2004 OREGON POPULATION SURVEY QUESTIONNAIRE

2004 OREGON POPULATION SURVEY QUESTIONNAIRE

DRAFT Questionnaire

INTRODUCTION / SCREENER

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 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 503-378-3201.**]**

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 **[USE SPANISH VERSION – SKIP TO CTY]**
3 OTHER **[SPECIFY] [GO TO LANG2]**
4 DK / REF **[GO 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]**

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)]
__ ENTER NUMBER
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
9 REFUSED

LIVEWHR What state or foreign country were you living in 5 years ago?
[Either use pick list or Open-ended response]

_____NAME OF "PLACE" or use a picklist like this:

1 CALIFORNIA 2 OREGON 3 WASHINGTON

		Other		DK / REF	
1	Other US	97	OTHER **[SPECIFY]**	100	DK / REF

LANGSPK [IF LANG = 2] Do you speak English?
1 YES
2 NO
99 DON'T KNOW / REFUSED

LANGOR [ALL] How many languages do you speak ~~fluently~~?
__ ENTER NUMBER
99 DON'T KNOW / REFUSED

WARM-UP / MISC. QUESTIONS

ST1 Now, I have a few questions about Oregon. 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 Please think of a five-point scale, with **1** meaning you feel "Not at all a part of your community", and **5** meaning you feel "Very strongly a part of your community". You may also use any number in between 1 and 5. 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 **[DO NOT READ]**
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)
8 DK / REF

WORK / EMPLOYMENT STATUS

RET1 Did you consider yourself retired and not working for pay for the **entire** year of 2003?

1 YES **[SKIP TO RET2]**
2 NO
9 DK / REF **[SKIP TO RET2]**

WRK1 **[IF RET1 = 2]** For how many months in 2003 were you working for pay, including self-employment? Please include time you were on paid sick leave, paid vacation, or military service?

[READ IF NECESSARY: Self Employed ="Whatever that means to you."]

___ MONTHS **[ROUND TO NEAREST MONTH]**
99 DK / REF **[SKIP TO RET2]**

WRK3 **[IF WRK1 < 12]** How many months in 2003 were you not working for pay but were looking for work?

[SKIP TO RET2 IF WRK3 >11 MONTHS]

__ MONTHS **[ROUND TO NEAREST MONTH]**
99 DK / REF

WRK2 **[IF WRK1 > 0]** In **2003**, 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

WRK7 **[IF WRK1 > 0]** At any time during 2003 did you work for more than one employer or business (excluding self-employment) at the same time?

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

ALLUHRR **[IF WRK1 > 0]** How many hours per week did you usually work at all your jobs or businesses during **2003**?

___ HOURS (ROUND TO NEAREST HOUR)
100 100 OR MORE
999 DK / REF

JOBZR **[IF WRK1 > 0]** How many hours per week did you usually work at your primary job or business during **2003**?

[IF MORE THAN 1 JOB CLARIFY: "Here, your primary job is the one you worked the most hours at during 2003."]

__ 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 and not working for pay?
1 YES **[SKIP TO OCC1]**
2 NO
9 DK / REF **[SKIP TO OCC1]**

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

OCC **[IF EMP = 1]** What is your occupation in your primary job?

[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]** What is the Employer type (i.e. state gov, fed gov, private employer) of your primary job?

[SELECT ONE, FOR MAIN / PRIMARY JOB]

1 Yourself (Self-Employment)
2 Government
3 Private Company
4 Working Without Pay
9 OTHER **[PLEASE SPECIFY]**
77 REFUSED
88 DK / NOT SURE
99 NO ANSWER

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? (COMPUTED)?

[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 AND CENTS AMOUNT-NO COMMAS]

[SKIP TO RETIR if SALHO>0]

99998 $99,998 OR MORE
99999 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? (COMPUTED)?

[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]

[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, not including overtime pay, tips, or commissions? (COMPUTED)?

[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]

[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, not including overtime pay, tips, or commissions? (COMPUTED)?

[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]
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 SKL8]**
9 DK / REF **[SKIP TO SKL8]**

RETR1 **[IF RETIR = 1]** Are you or your spouse saving through…?

[READ LIST]
[SELECT ALL THAT APPLY]

1 An employer sponsored retirement account (like a 401K or pension plan),
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

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 2003?

_____	HOURS
0	None
9998	9998 or more
9999	DK / REF

TELECOMMUTING

FOLLOW UP AFTER EMPLOYMENT/RETIREMENT IS RESOLVED

~~**[IF RET2 = 1 OR 9, SKIP TO HI]**~~
[IF EMP > 1, SKIP TO OCC1]

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

[IF WRK1 <> 1-12, SKIP TO HI]

OCC1 **[IF WRK1 = 1-12]** During 2003, 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]**

OCC1B **[IF OCC1 = 1]** How many work related injuries or illnesses did you suffer during 2003?

___ 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]** Did you not file a Worker's Compensation Claim because…?

[READ LIST & ANSWER YES, NO OR DK/REF TO EACH]

[ROTATE LIST]

1 Not Covered By Worker's Compensation Insurance
2 You Did Not Think You Were Eligible
3 The Injury Was Not Serious Enough
4 You Did Not Believe The Claim Would Be Accepted
5 You Felt Filing The Claim Would Affect Your Job
6 You Felt You Were To Blame / You Were Responsible For The Injury/Illness
7 You 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]**~~

DELETE OCC4; ALLOW RESPONSE OF 0 AT OCC4A

~~OCC4A How many days did you miss from work because of this work-related illness or injury?~~

~~___ DAYS~~
~~998 998 OR MORE~~
~~999 DK / REF~~

OCC4A How many days / weeks / months did you miss from work because of this work-related illness or injury?

