

2002 OREGON POPULATION SURVEY QUESTIONNAIRE

Final Base Questionnaire

INTRODUCTION / SCREENER

HELLO Hello, this is _____ from Northwest Research Group. We are conducting a survey on behalf of the State of Oregon on a variety of topics. The results of this survey will help guide policy decisions that affect Oregonians. Let me assure you that we are not selling anything. This study is being conducted for research purposes only and may be monitored for quality purposes.

[READ IF NECESSARY: Survey results will be tabulated by nine regions within Oregon to help understand residents in your area. You or your household will not be identified with any of your responses to the survey. If you have any questions about this study you can contact Zoë with the Oregon Progress Board at 503-986-0039.]

For this survey, I need to speak to the adult head of your household who is 18 years of age or older and has had the most recent birthday. Would that be you?

[READ IF NECESSARY: A head of household is a person who owns, is buying, or rents this house or apartment]

- 1 RESPONDENT AVAILABLE [**SKIP TO CTY**]
- 2 RESPONDENT NOT AVAILABLE [**CTRL-END, SCHEDULE CALLBACK**]
- 3 NO HEAD OF HOUSEHOLD [**SKIP TO THANK**] [**DISPOS=22**]
- 7 LANGUAGE BARRIER [**SKIP TO LANG**]

LANG Which language do you prefer to use or are you most comfortable expressing your opinions in? [**ONE RESPONSE ONLY**]

- 1 ENGLISH [**SKIP TO CTY**]
- 2 SPANISH [SCHEDULE CALL BACK AND GET NAME] [**DISPOS = 12**]
- 3 OTHER [**SPECIFY**] [**SKIP TO LANG2**]
- 4 DK / REF [**SKIP TO LANG2**]

LANG2 May I speak to another adult household member who would be most comfortable speaking English?

- 1 YES [**SKIP TO HELLO**]
- 2 NO / NO ONE AVAILABLE [**DISPOS = 10, SAVE FOR ISA INTERVIEW**]

SCREENER

CTY	What county do you live in?				
1	Baker	29	Jackson	57	Tillamook
3	Benton	31	Jefferson	59	Umatilla
5	Clackamas	33	Josephine	61	Union
7	Clatsop	35	Klamath	63	Wallowa
9	Columbia	37	Lake	65	Wasco
11	Coos	39	Lane	67	Washington
13	Crook	41	Lincoln	69	Wheeler
15	Curry	43	Linn	71	Yamhill
17	Deschutes	45	Malheur	88	None of the above / Not an Oregon County [SKIP TO THANK, DISPOS=23]
19	Douglas	47	Marion		
21	Gilliam	49	Morrow		
23	Grant	51	Multnomah	999	DK / REF
25	Harney	53	Polk		
27	Hood River	55	Sherman		

ZIPCO What is your zip code?

99999 DK/REF **[IF CTY=999, SKIPTO THANK, DISPOS = 8]**

Programming Note: Add logic to check county against zip.

HISPAR Are you Spanish, Hispanic, or Latino?
[PROBE: Were your ancestors Mexican, Puerto Rican, Cuban, Central or South American, or from Spain?]

1	YES
2	NO
9	DK / REF

RACE I am going to read a list of race categories. Please choose one or more races you consider yourself to be:

[CLARIFY "INDIAN" WITH "Is that American Indian or Asian Indian?"]
[ASIAN/PACIFIC ISLANDER INCLUDES GROUPS SUCH AS: CHINESE, FILIPINO, HAWAIIAN, INDIAN (ASIAN), VIETNAMESE, KOREAN, JAPANESE, CAMBODIAN, AND SAMOAN.]

["Hispanic" SHOULD BE TALLIED "Some other race"]

[READ LIST]

11	White
12	Black or African American
13	American Indian or Alaskan Native
14	Asian or Pacific Islander
90	Some other race [PLEASE SPECIFY]
99	DK / REF

RACE2 **[IF MORE THAN ONE RACE]** Is there one race category that you most identify with?

- 1 YES
- 2 NO
- 9 DON'T KNOW / REFUSED

RACE2A **[IF RACE2 = 1]** What race would that be?

- 11 White
- 12 Black or African American
- 13 American Indian or Alaskan Native
- 14 Asian or Pacific Islander
- 90 Some other race **[PLEASE SPECIFY]**
- 99 DK / REF

Programming Note: End of screener. Insert QAL statement here.

AGE How old are you?
[ENTER AGE (COMPLETED YEARS; DO NOT ROUND UP)]

- 98 98 Or Older
- 99 DON'T KNOW / REFUSED

AGE2 **[IF AGE = 99]** Would that be...

- 1 18 or 19,
- 2 20 to 24,
- 3 25 to 34,
- 4 35 to 44,
- 5 45 to 54,
- 6 55 to 59,
- 7 60 to 64,
- 8 65 to 74,
- 9 75 to 84,
- 10 Or 85 years or older?
- 99 REFUSED

SEX I know this may sound silly, but I am required to ask... Are you male or female?

- 1 MALE
- 2 FEMALE

BORNWHR In what state or foreign country were you born?

- | | | | | | |
|----|-----------------|----|-----------|----|---------------|
| 1 | ALABAMA | 13 | GEORGIA | 24 | MARYLAND |
| 2 | ALASKA | 15 | HAWAII | 25 | MASSACHUSETTS |
| 4 | ARIZONA | 16 | IDAHO | 26 | MICHIGAN |
| 5 | ARKANSAS | 17 | ILLINOIS | 27 | MINNESOTA |
| 6 | CALIFORNIA | 18 | INDIANA | 28 | MISSISSIPPI |
| 8 | COLORADO | 19 | IOWA | 29 | MISSOURI |
| 9 | CONNECTICUT | 20 | KANSAS | 30 | MONTANA |
| 10 | DELAWARE | 21 | KENTUCKY | 31 | NEBRASKA |
| 11 | WASHINGTON D.C. | 22 | LOUISIANA | 32 | NEVADA |
| 12 | FLORIDA | 23 | MAINE | 33 | NEW HAMPSHIRE |

34	NEW JERSEY	46	SOUTH DAKOTA	63	LATIN
35	NEW MEXICO	47	TENNESSEE		AMERICA/MEXICO
36	NEW YORK	48	TEXAS		[SPECIFY]
37	NORTH CAROLINA	49	UTAH	64	AFRICA [SPECIFY]
38	NORTH DAKOTA	50	VERMONT	65	ASIA/PACIFIC
39	OHIO	51	VIRGINIA		ISLANDS [SPECIFY]
40	OKLAHOMA	53	WASHINGTON	66	CANADA
41	OREGON	54	WEST VIRGINIA	67	AUSTRALIA/NEW
42	PENNSYLVANIA	55	WISCONSIN		ZEALAND
44	RHODE ISLAND	56	WYOMING	97	OTHER [SPECIFY]
45	SOUTH CAROLINA	62	EUROPE [SPECIFY]	99	DK / REF

MARR	What is your marital status? [IF SINGLE/COHABITATING, PROBE: Would you say that is never married, divorced, separated or widowed?] [READ LIST]
	1 Now Married
	2 Widowed
	3 Divorced or annulled
	4 Separated
	5 Never Married
	9 DK / REF

WARM-UP / MISC. QUESTIONS

ST1	Now, I have a few questions about the State. Overall, today, how would you rate your feelings about Oregon? Do you feel "very positive," "somewhat positive," "somewhat negative," or "very negative" about Oregon?
	1 Very positive
	2 Somewhat positive
	3 NEUTRAL [DO NOT READ]
	4 Somewhat negative
	5 Very negative
	9 DK / REF
COM3	Some people say they feel part of their community very strongly. Other people say they do not feel part of their community at all. Please think of a five-point scale, with 1 meaning you feel "Not at all a part of your community", 3 is "In the middle" and 5 meaning you feel "Very strongly a part of your community". Which number comes closest to how much you feel a part of your community?
	1 NOT AT ALL A PART OF COMMUNITY
	2
	3 IN THE MIDDLE
	4
	5 VERY STRONGLY PART OF THE COMMUNITY
	9 DK/REF

- ST20 How good a job do you think Oregon is doing providing government services?
[READ LIST IF NECESSARY]
 1 (Very good job)
 2 (Somewhat good job)
 3 NEUTRAL **[DO NOT READ]**
 4 (Somewhat bad job)
 5 (Very bad job)
 9 DK / REF

WORK / EMPLOYMENT STATUS

- RET1 Did you consider yourself retired for the **entire** year of 2001?
 1 YES **[SKIP TO RET2]**
 2 NO
 9 DK / REF **[SKIP TO RET2]**
- WRK1 **[IF RET1 = 2]** Now I have some questions about your work situation in **2001**. At any time during **2001** were you working; including self-employed or looking for work?
[READ IF NECESSARY: Self Employed = "Whatever that means to you."]
 1 YES
 2 NO **[SKIP TO RET2]**
 9 DK / REF **[SKIP TO RET2]**
- WRK3 **[IF WRK1 = 1]** How many months in **2001** were you not working but were looking for work?
 _____ MONTHS **[ROUND TO NEAREST MONTH]**
[SKIP TO RET2 IF WRK3 >11 MONTHS]
 99 DK / REF
- WRK2 **[IF WRK3 < 12]** In **2001**, was your main source of work-related income from being self-employed?
[READ IF NECESSARY: Self Employed = "Whatever that means to you."]
 1 YES
 2 NO
 9 DK / REF
- WRK5 **[IF WRK3 < 12]** How many months in **2001** were you employed? Please include time you were on paid sick leave, paid vacation, or military service.
 _____ MONTHS **[ROUND TO NEAREST MONTH]**
[SKIP TO RET2 IF WRK5 < 1 MONTH]
 99 DK / REF
- WRK6 **[IF WRK5 > 0]** How many different employers did you work for in **2001**?
[READ IF NECESSARY: If Self-Employed, count each business once if more than one business in 2001.]
 _____ NUMBER OF EMPLOYERS **[SKIP TO JOBZR IF WRK6 < 2]**
 99 DK / REF

