

Oregon Progress Board
2006 Oregon Population Survey Questionnaire
September 29, 2006
Project #OPB-06-128:

NOTES

ALL CAPS: IS NOT READ BY THE INTERVIEWER
AS NEEDED: IS READ BY THE INTERVIEWER WHEN NECESSARY
NOTE TO INTERVIEWER: INSTRUCTIONS ON HOW TO ASK THE QUESTION.

INTRODUCTION

INTRO 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 and/or recorded for quality purposes.

In appreciation of the time it takes to complete this survey, each household that completes the survey will receive \$5.00. In addition, each household that completes the survey will be entered into a drawing to win one of 25 \$100.00 cash prizes.

[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 please contact Anna Ritchey at 800-859-2132 or aritchey@nwrp.com [AS LAST RESORT: or Whitney Temple with the Oregon Progress Board at (503) 378-3204]]

For this survey, I need to speak to the adult head of the 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 the household is a person who owns, is buying, or rents this house or apartment.]

- 1 RESPONDENT AVAILABLE [**SKIP TO CTY**]
- 2 RESPONDENT NOT AVAILABLE [**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 VIETNAMESE [**SAVE FOR REFERRAL TO ISA**]
- 4 CHINESE [**SAVE FOR REFERRAL TO ISA**]
- 5 KOREAN [**SAVE FOR REFERRAL TO ISA**]
- 6 OTHER [**SPECIFY**] [**GO TO LANG2**]
- 9 DON'T KNOW / REFUSED [**GO TO LANG2**]

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

- 1 YES [SKIP TO INTRO]
- 2 NO / NO ONE AVAILABLE [DISPOS = 10]

CTY What county do you live in?

- | | | |
|---|---------------|---------------|
| 1 Baker | 25 Harney | 49 Morrow |
| 3 Benton | 27 Hood River | 51 Multnomah |
| 5 Clackamas | 29 Jackson | 53 Polk |
| 7 Clatsop | 31 Jefferson | 55 Sherman |
| 9 Columbia | 33 Josephine | 57 Tillamook |
| 11 Coos | 35 Klamath | 59 Umatilla |
| 13 Crook | 37 Lake | 61 Union |
| 15 Curry | 39 Lane | 63 Wallowa |
| 17 Deschutes | 41 Lincoln | 65 Wasco |
| 19 Douglas | 43 Linn | 67 Washington |
| 21 Gilliam | 45 Malheur | 69 Wheeler |
| 23 Grant | 47 Marion | 71 Yamhill |
| 88 None of the above / Not an Oregon County [SKIP TO THANK1, DISPOS=23] | | |
| 99 DON'T KNOW / REFUSED | | |

CTYCON I entered [RESTORE CTY]. Is that correct?

- 1 YES
- 2 NO [REASK CTY]

ZIPCO What is your zip code?

- _____ ENTER ZIP CODE
- 99999 DON'T KNOW / REFUSED

PROGRAMMING NOTE: ADD LOGIC TO CHECK COUNTY AGAINST ZIP

ZIPCON [IF ZIPCO NE 99999] I entered [RESTORE ZIPCO]. Is that correct?

- 1 YES
- 2 NO [REASK ZIPCO]

ZIPSAMP [IF ZIPCO EQ 99999] Our records indicate that your zipcode is [RESTORE ZIP CODE FROM SAMPLE]. Is that correct?

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

HHNUMAR [ALL] Including yourself, how many people live in your household at this point in time?

[PROBE: How many people live and sleep in your house most of the time, including you?]

- _____ ENTER ACTUAL NUMBER OF PEOPLE
- 15 15 OR MORE
- 99 DON'T KNOW / REFUSED

NOTE: NEED TO CREATE A VARIABLE OF HHNUMAR THAT'S COMPATIBLE TO THE OLDER VERSIONS

ADULT Of the **[ENTER NUMBER FROM HHNUMAR]** people living in your household, including yourself, how many adults 18 year of age and older live in your household?

- ___ ENTER NUMBER OF ADULTS
- 88 DON'T KNOW
- 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

ADULT2 **[IF ADULT > 1]** Is the adult / one of the adults in your household your. . .

- 1 **[IF SEX EQ FEMALE]** Husband
- 2 **[IF SEX EQ MALE]** Wife
- 3 **[IF DON'T SAY HUSBAND / WIFE]** Partner
- 4 NO / NONE OF THE ABOVE
- 88 DON'T KNOW
- 99 REFUSED

CHILD Of the **[ENTER NUMBER FROM HHNUMAR]** people living in your household, how many children under the age of 18 currently live in your household?

- ___ ENTER NUMBER OF CHILDREN
- 99 DON'T KNOW / REFUSED

**[NOTE TO PROGRAMMER – ADULT AND CHILD SHOULD SUM TO HHNUMAR]
[IF CHILD = 0 OR 99, SKIP TO HISPAR]**

CHILD1 How many of these children are under the age of 13?

- ___ ENTER ACTUAL NUMBER
- 99 DON'T KNOW / REFUSED

CHILD4 How many of these children are age 13 to 17?

- ___ ENTER ACTUAL NUMBER
- 99 DON'T KNOW / REFUSED

[NOTE TO PROGRAMMER – CHILD1 AND CHILD4 SHOULD SUM TO CHILD]

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 DON'T KNOW / REFUSED

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.]

[NOTE TO INTERVIEWER: If they say “Hispanic” PROBE: “In addition to Hispanic, what other race categories do you consider yourself to be?”]

[READ LIST]

- 1 White
- 2 Black or African American
- 3 American Indian or Alaskan Native
- 4 Asian or Pacific Islander
- 5 Some other race **[PLEASE SPECIFY]**
- 7 *Hispanic race***
- 9 DON'T KNOW / REFUSED

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

PROGRAMMING NOTE: END OF SCREENER. QAL INSTRUCTION GOES HERE – IF NON-QUALIFIER or OVER-QUOTA – ASK SUPP, ADD4, AND D23 THEN TERMINATE.

LIVEWHR What state or foreign country were you living in 5 years ago? [Use a pick list or open-ended response]

- | | | |
|-------------------|-------------------|----------------------------|
| 1 ALABAMA | 25 MASSACHUSETTS | 47 TENNESSEE |
| 2 ALASKA | 26 MICHIGAN | 48 TEXAS |
| 4 ARIZONA | 27 MINNESOTA | 49 UTAH |
| 5 ARKANSAS | 28 MISSISSIPPI | 50 VERMONT |
| 6 CALIFORNIA | 29 MISSOURI | 51 VIRGINIA |
| 8 COLORADO | 30 MONTANA | 53 WASHINGTON |
| 9 CONNECTICUT | 31 NEBRASKA | 54 WEST VIRGINIA |
| 10 DELAWARE | 32 NEVADA | 55 WISCONSIN |
| 11 WASHINGTON, DC | 33 NEW HAMPSHIRE | 56 WYOMING |
| 12 FLORIDA | 34 NEW JERSEY | 62 EUROPE [SPECIFY] |
| 13 GEORGIA | 35 NEW MEXICO | 63 LATIN AMERICA |
| 15 HAWAII | 36 NEW YORK | [SPECIFY] |
| 16 IDAHO | 37 NORTH CAROLINA | 64 AFRICA [SPECIFY] |
| 17 ILLINOIS | 38 NORTH DAKOTA | 65 ASIA/PACIFIC ISLANDS |
| 18 INDIANA | 39 OHIO | [SPECIFY] |
| 19 IOWA | 40 OKLAHOMA | 66 CANADA |
| 20 KANSAS | 41 OREGON | 67 AUSTRALIA/NEW |
| 21 KENTUCKY | 42 PENNSYLVANIA | ZEALAND |
| 22 LOUISIANA | 44 RHODE ISLAND | 97 OTHER [SPECIFY] |
| 23 MAINE | 45 SOUTH CAROLINA | 99 DON'T KNOW / |
| 24 MARYLAND | 46 SOUTH DAKOTA | REFUSED |

LANGSPK1 **[IF LANG NE 2-6 (ALL ENGLISH SURVEYS GET THIS QUESTION)]** Do you speak a language in addition to English?

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

LANGSPK2 **[IF LANG > 1 AND < 6]** Do you speak English also?

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

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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

WORK / EMPLOYMENT STATUS

RET1 **[ALL]** Did you consider yourself retired for the **entire** year of 2005?

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

WORK1 **[ALL]** Did you work for pay or were you self-employed in a business or farm at any time in 2005? **[READ IF NECESSARY: This includes any job from which you were temporarily absent.]** Please include time you were on paid sick leave, paid vacation, or military service.

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

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

WRK1 **[IF WORK1 = 1]** For how many months in 2005 were you working?

[INTERVIEWER INSTRUCTION: If less than one month, report one month]

- ___ **[ENTER NUMBER, 1-12]**
- 99 DON'T KNOW / REFUSED

WRK2 **[IF WORK1 =1]** In 2005, was your main source of work-related income from being self-employed in a business or farm?

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

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

WRK7 **[IF WORK1 = 1]** At any time during 2005 did you work for more than one employer or business (excluding self-employment) at the same time?

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

OCC **[IF WRK7 = 1]** What was your occupation in your primary job in 2005?
[IF WRK7 = 2,9] What was your occupation in your job in 2005?

[OPEN END]

[READ IF NECESSARY: What were your most important duties? What did you do that earned you income?]

- 11 *Management Occupations*
- 13 *Business & Financial Operations Occupations*
- 15 *Computer & Mathematical Occupations*
- 17 *Architecture & Engineering Occupations*
- 19 *Life, Physical, & Social Science Occupations*
- 21 *Community & Social Services Occupations*
- 23 *Legal Occupations*
- 25 *Education, Training, & Library Occupations*
- 27 *Arts, Design, Entertainment, Sports, & Media Occupations*
- 29 *Healthcare Practitioners & Technical Occupations*
- 31 *Healthcare Support Occupations*
- 33 *Protective Service Occupations*
- 35 *Food Preparation & Serving Related Occupations*
- 37 *Building & Grounds Cleaning & Maintenance Occupations*
- 39 *Personal Care & Service Occupations*
- 41 *Sales & Related Occupations*
- 43 *Office & Administrative Support Occupations*
- 45 *Farming, Fishing, & Forestry Occupations*
- 47 *Construction & Extraction Occupations*
- 49 *Installation, Maintenance, & Repair Occupations*
- 51 *Production Occupations*
- 53 *Transportation & Material Moving Occupations*
- 55 *Military Specific Occupations*
- 66 *Classification Uncertainty*
- 88 *Don't Know / Not Sure*
- 99 *Refused / No Answer*

SICAR

[IF WRK7 = 1] What was the employer type (i.e. state gov, fed gov, private employer) of your primary job in 2005?