___ ENTER NUMBER **[IF 0 OR 999, SKIP TO TRANSAR]**
998 998 OR MORE
999 DK / REF

OCC4B ENTER DAYS / WEEKS / MONTHS / YEARS

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?]

[IF NECESSARY: MAX is Portland Metro's light rail]

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]**
11 (Other) [**PLEASE SPECIFY] [SKIP TO TRANSDR]**
25 (Retired/ Did not work) **[SKIP TO HI]**
99 DK / REF **[SKIP TO TRANSDR]**

ALTACCSS **[IF VEHICLR = 2-7, 10]** Did you have access to a motor vehicle 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 = 01 OR [ALTACCSS = 1 AND VEHICLR <> 06]]** Including yourself, how many people usually rode to work in that vehicle last week?

[NOTE TO INTERVIEWER: YOU MAY ENTER 0 IF THE RESPONDENT DID NOT USE THE VEHICLE TO GET TO WORK LAST WEEK; IF RESPONDENT DID USE THE VEHICLE BUT NO ONE RODE WITH THE RESPONDENT, RESPONSE SHOULD BE 1**]**

___ PEOPLE
8 8 OR MORE
9 DK / REF

TRANSDR **[IF VEHICLR = 01-07, 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
10 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 **ADD PROBE: "Does that mean that you're not on Medicare, Medicaid, OHP, CareOregon, Indian Health Service?"**

(IF ANSWER REMAINS 'NO' – I.E., RESPONDENT IS NOT ON MEDICARE, MEDICAID, OHP, CAREOREGON, INDIAN HEALTH SERVICE, SKIP TO HIUMOR).

(IF YES – I.E., RESPONDENT CLARIFIES THAT HE / SHE IS ON MEDICARE, MEDICAID, OHP, CAREOREGON, INDIAN HEALTH SERVICE, CHANGE ANSWER TO "1" AND CONTINUE WITH HI2]

9 DK / REF **(SKIP TO HIUNR)**

[NOTE TO PROGRAMMER: KEEP TIME COUNTS ON HOW MUCH THIS ADDS TO THE SURVEY]

[If YES, PROBE: "Besides this, do you have any other type of health insurance coverage?"**]**

HI2 I am going to read to you a list of different types of health insurance. Please tell me if you CURRENTLY have any of the following. Answer for each type that applies to you.

Do you CURRENTLY have (TYPE OF INSURANCE)?

Do you CURRENTLY have:	**YES-OTHER INSURANCE**	**YES-NO OTHER INSURANCE**	**No**	**DK**	**Ref**
H1. Medicare? Read if necessary: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.	1	2	3	7	9
H2. Health insurance through your work or union?	1	2	3	7	9
H3. Health insurance through someone else's work or union?	1	2	3	7	9
H4. Health insurance bought directly by you?	1	2	3	7	9
H5. Medicaid or Oregon Health Plan?	1	2	3	7	9

H6. Indian Health Service?	1		2	7	9
H7. Children's Health Insurance Program or CHIP?	1		2	7	9
H8. Insurance through the Family Health Insurance Assistance Program or FHIAP ~~(A program to offer health insurance at a subsidized rate?)~~	1		2	7	9
H9. Insurance through the Oregon Medical Insurance Pool, or high risk pool ~~(known as OMIP?)~~	1		2	7	9
H10. Health insurance bought directly by some other source, like CHAMPUS, VA, Pension benefits?	1		2	7	9

HIUNR **[IF HI = 1 OR 9]** At any time in **the last 12 months**, were you without health insurance?

1 YES
2 NO **[SKIP TO DENT1]**
9 DK / REF **[SKIP TO DENT1]**

HIUMOR **[IF HI = 2 OR 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

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

CONCERNS FOR THE ENVIRONMENT AND HEALTH

EPHTINT Now I have a few questions about your feelings about the environment?

[PROGRAMMER: KEEP TIME COUNTS ON HOW MUCH THIS ADDS TO THE SURVEY]

EPHT1 I am going to read you a list of items that could affect the quality of the environment. For each item, I'd like you to tell me if, in your opinion, it is a major problem now, somewhat of a problem now, not a problem now but something you anticipate becoming a problem in the next 2 to 5 years, or not a problem at all.

[ROTATE LIST]

Is it a problem in your community?	**A MAJOR PROBLEM NOW**	**SOMEWHAT A PROBLEM NOW**	**NOT A PROBLEM NOW BUT ANTICIPATE BECOMING A PROBLEM IN 2 TO 5 YEARS**	**NOT A PROBLEM AT ALL**	**DON'T KNOW**	**REFUSED**
E.1 Hazardous waste sites?	1	2	3	4	8	9
E.2 Chemical spills or toxic releases?	1	2	3	4	8	9
E.3 Outdoor air quality, other than pollen?	1	2	3	4	8	9
E.4 Indoor air quality?	1	2	3	4	8	9
E.5 Environmental or second hand tobacco smoke?	1	2	3	4	8	9
E.6 Drinking water quality?	1	2	3	4	8	9
E.7 Pesticide use?	1	2	3	4	8	9
E.8 Hazards in the workplace?	1	2	3	4	8	9
E.9 Food	1	2	3	4	8	9

contamination, such as mercury or pesticides ~~(~~but not food poisoning like *E. coli* or *salmonella*~~)~~?						
E.10 Lead or other heavy metals in the environment?	1	2	3	4	9	
E.11 Noise pollution?	1	2	3	4	9	
E.12 OTHER (SPECIFY)	1	2	3	4	9	

EPHT3 How concerned are you about the impact of the environment on people's health? Would you say you are . . .