- WRK7 **[IF WRK6 > 1]** At any time during **2001** did you work for more than one employer or business at the same time?
 1 YES
 2 NO **[SKIP TO JOBZR]**
 9 DK / REF **[SKIP TO JOBZR]**
- WRK8 **[IF WRK7 = 1]** How many months during **2001** did you work for more than one employer or business at the same time?
 _____ MONTHS
 99 DK / REF
- ALLUHRR **[IF WRK7 = 1]** How many hours per week did you usually work at all your jobs or businesses during **2001**?
 _____ HOURS (ROUND TO NEAREST HOUR)
 100 100 OR MORE
 999 DK / REF
- JOBZR **[IF WRK5 > 0]** How many hours per week did you usually work at your primary job or business during **2001**?
[IF MORE THAN 1 JOB CLARIFY: "Here, your primary job is the one you worked the most hours at during 2001."]
 _____ HOURS PER WEEK **[ENTER "76" IF 76 OR MORE HOURS WORKED]**
 76 76 OR MORE
 99 DK / REF
- RET2 **[ALL]** Now I have some questions about your **current** work situation. Are you currently retired?
 1 YES **[SKIP TO WKHOM]**
 2 NO
 9 DK / REF **[SKIP TO WKHOM]**
- EMP **[IF RET2 = 2]** Are you **currently** employed; including self-employment or farm; for pay?
[READ IF NECESSARY: Self Employed = "Whatever that means to you."]
[READ IF NECESSARY: This includes any job from which you are temporarily absent.]
 1 YES
 2 NO
 9 DK / REF
- UNEM1 **[IF RET2 = 2]** Are you currently looking for a new job?
 1 YES
 2 NO
 9 DK / REF
[IF EMP > 1 SKIP TO LBRUN]

- OCC **[IF EMP = 1]** What is your occupation in your primary job, or what is your job title?
[OPEN END]
[READ IF NECESSARY: What are your most important duties? What do you do that earns you income?]
[IF HAS MORE THAN ONE JOB: Here, your primary job is the one you work the most hours at.]
- SIC **[IF EMP = 1]** What is the business or industry of your primary job?
[OPEN END]
[PROBE: What do they do or make there? For example, TV repair shop, farm, retail shoe store, mobile home manufacturing, county office]
[READ IF NECESSARY: Just in regards to your primary job.]
- SICAR **[IF EMP = 1]** Are you employed by....
[SELECT ONE, FOR MAIN / PRIMARY JOB]
1 Yourself (Self-Employment) **[SKIP TO SELFEMP]**
2 Government **[SKIP TO GOV]**
3 Private Company **[SKIP TO PRIV]**
4 Working Without Pay **[SKIP TO FAMBUS]**
9 OTHER **[PLEASE SPECIFY]** **[SKIP TO JOBSATR]**
77 REFUSED **[SKIP TO JOBSATR]**
88 DK / NOT SURE **[SKIP TO JOBSATR]**
99 NO ANSWER **[SKIP TO JOBSATR]**
- SELFEMP **[IF SICAR = 1]** Would that be...
6 Not Incorporated, Or
7 Incorporated?
9 OTHER **[PLEASE SPECIFY]**
77 REFUSED
88 DK / NOT SURE
99 NO ANSWER
- GOV **[IF SICAR = 2]** Would that be...
3 Local (City, County),
4 State, Or
5 Federal?
9 OTHER **[PLEASE SPECIFY]**
77 REFUSED
88 DK / NOT SURE
99 NO ANSWER
- PRIV **[IF SICAR = 3]** Would that be...
1 For Profit Or
2 Not For Profit?
9 OTHER **[PLEASE SPECIFY]**
77 REFUSED
88 DK / NOT SURE
99 NO ANSWER

- FAMBUS **[IF SICAR = 4]** Would that be....
 8 In A Family Business
 9 Or On A Farm?
 10 OTHER **[PLEASE SPECIFY]**
 77 REFUSED
 88 DK / NOT SURE
 99 NO ANSWER
- JOBSATR **[IF EMP = 1]** On the whole, how satisfied are you with your current primary job?
 1 Very satisfied
 2 Somewhat satisfied
 3 Somewhat dissatisfied
 4 Very dissatisfied
 9 DK / REF
- SALUNIT **[IF EMP = 1]** Next, I have a couple of questions about your salary at your primary job. Are you paid according to an hourly, weekly, monthly, or yearly rate at your current primary job?
 1 HOURLY
 2 WEEKLY **[SKIP TO SALWE]**
 3 MONTHLY **[SKIP TO SALMO]**
 4 YEARLY **[SKIP TO SALYR]**
 9 DK / REF **[SKIP TO RETIR]**
- SALHO **[IF SALUNIT = 1]** What is your current hourly salary at your primary job, not including overtime pay, tips, or commissions?
[PROMPT: How many dollars per hour are you earning?]
[PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER]
[RESPONDENT SALARY ONLY, NOT HOUSEHOLD INCOME]
 _____ [ENTER DOLLAR AMOUNT-NO COMMAS, 2 DECIMAL PLACES] **[SKIP TO RETIR if SALHO>0]**
 99999.98 \$99,999.98 OR MORE
 99999.99 DON'T KNOW/REFUSED
- SALWE **[IF SALUNIT = 2]** What is your current weekly salary at your primary job, not including overtime pay, tips, or commissions?
[PROMPT: How many dollars per week are you earning?]
[PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER]
[RESPONDENT SALARY ONLY, NOT HOUSEHOLD INCOME]
 _____ [ENTER DOLLAR AMOUNT-NO COMMAS, 2 DECIMAL PLACES] **[SKIP TO RETIR if SALWE>0]**
 99998 \$99,998 OR MORE
 99999 DON'T KNOW / REFUSED
- SALMO **[IF SALUNIT = 3]** What is your current monthly salary at your primary job, excluding overtime pay, tips, and commissions?
[PROMPT: How many dollars per month are you earning?]
[PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER]
[RESPONDENT SALARY ONLY, NOT HOUSEHOLD INCOME]
 _____ [ENTER DOLLAR AMOUNT-NO COMMAS, 2 DECIMAL PLACES] **[SKIP TO RETIR if SALMO>0]**

99998 \$99,998 OR MORE
 99999 DON'T KNOW / REFUSED

SALYR **[IF SALUNIT = 4]** What is your current yearly salary at your primary job, excluding overtime pay, tips, and commissions?
[PROMPT: How many dollars per year are you earning?]
[PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER]
[RESPONDENT SALARY ONLY, NOT HOUSEHOLD INCOME]
 _____ [ENTER DOLLAR AMOUNT-NO COMMAS, 2 DECIMAL PLACES]
 9999998 \$9,999,998 OR MORE
 9999999 DON'T KNOW/REFUSED

RETIR **[IF EMP = 1]** Are you or your spouse saving for retirement (excluding social security)?
 1 YES
 2 NO **[SKIP TO LBRUN]**
 9 DK / REF **[SKIP TO LBRUN]**

RETR1 **[IF RETIR = 1]** Are you or your spouse saving through...?
[READ LIST]
[SELECT ALL THAT APPLY]
 1 An employer sponsored retirement account,
 2 A personal retirement account (like an IRA),
 3 Stocks or mutual funds,
 4 Bonds or CDs, Or
 5 Something Else? **[SPECIFY]**
 8 DON'T KNOW
 9 REFUSED

LBRUN **[IF EMP = 1]** Are you represented by a labor or work related union?
[READ IF NECESSARY: Any union is o.k.]
 1 YES
 2 NO
 9 DK / REF

SKL8 **[IF EMP = 1]** How many hours, if any, of job skills training or job related education, other than for safety, did you receive altogether in 2001?
 _____ HOURS
 0 None
 9998 9998 or more
 9999 DK / REF

TELECOMMUTING

[IF RET2 = 1 OR 9 OR RET1 = 1 OR 9, SKIP TO HI]

[IF EMP > 1 SKIP TO HI]

WKHOM **[IF EMP = 1]** Do you ever do work for your primary job from home?

- 1 YES
- 2 NO **[SKIP TO WKHM2]**
- 9 DK / REF **[SKIP TO WKHM2]**

WKHM1 **[IF WKHOM = 1]** Which of the following statements best describes the work you do from home for your primary job? Do you...?

- 1 Bring work home from your full-time job after business hours or on weekends,
- 2 Work from home one to two days a week instead of working from where your company is located, **[SKIP TO OCC1]**
- 3 Work from home three or more days a week instead of working from where your company is located, **[SKIP TO OCC1]**
- 4 Or run a full-time, income producing business out of your home? **[SKIP TO OCC1]**
- 9 DON'T KNOW / REFUSED **[SKIP TO OCC1]**

WKHM2 **[IF WKHOM > 1 OR WKHM1 = 1]** Do you feel your primary job is of the type that you could work from home one or two days a week instead of working from where your company is located?

- 1 YES
- 2 NO **[SKIP TO OCC1]**
- 9 DK / REF

WKHM3 **[IF WKHM2 = 1,9]** Given the opportunity, how interested would you be in doing this at least one day a week - would you be very interested, somewhat interested, not too interested, or not at all interested?

- 1 Very Interested
- 2 Somewhat Interested
- 3 Not too Interested
- 4 Not at all Interested
- 9 DK / REF

OCCUPATIONAL ILLNESS / WORKERS' COMP

OCC1 **[IF EMP = 1]** During 2001, were you injured on the job or did you have an occupational illness that required the services of a medical provider (such as a doctor, a physician's assistant or a nurse)?