[IF WRK7 = 2,9] What was the employer type (i.e. state gov, fed gov, private employer) of your job in 2005?

[SELECT ONE, FOR MAIN / PRIMARY JOB. READ LIST AS NECESSARY]

- 1 [Yourself (Self-Employment)]
- 2 [Federal Government]
- 3 [State Government]
- 4 [City, County, or Local Government]
- 5 [Private Company]
- 6 [Working Without Pay]
- 9 OTHER **[PLEASE SPECIFY]**
- 88 DON'T KNOW / NOT SURE
- 99 REFUSED / NO ANSWER

SIC

[IF WRK7 = 1] What was the business or industry of your primary job in 2005?

[IF WRK7 = 2,9] What was the business or industry of your job in 2005?

[OPEN END]

[READ IF NECESSARY: What do they do or make there? For example, TV repair shop, farm, retail shoe store, mobile home manufacturing, county office]

[IF HAD MORE THAN ONE JOB: Here, your primary job is the one you worked the most hours at.]

- 11 ***Agriculture***
- 12 ***Forestry, Fisheries***
- 13 ***Mining***
- 14 ***Construction***
- 15 ***Durable Manufacturing – Lumber & Wood Products***
- 16 ***Durable Manufacturing – High Technology***
- 17 ***Durable Manufacturing – All Other***
- 18 ***Non-durable Manufacturing – Food, Textile, Apparel, Paper***
- 19 ***Transportation, Communication, Public Utilities***
- 20 ***Wholesale Trade***
- 21 ***Retail Trade***
- 22 ***Education – Public***
- 23 ***Education – Private***
- 24 ***Federal Government***
- 25 ***State Government (Not Education)***
- 26 ***City, County, Local Government (Not Education)***
- 27 ***Finance, Insurance, Real Estate***
- 28 ***Services – Business (Advertising, Consulting, Repair, Computer)***
- 29 ***Services – Private Health, Social (Doctor, Dentist, Law, Child Care, Museum, Church, Voluntary Organization)***
- 30 ***Services – Personal (Hotel, Laundry, Beauty, Funeral, In-home)***
- 31 ***Services – Entertainment and Recreation***
- 32 ***Armed Forces***
- 44 ***Education Nonspecific***
- 55 ***Government Nonspecific***
- 66 ***Classification Uncertainty***
- 88 ***Don't Know / Not Sure***
- 99 ***Refused / No Answer***

RET2 **[ALL]** Now I have some questions about your **current** work situation. Are you currently retired?

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

EMP **[ALL]** Are you currently employed for pay or self-employed in a business or farm?

[READ IF NECESSARY: Self-employment = "Whatever that means to you"]

[READ IF NECESSARY: This includes any job from which you are temporarily absent.]

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

CURRT05 **[IF WORK1 = 1 AND EMP = 1 (worked in 2005 and currently working)]** Are you currently working for pay in the same primary job **that** you held in 2005?

[READ IF NECESSARY: This includes any job from which you are temporarily absent.]

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

WRK2A **[IF EMP = 1]** Currently, is your main source of work-related income **from** being self-employed in a business or farm?

[READ IF NECESSARY: Self-employed = Whatever that means to you.]

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

UNEM1 **[IF EMP NE 1]** Are you currently looking for a new job?

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

MULTIJOBS **[IF EMP = 1]** Excluding self-employment, how many employers or businesses do you currently work for?

- 1 One,
- 2 Two,
- 3 Three,
- 4 Four or more,
- 9 DON'T KNOW / REFUSED

EMPHRS

[IF EMP = 1] For each employer or business, how many hours a week do you currently work?
[NOTE TO PROGRAMMER: Program for number of employers indicated in MULTIJOB. IF MUTLIJOBS EQ DK/REF, then program for 1 employer. NOTE THE SUM SHOULD DO NOT EXCEED 160 HOURS PER WEEK]

EMPLOYER 1: _____ ENTER HOURS PER WEEK
EMPLOYER 2: _____ ENTER HOURS PER WEEK
EMPLOYER 3: _____ ENTER HOURS PER WEEK
EMPLOYER 4: _____ ENTER HOURS PER WEEK

999 DON'T KNOW / REFUSED

OCCA

[IF MULTIJOB=1,9 AND CURR05 NE 1] What is **your occupation** in your **current** job?
[IF MULTIJOB > 1 AND < 9 AND CURR05 NE 1] What is **your occupation** in your **current** primary job?

[OPEN END]

[READ IF NECESSARY: What are your most important duties? What do you do that earns you income?]

[IF HAD MORE THAN ONE JOB: Here, your primary job is the one you work the most hours at.]

- 11 *Management Occupations*
- 13 *Business & Financial Operations Occupations*
- 15 *Computer & Mathematical Occupations*
- 17 *Architecture & Engineering Occupations*
- 19 *Life, Physical, & Social Science Occupations*
- 21 *Community & Social Services Occupations*
- 23 *Legal Occupations*
- 25 *Education, Training, & Library Occupations*
- 27 *Arts, Design, Entertainment, Sports, & Media Occupations*
- 29 *Healthcare Practitioners & Technical Occupations*
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- 49 *Installation, Maintenance, & Repair Occupations*
- 51 *Production Occupations*
- 53 *Transportation & Material Moving Occupations*
- 55 *Military Specific Occupations*
- 66 *Classification Uncertainty*
- 88 *Don't Know / Not Sure*
- 99 *Refused / No Answer*

SICARA

[IF MULTIJOB = 1,9 AND CURR05 NE 1] What is the employer type (i.e. state gov, fed gov, private employer) of your **current** job?

[IF MULTIJOB > 1 AND < 9 AND CURR05 NE 1] What is the employer type (i.e. state gov, fed gov, private employer) of your **current** primary job?

[SELECT ONE, FOR MAIN / PRIMARY JOB]

- 1 Yourself (Self-Employment)
- 2 Federal Government
- 3 State Government
- 4 City, County, or Local Government
- 5 Private Company
- 6 Working Without Pay
- 9 OTHER **[PLEASE SPECIFY]**
- 88 DON'T KNOW / NOT SURE
- 99 REFUSED / NO ANSWER

SICA

[IF MULTIJOB = 1,9 AND CURR05 NE 1] What is the business or industry for your **current** job?

[IF MULTIJOB > 1 AND < 9 AND CURR05 NE 1] What is the business or industry of your **current** 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]

[IF HAD MORE THAN ONE JOB: Here, your primary job is the one you work the most hours at.]

[READ IF NECESSARY: Just in regards to your primary job.]

- 11 ***Agriculture***
- 12 ***Forestry, Fisheries***
- 13 ***Mining***
- 14 ***Construction***
- 15 ***Durable Manufacturing – Lumber & Wood Products***
- 16 ***Durable Manufacturing – High Technology***
- 17 ***Durable Manufacturing – All Other***
- 18 ***Non-durable Manufacturing – Food, Textile, Apparel, Paper***
- 19 ***Transportation, Communication, Public Utilities***
- 20 ***Wholesale Trade***
- 21 ***Retail Trade***
- 22 ***Education – Public***
- 23 ***Education – Private***
- 24 ***Federal Government***
- 25 ***State Government (Not Education)***
- 26 ***City, County, Local Government (Not Education)***
- 27 ***Finance, Insurance, Real Estate***
- 28 ***Services – Business (Advertising, Consulting, Repair, Computer)***
- 29 ***Services – Private Health, Social (Doctor, Dentist, Law, Child Care, Museum, Church, Voluntary Organization)***
- 30 ***Services – Personal (Hotel, Laundry, Beauty, Funeral, In-home)***
- 31 ***Services – Entertainment and Recreation***
- 32 ***Armed Forces***
- 44 ***Education Nonspecific***
- 55 ***Government Nonspecific***

- 66 *Classification Uncertainty*
- 88 *Don't Know / Not Sure*
- 99 *Refused / No Answer*

WRKSHFT **[IF CHILD1 > 0]** Which of the following best describes your work schedule last month?

[READ LIST AND CHECK ALL THAT APPLY]

[PROMPT AS NECESSARY: Which one best describes the schedule you normally work?]

- 1 Day shift starting before 6 a.m.
- 2 6:00 a.m. – 5:00 p.m.
- 3 Day shift staying later than 6 p.m.
- 4 Evenings
- 5 Nights
- 6 Weekdays
- 7 Weekends
- 8 Rotating or changing shifts
- 99 DON'T KNOW / REFUSED

WRKSHFTA **[IF CHILD1 > 0 AND ADULT2 LE 3]**

Which of the following best describes your [RESTORE RESPONSE FROM ADULT2]'s work schedule last month?

[READ LIST AND CHECK ALL THAT APPLY]

- 1 Day shift starting before 6 a.m.
- 2 6:00 a.m. – 5:00 p.m.
- 3 Day shift staying later than 6 p.m.
- 4 Evenings
- 5 Nights
- 6 Weekdays
- 7 Weekends
- 8 Rotating or changing shifts
- 9 NON-WORKING SPOUSE / PARTNER
- 99 DON'T KNOW / REFUSED

FLEXWRK **[IF CHILD1 > 0]** Did your job allow choice of flexible work arrangements of any kind?

[AS NEEDED: Does your job allow you to come to or leave work at times other than the regular work hours or in other ways alter your work schedule to meet family or personal needs.]

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

EMERG **[IF CHILD1 > 0]** How much flexibility do you have at work in dealing with a personal or family emergency?

- 1 Very little
- 2 Some
- 3 A lot
- 9 DON'T KNOW / 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 the past 12 months?