1 Not at all concerned
2 Somewhat concerned
3 Very Concerned
4 Extremely Concerned
9 DK / REF

EPHT2 In your opinion, have you or has anyone in your family had an illness or medical condition caused or worsened by environmental problems? Please do not include illnesses / medical conditions that you can catch from another person, such as a cold.

1 YES
2 NO **[SKIP TO EPHT4]**
9 DK / REF **[SKIP TO EPHT4]**

EPHT3 **[IF EPHT2 = 1]** What illnesses or medical conditions do you think were caused or worsened, by the environment, in you or a member of your family?

[CHECK ALL THAT APPLY.]

1 ASTHMA (OR OTHER RESPIRATORY DISEASE?)
2 SKIN RASH OR OTHER SKIN PROBLEM
3 CARBON MONOXIDE POISONING
4 WORK-RELATED ILLNESS OR INJURY
5 NOISE-INDUCED HEARING LOSS
6 LEAD POISONING
7 PESTICIDE POISONING

8 CANCERS, (FOR EXAMPLE MELANOMA IS CAUSED BY SUN OR ULTRAVIOLET EXPOSURE)
9 OTHER CHRONIC DISEASE **[SPECIFY]**
10 ILLNESS FROM CONTAMINATED WATER
11 Other **[SPECIFY]**
98 DON'T KNOW
99 REFUSED

EPHT4 **[RESP]** If you had questions about the environment affecting your health or a family member's health, where would you go, or who would you ask for information?

[SELECT ALL THAT APPLY]

01 DOCTOR / PHYSICIAN
02 SENATOR / REPRESENTATIVE (CITY, COUNTY, STATE, OR NATIONAL)
03 STATE AGENCY (DEQ, ETC.)
04 COUNTY AGENCY
05 EPA, OSHA, BLM
06 NEWSPAPER / MAGAZINE / T.V. OR RADIO NEWS
07 FRIEND / NEIGHBOR
08 NONPROFIT ORGANIZATION
09 INTERNET
10 OTHER - SPECIFY
99 DK / REFUSED

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]**
8 DON'T KNOW **[SKIP TO DISBL6]**
9 REFUSED **[SKIP TO DISBL6]**

DISTYP **[IF DISABCR = 1]** Which of those disabilities do you have?

[SELECT ALL THAT APPLY]

[ONLY READ IF NECESSARY]

[IF SOMETHING ELSE IS MENTIONED OTHER THAN WHAT IS SPECIFIED BELOW, PLEASE CLARIFY: "Which of the following best describes the disabilities you have?"**]**

1 (Mental Disability)
2 (Developmental Disability)
3 (Physical Disability)
4 (Learning Disability)
5 OTHER **[SPECIFY]**
8 DON'T KNOW
9 REFUSED

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

1 YES **[SKIP TO DISCA]**
2 NO
8 DON'T KNOW
9 REFUSED

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

1 YES
2 NO
8 DON'T KNOW
9 REFUSED

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
8 DON'T KNOW
9 REFUSED

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
8 DON'T KNOW
9 REFUSED

CHILDCARE

CCOR **[ALL]** The next topic is child care. During May of 2004, did any adult, 18 or over, who lives in your household get paid for providing child care for children who come to your home?

[PROBE: That is, children who come to your home for care. This does not include the caregiver's own children, 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 2004.]

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?

[PROBE: REGULAR MEANS THREE OR MORE MONTHS IN A ROW.]

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

CHILDCR2 **[IF CCOR = 1]** How many of these children are relatives of the caregiver, such as nephews and nieces?

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

__ ENTER NUMBER OF CHILDREN
98 98 OR MORE
99 DK / REF

CHILDCR5 **[IF CCOR = 1]** Other than the caregiver's 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] [CURRENT (NOT TYPICAL/USUAL) MAXIMUM]

__ ENTER NUMBER OF CHILDREN
98 98 OR MORE
99 DK / REF

CHILDCR6A **[IF CCOR = 1]** Other than the caregiver's 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]

__ ENTER NUMBER OF CHILDREN
98 98 OR MORE
99 DK / REF

CHILDCR6B **[IF CCOR = 1]** Other than the caregiver's own children, what is the maximum number of children that are cared for on a typical day, at any single point of time during the day?

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

[RELATIVES SUCH AS NIECES AND NEPHEWS SHOULD BE COUNTED]

__ ENTER NUMBER OF CHILDREN
98 98 OR MORE
99 DK / REF

[CHILDCR6B SHOULD BE LESS THAN OR EQUAL TO CHILDCR6A. IF CHILDCR6B IS GREATER THAN CHILDCR6A, REASK QUESTIONS]

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" like that required by a school or a judge.

[EXCLUDE REQUIRED SERVICE LIKE COMMUNITY SERVICE FOR COURSE WORK OR TO AVOID INCARCERATION].

[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

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
8 DON'T KNOW / REFUSED

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]

NOTE ()

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-professional/technical, applied science (electronic, nursing))
51 (Some college, no degree, 1+ year college completed) **[SKIP TO EDOR]**
52 (Some college, no degree, less than 1 year college) **[SKIP TO CERTIF]**
61 (High school diploma) **[SKIP TO CERTIF]**
62 (GED) **[SKIP TO CERTIF]**
71 (12^{th} grade, no diploma) **[SKIP TO CERTIF]**
72 (11^{th} grade) **[SKIP TO CERTIF]**
73 (10^{th} grade) **[SKIP TO CERTIF]**
74 (9^{th} grade) **[SKIP TO CERTIF]**
81 (5^{th}, 6^{th}, 7^{th}, 8^{th} grade) **[SKIP TO CERTIF]**
82 (4^{th} 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 a professional/technical, vocational, or career certificate program?