- 1 YES
- 2 NO **[SKIP TO TRANSAR]**
- 9 DK / REF **[SKIP TO TRANSAR]**

- OCC1A **[IF OCC1 = 1]** Did you suffer from more than one work related injury or illness during **2001**?
- 1 YES
 - 2 NO **[SKIP TO OCC2]**
 - 9 DK / REF **[SKIP TO OCC2]**
- OCC1B **[IF OCC1A = 1]** How many work related injuries or illnesses did you suffer during 2001?
- _____ INJURIES OR ILLNESSES.
- 000 NONE
 - 999 DK / REF
- OCC2 **[IF OCC1 = 1]** For my next few questions, please think about your most recent work-related injury or illness. Did you file a Worker's Compensation Claim for this work-related illness or injury?
- 1 YES **[SKIP TO OCC3]**
 - 2 NO
 - 9 DK / REF **[SKIP TO OCC4]**
- OCC2A **[IF OCC2 = 2]** Why didn't you file a Worker's Compensation Claim?
[SELECT ALL THAT APPLY]
[DO NOT READ LIST]
- 1 NOT COVERED BY WORKER'S COMPENSATION INSURANCE
 - 2 YOU DID NOT THINK ELIGIBLE
 - 3 THE INJURY WAS NOT SERIOUS ENOUGH
 - 4 DID NOT BELIEVE CLAIM WOULD BE ACCEPTED
 - 5 FELT FILING CLAIM WOULD AFFECT YOUR JOB
 - 6 FELT TO BLAME/WERE RESPONSIBLE FOR INJURY/ILLNESS
 - 7 RECOVERED QUICKLY DID NOT NEED EXTENDED/ FURTHER CARE
 - 8 YOU DID NOT RECEIVE A BILL FOR YOUR MEDICAL TREATMENT
 - 9 YOU FELT THE MEDICAL COSTS WOULD BE COVERED BY YOUR MEDICAL INSURANCE
 - 98 SOME OTHER REASON **[PLEASE SPECIFY]**
 - 99 DK / REF
- OCC3 **[IF OCC2 = 1]** Was the Worker's Compensation claim that you filed Accepted, Partially Accepted, Denied or is it still under consideration?
- 1 ACCEPTED
 - 2 PARTIALLY ACCEPTED
 - 3 DENIED
 - 4 STILL UNDER CONSIDERATION
 - 9 DK / REF
- OCC4 **[IF OCC1 = 1]** After the day of the injury did you miss any time from work because of this illness or injury?
- 1 YES
 - 2 NO **[SKIP TO TRANSAR]**
 - 9 DK / REF **[SKIP TO TRANSAR]**

OCC4A **[IF OCC4 = 1]** How many days did you miss from work because of this work-related illness or injury?
 _____ DAYS
 998 998 OR MORE
 999 DK / REF

COMMUTING

TRANSAR **[IF EMP = 1]** Now I have some questions about commuting. On average, how many minutes did it usually take you to get from home to work each day last week?
[PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER]
 _____ MINUTES
 97 97 MINUTES OR MORE
 98 WORKS AT HOME (NO COMMUTING TIME) **[SKIP TO HI]**
 99 DK / REF

VEHICLR How did you usually get to work last week?
[PROBE: What was your main source of transportation?]
 01 (Car, truck, van) **[SKIP TO TRANSCR]**
 02 (Bus)
 03 (Railroad, lightrail, MAX, streetcar)
 04 (Taxi)
 05 (Motorcycle)
 06 (Bicycle)
 07 (Walked)
 08 (Worked at home) **[SKIP TO HI]**
 10 (Combination of modes (for example, bike+MAX or car+walk)) **[SPECIFY]**
 25 (Retired/ Did not work) **[SKIP TO HI]**
 11 (Other) **[PLEASE SPECIFY] [SKIP TO TRANSDR]**
 99 DK / REF **[SKIP TO TRANSDR]**

ALTACCSS **[IF VEHICLR = 2-7, 10]** Did you have access to a car, truck, or van that you could have driven to work last week?
 1 YES
 2 NO **[SKIP TO TRANSDR]**
 9 DK / REF **[SKIP TO TRANSDR]**

TRANSCR **[IF VEHICLR = 1 OR ALTACCSS = 1]** Including yourself, how many people usually rode to work in that vehicle last week?
 _____ PEOPLE
 8 8 OR MORE
 9 DK / REF

TRANSDR **[IF VEHICLR = 1-7, 10 , 11, 99]** Did you commute to or from work between 3 p.m. and 6 p.m. in the last week?
 1 YES
 2 NO
 9 DK / REF

HEALTH INSURANCE / COVERAGE

- HI **[ALL]** The next questions are about health insurance. Are you currently covered by some type of health insurance?
 1 YES
 2 NO **[SKIP TO HIUNR]**
 9 DK / REF **[SKIP TO HIUNR]**
- HISORCR **[IF HI = 1]** How is your primary health plan obtained, that is, through whom is your coverage initiated?
[READ IF NECESSARY: "Primary Plan" is the plan that is responsible for paying for health benefits first. Government means government services.]
[INDIVIDUALS EMPLOYED BY THE GOVERNMENT SHOULD ANSWER "Your employer" IF EMPLOYER PROVIDES BENEFITS]
[READ IF NECESSARY]
 11 (Your Employer)
 12 (Your Spouse Or Partner's Employer)
 13 (Your Parent's Employer)
 20 (Government)
 21 (Medicare)
 22 (Medicaid, Including The Oregon)
 23 (Indian Health Services)
 30 (Yourself, Or Otherwise Privately Insured)
 40 (Some Family Member Other Than A Spouse Or Parent)
 50 (School)
 55 (Named Plan Or HMO)
 60 (Some Other Way) **[Please Specify]**
 99 Dk / Ref
- HIPAY1 **[IF H1 = 1]** Who pays for your health insurance?
[READ IF NECESSARY: This refers only to the premium, not a copay]
[SELECT ONE]
 3 EMPLOYER PAYS FOR ALL OR PART
 2 GOVERNMENT PAYS FOR ALL OR PART **[MEDICARE / MEDICAID]**
[SKIP TO HIPAY3]
 13 SELF / RESPONDENT PAYS FOR ALL **[SKIP TO HIUNR]**
 22 OTHER **[SPECIFY] [SKIP TO HIUNR]**
 8 DON'T KNOW **[SKIP TO HIUNR]**
 9 REFUSED **[SKIP TO HIUNR]**
- HIPAY2 **[IF HIPAY1 = 3]** Does your employer pay all of your health care costs or do you pay part?
 11 EMPLOYER PAYS 100%
 12 EMPLOYER PAYS PART AND I PAY PART
 99 DON'T KNOW / REFUSED
[SKIP TO HIUNR]
- HIPAY3 **[IF HIPAY1 = 2]** Does the government pay all of your health care costs or do you pay part?
 20 THE GOVERNMENT PAYS 100%
 21 THE GOVERNMENT PAYS PART AND I PAY PART
 99 DON'T KNOW / REFUSED

- HIUNR **[ALL]** At any time in **the last 12 months**, were you without health insurance?
 1 YES
 2 NO **[SKIP TO HIJOB]**
 9 DK / REF **[SKIP TO HIJOB]**
- HIUMOR **[IF HIUNR = 1]** In the last twelve months, how many months were you uninsured?
[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]
 _____ MONTHS (ROUND TO THE NEAREST MONTH)
 00 LESS THAN ONE MONTH
 99 DK / REF
- HIJOB **[IF EMP = 1 AND HISORCR <= 11]** Is health care coverage offered through your job?
[READ IF NECESSARY: This includes an employer making a health insurance plan available to employees even if the employer does not pay any of the premium.]
 1 YES
 2 NO
 9 DK / REF
- HISTR **[ALL]** Which of the following best describes the one basic strategy you would prefer to help to reduce health care costs?
 1 Increase the cost of monthly health insurance premiums that you will pay
 2 Increase the cost of co-payments to doctors, hospitals, and pharmacies that you will pay
 3 Reduce the health insurance benefits that you will receive
 4 Limit your choice of doctors and hospitals
 5 Or something else? **[SPECIFY]**
 9 DK / REF

DENTAL CARE / COVERAGE

- DENT1 **[ALL]** The next few questions are about dental care. Which of the following best describes how long it has been since you last visited the dentist?
[READ IF NECESSARY: "Year" refers to the previous 12 months (not calendar year)]
 1 Less than 1 year ago **[SKIP TO DENT3]**
 2 At least 1 year, but less than 2 years
 3 At least 2 years, but less than 5 years
 4 5 years or more
 5 You have never visited a dentist
 9 DK/REF **[SKIP TO DENT3]**
- DENT2A **[IF DENT1 = 2-5]** What is the primary reason you have not visited the dentist within the last Year?
[READ IF NECESSARY: "Year" refers to the previous 12 months (not calendar year)]
 01 FEAR, APPREHENSION, NERVOUSNESS, PAIN, DISLIKE

- 02 COST OF GOING
- 03 DO NOT HAVE / KNOW A DENTIST
- 04 CANNOT GET TO THE OFFICE / NO TRANSPORTATION
- 05 NO REASON TO GO
- 06 OTHER PRIORITIES
- 07 HAVE NOT THOUGHT OF IT
- 08 NO TEETH
- 09 TOO YOUNG
- 98 OTHER **[PLEASE SPECIFY]**
- 99 DK / NOT SURE

- DENT3 **[ALL]** Are you covered for any dental care by dental insurance, an HMO plan, Medicaid, public assistance, or the military?
- 1 YES
 - 2 NO
 - 9 DK / REF

RESPONDENT / RELATIVE DISABILITIES

- DISABCR **[ALL]** Next, I have some questions about disabilities. Do you have a lasting mental, developmental, physical or learning disability that has lasted or will last more than a year?

[READ IF NECESSARY: "Lasting" means at least one year]

- 1 YES
- 2 NO **[SKIP TO DISBL6]**
- 9 DK/REF **[SKIP TO DISBL6]**

- DISTYP **[IF DISABCR = 1]** Which of those disabilities do you have?
[SELECT ALL THAT APPLY]

- 1 MENTAL DISABILITY
- 2 DEVELOPMENTAL DISABILITY
- 3 PHYSICAL DISABILITY
- 4 LEARNING DISABILITY
- 5 OTHER **[SPECIFY]**
- 9 DK / REF

- DISABBR **[IF DISABCR = 1]** Does this disability prevent you from working at a job?

- 1 YES **[SKIP TO DISCA]**
- 2 NO
- 9 DK / REF

- DISABAR **[IF DISABBR = 2,9]** Does this disability limit the **kind** of work you can do?

- 1 YES
- 2 NO
- 9 DK / REF

- DISCA **[IF DISABCR = 1]** Are you receiving personal care or assistance for daily activities from someone who lives in your household?

[READ IF NECESSARY: "Care" means help with such things as bathing, personal hygiene, walking, etc.]

- 1 YES

2 NO
9 DK / REF

DISBL6 **[ALL]** Do you or does anyone in your household currently provide some type of personal care or assistance for daily activities for any disabled or elderly relatives who do not live in your home?

