



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Ritter, Jr., Governor • Joan Henneberry, Executive Director

2008–2009 Colorado Household Survey

INTRO1. Hello. My name is _____ and I'm calling from ICR on behalf of the State of Colorado.

INTRO2. Before we start, let me tell you that everything you say will be kept confidential. Your phone number will not be linked to your answers, and your answers will be combined with those of other people in Colorado. The study will not be used for marketing purposes and your decision whether or not to participate will not have any effect on anything to do with your insurance coverage, health care, or your relationship with any state agency in Colorado. You may skip questions or stop the interview at any time.

INTRO3. If you have questions about the study, I can give you phone numbers at the end of the survey that you can call to find out more about the study.

(ASK CELL SAMPLE ONLY)

FOR CELL ONLY: We are working on a study about health insurance and its costs in Colorado. Colorado is one of several states trying to find ways to make health insurance and health care more affordable and easier to obtain. As a thank you for your contribution to this important research, we will send you \$20 and enter eligible households in a drawing for a \$100 gift certificate or 2 Broncos tickets.

Sa1. Before we continue, are you driving and unable to complete the survey?

- 1 Continue, on cell phone and not driving
- 2 Respondent is driving
- 3 This is NOT a cell phone
- R Refused

Sa2. What is your age (as of your last birthday)?

_____ (AGE)
RR Refused

Sa3. Could you please tell me if you are...?

- 1 Less than 18 years of age
- 2 18 years of age or older
- D Don't know
- R Refused

Sa4. Which of the following do you have?

- 1 Cell phone only
- 2 Landline phone in your home
, or
- 3 Both a cell phone and landline

S1a. Is your main residence located in Colorado?

- 1 Yes
- 2 No
- D Don't know
- R Refused

S1b. Is the telephone number I dialed, xxx-xxx-xxxx, the number I would use to reach you at your main residence?

- 1 Yes
- 2 No
- D Don't know
- R Refused

FOR CELL ONLY: As a thank you for your contribution to this important research, we will mail you \$20 as a token of appreciation for completing the survey. In addition, you will be entered in a drawing for a \$100 gift certificate or 2 Broncos tickets.

ASK Random Digit Dial (RDD) SAMPLE ONLY

FOR RDD ONLY: INTERVIEWER: IF YOU REACH A CHILD, ASK TO SPEAK TO AN ADULT.

FOR RDD ONLY: We are working on a study about health insurance and its costs in Colorado. As you may know, Colorado is one of several states trying to find ways to make health insurance and health care more affordable and easier to obtain. As a thank you for your contribution to this important research, we will enter eligible households in a drawing for a \$100 gift certificate or 2 Broncos tickets.

FOR RDD ONLY: Your number was randomly selected from phone numbers in Colorado. Your participation in this study is greatly appreciated. (IF NEEDED, READ: As I mentioned before, we're offering a chance to win a pair of Broncos tickets or a \$100 gift certificate to each eligible household that completes the survey.)

(NOTE: This question was added midway through the fielding process to minimize the proportion of the sample population that are age 65 years and older)

S1ab. First, is anyone in your household younger than 65 years of age?

- 1 Yes
- 2 No
- D Don't know
- R Refused

S1. First of all, is this a second home or vacation home?

- 1 Yes
- 2 No
- D Don't know
- R Refused

S6. Starting with yourself, what is your age (as of your last birthday)?

_____ (AGE)
RR Refused

(ASK IF RESPONDENT REFUSES TO GIVE AGE)

S6a1. Could you please tell me if you are...?

- 1 Less than 18 years of age
- 2 18 years of age or older
- D Don't know
- R Refused

S6A. Is there someone available who is 18 or older?

- 1 Yes
- 2 No
- D Don't know
- R Refused

I'd like to begin by asking some questions about health insurance coverage for people in your household.

S2. Can you answer questions about health insurance for all people in this household?

- 1 Yes
- 2 No
- D Don't know
- R Refused

S3. Is another adult available who could answer questions about health insurance for all people in the household?

- 1 Yes
- 2 No
- D Don't know
- R Refused

S4. How many people currently live or stay here? Please include anyone temporarily away for school or the armed services.

- _____ people
- D Don't know
 - R Refused

I need some general information about the people in this house so that one person can be picked at random to talk about their access to health insurance and health care services.

S6aa. RECORD RESPONDENT GENDER

- 1 Male
- 2 Female

S6(b-j). You mentioned [INSERT RESPONSE TO Q.S4] people currently live or stay at your household. What's the next person's age?

- _____ years
- 00 Less than 1 year old
 - DD Don't know
 - RR Refused

(ASK IF RESPONDENT REFUSES TO GIVE AGES)

S6b1. Could you please tell me if this person is...

- 1 Less than 18 years of age
- 2 18 years of age or older
- D Don't know
- R Refused

S7(b-j). Is this (child/person) (a boy or a girl/male or female)?

- 1 Male/Boy
- 2 Female/Girl
- R Refused

S8(b-j). What is this person's relationship to you?

- 01 Spouse (wife/husband)
- 02 Unmarried partner / significant other
- 03 Child / stepchild / foster child/ward
- 04 Parent / Stepparent / foster parent/guardian
- 05 Sibling / Stepsister / Stepbrother
- 06 Grandparent / Step-grandparent
- 07 Grandchild / Step-grandchild
- 08 Son-in-law / Daughter-in-law
- 09 Father-in-law / Mother-in-law
- 10 Other relative
- 11 Employer
- 12 Employee (maid, nanny, au pair, housekeeper, etc.)
- 13 Professional caregiver (nurse, aide, etc.)
- 14 Other non-relative
- DD Don't know
- RR Refused

S9 What is the highest level of school (you have/she has/he has) completed or the highest degree (you have/she has/he has) received?

- 1 Less than high school (grades 1-11, grade 12 but no diploma)
- 2 High school graduate or equivalent (e.g. GED)
- 3 Some college but no degree (incl. 2 year occupational or vocational programs)
- 4 Associates Degree (not occupation or vocational programs)
- 5 College graduate (e.g. BA, AB, BS)
- 6 Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDs, PhD, JD, LLB, DVM)
- D Don't know
- R Refused

(IF AGE 16+)

S9a (Are you /Is she /Is he) currently working for pay?