[READ IF NECESSARY: Does not include professional/technical or applied degrees through academic programs (e.g. community college degrees in applied science, electronic, nursing, 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
10 DK / REF

TRANSPORTATION

TRAFFR **[RESP]** 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] [ROTATE RESPONSE LIST: HI-LO VS LO-HI]

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 **[RESP]** On a scale of 1 to 5, where 1 is "not at all safe" and 5 is "completely safe", **[ROTATE RESPONSE LIST: HI-LO VS LO-HI]**

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 Oregon Lottery Games like Instant Scratch-its, Megabucks, Keno, Breakopens, Powerball, Sports Action, Video Poker, Pick 4, ~~or~~ Win for Life or Monday Night Scoreboard?

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

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]

01 Instant Scratch-its
02 Megabucks
03 Keno
04 Breakopens
05 Powerball
06 Sports Action
07 Video Poker
08 Pick 4
09 Win For Life
10 Monday Night Scoreboard
11 NONE OF THE ABOVE
99 DON'T KNOW / REFUSED

LOTCASHR **[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 DON'T KNOW / REFUSED

SWITCH ORDER OF GAMCASHR AND GAMR IN PROGRAMMING

GAMR **[ALL]** In the past 12 months, have you played non-Lottery games like Bingo, Horse or Dog Racing, Indian Casinos, Sports Betting, Resort Casinos (eg., Las Vegas or a cruise ship), raffle for fund raising, office pools?

1 YES
2 NO
9 DON'T KNOW / REFUSED

GAMCASHR **[IF GAMR = YES]** 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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

PERSONAL SHOPPING PATTERNS

SHOPPAT1 **(ALL)** Now I would like to ask you about your shopping habits. I am going to read you a list of different types of stores, and for each one, please tell me how how many times in a day, week, or month you shop at that type of store.

[READ ITEMS & ROTATE.]

__ **ENTER NUMBER**
99 DON'T KNOW / REFUSED

[PROBE: Would that be per day / week / month?**]**

ITEM
SHOPPAT1A Convenience store that does not sell gas (eg., 7-11 that does not sell gas, Plaid Pantry that does not sell gas)
SHOPPAT1B Convenience store that sells gas
SHOPPAT1C Supermarkets like Albertson's, Safeway, Roth's, Winco
SHOPPAT1D Tobacco store (ie., store that specializes in tobacco products)
SHOPPAT1E Fred Meyer
SHOPPAT1F Drug & variety store like Walgreen's and RiteAid
SHOPPAT1G Liquor store
SHOPPAT1H Warehouse club stores like Costco
SHOPPAT1I Stores like Walmart, K-Mart, Target
SHOPPAT1J Specialty grocery stores like Trader Joe's and New Season

SHOPPAT2 **[IF SHOPPAT1C, SHOPPAT1E, SHOPPAT1H OR SHOPPAT1I GE ONCE A MONTH]**

Please name the retailer establishment/s which you go to at least once a month for your grocery shopping

[MULTIPLE RESPONSE]

[PROBE UNTIL NEGATIVE]

1 ALBERTSON'S
2 COSTCO

3 DANIELSONS
4 FOOD-FOR-LESS
5 FRED MEYER
6 HAGGEN
7 K-MART
8 LAMB'S
9 MCKAYS
10 WILD OATS / NATURE'S
11 NEW SEASONS
12 QFC
13 RAY'S
14 ROSAUERS
15 ROTH'S
16 SAFEWAY
17 SENTRY
18 TARGET
19 THRIFTWAY
20 TRADER JOE'S
21 WAL-MART
22 WINCO
23 ZUPANS
24 OTHER **(SPECIFY):**_____
99 DON'T KNOW / REFUSED

SUPPLEMENTAL QUESTIONS

[THE 3,200 BASE SAMPLE GROUP WILL BE RANDOMLY ASSIGNED TO ONE OF FIVE GROUPS. FOUR OF THE FIVE GROUPS WILL BE ASKED A SUBSET OF THE SUPPLEMENTAL QUESTIONS. GROUP 5 WILL NOT BE ASKED ANY OF THE SUPPLEMENTAL QUESTIONS].

INT4 These next 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].

GROUP 1: SOCIAL

GROUP 2: EDUCATION

GROUP 3: ENVIRONMENTAL

GROUP 4: ECONOMY

ST16 **[IF GROUP = 4]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST2 **[IF GROUP = 4]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST13 **[IF GROUP = 4]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST4 **[IF GROUP = 2]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST8 **[IF GROUP = 1]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ROTATION BEGINNING [RANDOMIZE ST10 TO GRWTH].

ST10 **[IF GROUP = 1]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST21 **[IF GROUP = 2]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST22 **[IF GROUP = 2]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST5 **[IF GROUP = 1]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST14 **[IF GROUP = 1]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ROTATION BEGINNING [RANDOMIZE ST16 TO GRWTH].

ST6 **[IF GROUP = 3]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST7 **[IF GROUP = 3]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST9 **[IF GROUP = 3]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

ST23 **[IF GROUP = 3]** How good a job do you think Oregon is doing preserving Oregon's heritage for
the next generation?