[READ IF NECESSARY: "Daily Activities" include money management, transportation, yard work, etc. "Care" means help with such things as bathing, personal hygiene, walking, etc.]

1 YES
2 NO **[SKIP TO CCOR]**
9 DK / REF **[SKIP TO CCOR]**

DSBL1 **[IF DISBL6 = 1]** How many relatives do you or someone in your household provide care for that do not live in your home?

[READ IF NECESSARY: "Care" means help with such things as bathing, personal hygiene, walking, etc.]

_____ RELATIVES
0 NONE **[SKIP TO CCOR]**
8 8 OR MORE
9 DK / REF **[SKIP TO CCOR]**

DSBL2 **[IF DSBL1 = 1-8] [ASK FOR EACH RELATIVE CARED FOR OUTSIDE OF HOME]** What is/are the age(s) of the person/people you or anyone else in your household care for?

[ACCEPT UP TO 6 RESPONSES]

_____ YEARS OLD
98 98 OR OLDER
99 DK / REF

DISBL **[ASK FOR EACH RELATIVE CARED FOR OUTSIDE OF HOME]** Thinking of the person who is <AGE>, does this disabled or elderly relative live in their own home, or in a care home, center or facility?

[READ IF NECESSARY: "Care home" means nursing facility, assisted living facility, group care home, adult foster home, etc.]

[IF CARING FOR MORE THAN 1 RELATIVE IT IS OK TO HAVE BOTH OWN HOME AND CARE HOME AS RESPONSES.]

1 Own Home
2 Care Home / facility
9 DK / REF

CHILDCARE

CCOR **[ALL]** The next topic is childcare. During May of 2002, did any adult, 18 or over, who lives in your household get paid for providing childcare in your home for any children who do not live in your home?

[PROBE: That is children who come to your home for care. This does not include foster care (i.e. 24 hour care) or care of children by nannies who live in the same house.]

[WE ARE INTERESTED ONLY IN MAY OF 2002.]

- 1 YES
- 2 NO **[SKIP TO LIBMO1]**
- 9 DK / REF **[SKIP TO LIBMO1]**

CHILDCR4 **[IF CCOR = 1]** Is this care provided on an ongoing, regular basis; that is, for more than 3 months in a row?

[READ IF NECESSARY: FOR MULTIPLE QUALIFYING CAREGIVERS IN HOUSEHOLD, CONSIDER ONLY CHILDREN CARED FOR IN PRIMARY SITUATION]

- 1 YES **[MUST BE 3 MONTHS IN A ROW]**
- 2 NO
- 9 DK / REF

CHILDCR2 **[IF CCOR = 1]** How many of these children are unrelated to the primary caregiver?

[PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER.]

[DO NOT COUNT CHILDREN IN EXTENDED FAMILY, E.G. NIECES AND NEPHEWS FOR MULTIPLE QUALIFYING CAREGIVERS IN HOUSEHOLD, CONSIDER ONLY CHILDREN CARED FOR IN PRIMARY SITUATION.]

_____ ENTER NUMBER OF CHILDREN

- 98 98 OR MORE
- 99 DK / REF

CHILDCR5 **[IF CCOR = 1]** Other than your own children, what is the maximum number of children that are cared for at any one time?

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]

**[RELATIVES SUCH AS NIECES AND NEPHEWS SHOULD BE COUNTED]
[FOR MULTIPLE QUALIFYING CAREGIVERS IN HOUSEHOLD, CONSIDER ONLY CHILDREN CARED FOR IN PRIMARY SITUATION]
[CURRENT (NOT TYPICAL/USUAL) MAXIMUM]**

_____ ENTER NUMBER OF CHILDREN

- 98 98 OR MORE
- 99 DK / REF

CHILDCR6 **[IF CCOR = 1]** Other than your own children, what is the total number of children that are cared for on a typical day?

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]

**[RELATIVES SUCH AS NIECES AND NEPHEWS SHOULD BE COUNTED]
[FOR MULTIPLE QUALIFYING CAREGIVERS IN HOUSEHOLD, CONSIDER ONLY CHILDREN CARED FOR IN PRIMARY SITUATION]
[CURRENTLY TYPICAL (NOT HISTORICALLY USUAL)]**

_____ ENTER NUMBER OF CHILDREN

- 98 98 OR MORE
- 99 DK / REF

LIBRARIES

LIBMO1 **[ALL]** Have you used a public library or library program in the last 30 days? This includes connecting to the library on the internet.

- 1 YES **[SKIP TO VOLASTYR]**
- 2 NO
- 9 DK / REF

LIBYR1 **[IF LIBMO1 = 2, 9]** Have you used a public library or library program in the last 12 months?

- 1 YES
- 2 NO
- 9 DK / REF

VOLUNTEER WORK

VOLASTYR **[ALL]** Over the last 12 months, how many hours, if any, did you volunteer your time to civic, community or non-profit activities? Please do not include involuntary "community service."

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER] [INVOLUNTARY MEANS COURT-ORDERED]

_____ HOURS (NO COMMAS, ROUND TO THE NEAREST HOUR)

9998 9998 OR MORE

9999 DK / REF

EDUCATION

EDUC **[ALL]** The next few questions are about your education. What is the highest level of education you have completed?

[BUSINESS/SECRETARIAL SCHOOL/OTHER "CERTIFICATE" PROGRAMS DO NOT COUNT]

[PROBE IF ASSOCIATE DEGREE: Was that an occupational program or an academic program? IF SOME COLLEGE, NO DEGREE: Did you finish at least one year of college?]

[READ IF NECESSARY]

- 11 DOCTORATE (PHD, EDD)
- 12 PROFESSIONAL (MD, JD, DVM, DDS)
- 20 MASTERS (MA, MS, MBA, MED)
- 30 BACHELORS (BA, BS, AB)
- 41 ASSOCIATE-ACADEMIC, TRANSFERABLE TO 4-YEAR COLLEGE
- 42 ASSOCIATE-OCCUPATIONAL, APPLIED SCIENCE
(BOOKKEEPING, ELECTRONIC TECH)
- 51 SOME COLLEGE, NO DEGREE, 1+ YEAR COLLEGE COMPLETED

- 52 SOME COLLEGE, NO DEGREE, LESS THAN 1 YEAR COLLEGE
 61 HIGH SCHOOL DIPLOMA **[SKIP TO CERTIF]**
 62 GED **[SKIP TO CERTIF]**
 71 12TH GRADE, NO DIPLOMA **[SKIP TO CERTIF]**
 72 11TH GRADE **[SKIP TO CERTIF]**
 73 10TH GRADE **[SKIP TO CERTIF]**
 74 9TH GRADE **[SKIP TO CERTIF]**
 81 5TH, 6TH, 7TH, 8TH GRADE **[SKIP TO CERTIF]**
 82 4TH GRADE OR LESS **[SKIP TO CERTIF]**
 99 DK / REF **[SKIP TO CERTIF]**
- EDSUB **[IF EDUC < 51]** What is the subject matter of your <educ > degree?
[OPEN END]
[PROMPT: Your highest or most recent degree.]
- EDOR **[IF EDUC < 52]** Did you attend undergraduate school at any Oregon public four-year university or college?
 1 YES
 2 NO **[SKIP TO CERTIF]**
 9 DK/REF **[SKIP TO CERTIF]**
- EDUC3 **[IF EDUC <= 30 AND EDOR = 1]** Did you receive your bachelor's degree from an Oregon public four-year university or college?
 1 YES
 2 NO **[SKIP TO CERTIF]**
 9 DK/REF **[SKIP TO CERTIF]**
- EDUC4 **[IF EDUC3 = 1]** From which Oregon public university or college did you receive your bachelor's degree?
 1 EASTERN OREGON UNIVERSITY (FORMERLY EASTERN OREGON STATE COLLEGE)
 2 OREGON INSTITUTE OF TECHNOLOGY
 3 OREGON STATE UNIVERSITY
 4 PORTLAND STATE UNIVERSITY
 5 SOUTHERN OREGON UNIVERSITY
 6 UNIVERSITY OF OREGON
 7 WESTERN OREGON UNIVERSITY (FORMERLY WESTERN STATE COLLEGE AND OREGON COLLEGE OF EDUCATION)
 8 OREGON HEALTH SCIENCES UNIVERSITY
 9 OTHER **[SPECIFY]**
 99 DK / REF
- CERTIF **[IF EDUC > 30]** Have you completed an occupational, vocational, or career certificate program?
[READ IF NECESSARY: Does not include occupational or applied degrees through academic programs (e.g. junior college degrees in applied science, bookkeeping, electronic tech, etc.)]
[READ IF NECESSARY: These certificate programs could include, but are not restricted to:
Business certificates (accounting for example)
Health program certificates (speech, hearing, medical technology or equipment)

**Engineering technology programs (circuit design or testing, computer design digital signal processing, for example)
Construction trades (welding, for example)]**

- 1 YES
- 2 NO
- 9 DK / REF

TRANSPORTATION

TRAFFR **[ALL]** Now, let's talk a little bit about transportation in Oregon. How serious a problem is auto traffic congestion in your community? Is it a ...

[READ LIST]

- 1 Critical Problem
- 2 Very Serious Problem
- 3 Moderate Problem
- 4 Only a Small Problem
- 5 Not a Problem At All
- 9 DK / REF

HWYSAFR **[ALL]** On a scale of 1 to 5, where 1 is "not at all safe" and 5 is "completely safe", How safe do you feel when you're on freeways and highways in Oregon?

- 5 COMPLETELY SAFE
- 4
- 3
- 2
- 1 NOT AT ALL SAFE
- 9 DK / REF

OREGON STATE LOTTERY

LOTGAMR1 **[ALL]** Next, I have a few questions about the Oregon Lottery. In the past 12 months, have you played in Oregon Lottery Games like Instant Scratch-its, Megabucks, Keno, Breakopens, Powerball, Sports Action, Video Poker, Pick 4, or Win for Life?

- 1 YES
- 2 NO **[SKIP TO GAMCASHR]**
- 9 DK / REF **[SKIP TO GAMCASHR]**

LOTGAMR2 **[IF LOTGAMR1 = 1]** Which of the following Oregon Lottery games have you played? Have you played...?