- 1 Yes, working
- 2 No, not working
- D Don't know
- R Refused

S10. I will be asking some specific insurance coverage questions about one randomly chosen person from your household. For those questions my computer has selected (you/TARGET).

- 1 Respondent
- 2 TARGET

S10a. What is the first name or initials of the person I selected?

- 1 Answer given (SPECIFY) _____
- R Refused

S11. Are you (is this person) currently:

- 1 Married
- 2 Living with partner
- 3 Divorced
- 4 Separated
- 5 Widowed
- 6 Never Married
- D Don't know
- R Refused

S12(b-j). It would be helpful to know the relationship between the other members of your household and (INSERT NAME OR RELATIONSHIP)? What is the relationship of your (RELATIONSHIP if multiple members with same relationship code) to the TARGET)?

- 01 Spouse (wife/husband)
- 02 Unmarried partner / significant other
- 03 Child / stepchild / foster child/ward
- 04 Parent / Stepparent / foster parent/guardian
- 05 Sibling / Stepsister / Stepbrother
- 06 Grandparent / Step-grandparent
- 07 Grandchild / Step-grandchild
- 08 Son-in-law / Daughter-in-law
- 09 Father-in-law / Mother-in-law
- 10 Other relative
- 11 Employer
- 12 Employee (maid, nanny, au pair, housekeeper, etc.)
- 13 Professional caregiver (nurse, aide, etc)
- 14 Other non-relative
- DD Don't know
- RR Refused

HEALTH INSURANCE

H1. I am going to read you a list of different types of health insurance coverage. Please tell me if (you / TARGET) currently (have/has) any of the following types of insurance. Please do not include any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.
(Do you/does TARGET) currently have?

- 1 Yes
- 2 No
- D Don't know
- R Refused

- a. DELETED
- b. Health insurance through (your/TARGET's) work or union
- c. Health insurance through someone else's work or union
- d. Medicare
- e. Railroad retirement plan
- f. Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- g. Indian Health Service
- h. Medicaid
- i. Child Health Plan Plus (CHP+ [Chip Plus]). This is a Colorado Program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed to be on Medicaid.

(IF YES, female and ≥ 19 years of age)

H1ia. Again, CHP+ is a Colorado program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed under Medicaid. Do (you/TARGET) fall into one of these two groups?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF "NO" to H1ia)

"Since CHP+ [Chip Plus] only covers children under the age of 19 and pregnant women, I will assume (you do/TARGET does) not have CHP+ coverage."

- k. A student health insurance plan
- l. Health insurance bought directly by (you / TARGET)
- m. Health insurance bought directly by someone else

H1ba. Is this an individual policy or is it a family policy?

- 1 Individual policy
- 2 Family policy (covers more than one person)
- D Don't know
- R Refused

H1ca. Is this through (your/TARGET's) parent or guardian?

- 1 Yes
- 2 No
- D Don't know
- R Refused

H1ma. Is this an individual policy or is it a family policy?

- 1 Individual policy
- 2 Family policy (covers more than one person)
- D Don't know
- R Refused

H1mb. Is this through your/TARGET's parent or guardian?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF NO INSURANCE WAS INDICATED IN H1)

H2. Do you currently have any other type of insurance?

- 1 Workers compensation for specific injury/illness
- 2 Employer pays for bills, but not an insurance policy
- 3 Family member pays out of pocket for any bills
- 4 Other non insurance payment source like a discount card
- 5 DELETED
- 7 Other Insurance (SPECIFY) _____
- N No other insurance
- D Don't know
- R Refused

(IF NO INSURANCE WAS INDICATED IN H1 AND ANSWERED 1-4 IN H2)

For the purposes of this survey, we'll assume that (you do/TARGET does) not have health insurance."

(IF NO INSURANCE WAS INDICATED IN EITHER H1 OR H2)

H3. Just to be sure I have this right, (you do/TARGET does) not have health insurance coverage. Is that correct?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF H3 = NO)

H3a What insurance do (you/they) have?*

- 01 DELETED
- 02 Health insurance through (your / TARGET's) work or union
- 03 Health insurance through someone else's work or union
- 04 Medicare
- 05 Railroad Retirement Plan
- 06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- 07 Indian Health Service
- 08 Medicaid
- 09 Child Health Plan Plus (CHP+ [Chip Plus])

(IF YES, female and ≥ 19 years of age)

H3a09a. CHP+ is a Colorado program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed under Medicaid. Do (you/TARGET) fall into one of these two groups?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF "NO" to H3a09a.)

"Since CHP+ [Chip Plus] only covers children under the age of 19 and pregnant women, I will assume (you do/TARGET does) not have CHP+ coverage."

- 11 Student health plan
- 12 Health insurance bought directly by (you / TARGET)
- 13 Health insurance bought directly by someone else
- 15 Workers compensation for specific injury/illness
- 16 Employer pays for bills, but not an insurance policy
- 17 Family member pays out of pocket for any bills
- 18 other non insurance payment source like a discount card
- 97 Other Insurance (SPECIFY) _____
- DD Don't know
- RR Refused

* The 2008–09 Colorado Household Survey draws largely from the 2008 Massachusetts Health Insurance Survey (MHIS). Sections are numbered according to the topic of the section. For example, questions in the health insurance section begin with H or I, while questions in the employment section begin with E. If a question option from the MHIS was not pertinent to Colorado, it was dropped. However, due to the complex programming requirements of Computer Assisted Telephone Interviewing (CATI) system, the option sequences were not renumbered. This may result in some questions having a missing number in their sequence (e.g., 1, 2, 3, 5, 6).

(IF TARGET HAS INSURANCE OPTIONS 15-18 IN Q.H3a)

For the purposes of this survey, we'll assume that (you do/TARGET does) not have health insurance.

(IF H3a = Don't Know or Refused)

H3b When (you/they) go to a doctor, health clinic, or hospital, does anyone else pay for some or all of (your / their) medical bills?

- 1 Yes
- 2 No
- D Don't know
- R Refused

H3c. I understand that (you receive / TARGET receives) services through the Indian Health Service. In addition to this, does anyone else pay for (your / TARGET's) bills when (you/they) go to a doctor or hospital?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF H3c = NO)

For the purposes of this survey, Indian Health Service is not considered comprehensive insurance. For our survey, we'll assume that (you do/TARGET does) not have health insurance.