[PROBE: By 'Oregon's heritage', I mean the historic places and buildings, archeological sites, and historic cemeteries that are especially important reminders of Oregon's past.]

[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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

GRWTH **[ALL]** 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)
8 NOT APPLICABLE / NO EXPERIENCE
9 DK / REF

[END ROTATION]

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.

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

IN ADDITION TO THE RED TEXT BELOW, NOTE ()

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 THE HOUSEHOLD **[SKIPTO CST1]**

XAC0 (HOUSEHOLD MEMBER COUNTER)
=> * if IF((REL<>00),1-14,0)

[ASK THE QUESTIONS SEX.# TO LIBYR1.# 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

LIVEWHR.# What state or foreign country was your/the <REL >living in 5 years ago?

[Either use pick list or Open-ended response]

_____NAME OF “PLACE” or use a picklist like this:

SAME AS RESPONDENT

_____NAME OF “PLACE” or use a picklist like this:

1 CALIFORNIA
2 OREGON
3 WASHINGTON
2 Other US
97 OTHER **[SPECIFY]**
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
98 Other [PLEASE SPECIFY]
99 DK / REF

RACE2.# **[IF MORE THAN ONE RACE]** Is there one race category that your/the <REL 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

WRK1.# **[IF REL = 1-12, 22, 98 AND AGE.# > 13]** For how many months in 2003 was your/the <REL > working for pay (including self-employment)? Please include time they were on paid sick leave, paid vacation, or military service?

[SKIP TO HI if AGE<14]

[READ IF NECESSARY: Self Employed ="Whatever that means to you."]

__ MONTHS **[ROUND TO NEAREST MONTH]**
99 DK / REF **[SKIP TO HI]**

[Does Employment want WRK3 instead of WRK5? NEEDS CURRENT EMPLOYMENT]

EMP.# GOES HERE. Is your/the <REL> 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

OCC.# **[IF EMP.# = 1]** What is the occupation of your/the <REL> in their primary job? **[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/<REL> currently covered by some type of health insurance?

[YOU ARE ON HOUSEHOLD MEMBER <XACO> OF <HHNUMAR>]

1 YES
2 NO [**ADD PROBE: "Does that mean that** your/<REL> **is not on Medicare, Medicaid, OHP, CareOregon, Indian Health Service?"]**

(IF ANSWER REMAINS 'NO' – I.E., RESPONDENT IS NOT ON MEDICARE, MEDICAID, OHP, CAREOREGON, INDIAN HEALTH SERVICE, SKIP TO HIUMOR.#).

(IF YES – I.E., RESPONDENT CLARIFIES THAT "<REL>" **IS ON MEDICARE, MEDICAID, OHP, CAREOREGON, INDIAN HEALTH SERVICE, CHANGE ANSWER TO "1" AND CONTINUE WITH HI2]**
9 DK / REF **(SKIP TO HIUNR.#)**

IF [HI.# =1]

Instructions:

In the following section each type of insurance should be read:

“Does your/<REL> CURRENTLY have (type of insurance)?”

If NO, proceed to next item on the roster. A response of DON’T KNOW or REFUSED should be treated as NO.

If YES, the item should be followed by the PROBE: “Besides this, does your/<REL> have any other type of health insurance coverage?”
If YES, proceed with roster.
If NO, proceed to HIUNR.
CATI BUILD IN MAX OF 3 TYPES

The PROBE should not be read in response to H10.

[PROMPT: I am going to read to you a list of different types of health insurance. Please tell me if your/<REL> has CURRENTLY any of the following. Answer for each type that applies to your/<REL>."**]**

[NOTE TO PROGRAMMER: IF AGE IS UNDER 14, DO NOT ASK H2, H4, H10]

[NOTE TO PROGRAMMER: IF AGE IS UNDER 65, DO NOT ASK H1]

Does your <REL> currently have:	**Yes**	**No**	**DK**	**Ref**
H1. Medicare? Read if necessary: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.	1	2	7	9
H2. Health insurance through their work or union?	1	2	7	9
H3. Health insurance through someone else's work or union?	1	2	7	9
H4. Health insurance bought directly by him/her?	1	2	7	9
H5. Medicaid or Oregon Health Plan?	1	2	7	9
H6. Indian Health Service	1	2	7	9
H7. Children's Health Insurance Program or CHIP?	1	2	7	9
H8. Insurance through the Family Health Insurance Assistance Program or FHIAP (A program to offer health insurance at a subsidized rate?)	1	2	7	9
H9. Insurance through the Oregon Medical Insurance Pool, or high risk pool (known as OMIP?)	1	2	7	9
H10. Health insurance bought directly by some other source, like CHAMPUS, VA, Pension benefits?	1	2	7	9

HIUNR.# **[IF REL = 1-12,22,98 AND HI = 1 OR 9]** At any time in the last 12 months, was your/<REL> without health insurance?

1 Yes
2 No
8 DON'T KNOW
9 REFUSED

HIUMOR.# **[IF HI = 2 OR IF REL = 1-12,22,98 AND HIUNR.# =1]** In the last 12 months, how many months was your/<REL> uninsured?

__ Months
00 Less than one 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.# > 17]]** 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-Professional/Technical, applied science (electronic, nursing))
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

EDUCSCHL.# **[IF REL = 1-12, 22, 98 AND AGE.# > 4 and < 18]]** What type school of did your/the <REL > attend during the 2003-2004 school year?

1 Public
2 Private
3 Charter
4 Home-School **[SKIP TO HOMESCHL.#]**

5 Child did not attend school
6 Other **[PLEASE SPECIFY]**
9 DK / REF

HOMESCHL.# **[IF EDUCSCHL.# = 4]** Did your/the <REL > attend any classes at a public or private school during the 2003-2004 school year?