[READ ONE AT A TIME AND SELECT IF YES]

[ROTATE LIST]

- 1 Instant Scratch-its
- 2 Megabucks
- 3 Keno
- 4 Breakopens
- 5 Powerball
- 6 Sports Action

- 7 Video Poker
- 8 Pick 4
- 9 Win For Life
- 99 NONE OF THE ABOVE

LOTASHR **[IF LOTGAMR1 = 1]** In a typical month how much do you spend on all Oregon Lottery games?

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]

_____ (NO COMMAS, ROUND TO THE NEAREST DOLLAR)

99998 \$99,998 OR MORE

99999 DK / REF

GAMASHR **[ALL]** In a typical month, how much do you spend on other gambling activities including Bingo, horse or dog racing, Indian Casinos, sports betting, or Nevada casinos?

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]

[TRIPS TO NEVADA AND INDIAN CASINOS ONLY INCLUDES MONEY LOST GAMBLING, NOT TRAVEL EXPENSES.]

_____ (NO COMMAS, ROUND TO THE NEAREST DOLLAR)

99998 \$99,998 OR MORE

99999 DK / REF

LOTFEELR **[ALL]** What are your feelings about the Oregon Lottery? Would you say you are...

[ROTATE ORDER, LIST IS READ]

5 Definitely in favor

4 Somewhat in favor

2 Somewhat opposed

1 Definitely opposed

9 DK / REF

HOUSEHOLD GRID

HHNUMAR **[ALL]** Now I have some questions about others in your household. First, how many people live in your household at this point in time, **not** counting yourself? **[PROBE: How many people live and sleep in your house most of the time, excluding you?]**

_____ ENTER NUMBER OF PEOPLE

0 **[SKIPTO CST1]**

14 14 OR MORE

99 DK/REF **[SKIP TO CST1]**

REL .1 **[IF HHNUMAR = 1-14]** I have a few questions about each member of your household. Please don't tell me any names, just the relationship of the person to you. So that we can both keep track of the person I'm asking questions about, I'd like to start with the oldest person and go in order from oldest to youngest. Who is the oldest member of your household?

REL.2-.14 What is the relationship to you of the next oldest member of your household?

- 01 Wife/husband/spouse
- 02 Daughter (natural-born or adopted)
- 22 Son (natural-born or adopted)
- 03 Step-daughter/step-son
- 04 Brother/sister/sibling
- 05 Mother/father/step-parent
- 06 Grandchild
- 07 Grandparent
- 08 Other relative
- 09 Roomer, boarder, foster child
- 10 Roommate, housemate
- 11 Unmarried partner/cohabitant
- 12 Other non-relative
- 98 Other (NOT SPECIFIED RELATIVE OR NON RELATIVE) [SPECIFY]
- 77 REFUSED **[SKIP TO NEXT HH MEMBER]**
- 88 DON'T KNOW / NOT SURE **[SKIP TO NEXT HH MEMBER]**
- 99 NO ANSWER **[SKIP TO NEXT HH MEMBER]**
- 00 No other members of household **[SKIPTO CST1]**

XAC0 (HOUSEHOLD MEMBER COUNTER)

=> * if IF((REL<>00),1-14,0)

[ASK SERIES FOR ALL HH MEMBERS, IF REL = 1-12, 22, 98]

SEX.# **[ASK IF NECESSARY: Is that person male or female?]**

- 1 Male
- 2 Female
- 7 DK / Refused

AGE.# **[IF REL = 1-12, 22, 98] How old is your/the <REL >?**

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF AGE OR BIRTH DATE]

IF AGE NOT KNOWN ENTER 98 AND ASK: In what year and month was your <REL > born? So they must be ____ years old now. Is that correct?

___ YEARS OLD (COMPLETED YEARS; DO NOT ROUND UP)

96 96 OR OVER

0 < ONE

98 DOB **[SPECIFY MM/DD/YY]**

99 DK / REF

BORNWHR.# **[IF REL = 1-12, 22, 98] In what state or foreign country was your/the <REL > born?**

[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]

- | | | | | | |
|---|------------|------|-------------|----|----------|
| 1 | ALABAMA | 8 | COLORADO | 12 | FLORIDA |
| 2 | ALASKA | 9 | CONNECTICUT | 13 | GEORGIA |
| 4 | ARIZONA | 10 | DELAWARE | 15 | HAWAII |
| 5 | ARKANSAS | 11 | WASHINGTON | 16 | IDAHO |
| 6 | CALIFORNIA | D.C. | | 17 | ILLINOIS |

18	INDIANA	35	NEW MEXICO	54	WEST VIRGINIA
19	IOWA	36	NEW YORK	55	WISCONSIN
20	KANSAS	37	NORTH CAROLINA	56	WYOMING
21	KENTUCKY	38	NORTH DAKOTA	62	EUROPE
22	LOUISIANA	39	OHIO		[SPECIFY]
23	MAINE	40	OKLAHOMA	63	LATIN
24	MARYLAND	41	OREGON		AMERICA/MEXICO
25	MASSACHUSETTS	42	PENNSYLVANIA		[SPECIFY]
26	MICHIGAN	44	RHODE ISLAND	64	AFRICA [SPECIFY]
27	MINNESOTA	45	SOUTH CAROLINA	65	ASIA/PACIFIC
28	MISSISSIPPI	46	SOUTH DAKOTA		ISLANDS
29	MISSOURI	47	TENNESSEE		[SPECIFY]
30	MONTANA	48	TEXAS	66	CANADA
31	NEBRASKA	49	UTAH	67	AUSTRALIA/NEW
32	NEVADA	50	VERMONT		ZEALAND
33	NEW HAMPSHIRE	51	VIRGINIA	97	OTHER [SPECIFY]
34	NEW JERSEY	53	WASHINGTON	99	DK / REF

HISPAR.# **[IF REL = 1-12, 22, 98]** Is your/the <REL > Spanish, Hispanic, or Latino?
[PROMPT: Were their ancestors Mexican, Puerto Rican, Cuban, Central or South American, or from Spain?]
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
1 YES
2 NO
9 DK / REF

RACE.# **[IF REL = 1-12, 22, 98]** I'm going to read a list of race categories. Please choose one or more races your/the <REL > considers himself/herself to be:
[CLARIFY "INDIAN" WITH "Is that American Indian or Asian Indian?"]
[ASIAN/PACIFIC ISLANDER INCLUDES GROUPS SUCH AS: CHINESE, FILIPINO, HAWAIIAN, INDIAN (ASIAN), VIETNAMESE, KOREAN, JAPANESE, CAMBODIAN, AND SAMOAN.]
["Hispanic" SHOULD BE TALLIED "Some other race"]
[READ LIST]
11 White
12 Black or African American
13 American Indian or Alaska Native
14 Asian or Pacific Islander
99 Other [PLEASE SPECIFY]
99 DK / REF

RACE2.# **[IF MORE THAN ONE RACE]** Is there one race category that your/the <REL > most identify with?
3 YES
4 NO
9 DON'T KNOW / REFUSED

RACE2A.# **[IF RACE2 = 1]** What race would that be?
11 White
12 Black or African American

- 13 American Indian or Alaskan Native
 14 Asian or Pacific Islander
 90 Some other race **[PLEASE SPECIFY]**
 99 DK / REF
- WRK1.# **[IF REL = 1-12, 22, 98 AND AGE.# > 13]** Was your/the <REL > employed in **2001?**
[SKIP TO HI if AGE<14]
 1 YES
 2 NO **[SKIP TO HI]**
 9 DK / REF **[SKIP TO HI]**
- WRK5.# **[IF WRK1.# = 1]** How many months was your/the <REL > employed in **2001?**
[APPROXIMATE IF NOT SURE]
 _____ MONTHS
 99 DK / REF
- OCC.# **[IF WRK1.# = 1]** What is the occupation of your/the <REL> in their primary job, or what is their job title?
[OPEN END]

[READ IF NECESSARY: What are their most important duties? What do they do that earns them income? Here, their primary job is the one they work the most hours at.]
- HI.# **[IF REL = 1-12, 22, 98]** Is your/the <REL > currently covered by some type of health insurance?
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 1 Yes
 2 No **[SKIP TO HIUNR.#]**
 9 DK / REF **[SKIP TO HIUNR.#]**
- HISORCR.# **[IF HI.# = 1]** Is your/the <REL >'s primary health insurance plan obtained through...?
[READ IF NECESSARY: "Primary Plan" is the plan that is responsible for paying for health benefits first. Government means government services.]
INDIVIDUALS EMPLOYED BY THE GOVERNMENT SHOULD ANSWER "Your employer" IF EMPLOYER PROVIDES BENEFITS]

[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
[READ LIST]
 11 Their employer
 12 Their spouse's or partner's employer
 13 Their parent's employer
 21 Medicare
 22 Medicaid (INCLUDING THE OREGON HEALTH PLAN)
 20 Government
 23 Indian Health Services
 30 His/her self, or otherwise privately insured
 40 Some family member other than a spouse or parent
 50 School
 55 Named Plan or HMO

60 Some other way **[PLEASE SPECIFY]**
 99 DK / REF

HIUNR.# **[IF REL = 1-12, 22, 98]** At any time in the last 12 months, was your/the <REL > without health insurance?
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 1 Yes
 2 No **[SKIP TO DENT1]**
 9 No answer **[SKIP TO DENT1]**

HIUMOR.# **[IF REL = 1-12, 22, 98]** In the last 12 months, how many months was your/the <REL> uninsured?
[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 _____ MONTHS (ROUND TO THE NEAREST MONTH)
 99 DK / REF

DENT1.# **[IF REL = 1-12, 22, 98]** Which of the following best describes how long it has been since your/the <REL> last visited the dentist?
[READ IF NECESSARY: "Year" refers to the previous 12 months (not calendar year)]
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 1 LESS THAN ONE YEAR AGO
 2 AT LEAST 1 YEAR, BUT LESS THAN 2 YEARS
 3 AT LEAST 2 YEARS BUT LESS THAN 5 YEARS
 4 5 YEARS OR MORE
 5 YOUR/THE <REL > HAS NEVER VISITED A DENTIST
 9 DK / REF

