW ABOUT HEALTH INSURANCE, SAMPTYPE=CELL AND S2=2, 98

EXIT5. (CATI)

{Web/CATI: We/I} are only interviewing people who can answer questions about health insurance for people in their household, so these are all the questions {Web/CATI: we/I} have for you today. Thank you.

PROGRAM: END

ASK IF NO ADULTS LIVE AT THIS ADDRESS, IDENTIFY_ADULT2=2

EXIT6. (Web, CATI)

These are all the questions I have for you today, thank you.

PROGRAM: END

ASK IF WEB R CANNOT ANSWER OR DOESN'T KNOW ABOUT HEALTH INSURANCE FOR ALL MEMBERS IN HH, S2=2, 98 AND MODE=WEB

EXITS3. (Web)

We'd like to talk with the adult who can answer questions about health insurance for all people in the household. Please provide them with the materials that were sent so that they may participate in the survey. Thank you.

IF S3=2, BLANK AND MODE=WEB, PLEASE LEAVE RECORD OPEN FOR RE
ACCESS

PROGRAM: END

***END* SECTION: TERMINATE SCREENS**

II. Household Level Information

ASK ALL

Q00

First, {CATI/Web: I'd like/we need} to know a little about your household.

{CATI/Web: PROMPT IF RELUCTANT: I/We} need this information to assure all Oregon residents are represented in the study.

ASK ALL

HHQ01

What county do you live in?

{CATI/Web: DO NOT READ THE LIST.}

- | | |
|---------------|--|
| 10 Baker | 29 Lane |
| 11 Benton | 30 Lincoln |
| 12 Clackamas | 31 Linn |
| 13 Clatsop | 32 Malheur |
| 14 Columbia | 33 Marion |
| 15 Coos | 34 Morrow |
| 16 Crook | 35 Multnomah |
| 17 Curry | 36 Polk |
| 18 Deschutes | 37 Sherman |
| 19 Douglas | 38 Tillamook |
| 20 Gilliam | 39 Umatilla |
| 21 Grant | 40 Union |
| 22 Harney | 41 Wallowa |
| 23 Hood River | 42 Wasco |
| 24 Jackson | 43 Washington |
| 25 Jefferson | 44 Wheeler |
| 26 Josephine | 45 Yamhill |
| 27 Klamath | 97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____ |
| 28 Lake | 98 DON'T KNOW |
| | 999 REFUSED/WEB BLANK |

ASK FOR PREPAID RESPONDENTS, SAMPTYPE=CELL

HH02

What is your zip code?

99998 DON'T KNOW

99999 REFUSED/WEB BLANK

PROGRAM: LENGTH=5, EDIT: VALID OREGON ZIP CODES ARE 97001-97920. IF SOFT EDIT IS TRIGGERED, DISPLAY ONCE: "This is not a valid Oregon zip code, please verify and re-enter."

ASK ALL

HH03

Is your residence...

{CATI/Web: READ LIST./}

1 Owned by or being bought by you or someone in your household,

2 Rented for money,

3 Occupied without payment of rent, or

4 Occupied though some other arrangements? {CATI/Web: SPECIFY/Specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

Ask if: CATI respondents

INTRNT

Do you or any member of your household have access to the internet at home? This could be internet access by paying a cell phone company or an internet service provider.

1 Yes

2 No

98 (DO NOT READ) DON'T KNOW

99 (DO NOT READ) REFUSED

97 Web Blank

Ask if: ABS sample

CELLPHN

Do you or any adults in your household have a working cell phone?

- 1 Yes
- 2 No
- 98 (DO NOT READ) DON'T KNOW
- 99 (DO NOT READ) REFUSED
- 97 Web Blank

Ask if: Adult in HH has a cell phone (CELLPHN=1)

PPD1

Do you or do any adults in your household use a prepaid plan for their cellphone?

Prepaid plans, also known as pay-as-you-go or no-contract phone, are plans where the user pays for a specific amount of data usage or minutes in advance.

- 1 Yes
- 2 No
- 98 (DO NOT READ) DON'T KNOW
- 99 (DO NOT READ) REFUSED
- 97 Web Blank

Ask if: Adult in HH uses a prepaid plan (PPD1=1) or Prepaid Cell Phone sample

PPD2

Including you, how many adults in your household use a prepaid plan?

Prepaid plans, also known as pay-as-you-go or no-contract phone, are plans where the user pays for a specific amount of data usage or minutes in advance.

- 98 (DO NOT READ) DON'T KNOW
- 99 (DO NOT READ) REFUSED
- 97 Web Blank

Identification of Household Members for Survey Questions

ASK ALL

HHCOMP

Including yourself, how many people currently live or stay at your household?

Include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and members of the armed forces, including National Guard members who are deployed but typically live in your household.

Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the armed forces stationed somewhere else.

{CATI/Web: IF NEEDED:/} We need this information to ensure all people living in Oregon are represented in the study. This study is completely confidential. Any potentially personally identifying information, like names or phone numbers, are never shared. All your information will always be combined with the responses we receive from thousands of other Oregon households.

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 9-99. IF SOFT RANGE IS TRIGGERED, DISPLAY: "You have entered a high number. Please check that it is correct." HARD RANGE: 0, >99, <998. IF HARD RANGE IS TRIGGERED, DISPLAY: "This is an invalid response, please reenter."

ASK IF 9 OR MORE PEOPLE LIVE IN HH, HHCOMP>=9

HHCMPGRP

Is this a dorm or some other type of group quarters where people live together who are not related?

1 {CATI/Web: YES/Yes} TERM4

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF HH IS LESS THAN 9 PEOPLE OR IS 9 OR MORE BUT IS NOT A GROUP QUARTER, HHCOMP<9 OR HHCMPGRP=2

HHCMP

Starting with you, please {CATI/Web: give me/list} the first names of the people who are living in your household.

{CATI/Web: IF NEEDED:/} If you prefer, you can give a nickname or the person's initials. This information will only be used for the purposes of this questionnaire to help know who each question is asking about.

{To respect your time, we will only ask you about up to 10 people in your household, including you.}

PROGRAM:

IN CATI, LOOP FOR NUMBER IN HHCOMP WITH A MAXIMUM OF 10. IN WEB, DISPLAY THE NUMBER OF ROWS INDICATED IN HHCOMP WITH A MAXIMUM OF 10. IF HHCOMP>10, DISPLAY "To respect your time, {CATI/Web: I/we} will only ask you about 10 people in your household, including you."

ON THE LEFT OF EACH BOX, DISPLAY "You", "Person 2:", "Person 3:", etc.

IF NAME LEFT BLANK, DISPLAY, "Please enter the name, initial, or label for each person. This is important so you know which person we are asking about later in the survey."

III. Person Level Demographics

ASK ALL

DEM01

Next, {CATI/Web: I am/we are} going to ask a few questions about about each person who lives in your household, starting with you.

*******PROGRAM: START LOOP DEMOS**

ASK ALL

AGE1

What is {your/{PERSON}'s} age?

{CATI/Web: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR IS GIVEN, SUCH AS WITH A CHILD, ROUND TO LAST BIRTHDAY. IF LESS THAN 1, ENTER 0./Enter as whole number. If less than 1, enter 0.}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT WHICH IS LOOP #1, ELSE DISPLAY "{PERSON}'s".

LENGTH=3, SOFT RANGE: 100-130. IF SOFT RANGE IS TRIGGERED, DISPLAY: "You have entered a high number. Please check that it is correct." HARD RANGE: >130, <998. IF HARD RANGE IS TRIGGERED, DISPLAY: "This is an invalid response, please reenter."

ASK IF AGE IS MISSING, RF/DK, AGE1= 98, 999

AGE2

Can you give {CATI/Web: me/us} an approximate age? Is it...

{CATI/Web: READ LIST./}

{CATI/Web: IF NEEDED:/} Please be assured that this information is confidential. This information is needed to make sure {CATI/Web: I/we} ask the correct questions about each member of the household.

- 1 0 - 5 years old,
- 2 6 - 13 years old,
- 3 14 - 18 years old,
- 4 19 - 23 years old,
- 5 24 - 29 years old,
- 6 30 - 44 years old,
- 7 45 - 64 years old,
- 8 65 - 84 years old, or
- 9 85 years or older?

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF AGE2 RANGE IS MISSING, RF/DK, AGE2= 98, 999

AGE3

{Are you/Is this person}...

- 1 under 18 years old, or
- 2 18 or older?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: IF AGE3=98 OR 999, GO TO AGETERM AND EXCLUDE THIS PERSON FROM DATA COLLECTION.

DISPLAY "Are you" IF LOOPING ON RESPONDENT WHICH IS LOOP #1, ELSE DISPLAY "Is this person".

ASK IF CHILD OR ADULT IS MISSING, RF/DK, AGE3=98, 999

AGETERM

Knowing the age of a person is critical to know which questions to ask. As a result, we will not be asking further questions about this individual.

ASK ALL

GEND1

What is {your/{PERSON}'s} gender?

{CATI/Web: READ LIST {IF NEEDED}.}

10 {Girl, }woman

11 {Boy, }man

12 Non-binary

13 Agender, no gender

14 Questioning, exploring

97 Not listed. Please describe in any way you prefer. Specify _____

16 {CATI/Web: You/I} don't know what this question is asking

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".
DISPLAY "Girl, " and "Boy, " ONLY ON LOOPS 2 AND BEYOND.
{CATI/Web: READ LIST.} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED.} ON SUBSEQUENT ITERATIONS.

ASK ALL HH MEMBERS WHO ARE AT LEAST 12 YEARS OLD, AGE1>11 OR AGE2>2 OR AGE3=2

TRANS

{Are you/Is {PERSON}} transgender?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

4 {CATI/Web: QUESTIONING/Questioning}

3 {CATI/Web: You/I} don't know what this question is asking

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".

ASK ALL HH MEMBERS WHO ARE AT LEAST 12 YEARS OLD, AGE1>11 OR AGE2>2 OR AGE3=2

SEXOR1

How do you describe {your/{PERSON}'s} sexual orientation or sexual identity?

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 Same-gender loving
- 11 Same-sex loving
- 12 Lesbian
- 13 Gay
- 14 Bisexual
- 15 Pansexual
- 16 Straight (attracted mainly to or only to other gender(s) or sex(es))
- 17 Asexual
- 18 Queer
- 19 Questioning
- 97 Not listed. Please describe in any way you prefer. Specify _____

- 21 {CATI/Web: You/I} don't know what this question is asking
- 98 {CATI/Web: You/I} don't know
- 999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".
{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY./} ON SUBSEQUENT ITERATIONS.

*******PROGRAM: END LOOP DEMOS**

ASK ALL

RACEINTRO

Next, {CATI/Web: I am/we are } going to ask you a few questions about race, ethnicity, and origin.

*******PROGRAM: START LOOP RACE**

ASK ALL

RACE

How {do you/does {PERSON}} identify {your/their} race, ethnicity, tribal affiliation, country of origin, or ancestry?

~~3 {CATI/Web: You/I} don't know what this question is asking~~
98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: THIS IS AN OPEN ENDED ENTRY. DISPLAY "do you" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}" AND "their".

ASK ALL

RACE0

Which of these categories do you think reflects {your/{PERSON}'s} race?
{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 Hispanic or Latino, Latina, Latinx
- 11 Native Hawaiian or Pacific Islander
- 12 White
- 13 American Indian or Alaska Native
- 14 Black or African American
- 15 Middle Eastern or North African
- 16 Asian
- 997 Some Other Race {CATI/Web: SPECIFY/, specify} _____

~~17 {CATI/Web: You/I} don't know what this question is asking~~
98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".
{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY./} ON SUBSEQUENT ITERATIONS.

ASK IF HISPANIC/LATINO/A, RACE0=10

RACE1

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

Is that...

- 10 Central American,
- 11 Mexican,
- 12 South American, or
- 13 Other Hispanic or Latino/a/x?

~~14 {CATI/Web: You/I} don't know what this question is asking~~
98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF ASIAN, RACE0=16

RACE2

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

Is that...

- 10 Asian Indian,
- 11 Cambodian,
- 12 Chinese,
- 13 Communities of Myanmar,
- 14 Filipino/a,
- 15 Hmong,
- 16 Japanese,
- 17 Korean,
- 18 Laotian,
- 19 South Asian,
- 20 Vietnamese, or
- 21 Other Asian?

~~22 {CATI/Web: You/I} don't know what this question is asking~~
98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF NATIVE HAWAIIAN OR PACIFIC ISLANDER, RACE0=11

RACE3

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

Is that...

- 10 CHamoru (Chamorro),
- 11 Marshallese,
- 12 Communities of the Micronesian Region,
- 13 Native Hawaiian,
- 14 Samoan,
- 15 Tongan, or
- 16 Other Pacific Islander?

~~17 {CATI/Web: You/I} don't know what this question is asking~~
98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF AMERICAN INDIAN OR ALASKA NATIVE, RACE0=13

RACE4

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

Is that...

- 10 Alaska Native,
- 11 American Indian,
- 12 Canadian Inuit, Metis, or First Nation,
- 13 Central American,
- 14 Indigenous Mexican,
- 15 South American, or
- 16 Other American Indian or Alaska Native?

~~17 {CATI/Web: You/I} don't know what this question is asking~~

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF BLACK OR AFRICAN AMERICAN, RACE0=14

RACE5

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

Is that...

- 10 African American,
- 11 Afro-Caribbean,
- 12 Ethiopian,
- 13 Somali,
- 14 Other Black African, or
- 15 Other Black?

~~16 {CATI/Web: You/I} don't know what this question is asking~~

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF MIDDLE EASTERN OR NORTH AFRICAN, RACE0=15

RACE6

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

Is that...

- 1 Middle Eastern,
- 2 Northern African, or
- 3 Other Middle Eastern or North African?

~~4 {CATI/Web: You/I} don't know what this question is asking~~
8 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF WHITE, RACE0=12

RACE7

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY./Select all that apply.}

Is that...

- 1 Eastern European,
- 2 Western European,
- 3 Slavic, or
- 4 Some other White?

~~5 {CATI/Web: You/I} don't know what this question is asking~~
8 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF MORE THAN ONE SUBRACE IS SELECTED, AT LEAST 2 RESPONSES SELECTED
IN ANY RACE1-7 NOT IN 97, 98, 99

RACE1a

Which one of these groups would you say best represents {your/{PERSON}'s} race?
{CATI/Web: Would you say.../}

PROGRAM: DISPLAY ONLY RESPONSES SELECTED IN RACE1-RACE7

1 {{CATI/Web:I do/You do}/{PERSON} does} not have just one primary racial or ethnic identity

~~2 {CATI/Web: You/I} don't know what this question is asking~~
98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "your" AND "I do"/"You do" IF LOOPING ON RESPONDENT, ELSE
DISPLAY "{PERSON}'s" AND "{PERSON} does".

*****PROGRAM: END LOOP RACE

*****PROGRAM: START LOOP MARITAL STATUS, EDUCATION, MILITARY.

ASK IF AGE IS GREATER THAN 15, AGE1>15 OR AGE2>3 OR AGE3=2

MAR

What is {your/{PERSON}'s} current marital status?

{CATI/Web: READ LIST {IF NEEDED}./}

- 1 Married
- 6 Living with a partner, boyfriend, girlfriend
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Never been married

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".

{CATI/Web: READ LIST./} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED./} ON SUBSEQUENT ITERATIONS.

ASK IF AGE IS GREATER THAN 17, AGE1>17 OR AGE2>3 OR AGE3=2

EDU

What is the highest level of school {you have/{PERSON} has} completed or the highest degree {you have/{PERSON} has} received?

{CATI/Web: READ IF NECESSARY./}

- 10 Less than High School
- 11 High School/GED
- 12 Some College/Junior College/2 Year Degree
- 13 Associates Degree/Technical Degree
- 14 Bachelor's Degree (Four Year College)
- 15 Graduate Degree (Master/MA,MS)
- 16 Graduate Degree (PhD/MD/JD)

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you have" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} has".

ASK IF AGE IS GREATER THAN 17, AGE1>17 OR AGE2>3 OR AGE3=2

E14

{Are you/Is {PERSON}} a veteran of the United States military?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".

*****PROGRAM: END LOOP MARITAL STATUS, EDUCATION, MILITARY

*****PROGRAM: START LOOP BORN

ASK ALL

BORN1

{Were you/Was {PERSON}} born in the United States?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

~~3 {CATI/Web: You/I} don't know what this question is asking~~
98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "Were you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Was {PERSON}".

ASK IF NOT BORN IN THE US, BORN1=2

BORN2

For how many years {have you/has {PERSON}} lived in the United States?

{CATI/Web: IF NEEDED:} Your best estimate is fine.

{CATI/Web: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR IS GIVEN, ROUND TO LAST FULL YEAR. IF LESS THAN 1, ENTER 0./Enter as whole number. If less than 1, enter 0.}

~~997 {CATI/Web: You/I} don't know what this question is asking~~
98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: LENGTH = 3, SOFT RANGE: 80-130. IF SOFT RANGE IS TRIGGERED, DISPLAY: "You have entered a high number. Please check that it is correct." HARD RANGE: >130, <997. IF HARD RANGE IS TRIGGERED, DISPLAY: "You have entered an incorrect value, please reenter."