_____ HOURS
0 NONE
9998 9998 OR MORE
9999 DON'T KNOW / REFUSED

TELECOMMUTING
ASK OF ALL PEOPLE CURRENTLY WORKING – EMP = 1

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

1 YES
2 NO **[SKIP TO WKHM2]**
9 DON'T KNOW / REFUSED **[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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

OCCUPATIONAL ILLNESS / WORKERS' COMP
[BASE: ASKED OF PEOPLE WHO WORKED IN 2005 [WORK1 EQ 1]]

[IF WORK1 NE 1, SKIP TO TRANSAR]

OCC1 **[IF WORK1 = 1]** During 2005, 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 DON'T KNOW / REFUSED **[SKIP TO TRANSAR]**

OCC1B **[IF OCC1 = 1]** How many work related injuries or illnesses did you suffer during 2005?

- ____ ENTER NUMBER OF INJURIES OR ILLNESSES
999 DON'T KNOW / REFUSED

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
- 2 NO **[SKIP TO OCC2A]**
- 9 DON'T KNOW / REFUSED **[SKIP TO OCC4A]**

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 You are 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 or illness
- 7 You recovered quickly / did not need extended or 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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

OCC4A **[IF OCC1 = 1]** 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 DON'T KNOW / REFUSED

OCC4B **[IF OCC4a = 1-998]** ENTER DAYS / WEEKS / MONTHS / YEARS

1 DAYS
2 WEEKS
3 MONTHS
4 YEARS

COMMUTING
ASK OF ALL PEOPLE CURRENTLY WORKING – EMP = 1

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]

____ ENTER MINUTES
97 97 MINUTES OR MORE
98 WORKS AT HOME (NO COMMUTING TIME) **[SKIP TO DISABCR]**
99 DON'T KNOW / REFUSED

VEHICLR How did you usually get to work last week?

[ENTER ALL THAT APPLY TO GET MULTIPLE MODES. READ LIST AS NECESSARY]

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

1 (Car, truck, van) **[SKIP TO TRANSCR]**
2 (Bus)
3 (Railroad, lightrail, MAX, streetcar)
4 (Taxi)
5 (Motorcycle)
6 (Bicycle)
7 (Walked)
8 (Worked at home) **[SKIP TO DISABCR]**
10 (Combination of modes (for example, bike+MAX or car+walk)) **[SPECIFY]**
CODING NOTE - don't use this for coding – code into individual categories
11 (Other) **[PLEASE SPECIFY] [SKIP TO TRANSDR]**
25 (Retired/ Did not work) **[SKIP TO DISABCR]**
99 DON'T KNOW / REFUSED **[SKIP TO TRANSDR]**

ALTACCSS **[IF VEHICLR = 2-4, 6-7, 10 AND NE 1]** Did you have access to a motor vehicle that you could have driven to work last week?

PROGRAMMER NOTE: IF VEHICLR = 1 AND 2-4,6-7,10 (E.G. CAR & BUS), SKIP THIS QUESTION, THEY OBVIOUSLY HAVE ACCESS TO A CAR.

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

TRANSCR **[[IF VEHICLR = 1]** 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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

DISABILITIES

DISABCR **[ALL]** Next, I have some questions about disabilities. Do you have any of the following long-lasting conditions:

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

[READ LIST AND CHECK ALL THAT APPLY]

- 1 Blindness, deafness, or a severe vision or hearing impairment
- 2 Any other condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying? **[SPECIFY]**
 - 5 ***Back/Spine problems***
 - 6 ***Arthritis***
 - 7 ***Misc. diseases (Multiple-Sclerosis, Muscular Dystrophy, Fibromyalgia, Parkinson's, Diabetes, etc.)***
 - 8 ***Knee / Hip injuries***
 - 10 ***Heart & stroke (circulatory problems)***
 - 11 ***Breathing problems (asthma, emphysema, etc.)***
 - 12 ***Have trouble walking / climbing / carrying / lifting (general)***
 - 13 ***All other***
- 3 NONE OF THE ABOVE
- 4 or 9 DON'T KNOW / REFUSED

DISABBR Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:
[READ LIST AND CHECK ALL THAT APPLY]

- 1 Going outside the home alone to shop or visit a doctor's office?
- 2 Working at a job or business?
- 5 NONE OF THE ABOVE
- 9 DON'T KNOW / REFUSED

DISABAR **[IF DISABCR = 1,2 OR DISABBR = 1,2]** 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, 2]** 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
ASK OF ALL RESPONDENTS**

CCOR **[ALL]** The next topic is child care. During May of 2006, 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 2006.]

- 1 YES
- 2 NO **[SKIP TO LIBMO1]**
- 9 DON'T KNOW / REFUSED **[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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

CHILDCR5 **[IF CCOR = 1]** Other than the caregiver's own children, what is the maximum number of children who 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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

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

**LIBRARIES
ASK OF ALL RESPONDENTS**

LIBMO1 **[ALL]** Have you, personally, 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 DON'T KNOW / REFUSED

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

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

**VOLUNTEER WORK
ASK OF ALL RESPONDENTS**

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)
- 99998 99998 OR MORE
- 99999 DON'T KNOW / REFUSED

**DEPARTMENT OF COMMUNITY COLLEGES & WORKFORCE DEVELOPMENT
ASK OF ALL RESPONDENTS**

INTRO **[ALL]** For each of the following questions, please tell me whether you, personally, are comfortable or uncomfortable for each item.

READING **[ALL]** How comfortable would you say you, personally, 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, personally, 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, personally, 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, personally, 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

EDUCATION ASK OF ALL RESPONDENTS

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-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 DON'T KNOW / REFUSED

EDSUB **[IF EDUC < 51]** What is the subject matter of your <ENTER DEGREE > degree?

[OPEN END]

[PROMPT: Your highest or most recent degree.]

- 1 ***Architecture and Natural Resources***
- 2 ***Architecture and Environmental Design***
- 3 ***Area, Ethnic, and Cultural Studies***
- 4 ***Biological Sciences, Life Sciences***
- 5 ***Business and Management***
- 6 ***Communications***
- 7 ***Computer and Information Sciences***
- 8 ***Construction Trades***
- 9 ***Consumer and Personal Services***
- 10 ***Education***
- 11 ***Engineering and Engineering Technologies***
- 12 ***English Language and Literature / Letters***
- 13 ***Foreign Languages***
- 14 ***Health Sciences / Health Professions***
- 15 ***Home Economics***
- 16 ***Law and Legal Studies***
- 17 ***Liberal Arts and Sciences / General Studies and Humanities***
- 18 ***Library and Archival Studies***
- 19 ***Mathematics***
- 20 ***Mechanics and Repairs***
- 21 ***Military Technologies***
- 22 ***Multi / Interdisciplinary Studies***
- 23 ***Parks and Recreation***
- 24 ***Philosophy, Religion, and Theology***
- 25 ***Physical Sciences and Science Technologies***
- 26 ***Precision Production Trades***
- 27 ***Protective Services***
- 28 ***Psychology***
- 29 ***Public Administration and Services***
- 30 ***Social Sciences (Includes History)***
- 31 ***Transportation and Material Moving***
- 32 ***Visual and Performing Arts***
- 33 ***Unclassified***
- 98 ***Miscellaneous***
- 99 ***Don't Know / NR/ Refused***

EDORHS **[IF EDUC <= 62]** Did you earn a high school diploma or equivalency in Oregon?

[READ IF NECESSARY: "Equivalency" means GED or adult high school diploma.]

- 1 YES
- 2 NO
- 9 DK/REF

EDORA **[IF EDUC = 41 OR EDUC = 42]** Did you attend any Oregon public community college?

- 1 YES
- 2 NO **[SKIP TO EDUC3A1]**
- 9 DK/REF **[SKIP TO EDUC3A1]**

EDUC3A **[IF (EDUC = 41 OR EDUC = 42) AND EDORA = 1]** Did you receive your Associate degree from an Oregon community college?

- 1 YES **[SKIP TO EDUC4A]**
- 2 NO
- 9 DK/REF

EDUC4A **[IF (EDUC = 41 OR EDUC = 42) AND EDUC3A = 1]** From which Oregon community college did you receive your Associate degree?

- 10 BLUE MOUNTAIN COMMUNITY COLLEGE
- 11 CENTRAL OREGON COMMUNITY COLLEGE
- 12 CHEMEKETA COMMUNITY COLLEGE
- 13 CLACKAMAS COMMUNITY COLLEGE
- 14 CLATSOP COMMUNITY COLLEGE
- 15 COLUMBIA GORGE COMMUNITY COLLEGE
- 16 KLAMATH COMMUNITY COLLEGE
- 17 LANE COMMUNITY COLLEGE
- 18 LINN-BENTON COMMUNITY COLLEGE
- 19 MT. HOOD COMMUNITY COLLEGE
- 20 OREGON COAST COMMUNITY COLLEGE
- 21 PORTLAND COMMUNITY COLLEGE
- 22 ROGUE COMMUNITY COLLEGE
- 23 SOUTHWESTERN COMMUNITY COLLEGE
- 24 TILLAMOOK COMMUNITY COLLEGE
- 25 TREASURE VALLEY COMMUNITY COLLEGE
- 26 UMPQUA COMMUNITY COLLEGE
- 77 OTHER **[SPECIFY]**
- 99 DK/REF

EDUC3A1 **[IF EDUC3A = 2,9 OR EDORA=2]** In what state did you receive your Associate's degree?

- | | | | | | |
|----|-------------|----|----------------|----|------------------------|
| 1 | ALABAMA | 20 | MARYLAND | 39 | RHODE ISLAND |
| 2 | ALASKA | 21 | MASSACHUSETTS | 40 | SOUTH CAROLINA |
| 3 | ARIZONA | 22 | MICHIGAN | 41 | SOUTH DAKOTA |
| 4 | ARKANSAS | 23 | MINNESOTA | 42 | TENNESSEE |
| 5 | CALIFORNIA | 24 | MISSISSIPPI | 43 | TEXAS |
| 6 | COLORADO | 25 | MISSOURI | 44 | UTAH |
| 7 | CONNECTICUT | 26 | MONTANA | 45 | VERMONT |
| 8 | DELAWARE | 27 | NEBRASKA | 46 | VIRGINIA |
| 9 | FLORIDA | 28 | NEVADA | 47 | WASHINGTON |
| 10 | GEORGIA | 29 | NEW HAMPSHIRE | 48 | WEST VIRGINIA |
| 11 | HAWAII | 30 | NEW JERSEY | 49 | WISCONSIN |
| 12 | IDAHO | 31 | NEW MEXICO | 50 | WYOMING |
| 13 | ILLINOIS | 32 | NEW YORK | 51 | WASHINGTON, DC |
| 14 | INDIANA | 33 | NORTH CAROLINA | 52 | PUERTO RICO |
| 15 | IOWA | 34 | NORTH DAKOTA | 53 | OTHER [SPECIFY] |
| 16 | KANSAS | 35 | OHIO | 99 | DON'T KNOW / |
| 17 | KENTUCKY | 36 | OKLAHOMA | | REFUSED |
| 18 | LOUISIANA | 37 | OREGON | | |
| 19 | MAINE | 38 | PENNSYLVANIA | | |

EDOR **[IF EDUC < 52]** Did you attend undergraduate school at any Oregon public four-year university or college?