DENT3.# **[IF REL = 1-12, 22, 98]** Is your/the <REL > covered for any dental care by dental insurance, an HMO plan, Medicaid, public assistance, or the military?
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 1 YES
 2 NO
 9 DK / REF

EDUC.# **[IF REL = 1-12, 22, 98 AND AGE.# > 24]** What is the highest level of education your/the <REL > has completed?
[BUSINESS/SECRETARIAL SCHOOL/OTHER "CERTIFICATE" PROGRAMS DO NOT COUNT]
[PROBE IF ASSOCIATE DEGREE: Was that an occupational program or an academic program? IF SOME COLLEGE, NO DEGREE: Did s/he finish at least one year of college?]
 11 Doctorate (PhD, EdD)
 12 Professional (MD, JD, DVM, DDS)
 20 Masters (MA, MS, MBA, MEd)
 30 Bachelors (BA, BS, AB)
 41 Associate-Academic, Transferable to 4-year college
 42 Associate-Occupational, applied science

(bookkeeping, electronic tech)
 51 Some college, no degree, 1+ year college completed
 52 Some college, no degree, less than 1 year college
 61 High school diploma
 62 GED
 71 12th grade, no diploma
 72 11th grade
 73 10th grade
 74 9th grade
 81 5th, 6th, 7th, 8th grade
 82 4th grade or less
 99 DK / REF

- CERTIF.# **[IF AGE > 24]** Has your/the <REL > completed an occupational, vocational, or career certificate program?
[READ IF NECESSARY: Does not include occupational or applied degrees through academic programs (e.g. junior college degrees in applied science, bookkeeping, electronic tech, etc.)
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 1 YES
 2 NO
 9 DK / REF
- DISABCR.# **[IF REL = 1-12, 22, 98]** Does your/the <REL > have a lasting mental, developmental, physical or learning Disability?
[READ IF NECESSARY: "Lasting" means at least one year.]
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 1 YES
 2 NO **[SKIP TO CCRNGA]**
 9 DK / REF **[SKIP TO CCRNGA]**
- DISTYP.# **[IF DISABCR.# = 1]** Which of these disabilities does your/the <REL > have?
[SELECT ALL THAT APPLY]
[PROMPT RESPONSE CATEGORIES 1-3 IF NECESSARY]
 1 MENTAL DISABILITY
 2 DEVELOPMENTAL DISABILITY
 3 PHYSICAL DISABILITY
 4 LEARNING DISABILITY
 9 DK / REF
- DISABBR.# **[IF DISABCR.# = 1 AND AGE > 13]** Does this lasting disability prevent your/the <REL > from working at a job?
[SKIP TO DISCA IF AGE<14]
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 1 YES **[SKIP TO DISCA]**
 2 NO
 9 DK / REF
- DISABAR.# **[IF DISABBR.# = 2,9]** Does this lasting disability limit the kind of work your/the <REL > can do?
[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]
 1 YES

- 2 NO
- 9 DK / REF

DISCA.# **[IF DISABCR.# = 1]** Does your/the <REL > receive care from someone who lives in your household?

- 1 YES
- 2 NO
- 9 DK / REF

CCRNGA.# TO CCRNGH.#

[IF AGE < 13] Now we are going to ask you about child care arrangements of children in the household. Did you have any type of paid childcare arrangements for your/the <REL> during the last school year? If "yes", was it...?

[ENTER ALL MENTIONED, SELECTING PRIMARY TYPE FIRST]

IF MORE THAN ONE: Which of these is the primary type of child care used for your/the <REL>]

[APPLIES TO THE 2001/2002 SCHOOL YEAR]

[READ LIST]

- 10 YES-Day care center
- 20 YES-Paid care in home/babysitter in home
- 31 YES-Paid care in relative's home
- 32 YES-Paid care in non-relative's home
- 50 YES-Paid group activities
- 60 YES- Unpaid care, any type
- 70 NO-No day care, paid or unpaid for this child **[SKIP TO LIBMO1]**
- 80 OTHER **[PLEASE SPECIFY]**
- 99 DK / REF **[SKIP TO LIBMO1]**

CHILDCR8.# (IF AGE <13 AND CCRNGA # TO CCRNGH# = 10-60, 80) In **2001**, did you have trouble finding childcare to meet your <REL> needs? Please rate your trouble finding care on a five-point scale where "1" means "None – Had no trouble at all" to "5" meaning you "Had A Great Deal Of Trouble."

- 1 NONE – HAD NO TROUBLE AT ALL
- 2
- 3
- 4
- 5 HAD A GREAT DEAL OF TROUBLE
- 8 DON'T KNOW
- 9 REFUSED

CCB1.# **[IF AGE < 13 AND CCRNGA.# TO CCRNGH.# = 10-60, 80]** How many hours altogether in a typical week during the school year does your/ the <REL > spend in paid childcare?

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER PROBE: This is the total amount for all types of paid care in an average week in the school year (2001/2002 school year)]

_____ HOURS (ROUND TO NEAREST HOUR-- 3 DIGITS)

- 168 168 OR MORE
- 999 DK / REF

CCOSTR.# **[IF AGE < 13 AND CCRNGA.# TO CCRNGH.# = 10-60, 80]** Overall, how much does your household spend on child care in an average month during the school year, for your/the <REL>?

[PROBE: Including babysitters, day care centers, and all other paid child care arrangements and Include gross amount to household, excluding tax breaks or subsidies.]

_____ (NO COMMAS, ROUND TO NEAREST DOLLAR)
 9998 \$9,998 OR MORE
 9999 DK / REF

CCINTRO.# **[IF AGE < 13 AND CCRNGA.# TO CCRNGH.# = 10-60, 80]** I'm going to read three statements about the paid child care your/the <REL >receives. For each statement, please tell me whether you feel it is true "never," "rarely", "sometimes," "often," or "always".

[PRESS ANY KEY TO CONTINUE]

CCSAFE1.# **[IF AGE < 13 AND CCRNGA.# TO CCRNGH.# = 10-60, 80]** Do you feel it is true "Never", "Rarely", "Sometimes", "Often", or "Always" that your/the <REL > feels safe and secure in care?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK / REF

CCATTN1.# **[IF AGE < 13 AND CCRNGA.# TO CCRNGH.# = 10-60, 80]**Do you feel it is true "Never", "Rarely", "Sometimes", "Often", or "Always" that your <REL > gets lots of individual attention?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK / REF

CCINFO1.# **[IF AGE < 13 AND CCRNGA.# TO CCRNGH.# = 10-60, 80]** Do you feel it is true "Never", "Rarely", "Sometimes", "Often", or "Always" that your/the <REL >'s caregiver is open to new information and learning.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DK / REF

LIBMO1.# **[IF REL = 1-12, 22, 98]** Has your/the <REL > used a public library or library program in the last 30 days? This includes connecting to the library on the internet.

[READ IF NECESSARY: Includes preschool and story programs for infants and children]

[YOU ARE ON HOUSEHOLD MEMBER <XAC0 > OF <HHNUMAR>.]

- 1 YES **[SKIP TO ENDLOOP]**
- 2 NO
- 9 DK / REF

LIBYR1.# **[IF LIMO1.# . 1]** Has your/the <REL > used a public library or library program in the last 12 months?

[READ IF NECESSARY: Includes preschool and story programs for infants and children]

[YOU ARE ON HOUSEHOLD MEMBER <XAC0 > OF <HHNUMAR>.]

- 1 YES
- 2 NO
- 9 DK / REF

END OF HOUSEHOLD GRID

HOUSEHOLD EXPENSES

CST1 **[ALL]** To finish up, I need to ask a few questions about your household's expenses.

ELECTMOR **[ALL]** On average, what is the monthly cost for electricity in your household?
[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]

_____ (ROUND TO NEAREST DOLLAR)

- 0 INCLUDED IN RENT
- 998 \$998 OR MORE
- 999 DK/REF

GASMOR **[ALL]** On average what is the monthly cost for natural gas in your household?
[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]

_____ (ROUND TO NEAREST DOLLAR)

- 0 DO NOT HAVE / INCLUDED IN RENT
- 998 \$998 OR MORE
- 999 DK/REF

WATERMOR **[ALL]** On average, what is the monthly cost for water and sewer in your household?

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]

_____ (ROUND TO NEAREST DOLLAR)

- 0 INCLUDED IN RENT
- 998 \$998 OR MORE
- 999 DK / REF

FUELMOR **[ALL]** On average what is the monthly cost for heating oil, kerosene, propane, wood or other fuels in your household?

[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]

_____ (ROUND TO NEAREST DOLLAR)
 0 DO NOT HAVE / INCLUDED IN RENT
 998 \$998 OR MORE
 999 DK / REF

TREASURER'S OFFICE QUESTIONS

COLSAV1 **[ALL]** Do you have any children under the age of 18 that live outside your household?

1 YES
 2 NO
 9 DON'T KNOW / REFUSED

Programming Note: If COLSAV1 = 1 or REL.1-REL.14 = 2, 3, or 22, then CHLD18 = 1

COLSAV2 **[IF CHLD18 = 1]** Are you saving for the college expenses of any of your children under the age of 18?

1 YES
 2 NO **[SKIP TO CMP4]**
 9 DON'T KNOW / REFUSED **[SKIP TO CMP4]**

OCSBSAV **[IF CHLD18 = 1 AND COLSAV2 EQ 1]** Are you saving through the Oregon College Saving Plan?

1 YES
 2 NO
 9 DON'T KNOW / REFUSED

TECHNOLOGY

CMP4 **[ALL]** Do you have a personal computer in your home?

1 YES
 2 NO
 9 DK / REF

CMP6 **[ALL]** Do you use a computer or other device to access the Internet?

1 YES
 2 YES- A LITTLE
 3 NO
 9 DK / REF

CMP8 **[ALL]** Do you use a computer to create or edit documents or graphics, or to analyze data?

- 1 YES
- 2 YES- A LITTLE
- 3 NO
- 9 DK / REF

TEL1 **[ALL]** In 2001, was your home without telephone service?

[READ IF NECESSARY: Landline service only, do not include cellular telephone service]

- 1 YES
- 2 NO **[SKIP TO TEL3]**
- 9 DK / REF **[SKIP TO TEL3]**

TEL2 **[IF TEL1 = 1]** How long were you without a telephone in your home?