1 YES
2 NO
9 DK / REF

CERTIF.# **[IF AGE > 17]** Has your/the <REL > completed an professional/technical, vocational, or career certificate program?
[READ IF NECESSARY: Does not include professional/technical or applied degrees through academic programs (e.g. community college degree in applied science, electronic, nursing, 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

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 or unpaid child care arrangements for your/the <REL> during the last (2003-2004) school year? If "yes", was it...?

[ENTER ALL MENTIONED, SELECTING MAIN TYPE FIRST]

IF MORE THAN ONE: Which of these is the main type of child care used for your/the <REL>] The main arrangement is the one used most, that is, for the most hours during the week.

[APPLIES TO THE 2003/2004 SCHOOL YEAR]

[READ LIST]
10 YES-Child care center, a preschool, Head Start, or child care center; not the provider's home.
20 YES-Care in the child's home-by a nonrelative.
21 YES-Care in the child's home by a relative.
31 YES-Care in a relative's home.
32 YES-Care in a non-relative's home.
50 YES-Group activities
70 NO-No child care, paid or unpaid for this child **[SKIP TO LIBMO1]**
80 OTHER **[PLEASE SPECIFY]**
99 DK / REF **[SKIP TO LIBMO1]**

CCRNG2A.# - CCRNG2H.#

[IF CCRNGA.# - CCRNGH.# = 20, 21, 31, 32, 50, OR 80] Is the caregiver being paid to provide this care?

1 YES
2 NO
8 DON'T KNOW
9 REFUSED

CHILDCR8.# (IF AGE <13 AND CCRNGA # TO CCRRNGH# = 10-50, 80) In **2003**, did you have trouble finding child care 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
9 DON'T KNOW
10 REFUSED

CCB1.# **[IF CCRNG2A.# - CCRNG2H.# = 1]** How many hours altogether in a typical week during the school year does your/ the <REL > spend in paid child care?

[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 (2003/2004 school year)]

___ HOURS (ROUND TO NEAREST HOUR-- 3 DIGITS)
168 168 OR MORE
999 DK / REF

CCOSTR.# **[IF AGE < 13 AND CCRNGA.# TO CCRNGH.# = 10-50, 80]** Overall, how much does your household spend on child care for your/the <REL> in an average month during the school year?
[PROBE: Including child 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.# = 10-50, 80]** I'm going to read four statements about the 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.# = 10-50, 80]**
My child feels safe and secure.
1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
9 DK / REF

CCATTN1.# **[IF AGE < 13 AND CCRNGA.# = 10-50, 80]**
My child gets a lot of individual attention.
1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
9 DK / REF

CCINFO1.# **[IF AGE < 13 AND CCRNGA.# = 10-50, 80]**

My caregiver is open to new information and learning.
1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
9 DK / REF

CCASSM1.# **[IF AGE < 13 AND CCRNGA.#=10-50, 80}**
The care arrangement was just what my child needed.
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]** Now 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 DO NOT HAVE / DOES NOT APPLY / 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

EDEXPNS1 **[ALL]** In the past school year (Fall 2003 through Summer 2004), how much did your household spend on tuition? Include preschool activities, private school education – kindergarten through Grade 12 – and college or university tuition. Do not include expenses for room and board, uniforms, books, extra-curricular activities, etc. Please include all household members.

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

[RECOMMEND CHANGING TO 6 DIGIT FIELD SINCE WE ARE NOW MEASURING SCHOOL YEAR AND NOT TUITION MONTH]

_____ (ROUND TO NEAREST DOLLAR)
999998 $999,998 OR MORE
999999 DK / REF

EDEXPNS2 **[IF EDEXPENS1 > 0]** In the past school year (Fall 2003 through Summer 2004), how much did your household spend on tuition for . . .

_____ (ROUND TO NEAREST DOLLAR)
999998 $999,998 OR MORE
999999 DK / REF **[SKIP TO COLSAV1]**

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

[FOR TYPE OF EDCUATION > 0] How many students did that cover?

__ ENTER NUMBER
99 DK / REF

Type of Education	Tuition Amount	Number of Students
EE.1 Preschool activities and learning experience?		
EE.2 Private school education (Kindergarten through Grade 12)?		
EE.3 Private college or university?		
EE.4 Public college or university?		
EE.5 Other **[PLEASE SPECIFY]**		

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 acces to a personal computer?

[READ LIST AND CHECK ALL THAT APPLY]

1 In your home
2 Where you work
3 Other places such as the library, an Internet cafe
4 NONE OF THE ABOVE
9 DK / REF

CMP6 **[IF CMP4 = 1]** Can you use the computer at home to access the Internet?
1 YES
2 NO
8 DK
9 REF

CMP7 **[IF CMP6 =1]** Do you have high-speed Internet access at home such as DSL or cable modem?
1 YES
2 NO
8 DK
9 REF

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

[IF YES, PROBE: "Would that be a little or a lot?"**]**
1 YES
2 YES- A LITTLE
8 NO
9 DK / REF

LOTTPCGMS **(IF CMP4=1)** Which of the following games do you play on your home computer?

[READ LIST AND CHECK ALL THAT APPLY]

1 PC games that come on the computer such as solitaire and minesweeper
2 PC Games that are purchased and loaded on your computer such as Myst or SimCity
3 Internet PC Games, such as Slingo, Real Arcade, etc.
4 Don't play any computer games on my home computer

NWRG RECOMMENDED TELEPHONE / CELLULAR QUESTIONS

TEL1 **[ALL]** In 2003, was your home without telephone service for more than 3 months?

