

Appendix A: 2024 OHIS Instrument

Field Dates: 03/27/2024 – 09/05/2024

Oregon Health Insurance Survey

Table of Contents

- Appendix A: 2024 OHIS Instrument..... 1
- I. Survey Lead In Statement, Introduction, Respondent Selection 4
- III. Person Level Demographics..... 18
- IV. Family Unit Formation 29
- V. Insurance Coverage..... 34
- VI. Private Insurance 43
- IX. Follow Up Questions for Those Covered by OHP 55
- VII. Private Insurance Follow Up Questions..... 59
- X. Follow Up Questions for the Uninsured 61
- XI. Interruptions in Coverage 67
- XII. Access to Care & Doctor Visits 70
- XIII. Prescription Medications 86
- XIV. Dental Insurance and Care..... 87
- XV. Healthcare Expenses and Barriers 90
- XVII. Employment..... 115
- XVIII. Employer Sponsored Insurance 121
- XIX. Income Questions 123
- XX. Closing the Survey 125

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

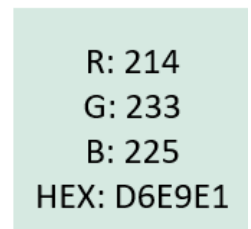
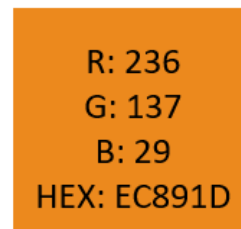
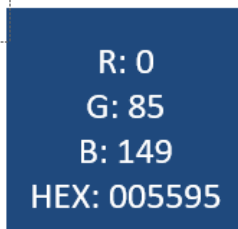
RDD n=1,000 (prepaid cell) completes

- 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

HCBO5c

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

HCBO5d

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.