(IF H3b = YES)

H4. And who is that?

- 01 DELETED
- 02 Health insurance through (your / TARGET's) work or union
- 03 Health insurance through someone else's work or union
- 04 Medicare
- 05 Railroad Retirement Plan
- 06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- 07 Indian Health Service
- 08 Medicaid
- 09 Child Health Plan Plus (CHP+ [Chip Plus])

(IF YES, female and ≥ 19 years of age)

H409a. CHP+ is a Colorado program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed under Medicaid. Do (you/TARGET) fall into one of these two groups?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF "NO" to H409a.)

"Since CHP+ [Chip Plus] only covers children under the age of 19 and pregnant women, I will assume (you do/TARGET does) not have CHP+ coverage."

- 11 Student health plan
- 12 Health insurance bought directly by (you / TARGET)
- 13 Health insurance bought directly by someone else
- 15 Workers compensation for specific injury/illness
- 16 Employer pays for bills, but not an insurance policy
- 17 Family member pays out of pocket for any bills
- 18 other non insurance payment source like a discount card
- 97 Other Insurance (SPECIFY) _____
- DD Don't know
- RR Refused

(IF ANSWERS 7, 14-18 IN Q.H4)

For purposes of this survey, we'll assume (you do/TARGET does) not have insurance.

(IF INSURED THROUGH ANY EMPLOYER/UNION IN Q.H3a OR Q.H4)

H4a. Is this an individual policy or is it a family policy?

- 1 Individual policy
- 2 Family policy (covers more than one person)
- D Don't know
- R Refused

(IF INSURED THROUGH SOMEONE ELSE OR FROM INSURANCE BOUGHT DIRECTLY FROM SOMEONE ELSE IN Q.H3a OR Q.H4 AND TARGET IS UNDER AGE 27)

H4b. Is this through (your/TARGET's) parent or guardian?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF TARGET IS **INSURED**)

H5. [(Have you/Has TARGET) had insurance coverage for all of the past 12 months?]
[Has TARGET had insurance coverage for all of the time since he/she was born?]

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF H5 = NO OR TARGET IS **UNINSURED**)

H6. How many months during the past 12 months were (you / TARGET) without health insurance coverage?

- _____ months
- 00 Less than 1 month
 - DD Don't know
 - RR Refused

(IF TARGET IS UNINSURED)

H7. How long has it been since (you/TARGET) had any health insurance?

- 01 ANSWER GIVEN IN YEARS _____# (2-50) years
- 02 ANSWER GIVEN IN MONTHS _____# (1-24) months
- 00 Less than 1 month
- NN NEVER HAD COVERAGE
- DD Don't know
- RR Refused

H8. I'm going to read a list of reasons that people sometimes give for why they don't have health insurance. Please tell me if these are reasons that (you/TARGET) (do/does) not have health insurance? How about (INSERT OPTION FROM LIST a. – k. BELOW)?

- 1 Yes
- 2 No
- D Don't know
- R Refused

- a. The person in family who had health insurance lost job or changed employers
- b. The person in family who had health insurance is no longer part of the family because of divorce, separation or death
- c. Family member's employer does not offer coverage or not eligible for employer's coverage
- d. Lost eligibility for Medicaid or the Child Health Plan Plus (CHP+)
- e. Cost is too high
- g. Don't need insurance
- h. Don't know how to get insurance
- i. Traded health insurance for another benefit or higher pay
- j. Can't get health insurance, have pre-existing condition
- k. Some other reason (SPECIFY) _____

H9 Thinking back to the last time (you/TARGET) had health insurance, what type of insurance did (you/TARGET) have?

- 01 DELETED
- 02 Health insurance through (your/TARGET's) work or union
- 03 Health insurance through someone else's work or union
- 04 Medicare
- 05 Railroad Retirement Plan
- 06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- 07 Indian Health Service
- 08 Medicaid
- 09 Child Health Plan Plus (CHP+ [Chip Plus])

(IF YES, female and ≥ 19 years of age)

H909a. CHP+ is a Colorado program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed under Medicaid. Do (you/TARGET) fall into one of these two groups?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF "NO" to H909a.)

"Since CHP+ [Chip Plus] only covers children under the age of 19 and pregnant women, I will assume (you do/TARGET does) not have CHP+ coverage."

- 11 Student health plan
- 12 Health insurance bought directly by (you / TARGET)
- 13 Health insurance bought directly by someone else
- 15 Workers compensation for specific injury/illness
- 16 Employer pays for bills, but not an insurance policy
- 17 Family member pays out of pocket for any bills
- 18 other non insurance payment source like a discount card
- 97 Other Insurance (SPECIFY) _____

The next questions concern the health insurance that the other people in your household have at this time. In answering these questions, please do not include any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.

S13. Do you/ Does your (RELATIONSHIP) currently have health insurance?

- 1 Yes
- 2 No
- D Don't know
- R Refused

II. What type of health insurance (are you/is this person) covered by? Is it (INSERT OPTION FROM LIST a. – i. BELOW)?

- 1 Yes
- 2 No
- D Don't know
- R Refused

- a. DELETED
- b. Health insurance through (your/his/her) work or union?
- c. Health insurance through someone else's work or union
- d. Medicare
- e. Railroad retirement plan
- f. Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- g. Indian Health Service
- h. Medicaid
- i. Child Health Plan Plus (CHP+ [Chip Plus]). This is a Colorado Program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed to be on Medicaid.

(IF YES, female and ≥ 19 years of age)

IIia. Again, CHP+ is a Colorado program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed under Medicaid. Do (you/ does RESPONDENT/OTHER PERSON IN HH/AGE/GENDER) fall into one of these two groups?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF NO to IIia.)

“Since CHP+ [Chip Plus] only covers children under the age of 19 and pregnant women, I will assume (you do/TARGET does) not have CHP+ coverage.”

- j. A student health insurance plan
- k. Health insurance bought directly by (you/him/her)
- l. Health insurance bought directly by someone else

I1bb. Is the insurance through work an individual policy or is it a family policy?

- 1 Individual policy
- 2 Family policy (covers more than one person)
- D Don't know
- R Refused

(IF NO INSURANCE WAS INDICATED IN I1)

I2. (Do you/Does he/she) currently have any other type of insurance?