- 1 YES
- 2 NO **[SKIP TO EDUC3A1B]**
- 9 DK/REF **[SKIP TO EDUC3A1B]**

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 EDUC3A1]**
- 9 DK/REF **[SKIP TO EDUC3A1]**

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 OREGON STATE COLLEGE AND OREGON COLLEGE OF EDUCATION)
- 8 OREGON HEALTH SCIENCES UNIVERSITY
- 9 OTHER **[SPECIFY]**
- 99 DON'T KNOW / REFUSED

EDUC3A1B **[IF EDUC3 = 2,9 OR (EDOR = 2 AND EDUC<=30)]** In what state did you receive your Bachelor's degree?

- | | | |
|---------------|-------------------|---------------------------|
| 1 ALABAMA | 20 MARYLAND | 39 RHODE ISLAND |
| 2 ALASKA | 21 MASSACHUSETTS | 40 SOUTH CAROLINA |
| 3 ARIZONA | 22 MICHIGAN | 41 SOUTH DAKOTA |
| 4 ARKANSAS | 23 MINNESOTA | 42 TENNESSEE |
| 5 CALIFORNIA | 24 MISSISSIPPI | 43 TEXAS |
| 6 COLORADO | 25 MISSOURI | 44 UTAH |
| 7 CONNECTICUT | 26 MONTANA | 45 VERMONT |
| 8 DELAWARE | 27 NEBRASKA | 46 VIRGINIA |
| 9 FLORIDA | 28 NEVADA | 47 WASHINGTON |
| 10 GEORGIA | 29 NEW HAMPSHIRE | 48 WEST VIRGINIA |
| 11 HAWAII | 30 NEW JERSEY | 49 WISCONSIN |
| 12 IDAHO | 31 NEW MEXICO | 50 WYOMING |
| 13 ILLINOIS | 32 NEW YORK | 51 WASHINGTON, DC |
| 14 INDIANA | 33 NORTH CAROLINA | 52 PUERTO RICO |
| 15 IOWA | 34 NORTH DAKOTA | 53 OTHER [SPECIFY] |
| 16 KANSAS | 35 OHIO | 99 DON'T KNOW / |
| 17 KENTUCKY | 36 OKLAHOMA | REFUSED |
| 18 LOUISIANA | 37 OREGON | |
| 19 MAINE | 38 PENNSYLVANIA | |

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 **[SKIP TO TRAFFR]**
- 9 DON'T KNOW / REFUSED **[SKIP TO TRAFFR]**

CERTSUB **[IF CERTIF = 1]** What is the subject matter of your certificate?

[PROMPT: Your highest or most recent degree.]

[OPEN-END]

- 1 *Real Estate*
- 2 *Business / Managerial (incls. accounting)*
- 3 *Health Care Programs (nursing, medical technology, pharmacy, physical therapy, etc.)*
- 4 *Education / Teaching*
- 5 *Secretarial / Clerical*
- 6 *Engineering*
- 7 *Computer technology*
- 8 *Social / Protective Services (psychology, police, EMT, etc.)*
- 9 *Construction trades (carpenter, electrician, plumbing, welding, etc.)*
- 10 *Mechanics / Auto*
- 11 *Personal services (hairdresser, manicurist, etc.)*
- 12 *Advanced/continuing professional development for practitioners in the field*
- 98 *Miscellaneous*
- 99 *Don't know / refused*

CERT3 **[IF CERTIF = 1]** Did you receive your certificate from an Oregon community college?

- 1 YES **[SKIP TO CERT4]**
- 2 NO
- 9 DON'T KNOW / REFUSED **[SKIP TO TRAFFR]**

CERTC3A **[IF CERT3 = 2]** In which state did you receive your certificate?

- | | | | | | |
|----|-------------|----|----------------|----|------------------------|
| 1 | ALABAMA | 20 | MARYLAND | 39 | RHODE ISLAND |
| 2 | ALASKA | 21 | MASSACHUSETTS | 40 | SOUTH CAROLINA |
| 3 | ARIZONA | 22 | MICHIGAN | 41 | SOUTH DAKOTA |
| 4 | ARKANSAS | 23 | MINNESOTA | 42 | TENNESSEE |
| 5 | CALIFORNIA | 24 | MISSISSIPPI | 43 | TEXAS |
| 6 | COLORADO | 25 | MISSOURI | 44 | UTAH |
| 7 | CONNECTICUT | 26 | MONTANA | 45 | VERMONT |
| 8 | DELAWARE | 27 | NEBRASKA | 46 | VIRGINIA |
| 9 | FLORIDA | 28 | NEVADA | 47 | WASHINGTON |
| 10 | GEORGIA | 29 | NEW HAMPSHIRE | 48 | WEST VIRGINIA |
| 11 | HAWAII | 30 | NEW JERSEY | 49 | WISCONSIN |
| 12 | IDAHO | 31 | NEW MEXICO | 50 | WYOMING |
| 13 | ILLINOIS | 32 | NEW YORK | 51 | WASHINGTON, DC |
| 14 | INDIANA | 33 | NORTH CAROLINA | 52 | PUERTO RICO |
| 15 | IOWA | 34 | NORTH DAKOTA | 53 | OTHER [SPECIFY] |
| 16 | KANSAS | 35 | OHIO | 99 | DON'T KNOW / |
| 17 | KENTUCKY | 36 | OKLAHOMA | | REFUSED |
| 18 | LOUISIANA | 37 | OREGON | | |
| 19 | MAINE | 38 | PENNSYLVANIA | | |

CERT4 **[IF CERTIF = 1 AND CERT3 = 1]** From which Oregon community college did you receive your certificate?

- 10 BLUE MOUNTAIN COMMUNITY COLLEGE
- 11 CENTRAL OREGON COMMUNITY COLLEGE
- 12 CHEMEKETA COMMUNITY COLLEGE
- 13 CLACKAMAS COMMUNITY COLLEGE
- 14 CLATSOP COMMUNITY COLLEGE
- 15 COLUMBIA GORGE COMMUNITY COLLEGE
- 16 KLAMATH COMMUNITY COLLEGE
- 17 LANE COMMUNITY COLLEGE
- 18 LINN-BENTON COMMUNITY COLLEGE
- 19 MT. HOOD COMMUNITY COLLEGE
- 20 OREGON COAST COMMUNITY COLLEGE
- 21 PORTLAND COMMUNITY COLLEGE
- 22 ROGUE COMMUNITY COLLEGE
- 23 SOUTHWESTERN COMMUNITY COLLEGE
- 24 TILLAMOOK COMMUNITY COLLEGE
- 25 TREASURE VALLEY COMMUNITY COLLEGE
- 26 UMPQUA COMMUNITY COLLEGE
- 88 OTHER **[SPECIFY]**
- 99 DK/REF

**TRANSPORTATION
ASK OF ALL RESPONDENTS**

TRAFFR 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 DON'T KNOW / REFUSED

HWYSAFR 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?

[ROTATE RESPONSE LIST: HI-LO VS LO-HI]

- 5 COMPLETELY SAFE
- 4
- 3
- 2
- 1 NOT AT ALL SAFE
- 9 DON'T KNOW / REFUSED

**OREGON STATE LOTTERY
ASK OF ALL RESPONDENTS**

LOTGAMR1 Next, I have a few questions about the Oregon Lottery. In the past 12 months, have you played any of the following Oregon Lottery Games?

**[READ ONE AT A TIME AND SELECT IF YES]
[ROTATE LIST]**

- 1 Scratch-it Click&Play games
- 2 Scratch-it Bingo
- 3 Scratch-it Crossword
- 4 Scratch-it excluding Scratch-it Bingo, Crossword, or Scratch-it Click&Play games
- 5 Megabucks
- 6 Oregon Lottery Keno
- 7 Breakopens or pull-tabs
- 8 Powerball
- 9 Sports Action
- 10 Oregon Lottery Video Poker
- 11 Oregon Lottery Video Line Games also known as slot games, and please note these line games are played on the same machines as video poker
- 12 Pick 4
- 13 Win for Life
- 14 Scoreboard
- 15 Lucky Lines
- 16 NONE OF THE ABOVE
- 99 DON'T KNOW/REFUSED

LOTASHR **[IF LOTGAMR1 EQ 1-15]** 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

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

GAMASHR **[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 SPENT ON GAMBLING, NOT TRAVEL EXPENSES.]

_____ (NO COMMAS, ROUND TO THE NEAREST DOLLAR)
99998 \$99,998 OR MORE
99999 DON'T KNOW / REFUSED

**PERSONAL SHOPPING PATTERNS
ASK OF ALL RESPONDENTS**

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 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 (e.g. 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, and Winco

SHOPPAT1D Tobacco store (i.e., store that specializes in tobacco products)
 SHOPPAT1E Fred Meyer
 SHOPPAT1F Drug & variety stores like Walgreen's and Rite Aid
 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 OR SHOPPAT1J, AT LEAST 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 / *Whole Foods*
- 11 NEW SEASONS
- 12 QFC
- 13 RAY'S
- 14 ROSAUERS
- 15 ROTH'S
- 16 SAFEWAY
- 17 SENTRY
- 18 TARGET
- 19 THRIFTWAY / (*Chester's Thriftway / Hank's Thriftway*)
- 20 TRADER JOE'S
- 21 WAL-MART
- 22 WINCO / *Walmart*
- 23 ZUPANS
- 24 OTHER [SPECIFY]
- 25 OTHER [SPECIFY]
- 26 OTHER [SPECIFY]
- 27 *Clark's*
- 28 *Century*
- 29 *Erickson's*
- 30 *Grocery Outlet / Rainbow*
- 31 *Market of Choice*
- 32 *Red Apple*
- 33 *Sherm's / Thunderbird*
- 34 *Shop-n-Cart*
- 35 *Super One*
- 36 *BuyMart (Bi-Mart)- *Analytics note, this is a different code than 2004*
- 37 *Canned Food Store- *Analytics note, this is a different code than 2004*
- 38 *IGA- *Analytics note, this is a new code*
- 39 *Price-n-Pride *Analytics note, this is a new code*
- 99 DON'T KNOW / REFUSED

**BANKING / PAYDAY LOANS QUESTIONS
ASK OF ALL RESPONDENTS**

CHECK Do you have a checking account?