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

PROGRAM: PLEASE ADD EDIT CHECK SO THE NUMBER OF YEARS LIVED IN THE UNITED STATES CAN'T BE > THAN AGE1

"You have given a number of years greater than (your/PERSON's) age. Please check that the number of years lived in the United States is correct."

ASK IF NOT BORN IN THE US, BORN1=2

D7

In what country {were you/was {PERSON}} born?

{CATI/Web: DO NOT READ LIST./}

- 10 Canada
- 11 China
- 12 Germany
- 13 India
- 14 Japan
- 15 South Korea
- 16 Mexico
- 17 Philippines
- 18 United Kingdom
- 19 Vietnam
- 997 {CATI/Web: OTHER, SPECIFY/Other, Specify} _____

~~20 {CATI/Web: You/I} don't know what this question is asking~~

98 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: DISPLAY "were you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "was {PERSON}".

ASK IF PERSON IS AT LEAST 5 YEARS OF AGE, AGE1>4 OR AGE2>1 OR AGE3=2

D8

What language or languages {do you/does {PERSON}} use at home?

{CATI/Web: DO NOT READ LIST. SELECT ALL THAT APPLY./Select all that apply.}

- 09 {CATI/Web: ENGLISH/English}
- 10 {CATI/Web: SPANISH/Spanish}
- 11 {CATI/Web: CHINESE/Chinese}
- 12 {CATI/Web: VIETNAMESE/Vietnamese}
- 13 {CATI/Web: GERMAN/German}

14 {CATI/Web: RUSSIAN/Russian}
15 {CATI/Web: JAPANESE/Japanese}
16 {CATI/Web: FRENCH/French}
17 {CATI/Web: KOREAN/Korean}
18 {CATI/Web: TAGALOG/Tagalog}
19 {CATI/Web: SIGN LANGUAGE/Sign language}
997 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}".

ASK IF PERSON DOES NOT SPEAK ENGLISH AT HOME OR SIGN LANGUAGE , D8 NE 9 OR 19

D8c

How well {do you/does {PERSON}} speak English?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}".

DO NOT DISPLAY "Not at all" WHEN LOOPING ON RESPONDENT AND INTERVIEW IS BEING CONDUCTED IN ENGLISH.

*******PROGRAM: END LOOP BORN**

IV. Family Unit Formation

*******PROGRAM: START LOOP RELATIONSHIP. ASK EVERYONE EXCEPT RESPONDENT.**

ASK OF ALL EXCEPT RESPONDENT

FAM1

What is {PERSON}'s relationship to you?

{CATI/Web: READ LIST IF NECESSARY./}

- 11 Husband (spouse)
 - 12 Wife (spouse)
 - 13 Domestic partner, boyfriend, girlfriend
 - 14 Child, Son or Daughter
 - 15 Stepchild
 - 16 Foster Child
 - 17 Grandchild
 - 18 Parent
 - 19 Mother-in-law/Father-in-law
 - 20 Grandparent
 - 21 Brother/Sister
 - 22 Son-in-law/Daughter-in-law
 - 23 Step parent
 - 24 Step brother/step sister
 - 25 Other Relative
 - 26 Non Relative/Cohabitee, room-mate, or renter
- 98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK OF ANYONE INDICATED AS MARRIED, BUT NOT MARRIED TO THE RESPONDENT,
MAR=1, 6 AND FAM1 NE 11 OR 12 OR 13

FAM2a

Is the spouse or domestic partner of {PERSON} ...

- 1 someone who currently lives in this household, or
- 2 someone outside this household?

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF PERSON IS MARRIED TO SOMEONE IN HH, FAM2a=1

FAM2b

Which member of the household are they married to?

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS 16 AND OVER, AGE>15 OR AGE2>3 OR AGE3=2.
EXCLUDE RESPONDENT.

ASK IF ANYONE 18 OR UNDER AND NOT THE CHILDREN OF THE RESPONDENT,
AGE1<=18 OR AGE2<4 OR AGE3=2

FAM3

Is anyone living here the parent or guardian of {PERSON}?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH IS THE PARENT OR GUARDIAN OF CHILD, FAM3=1

FAM3aa

Who is that?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS WHO ARE AT LEAST 14, AGE1>13, AGE2>2, AGE3=2, AND NOT THE RESPONDENT.

ASK IF CHILD IN THE HH IS NOT WARDS OF SOMEONE IN THE HH, FAM3=2

FAM3a

Who in the household is the main person taking care of {PERSON}?

50 No one

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS WHO ARE AT LEAST 18, AGE1>17, AGE 2>3, AGE3=2

*****PROGRAM: END LOOP RELATIONSHIP.

ASK OF THOSE WITH MORE THAN ONE PERSON IN THE HH , HHCOMP>1

UNITSCRN

{CATI/Web: For the rest of the interview I'll ask you to give me/The rest of the interview asks about} health-related information about everyone you listed.

Is there anyone in the household who you don't know health-related information about?

PROGRAM: DISPLAY ALL HH MEMBERS EXCEPT RESPONDENT. THIS SHOULD ALLOW MULTIPLE SELECTION.

2 {CATI/Web: RESPONDENT CAN ANSWER FOR EVERYONE./I can answer for everyone}
98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM:

RESPONSE #2 IS MUTUALLY EXCLUSIVE.

CREATE 3 VARIABLES:

- HH ID – EVERYONE IN THE HOUSEHOLD HAS THE SAME HH ID = USERID
- FAMILY ID – SEE RULES BELOW – NUMERIC 1 TO 10
- PERSON ID – EACH INDIVIDUAL IN THE HOUSEHOLD HAS A DIFFERENT PERSON ID – NUMERIC FROM 1 TO 10

The rules to assign members to family units are:

1. The respondent and his/her spouse were classified in the same family unit (always family ID
2. Adults aged 19 and older who were not married to the respondent were classified as a separate family unit.
3. Adults aged 18 were initially classified as a separate family unit. An assessment was later made to determine if they should be classified into the same family unit as their parents (see below).
4. Married couples were classified in the same family unit. This included married couples involving someone under age 17.
5. Children aged 17 and younger were classified in the same unit as their parent(s)/guardians. If their parent(s) or legal guardian did not live in the household, they were considered a separate family unit. With the exceptions that Children aged 17 and younger were classified into a separate family unit from their parents in cases where they were married and/or had a child of their own, no matter their residence.
6. Adults that were age 18 were classified into a family unit based upon whether they were currently living with their parents, were married and/or had children. If they were not married and did not have any children, they were classified in the same family unit as their parents (if living in the same household). If they were married and/or had a child of their own, they were classified as a separate family unit (with their spouse and/or child).
7. Those who were identified as the ward of another household member were classified in the same unit as that household member, unless prior rules determined the ward should be classified separately.
8. If any children was 18 or younger, unmarried, did not have a child, and had a parent, guardian, or person taking care of them in the household, they were assigned to the same family as their parents, their guardian, or the person taking care of them.

9. For any children under 17 who were still without a family, they were assigned to the family of the respondent.

10. If any child was 17 or 18 years old and did not have parent, guardian, or person taking care of them, child was treated as emancipated and was assigned to their own family.

RESPONDENT IS FAMILY ID 1.

IF RESPONDENT HAS SPOUSE, (PERSON SELECTED WHERE FAM=11, 12, 13), ASSIGN THAT PERSON IN SAME FAMILY ID AS RESPONDENT.

IF RESPONDENT HAS CHILDREN OR STEPCHILDREN 18 OR YOUNGER, WHO ARE NOT MARRIED, AND NOT PARENT, ASSIGN THAT PERSON IN SAME FAMILY ID AS RESPONDENT [PERSON SELECTED WHERE FAM=14,15 AND (AGE1<19 OR AGE2<4 OR AGE3=1) AND (MAR=2 OR MISSING) AND NOT SELECTED AS A PARENT AT FAM3aa].

ASSIGN NEXT ADULT IN ROSTER TO NEXT FAMILY ID.

IF PERSON IS MARRIED TO SOMEONE IN HH (FAM2a=1), ASSIGN PERSON SELECTED AT FAM2b TO THE SAME FAMILY ID AS THAT PERSON.

IF PERSON HAS CHILDREN 18 OR YOUNGER, WHO ARE NOT MARRIED, AND NOT PARENT, [(AGE1<19 OR AGE2<4 OR AGE3=1) AND (MAR=2 OR MISSING) AND NOT SELECTED AS A PARENT AT FAM3aa], ASSIGN THAT PERSON IN SAME FAMILY ID AS ADULT SELECTED [PERSON SELECTED WHERE FAM3aa].

LOOP UNTIL NO ADULTS ARE LEFT.

IF CHILD (AGE<19 OR AGE2<4 OR AGE3=1) IS MARRIED OR PARENT [MAR=1 OR SELECTED AT FAM3aa], ASSIGN THAT PERSON TO NEXT FAMILY ID.

IF CHILD IS MARRIED TO SOMEONE IN HH (FAM2a=1), ASSIGN PERSON SELECTED AT FAM2b TO THE SAME FAMILY ID AS THAT PERSON.

IF CHILD HAS CHILDREN 18 OR YOUNGER, WHO ARE NOT MARRIED, AND NOT PARENT, [(AGE1<19 OR AGE2<4 OR AGE3=1) AND (MAR=2 OR MISSING) AND NOT SELECTED AS A PARENT AT FAM3aa], ASSIGN THAT PERSON IN SAME FAMILY ID AS ADULT SELECTED [PERSON SELECTED WHERE FAM3aa].

LOOP UNTIL NO CHILDREN WHO ARE MARRIED OR PARENT ARE LEFT.

ANY CHILDREN LEFT (AGE1<19 OR AGE2<4 OR AGE3=1) WITHOUT A FAMILY ID

APPLY THE FOLLOWING RULES IN THAT ORDER:

IF GUARDIAN EXISTS AT FAM3aa, ASSIGN CHILD WITH THAT PERSON

IF NO GUARDIAN AT FAM3aa BUT PERSON TAKING CARE OF CHILD AT FAM3a, ASSIGN CHILD WITH THAT PERSON

ELSE

(CHILDREN BELOW THE AGE OF 17 SHOULD BE ASSIGNED TO THE RESPONDENT'S FAMILY
OR
ANY CHILDREN 17 OR 18 MAY BE EMANCIPATED AND SHOULD BE ASSIGNED TO THEIR OWN FAMILY.)

V. Insurance Coverage

ASK ALL

INS01

Next, {CATI/Web: I am /we are} going to ask you about different types of health insurance coverage. It includes health insurance that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and The Oregon Health Plan that help pay medical bills.

Please do not include an insurance plan that covers only one type of service like plans for dental care or prescription drugs.

*******PROGRAM: START LOOP INSURANCE. LOOP FOR EVERYONE IN THE HH THAT THE RESPONDENT IS NOT UNFAMILIAR WITH (SELECTED UNITSCRN). START WITH RESPONDENT.**

ASK ALL NOT SCREENED OUT, UNITSCRN

INS02a

{Are you/Is {PERSON}} covered by any type of health insurance?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}".

ASK IF HH MEMBER HAS HEALTH INSURANCE, INS02a=1

INS02b

Which of the following types of health insurance {are you/is {PERSON}} covered by?

{CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY. PROBE: Any other types of health insurance?/Select all that apply.}

- 10 Private health insurance {CATI/Web: IF NEEDED: /} (through your or someone's employer or company)
- 11 Medicare {CATI/Web: IF NEEDED: /} (Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities.)
- 12 The Oregon Health Plan {CATI/Web: IF NEEDED: /} (The Oregon Health Plan (OHP) is the state's Medicaid program. It provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.)
- 16 Military, Veterans, TRICARE, or CHAMPVA
- 21 Indian Health Services
- 18 Oregon Health insurance marketplace often referred to as marketplace or oregonhealthcare.gov
- 93 Through the state but not as state employee
- 94 SSI/SSDI/welfare/disability
- 95 Some other type of insurance {CATI/Web: SPECIFY/Specify) _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "is {PERSON}"

98, 999 ARE MUTUALLY EXCLUSIVE.

IF INS02b=98 AND HHCOMP>1, CODE HH MEMBER HAS UNITSCRN=1 AND DO NOT ASK FURTHER QUESTIONS ABOUT THIS PERSON.

IF INS02b=10, SET INS_PRVT=1
IF INS02b=11, SET INS_MDCR=1
IF INS02b=12, SET INS_OHP_MDCD=1
IF INS02b=16, SET INS_MLTR=1
IF INS02b=21, SET INS_IHS=1
IF INS02b=18, SET INS_MRKT=1
IF INS02b=93, SET INS_STATE=1
IF INS02b=94, SET INS_SSI=1
IF INS02b=95, SET INS_OTH=1

ASK IF HH MEMBER DOES NOT HAVE HEALTH INSURANCE OR ONLY HAS INDIAN HEALTH SERVICES, INS02a=2 OR INS02b=21 ONLY
--

INS03

Just {CATI/Web: to be sure I have this right/to confirm}, {you do/{PERSON} does} not have health insurance coverage {IF INS02b=21: ,other than Indian Health Services}. Is this correct?

{IF INS02b=21, CATI/Web: IF NEEDED: /}While covering health care expenses, Indian Health Services is not considered insurance so we do not consider this as insurance for the purposes of this survey.

{CATI/Web: IF NEEDED: /}Health insurance is any program or plan that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and the Oregon Health Plan that help pay medical bills.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you do" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} does".

IF INS03=2, GO BACK TO INS02b ONE TIME AFTER DISPLAYING THE FOLLOWING ERROR MESSAGE: "Based on your answer, you may need to adjust your response to a previous question. Please review this next question carefully and adjust your response if needed."

ASK IF HH MEMBER IS CONFIRMED TO NOT HAVE INSURANCE, INS03=1
--

INS03a

Who pays for {your/{PERSON}'s} bills when {you/they} seek medical care?

{CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY. PROBE: Anyone else?/Select all that apply.}

20 Workers compensation for specific injury/illness

21 Employer pays for bills, but not an insurance policy

22 Family member pays out of pocket for any bills

26 PROGRAM: DISPLAY IF AGE1>18 OR AGE2>3 OR AGE3=2, {You pay/{PERSON} pays} out of pocket with {your/their} own money

27 Charity or religious organizations

25 Through free clinics or free medical services

31 Indian Health Services

997 Other, specify _____

32 {You do/{PERSON} does} not have medical bills

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your", "you", "You pay", and "You do" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s", "they" "{PERSON} pays", and "{PERSON} does".

CODE 32 IS MUTUALLY EXCLUSIVE.

IF INS03a=31, SET INS_IHS=1

ASK IF HH MEMBER RECEIVES INSURANCE THROUGH SSI, THROUGH THE STATE BUT NOT AS A STATE EMPLOYEE, THROUGH WELFARE, OR THROUGH DISABILITY, INS_STATE=1 OR INS_SSI=1

INS03b

How did {you/{PERSON}} apply for or receive the health insurance through the state?

{CATI/Web: NOTE: NEARLY ALL PEOPLE COVERED MENTIONING THESE PROGRAMS WILL BE COVERED BY THE OREGON HEALTH PLAN OR BY MEDICARE./}

- 1 Through the Oregon Health Plan
- 2 Through Medicare
- 3 Through the military
- 4 Through a private insurance
- 5 As a state employee or as the spouse or child of a state employee
- 6 As a state retiree
- 7 Through some other way

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".
IF INS03b=1, SET INS_OHP_MDCD=1,
IF INS03b=2, SET INS_MDCR=1
IF INS03b=3, SET INS_MLTR=1
IF INS03b=4, 5, 6, SET INS_PRVT=1
IF INS03b=7, SET INS_OTH=1

ASK IF HH MEMBER RECEIVES INSURANCE THROUGH THE OREGON HEALTH INSURANCE MARKETPLACE, INS_MRKT=1

INS03c

Oregonhealthcare.gov is a resource that connects residents to affordable healthcare coverage. They also provide a way for residents to know whether they qualify for health insurance coverage through The Oregon Health Plan or through a private health insurance plan for which a monthly premium is paid.

{CATI/Web: IF NEEDED:}The Oregon Health Plan (OHP) is the state's Medicaid program. It provides health care coverage for low-income Oregonians. It includes the Healthy Kids program that provides coverage for children in low-income families.

The health plans available through the Oregon Health Insurance Marketplace (Oregonhealthcare.gov) are organized into three "metal" categories: Bronze, Silver, and Gold. Catastrophic coverage is also available for residents under the age of 30, or who meet certain hardship conditions.

{Are you/Is {PERSON}} enrolled in...

- 1 The Oregon Health Plan
- 3 Private Health Insurance Plan
- 7 Some other type of insurance

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM:

INS03c=1, SET INS_OHP_MDCD=1

INS03c=3, SET INS_PRVT=1

INS03C=7, SET INS_OTH=1 ON THE SECOND DISPLAY OF INS03C

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}"

IF INS03c=7, GO BACK TO INS02b ONE TIME AFTER DISPLAYING THE FOLLOWING ERROR MESSAGE: "Based on your answer, you may need to adjust your response to a previous question. Please review this next question carefully and adjust your response if needed."

Medicare Verification Questions

ASK IF HH MEMBER IS 65 AND OLDER AND DID NOT INDICATE MEDICARE COVERAGE, (AGE1>64 OR AGE2>7) AND INS_MDCR NE 1

INS04

{You are/{PERSON} is} 65 or older and you indicated {you were/this person was} not covered by Medicare. Is this correct?