[READ IF NECESSARY: Landline service only, do not include cellular telephone service]

- 1 Less than one month
- 2 More than one month but less than three months
- 3 More than three months but less than six months
- 4 Six months or more
- 9 DK / REF

TEL3 **[ALL]** How many telephone numbers are associated with this household?

[READ IF NECESSARY: Landline service only, do not include cellular telephone service]

- ___ ENTER NUMBER (1 OR MORE)
- 99 DON'T KNOW / REFUSED

TEL4 **[IF TEL3 > 1]** How many telephone lines in your household are currently used strictly for non-voice communications, such as a dedicated fax or modem line?

[READ IF NECESSARY: Landline service only, do not include cellular telephone service]

- ___ ENTER NUMBER (1 OR MORE)
- 99 DON'T KNOW / REFUSED

LIVING UNIT

HOMER **[ALL]** Which of the following best describes your living unit?

[READ LIST]

- 1 One-family manufactured dwelling (mobile home or manufactured home) **[SKIP TO HOMR1]**
- 3 A one-family house detached from any other house **[SKIP TO OWNR]**
- 4 A one-family house or condominium attached to one or more houses **[SKIP TO OWNR]**
- 5 A building with 2 or 3 apartments **[SKIP TO OWNR]**
- 6 A building with 4 or more apartments **[SKIP TO OWNR]**
- 7 Other (Boat, RV, van, etc.) **[PLEASE SPECIFY] [SKIP TO OWNR]**
- 8 DK / NOT SURE **[SKIP TO OWNR]**
- 99 REF/NO ANSWER **[SKIP TO OWNR]**

- HOMR1 **[IF HOMER = 1]** Is it located...
[READ LIST]
 1 In a rental park or on leased land
 2 On land owned by you or someone in this household
 9 DK / REF
- OWNR **[IF HOMER = 1-99]** Is your living unit...
[READ LIST]
 1 Owned by you or someone in this household with a mortgage or loan?
 2 Owned by you or someone in this household free . and clear (without a mortgage or loan)?
 3 Rented for cash rent? **[SKIP TO RENTR]**
 4 Occupied without payment of cash rent? **[SKIP TO INTRO]**
 5 SOMETHING ELSE [PLEASE SPECIFY] **[SKIP TO INTRO]**
 8 DON'T KNOW/NOT SURE **[SKIP TO INTRO]**
 9 DK/REF **[SKIP TO INTRO]**
- HVLAR **[IF OWNR = 1-2]** What is the value of this property - that is, how much do you think your living unit would sell for if it were for sale?
[PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER]
 _____(NO COMMAS, ROUND TO THE NEAREST DOLLAR)
 9999999 \$9,999,999 OR MORE
 .98 DK / NOT SURE
 .99 NO ANSWER / REFUSED
- HCOSTR **[IF OWNR = 1-2]** What is the total monthly amount that your household spends on housing costs, including mortgage, insurance, and taxes? Do not include the cost of any utilities.
[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]
 _____ (NO COMMAS, ROUND TO NEAREST DOLLAR)
 9999999 \$9,999,999 OR MORE
 .98 DK / NOT SURE
 .99 NO ANSWER / REFUSED
- RENTR **[IF OWNR = 3]** What is the total monthly rent?
[PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER]
 _____ (NO COMMAS, ROUND TO NEAREST DOLLAR)
 9999999 \$9,999,999 OR MORE
 .98 DK / NOT SURE
 .99 NO ANSWER / REFUSED

DEPARTMENT OF COMMUNITY COLLEGES & WORKFORCE DEVELOPMENT

- INTRO **[ALL]** For each of the following questions, please tell me whether you are comfortable or uncomfortable for each item.
- READING **[ALL]** How comfortable would you say you are at reading in English? Would that be very or somewhat (comfortable / uncomfortable)?

- 1 VERY UNCOMFORTABLE
- 2 SOMEWHAT UNCOMFORTABLE
- 3 NEUTRAL
- 4 SOMEWHAT COMFORTABLE
- 5 VERY COMFORTABLE
- 9 DON'T KNOW / REFUSED

WRITENG **[ALL]** How comfortable would you say you are at writing in English? Would that be very or somewhat (comfortable / uncomfortable)?

- 1 VERY UNCOMFORTABLE
- 2 SOMEWHAT UNCOMFORTABLE
- 3 NEUTRAL
- 4 SOMEWHAT COMFORTABLE
- 5 VERY COMFORTABLE
- 9 DON'T KNOW / REFUSED

MATH **[ALL]** How comfortable are you at solving math problems? Would that be very or somewhat (comfortable / uncomfortable)?

- 1 VERY UNCOMFORTABLE
- 2 SOMEWHAT UNCOMFORTABLE
- 3 NEUTRAL
- 4 SOMEWHAT COMFORTABLE
- 5 VERY COMFORTABLE
- 9 DON'T KNOW / REFUSED

WRITINS **[ALL]** How comfortable would you say you are at reading and applying written instructions or directions to operate equipment or perform a new work task? Would that be very or somewhat (comfortable / uncomfortable)?

- 1 VERY UNCOMFORTABLE
- 2 SOMEWHAT UNCOMFORTABLE
- 3 NEUTRAL
- 4 SOMEWHAT COMFORTABLE
- 5 VERY COMFORTABLE
- 9 DON'T KNOW / REFUSED

INCOME

INCOME1 **[ALL]** Finally, I am going to read some broad categories of yearly household income. This includes money from jobs, net income from a business, farm or rent, pensions, dividends, interest, social security payments, child support, alimony, public assistance unemployment food stamps and any other money income by members of this household. Please do not tell me how much your household earns exactly. When I come to the category that best represents the total combined income before taxes of all members of this household during 2001, please let me know.

Was your household's 2001 income...

[READ LIST]

- 1 Below \$30,000 per year or **[SKIP TO INCOME3]**
- 2 Above \$30,000 per year?

- 8 DON'T KNOW [PROBE FOR BEST ESTIMATE] [SKIP TO SUPP]
 9 REFUSED [PROBE FOR BEST ESTIMATE] [SKIP TO SUPP]

- INCOME2 [IF INCOME1 = 2] Would that be above or below \$55,000 per year?
 1 BELOW \$55,000 PER YEAR [SKIP TO INCOME4]
 2 ABOVE \$55,000 PER YEAR [SKIP TO INCOME5]
 8 DON'T KNOW [PROBE FOR BEST ESTIMATE] [SKIP TO SUPP]
 9 REFUSED [PROBE FOR BEST ESTIMATE] [SKIP TO SUPP]

- INCOME3 [IF INCOME1 = 1] Would that be...?
 10 Less than \$5,000 [SKIP TO SUPP]
 21 Between \$5,000 and \$7,499 [SKIP TO SUPP]
 22 Between \$7,500 and \$9,999 [SKIP TO POV1]
 23 Between \$10,000 and \$12,499 [SKIP TO POV1]
 24 Between \$12,500 and \$14,999 [SKIP TO POV1]
 31 Between \$15,000 and \$19,999 [SKIP TO POV1]
 32 Between \$20,000 and \$24,999 [SKIP TO POV1]
 41 Between \$25,000 and \$29,999 [SKIP TO POV1]
 98 DON'T KNOW [SKIP TO SUPP]
 99 REFUSED [SKIP TO SUPP]

- INCOME4 [IF INCOME2 = 1] Would that be...?
 42 Between \$30,000 and \$34,999 [SKIP TO POV1]
 50 Between \$35,000 and \$44,999 [SKIP TO POV1]
 60 Between \$45,000 and \$54,999 [SKIP TO POV1]
 98 DON'T KNOW [SKIP TO SUPP]
 99 REFUSED [SKIP TO SUPP]

- INCOME5 [IF INCOME2 = 2] Would that be...?
 70 Between \$55,000 and \$64,999 [SKIP TO SUPP]
 80 Between \$65,000 and \$74,999 [SKIP TO SUPP]
 91 Between \$75,000 and \$84,999 [SKIP TO SUPP]
 92 Between \$85,000 and \$99,999 [SKIP TO SUPP]
 93 Between \$100,000 and \$124,999 [SKIP TO SUPP]
 94 Over \$125,000 [SKIP TO SUPP]
 99 DK / REF [SKIP TO SUPP]

- POV1 Is your gross household annual income less than \$8,050 dollars?
 [SKIP TO POV2 IF INCOME3<>22 AND HHNUMAR<>0]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]

- POV2 Is your gross household annual income less than \$10,850 dollars?
 [SKIP TO POV3 IF INCOME3<>23 OR HHNUMAR<>1]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]

- POV3 Is your gross household annual income less than \$13,650 dollars?
[SKIP TO POV4 IF INCOME3<>24 OR HHNUMAR<>2]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]
- POV4 Is your gross household annual income less than \$16,450 dollars?
[SKIP TO POV5 IF INCOME3<>31 OR HHNUMAR<>3]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]
- POV5 Is your gross household annual income less than \$19,250 dollars?
[SKIP TO POV6 IF INCOME3<>31 OR HHNUMAR<>4]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]
- POV6 Is your gross household annual income less than \$22,050 dollars?
[SKIP TO POV7 IF INCOME3<>32 OR HHNUMAR<>5]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]
- POV7 Is your gross household annual income less than \$24,850 dollars?
[SKIP TO POV8 IF INCOME3<>32 OR HHNUMAR<>6]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]
- POV8 Is your gross household annual income less than \$27,650 dollars?
[SKIP TO POV9 IF INCOME3<>41 OR HHNUMAR<>7]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]
- POV9 Is your gross household annual income less than \$30,450 dollars?
[SKIP TO POV10 IF INCOME4<>42 OR HHNUMAR<>8]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]
- POV10 Is your gross household annual income less than \$33,250 dollars?
[SKIP TO POV11 IF INCOME4<>42 OR HHNUMAR<>9]
 1 YES [SKIP TO SUPP]
 2 NO [SKIP TO SUPP]
 9 DK / REF [SKIP TO SUPP]
- POV11 Is your gross household annual income less than \$36,050 dollars?
[SKIP TO POV12 IF INCOME4<>50 OR HHNUMAR<>10]

- 1 YES [SKIP TO SUPP]
- 2 NO [SKIP TO SUPP]
- 9 DK / REF [SKIP TO SUPP]

POV12 Is your gross household annual income less than \$38,850 dollars?
[SKIP TO POV13 IF INCOME4<>50 OR HHNUMAR<>11]

- 1 YES [SKIP TO SUPP]
- 2 NO [SKIP TO SUPP]
- 9 DK / REF [SKIP TO SUPP]

POV13 Is your gross household annual income less than \$41,650 dollars?
[SKIP TO POV14 IF INCOME4<>50 OR HHNUMAR<>12]

- 1 YES [SKIP TO SUPP]
- 2 NO [SKIP TO SUPP]
- 9 DK / REF [SKIP TO SUPP]

POV14 Is your gross household annual income less than \$44,450 dollars?
[SKIP TO POV15 IF INCOME4<>50 OR HHNUMAR<>13]

- 1 YES [SKIP TO SUPP]
- 2 NO [SKIP TO SUPP]
- 9 DK / REF [SKIP TO SUPP]

POV15 Is your gross household annual income less than \$47,250 dollars?
[SKIP TO SUPP IF INCOME4<>60 OR HHNUMAR<>14]

- 1 YES [SKIP TO SUPP]
- 2 NO [SKIP TO SUPP]
- 9 DK / REF [SKIP TO SUPP]

SUPPLEMENTAL INVITE

SUPP **[ALL]** Would you be interested in participating in another research study this summer?