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

DENIED **[IF CHECK = 2, 9]** Have you, personally, applied for a checking account and been denied?

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

CHKFEE **[ALL]** Have you, personally, paid a fee to cash a check in the last year?

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

PDYLN Have you, personally, taken out a payday loan in the last year?

- 1 YES
- 2 NO **[SKIP TO INT4]**
- 9 DON'T KNOW / REFUSED **[SKIP TO INT4]**

LNNUM **[IF PDYLN = 1]** How many payday loans have you, personally, taken out in the last year?

- ___ ENTER NUMBER
- 98 98 or more
- 99 DON'T KNOW / REFUSED

INTLN **[IF LNNUM = 1-98]** How many of those payday loans were taken out over the Internet?

- ___ ENTER NUMBER
- 98 98 or more
- 99 DON'T KNOW / REFUSED

**SUPPLEMENTAL QUESTIONS
ASK OF RANDOM SUBSETS OF ALL RESPONDENTS**

[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

FOR ALL "ST" AND "GRWTH" QUESTIONS USE SCALE BELOW:

[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 DON'T KNOW / REFUSED

- ST16 **[IF GROUP = 4]** How good a job do you think Oregon is doing creating jobs?
- ST2 **[IF GROUP = 4]** How good a job do you think Oregon is doing helping individuals and families in need?
- ST13 **[IF GROUP = 4]** How good a job do you think Oregon is doing providing affordable access to health care?
- 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.]
- ST8 **[IF GROUP = 1]** How good a job do you think Oregon is doing maintaining highways, roads, and bridges?
- ST10 **[IF GROUP = 1]** How good a job do you think Oregon is doing developing mass transit, such as bus systems and light rail?
- ST21 **[IF GROUP = 2]** How good a job do you think Oregon is doing providing community college education?
- 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?
- ST5 **[IF GROUP = 1]** How good a job do you think Oregon is doing controlling drug use?
- ST14 **[IF GROUP = 1]** How good a job do you think Oregon is doing controlling crime?
- ST6 **[IF GROUP = 3]** How good a job do you think Oregon is doing protecting natural resources such as forests, rivers and farmland?
- ST7 **[IF GROUP = 3]** How good a job do you think Oregon is doing maintaining clean air and water?
- ST9 **[IF GROUP = 3]** How good a job do you think Oregon is doing providing parks and open spaces?
- 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.]

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

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

[END ROTATION]

**SALMON QUESTIONS
BASE SAMPLE SIZE (ALL OR SUBSET) TO BE DETERMINED – FOR NOW ASSUMING QUESTIONS
ASKED OF ALL RESPONDENTS**

SAL1 **[ALL]** Now I would like to ask you about the salmon runs in Oregon. 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

**TAX / TECHNOLOGY QUESTIONS
ASK OF ALL RESPONDENTS**

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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

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 A historic park or monument or tour buildings or neighborhoods for their historic or design value
- 99 DON'T KNOW / REFUSE

ARTS1AA-AJ **[FOR EACH YES IN ARTS1]** How many times in the past 12 months did you go to or visit [RESTORE RESPONSE FROM ARTS1]?

- ENTER RESPONSE
- 97 97 OR MORE TIMES
- 99 DON'T KNOW / REFUSED

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 / REFUSED

**TECHNOLOGY
ASK OF ALL RESPONDENTS**

CMP4 **[ALL]** Do you, personally, have access 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 DON'T KNOW / REFUSED

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, personally, 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 – A LOT
- 2 YES – A LITTLE
- 3 NO
- 9 DON'T KNOW / REFUSED

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 I don't play any computer games on my home computer
- 9 DON'T KNOW / REFUSED

**HEALTH INSURANCE / COVERAGE
ASK OF ALL RESPONDENTS**

HIINTRO The next questions are about health insurance.

HI-H14: Do you (does TARGET) **currently** have **[ENTER H1-H14]**?

[IF YES, PROBE: "Besides this, do you have any other type of insurance coverage?"]
PROGRAMMER NOTE: THE PROBE SHOULD NOT BE ASKED IN RESPONSE TO YES TO H14

- 1 YES – HAVE THIS AND OTHER INSURANCE COVERAGE
- 2 YES – HAVE THIS AND NO OTHER INSURANCE COVERAGE **[SKIP TO H15]**
- 3 NO
- 8 DON'T KNOW
- 9 REFUSED

[NOTE TO INTERVIEWER : In the following section, each type of insurance should be read: "Do you **CURRENTLY** have (type of insurance)?"

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

If YES, the item should be followed by the PROBE: "Besides this, do you have any other type of insurance coverage?" If YES, proceed with the roster. If NO OTHER COVERAGE, proceed with H15.

- H1 Medicare? **[PROBE:** Medicare is the health insurance for persons 65 years old and over or some people with disabilities. This is NOT the Oregon Health Plan. Medicare has a red, white and blue card.]
- H2 A Railroad Retirement Plan?
- H3 Veteran's Affairs, Military Health, TRICARE or CHAMPUS?
- H4 Indian Health Service (IHS)?
- H5 Oregon Health Plan also known as Medicaid or OMAP (Oregon Medical Assistance Program)? **[Note: CareOregon=OHP]**
[PROBE: This is Oregon's Medicaid program for low-income families with children, seniors, and people with disabilities.
- H6 **[IF AGE<19 OR AGE2 =1]** Children's Health Insurance Program or CHIP?
[READ IF NECESSARY: This is health insurance for children available through OMAP]
- H7 Insurance through the Family Health Insurance Assistance Program or FHIAP ?
[NOTE TO INTERVIEWER: PRONOUNCED FEE-AWP]
[PROBE: This is a state program that subsidizes health insurance premiums for qualified families.]
- H8 Insurance through the Oregon Medical Insurance Pool or high risk pool (known as OMIP)?
- H9 Cobra **[PROBE:** Continuation of health benefits for a specified period of time from a former employer.]

- H11 Health insurance through your work or union?
[PROBE: This insurance could be through a former employer or a retiree benefit, but not COBRA.]
- H12 Health insurance through someone else's work or union?
[PROBE: This insurance could be through a former employer or a retiree benefit, but not COBRA.]
- H13 Health insurance bought directly by you?
- H14 Health insurance bought directly by someone else?

[Programmer Note: IF <TARGET> HAS ONLY INDIAN SERVICES, SKIP TO H15A IF <TARGET> HAS ANY OTHER INSURANCE, SKIP TO H17.]

H15 **[IF NO TO ALL H1-H14]** According to the information you provided, you do not have health insurance coverage. Does anyone else pay for your bills when you go to a doctor or hospital?

- 1 YES **[SKIP TO H16]**
- 2 NO **[SKIP TO H17]**
- 8 DON'T KNOW **[SKIP TO H17]**
- 9 REFUSED **[SKIP TO H17]**

NOTE TO PROGRAMMER: IF TARGET HAS ONLY INDIAN SERVICES, CONTINUE WITH H15A. IF NOT, SKIP TO H17.

H15a You've just told me that you receive services through the Indian Health Service. In addition to this, does anyone else pay for your bills when you go to a doctor or hospital?

- 1 YES **[SKIP TO H16]**
- 2 NO **[SKIP TO H17]**
- 8 DON'T KNOW **[SKIP TO H17]**
- 9 REFUSED **[SKIP TO H17]**

H16 And who is that?

[DO NOT READ, SELECT ANSWER]

- 1 MEDICARE **[SKIP TO MEDIGAP]**
- 2 RAILROAD RETIREMENT PLAN **[SKIP TO H17]**
- 3 VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS? **[SKIP TO H17]**
- 4 INDIAN HEALTH SERVICE **[SKIP TO H17]**
- 5 OREGON HEALTH PLAN (OREGON MEDICAL ASSISTANCE PROGRAM (OMAP), MEDICAID, CAREOREGON **[SKIP TO H17]**
- 6 CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP OR S-CHIP) **[SKIP TO H17]**
- 7 INSURANCE THROUGH THE FAMILY HEALTH INSURANCE ASSISTANCE PROGRAM (FHIAP)-(NOTE TO INTERVIEWER: PRONOUNCED FEE-AWP) (THIS IS A STATE PROGRAM THAT SUBSIDIZES HEALTH INSURANCE PREMIUMS FOR QUALIFIED FAMILIES) **[SKIP TO H17]**
- 8 OREGON MEDICAL INSURANCE POOL OR OMIP (HIGH RISK POOL) **[SKIP TO H17]**
- 9 COBRA **[SKIP TO H17]**
- 10 HEALTH INSURANCE THROUGH <TARGET'S>. WORK OR UNION **[SKIP TO H17]**
- 11 HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION **[SKIP TO H17]**
- 12 HEALTH INSURANCE BOUGHT DIRECTLY BY <TARGET>. **[SKIP TO H17]**
- 13 HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE **[SKIP TO H17]**
- 14 WORKERS' COMPENSATION FOR SPECIFIC INJURY/ILLNESS **[SKIP TO H17]**
- 15 <TARGET'S>EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY **[SKIP TO H17]**
- 16 FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS **[SKIP TO H17]**
- 17 NO PRIVATE OR PUBLIC INSURANCE **[SKIP TO H17]**
- 18 OTHER NON-INSURANCE PAYMENT SOURCE **[SKIP TO H17]**
- 19 OTHER [SPECIFY]
- 99 DK/REF **[SKIP TO H17]**

MEDIGAP **[IF H1 EQ 1 OR H16 EQ 1]** Do you have additional insurance to supplement Medicare, such as self-purchased Medigap policy, or a retiree benefit?

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

H17 **[ALL]** At any time in the last 12 months, were you, personally, without health insurance?

- 1 YES
- 2 NO **[SKIP TO DENT1]**
- 9 DON'T KNOW / REFUSED **[SKIP TO DENT1]**

H18 **[IF H17 EQ 1]** How many months during the past year were you, personally, without coverage?