- 1 Workers compensation for specific injury/illness
- 2 Employer pays for bills, but not an insurance policy
- 3 Family member pays out of pocket for any bills
- 4 Other Non Insurance Payment Source such as a discount card
- 5 DELETED
- 6 Other Insurance (SPECIFY)_____
- 7 No other insurance
- D Don't know
- R Refused

(IF PERSON HAS INDIAN HEALTH SERVICE AS ONLY INSURANCE)

The Indian Health Service is not considered comprehensive insurance for the purposes of this survey. For the purposes of this survey, we'll assume that (you/he/she) does not have health insurance.

(IF NO INSURANCE WAS INDICATED IN I1 OR I2)

I3. Just to be sure I have this right. (You do/RELATIONSHIP does) not have health insurance coverage. Is that correct?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF NO TO I3)

I3a. What insurance do you/they have?

- 01 DELETED
- 02 Health insurance through (your /his/her) current work or union
- 03 Health insurance through someone else's current work or union
- 04 Medicare

- 05 Railroad Retirement Plan
- 06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- 07 Indian Health Service
- 08 Medicaid
- 09 Child Health Plan Plus (CHP+ [Chip Plus])

(IF YES, female and ≥ 19 years of age)

I3a09a. CHP+ is a Colorado program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed under Medicaid. Do (you/does OTHER PERSON IN HH/AGE/GENDER) fall into one of these two groups?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF NO to I2a09a.)

“Since CHP+ [Chip Plus] only covers children under the age of 19 and pregnant women, I will assume (you do/TARGET does) not have CHP+ coverage.”

- 11 Student health plan
- 12 Health insurance bought directly by (you/him/her)
- 13 Health insurance bought directly by someone else
- 15 Workers compensation for specific injury/illness
- 16 Employer pays for bills, but not an insurance policy
- 17 Family member pays out of pocket for any bills
- 18 Other Non Insurance Payment Source, such as a discount card
- 97 Other Insurance (SPECIFY) _____
- DD Don't know
- RR Refused

(IF Q.I3a = 7, 14-18)

For the purposes of this survey, we'll assume that (you do/TARGET does) not have health insurance.)

(IF PERSON IS **INSURED**)

I4. [(Have you/Has your RELATIONSHIP) had insurance coverage for all of the past 12 months?] [Has your RELATIONSHIP) had insurance coverage for all of the time since he/she was born?]

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF I4. = NO)

15. How many months during the past 12 months were (you / your RELATIONSHIP) without health insurance coverage?

_____ # months (RANGE 1-12)

LL Less than 1 month

DD Don't know

RR Refused

IF PERSON IS CURRENTLY INSURED SKIP TO NEXT PERSON

(IF PERSON IS **UNINSURED**)

16. How long has it been since (you/your RELATIONSHIP) had any health insurance?

01 ANSWER GIVEN IN YEARS _____ # (2-50) years

02 ANSWER GIVEN IN MONTHS _____ # (1-24) months

NN NEVER HAD COVERAGE

DD Don't know

RR Refused

17. Thinking back to the last time (you/your RELATIONSHIP) had health insurance, what type of insurance did (you/he/she) have?

01 DELETED

02 Health insurance through work or union

03 Health insurance through someone else's work or union

04 Medicare

05 Railroad Retirement Plan

06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS

07 Indian Health Service

08 Medicaid

09 Child Health Plan Plus (CHP+ [Chip Plus])

(IF YES, female and ≥ 19 years of age)

- I709a. CHP+ is a Colorado program for low and moderate income children under age 19 and pregnant women who live in families that earn more than is allowed under Medicaid. Do (you/does OTHER PERSON IN HH/AGE /GENDER) fall into one of these two groups?

1 Yes

2 No

D Don't know

R Refused

(IF NO to I709a.)

“Since CHP+ [Chip Plus] only covers children under the age of 19 and pregnant women, I will assume (you do/TARGET does) not have CHP+ coverage.”

- 11 Student health plan
- 12 Health insurance bought directly by (you/him/her)
- 13 Health insurance bought directly by someone else
- 15 Workers compensation for specific injury/illness
- 16 Employer pays for bills, but not an insurance policy
- 17 Family member pays out of pocket for any bills
- 18 Other Non Insurance Payment Source, such as a discount card
- 97 Other Insurance (SPECIFY) _____
- DD Don't know
- RR Refused

EMPLOYMENT

E1. (Are you /Is TARGET/Is your RELATIONSHIP) currently...

- 1 Self-employed
- 2 Employed by military
- 3 Employed by someone else
- 4 Unpaid worker for a family business or family farm
- 5 Unemployed and looking for work
- 6 Not employed and *not* looking for work
- 7 Retired
- 8 Unable to work because of a disability
- D Don't know
- R Refused

(IF PERSON IS EMPLOYED)

E2. (Do you/Does TARGET/Does your RELATIONSHIP) have more than one job, including part-time, evening or weekend work?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF E2 = YES)

E3. Altogether, how many jobs (do you/does TARGET/ does your RELATIONSHIP) have?

- 1 2 jobs
- 2 3 jobs
- 3 4 or more jobs
- D Don't know
- R Refused

(IF E2 = 2 OR 3)

E4. How many hours per week (do you /does TARGET/does your RELATIONSHIP) usually work at (your/their) (main) job?

_____ hours (1-100)

- DD Don't know
- RR Refused

E5. How many hours per week (do you /does TARGET/does your RELATIONSHIP) usually work at (your/their) other jobs?

_____ hours (ENTER # OF HOURS 1-100)

DD Don't know

RR Refused

E6. How long (have you/has TARGET/has your RELATIONSHIP) worked for (your/their) (main) job?

PROBE FOR MONTHS IF LESS THAN 2 YEARS

01 _____ ANSWER GIVEN IN YEARS (ENTER # OF YEARS 2-60)

02 _____ ANSWER GIVEN IN MONTHS (ENTER # OF MONTHS 1-24)

LL Less than 1 month

DD Don't know

RR Refused

E7. Counting all locations where this employer operates, are there more than 50 people working for (your/TARGET's/your RELATIONSHIP) employer?
(Including (yourself/TARGET/your RELATIONSHIP) are there more than 50 people working for this business?)

1 Yes

2 No

D Don't know

R Refused

(IF E7 = NO)

E8. Which category best represents the total number of persons who work for (your/TARGET's/ your RELATIONSHIP) (employer/business)? Would it be...?