{CATI/Web: IF NEEDED:/} Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you are" AND "you were" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} is" AND "this person was".

IF INS04=2, SET INS_MDCR=1 ***Check that this rule is in place.*

ASK IF HH MEMBER IS 65 AND OLDER AND IS COVERED BY PRIVATE INSURANCE, (AGE1>64 OR AGE2>7) AND (INS_PRVT=1 OR INS_MRKT=1)

INS05

You indicated {you are/(PERSON} is} covered by private insurance. Is this private insurance policy a private Medicare supplement such as plans offered by AARP, United Health Care, or Regence Blue Cross Blue Shield that help cover expenses not paid by {your/{PERSON}'s} Medicare?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you are" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} is" AND "{PERSON}'s".

IF INS05=1, SET INS_MDCR=1

ASK IF HH MEMBER COVERED BY A PRIVATE MEDICARE SUPPLEMENT, INS05=1

INS05a

What is the name of this Medicare supplement?

{CATI/Web: READ LIST IF NEEDED. SELECT ONE./Select one}

10 AARP

11 AETNA

12 CIGNA

13 Equitable and You

14 IAC

15 Manhattan Life Insurance

16 MODA

17 Mutual of Omaha

18 Regence Blue Cross Blue Shield

19 Transamerica

20 United American Insurance

21 United Healthcare

96 Medicare Advantage Plan

97 Other Medicare Supplement {CATI/Web: SPECIFY/Specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF HH MEMBER COVERED BY A PRIVATE MEDICARE SUPPLEMENT, INS05=1

INS05b

Is this only a plan under Medicare Part D which is used to pay only for prescription drugs?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM:
IF INS05b=2, SET INS_PRVT=1

ASK IF HH MEMBER IS COVERED BY MEDICARE AND NOT MEDICAID AND IS YOUNGER THAN 65, (AGE1<65 OR AGE2<8 OR AGE3=1) AND INS_MDCR=1 AND INS_OHP_MDCD NE 1

INS06

Just to verify, {are you/is {PERSON}} covered by national Medicare, or by the state's Oregon Health Plan, or by both?

{CATI/Web: IF NEEDED:} Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities. The Oregon Health Plan (OHP) is the state's Medicaid program and in general is offered to people who are 64 or younger. The Oregon Health Plan provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

- 1 {CATI/Web: NATIONAL MEDICARE/National Medicare}
- 3 {CATI/Web: STATE'S OREGON HEALTH PLAN/State's Oregon Health Plan}
- 2 {CATI/Web: BOTH/Both}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "is {PERSON}".
IF INS06=1, SET INS_MDCR=1
IF INS06=3 SET INS_OHP_MDCD=1
IF INS06=2 SET INS_MDCR=1 AND INS_OHP_MDCD=1

Medicaid Verification Questions

ASK IF HH MEMER IS COVERED BY MEDICAID BUT NOT MEDICARE AND IS 65 OR OLDER, (AGE1>64 OR AGE2=8, 9) AND INS_OHP_MDCD=1 AND INS_MDCR NE 1

INS08

Just to verify, {are you/is {PERSON}} covered by the Oregon Health Plan program, by the national Medicare program, or by both?

{CATI/Web: IF NEEDED: /}Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities. The Oregon Health Plan (OHP) is the state's Medicaid program and in general is offered to people who are 64 or younger. The Oregon Health Plan provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

- 1 {CATI/Web: NATIONAL MEDICARE/National Medicare}
- 3 {CATI/Web: STATE'S OREGON HEALTH PLAN/State's Oregon Health Plan}
- 2 {CATI/Web: BOTH/Both}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "is {PERSON}"
IF INS08=1, SET INS_MDCR=1
IF INS08=3 SET INS_OHP_MDCD=1
IF INS08=2 SET INS_MDCR=1 AND INS_OHP_MDCD=1

Follow-up MEDICARE Question to determine if they have a supplement

ASK IF HH MEMBER IS COVERED BY MEDICARE AND IS 65 OR OLDER AND IS NOT COVERED BY PRIVATE INSURANCE, (AGE1>64 OR AGE2=8, 9) AND INS_MDCR=1 AND INS_PRVT NE 1

INS09

{Do you/Does {PERSON}} have a private Medicare supplement such as those offered by AARP, United Health Care, or Regence Blue Cross Blue Shield, or other plans to help cover expenses not paid by Medicare or a Medicare Advantage Plan?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}"

ASK IF HH MEMBER COVERED BY A PRIVATE MEDICARE SUPPLEMENT, INS09=1

INS09a

What is the name of this Medicare supplement?

- 10 AARP
- 11 AETNA
- 12 CIGNA
- 13 Equitable and You
- 14 IAC
- 15 Manhattan Life Insurance
- 16 MODA
- 17 Mutual of Omaha
- 18 Regence Blue Cross Blue Shield
- 19 Transamerica
- 20 United American Insurance
- 21 United Healthcare
- 96 Medicare Advantage Plan
- 97 Other Medicare Supplement {CATI/Web: SPECIFY/Specify} _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

ASK IF HH MEMBER COVERED BY A PRIVATE MEDICARE SUPPLEMENT, INS09=1

INS09b

Is this only a plan under Medicare Part D which is used to pay only for prescription drugs?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM:

IF INS09b=2, SET INS_PRVT=1

*******PROGRAM: END LOOP INSURANCE.**

VI. Private Insurance

ASK IF MORE THAN ONE HH MEMBER IS COVERED BY PRIVATE INSURANCE, (INS_PRVT=1 OR INS_MRKT=1) FOR MORE THAN ONE HH MEMBER.

INSP01

Are the people you indicated as being covered by private health insurance all covered under the same health insurance plan?

{CATI/Web: IF NEEDED: /} Private health insurance plans can be provided through an employer, a group or association, a retirement plan, a school, or purchased directly.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF ALL HH MEMBERS ARE COVERED UNDER THE SAME HEALTH INSURANCE PLAN, INSP01=1

INSP01a

Who is the policy holder for this plan?

PROGRAM: DISPLAY ALL HH MEMBER WHERE INS_PRVT=1 OR INS_MRKT=1

87 Someone outside the household is a policy holder

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF NOT ALL HH MEMBERS ARE COVERED UNDER THE SAME HEALTH INSURANCE PLAN, INSP01=2

INSP01b

Who are policy holders for a private health insurance plan?

PROGRAM: DISPLAY ALL HH MEMBER WHERE INS_PRVT=1 OR INS_MRKT=1

87 Someone outside the household is a policy holder

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF ONLY ONE HH MEMBER IS COVERED BY PRIVATE INSURANCE, INS_PRVT=1 OR INS_MRKT=1 FOR ONE HH MEMBER

INSP01c

{Are you/Is {PERSON}} the policy holder for {your/their} private health insurance plan?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" AND "your" IF RESPONDENT SELECTED AT INSP01a OR INSP01b, ELSE DISPLAY "Is {PERSON}" AND "their" IF PERSON OTHER THAN RESPONDENT IS SELECTED AT INSP01b.

*******PROGRAM: START LOOP PRIVATE INSURANCE CLUSTER. LOOP FOR EVERY POLICYHOLDER OR FOR POLICYHOLDER NOT IN THE HH AND THERE ARE OTHER HH MEMBERS WHO HAVE PRIVATE INSURANCE, (INSP01a OR INSP01b=1 OR 87) OR ((INS_PRVT=1 OR INS_MRKT=1) AND (INSP01a OR INSP01b IS BLANK))**

ASK IF THERE ARE HH MEMBERS WHO HAVE PRIVATE INSURANCE BUT ARE NOT POLICYHOLDER, (INS_PRVT=1 OR INS_MRKT=1) AND (INSP01a OR INSP01b OR INSP01c NE 1)**INSP02**

Next, {CATI/Web: I am/we are} going to ask which members of the household are covered by each private health insurance plan.

Which members are covered under {your/{PERSON}'s} policy?

PROGRAM: DISPLAY ALL HH MEMBER THAT HAVE PRIVATE INSURANCE BUT NOT POLICYHOLDER THEMSELVES, (INS_PRVT=1 OR INS_MRKT=1) AND (INSP01a OR INSP01b NE 1)

95 No one in the household

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".
95 IS MUTUALLY EXCLUSIVE.

*******PROGRAM: END LOOP PRIVATE INSURANCE CLUSTER.**

*******PROGRAM: START LOOP NO POLICYHOLDER. LOOP FOR EVERY HH MEMBER WHO HAS PRIVATE INSURANCE AND WAS NOT LINKED TO A POLICYHOLDER, INS_PRVT=1 AND INSP02 =BLANK**

ASK IF HH MEMBER IS COVERED BY PRIVATE INSURANCE AND NOT LINKED TO A SPECIFIC POLICY HOLDER, (INS_PRVT=1 OR INS_MRKT=1) AND INSP02 =BLANK AND INSP01c NE 1

INSP02a

{You do/{PERSON} does} not have a policy holder listed for {your/their} private insurance. Who is the policy holder for {your/{PERSON}'s} private insurance?

PROGRAM: DISPLAY ALL HOUSEHOLD MEMBERS WHERE AGE>15, AGE2>3, AGE3=2
87 Someone outside the household is a policy holder

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you do" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} does" AND "their" AND "{PERSON}'s".
IF PERSON IS SELECTED AS POLICYHOLDER, UPDATE INSP01b=1.

*******PROGRAM: END LOOP NO POLICYHOLDER.**

*******PROGRAM: START LOOP POLICYHOLDER. LOOP FOR EVERY HH MEMBER WHO IS POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1**

ASK IF POLICY HOLDER, PERSON IS SELECTED AT INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP03

Please think about {your/{PERSON}'s/the outside of the household policyholder's} private health insurance. What is the name of the insurance provider?

{CATI/Web: READ LIST IF NEEDED. SELECT ALL THAT APPLY. PROBE: Any others?/Select all that apply.}

- 44 AARP
- 41 AETNA
- 20 ATRIO Health Plans
- 21 Bridgespan Health
- 42 Cigna
- 43 Humana
- 50 IAC
- 22 Kaiser Foundation Healthplan of the NW
- 46 Lifewise
- 23 MODA Health Plan
- 24 PacificSource Health Plans
- 25 Providence Health Plan
- 26 Regence
- 48 United Healthcare
- 18 Oregon Health insurance marketplace often referred to as marketplace or oregonhealthcare.gov, or
- 97 Some other type of insurance {CATI/Web: SPECIFY/Specify} _____
- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Is your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}" IF LOOPING ON SOMEONE ELSE IN HH, ELSE DISPLAY "Is the outside of the household policyholder's".

IF INSP03=18, SET INS_MRKT=1

Ask IF COVERAGE SOURCE IS MARKETPLACE, INSP03=18

INSP04a

Was this health insurance coverage obtained through the Oregon health insurance marketplace, also known as OregonHealthcare.gov?

{CATI/Web: IF NEEDED:/} The Marketplace oversees the health insurance products sold to Oregonians. Residents can enroll through the OregonHealthCare.gov website, by telephone, walk-in center, or with the help of an insurance agent or community partner.

The health plans available through the Marketplace are commercial health plans sold by insurance companies, like Kaiser, Providence, Moda and others. They are organized into three "metal" categories: Bronze, Silver, and Gold. Catastrophic coverage is also available for residents under the age of 30, or who meet certain hardship conditions.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF COVERAGE SOURCE IS THE OREGON HEALTH INSURANCE MARKETPLACE,
INSP04a=1

INSP04b

Please think about the insurance {you/{PERSON}/the policyholder} purchased through the Oregon Health Insurance Marketplace. What is the name of the plan?

{CATI/Web: READ RESPONSES AS NEEDED/}

10 ATRIO Health Plans

11 Bridgespan Health

12 Kaiser Foundation Healthplan of the NW

13 Moda Health Plan

14 Pacificsource Health Plans

15 Providence Health Plan

17 Regence

97 Other, specify _____

16 None of these

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder" IF POLICYHOLDER IS SOMEONE OUTSIDE THE HH (INSP01a=87 OR INSP01b=87, OR INSP02a=87).

ASK IF COVERAGE SOURCE IS THE OREGON HEALTH INSURANCE MARKETPLACE,
INSP04a=1

INSP09a

What type of plan is this? Is it...

1 bronze,

2 silver,

3 gold,

5 catastrophic plan, or

97 some other type? (Specify) _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP06

Is {your/{PERSON}'s/the policyholder's} health insurance through{your/{PERSON}'s/the policyholder's} work, a union, association, or trust; someone else's work, a union, association, or trust; or some other source?

{CATI/Web: IF NEEDED:} This includes insurance coverage from an employer, through {your/{PERSON}'s/The policy holder's}business, a family business or farm, and also through a labor union, or some other employer-based plan.

1 {Your/{PERSON}'s/The policyholder's} work, a union, association, or trust

2 Someone else's work, a union, association, or trust

3 Some other source

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s"
IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's" IF POLICYHOLDER IS
SOMEONE OUTSIDE THE HH (INSP01a=87 OR INSP01b=87, OR INSP02a=87)..

ASK IF NOT COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION, INSP06 =3-999

INSP09

Is {your/{PERSON}'s/the policyholder's} insurance provided through...

12 COBRA or state continuation,

13 A retirement plan,

14 A school, college, or university,

15 Was the plan purchased directly or the premium paid out of pocket, or

97 Other? Specify

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s"
IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's" IF POLICYHOLDER IS
SOMEONE OUTSIDE THE HH (INSP01a=87 OR INSP01b=87, OR INSP02a=87)..

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP12

{Does your/Does {PERSON}'s/Does the policyholder's} health insurance plan cover at least some of the cost of prescription drugs?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}'s" IF LOOPING ON HH MEMBER, ELSE DISPLAY "Does the policyholder's".

ASK IF PLAN DOES NOT COVER COST OF PRESCRIPTION DRUGS, INSP12=2

INSP12a

{Do you/Does {PERSON}'s/Does the policyholder's} have other coverage that covers the cost of prescription drugs?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}'s" IF LOOPING ON HH MEMBER, ELSE DISPLAY "Does the policyholder's".

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP20

What is the monthly premium {you pay/{PERSON} pays/the policyholder pays} for {your/their/their} health insurance?

{CATI/Web: IF NEEDED:/} The premium is the amount paid each month for health insurance coverage. We are asking about the portion that you/your family pay and not the employer's share. This is the amount that would be taken out of a paycheck or the amount you/your family paid directly to the insurance company every month.

{CATI/Web: ENTER WHOLE NUMBERS ONLY, WITHOUT COMMAS./Enter whole numbers only, without commas.}

\$ _____ per month

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=5, DISPLAY “your” IF LOOPING ON RESPONDENT, ELSE DISPLAY “{PERSON}’s” IF LOOPING ON HH MEMBER, ELSE DISPLAY “the policyholder’s”.

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1 INSP25

How much is the deductible for everyone covered under this health insurance?

This is the amount you must pay every year for medical care before the insurance begins to pay the bills. This is usually based on a calendar year. The health insurance deductible will be listed in the materials provided to a person by their health insurance company.

Please do not include premium expenses.

The deductible is not the same as your co-payments that you have to pay for every visit to the doctor or emergency room or for certain prescriptions.

0 {CATI/Web: NO DEDUCTIBLE/No deductible}

{CATI/Web: ENTER WHOLE NUMBERS ONLY, WITHOUT COMMAS./Enter whole numbers only, without commas.}

\$ _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF POLICY ONLY COVERS POLICYHOLDER, INSP02 IS BLANK

E12

Can dependents be covered under {your/{PERSON}'s/the policyholder's} health insurance?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s"
IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's".

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

INSP15

Did {you/{PERSON}/the policyholder} change health insurance carriers since last year?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" IF
LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder".

ASK IF THERE HAS BEEN A CHANGE IN HEALTH INSURANCE CARRIER SINCE LAST YEAR,
INSP15=1

INSP15a

What carrier did {you/{PERSON}/the policyholder} previously use. Was it...

{CATI/Web: READ RESPONSES AS NEEDED. SELECT ALL THAT APPLY./Select all that apply.)

- 44 AARP
- 41 AETNA
- 20 ATRIO Health Plans
- 21 Bridgespan Health
- 42 Cigna
- 43 Humana
- 50 IAC
- 22 Kaiser Foundation Healthplan of the NW
- 46 Lifewise

- 23 MODA Health Plan
- 24 PacificSource Health Plans
- 25 Providence Health Plan
- 26 Regence
- 48 United Healthcare
- 18 Oregon Health insurance marketplace often referred to as marketplace or oregonhealthcare.gov
- 12 The Oregon Health Plan (OHP)
- 80 Medicare, Medicare supplement
- 94 SSI, Welfare, Disability, Social Services, the State, or
- 97 Some other type of insurance? {CATI/Web: SPECIFY/Specify} _____

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s"
IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder".

ASK OF ALL POLICY HOLDER, INSP01a OR AT INSP01b OR AT INSP02a OR INSP01c=1

PSAT05

Compared to last year, have there been changes in the coverage provided by {your/{PERSON}'s/the policyholder's} health insurance that limited which health care {you/they} could access?

1 {CATI/Web: YES, SPECIFY/Yes, specify} _____

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" AND "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" AND "they" IF LOOPING ON HH MEMBER, ELSE DISPLAY "the policyholder's" AND "they".