- Months
- 99 DON'T KNOW / REFUSED **[SKIP TO DENT1]**

H20 **[IF H17 EQ 1]** Was cost a reason why you did not have health insurance at some point in the past 12 months?

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

H21 **[IF H17 EQ 1]** Other than cost, what was the primary reason you did not have health insurance coverage for part of the past 12 months?

[DO NOT READ; SELECT ANSWER]

- 1 DID NOT NEED OR WANT HEALTH INSURANCE
- 2 RARELY SICK
- 3 DO NOT KNOW WHERE TO BEGIN / WHERE TO GO
- 4 TOO MUCH HASSLE / PAPERWORK
- 5 EXPECT TO BE COVERED BY HEALTH INSURANCE POLICY SHORTLY
- 6 BENEFIT PACKAGE DIDN'T MEET NEEDS
- 7 DOUBT ELGIBLE / REJECTED BECAUSE OF A HEALTH CONDITION
- 8 NOT ELIGIBLE FOR REASON OTHER THAN HEALTH
- 9 CURRENT EMPLOYER DOES NOT OFFER COVERAGE BENEFITS
- 10 DO NOT WORK ENOUGH HOURS IN A WEEK
- 11 HAVE NOT BEEN WITH EMPLOYER LONG ENOUGH / **Change of employment**
- 12 WAS COVERED, BUT LOST JOB
- 13 EMPLOYER DROPPED COVERAGE
- 14 OTHER [SPECIFY]
- 15 COST IS THE ONLY REASON
- 88 DON'T KNOW
- 99 REFUSED

**DENTAL CARE / COVERAGE
ASK OF ALL RESPONDENTS**

DENT1 **[ALL]** The next few questions are about dental care. Which of the following best describes how long it has been since you, personally, 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)]

- 1 FEAR, APPREHENSION, NERVOUSNESS, PAIN, DISLIKE
- 2 COST OF GOING
- 3 DO NOT HAVE / KNOW A DENTIST
- 4 CANNOT GET TO THE OFFICE / NO TRANSPORTATION
- 5 NO REASON TO GO
- 6 OTHER PRIORITIES
- 7 HAVE NOT THOUGHT OF IT
- 8 NO TEETH / *dentures*
- 9 TOO YOUNG
- 10 **No / inadequate insurance**
- 11 **Busy / not convenient / no time**
- 98 OTHER [PLEASE SPECIFY] / *lazy*
- 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 DON'T KNOW / REFUSED

HOUSEHOLD GRID

[PROGRAMMING NOTE: OFFER ONLINE OPTION ONLY FOR ENGLISH VERSION]

HHINTRO This section of the survey is very important as we use it to understand more about everyone who lives in Oregon. For this section, I will be asking you some questions about each member of your household. These include questions about their relationship to you, their age, gender, education levels, insurance coverage, etc. Depending upon the size of your household, this section will take approximately <ADD QUEUE TIME> minutes.

We can continue to complete this section of the survey on the phone or you can complete this section online. If you choose to complete this section of the survey online we do have some additional questions to ask now. We will then get your e-mail address and send you a link with a password to complete the remainder of the survey.

In order for you to qualify to receive the \$5.00 and to be entered into the drawing to win one of 25 \$100.00 cash prizes, you must complete this section on the phone or online.

Would you like to continue this section of the survey on the phone or do you prefer to complete this section online?

- 1 CONTINUE ON PHONE
- 2 COMPLETE ONLINE
- 3 CALLBACK [SCHEDULE A CALLBACK]

HHEMAIL [HHINTRO = 2] Great! Can I get your email address so I can send you the link?

ENTER EMAIL ADDRESS: _____ [VERIFY ADDRESS]

HHEMAIL2 Thank you, we will call to verify you received the link to the survey.

[NOTE TO PROGRAMMER: IF RESPONDENT REFUSES TO ANSWER THE FIRST FOUR QUESTIONS ABOUT HIS/HER ROOMMATE, SKIP TO NEXT PERSON IN THE HOUSEHOLD GRID.]

RELINTRO [IF HHNUMAR = 2-14] 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.# What is the relationship to you of the (next) oldest member of your household?

[READ IF NECESSARY]

- 01 (Wife)
- 02 (Husband)
- 03 (Daughter (natural-born or adopted) / step-daughter)
- 04 (Son (natural-born or adopted) / step-son)
- 05 (Brother/sister/sibling)
- 06 (Mother/ Stepmother)
- 07 (Father/ Stepfather)
- 08 (Granddaughter)
- 09 (Grandson)
- 10 (Grandmother)
- 11 (Grandfather)
- 12 (Other relative)
- 13 (Roomer, boarder, foster child)
- 14 (Roommate, housemate)
- 15 (Unmarried partner/cohabitant)
- 16 (OTHER NON-RELATIVE)
- 98 (OTHER) (NOT SPECIFIED RELATIVE OR NON RELATIVE) [SPECIFY]
- 99 REFUSED [SKIP TO NEXT HH MEMBER]
- 88 DON'T KNOW / NOT SURE [SKIP TO NEXT HH MEMBER]
- 00 NO OTHER MEMBERS OF THE HOUSEHOLD

XAC0 (HOUSEHOLD MEMBER COUNTER)

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

[ASK THE QUESTIONS SEX.# TO LIBYR1.# FOR ALL HH MEMBERS, IF REL = 1-16,98]]

SEX.# [ASK IF REL.2-14 ge14) Is your/the <REL >male or female?

- 1 Male
- 2 Female
- 9 DON'T KNOW / REFUSED

AGE.# [IF REL.# = 1-16, 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 | DON'T KNOW / REFUSED |

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

- | | | | |
|----|-----------|----|----------------------|
| 1 | 0-4 yrs | 12 | 40-44 yrs |
| 2 | 5- 9 yrs | 13 | 45-49 yrs |
| 3 | 10-12 yrs | 14 | 50-54 yrs |
| 4 | 13-14 yrs | 15 | 55-59 yrs |
| 5 | 15-17 yrs | 16 | 60-64 yrs |
| 6 | 18 yrs | 17 | 65-69 yrs |
| 7 | 19 yrs | 18 | 70-74 yrs |
| 8 | 20-24 yrs | 19 | 75-79 yrs |
| 9 | 25-29 yrs | 20 | 80-84 yrs |
| 10 | 30-34 yrs | 21 | 85 yrs or over |
| 11 | 35-39 yrs | 99 | DON'T KNOW / REFUSED |

LIVEWHR.# [IF REL.# = 1-16,98 AND (AGE.# GE 5 OR AGE2.# GE2)] What state or foreign country was your/the <REL >living in 5 years ago?

- | | | |
|-------------------|-------------------|-------------------------|
| 1 ALABAMA | 25 MASSACHUSETTS | 47 TENNESSEE |
| 2 ALASKA | 26 MICHIGAN | 48 TEXAS |
| 4 ARIZONA | 27 MINNESOTA | 49 UTAH |
| 5 ARKANSAS | 28 MISSISSIPPI | 50 VERMONT |
| 6 CALIFORNIA | 29 MISSOURI | 51 VIRGINIA |
| 8 COLORADO | 30 MONTANA | 53 WASHINGTON |
| 9 CONNECTICUT | 31 NEBRASKA | 54 WEST VIRGINIA |
| 10 DELAWARE | 32 NEVADA | 55 WISCONSIN |
| 11 WASHINGTON, DC | 33 NEW HAMPSHIRE | 56 WYOMING |
| 12 FLORIDA | 34 NEW JERSEY | 62 EUROPE [SPECIFY] |
| 13 GEORGIA | 35 NEW MEXICO | 63 LATIN AMERICA |
| 15 HAWAII | 36 NEW YORK | [SPECIFY] |
| 16 IDAHO | 37 NORTH CAROLINA | 64 AFRICA [SPECIFY] |
| 17 ILLINOIS | 38 NORTH DAKOTA | 65 ASIA/PACIFIC ISLANDS |
| 18 INDIANA | 39 OHIO | [SPECIFY] |
| 19 IOWA | 40 OKLAHOMA | 66 CANADA |
| 20 KANSAS | 41 OREGON | 67 AUSTRALIA/NEW |
| 21 KENTUCKY | 42 PENNSYLVANIA | ZEALAND |
| 22 LOUISIANA | 44 RHODE ISLAND | 97 OTHER [SPECIFY] |
| 23 MAINE | 45 SOUTH CAROLINA | 99 DON'T KNOW / |
| 24 MARYLAND | 46 SOUTH DAKOTA | REFUSED |

HISPAR.# [IF REL.# = 1-16,98] Is your/the <REL > Spanish, Hispanic, or Latino?

[PROBE: 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 DON'T KNOW / REFUSED

RACE.# [IF REL.# = 1-16, 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.]

[NOTE TO INTERVIEWER: If they say "Hispanic" PROBE: In addition to Hispanic, what other race categories does your <REL> consider him/herself to be?]

[READ LIST]

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian or Pacific Islander
- 5 Some other race [SPECIFY]
- 7 **Hispanic race**
- 9 DON'T KNOW / REFUSED

HIINTRO.# [IF REL.# = 1-16,98] The next questions concern health insurance that other people in your household may have at this time.

HI.#-H14.#: [IF REL.# = 1-16,98] Does your / the <REL> currently have [ENTER H1.#-H14.#]?

- 1 YES – HAVE THIS AND OTHER INSURANCE COVERAGE
- 2 YES – HAVE THIS AND NO OTHER INSURANCE COVERAGE [SKIP TO H15.#]
- 3 NO
- 8 DON'T KNOW
- 9 REFUSED

[NOTE TO INTERVIEWER : In the following section, each type of insurance should be read: "Does your <REL> CURRENTLY have (type of insurance)?"

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

If YES, the item should be followed by the PROBE: "Besides this, does your <REL> have any other type of insurance coverage?"

If YES, proceed with the roster.

If NO OTHER COVERAGE, proceed with H15.#.