1 Just one

2 Between 2 and 10

3 Between 11 and 50

D Don't know

R Refused

(IF E7 = YES)

E9. Which category best represents the total number of persons who work for (your/TARGET's/ your RELATIONSHIP) (employer/business)? Would it be...?

1 Between 51 and 100

2 Between 101 and 500

3 Between 501 and 1000

4 Over 1000

D Don't know

R Refused

E10. Does the place where (you work/TARGET works/your RELATIONSHIP works) (your/their) (main job) offer health insurance as a benefit to any of its employees?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E11. (Are you /Is TARGET/Is your RELATIONSHIP) offered health insurance through (your/their) work?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF PERSON HAS ACCESS TO EMPLOYER'S INSURANCE, BUT IS **UNINSURED**)

E11a. Why did (you / TARGET/ RELATIONSHIP) not accept health insurance offered through (your/his/her) work?

- 01 Do not need or want health insurance
- 02 Rarely sick/"I take care of myself"
- 03 Too much hassle/paperwork
- 04 Too expensive/could not afford
- 05 Don't like benefits package
- 06 Not eligible, health condition
- 07 Not eligible, other
- 08 Will get health insurance soon
- 09 After waiting period, will be covered by a policy
- 10 Don't know where to begin/where to go.
- 97 Other (SPECIFY) _____
- DD Don't know
- RR Refused

E12. Earlier you mentioned that (you / TARGET/ your RELATIONSHIP's) had health insurance coverage through (your/their) employer. Could dependents be covered under that health insurance?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E13. (Are you/Is TARGET/Is your RELATIONSHIP) a veteran of the United States military?

- 1 Yes
- 2 No
- D Don't know
- R Refused

E14. (Are you/Is TARGET/Is RELATIONSHIP) currently a full-time student?

- 1 Yes
- 2 No
- D Don't know
- R Refused

ACCESS, USE AND COST

A1. My next questions ask about (your/ TARGET's) recent health care experiences. Is there a place where (you/ TARGET's) usually (go/goes) when (you/(he/she)) (are/is) sick or when (you/(he/she)) need advice about (your/(his/her)) health?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF A1 = NO)

“If (you/TARGET) were to get sick or need a medical professional, where would (you/TARGET) go?”

A2. What kind of place is it? Is it....?

- 1 A doctor's office or private clinic
- 2 A community health center or other public clinic
- 3 A hospital emergency room
- 4 An urgent care center
- 5 A retail clinic like WalMart
- 6 Or, some other place
- 7 Doesn't go to one place most often
- D Don't know
- R Refused

(ASK IF A2 = 2)

A2a. What kind of health center or clinic is it...?

- 1 County public health department
- 2 Community health center
- 3 A school-based health center
- 4 A family planning clinic
- 5 A Veteran's Affairs or military clinic or hospital
- D Don't know
- R Refused

(IF A1 = NO)

A2b. What is the main reason (you/ TARGET) (do/does) not have a regular place that you go for health care?

- 1 Can't afford it
- 2 Do not have health insurance
- 3 Rarely get sick
- 4 Clinic hours don't fit my schedule
- 5 Transportation difficulties – general
- 6 Transportation difficulties – live in rural area and it's too far
- 7 Transportation difficulties – live in urban area and it's too far
- 8 Transportation difficulties – live in rural area and public transportation is difficult to use
- 9 Transportation difficulties – live in urban area and public transportation is difficult to use
- 10 Language is a barrier
- 11 Do not like/trust/ believe in doctors
- 12 Clinic I used to go to closed
- 13 Just moved, do not have a regular place yet
- 14 Just switched insurance, do not have regular place yet
- 15 Two or more places depending on what's wrong
- 16 Use the emergency room primarily
- 17 Seek advice from family/friends primarily
- 97 Other (SPECIFY) _____
- DD Don't know
- RR Refused

A2c. Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statement: The last time (You/TARGET) visited a medical professional, that professional understood and respected (Your/TARGET's) cultural background and values.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- D Don't know
- R Refused

A2d. Have (you/TARGET) visited a health care professional or health care facility in the past 12 months? ((IF NEEDED: this includes a doctor's office, emergency room, urgent care facility, community or public health office or retail clinic, such as Wal-Mart).

- 1 Yes
- 2 No
- D Don't Know
- R Refused

(IF A2d = NO, GO TO A7)

(IF A2d = YES, PROCEED WITH QA3 – A6)

A3. The next questions are about the health care (you/ TARGET) received in the past 12 months. In the past 12 months, how many times did (you/ TARGET) receive care in a hospital emergency room?

- 0 None
- 1 1 time
- 2 2 times
- 3 3 times
- 4 More than 3 times
- D Don't know
- R Refused

(IF A3 = 1, 2, OR 3)

A3a. The last time (you/TARGET) went to a hospital emergency room, was it for a condition that (you/TARGET/TARGET'S parent) thought could have been treated by a regular doctor if he or she had been available?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF A3 = 1, 2, OR 3)

A3b. I'm going to read you a list of reasons why some people go to the emergency room. Please tell me if any of these were important reasons for (your/TARGET's) last visit to a hospital emergency room. (INSERT OPTION FROM LIST a. – d. BELOW) Was this an important reason?

1 Yes

2 No

D Don't know

R Refused

a. (You were/TARGET was) unable to get an appointment at the doctor's office or clinic as soon as (you/TARGET) thought one was needed

b. (You/TARGET) needed care after normal operating hours at the doctor's office or clinic

c. (You/TARGET) owed money to the doctor's office or clinic

d. It was more convenient to go to the hospital emergency room

A4. In the past 12 months, (were you/ was TARGET) a patient in a hospital overnight (other than to have a baby)?

1 Yes

2 No

D Don't know

R Refused

A5. In the past 12 months, how many times did (you/ TARGET) visit a general doctor who treats a variety of illnesses? For example, a doctor (or pediatrician) in general practice, family medicine or internal medicine. Please do not include care you received when you were hospitalized overnight or in hospital emergency rooms.

0 None

1 1 time

2 2 times

3 3 times

4 More than 3 times

D Don't know

R Refused

A5a. (Was this visit/Were any of those visits) for a check-up, physical examination or for other preventive care?