*******PROGRAM: END LOOP POLICYHOLDER.**

*******PROGRAM: START LOOP PRIVATE INSURANCE THROUGH STATE. LOOP FOR EVERY HH MEMBER THAT HAVE PRIVATE INSURANCE THROUGH THE STATE OR OHP.**

ASK IF PRIVATE INSURANCE WAS THROUGH THE STATE OR OHP, INS_OHP_MDCCD=1 or INS_STATE=1

INSP05

Earlier you stated that {your/{PERSON}'s} insurance was provided through a state sponsored health insurance program such as the Oregon Health Plan.

Just to check again, {are you/is {PERSON}} covered by...

12 The Oregon Health Plan (Medicaid),
10 Private Insurance,
16 Military, Veterans, or TRICARE, or
97 Some other type of insurance? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" AND "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" AND "is {PERSON}".

IF INSP05=16, SET INS_MLTR=1
IF INSP05=12, SET INS_OHP_MDCCD=1

*******PROGRAM: END LOOP PRIVATE INSURANCE THROUGH STATE.**

IX. Follow Up Questions for Those Covered by OHP

*******PROGRAM: START LOOP CCO. ASK FOR EVERYONE WHO HAS OREGON HEALTH PLAN.**

ASK IF SOMEONE IN HH HAS OHP, OHP_MDCCD=1.

MCSAT01

When {you/{PERSON}} enrolled in OHP, {you/they} most likely had to choose a Coordinated Care Organization (CCO) for medical, dental and mental health care.

In which CCO {are you/is {PERSON}} enrolled?

{CATI/Web: IF NEEDED, READ LIST./}

11 Advanced Health
12 AllCare CCO

- 13 Cascade Health Alliance
- 14 Columbia Pacific CCO
- 15 Eastern Oregon CCO
- 16 Health Share of Oregon
- 17 InterCommunity Health Network CCO
- 18 Jackson Care Connect
- 19 Pacificsource Central
- 20 Pacificsource Gorge
- 21 Pacificsource Lane
- 22 Pacificsource Marion Polk
- 23 Trillium Community Health Plan Tri-County
- 24 Trillium Community Health Southwest
- 25 Umpqua Health Alliance
- 26 Yamhill Community Care
- 97 Another CCO, Specify _____
- 96 None of these

- 98 DON'T KNOW
- 999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" AND "are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}", "they", AND "is {PERSON}".

DISPLAY CCO BASED ON COUNTY OF RESIDENCE AT HHQ01. IF COUNTY IS MISSING HHQ01=98, 999, DISPLAY ALL. ALWAYS DISPLAY, 96, 97, 98, 999.

COUNTY	CCO
Coos	Advanced Health
Curry	Advanced Health
Douglas	AllCare CCO
Curry	AllCare CCO
Jackson	AllCare CCO
Josephine	AllCare CCO
Klamath	Cascade Health Alliance
Clatsop	Columbia Pacific CCO
Columbia	Columbia Pacific CCO
Tillamook	Columbia Pacific CCO
Malheur	Eastern Oregon CCO
Morrow	Eastern Oregon CCO
Sherman	Eastern Oregon CCO
Umatilla	Eastern Oregon CCO
Union	Eastern Oregon CCO
Wallowa	Eastern Oregon CCO
Wheeler	Eastern Oregon CCO
Baker	Eastern Oregon CCO
Gilliam	Eastern Oregon CCO

Grant	Eastern Oregon CCO
Harney	Eastern Oregon CCO
Lake	Eastern Oregon CCO
Clackamas	Health Share of Oregon
Multnomah	Health Share of Oregon
Washington	Health Share of Oregon
Benton	Intercommunity Health Network CCO
Lincoln	Intercommunity Health Network CCO
Linn	Intercommunity Health Network CCO
Jackson	Jackson Care Connect
Jefferson	PacificSource Central
Klamath	PacificSource Central
Crook	PacificSource Central
Deschutes	PacificSource Central
Hood River	PacificSource Gorge
Wasco	PacificSource Gorge
Lane	PacificSource Lane
Marion	PacificSource Marion Polk
Polk	PacificSource Marion Polk
Clackamas	Trillium Community Health Plan Tri-County
Multnomah	Trillium Community Health Plan Tri-County
Washington	Trillium Community Health Plan Tri-County
Douglas	Trillium Community Health Southwest
Lane	Trillium Community Health Southwest
Linn	Trillium Community Health Southwest
Douglas	Umpqua Health Alliance
Yamhill	Yamhill Community Care
Polk	Yamhill Community Care
Washington	Yamhill Community Care

*****PROGRAM: END LOOP CCO.

VIII. Insurance Follow Up

ASK ALL

H4d

In the past 12 months, did anyone in the household look for health insurance coverage for anyone in the household using the Oregon Health Insurance Marketplace? This is also referred to as the marketplace or OregonHealthcare.gov.

{CATI/Web: IF NEEDED: /} The person may have gone online, spoke to a representative on the phone or in person. OregonHealthcare.gov was created to help Oregonians learn about and apply for health care coverage.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE LOOKED FOR HEALTH INSURANCE USING OREGON HEALTH INSURANCE MARKETPLACE, H4d=1

H4e

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER, NOT SELECTED AT UNITSCRN.

VII. Private Insurance Follow Up Questions

*******PROGRAM: START LOOP PRIVATE INSURANCE FOLLOW UP. LOOP FOR EVERY HH MEMBER WHO HAS PRIVATE INSURANCE AND IS AGE 18-26.**

ASK IF HH MEMBER HAS PRIVATE INSURANCE OR INSURANCE THROUGH THE MARKETPLACE AND IS AGED 18 TO 26, (INS_PRVT=1 OR INS_MRKT=1) AND (17<AGE1<27 OR AGE2=4)

INSP40

{Do you/Does {PERSON}} currently have private health insurance for medical bill coverage through a parent's health insurance?

{CATI/Web: IF NEEDED: /} Children up to age 26 can still be covered by their parent's private health insurance regardless of whether the child still lives with their parents.

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}".

ASK IF HH MEMBER DOES NOT HAVE PRIVATE INSURANCE THROUGH A PARENT, INSP40=2

INSP41

{Do your/Does {PERSON's}} parent(s) have private health insurance that allows coverage of children?

{CATI/Web: IF NEEDED: /} Children up to age 26 can still be covered by their parent's private health insurance regardless of whether the child still lives with their parents.

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO, PARENTS' POLICY DOES NOT COVER DEPENDENTS/No, parents' policy does not cover dependents}
- 3 {CATI/Web: PARENTS DO NOT HAVE PRIVATE INSURANCE/Parents do not have private insurance}

98 DON'T KNOW
999 REFUSED/WEB BLANK

*******PROGRAM: END LOOP PRIVATE INSURANCE FOLLOW UP.**

X. Follow Up Questions for the Uninsured

*****PROGRAM: START LOOP UNINSURED. LOOP FOR EVERY HH MEMBER WHO IS UNINSURED.

ASK IF SOMEONE IN HH IS UNINSURED, INS03=1

INSU01

These next questions ask about those without health insurance.

How long has it been since {you/{PERSON}} had any health insurance? Was it...

- 1 Less than 12 months,
- 2 1 year but less than 2 years,
- 3 2 years but less than 5 years,
- 4 5 or more years, or
- 5 {you/{PERSON}} never had health insurance?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF PERSON DID NOT HAVE HEALTH INSURANCE IN THE PAST 2 YEARS, INSU01=1, 2

INSU01b

How many months has it been since {you/{PERSON}} last had health insurance?

{CATI/Web: IF LESS THAN 1 MONTH, ENTER 0./If less than one month, enter 0.}

Month(s): _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: ALLOW 0-23

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF SOMEONE IN HH IS UNINSURED, INS03=1

INSU03

Can you please tell {CATI/Web: me/us} the reason why {you do/{PERSON} does} not have health insurance coverage? Is it due to...

{CATI/Web: IF NEEDED READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 Losing a job or changing employer,
- 11 Being cut back to part-time or temporary status,
- 12 The employer stopping health insurance offers,
- 13 The employer not offering health insurance,
- 14 Being in a waiting period for coverage,
- 15 A divorce from or the death of the policyholder,
- 16 No longer being covered under parent's insurance,
- 17 The cost being too high,
- 18 The insurance company refused to provide coverage,
- 19 No longer qualifying for OHP (Medicaid),
- 21 No longer qualifying for Marketplace subsidies
- 20 Not needing insurance, or
- 97 Some other reasons? Specify _____
- 96 None of these

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you do" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} does".

ASK IF UNINSURED BUT DID NOT INDICATE NEVER HAVING INSURANCE, INSU01=1, 2, 3, OR 4

INSU05

Thinking back to the last time {you/{PERSON}} had health insurance, what type of insurance did {you/{PERSON}} have?

- 10 Insurance through {your/{PERSON}'s} work, union, association, or trust
- 11 Insurance through someone else's work, union, association, or trust
- 12 Insurance through COBRA or state continuation
- 19 Insurance through a student health insurance program
- 20 Insurance bought directly by {you/PERSON}}
- 21 Insurance bought directly by someone else
- 15 Oregon Health Plan (OHP)
- 13 Medicare
- 14 Military, veterans, TRICARE (formally known as CHAMPUS)
- 17 Indian Health Services (IHS)
- 18 Railroad retirement fund
- 22 Workers' compensation for specific injury/illness
- 97 Other insurance, specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" AND "{PERSON}'s".

*******PROGRAM: END LOOP UNINSURED.**

ASK IF SOMEONE IN HH IS UNINSURED, INS03=1

MCDESC

As you may know, The Oregon Health Plan (OHP) is the state's Medicaid program and it pays for medical insurance for certain individuals and families with low incomes.

{CATI/Web: IF NEEDED:} OHP provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

ASK IF SOMEONE IN HH IS UNINSURED, INS03=1

MCA04

What are the reasons that the uninsured member(s) of the household have not enrolled in the Oregon Health Plan? Is it because....

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 Unfamiliarity with the program,
- 11 Application already submitted,
- 12 Ineligibility,
- 13 Concerns about quality, access, or equity of care,
- 14 No interest,
- 15 Concerns about cost
- 16 No reason in particular, or
- 97 Something else? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: NO REASON IN PARTICULAR IS MUTUALLY EXCLUSIVE.

ASK IF UNFAMILIAR WITH OHP, MCA04=10

MCA04a

You indicated that unfamiliarity was one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 1 you {and others in your household} are unfamiliar with the plan,
- 2 you {and others in your household} don't know where to apply, or
- 7 something else?

ASK IF APPLICATION SUBMITTED, MCA04=11

MCA04b

You indicated that an application was already submitted as one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

1 you {and others in your household} are waiting to hear,
2 the application got denied, or
7 something else?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "and others in your household" IF HHCOMP>1.

ASK IF INELIGIBILITY, MCA04=12

MCA04c

You indicated that ineligibility was one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

1 you {and others in your household} think your household would not be eligible because the household makes too much money,
2 you {and others in your household} think your household would not be eligible because the uninsured people could get insurance through employers that offer health insurance, or
7 something else?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "and others in your household" IF HHCOMP>1.

ASK IF CONCERNS ABOUT QUALITY, ACCESS, OR EQUITY, MCA04=13

MCA04d

You indicated that concerns about quality, access, or equity of care as one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

1 you {and others in your household} would be concerned about being able to see the doctors or health care providers you want to,
2 you {and others in your household} would be concerned about the quality of care,
3 you {and others in your household} would be concerned that health care professionals would treat you and your family differently, or
7 something else?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "and others in your household" IF HHCOMP>1.

ASK IF NO INTEREST, MCA04=14 or MCA04=15
--

MCA04e

You indicated not being interested as one of the reasons why the uninsured member(s) of the household have not enrolled in the Oregon Health Plan. Is it because..

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

1 it is too much paperwork or trouble,
2 your household does not want to receive government assistance,
3 you {and others in your household} are rarely sick,
4 you {and others in your household} don't want or don't need health insurance,
5 you {and others in your household} worry that the costs would be too high, or
7 something else?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "and others in your household" IF HHCOMP>1.

XI. Interruptions in Coverage

ASK IF AT LEAST ONE PERSON IN HH HAS HEALTH INSURANCE (INS_PRVT=1 OR INS_MDCR=1 OR INS_OHP_MDCD=1 OR INS_MLTR=1 OR INS_MRKT=1 OR INS_STATE=1 OR INS_SSI=1 OR INS_OTH=1)

INSW01

Next, I'd like to ask you about any gaps in insurance coverage.

Other than those without insurance that we previously asked about, has anyone in the household had any gap in insurance in the past 12 months?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN THE HH HAS NOT HAD INSURANCE WITHIN THE PAST 12 MONTHS, INSW01=1

INSW01b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER, NOT SELECTED AT UNITSCRN.

98 DON'T KNOW
999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP GAP IN INSURANCE. ASK FOR EVERY HH MEMBER WHO HAS HAD GAP IN INSURANCE IN PAST 12 MONTHS.**

ASK IF PERSON HAD GAP IN INSURANCE IN THE LAST 12 MONTHS, SELECTED AT INSW01b

INSW02

For how long {were you/was {PERSON}} without health insurance coverage, even if that gap in coverage was longer than 12 months? Was it...

- 1 Less than 12 months,
- 2 1 year but less than 2 years,
- 3 2 years but less than 5 years,
- 4 5 or more years, or
- 5 {you/{PERSON}} never had health insurance?

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "were you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "was {PERSON}".

ASK IF PERSON DID NOT HAVE HEALTH INSURANCE IN THE PAST 2 YEARS, INSW02=1, 2
INSW02b

How many months {were you/was {PERSON}} without health insurance coverage?

{CATI/Web: IF LESS THAN 1 MONTH, ENTER 0./If less than one month, enter 0.}

Month(s): _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: ALLOW 0-23

PROGRAM: DISPLAY "were you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "was {PERSON}".

ASK IF PERSON HAD GAP IN INSURANCE IN THE LAST 12 MONTHS, SELECTED AT
INSW01b

INSW03

Can you please tell {web/CATI: us/me} the main reason why {you/{PERSON}} did not have health insurance at that time?

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 Losing a job or changing employer,
- 11 Being cut back to part-time or temporary status,
- 12 The employer stopping health insurance offers,
- 13 The employer not offering health insurance,
- 14 Being in a waiting period for coverage,
- 15 A divorce from or the death of the policyholder,
- 16 No longer being covered under parent's insurance,
- 17 The cost being too high,
- 18 The insurance company refused to provide coverage,
- 19 No longer qualifying for OHP (Medicaid),
- 20 Not needing insurance, or
- 97 Some other reasons? Specify _____
- 96 None of these

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: NONE OF THESE IS MUTUALLY EXCLUSIVE.

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF PERSON HAD GAP IN INSURANCE IN THE LAST 12 MONTHS, SELECTED AT INSW01b

INSW05

What type of health insurance coverage did {you/{PERSON}} have prior to their current coverage?

- 10 Insurance through {you/{PERSON}'s} work, union, association, or trust
- 11 Insurance through someone else's work, union, association, or trust
- 12 Insurance through COBRA or state continuation
- 19 Insurance through a student health insurance program
- 20 Insurance bought directly by {you/PERSON}}
- 21 Insurance bought directly by someone else
- 15 Oregon Health Plan (OHP)
- 13 Medicare
- 14 Military, veterans, TRICARE (formally known as CHAMPUS)
- 17 Indian Health Services (IHS)
- 18 Railroad retirement fund
- 22 Workers' compensation for specific injury/illness
- 23 Employer paid for bills, but not an insurance policy
- 24 Family member pays out of pocket for any bills
- 96 Other non-insurance payment source, specify _____
- 97 Other insurance, specify _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP GAP IN INSURANCE**

XII. Access to Care & Doctor Visits

ASK ALL

DOCV00

Next, {CATI/Web: I/we} would like to ask about visits to doctors' offices and medical care.

This includes visits to doctors and other health care providers such as physician assistants, nurse practitioners, or anyone else you might go to for medical care.

It also includes any time that care was provided by telehealth services through your computer, laptop, tablet or cell phone. Telehealth allows health care professionals to evaluate, diagnose and treat patients using telecommunications technology between the patient and a provider at a distant site. This could be done using a telephone or a video call. Telehealth does not include emailing or messaging a doctor, nurse or clinic to schedule or change an appointment or renew a prescription.

This does not include things such as getting a flu shot through work or standalone screenings like checking your blood pressure at a pharmacy.

*******PROGRAM: START LOOP ACCESS TO CARE. LOOP FOR EVERY HH MEMBER EXCLUDING THOSE SELECTED AT UNITSCRN.**

ASK ALL

DOCV01

How many times did {you/{PERSON}} see a doctor or health care provider in person or through telehealth services during the past 12 months?

{CATI/Web: IF NEEDED:} This does not include instances such as getting a flu or COVID shot through work or checking blood pressure at the pharmacy.

{CATI/Web: IF NONE, ENTER 0./If none, enter 0.}

{CATI/Web: ENTER NUMBER OF VISITS/Enter number of visits}: _____

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 50-299. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: >300, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF AT LEAST ONE HEALTHCARE PROVIDER VISIT, 0<DOCV01<997

DOCV02

How many of those times were for strictly routine check-ups or preventive care, that is when {you were/{PERSON} was} not sick?

{CATI/Web: IF NEEDED:} Routine and preventive care includes any treatment not related to illness or injury and can include pre-natal care, vaccinations, physicals, check-ups, and follow-up visits.