[READ IF NECESSARY: All Landlines, does not include cellular telephone service.]

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

TEL3 **[ALL]** How many telephone numbers are associated with this household?
[READ IF NECESSARY: All Landlines, does 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 only for non-voice communications, such as a dedicated fax or modem line?
[READ IF NECESSARY: All Landlines, does not include cellular telephone service.]

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

TEL5 **[ALL]** Do you have a cell phone that you use in addition to your home phone to make and receive personal calls?
1 YES
2 NO **[skip to HOMER]**
9 DK / REF **[skip to HOMER]**

TEL6 **[IF TEL5=1]** Are you likely or unlikely to drop your home phone line and switch exclusively to a cell phone in the next 6 months?
(would that be very or somewhat likely / unlikely?)

1 VERY UNLIKELY
2 SOMEWHAT UNLIKELY
3 NOT SURE
4 SOMEWHAT LIKELY

5 VERY LIKELY
8 DON'T KNOW
9 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 **[ALL]** 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 REFUSED **[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 $10,000,000 OR MORE
1 DK / NOT SURE
2 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)
99999 $10,000 OR MORE
1 DK / NOT SURE
2 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)
99999 $10,000 OR MORE
1 DK / NOT SURE
2 NO ANSWER / REFUSED

INCOME

INCOME1 **[ALL]** Next, 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 2003, please let me know.

Was your household's 2003 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 BENCH]**
9 REFUSED **[PROBE FOR BEST ESTIMATE] [SKIP TO BENCH]**

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 BENCH]**
9 REFUSED **[PROBE FOR BEST ESTIMATE] [SKIP TO BENCH]**

INCOME3 **[IF INCOME1 = 1]** Would that be…?

10 Less than $5,000 **[SKIP TO BENCH – AUTOMATIC POVERTY]**
21 Between $5,000 to less than $7,500 **[SKIP TO BENCH - AUTOMATIC POVERTY]**
22 Between $7,500 to less than $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 BENCH]**
99 REFUSED **[SKIP TO BENCH]**

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 BENCH]**
99 REFUSED **[SKIP TO BENCH]**

INCOME5 **[IF INCOME2 = 2]** Would that be…?

70 Between $55,000 and $64,999 **[SKIP TO BENCH]**
80 Between $65,000 and $74,999 **[SKIP TO BENCH]**
91 Between $75,000 and $84,999 **[SKIP TO BENCH]**
92 Between $85,000 and $99,999 **[SKIP TO BENCH]**
93 Between $100,000 and $124,999 **[SKIP TO BENCH]**
94 Over $125,000 **[SKIP TO BENCH]**
98 DON'T KNOW **[SKIP TO BENCH]**
99 REFUSED **[SKIP TO BENCH]**

2003 HHS Poverty Guidelines

Size of HOUSEHOLD	48 Contiguous States and D.C.	Alaska	Hawaii
1	$ 8,980	$11,210	$10,330
2	12,120	15,140	13,940
3	15,260	19,070	17,550
4	18,400	23,000	21,160
5	21,540	26,930	24,770
6	24,680	30,860	28,380
7	27,820	34,790	31,990
8	30,960	38,720	35,600
9	34,100		
10	37,240		
11	40,380		
12	43,520		
13	46,660		
14	49,800		
15	52,940		
For each additional person, add	3,140	3,930	3,610

SOURCE: *Federal Register*, Vol. 68, No. 26, February 7, 2003, pp. 6456-6458.

NOTE TO PROGRAMMER: THIS TABLE NEEDS TO BE PROGRAMMED FOR COMPUTATION OF SURVEY RESPONSES

POV1 Is your gross household annual income less than $8,980 dollars?
[SKIP TO POV2 IF INCOME3<>22 AND HHNUMAR<>0]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV2 Is your gross household annual income less than $12,120 dollars?
[SKIP TO POV3 IF INCOME3<>23 OR HHNUMAR<>1]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV3 Is your gross household annual income less than $15,260 dollars?
[SKIP TO POV4 IF INCOME3<>31 OR HHNUMAR<>2]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV4 Is your gross household annual income less than $18,400 dollars?
[SKIP TO POV5 IF INCOME3<>31 OR HHNUMAR<>3]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV5 Is your gross household annual income less than $21,540 dollars?
[SKIP TO POV6 IF INCOME3<>32 OR HHNUMAR<>4]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV6 Is your gross household annual income less than $24,680 dollars?
[SKIP TO POV7 IF INCOME3<>32 OR HHNUMAR<>5]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV7 Is your gross household annual income less than $27,820 dollars?
[SKIP TO POV8 IF INCOME3<>41 OR HHNUMAR<>6]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV8 Is your gross household annual income less than $30,960 dollars?
[SKIP TO POV9 IF INCOME3<>42 OR HHNUMAR<>7]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV9 Is your gross household annual income less than $34,100 dollars?
[SKIP TO POV10 IF INCOME4<>42 OR HHNUMAR<>8]

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

POV10 Is your gross household annual income less than $37,240 dollars?
[SKIP TO POV11 IF INCOME4<>50 OR HHNUMAR<>9]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV11 Is your gross household annual income less than $40,380 dollars?
[SKIP TO POV12 IF INCOME4<>50 OR HHNUMAR<>10]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV12 Is your gross household annual income less than $43,5200 dollars?
[SKIP TO POV13 IF INCOME4<>50 OR HHNUMAR<>11]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV13 Is your gross household annual income less than $46,660 dollars?
[SKIP TO POV14 IF INCOME4<>60 OR HHNUMAR<>12]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV14 Is your gross household annual income less than $49,800 dollars?
[SKIP TO POV15 IFINCOME4<>60 OR HHNUMAR<>13]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

POV15 Is your gross household annual income less than $52,940 dollars?
[SKIP TO SUPP IF INCOME4<>60 OR HHNUMAR<>14]
1 YES **[SKIP TO BENCH]**
2 NO **[SKIP TO BENCH]**
9 DK / REF **[SKIP TO BENCH]**

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

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 1-3]

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

ARTS1 With the exception of elementary or high school performance, in the last 12 months did you go to or visit . . .?