The PROBE should not be asked in response to YES to H14.#

- H1.# Medicare? **[PROBE: Medicare is the health insurance for persons 65 years old and over or some people with disabilities. This is NOT the Oregon Health Plan. Medicare has a red, white and blue card.]**
- H2.# A Railroad Retirement Plan?
- H3.# Veteran's Affairs, Military Health, TRICARE or CHAMPUS?
- H4.# Indian Health Service (IHS)?
- H5.# Oregon Health Plan also known as Medicaid or OMAP (Oregon Medical Assistance Program)? **[Note: CareOregon=OHP]**
[PROBE: This is Oregon's Medicaid program for low-income families with children, seniors, and people with disabilities.]
- H6.# **[IF AGE<19.# OR AGE2.# <7]** Children's Health Insurance Program or CHIP?
[READ IF NECESSARY: This is health insurance for children available through OMAP]
- H7.# Insurance through the Family Health Insurance Assistance Program or FHIAP ?
[NOTE TO INTERVIEWER: PRONOUNCED FEE-AWP]
[PROBE: This is a state program that subsidizes health insurance premiums for qualified families.]
- H8.# Insurance through the Oregon Medical Insurance Pool or high risk pool (known as OMIP)?
- H9.# Cobra **[PROBE: Continuation of health benefits for a specified period of time from a former employer.]**
- H11.# **[IF AGE GE 15.# OR AGE2.# GE 5]** Health insurance through <REL'S> work or union?
[PROBE: This insurance could be through a former employer or a retiree benefit, but not COBRA.]
- H12.# Health insurance through someone else's work or union?
[PROBE: This insurance could be through a former employer or a retiree benefit, but not COBRA.]
- H13.# **[IF AGE GE 15.# OR AGE2.# GE 5]** Health insurance bought directly by <REL>?
- H14.# Health insurance bought directly by someone else?

H15.# **[IF NO TO ALL H1.#-H14.#]** According to the information you provided, your <REL> does not have health insurance coverage. Does anyone else pay for the bills when your <REL> go to a doctor or hospital?

- 1 YES **[SKIP TO H16.#]**
- 2 NO **[SKIP TO H17.#]**
- 8 DON'T KNOW **[SKIP TO H17.#]**
- 9 REFUSED **[SKIP TO H17.#]**

NOTE TO PROGRAMMER: IF <REL> HAS ONLY INDIAN SERVICES, CONTINUE WITH H15A.#. IF NOT, SKIP TO H17.#.

H15a.# You've just told me that your <REL> receives services through the Indian Health Service. In addition to this, does anyone else pay for your <REL's> bills when he / she goes to a doctor or hospital?

- 1 YES **[SKIP TO H16.#]**
- 2 NO **[SKIP TO H17.#]**
- 8 DON'T KNOW **[SKIP TO H17.#]**
- 9 REFUSED **[SKIP TO H17.#]**

H16.# And who is that?

[DO NOT READ, SELECT ANSWER]

- 1 MEDICARE **[SKIP TO MEDIGAP.#]**
- 2 RAILROAD RETIREMENT PLAN **[SKIP TO H17.#]**
- 3 VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS? **[SKIP TO H17.#]**
- 4 INDIAN HEALTH SERVICE **[SKIP TO H1.#7]**
- 5 OREGON HEALTH PLAN (OREGON MEDICAL ASSISTANCE PROGRAM (OMAP), MEDICAID, CAREOREGON **[SKIP TO H17.#]**

- 6 CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP OR S-CHIP) **[SKIP TO H17.#]**
- 7 INSURANCE THROUGH THE FAMILY HEALTH INSURANCE ASSISTANCE PROGRAM (FHIAP)-(NOTE TO INTERVIEWER: PRONOUNCED FEE-AWP) (THIS IS A STATE PROGRAM THAT SUBSIDIZES HEALTH INSURANCE PREMIUMS FOR QUALIFIED FAMILIES) **[SKIP TO H17.#]**
- 8 OREGON MEDICAL INSURANCE POOL OR OMIP (HIGH RISK POOL) **[SKIP TO H17.#]**
- 9 COBRA **[SKIP TO H17.#]**
- 10 HEALTH INSURANCE THROUGH <REL'S>. WORK OR UNION **[SKIP TO H17.#]**
- 11 HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION **[SKIP TO H17.#]**
- 12 HEALTH INSURANCE BOUGHT DIRECTLY BY <REL>. **[SKIP TO H17.#]**
- 13 HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE **[SKIP TO H17.#]**
- 14 WORKERS' COMPENSATION FOR SPECIFIC INJURY/ILLNESS **[SKIP TO H17.#]**
- 15 <REL'S>EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY **[SKIP TO H17.#]**
- 16 FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS **[SKIP TO H17.#]**
- 17 NO PRIVATE OR PUBLIC INSURANCE **[SKIP TO H17.#]**
- 18 OTHER NON-INSURANCE PAYMENT SOURCE **[SKIP TO H17.#]**
- 99 DK/REF **[SKIP TO H17.#]**

MEDIGAP.# **[IF H1.# EQ 1 OR H16.# EQ 1]** Does your <REL> have additional insurance to supplement Medicare, such as self-purchased Medigap policy, or a retiree benefit?

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

H17.# **[IF REL.# = 1-16,98]** At any time in the last 12 months, was your <REL> without health insurance?

- 1 YES
- 2 NO **[SKIP TO DENT1.#]**
- 9 DON'T KNOW / REFUSED **[SKIP TO DENT1.#]**

H18.# **[IF H17.# EQ 1]** How many months during the past year was your <REL> without coverage?

- Months
- 99 DON'T KNOW / REFUSED **[SKIP TO DENT1.#]**

H20.# **[IF H17.# EQ 1]** Was cost a reason why your <REL> did not have health insurance at some point in the past 12 months?

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

H21.# **[IF H17.# EQ 1]** Other than cost, what was the primary reason your <REL> did not have health insurance coverage for part of the past 12 months?

[DO NOT READ; SELECT ANSWER]

- 1 DID NOT NEED OR WANT HEALTH INSURANCE
- 2 RARELY SICK
- 3 DO NOT KNOW WHERE TO BEGIN / WHERE TO GO
- 4 TOO MUCH HASSLE / PAPERWORK
- 5 EXPECT TO BE COVERED BY HEALTH INSURANCE POLICY SHORTLY
- 6 BENEFIT PACKAGE DIDN'T MEET NEEDS
- 7 DOUBT ELGIBLE / REJECTED BECAUSE OF A HEALTH CONDITION
- 8 NOT ELIGIBLE FOR REASON OTHER THAN HEALTH
- 9 CURRENT EMPLOYER DOES NOT OFFER COVERAGE BENEFITS
- 10 DO NOT WORK ENOUGH HOURS IN A WEEK
- 11 HAVE NOT BEEN WITH EMPLOYER LONG ENOUGH
- 12 WAS COVERED, BUT LOST JOB
- 13 EMPLOYER DROPPED COVERAGE
- 14 OTHER [SPECIFY]
- 15 COST IS THE ONLY REASON
- 88 DON'T KNOW
- 99 REFUSED

DENT1.# **[IF REL.# = 1-16, 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 DON'T KNOW / REFUSED

DENT3.# **[IF REL.# = 1-16, 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 DON'T KNOW / REFUSED

WRK1.# **[IF REL.# = 1-16, 98 AND (AGE.# > 13 OR AGE2.# GE 4)]** For how many months in 2005 was your/the <REL> working for pay (including self-employment)? Please include time they were on paid sick leave, paid vacation, or military service.

[READ IF NECESSARY: Self-employment = "Whatever that means to you"]

[PROMPT: If less than one month, report one month]

- ___ [ENTER NUMBER MONTHS 0-12] **[ROUND TO NEAREST MONTH]**
- 00 DIDN'T WORK AT ALL DURING 2005
- 99 DON'T KNOW / REFUSED

EMP.# **[IF REL.# = 1-16, 98 AND (AGE.#>13 OR AGE2.# GE 4)]** Is your/the <REL> currently employed for pay or self-employed in a business or farm?

[READ IF NECESSARY: Self-employment = "Whatever that means to you"]

[READ IF NECESSARY: This includes any job from which they are temporarily absent.

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

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.]

EDUC.# **[IF REL.# = 1-16, 98 AND AGE.# > 17 OR AGE2.# GE 6]** 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?]

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-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 DON'T KNOW / REFUSED

EDUCSCHL.# **[IF REL.# = 1-16, 98 AND (AGE.# > 4 and < 18 OR AGE2.# = 2-4)]** What type school of did your/the <REL > attend during the 2005-2006 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 DON'T KNOW / REFUSED

HOMESCHL.# **[IF EDUCSCHL.# = 4]** Did your/the <REL > attend any classes at a public or private school during the 2005-2006 school year?

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

CERTIF.# **[IF AGE.# > 17 OR AGE2.# GE 6]** 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 DON'T KNOW / REFUSED

DISABCR.# **[IF REL.# = 1-16, 98 AND (AGE.# GE 5 OR AGE2.# GE 2)]** Does your/the <REL > have any of the following long-lasting conditions:

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

READ LIST AND CHECK ALL THAT APPLY

- 1 Blindness, deafness, or a severe vision or hearing impairment?
- 2 A condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying?
- 5 NONE OF THE ABOVE
- 9 DON'T KNOW / REFUSED

DISABBR.# **[IF AGE.# GE 15 OR AGE2.# GE 5]** Because of a physical, mental, or emotional condition lasting 6 months or more, does your/the <REL > have any difficulty in doing any of the following activities:

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

READ LIST AND CHECK ALL THAT APPLY

- 1 Going outside the home alone to shop or visit a doctor's office?
- 2 Working at a job or business?
- 5 NONE OF THE ABOVE
- 9 DON'T KNOW / REFUSED

DISABAR.# **[IF (DISABCR.# = 1,2 OR DISABBR.# = 1,2) AND (AGE.#>15 OR AGE2.# GE 5)]** 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 DON'T KNOW / REFUSED

CCINTRO.# **[IF AGE.# < 13 OR AGE2.# = 1, 2]** Now we are going to ask you about different types of child care and educational programs your/the <REL> received on a regular basis from someone other than a parent (or guardian) during the last (2005-2006) school year. This includes regular child care, preschool and school age programs, whether or not there was a charge or fee, but not occasional babysitting or school (kindergarten – grade 12).