{CATI/Web: IF NONE, ENTER 0./If none, enter 0.}

{CATI/Web: ENTER NUMBER OF VISITS/Enter number of visits}: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 50-299. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: <0, >300, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

PROGRAM: DISPLAY "you were" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} was".

ASK IF AT LEAST ONE HEALTHCARE PROVIDER VISIT, 0<DOCV01<997

DOCV02a

How many of those times were with a specialist?

{CATI/Web: IF NEEDED:} Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

Please do not include care {you/{PERSON}} received when {you/they} were hospitalized overnight or in hospital emergency rooms.

{CATI/Web: IF NONE, ENTER 0./If none, enter 0.}

{CATI/Web: ENTER NUMBER OF VISITS/Enter number of visits}: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 50-299. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: <0, >300, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" AND "they".

ASK IF NO ROUTINE CARE VISIT IN THE LAST 12 MONTHS, DOCV02=0

A10a

{Have you/Has {PERSON}} ever seen a doctor or other health care provider in person or through telehealth services for a routine checkup or preventative care?

{CATI/Web: IF NEEDED:./} Routine and preventative care includes any treatment not related to illness or injury and can include pre-natal care, vaccinations, physicals, check-ups, and follow-up care.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

ASK IF PERSON HAD ROUTINE CARE VISIT IN THE PAST, A10a=1

A10b

About how long has it been since {you/{PERSON}} last saw a doctor or other health care provider in person or through telehealth services for a routine checkup or preventative care?

{CATI/Web: READ RESPONSES AS NEEDED./}

1 Within the past 12 months

2 1 year but less than 2 years ago

3 2 years but less than 5 years ago

4 5 or more years ago

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

ASK IF NO VISIT TO SPECIALIST IN THE LAST 12 MONTHS, DOCV02a=0

A11a

{Have you/Has {PERSON}} ever seen a specialist in person or through telehealth services?

{CATI/Web: IF NEEDED:./} Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

ASK IF PERSON HAD VISIT WITH SPECIALIST IN THE PAST, A11a=1

A11b

About how long has it been since {you/{PERSON}} last saw a specialist in person or through telehealth services?

{CATI/Web: READ RESPONSES AS NEEDED./}

1 Within the past 12 months

2 1 year but less than 2 years ago

3 2 years but less than 5 years ago

4 5 or more years ago

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*****PROGRAM: END LOOP ACCESS TO CARE.

ASK ALL

DOCV17_a

During the past 12 months did anyone in the household receive mental health care or counseling?

{CATI/Web: IF NEEDED, READ:/} Mental health and physical health are very closely connected. Mental health plays a major role in your ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect your ability to participate in healthy behaviors.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH RECEIVE MENTAL HEALTH CARE OR COUNSELING IN THE LAST 12 MONTHS, DOCV17_a=1

DOCV17_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

DOCV03a

Is there one kind of place that you usually go when you are sick or need medical attention?

If care is provided by telehealth, please think of the type of place that is providing care.

{CATI/Web: IF NEEDED:/} A place is a location such as a private doctor's office, a hospital emergency room, a clinic, a health center, an urgent care, or walk-in clinic.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF RESPONDENT HAS USC, DOCV03a=1

DOCV04

What kind of place is this? {CATI/Web: Would you say.../}

{CATI/Web: IF NEEDED:/} This is the type of health care provider you would go to in these instances. This could be in person or by telehealth services.

- 10 A doctor's office or private clinic,
- 11 A community health center or other public clinic,
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care,
- 15 VA Clinic, or
- 97 Some other place? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF RESPONDENT INDICATES "A COMMUNITY HEALTH CENTER OR OTHER PUBLIC CLINIC", DOCV04=11

A2a

What kind of health center or clinic is it? Is it...

- 10 A County public health department
- 11 A Community health center
- 12 A school-based health center
- 13 A family planning clinic
- 14 A Tribal Health Center

15 A Veteran's Affairs or military clinic or hospital
97 Something else? Specify _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF RESPONDENT DOES NOT HAVE A USC, DOCV03a=2

A2b

What are the main reasons you do not have a regular place for health care?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

{CATI/Web: PROMPT: Are there any other reasons?/}

- 10 {CATI/Web: CAN'T AFFORD IT/I can't afford it}
- 11 {CATI/Web: DO NOT HAVE HEALTH INSURANCE/I do not have health insurance}
- 12 {CATI/Web: RARELY GET SICK/I am rarely sick}
- 13 {CATI/Web: TRANSPORTATION DIFFICULTIES/Transportation difficulties}
- 14 {CATI/Web: LANGUAGE DIFFICULTIES/Language difficulties}
- 15 {CATI/Web: RECENTLY MOVED/I recently moved}
- 16 {CATI/Web: RECENTLY CHANGED INSURANCE/I recently changed insurance}
- 97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF RESPONDENT HAS USC, DOCV03a=1

A3

Are there other people in your household who go to the same place as you?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF OTHER HH MEMBERS GO TO THE SAME USC, A3=1

A4

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS EXCEPT RESPONDENT, **EXCLUDING THOSE SELECTED AT UNITSCRN**

*******PROGRAM: START LOOP USUAL SOURCE OF CARE. LOOP FOR EVERY HH MEMBER EXCLUDING THOSE SELECTED AT UNITSCRN, EXCLUDING THE RESPONDENT, WHO IS NOT YET ASSOCIATED WITH A USC.**

ASK IF HH MEMBERS ARE NOT YET ASSOCIATED WITH A USC, NOT SELECTED AT A4
DOCV07

Is there one kind of place that {PERSON} usually goes when they are sick or needs medical attention?

If care is provided by telehealth, please think of the type of place that is providing the care.

{CATI/Web: IF NEEDED:/} A place is a location such as a private doctor's office, a hospital emergency room, a clinic, a health center, an urgent care, or walk-in clinic. Think of this as one place even if those in the household go to several private doctors or different private doctors.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF INDIVIDUAL GOES TO ONE PLACE FOR MEDICAL ATTENTION, DOCV07=1
DOCV08

What kind of place is this? {CATI/Web: Would you say.../}

{CATI/Web: IF NEEDED:/} That is the type of health care provider you would go to in these instances. This could be in person or by telehealth services.

10 A doctor's office or private clinic,

11 A community health center or other public clinic

12 Hospital outpatient department

13 Emergency room

14 Walk-in or urgent care

20 VA Clinic, or

97 Some other place? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF PERSON GOES TO “COMMUNITY HEALTH CENTER OR OTHER PUBLIC CLINIC”,
DOCV8=11

A2aa

What kind of health center or clinic is it? Is it...

- 10 A County public health department
- 11 A Community health center
- 12 A school-based health center
- 13 A family planning clinic
- 14 A Tribal Health Center
- 15 A Veteran's Affairs or military clinic or hospital
- 97 Something else? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF PERSON DOES NOT HAVE A USUAL SOURCE OF CARE, DOCV07=2

A2ba

What is the main reason {PERSON} does not have a regular place for health care?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

{CATI/Web: PROMPT: Are there any other reasons?/}

- 10 {CATI/Web: CAN'T AFFORD IT/{PERSON} can't afford it}
- 11 {CATI/Web: DO NOT HAVE HEALTH INSURANCE/{PERSON} does not have health insurance}
- 12 {CATI/Web: RARELY GET SICK/{PERSON} is rarely sick}
- 13 {CATI/Web: TRANSPORTATION DIFFICULTIES/Transportation difficulties}
- 14 {CATI/Web: LANGUAGE DIFFICULTIES/Language difficulties}
- 15 {CATI/Web: RECENTLY MOVED/{PERSON} recently moved}
- 16 {CATI/Web: RECENTLY CHANGED INSURANCE/{PERSON} recently changed insurance}
- 97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF HH MEMBER HAS USC, DOCV07=1

A5

Are there other people in your household who go to the same place as {PERSON}?

- 1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF OTHER HH MEMBERS GO TO THE SAME USC, A5=1

A6

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL HH MEMBERS EXCEPT RESPONDENT, THOSE ASSOCIATED WITH USC (SELECTED AT A6), AND THOSE WHO INDICATED NOT HAVING A USC (DOCV07=2).

*******PROGRAM: END LOOP USUAL SOURCE OF CARE.**

ASK ALL

NDOCV14

{CATI/Web: Next, I'm going to read you/Next is} a list of problems some people experience when they try to get health care.

ASK ALL

A7_a

During the past 12 months did anyone in the household have to change health care providers because their health insurance changed or ended?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH HAD TO CHANGE HEALTH CARE PROVIDERS IN LAST 12 MONTHS BECAUSE HEALTH INSURANCE CHANGED OR ENDED, A7_a=1

A7_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

A14Ba_a

During the past 12 months was anyone in the household unable to get an appointment at the doctor's office or clinic as soon as one was needed?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH WAS UNABLE TO GET AN APPOINTMENT AT THE DOCTOR WHEN NEEDED IN THE LAST 12 MONTHS, A14Ba_a=1

A14Ba_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

A14Bb_a

During the past 12 months was anyone in the household told by a doctor's office or clinic that they weren't accepting new patients?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH WAS TOLD BY A DOCTOR THAT THEY WEREN'T ACCEPTING NEW PATIENTS IN THE LAST 12 MONTHS, A14Bb_a=1

A14Bb_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

DOCV12_a

During the past 12 months, did anyone in the household seek care in a hospital emergency room for any reason?

Do not include any visits to walk in treatment centers.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH SOUGHT MEDICAL CASE IN A HOSPITAL ER IN THE LAST 12 MONTHS, DOCV12_a=1

DOCV12_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW
999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP EMERGENCY ROOM. ASK FOR EVERY HH MEMBER WHO SOUGHT CARE IN ER**

ASK IF PERSON SOUGHT MEDICAL CASE IN A HOSPITAL ER IN THE LAST 12 MONTHS, SELECTED AT DOCV12_b

A8

In the past 12 months, how many times did {you/PERSON} receive care in a hospital emergency room?

{CATI/Web: ENTER NUMBER/Enter number} _____

998 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

PROGRAM: LENGTH=3, SOFT RANGE: 50-99. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: <0, >100, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."

ASK IF PERSON SOUGHT MEDICAL CASE IN A HOSPITAL ER IN THE LAST 12 MONTHS, SELECTED AT DOCV12_b

NDOCV13

Were any of these important reasons for {your/{PERSON}'s} last visit to a hospital emergency room.

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 10 {You/They} were so ill or injured that {you/they} needed immediate medical attention
- 13 {You/They} needed care after normal hours at the doctor's office or clinic
- 14 The household owed money to the doctor's office or clinic
- 15 It was more convenient to go to the hospital emergency room
- 16 The doctor's office or clinic told {you/them} to go to the emergency room
- 17 {You/They} needed urgent mental health care
- 97 {CATI/Web: SOME OTHER REASON, SPECIFY/Some other reason, specify} _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your"/"you" IF LOOPING ON RESPONDENT, ELSE DISPLAY'S
"{PERSON}"/"they"/"them".

*****PROGRAM: END LOOP EMERGENCY ROOM.

ASK ALL

A9_a

In the past 12 months, was anyone in the household admitted to a hospital or a patient in a hospital for more than 24 hours, other than to have a baby?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH WAS ADMITTED TO A HOSPITAL IN THE LAST 12 MONTHS, A9_a=1

A9_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK ALL

TELE02_a

In the past 12 months has anyone in the household used health care by phone, computer or video? Please do not include any times you or others emailed a doctor, nurse, or clinic to schedule or change an appointment or renew a prescription. For these questions please limit your responses to real-time consultation between a patient and health care provider who are at different locations.

This may have been through an application such as Zoom, GoTo Meeting, WebEx, Google Meet, or a specific app used by your healthcare provider.

Telehealth allows health care professionals to use telecommunications technology to offer health care like check-ups, mental health care, testing, and other services to a patient who is in their own home or another location. This could be done using a telephone or a video call.

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH USED TELEHEALTH IN THE LAST 12 MONTHS, TELE02_a=1
TELE02_aa

Who is that?

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

*******PROGRAM: START LOOP TELEHEALTH. ASK FOR EVERY HH MEMBER WHO USED TELEHEALTH.**

ASK IF FOR EVERYONE SELECTED AT TELE02_a
TELE02_b

Was the telehealth visit for {you/{PERSON}} a video visit, a phone visit without video, or both?

- 1 a video visit
- 2 a phone visit without video
- 3 both a video visit and phone visit without video

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF FOR EVERYONE SELECTED AT TELE02_a
TELE02_c

What types of care did {you/{PERSON}} receive through telehealth?

*****PROGRAM: END LOOP TELEHEALTH.

XIII. Prescription Medications

ASK ALL

RXU01_a

These next questions are about prescription medications.

Does anyone take prescription drugs on a regular basis?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH TAKES PRESCRIPTION MEDICATIONS, RXU01_a=1

RXU01_b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*****PROGRAM: START LOOP PRESCRIPTION MEDICATIONS. ASK FOR EVERY HH MEMBER WHO TOOK PRESCRIPTION MEDICATIONS

PROGRAM GEN IN A 1 IF HHCOMP=1. DO NOT SHOW QUESTION.

ASK IF PERSON TAKES PRESCRIPTION MEDICATIONS, SELECTED AT RXU01_b

RXU02

How many prescription medicines {do you/does {PERSON}} take on a regular basis?

{CATI/Web: ENTER NUMBER/Enter number}

998 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: LENGTH=3, SOFT RANGE: 30-100. IF SOFT RANGE IS TRIGGERED, DISPLAY "You have entered a high number, please verify." HARD RANGE: >100, <998. IF HARD RANGE IS TRIGGERED: "You have entered an incorrect value, please reenter."
PROGRAM: DISPLAY "do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}".

*****PROGRAM: END LOOP PRESCRIPTION MEDICATIONS.

XIV. Dental Insurance and Care

ASK ALL

INSD01a

These next questions ask about dental insurance and care.

Does anyone in the household have any kind of insurance coverage that pays for dental care?

{CATI/Web: IF NEEDED:/} This includes dental insurance, prepaid plans or government plans.

1 {CATI/Web: YES/Yes}
2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DENTAL CARE INSURANCE, INSD01a=1

INSD01b

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW
999 REFUSED/WEB BLANK

*****PROGRAM: START LOOP DENTAL, EXCLUDING ANYONE SELECTED AT UNITSCRN.

ASK ALL

INSD02a

{Have you/Has {PERSON}} ever received any type of preventive dental care?

{CATI/Web: IF NEEDED:/} Examples include a dental cleaning, fluoride treatment, or sealants.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

ASK IF PERSON HAS RECEIVED PREVENTIVE DENTAL CARE, INSD02a=1

INSD02b

About how long has it been since {you/{PERSON}} last received any type of preventive dental care?

1 {CATI/Web: WITHIN THE PAST 12 MONTHS/Within the past 12 months}

2 {CATI/Web: AT LEAST 1 YEAR BUT LESS THAN 2 YEARS AGO/At least 1 year but less than 2 years ago}

3 {CATI/Web: AT LEAST 2 YEARS BUT LESS THAN 5 YEARS AGO/At least 2 years but less than 5 years ago}

4 {CATI/Web: 5 OR MORE YEARS AGO/5 or more years ago}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY {PERSON}.

ASK IF PERSON HAS NOT HAD PREVENTATIVE DENTAL CARE IN THE LAST 12 MONTHS, INSD02a=2 OR INSD02b=2,3,4

INSD05

What is the primary reason {you have/{PERSON} has} not visited the dentist within the past 12 months for preventive care?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

10 {CATI/Web: FEAR, APPREHENSION, NERVOUSNESS, PAIN, DISLIKE/Fear, apprehension, nervousness, pain, dislike}

11 {CATI/Web: COST OF CARE/Cost of care}

- 12 {CATI/Web: DO NOT HAVE / KNOW A DENTIST/Do not have or know a dentist}
- 13 {CATI/Web: CANNOT GET TO THE OFFICE / NO TRANSPORTATION/Cannot get to the office, no transportation}
- 14 {CATI/Web: NO REASON TO GO/No reason to go}
- 15 {CATI/Web: OTHER PRIORITIES/Other priorities}
- 16 {CATI/Web: HAVE NOT THOUGHT OF IT/Have not thought of it}
- 17 {CATI/Web: NO TEETH/No teeth}
- 18 {CATI/Web: TOO YOUNG/Too young}
- 19 {CATI/Web: DON'T HAVE DENTAL COVERAGE/No dental coverage}
- 20 {CATI/Web: CAN'T FIND A DENTIST THAT ACCEPTS PERSON'S COVERAGE/Can't find dentist that accepts {my/{PERSON}'s} coverage}
- 97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you have" AND "my" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} HAS" AND "{PERSON}'S".

ASK ALL

INSD03a

{Have you/Has {PERSON}} ever received any care to treat a specific dental problem or concern?

{CATI/Web: IF NEEDED:/} Examples include a filling, crowns or root canal.

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Have you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Has {PERSON}".

ASK IF PERSON HAS RECEIVED DENTAL CARE FOR PROBLEM, INSD03a=1

INSD03b

About how long has it been since {you/{PERSON}} last received care to treat a specific dental problem or concern?