1 Yes

2 No

D Don't know

R Refused

A6. In the past 12 months, did (you/ TARGET) visit a specialist? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care. Please do not include care (you/ TARGET) received when (you/ TARGET) were hospitalized overnight or in hospital emergency rooms.

- 1 Yes
- 2 No
- D Don't know
- R Refused

A7. In the past 12 months, did (you/ TARGET) see a dentist or a dental hygienist?

- 1 Yes
- 2 No
- D Don't know
- R Refused

A7a. Do you/TARGET have/has any kind of insurance coverage that pays for some or all of (your/his/her) routine dental care, including dental insurance, prepaid plans such as Delta Dental or government plans such as Medicaid?

- 1 Yes
- 2 No
- D Don't know/Not Sure
- R Refused

A8. In the past 12 months, did (you/ TARGET) take any prescription drugs?

- 1 Yes
- 2 No
- D Don't know
- R Refused

A9. Still thinking about the past 12 months, was there any time that (you/ TARGET/ RELATIONSHIP's did (INSERT OPTION FROM LIST a. – d. BELOW) because of cost?

- 1 Yes
- 2 No
- D Don't know
- R Refused

- a. Not fill a prescription for medicine (for TARGET)
- b. Not get doctor care that (you/TARGET) needed
- c. Not get specialist care that (you/TARGET) needed
- d. Not get dental care that (you/TARGET) needed

A9b. Next, I'm going to read you a list of problems some people experience when they try to get health care. Please tell me if (you have/TARGET has) had these problems in the past 12 months (INSERT OPTION FROM LIST a. – c. BELOW). Has this happened to (you/TARGET) in the past 12 months?

- 1 Yes
- 2 No
- D Don't know
- R Refused

- a. (You were/TARGET was) unable to get an appointment at the doctor's office or clinic as soon as (you/TARGET) thought one was needed
- b. (You were/TARGET was) told by a doctor's office or clinic that they weren't accepting patients with (your/TARGET's) type of health insurance.
- c. (You were/TARGET was) told by a doctor's office or clinic that they weren't accepting new patients.

A10a. "My next questions are about the health care costs that (you/(your immediate family)/TARGET/TARGET's immediate family) had in the past 12 months. First, I'd like to ask about how much was spent "out of pocket" for health care in the past 12 months for (you/TARGET) (and your immediate family/and[his/her] immediate family). "Out of pocket" is the amount of money you pay that is not covered by any insurance or special assistance that you might have. It does not include any premiums that you pay for your health insurance or any health care costs that will be reimbursed. Please include co-pays in your estimate.

"How much was spent "out of pocket" for (INSERT OPTION FROM LIST a. – c. BELOW) in the past 12 months for (you/TARGET) (and your immediate family/and[his/her] immediate family)?"

\$_____ (RECORD AMOUNT)

- R Refused
- D Don't Know

- a. prescription medications
- b. dental and vision care
- c. other medical expenses, including for doctors, hospitals, tests and equipment

(IF RESPONDENT REFUSES TO GIVE “OUT OF POCKET” EXPENDITURES FOR PRESCRIPTION MEDICATIONS, DENTAL AND VISION CARE OR OTHER MEDICAL EXPENSES)

A10b. “It is important to us to know how much Coloradans are spending “out of pocket” on health care. Let me read some categories. In the past 12 months would you say (you/(your immediate family’s)/ TARGET/TARGET's immediate family’s) “out of pocket” expenses for [INSERT OPTIONS FROM LIST a. – c. ABOVE] were...”

- 1 0 (zero) (PROBE: did not have any “out of pocket” health care expenses)
- 2 \$1 to under \$200
- 3 \$200 to under \$500
- 4 \$500 to under \$1,000
- 5 \$1,000 to under \$3,000
- 6 \$3,000 to under \$5,000
- 7 \$5,000 or more
- D Don’t know
- R Refused

A11. In the past 12 months, did (you/your family/TARGET/TARGET's family) have any problems paying or (were you/were they) unable to pay any of (your/their) medical bills? This would include doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills, or home care bills.

- 1 Yes
- 2 No
- D Don’t know
- R Refused

HEALTH STATUS

My next questions are about (your/TARGET's) health.

HS1. Would you say (your / TARGET's) health, in general, is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- D Don't know
- R Refused

HS2. (Are you/ Is TARGET) limited in any way in (your/his/her) your ability to work because of a physical, mental, or emotional health problem?

- 1 Yes
- 2 No
- D Don't know
- R Refused

BACKGROUND

Now, I'd like to ask a few questions to help us describe the people who participated in our survey.

D1. (Are you/ is TARGET)Hispanic or Latino?

- 1 No, not of Hispanic origin
- 2 Yes
- D Don't know
- R Refused

D2. Which one or more of the following would you say is (your/TARGET's) race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Hispanic (ONLY IF D1 = YES)
- 5 Native Hawaiian or other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other race (SPECIFY) _____
- D Don't know
- R Refused

D6. (Do you /does TARGET/does RELATIONSHIP) speak a language other than English at home?

- 1 No
- 2 Yes
- D Don't know
- R Refused

(IF D6 = YES)

D7. What language is this?

- 1 Spanish
- 2 Russian
- 3 Vietnamese
- 4 Japanese
- 5 Chinese
- 6 French
- 7 Other
- D Don't know
- R Refused

D3. Are all of the other people in this household of the same race and ethnicity as (you/TARGET)?

- 1 Yes
- 2 No
- D Don't know
- R Refused

(IF D3 = NO, ASK Q.D4 AND Q.D5 IN A SERIES FOR EACH MEMBER IN HH)

D4. Is your (RELATIONSHIP) Hispanic or Latino?

- 1 No
- 2 Yes
- D Don't know
- R Refused

D5. Which one or more of the following would you say is (RELATIONSHIP's) race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Hispanic (ONLY IF D4 = YES)
- 5 Native Hawaiian or other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other race (SPECIFY) _____
- D Don't know
- R Refused

(ASK RDD SAMPLE ONLY)

D9. Do (you/any members of your household) currently have a working cell phone?

- 1 Yes
- 2 No
- D Don't know
- R Refused

D9a. How many people in the household have a cell phone?

- _____ number of people (RANGE 1-10)
- DD Don't know
 - RR Refused

(ASK IF D9a > 0)

D9b. Of all the phone calls that (you/you and your family receive), about how many are received on a cell phone? Would you say...