[ROTATE LIST – OPTION 7 SHOULD ALWAYS FOLLOW OPTION 6]

1 A live jazz performance
2 A live classical music performance (such as symphony, chamber or choral music)
3 A live opera
4 A live musical stage play or operetta
5 A live performance or nonmusical stage play
6 A live ballet performance
7 Other live dance performance (modern, folk, or tap)
8 An art museum or gallery
9 An arts and craft fair or festival
10 An historic park or monument or tour buildings or neighborhoods for their historic or design value
99 DON'T KNOW / REFUSE

ARTS2 With the exception of books required for work or school did you read any. . .?

[READ LIST AND CHECK ALL THAT APPLY]

1 Plays
2 Poetry
3 Novels or short stories
9 DON'T KNOW / REFUSE

SUPPLEMENTAL INVITE

SUPP **[ALL]** Would you be interested in participating in another Oregon State Government sponsored survey this year?
1 Yes **[SKIP TO D23]**
2 No

ADD4 **[IF NO]** If you qualify and participate in some types of research, you will receive a monetary incentive. Given this, would you be willing to be contacted about future research projects that include an incentive?

1 YES
2 NO **[SKIP TO BYE]**
9 DON'T KNOW / REFUSE **[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.

Base Survey Disposition List:

***Note – marginals will be monitored for the quotas set at the county level – no disposition assignment, however.**

Disp#	Disposition	Display Type	Property	Incidence
		P/S/I/H	A/B/C/N/R/F	D/B/I
1	No Answer	P	A	D
2	Busy	P	B	D
3	Answering Machine	P	A	D
4	Disconnected / Nonworking	P	F	D
5	Initial Refusal	S	R	D
6	Final Refusal	S	F	D
7	Never Call - SUPERVISOR	S	N	D
8	Screener Refusal	H	F	D
9	Communication Barrier	S	F	D
10	Language Barrier (Non-Spanish Only)	S	F	D
11	Callback Introduction	S	C	D
12	Privacy Manager	P	R	D
13	Verified Disconnected / Nonworking	P	F	D
14	Business / Residential	P	R	D
15	Targeted Respondent Not Available	S	F	D
20	Interview In Progress	I	C	I
21	Mid-Terminate - SUPERVISOR	I	F	I
22	No Head of Household / No One Over 18	H	F	B
23	Out Of Area	H	F	B
24	OQ – Region 1	H	F	B
25	OQ – Region 2	H	F	B
26	OQ – Region 3	H	F	B
27	OQ – Region 4	H	F	B
28	OQ – Region 5	H	F	B
29	OQ – Region 6	H	F	B
30	OQ – Region 7	H	F	B
31	OQ – Region 8	H	F	B
40	Complete	H	F	I

Display Type:
P = Pre-Screener – First Screen With Contact Info (Prior To Contact With Respondent)
S = Screener – After First Screen, Before QAL (After Contact With Respondent)
I = Interview – Between QAL and CPL
H = Hidden – Not Available To Interviewer

Property:
A = Answering Machine / No Answer
B = Busy
C = Callback
N = Never Call
R = Refusal
F = Final

Incidence:
D = Don't include
B = Base only
I = Include

Augment Survey Disposition List:

Disp#	Disposition	Display Type	Property	Incidence
		P/S/I/H	A/B/C/N/R/F	D/B/I
1	No Answer	P	A	D
2	Busy	P	B	D
3	Answering Machine	P	A	D
4	Disconnected / Nonworking	P	F	D
5	Initial Refusal	S	R	D
6	Final Refusal	S	F	D
7	Never Call - SUPERVISOR	S	N	D
8	Screener Refusal	H	F	D
9	Communication Barrier	S	F	D
10	Language Barrier (Non-Spanish Only)	S	F	D
11	Callback Introduction	S	C	D
12	Privacy Manager	P	R	D
13	Verified Disconnected / Nonworking	P	F	D
14	Business / Residential	P	R	D
15	Targeted Respondent Not Available	S	F	D
16	Caucasian Only	S	F	D
20	Interview In Progress	I	C	I
21	Mid-Terminate - SUPERVISOR	I	F	I
22	No Head of Household / No One Over 18	H	F	B
23	Out Of Area	H	F	B
24	OQ – Hispanic	H	F	B
25	OQ – Black / African Amercian	H	F	B
26	OQ – American Indian / AK Native	H	F	B
27	OQ – Asian / Pacific Islander	H	F	B
40	Complete	H	F	I

Display Type:
P = Pre-Screener – First Screen With Contact Info (Prior To Contact With Respondent)
S = Screener – After First Screen, Before QAL (After Contact With Respondent)
I = Interview – Between QAL and CPL
H = Hidden – Not Available To Interviewer

Property:
A = Answering Machine / No Answer
B = Busy
C = Callback
N = Never Call
R = Refusal
F = Final

Incidence:
D = Don't include
B = Base only
I = Include