- 1 {CATI/Web: WITHIN THE PAST 12 MONTHS/Within the past 12 months}
- 2 {CATI/Web: AT LEAST 1 YEAR BUT LESS THAN 2 YEARS AGO/At least 1 year but less than 2 years ago}
- 3 {CATI/Web: AT LEAST 2 YEARS BUT LESS THAN 5 YEARS AGO/At least 2 years but less than 5 years ago}

4 {CATI/Web: 5 OR MORE YEARS AGO/5 or more years ago

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*****PROGRAM: END LOOP DENTAL.

XV. Healthcare Expenses and Barriers

ASK ALL

EXP01

Over the last 12 months, about how much has your household had to pay out of pocket for prescription medications?

Please include all out of pocket expenses, regardless of who actually pays for them, and also include any co-payments or coinsurance payments.

{CATI/Web: IF NEEDED:} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED:} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW

99999 REFUSED/WEB BLANK

PROGRAM:

PROGRAM: LENGTH=5, RANGE 0-99999

ASK ALL

EXP02

Over the last 12 months, about how much has your household had to pay out of pocket for dental care?

{CATI/Web: IF NEEDED:} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED;} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW

99999 REFUSED/WEB BLANK

PROGRAM: LENGTH=5, RANGE 0-99999

ASK ALL

EXP02a

Over the last 12 months, about how much has your household had to pay out of pocket for mental health care?

{CATI/Web: IF NEEDED:} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED:} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW
99999 REFUSED/WEB BLANK

PROGRAM: RANGE 0-99999

ASK ALL

EXP02b

Over the last 12 months, about how much has your household had to pay out of pocket for vision care?

{CATI/Web: IF NEEDED:} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED:} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW
99999 REFUSED/WEB BLANK

PROGRAM: LENGTH=5, RANGE 0-99999

ASK ALL

EXP03

Over the last 12 months, about how much has your household had to pay out of pocket for all other medical expenses, including for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

{CATI/Web: IF NEEDED:} Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance you might have. It does include copayments but does not include the premium you may pay for your insurance coverage.

{CATI/Web: IF NEEDED:} Your best guess is fine.

{CATI/Web: IF NONE, ENTER 0./If no out of pocket expenses, enter 0.}

99998 DON'T KNOW
99999 REFUSED/WEB BLANK

PROGRAM: RANGE 0-99999

ASK ALL

A14ca

During the past 12 months, did anyone in the household need medical care but didn't get it because they could not afford it? By medical care, we mean care for an illness or condition, preventive care, diagnostic test, or care from a specialist.

1 {CATI/Web: YES/Yes}
2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH DID NOT GET MEDICAL CARE BECAUSE THEY COULD NOT AFFORD IT, A14ca=1

A14cb

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW
999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY MEDICAL CARE DUE TO COST. ASK FOR EVERY HH MEMBER WHO DID NOT GET MEDICAL CARE BECAUSE OF COST.**

ASK FOR EVERYONE WHO DID NOT GET MEDICAL CARE BECAUSE THEY COULD NOT AFFORD IT, SELECTED AT A14cb

A14cc

What type of medical care, did {you/{PERSON}} delay because of cost? Was it...

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

- 1 medical care for an illness or condition,
- 2 diagnostic test (CAT scan, MRI, lab work, or X-ray),
- 3 routine or preventive care,
- 4 care from a specialist,
- 5 surgery, or
- 6 some other type of medical care? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP DELAY MEDICAL CARE DUE TO COST.**

ASK ALL

HCB04a

During the past 12 months, did anyone in the household need dental care but didn't get it because they could not afford it? By dental care, we mean care for a dental concern or preventive care.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH DID NOT GET DENTAL CARE BECAUSE THEY COULD NOT AFFORD IT, HCB04a=1

HCB04b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY DENTAL CARE DUE TO COST. ASK FOR EVERY HH MEMBER WHO DID NOT GET DENTAL CARE BECAUSE OF COST.**

ASK FOR EVERYONE WHO DID NOT GET DENTAL CARE BECAUSE THEY COULD NOT AFFORD IT, SELECTED AT HCB04b

HCB04c

What type of dental care, did {you/{PERSON}} delay because of cost? Was it...

1 care for a dental concern (filling, crown, oral surgery, emergency dental),

2 preventive care (checkups, cleanings, fluoride, sealants)

3 some other type of dental care? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP DELAY DENTAL CARE DUE TO COST.**

ASK ALL

HCB05a

During the past 12 months, did anyone in the household need mental health care but didn't get it because they could not afford it? By mental care, we mean mental health care or counseling, or substance abuse treatment or counseling.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH DID NOT GET MENTAL CARE BECAUSE THEY COULD NOT AFFORD IT, HCB05a=1

HCB05b

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW
999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY MENTAL CARE DUE TO COST. ASK FOR EVERY HH MEMBER WHO DID NOT GET MENTAL CARE BECAUSE OF COST.**

ASK FOR EVERYONE WHO DID NOT GET DENTAL CARE BECAUSE THEY COULD NOT AFFORD IT, SELECTED AT HCB04b

HCB05c

What type of mental health care, did {you/{PERSON}} delay because of cost? Was it...

- 1 mental care or counseling,
- 2 substance abuse treatment or counseling, or
- 3 some other type of mental care? Specify _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}".

*******PROGRAM: END LOOP DELAY MENTAL CARE DUE TO COST.**

ASK ALL

HCB03

During the past 12 months, did anyone in the household need prescription medicines but didn't get it because they could not afford it?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH DID NOT GET PRESCRIPTION MEDICINE BECAUSE THEY COULD NOT AFFORD IT, HCB03a=1

HCB03a

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

HCB05c

During the past 12 months, did anyone in the household skip doses or take smaller amounts of prescription drugs to make them last longer to save on cost?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE IN HH SKIPPED OR TOOK LOWER DOSES OF PRESCRIPTION MEDICINE BECAUSE THEY COULD NOT AFFORD IT, HCB05c=1

HCB05d

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK ALL

A17

During the last 12 months, did anyone in the household have medical bills that were difficult to pay?

{CATI/Web: IF NEEDED:} This would include doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills, or home care bills.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE HAD BILL THAT WAS DIFFICULT TO PAY, A17=1

A17a

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START BILL DIFFICULTY LOOP. ASK FOR EVERY HH MEMBER WHO HAD A BILL THAT WAS DIFFICULT TO PAY.**

ASK IF SOMEONE HAD BILL THAT WAS DIFFICULT TO PAY, A17a=1

A17b

What type of medical services led to the medical bills for {you/{PERSON}}?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

10 {CATI/Web: CARE FOR A DENTAL CONCERN (FILLING, CROWN, ORAL SURGERY, EMERGENCY DENTAL)/Care for a dental concern (such as filling, crown, oral surgery, or emergency dental work)}

11 {CATI/Web: PREVENTATIVE DENTAL CARE (CHECKUP, CLEANING, FLUORIDE, SEALANTS)/Preventative dental care (such as checkup, cleaning, fluoride, or sealants)}

12 {CATI/Web: DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)/Diagnostic test (such as CAT Scan, MRI, lab work, or X-ray)}

13 {CATI/Web: EMERGENCY ROOM CARE/Emergency room care}

14 {CATI/Web: HOSPITAL CARE/HOSPITAL STAY/Hospital care or hospital stay}

15 {CATI/Web: MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)/Medical care for an illness or condition (such as flu or asthma)}

16 {CATI/Web: MEDICAL CARE FOR AN INJURY OR POISONING/Medical care for an injury or poisoning}

17 {CATI/Web: MENTAL HEALTH CARE OR COUNSELING/Mental health care or counseling}

18 {CATI/Web: OUTPATIENT SURGERY/Outpatient surgery (such as day surgery)}

23 {CATI/Web: INPATIENT SURGERY/Inpatient surgery (where you are admitted in the hospital)}

19 {CATI/Web: PRESCRIPTION MEDICINES/Prescription medicines}

20 {CATI/Web: REHABILITATION SERVICES/Rehabilitation services}

21 {CATI/Web: ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)/Routine or preventive medical care (such as check up or well baby visit)}

22 {CATI/Web: SERIOUS MEDICAL CONDITION (PNEUMONIA)/Serious medical condition (such as pneumonia)}

35 {CATI/Web: SUBSTANCE ABUSE TREATMENT OR COUNSELING/Substance abuse treatment or counseling}

97 {CATI/Web: OTHER, SPECIFY/Other, specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY {PERSON}.

*****PROGRAM: END BILL DIFFICULTY LOOP.

ASK ALL

A17c

Does anyone in your household currently have any medical bills which the household is paying off over time?

{CATI/Web: IF NEEDED:} This could include medical bills the household is paying off with credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year or bills for other household members.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF SOMEONE HAS BILL BEING PAID OVER TIME, A17c=1
--

A17d

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START BILL BEING PAID OVER TIME LOOP. ASK FOR EVERY HH MEMBER WHO HAS A BILL BEING PAID OVER TIME.**

ASK IF SOMEONE HAD BILL BEING PAID OVER TIME, SELECTED AT A17d
--

A17e

How much is the total amount of the medical bills for {you/{PERSON}} that is being paid off over time? This would be the amount still to be paid off.

1 Less than \$2,000

2 \$2,000 to less than \$4,000

3 \$4,000 to less than \$8,000

4 \$8,000 to less than \$10,000

5 \$10,000 or more

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY {PERSON}.

*******PROGRAM: END BILL BEING PAID OVER TIME LOOP.**

ASK ALL

HCB13

During the past 12 months, have any of the following happened to your household because of medical bills? Was your household...

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

- 1 Unable to pay for basic necessities like food, heat or rent
- 2 Used up all or most of savings
- 3 Had large credit card debt or had to take a loan or debt against the home
- 4 Filed for medical bankruptcy
- 5 None of these

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: NONE OF THESE IS MUTUALLY EXCLUSIVE.

Barriers to Care

ASK ALL

BA01

During the past 12 months, did anyone in the household ever delay or not get physical, mental, or dental health care because they could not find a doctor or other health care provider?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF DELAYED OR DID NOT GET CARE BECAUSE COULD NOT FIND DOCTOR, BA01=1

BA01a

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY CARE BECAUSE COULD NOT FIND A DR. ASK FOR EVERY HH MEMBER WHO DID NOT GET CARE BECAUSE THEY COULD NOT FIND A DOCTOR.**

ASK FOR EVERYONE WHO DID NOT GET CARE BECAUSE THEY COULD NOT FIND A DOCTOR, SELECTED AT BA01a.

BA01b

What type of medical, dental, or mental health care, did {you/{PERSON}} delay or not get because {you/they} could not find a doctor or other health care provider? Was it...

Medical

- 1 medical care for an illness or condition,
- 2 diagnostic test (CAT scan, MRI, lab work, or X-ray),
- 3 routine or preventive care,
- 4 care from a specialist,
- 5 surgery, or
- 6 some other type of medical care? Specify _____

Dental

- 7 care for a dental concern (filling, crown, oral surgery, emergency dental),
- 8 preventive care (checkups, cleanings, fluoride, sealants)
- 9 some other type of dental care? Specify _____

Mental

- 10 mental care or counseling,
- 11 substance abuse treatment or counseling, or
- 12 some other type of mental care? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: INSERT "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}" AND "they".

*******PROGRAM: END LOOP DELAY CARE BECAUSE COULD NOT FIND A DR.**

ASK ALL

BA02

During the past 12 months, did anyone in the household ever delay or not get physical, mental, or dental health care because they did not find or know a doctor or other health care provider who accepts their insurance?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

ASK IF DELAYED OR DID NOT GET CARE BECAUSE COULD NOT FIND DOCTOR WHO ACCEPTED INSURANCE, BA02=1

BA02a

Who was that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

98 DON'T KNOW

999 REFUSED/WEB BLANK

*******PROGRAM: START LOOP DELAY CARE BECAUSE COULD NOT FIND A DR WHO ACCEPTED INSURANCE. ASK FOR EVERY HH MEMBER WHO DID NOT GET CARE BECAUSE THEY COULD NOT FIND A DOCTOR WHO ACCEPTED INSURANCE.**

ASK FOR EVERYONE WHO DID NOT GET CARE BECAUSE THEY COULD NOT FIND A DOCTOR WHO ACCEPTED INSURANCE, SELECTED AT BA02a.

BA02b

What type of medical, dental, or mental health care, did {you/{PERSON}} delay or not get because {you/they} could not find or did not know a doctor or other health care provider who accepts {your/their} insurance? Was it...

Medical

- 1 medical care for an illness or condition,
- 2 diagnostic test (CAT scan, MRI, lab work, or X-ray),
- 3 routine or preventive care,
- 4 care from a specialist,
- 5 surgery, or
- 6 some other type of medical care? Specify _____

Dental

- 7 care for a dental concern (filling, crown, oral surgery, emergency dental),
- 8 preventive care (checkups, cleanings, fluoride, sealants)
- 9 some other type of dental care? Specify _____

Mental

- 10 mental care or counseling,
- 11 substance abuse treatment or counseling, or
- 12 some other type of mental care? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: INSERT "you" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}", "they", and "their".

*****PROGRAM: END LOOP DELAY CARE BECAUSE COULD NOT FIND A DR.

XVI. Health Status

ASK ALL

HSTAT01

Now, {CATI/Web: I'd like to ask/we have} some questions about the health and functional limitations of each member of your household.

*****PROGRAM: START LOOP HEALTH STATUS. LOOP FOR EACH HH MEMBER EXCLUDING ANYONE SELECTED AT UNITSCRN.

ASK ALL

HSTAT02

Would you say {your/{PERSON}'s} health, in general, is...

{CATI/Web: READ LIST.}

- 1 Excellent,
- 2 Very Good,
- 3 Good,
- 4 Fair, or
- 5 Poor?

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".

*****PROGRAM: END LOOP HEALTH STATUS. LOOP FOR EACH HH MEMBER.

ASK ALL

DS0

The next series of questions is about functional difficulties that some people may experience. Your answers will help us find health and service differences among people with and without these difficulties. Your answers are confidential.

ASK ALL

DS1

Is any person in your household deaf or have serious difficulty hearing?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH IS DEAF OR HAS SERIOUS DIFFICULTY HEARING, DS1=1

DS1a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DEAF. ASK FOR EVERY HH MEMBER WHO IS DEAF OR HAS SERIOUS DIFFICULTY HEARING.**

ASK IF SOMEONE IN THE HH IS DEAF OR HAS SERIOUS DIFFICULTY HEARING, DS1=1

DS1b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP DEAF.**

ASK ALL

DS2

Is any person in your household blind or have serious difficulty seeing, even when wearing glasses?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH IS BLIND OR HAS SERIOUS DIFFICULTY SEEING, DS2=1

DS2a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER.

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP BLIND. ASK FOR EVERY HH MEMBER WHO IS BLIND OR HAS SERIOUS DIFFICULTY SEEING.**

ASK IF SOMEONE IN THE HH IS BLIND OR HAS SERIOUS DIFFICULTY SEEING, DS2=1

DS2b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE.
IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP BLIND.**

ASK ALL

DS3

Does any person in your household have serious difficulty walking or climbing stairs?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH IS DIFFICULTY WITH STAIRS, DS3=1

DS3a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4
AGE2>1 OR AGE3=2)

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DIFFICULTY WITH STAIRS. ASK FOR EVERY HH
MEMBER WHO IS HAS DIFFICULTY WITH STAIRS.**

ASK IF SOMEONE IN THE HH IS DIFFICULTY WITH STAIRS, DS3=1

DS3b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE.
IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's
age. Please verify and re-enter".

*******PROGRAM: END LOOP DIFFICULTY WITH STAIRS.**

ASK ALL

DS4

Because of a physical, mental, or emotional condition, does any person in your household have serious difficulty concentrating, remembering or making decisions?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY CONCENTRATING, DS4=1

DS4a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4 AGE2>1 OR AGE3=2)

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP CONCENTRATE. ASK FOR EVERY HH MEMBER HAS DIFFICULTY CONCENTRATE.**

ASK IF SOMEONE IN THE HH HAS DIFFICULTY CONCENTRATING, DS4=1

DS4b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE. IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP CONCENTRATE.**

ASK ALL

DS5

Does any person in your household have difficulty dressing or bathing?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DRESSING/BATHING, DS5=1

DS5a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4
AGE2>1 OR AGE3=2)

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DIFFICULTY DRESSING/BATHING. ASK FOR EVERY HH MEMBER HAS DIFFICULTY DRESSING/BATHING.**

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DRESSING/BATHING, DS5=1

DS5b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE.
IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*******PROGRAM: END LOOP DIFFICULTY DRESSING/BATHING.**

ASK ALL

DS6

Does any person in your household have serious difficulty learning how to do things most people their age can learn?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DOING THINGS FOR AGE, DS6=1

DS6a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4
AGE2>1 OR AGE3=2)

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DIFFICULTY DOING THINGS FOR AGE. ASK FOR EVERY
HH MEMBER WHO HAS DIFFICULTY DOING THINGS PEOPLE THEIR AGE CAN DO.**

ASK IF SOMEONE IN THE HH IS HAS DIFFICULTY DOING THINGS FOR AGE, DS6=1

DS6b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE.
IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's
age. Please verify and re-enter".