- 1 Almost all calls
- 2 More than half
- 3 Less than half, or
- 4 Very few or none
- D Don't know
- R Refused

D10. Is this residence?

- 1 Owned by or being bought by (you /someone in your household)
- 2 Rented for cash
- 3 Occupied without payment of rent
- D Don't know
- R Refused

D11. How long (have you/has TARGET) lived in Colorado?

- 01 ANSWER GIVEN IN YEARS _____ # (2-100) years
- 02 ANSWER GIVEN IN MONTHS _____ # (0-24) months
- 03 Lived in Colorado for entire life
- DD Don't know
- RR Refused

IN1. My final questions are about income. This information is important because it helps the state understand how to make health care more affordable.

I'm interested in your family income, that is your income PLUS the income of your immediate family. (By immediate family I mean your spouse and the children or stepchildren under 19 who are living with you). For these questions, I'd like you to think back to 2007. During 2007, did you or any of your family members receive any income from wages or salary?

For these questions, I'd like you to think back to 2007. During 2007, did (you/ TARGET) receive any income from wages or salary?

- 1 Yes
- 2 No
- D Don't know
- R Refused

IN2. During 2007, did (you/ TARGET) (or any of [your/ his/her] family members) receive (INSERT OPTION FROM LIST a. – c. BELOW)?

- 1 Yes
- 2 No
- D Don't know
- R Refused

- a. Any dividend income or any interest income from bonds, money market accounts, CDs or other investments
- b. Social Security benefits or any type of cash assistance
- c. Income from any other sources, such as self-employment, alimony, child support, contributions from family or others, unemployment compensation, worker's compensation or veteran's payments, pensions, or anything else

IN3. Thinking about all the different sources of income (you/ TARGET) (and [your/ TARGET's] immediate family) received in 2007, what was the combined total income from all sources before taxes and other deductions?

- \$_____ (RECORD AMOUNT)
- D Don't know
 - R Refused

(IF IN3 = DON'T KNOW OR REFUSED)

IN3a. Was it under (INSERT AMT6 FOR FAMILY SIZE) or was it (INSERT AMT6 FOR FAMILY SIZE) or more?

- 1 Under (INSERT AMT6)
- 2 (INSERT AMT6) or more
- D Don't know
- R Refused

(ASK IF INCOME IS UNDER AMT6)

IN4. Now, just stop me when I get to the right category. Was (your/ TARGET'S) total (family) income...?

The computer gives me different income values for the question depending on the size of your family.

- 1 Less than (INSERT AMT1)
- 2 (INSERT AMT1) to (INSERT AMT2)
- 3 (INSERT AMT2) to under (INSERT AMT3)
- 4 (INSERT AMT 3) to under (INSERT AMT4)
- 5 (INSERT AMT 4) to under (INSERT AMT5)
- 6 (INSERT AMT5) to under (INSERT AMT6)
- D Don't know
- R Refused

(ASK IF INCOME IS OVER AMT6)

IN5. Now, just stop me when I get to the right category. Was (your/ TARGET'S) total (family) income ...?

- 2 (INSERT AMT6) to under (INSERT AMT7)
- 3 (INSERT AMT7) to under (INSERT AMT8)
- 4 (INSERT AMT8) to under (INSERT AMT9)
- 5 (INSERT AMT9) to under (INERT AMT10)
- 6 (INSERT AMT10) or more
- D Don't know
- R Refused

2007 Poverty Guidelines, Rounded Nearest Thousand		AMT 1	AMT 2	AMT 3	AMT 4	AMT 5	AMT 6	AMT 7	AMT 8	AMT 9	AMT 10
Persons in Family or Household	48 Contiguous States and D.C.	60%	100%	133%	200%	225%	250%	300%	400%	500%	600%
1	\$10,210	6,000	10,000	14,000	20,000	23,000	26,000	31,000	41,000	51,000	61,000
2	13,690	8,000	14,000	18,000	27,000	31,000	34,000	41,000	55,000	68,000	82,000
3	17,170	10,000	17,000	23,000	34,000	39,000	43,000	52,000	69,000	86,000	103,000
4	20,650	12,000	21,000	27,000	41,000	46,000	52,000	62,000	83,000	103,000	124,000
5	24,130	14,000	24,000	32,000	48,000	54,000	60,000	72,000	97,000	121,000	145,000
6	27,610	17,000	28,000	37,000	55,000	62,000	69,000	83,000	110,000	138,000	166,000
7	31,090	19,000	31,000	41,000	62,000	70,000	78,000	93,000	124,000	155,000	187,000
8	34,570	21,000	35,000	46,000	69,000	78,000	86,000	104,000	138,000	173,000	207,000
9	38,050	23,000	38,000	51,000	76,000	86,000	95,000	114,000	152,000	190,000	228,000
10	41,530	25,000	42,000	55,000	83,000	93,000	104,000	125,000	166,000	208,000	249,000
11	45,010	27,000	45,000	60,000	90,000	101,000	113,000	135,000	180,000	225,000	270,000
12	48,490	29,000	48,000	64,000	97,000	109,000	121,000	145,000	194,000	242,000	291,000
13	51,970	31,000	52,000	69,000	104,000	117,000	130,000	156,000	208,000	260,000	312,000
14	55,450	33,000	55,000	74,000	111,000	125,000	139,000	166,000	222,000	277,000	333,000
15	58,930	35,000	59,000	78,000	118,000	133,000	147,000	177,000	236,000	295,000	354,000
16	62,410	37,000	62,410	83,005	124,820	140,423	156,025	187,230	249,640	312,050	374,460
17	65,890	40,000	66,000	88,000	132,000	148,000	165,000	198,000	264,000	329,000	395,000
For each additional person, add	3,480										

IN6. Thinking about all the different sources of income (you/ TARGET) (and [your/ TARGET's) immediate family) received last *month*, what was the combined total income from all sources before taxes and other deductions?

- \$ _____ (RECORD AMOUNT)
- D Don't know
- R Refused

(IF IN6 = DON'T KNOW OR REFUSED)

IN6a. Was it under (INSERT AMT6a FOR FAMILY SIZE) or was it (INSERT AMT6a FOR FAMILY SIZE) or more?