- 1 Yes
- 2 No **[SKIP TO BYE]**

D23 **[IF SUPP = 1]** Could you please tell me your first name?

BYE Those are all the questions on the survey. On behalf of the State of Oregon,
 Thank you very much for your participation.

2002 OREGON POPULATION SURVEY QUESTIONNAIRE

Supplemental Questionnaire

INT2 Hello, my name is _____, calling from Northwest Research Group. May I please speak with <NAME >?

[IF NEEDED: Respondent is <SEX>, <AGE> years old, and we last spoke to them on <date>. Respondent speaks <LANG >]

- 1 RESPONDENT AVAILABLE [CONTINUE]
- 2 RESPONDENT NOT AVAILABLE [CTRL-END, SCHEDULE CALLBACK]
- 3 RESPONDENT NO LONGER AT THIS NUMBER / WRONG NUMBER
[SKIP TO THANK, DISPOSE=XX]
- 9 REFUSED [SKIP TO THANK]

INT3 Hello, this is _____ with Northwest Research Group. Earlier this (year / month) you participated in a survey we conducted for the State of Oregon. At that time you agreed to be surveyed again about your opinions and experiences, and I'm calling back to conduct that survey. It takes about 5 to 10 minutes to complete the survey. Would now be a good time for you?

- 1 YES [CONTINUE]
- 2 NO [CTRL-END, SCHEDULE CALLBACK]
- 9 REFUSED [SKIP TO THANK]

INT4 The first few questions have to do with how good a job you think Oregon is doing in several areas. For each question I ask, please tell me if you think Oregon is doing a "very good" job, "somewhat good", "somewhat bad," or a "very bad" job.

ROTATION BEGINNING [RANDOMIZE ST16 TO GRWTH].

ST16 How good a job do you think Oregon is doing creating jobs?

[READ LIST IF NEEDED]

- 1 (Very good job)
- 2 (Somewhat good job)
- 3 NEUTRAL [DO NOT READ]
- 4 (Somewhat bad job)
- 5 (Very bad job)
- 6 DK / REF

ST2 How good a job do you think Oregon is doing helping individuals and families in need?

[READ LIST IF NEEDED]

- 1 (Very good job)
- 2 (Somewhat good job)
- 3 NEUTRAL [DO NOT READ]
- 4 (Somewhat bad job)

- 5 (Very bad job)
6 DK / REF
- ST13 How good a job do you think Oregon is doing providing affordable access to health care?
[READ LIST IF NEEDED]
- 1 (Very good job)
2 (Somewhat good job)
3 NEUTRAL **[DO NOT READ]**
4 (Somewhat bad job)
5 (Very bad job)
6 DK / REF
- ST4 How good a job do you think Oregon is doing providing primary and secondary education?
[PROMPT: Primary education is Kindergarten to Grade 8, secondary is Grades 9-12.]
[READ LIST IF NEEDED]
- 1 (Very good job)
2 (Somewhat good job)
3 NEUTRAL **[DO NOT READ]**
4 (Somewhat bad job)
5 (Very bad job)
6 DK / REF
- ST8 How good a job do you think Oregon is doing maintaining highways, roads, and bridges?
[READ LIST IF NEEDED]
- 1 (Very good job)
2 (Somewhat good job)
3 NEUTRAL **[DO NOT READ]**
4 (Somewhat bad job)
5 (Very bad job)
6 DK / REF
- ST10 How good a job do you think Oregon is doing developing mass transit, such as bus systems and light rail?
[READ LIST IF NEEDED]
- 1 (Very good job)
2 (Somewhat good job)
3 NEUTRAL **[DO NOT READ]**
4 (Somewhat bad job)
5 (Very bad job)
6 DK / REF

- ST20 How good a job do you think Oregon is doing providing government services?
[READ LIST IF NEEDED]
 1 (Very good job)
 2 (Somewhat good job)
 3 NEUTRAL **[DO NOT READ]**
 4 (Somewhat bad job)
 5 (Very bad job)
 6 DK / REF
- ST21 How good a job do you think Oregon is doing providing community college education?
[READ LIST IF NEEDED]
 1 (Very good job)
 2 (Somewhat good job)
 3 NEUTRAL **[DO NOT READ]**
 4 (Somewhat bad job)
 5 (Very bad job)
 6 DK / REF
- ST22 How good a job do you think Oregon is doing providing undergraduate and graduate education at public four-year colleges and universities?
[READ LIST IF NEEDED]
 1 (Very good job)
 2 (Somewhat good job)
 3 NEUTRAL **[DO NOT READ]**
 4 (Somewhat bad job)
 5 (Very bad job)
 6 DK / REF
- ST5 How good a job do you think Oregon is doing controlling drug use?
[READ LIST IF NEEDED]
 1 (Very good job)
 2 (Somewhat good job)
 3 NEUTRAL **[DO NOT READ]**
 4 (Somewhat bad job)
 5 (Very bad job)
 6 DK / REF
- ST14 How good a job do you think Oregon is doing controlling crime?
[READ LIST IF NEEDED]
 1 (Very good job)
 2 (Somewhat good job)
 3 NEUTRAL **[DO NOT READ]**
 4 (Somewhat bad job)
 5 (Very bad job)
 6 DK / REF

ST6 How good a job do you think Oregon is doing protecting natural resources such as forests, rivers and farmland?

[READ LIST IF NEEDED]

- 1 (Very good job)
- 2 (Somewhat good job)
- 3 NEUTRAL **[DO NOT READ]**
- 4 (Somewhat bad job)
- 5 (Very bad job)
- 6 DK / REF

ST7 How good a job do you think Oregon is doing maintaining clean air and water?

[READ LIST IF NEEDED]

- 1 (Very good job)
- 2 (Somewhat good job)
- 3 NEUTRAL **[DO NOT READ]**
- 4 (Somewhat bad job)
- 5 (Very bad job)
- 6 DK / REF

ST9 How good a job do you think Oregon is doing providing parks and open spaces?

[READ LIST IF NEEDED]

- 1 (Very good job)
- 2 (Somewhat good job)
- 3 NEUTRAL **[DO NOT READ]**
- 4 (Somewhat bad job)
- 5 (Very bad job)
- 6 DK / REF

GRWTH How good a job do you think Oregon is doing managing growth and preventing sprawl?

[READ LIST IF NEEDED]

- 1 (Very good job)
- 2 (Somewhat good job)
- 3 NEUTRAL **[DO NOT READ]**
- 4 (Somewhat bad job)
- 5 (Very bad job)
- 6 DK / REF

END ROTATION

BENCH How familiar are you with Oregon Benchmarks? Are you "very familiar," "somewhat familiar," "not too familiar," or "not at all familiar"?

- 1 Very familiar
- 2 Somewhat familiar
- 3 Not too familiar
- 4 Not at all familiar
- 9 DK / REF

- SAL1 As you may know, salmon runs are declining in Oregon. How important do you feel it is to improve salmon runs in Oregon? Is it... **[READ LIST]**
- 1 Very important
 - 2 Somewhat important
 - 3 Not too important
 - 4 Not at all important
 - 9 DK / REF
- SAL2 How much per month would you be willing to pay for water quality and habitat improvement efforts to help improve salmon runs in Oregon? Would it be... **[READ LIST]**
- 1 Zero dollars
 - 2 One to three dollars
 - 3 Four to six dollars
 - 4 Seven to ten dollars
 - 5 More than ten dollars
 - 9 DK / REF
- WIMP2 Now I have a question to ask about the importance you place on a certain job characteristic. This is not about your satisfaction level with your job, but how important this is to you, personally. How important is Employer provided health benefits? [NOTE: NOT A STANDARD SCALE.] **[READ LIST]**
- 1 Very important
 - 2 Somewhat important
 - 3 Not important
 - 9 DK / REF
- TAX1 Now, I am going to ask you a few questions about state revenues and expenses. Just your best guess is fine. Which of the following do you think is the biggest source of revenue for Oregon State government? Do you think it is... **[READ LIST]**
[RANDOMIZE RESPONSES 1-5]
- 1 Corporate -income tax
 - 2 Property tax
 - 3 Personal income tax
 - 4 Lottery revenues
 - 5 Licenses and fees
 - 9 DK / REF

TAX2 And, now thinking about how state revenues are spent, which of the following do you think makes up the biggest portion of the state government's general fund spending? Do you think it is... **[READ LIST]**

[RANDOMIZE RESPONSES 1-4]

- 1 Public safety (police, corrections, etc.)
- 2 Human resources (welfare, social programs, etc)
- 3 Education
- 4 All other state expenditures (including natural resources, economic development, environmental protection, etc.)
- 9 DK / REF

BYE Those are all the questions I have. On behalf of the State of Oregon, thank you very much for participating in this survey.