*******PROGRAM: END LOOP DIFFICULTY DOING THINGS FOR AGE.**

ASK ALL

DS7

Using their usual language, does any person in your household have serious difficulty communicating (for example understanding or being understood by others)?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

3 {CATI/Web: You/I} don't know what this question is asking

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY COMMUNICATING, DS7=1

DS7a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 5 (AGE1>4
AGE2>1 OR AGE3=2)

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*******PROGRAM: START LOOP DIFFICULTY COMMUNICATING. ASK FOR EVERY HH MEMBER WHO HAS DIFFICULTY COMMUNICATING.**

ASK IF SOMEONE IN THE HH IS HAS DIFFICULTY COMMUNICATING, DS7=1

DS7b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE.
IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*****PROGRAM: END LOOP DIFFICULTY COMMUNICATING.

ASK ALL

DS8

Because of a physical, mental, or emotional condition, does any person in your household have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DOING ERRANDS, DS8=1

DS8a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 15,
AGE1>14, AGE2>3, AGE3=2

~~3 {CATI/Web: You/I} don't know what this question is asking~~

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

*****PROGRAM: START LOOP ERRANDS. ASK FOR EVERY HH MEMBER HAS
DIFFICULTY DOING ERRANDS.

ASK IF SOMEONE IN THE HH HAS DIFFICULTY DOING ERRANDS, DS8=1

DS8b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE.
IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*****PROGRAM: END LOOP ERRANDS.

ASK ALL

DS9

Does any person in your household have serious difficulty with the following: mood, intense feelings, controlling their behavior, or experiencing delusions or hallucinations?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

3 {CATI/Web: You/I} don't know what this question is asking

8 {CATI/Web: You/I} don't know

999 {CATI/Web: You/I} don't want to answer/WEB BLANK

ASK IF SOMEONE IN THE HH HAS BEHAVIOR PB, DS9=1

DS9a

Who is that?

{CATI/Web: SELECT ALL THAT APPLY./Select all that apply.}

PROGRAM: DISPLAY ALL PERSONS IN THE HH ROSTER WHO ARE AT LEAST 15,
AGE1>14, AGE2>3, AGE3=2

~~3 {CATI/Web: You/I} don't know what this question is asking~~

~~8 {CATI/Web: You/I} don't know~~

~~999 {CATI/Web: You/I} don't want to answer/WEB BLANK~~

*****PROGRAM: START LOOP BEHAVIOR PB. ASK FOR EVERY HH MEMBER WHO HAS BEHAVIOR PROBLEM.

ASK IF SOMEONE IN THE HH HAS BEHAVIOR PB, DS9=1

DS9b

At what age did this condition begin for {PERSON}?

{CATI/Web: IF NEEDED:/} Your best estimate would be fine.

Age: _____

98 DON'T KNOW
999 REFUSED/WEB BLANK

PROGRAM: SOFT EDIT: AGE ENTERED SHOULD NOT BE GREATER THAN PERSON'S AGE.
IF EDIT IS TRIGGERED, DISPLAY ONCE: "The age you entered is greater than this person's age. Please verify and re-enter".

*****PROGRAM: END LOOP BEHAVIOR PB.

XVII. Employment

ASK ALL

EMP01

We are almost done with the survey. This next series of questions is about jobs and employment.

Answers to these questions are important because they help us understand health issues and sources of health insurance.

The information you provide will be kept confidential and will be combined with many other households in Oregon and will not be used to identify you in any way.

*******PROGRAM: START LOOP EMPLOYMENT. ASK FOR EVERY HH MEMBER WHO IS 18+.**

ASK IF PERSON IS 18 and older, AGE1>17, AGE2>3, OR AGE3=2

EMP02

What best describes your current work status?

{CATI/Web: READ LIST {IF NEEDED} AND SELECT ALL THAT APPLY. PROBE: Anything else?/Select all that apply.}

- 10 Self-employed
- 11 Employed by the military
- 12 Employed by someone else
- 13 An unpaid worker for a family business or firm
- 14 Unemployed and looking for work
- 15 Not employed and not looking for work
- 21 Keeping house
- 22 Going to school
- 16 Retired
- 17 Unable to work due to a disability, or
- 97 Something else? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Are you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Is {PERSON}"

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED AND SELECT ALL THAT APPLY./} ON SUBSEQUENT ITERATIONS.

ASK IF EMPLOYED, EMP02= 10, 11, OR 12

E2

{Do you/Does {PERSON}} have more than one job, including part-time, evening or weekend work?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}"

ASK IF MORE THAN ONE JOB, E2=1

E2a

Altogether, how many jobs {do you/does {PERSON}} have?

2 2

3 3

4 {CATI/Web: 4 OR MORE/4 or more}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "does {PERSON}".

ASK IF MORE THAN ONE JOB, E2=1

E2b

Is there one job that {you consider/{PERSON} considers} to be {your/their} primary job?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you consider" AND "your" \ IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} considers" AND "their".

ASK IF PERSON HAS ONE JOB ONLY OR MULTIPLE JOBS BUT ONE PRIMARY, E2=2 OR (E2=1 AND E2b=1)

EMP05

How many hours per week {do you/does {PERSON}} usually work at {your/their} {primary} job?

PROGRAM: {CATI/Web: /Enter whole numbers only, without a decimal.} Please round to the highest number of hours.

Hours: _____

998 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" and "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}" and "their".
IF E2b=1 DISPLAY "primary".

PROGRAM: LENGTH=3, SOFT RANGE: 80-168. IF SOFT RANGE IS TRIGGERED, DISPLAY “You have entered a high number, please verify.” HARD RANGE: >168, <998. IF HARD RANGE IS TRIGGERED: “You have entered an incorrect value, please reenter.”

ASK IF PERSON HAS MORE THAN ONE JOB INCLUDING A PRIMARY JOB, E2b=1

E4a

How many hours per week {do you/does {PERSON}} usually work at {your/their} other job(s)?

Hours: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY “Do you” and “your” IF LOOPING ON RESPONDENT, ELSE DISPLAY “Does {PERSON}” and “their”.

ASK IF PERSON HAS MORE THAN ONE JOB BUT NO PRIMARY JOB, E2b=2

E4b

How many hours per week {do you/does {PERSON}} usually work at {your/their} jobs altogether?

Hours: _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY “do you” and “your” IF LOOPING ON RESPONDENT, ELSE DISPLAY “does {PERSON}” and “their”.

PROGRAM: LENGTH=3, SOFT RANGE: 80-168. IF SOFT RANGE IS TRIGGERED, DISPLAY “You have entered a high number, please verify.” HARD RANGE: >168, <998. IF HARD RANGE IS TRIGGERED: “You have entered an incorrect value, please reenter.”

ASK IF PERSON HAS ONE JOB ONLY OR MULTIPLE JOBS BUT ONE PRIMARY, E2=2 OR (E2=1 AND E2b=1)

EMP06

Which of the following best describes {your/{PERSON}'s} employer {at {your/their} primary job}?

{CATI/Web: READ LIST {IF NEEDED}.}

- 10 Private company including not-for-profit, foundation, and hospital
- 11 Government agency
- 12 Family business or farm but not self-employed
- 13 Public education institution, school, college
- 14 Private educational institution, school, college
- 15 Military duty
- 16 Self-employed
- 97 Something else? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s" AND "their".

IF E2b=1 DISPLAY ", at {your/their} primary job".

{CATI/Web: READ LIST./} ON FIRST ITERATION OF THE LOOP AND {CATI/Web: READ LIST IF NEEDED./} ON SUBSEQUENT ITERATIONS.

ASK IF PERSON HAS ONE JOB ONLY OR MULTIPLE JOB BUT ONE PRIMARY, E2=2 OR (E2=1 AND E2b=1)
--

EMP07

Thinking about the employer {you work/{PERSON} works} for{ at {your/their} primary job}, which industry most closely describes the employer's main business?

{CATI/Web: READ LIST IF NEEDED./}

- 10 {CATI/Web: AGRICULTURE, FARMING, FORESTRY AND FISHING/Agriculture, farming, forestry, and fishing}
- 11 {CATI/Web: CONSTRUCTION/Construction}
- 12 {CATI/Web: EDUCATION/Education}
- 13 {CATI/Web: HEALTH CARE/Health care}
- 14 {CATI/Web: LEISURE AND HOSPITALITY/Leisure and hospitality}
- 15 {CATI/Web: MINING AND MANUFACTURING/Mining and manufacturing}
- 16 {CATI/Web: SERVICE INCLUDING PROFESSIONAL AND RELATED SERVICES/Service including professional and related services}
- 17 {CATI/Web: RETAIL AND WHOLESALE TRADES/SALES/Retail and wholesale trades, sales}
- 18 {CATI/Web: GOVERNMENT/Government}
- 19 {CATI/Web: MILITARY/Military}
- 97 {CATI/Web: SOMETHING ELSE, SPECIFY/Something else, specify} _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you work" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} works" AND "their".

IF E2b=1 DISPLAY "at {your/their} primary job".

ASK IF EMPLOYED BY THE GOVERNMENT, EMP06=11

EMP08

{Do you/Does {PERSON}} work for...

- 1 the federal government,
- 2 the state government,
- 3 the local government such as a county or city,
- 4 a public school or college, or
- 5 some other government entity? Specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}".

ASK IF PERSON HAS ONE JOB ONLY OR MULTIPLE JOB BUT ONE PRIMARY, E2=2 OR (E2=1 AND E2b=1)

EMP09

About how many people are employed by {your/{PERSON}'s} {primary} employer, at all locations?

{CATI/Web: READ LIST IF NEEDED./}

- 10 1 person
- 11 2-4
- 12 5-9
- 13 10-24
- 14 25-49
- 15 50-99
- 16 100-199
- 17 200-499
- 18 500-999
- 19 1,000 & over

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON}'s".
IF E2b=1 DISPLAY "primary".

*****PROGRAM: END LOOP EMPLOYMENT.

XVIII. Employer Sponsored Insurance

*****PROGRAM: START LOOP EMPLOYER SPONSORED INSURANCE.

ASK IF HH MEMBER IS WORKING BUT IS NOT POLICY HOLDER OF PRIVATE INSURANCE OR MARKETPLACE THROUGH THEIR EMPLOYER, EMP02=10, 12 AND (((INS_PRVT=1 OR INS_MRKT=1) AND (1 PERSON HH (HHCOMP=1)) OR ((INS_PRVT=1 OR INS_MRKT=1) AND ((INSP01a OR INSP01b OR INSP01c) NE 1)))

EMP12

Next, {CATI/Web: I am going to ask/we have} a few questions about health insurance that may be offered by employers.

Does the {primary} place where {you work/{PERSON} works} at offer health insurance as a benefit to any of its employees?

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you work" IF LOOPING ON RESPONDENT, ELSE DISPLAY "{PERSON} works".

IF E2b=1 DISPLAY "primary".

ASK IF JOB OFFERS INSURANCE, EMP12 = 1

EMP15a1

Can dependents be covered under that health insurance?

{CATI/Web: IF NEEDED: /} This could include a spouse or any children.

{CATI/Web: IF NEEDED: /} Even if {you/they} do not have any dependents, we are still interested in whether a dependent could be covered through this insurance.

1 {CATI/Web: YES/Yes}

2 {CATI/Web: NO/No}

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" IF LOOPING ON RESPONDENT, ELSE DISPLAY "they".

ASK IF JOB OFFERS INSURANCE, EMP12 = 1

EMP13

{Do you/Does {PERSON} not have insurance through {your/their} employer because of any of the following reasons?

{CATI/Web: READ LIST AND SELECT ALL THAT APPLY./Select all that apply.}

- 1 Cost
- 2 Eligibility
- 3 Better option elsewhere
- 4 Insurance is not needed
- 5 Some other reason

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "Do you" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "Does {PERSON}" AND "their".

ASK IF INSURANCE IS NOT TAKEN BECAUSE OF COST, ELIGIBILITY, BETTER OPTION ELSEWHERE, INSURANCE NOT NEEDED, OR SOME OTHER REASON, EMP13=1,2,3,4,5

EMP13B

Which of the following are reasons why {you/they} do not have insurance through {your/their} employer?

Cost

- 1 Would have to pay too much or costs too much
- 2 Covered for less through the state, OHP

Ineligible

- 3 Hasn't worked long enough
- 4 Not enough hours worked per week
- 5 Medical problems
- 6 Waiting period for coverage
- 7 Insurance not offered to my position
- 8 Lost or quit job, or temporarily not at work

Better option elsewhere

- 9 Covered by private insurance from other source - better plan
- 10 Covered by private insurance from other source - less expensive
- 11 Covered by private insurance from other source - general
- 12 Have insurance from other source - Medicare, Military, OHP
- 13 Coverage offered is not acceptable, does not meet needs

Insurance is not needed

- 14 Does have health insurance through employer

15 Does not need health insurance

Some other reason

16 Not sure how to enroll

17 Self-employed

18 No reason in particular

97 Other, specify _____

98 DON'T KNOW

999 REFUSED/WEB BLANK

PROGRAM: DISPLAY "you" AND "your" IF LOOPING ON RESPONDENT, ELSE DISPLAY "they" AND "their".

NO REASON IN PARTICULAR IS MUTUALLY EXCLUSIVE.

DISPLAY OPTIONS 1 AND 2 IF EMP13=1

DISPLAY OPTIONS 3-8 IF EMP13=2

DISPLAY OPTIONS 9-13 IF EMP13=3

DISPLAY OPTIONS 14 AND 15 IF EMP13=4

DISPLAY OPTIONS 16 AND 17 IF EMP14=5

XIX. Income Questions

*****PROGRAM: START LOOP INCOME. ASK FOR EACH FAMILY UNIT.

ASK ALL

INC01

The next questions are about income that {your/this} family received during 2023.

LOOP 1: {Your family includes you, {PERSON}, {PERSON}, ...}

ADDITIONAL LOOP: {{PERSON}'s family includes {PERSON}, {PERSON}, ...}

This information helps explain whether people can afford the health insurance and health care they need. Your information is strictly confidential and will be kept private.

{CATI/Web: IF NEEDED./} The government considers the people included in a family unit based upon their age, marital status, and whether they have children.

PROGRAM: IF THERE ARE MULTIPLE FAMILY UNITS IN THE HOUSEHOLD, START WITH THE ONE THAT INCLUDES THE RESPONDENT. DISPLAY THE NAME OF THE FAMILY MEMBERS.

ASK ALL

INC02

During the entire year of 2023, what was the total income for {your/this} family before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, and so on.

{CATI/Web: IF NEEDED:} Answers to questions on earnings are important because they help explain whether people can afford the health care they need. The information you provide will be kept confidential and will only be used in summary reports and will not be combined with other information that could identify you in any way.

{CATI/Web: /Enter whole numbers only, without commas.} If you do not know exactly, your best guess is fine.

Enter dollar amount \$ _____

~~9 999 997 {CATI/Web: You/I} don't know what this question is asking~~

9 999 998 {CATI/Web: You/I} don't know

9 999 999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: IF LOOPING ON RESPONDENT'S FAMILY, DISPLAY "your", ELSE DISPLAY "this".

PROGRAM: LENGTH=7.

ASK IF INCOME IS MISSING, RF, OR DK, INC02=9999997, 9999998, 9999999
--

INC03

It is important to understand incomes so we can better understand insurance coverage and concerns about insurance.

Which of the following income ranges is closest to {your/this} family's 2023 total income from all sources?

{CATI/Web: IF NEEDED:} Your best estimate would be fine.

- 10 Under \$10,000
- 11 \$10,000 to less than \$20,000
- 12 \$20,000 to less than \$25,000
- 13 \$25,000 to less than \$30,000
- 14 \$30,000 to less than \$35,000
- 15 \$35,000 to less than \$40,000
- 16 \$40,000 to less than \$50,000
- 17 \$50,000 to less than \$60,000
- 18 \$60,000 to less than \$80,000
- 19 \$80,000 to less than \$100,000
- 20 Over \$100,000

98 {CATI/Web: You/I} don't know
999 {CATI/Web: You/I} don't want to answer/WEB BLANK

PROGRAM: IF LOOPING ON RESPONDENT'S FAMILY, DISPLAY "your", ELSE DISPLAY "this".

*****PROGRAM: END LOOP INCOME

XX. Closing the Survey

ASK ALL

CLOSE1

That is all the questions {CATI/Web: I/we} have for you. Thank you for your time.
Is there anything else about your experience with health insurance or health care you would like to add?

1 {CATI/Web: YES, SPECIFY/Yes, specify} _____
2 {CATI/Web: NO, NOTHING TO ADD/No, nothing to add}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK ALL

THNX

In the future, the State of Oregon may be interested in gathering more information on health insurance issues.
May we contact you again in the future on some of these issues?

1 {CATI/Web: YES/Yes}
2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF R IS OK FOR RECONTACT, THNX=1

X1. (PII_X1Name, PII_X1Email, PII_X1Phone)

Thank you. Please provide your name, email address and best phone number on which to reach you.

{Web/CATI: /(RECORD ALL INFORMATION ACCURATELY.)}

{Web/CATI: /(INTERVIEWER NOTE: RESPONDENTS CAN REFUSE ANY OF THESE FIELDS. THE PROGRAM WILL ALLOW YOU TO LEAVE BLANKS.)}

Name: _____
999 REFUSED/WEB BLANK]

Email address: _____
999 REFUSED/WEB BLANK

Phone number: _____
999 REFUSED/WEB BLANK

PROGRAM: ADD VALIDATION FOR EMAIL (@) AND PHONE NUMBER (10 digits).
THESE VARIABLES SHOULD START WITH PII.

ASK IF PHONE NUMBER PROVIDED, PII_X1PHONE NE 99 OR 97

X2.