- 1 Under (INSERT AMT6a)
- 2 (INSERT AMT6a or more
- D Don't know
- R Refused

IN7. Now, just stop me when I get to the right category. Was (your/ TARGET'S) total (family) income...?

The computer gives me different income values for the question depending on the size of your family.

- 1 Less than (INSERT AMT1a)
- 2 (INSERT AMT1a to (INSERT AMT2a)
- 3 (INSERT AMT2a) to under (INSERT AMT3a)
- 4 (INSERT AMT 3a to under (INSERT AMT4a)
- 5 (INSERT AMT 4a) to under (INSERT AMT5a)
- 6 (INSERT AMT5a) to under (INSERT AMT6a)
- D Don't know
- R Refused

IN8. Now, just stop me when I get to the right category. Was (your/ TARGET'S) total (family) income ...?

- 2 (INSERT AMT6a) to under (INSERT AMT7a)
- 3 (INSERT AMT7a) to under (INSERT AMT8a)
- 4 (INSERT AMT8a to under (INSERT AMT9a)
- 5 (INSERT AMT9a to under (INERT AMT10a)
- 6 (INSERT AMT10a or more)
- D Don't know
- R Refused

2008 Monthly Poverty Guidelines		AMT 1a	AMT 2a	AMT 3a	AMT 4a	AMT 5a	AMT 6a	AMT 7a	AMT 8a	AMT 9a	AMT 10a
Persons in Family or Household	48 Contiguous States and D.C.	60%	100%	133%	200%	225%	250%	300%	400%	500%	600%
		1	\$10,400	500	900	1,200	1,700	2,000	2,200	2,600	3,500
2	14,000	700	1,200	1,600	2,300	2,600	2,900	3,500	4,700	5,800	7,000
3	17,600	900	1,500	2,000	2,900	3,300	3,700	4,400	5,900	7,300	8,800
4	21,200	1,100	1,800	2,300	3,500	4,000	4,400	5,300	7,100	8,800	10,600
5	24,800	1,200	2,100	2,700	4,100	4,700	5,200	6,200	8,300	10,300	12,400
6	28,400	1,400	2,400	3,100	4,700	5,300	5,900	7,100	9,500	11,800	14,200
7	32,000	1,600	2,700	3,500	5,300	6,000	6,700	8,000	10,700	13,300	16,000
8	35,600	1,800	3,000	3,900	5,900	6,700	7,400	8,900	11,900	14,800	17,800
9	39,200	2,000	3,300	4,300	6,500	7,400	8,200	9,800	13,100	16,300	19,600
10	42,800	2,100	3,600	4,700	7,100	8,000	8,900	10,700	14,300	17,800	21,400
11	46,400	2,300	3,900	5,100	7,700	8,700	9,700	11,600	15,500	19,300	23,200
12	50,000	2,500	4,200	5,500	8,300	9,400	10,400	12,500	16,700	20,800	25,000
13	53,600	2,700	4,500	5,900	8,900	10,100	11,200	13,400	17,900	22,300	26,800
14	57,200	2,900	4,800	6,300	9,500	10,700	11,900	14,300	19,100	23,800	28,600
15	60,800	3,000	5,100	6,700	10,100	11,400	12,700	15,200	20,300	25,300	30,400
16	64,400	3,200	5,400	7,100	10,700	12,100	13,400	16,100	21,500	26,800	32,200
17	68,000	3,400	5,700	7,500	11,300	12,800	14,200	17,000	22,700	28,300	34,000
For each additional person, add	3,600										

ZIP What is your zip code?

_____ (ENTER ZIP CODE)

DD Don't know

RR Refused

WHAT IS YOUR COUNTY?

- 01 Adams
- 02 Alamosa
- 03 Arapahoe
- 04 Archuleta
- 05 Baca
- 06 Bent
- 07 Boulder
- 08 Broomfield
- 09 Chaffee
- 10 Cheyenne
- 11 Clear Creek
- 12 Conejos
- 13 Costilla
- 14 Crowley
- 15 Custer
- 16 Delta
- 17 Denver
- 18 Dolores
- 19 Douglas
- 20 Eagle
- 21 El Paso
- 22 Elbert
- 23 Fremont
- 24 Garfield
- 25 Gilpin
- 26 Grand
- 27 Gunnison
- 28 Hinsdale
- 29 Huerfano
- 30 Jackson
- 31 Jefferson
- 32 Kiowa
- 33 Kit Carson
- 34 La Plata
- 35 Lake
- 36 Larimer
- 37 Las Animas
- 38 Lincoln
- 39 Logan
- 40 Mesa
- 41 Mineral
- 42 Moffat
- 43 Montezuma
- 44 Montrose
- 45 Morgan
- 46 Otero
- 47 Ouray

- 48 Park
- 49 Phillips
- 50 Pitkin
- 51 Prowers
- 52 Pueblo
- 53 Rio Blanco
- 54 Rio Grande
- 55 Routt
- 56 Saguache
- 57 San Juan
- 58 San Miguel
- 59 Sedgwick
- 60 Summit
- 61 Teller
- 62 Washington
- 63 Weld
- 64 Yuma
- DD Don't know
- RR Refused

FINAL: That was my last question. Do you have any questions for me?

C1. If you would like the names and phone numbers of people you can contact for questions about this survey, I can give those to you now.

- 1 Agreed
- R Refused

(IF RESPONDENT AGREES, READ THE FOLLOWING)

For questions about the survey, please call Dan Russell at 1-800-633-1986.

To speak with someone from the organization responsible for this survey please call KaraAnn Donovan at 303-866-4551.

(IF RESPONDENT REFUSES, CONTINUE WITH...)

IF RDD LANDLINE READ OPTION 1 IN PARENS

IF CELL PHONE ONLY SAMPLE, READ OPTION 2 IN PARENS

Thank you for your time today. The last thing I need is your name and mailing address to (1. enter you in the drawing for the \$100 gift certificate or Broncos tickets as our thank you for your contribution to this important research. Would you like to be included in the drawing? / 2. Send you your \$20 thank you for your contribution to this important research and enter you in the drawing for the \$100 gift certificate or 2 Broncos tickets. Would you like to receive the \$20 thank-you and be included in the drawing?)

COLLECT AND ENTER RESPONDENT'S COMPLETE NAME AND MAILING

Name: _____

Street: _____

City: _____

Zip code: _____

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