[PROBE: Regular Means At Least Once A Week]

CCRNGA.# TO CCRNGH.#

[ENTER ALL MENTIONED, SELECTING MAIN TYPE FIRST. RESPONSE IS YES IF PARENT MENTIONS USING IT]

IF MORE THAN ONE: Which of these was the main type of child care or education program 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 2005/2006 SCHOOL YEAR]

[READ LIST]

- 10 YES-Child care center, a preschool, Head Start, before-or after school program, or other center that was not the caregiver's / teacher's home
- 20 YES Care in the child's home by a non-relative.
- 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 including lessons, clubs, and sports
- 51 NO-No child care or educational program, paid or unpaid for this child **[SKIP TO LIBMO1]**
- 80 OTHER **[PLEASE SPECIFY]**
- 99 DON'T KNOW / REFUSED **[SKIP TO LIBMO1]**

CCRNG2A.# - CCRNG2H.#

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

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

CHILDCR8.# **[IF (AGE.# <13 OR AGE2.# LT 4) AND CCRNGA # TO CCRRNGH# = 10-50, 80]** In 2005, did you have trouble finding child care or educational programs to meet your <REL> needs? Please rate your trouble finding care or educational programs 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 CCRNG2A.# - CCRNG2H.# = 1]** How many hours altogether in a typical week during the school year did your/ the <REL > spend in paid child care or educational programs?

[PROBE: Paid means the caregiver/teacher is being paid to provide this care.]

- _____ HOURS (ROUND TO NEAREST HOUR-- 3 DIGITS)
- 001 LESS THAN 1 HOUR
- 168 168 OR MORE
- 999 DON'T KNOW / REFUSED

CCOSTR.# **[IF (AGE.# < 13 OR AGE2.# LT 4) AND CCRNGA.# TO CCRNGH.# = 10-50, 80]** Overall, how much did your household spend on child care or educational programs for your/the <REL> in an average month during the school year?

[PROBE: Including child care centers, preschools, and school-age programs 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 DON'T KNOW / REFUSED

CCINTRO.# **[IF (AGE.# < 13 OR AGE2.# LT 4) AND CCRNGA.# = 10-50, 80]** I'm going to read four statements about the child care or educational programs your/the <REL >received. For each statement, please tell me whether you feel it was true "never," "rarely", "sometimes," "often," or "always".

[PRESS ANY KEY TO CONTINUE]

CCSAFE1.# **[IF (AGE.# < 13 OR AGE2.# LT 4) AND CCRNGA.# = 10-50, 80]** My child felt safe and secure.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DON'T KNOW / REFUSED

CCATTN1.# **[IF (AGE.# < 13 OR AGE2.# LT 4) AND CCRNGA.# = 10-50, 80]** My <REL > got a lot of individual attention.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DON'T KNOW / REFUSED

CCINFO1.# **[IF (AGE.# < 13 OR AGE2.# LT 4) AND CCRNGA.# = 10-50, 80]** My <REL >'s caregiver / teacher was open to new information and learning.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 9 DON'T KNOW / REFUSED

CCASSM1.# **[IF (AGE.# < 13 OR AGE2.# LT 4) AND CCRNGA.#=10-50, 80]** The care or educational program was just what my <REL > needed.

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

LIBMO1.# **[IF REL.# = 1-16, 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 DON'T KNOW / REFUSED

LIBYR1.# **[IF LIBMO1.# . 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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

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 DON'T KNOW / REFUSED

EDEXPNS1 [ALL] In the past school year (Fall 2005 through Summer 2006), 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 DON'T KNOW / REFUSED

EDEXPNS2 **[IF EDEXPNS1 > 0]** In the past school year (Fall 2005 through Summer 2006), how much did your household spend on tuition for...?

_____ (ROUND TO NEAREST DOLLAR)
 999998 \$999,998 OR MORE
 999999 DON'T KNOW / REFUSED **[SKIP TO COLSAV1]**

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

[IF EDEXPNS2, EE.1 > 0 THEN THE SUM OF CCOSTR.# FOR A HOUSEHOLD SHOULD ALSO BE 0.]

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

___ ENTER NUMBER
 99 DON'T KNOW / REFUSED

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]		

TELEPHONE / CELLULAR QUESTIONS

TEL1 **[ALL]** In 2005, was your home without telephone service for more than three (3) months?

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

- 1 YES
- 2 NO **[SKIP TO TEL3]**
- 9 DON'T KNOW / REFUSED **[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 DON'T KNOW / REFUSED **[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 DON'T KNOW / REFUSED

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 INCOME1]**
- 5 SOMETHING ELSE **[PLEASE SPECIFY] [SKIP TO INCOME1]**
- 8 DON'T KNOW/NOT SURE **[SKIP TO INCOME1]**
- 9 REFUSED **[SKIP TO INCOME1]**

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 2005, please let me know.

Was your household's 2005 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?

- 3 BELOW \$55,000 PER YEAR **[SKIP TO INCOME4]**
- 4 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 – AUTOMATIC POVERTY]**
- 21 Between \$5,000 to less than \$7,500 **[SKIP TO SUPP - 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]**
- 88 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]**
- 88 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]**
- 88 DON'T KNOW **[SKIP TO SUPP]**
- 99 REFUSED **[SKIP TO SUPP]**

2005 HHS Poverty Guidelines

Persons in Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 9,570	\$11,950	\$11,010
2	12,830	16,030	14,760
3	16,090	20,110	18,510
4	19,350	24,190	22,260
5	22,610	28,270	26,010
6	25,870	32,350	29,760
7	29,130	36,430	33,510
8	32,390	40,510	37,260
For each additional person, add	3,260	4,080	3,750

SOURCE: *Federal Register*, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375.

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

- POV1 **[IF INCOME=22 AND HHNUMAR=1]** Is your gross household annual income less than \$9,570 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV2 **[IF INCOME=24 AND HHNUMAR=2]** Is your gross household annual income less than \$12,830 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV3 **[IF INCOME=31 AND HHNUMAR=3]** Is your gross household annual income less than \$16,090 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV4 **[IF INCOME=31 AND HHNUMAR=4]** Is your gross household annual income less than \$19,350 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV5 **[IF INCOME=32 AND HHNUMAR=5]** Is your gross household annual income less than \$22,610 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV6 **[IF INCOME=41 AND HHNUMAR=6]** Is your gross household annual income less than \$25,870 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV7 **[IF INCOME=41 AND HHNUMAR=7]** Is your gross household annual income less than \$29,130 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**

- POV8 **[IF INCOME=42 AND HHNUMAR=8]** Is your gross household annual income less than \$32,390 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV9 **[IF INCOME=50 AND HHNUMAR=9]** Is your gross household annual income less than \$35,650 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV10 **[IF INCOME=50 AND HHNUMAR=10]** Is your gross household annual income less than \$38,910 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV11 **[IF INCOME=50 AND HHNUMAR=11]** Is your gross household annual income less than \$42,170 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV12 **[IF INCOME=60 AND HHNUMAR=12]** Is your gross household annual income less than \$45,430 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV13 **[IF INCOME=60 AND HHNUMAR=13]** Is your gross household annual income less than \$48,690 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV14 **[IF INCOME=60 AND HHNUMAR=14]** Is your gross household annual income less than \$51,950 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**
- POV15 **[IF INCOME=70 AND HHNUMAR=15]** Is your gross household annual income less than \$55,210 dollars?
- 1 YES **[SKIP TO SUPP]**
 - 2 NO **[SKIP TO SUPP]**
 - 9 DON'T KNOW / REFUSED **[SKIP TO SUPP]**

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 SUPP = 2]** 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 INCENT]**
- 9 DON'T KNOW / REFUSE **[SKIP TO INCENT]**

D23 **[IF SUPP = 1 OR ADD4 = 1]** Could you please tell me your first name?

INCENT In order to mail you your \$5 in appreciation of your time today and to enter you into the drawing for a chance to win one of 25 \$100.00 cash prizes, may I please get your name and address?

NOTE TO INTERVIEW: VERIFY NAME AND ADDRESS INFORMATION

Name: _____
Address: _____
City: _____
State: _____
Zip code: _____

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

THANK Thank you very much for your time, but we are only interviewing the head of the household at this time. **[DISPOS = 22]**

THANK1 Thank you very much for your time. Those are all of the questions that I for you. Have a good day / night. **[DISPOS = 23]**

THANK00 Well, it looks like we've completed the required number of surveys in your area. We'd like to thank you very much for your willingness to participate. Have a good day / night.

IF (WHIT=1 & BLAK=0 & AMIN=0 & ASIA=0 & OTHR=0 & HISPAR>1) DISPOS=30

IF (BLAK=1) DISPOS=27

IF (AMIN=1) DISPOS=28

IF (ASIA=1) DISPOS=29

IF (OTHR=1) DISPOS=26

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	Verified Non-Working	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 (Unknown)	S	F	D
11	Callback Introduction	S	C	D
12	Privacy Manager	P	R	D
13	Possible Disconnect	P	C	D
14	Business / Residential	P	F	D
15	Targeted Respondent Not Available	S	F	D
16	Language Barrier - Spanish	S	F	D
17	Language Barrier - Vietnamese	S	F	D
18	Language Barrier - Chinese	S	F	D
19	Language Barrier - Korean	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	No Call List Mention	S	F	D
25	Message Left	H	A	B
26	OQ – Region 1 – 400	H	F	B
27	OQ – Region 2 – 400	H	F	B
28	OQ – Region 3 – 400	H	F	B
29	OQ – Region 4 – 400	H	F	B
30	OQ – Region 5 – 400	H	F	B
31	OQ – Region 6 – 400	H	F	B
32	OQ – Region 7 – 400	H	F	B
33	OQ – Region 8 – 400	H	F	B
39	Partial Complete – No HH Grid	H	F	I
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	Verified Non-Working	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 (Unknown)	S	F	D
11	Callback Introduction	S	C	D
12	Privacy Manager	P	R	D
13	Possible Disconnect	P	C	D
14	Business / Residential	P	F	D
15	Targeted Respondent Not Available	S	F	D
16	Language Barrier - Spanish	S	F	D
17	Language Barrier - Vietnamese	S	F	D
18	Language Barrier - Chinese	S	F	D
19	Language Barrier - Korean	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	No Call List Mention	S	F	D
25	Message Left	H	A	B
26	OQ – Hispanic	H	F	B
27	OQ – Black / African American	H	F	B
28	OQ – American Indian / AK Native	H	F	B
29	OQ – Asian / Pacific Islander	H	F	B
39	Partial Complete – No HH Grid	H	F	I
40	Complete	H	F	I

Display Type:

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Incidence:

D = Don't include

B = Base only

I = Include