Is the phone number you provided a cell phone number?

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK IF PHONE NUMBER IS CELL PHONE, X2=1

X3. (X2ab)

Do we have permission to text you? Messaging and data rates may apply.

- 1 {CATI/Web: YES/Yes}
- 2 {CATI/Web: NO/No}

98 DON'T KNOW
999 REFUSED/WEB BLANK

ASK ALL

IN1.

Thank you for your participation in this important survey. We would like to send you an email with instructions on how to retrieve your \$10 gift card.

Do you have an email where we can send you these instructions?

- 1 Yes

Enter your email:

- 2 No

[PN: IF Y, USE VI, ELSE USE ECK.]

ASK IF IN1=2

IN2.

Would you like us to send you a physical gift card?

- 1 Yes
- 2 No

ASK IF IN2=1

IN3.

Please indicate the name and address you would like us to mail the gift card to.

Name: _____

Address: _____

ASK ALL

END.

This is the end of the survey. Thank you again for your time.

Appendix B: Contact Materials

M1: English and Spanish



OFFICE OF THE DIRECTOR
Tina Konec, Governor

Oregon
Health
Authority

500 Summer St. NE E-20
Salem, OR 97301
Voice: 503-947-2340
Fax: 503-947-2341
www.oregon.gov/oha

<date>

Oregon Resident
<address1> <address2>
<city>, <state> <zip>-<zip+4>

Dear Oregon Resident:

Your household has been randomly selected for this year's **Oregon Health Insurance Survey**. We are not selling anything or asking for money. If you choose to participate, **you will receive a \$10 gift card** as a token of our appreciation.

This important survey is conducted by the Oregon Health Authority, an agency of the State of Oregon. The survey will ask questions regarding current health coverage for people in your household, the source of coverage, your use of healthcare, and difficulties your family may have had getting the care you need.

Your participation will allow the state to advance its mission of improving the health of Oregonians and addressing health inequities. Your responses will represent many other households like yours, and the results may help people in your community.

Complete the Survey Online

This survey should be completed by an adult in your household aged 18 or older who can answer questions about healthcare for everyone in the household.


To take the survey online, visit the URL below and enter your secure access code. You may also scan the QR code from your mobile device to be directed to the survey.

oregonhealthsurvey.org
Secure Access Code: **XXXXXXX**

QR CODE HERE

If you do not have access to the internet or would prefer to complete the survey over the phone, please call us at 1-888-573-8101.

On behalf of the Oregon Health Authority, thank you for your participation.
Sincerely,


Sejal Hathi, MD MBA
Director

Para completar la encuesta en español, visite oregonhealthsurvey.org, o si no tiene acceso a Internet, llame al 1-888-573-8101 para hacer la encuesta por teléfono.

Frequently Asked Questions

What is the Oregon Health Insurance Survey?

The Oregon Health Insurance Survey (OHIS) is an important source of information about healthcare coverage and provides detailed information about the impacts of health system reform efforts on healthcare coverage, access to care, utilization of health services, and health equity.

Is this survey available in Spanish?

Yes. You can take the survey in Spanish online by visiting oregonhealthsurvey.org or call our toll-free number at 1-888-573-8101 where a Spanish-speaking interviewer can administer the survey over the phone.

Who sponsors and who collects data for the OHIS?

This survey is being conducted on behalf of The Oregon Health Authority (OHA), a state agency. OHA has contracted with SSRS, an independent research company, to collect data for the OHIS.

What does the survey ask?

The survey will ask questions about healthcare coverage and access for all members of your household. To better understand survey participants and household members, we will ask for some basic information about age, gender, income, and employment. The information provided is **completely private** and your answers will be **strictly confidential**.

How will I receive my \$10 gift card?

You will receive your electronic gift card via email immediately after you complete the survey. You can choose from a variety of vendors. If you prefer to receive a physical gift card instead, we will send you a Walmart gift card through the mail. This will take about 3 to 4 weeks.

Why should I complete the OHIS?

Your responses represent not just your household, but many other households in Oregon like yours. Your participation helps us ensure that OHIS data are valid and complete.

Who should complete the survey?

This survey should be completed by an adult in your household aged 18 or older who can answer questions about healthcare for everyone in the household.

How should I complete the survey?

The survey can be completed in one of two ways:

1. Online, by accessing the survey at oregonhealthsurvey.org
2. By telephone with a professional interviewer by calling us toll free at 1-888-573-8101.

What do I do if I have questions?

If you have any questions that were not answered here, feel free to contact us at info@oregonhealthsurvey.org

Where can I find the results of the survey?

You may find more information about the OHIS, including data in interactive online dashboards at <https://www.oregon.gov/oha/hpa/analytics/pages/ohis.aspx>



OFFICE OF THE DIRECTOR

Tina Kotek, Governor



500 Summer St. NE E-20
Salem, OR 97301
Voice: 503-947-2340
Fax: 503-947-2341
www.oregon.gov/oha

<date>

Residente de Oregon

<address1> <address2>
<city>, <state> <zip>-<zip+4>

Estimado residente de Oregon:

Su hogar ha sido seleccionado al azar para aplicarle la Encuesta de seguros médicos de Oregon de este año. No estamos vendiendo nada o estamos pidiendo dinero. Si usted decide participar, recibirá una tarjeta de regalo de \$10 como agradecimiento.

Esta importante encuesta es organizada por la Oregon Health Authority, la institución a cargo de la salud del estado de Oregon. La encuesta contendrá preguntas sobre la cobertura actual de seguro médico de las personas que viven junto con usted, la fuente de cobertura, cómo lo usan y las dificultades que su hogar ha tenido para recibir la atención médica que necesitan.

Su participación permitirá que el estado avance en su misión de mejorar la salud de los habitantes de Oregon y abordar las desigualdades en los servicios de salud. Sus respuestas representarán a muchos otros hogares como la suya y los resultados pueden ayudar a la gente de su comunidad.

Responda la encuesta en línea

Esta encuesta debe responderla un adulto de su hogar, que tenga 18 años o más y pueda responder las preguntas sobre la atención médica de todos los miembros del hogar.

Para responder a la encuesta en línea, visite la URL que aparece a continuación e ingrese su código de acceso seguro. Puede también escanear el código QR en su dispositivo móvil.

oregonhealthsurvey.org
Código de acceso seguro: **XXXXXXX**

QR CODE HERE

Si no tiene acceso a internet o prefiere responder la encuesta por teléfono, llámenos al 1-888-573-8101. A nombre de Oregon Health Authority, agradecemos su participación.

Atentamente,

Sejal Hathi, MD MBA
Director

Preguntas frecuentes

¿Qué es la Encuesta de seguros médicos de Oregon?

La Encuesta de seguros médicos de Oregon (OHIS) es una fuente de información muy importante sobre la cobertura de la atención médica y ofrece información detallada sobre los impactos de los esfuerzos para reformar el sistema de salud en cuanto a la cobertura de seguros médicos, acceso a la atención médica, uso de los servicios de salud y equidad en la salud.

¿Está disponible esta encuesta en español?

Sí. Puede responder la encuesta en línea en español en la página oregonhealthsurvey.org o llamar a nuestra línea de atención sin costo al 1-888-573-8101, donde una persona de habla hispana puede aplicarle la encuesta por teléfono.

¿Quién patrocina y quién recolecta los datos de la OHIS?

Esta encuesta se realiza en nombre de The Oregon Health Authority (OHA), la institución del gobierno del estado a cargo de la salud. La OHA contrató a SSRS, una agencia de investigación independiente, para recolectar los datos de la OHIS.

¿Qué preguntan en la encuesta?

En la encuesta, le harán preguntas sobre su cobertura de seguro médico y el acceso a los servicios de salud que tienen todas las personas que viven con usted. Para entender mejor a los participantes de la encuesta y a los miembros de su hogar, haremos preguntas básicas sobre la edad, género, ingresos y empleo. La información que proporcione se mantendrá **totalmente en privado** y sus respuestas serán **estrictamente confidenciales**.

¿Cómo recibiré mi tarjeta de regalo de \$10?

Usted recibirá su tarjeta de regalo electrónica por correo electrónico inmediatamente después de completar la encuesta. Puede elegir entre varios comerciantes. Si prefiere recibir una tarjeta de regalo tradicional, le enviaremos una tarjeta de regalo de Walmart por correo. Tardará de 3 a 4 semanas.

¿Por qué debería responder la OHIS?

Sus respuestas representan, no solo a su hogar, sino a muchos otros hogares de Oregon que son como la suya. Su participación nos ayuda a asegurar que los datos de la OHIS sean válidos y estén completos.

¿Quién debe responder la encuesta?

La encuesta debe ser respondida por un adulto de su hogar que tenga 18 años o más y pueda responder las preguntas sobre la atención médica de todos los miembros del hogar.

¿Cómo debo responder la encuesta?

La encuesta se puede responder en una de las dos siguientes formas:

1. En línea, al entrar a la encuesta en la página oregonhealthsurvey.org
2. Por teléfono, donde un entrevistador profesional le hará las preguntas, si nos llama sin costo al 1-888-573-8101.

¿Qué hago si tengo preguntas?

Si tiene preguntas que no se hayan respondido aquí, hágalas con toda confianza enviando un mensaje al correo info@oregonhealthsurvey.org

¿Dónde puedo ver los resultados de la encuesta?

Puede encontrar más información sobre la OHIS, incluidos los datos en los paneles interactivos en línea, en <https://www.oregon.gov/oha/hpa/analytics/pages/ohis.aspx>

M2: English and Bilingual



**Please don't miss your opportunity
to participate in the
Oregon Health Insurance Survey!**

About a week ago, we mailed you a letter asking you to participate in this survey. If you or someone in your household already responded, thank you!

If not, please have an adult aged 18 years or older in your household go to the website listed below or scan the QR code from a mobile device to complete the survey. You will receive a **\$10 gift card** for your time.

oregonhealthsurvey.org

Secure Access Code: **XXXXXXXX**

**QR CODE
HERE**

If you prefer to complete over the phone, call us at 1-888-573-8101.

Thank you.

Para completar la encuesta en español, visite oregonhealthsurvey.org, o si no tiene acceso a Internet, llame al 1-888-573-8101 para hacer la



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Secure Access Code: XXXXXXX

**QR CODE
HERE**

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~~Thank you.~~

**¡No pierda la oportunidad de participar en la
Encuesta de seguros médicos de Oregon!**

Hace aproximadamente una semana, le enviamos una carta para pedir su participación en esta encuesta. Si usted o alguien de su hogar ya respondió la encuesta, ¡muchas gracias!

Si no, por favor, pida a un adulto de 18 años de edad o más de su hogar que visite el sitio web que se indica a continuación o que escanee el código QR con un dispositivo móvil para responder la encuesta. Recibirá una tarjeta de regalo de \$10 por su tiempo.

oregonhealthsurvey.org

Código de acceso seguro: XXXXXXX

**QR CODE
HERE**

Si prefiere responder la encuesta por teléfono, llámenos al 1-888-573-8101.

Gracias.

M3: English and Spanish



OFFICE OF THE DIRECTOR

Tina Kotek, Governor

Oregon
Health
Authority

500 Summer St. NE E-20
Salem, OR 97301
Voice: 503-947-2340
Fax: 503-947-2341
www.oregon.gov/oha

<date>

Oregon Resident

<address1> <address2>

<city>, <state> <zip>-<zip+4>

Dear Oregon Resident:

This is a reminder to complete the Oregon Health Insurance Survey and receive your \$10 gift card.

Your participation is important!

This important survey collects information about the health of people in Oregon and about issues they may have in getting healthcare. Your household was randomly selected to represent many other households like yours. The results will inform health policy in Oregon and may help people in your community.

What do you need to do?

Please have an adult in your household aged 18 or older complete this survey in the next few days. This person should be able to answer questions about healthcare for everyone in the household.

To take the survey online, visit the URL below and enter your secure access code. You may also scan the QR code from your mobile device to be directed to the survey.

oregonhealthsurvey.org

QR CODE HERE

Secure Access Code: **XXXXXXXX**

If you do not have access to the internet or would prefer to complete the survey over the phone, please call us at 1-888-573-8101.

On behalf of the Oregon Health Authority, thank you for your participation.

Sincerely,

Sejal Hathi, MD MBA
Director

Para completar la encuesta en español, visite oregonhealthsurvey.org, o si no tiene acceso a Internet, llame al 1-888-573-8101 para hacer la encuesta por teléfono.

Frequently Asked Questions

What is the Oregon Health Insurance Survey?

The Oregon Health Insurance Survey (OHIS) is an important source of information about healthcare coverage and provides detailed information about the impacts of health system reform efforts on healthcare coverage, access to care, utilization of health services, and health equity.

Is this survey available in Spanish?

Yes. You can take the survey in Spanish online by visiting oregonhealthsurvey.org or call our toll-free number at 1-888-573-8101 where a Spanish-speaking interviewer can administer the survey over the phone.

Who sponsors and who collects data for the OHIS?

This survey is being conducted on behalf of The Oregon Health Authority (OHA), a state agency. OHA has contracted with SSRS, an independent research company, to collect data for the OHIS.

What does the survey ask?

The survey will ask questions about healthcare coverage and access for all members of your household. To better understand survey participants and household members, we will ask for some basic information about age, gender, income, and employment. The information provided is **completely private** and your answers will be **strictly confidential**.

How will I receive my \$10 gift card?

You will receive your electronic gift card via email immediately after you complete the survey. You can choose from a variety of vendors. If you prefer to receive a physical gift card instead, we will send you a Walmart gift card through the mail. This will take about 3 to 4 weeks.

Why should I complete the OHIS?

Your responses represent not just your household, but many other households in Oregon like yours. Your participation helps us ensure that OHIS data are valid and complete.

Who should complete the survey?

This survey should be completed by an adult in your household aged 18 or older who can answer questions about healthcare for everyone in the household.

How should I complete the survey?

The survey can be completed in one of two ways:

1. Online, by accessing the survey at oregonhealthsurvey.org
2. By telephone with a professional interviewer by calling us toll free at 1-888-573-8101.

What do I do if I have questions?

If you have any questions that were not answered here, feel free to contact us at info@oregonhealthsurvey.org

Where can I find the results of the survey?

You may find more information about the OHIS, including data in interactive online dashboards at <https://www.oregon.gov/oha/hpa/analytics/pages/ohis.aspx>



OFFICE OF THE DIRECTOR

Tina Kotek, Governor



500 Summer St. NE E-20
Salem, OR 97301
Voice: 503-947-2340
Fax: 503-947-2341
www.oregon.gov/oha

<date>

Residente de Oregon
<address1> <address2>
<city>, <state> <zip>-<zip+4>

Estimado residente de Oregon:

Este es un recordatorio para que responda la Encuesta de seguros médicos de Oregon y reciba su tarjeta de regalo de \$10.

¡Su participación es importante!

Esta importante encuesta recolecta información sobre la salud de la gente de Oregon y sobre problemas que estén teniendo para recibir atención médica. Su hogar ha sido seleccionado al azar para representar a muchos otros hogares como la suya. Los resultados darán forma a las políticas de salud de Oregon y pueden ayudar a las personas de su comunidad.

¿Qué necesita hacer?

Por favor, pida a un adulto de su hogar que tenga 18 años o más que responda esta encuesta en los próximos días. Esta persona debe poder responder preguntas sobre la atención médica de todos los miembros del hogar.

Para responder a la encuesta en línea, visite la URL que aparece a continuación e ingrese su código de acceso seguro. Puede también escanear el código QR en su dispositivo móvil.

oregonhealthsurvey.org

QR CODE HERE

Código de acceso seguro: **XXXXXXX**

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M4: English and Bilingual



This is your **final reminder** to complete the **Oregon Health Insurance Survey**.
Complete your survey today! Your opinions matter.

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oregonhealthsurvey.org
Secure Access Code: **XXXXXXXX**

**QR
CODE
HERE**

If you prefer to complete over the phone, call us at 1-888-573-8101.

If you already completed, thank you!

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**QR
CODE
HERE**



If you prefer to complete over the phone, call us at 1-888-573-8101.

If you already completed, thank you!

Este es el **último recordatorio** que le enviamos para que responda la **Encuesta de seguros médicos de Oregon**.
¡Responda su encuesta hoy mismo! Sus opiniones son importantes.

Por favor, pida a un adulto de su hogar que tenga 18 años o más que vaya al sitio web que se indica a continuación para responder la encuesta y reciba una **tarjeta de regalo de \$10**.

oregonhealthsurvey.org
Código de acceso seguro: **XXXXXXX**

**QR
CODE
HERE**

Si prefiere responder la encuesta por teléfono, llámenos al 1-888-573-8101.

Si ya la respondió, ¡muchas gracias!

About SSRS

SSRS is breaking the mold on what research companies can do. A full-service market and survey research firm, we use the latest data collection best practices and apply cutting-edge survey methodologies backed by insight from our industry-leading team. We have genuine enthusiasm for our work and a shared goal to connect people through research. Our solutions include groundbreaking approaches fit for purpose: the SSRS Opinion Panel, Encipher, SSRS Virtual Insights, the SSRS Text Message panel, and more. Our research areas focus on Health Care and Health Policy, Public Opinion and Policy, Political and Election Polling, Consumer and Lifestyle, and Sports and Entertainment. Visit www.ssrs.com to learn more about how we can work together.



**Forward thinking
research.**

