

Questionnaire
for the
2011 Colorado Health Access Survey

2011 Colorado Health Access Survey

INTRO1. Hello. My name is _____ and I'm calling from SSRS on behalf of The Colorado Trust.

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. You have the right to participate as well as decline to participate. 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 or federal agency. The data from this survey could be used for future studies or analyses. You may skip questions or stop the interview at any time.

This call will be recorded for quality assurance

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

FOR CELL ONLY: We are working on a study about health insurance and its costs in Colorado. Colorado is 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 a check for \$10 and enter eligible households in a drawing for a \$250 check. There are 10,000 households participating in this survey and one will be chosen for the \$250 drawing.

(ASK CELL SAMPLE ONLY)

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

(ASK CELL SAMPLE ONLY)

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

_____ (AGE)
RR Refused

(ASK CELL SAMPLE ONLY)

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

(ASK CELL SAMPLE ONLY)

Sa4. Which of the following do you have?

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

(ASK CELL SAMPLE ONLY)

S1a. Is your main residence located in Colorado?

- 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 a check for \$10 as a token of appreciation for completing the survey. In addition, you will be entered in a drawing for \$250.

FOR RDD ONLY: We are working on a study about health insurance and its costs in Colorado. As you may know, Colorado is 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 \$250 check. There are 10,000 households participating in this survey and one will be chosen for the \$250 drawing.

FOR RDD ONLY: Your number was randomly selected from phone numbers in Colorado. Your participation in this study is voluntary. This survey should only take about 20 minutes to complete. (IF NEEDED: It tends to be a bit shorter for smaller households and a bit longer for larger households.) (IF NEEDED: As I mentioned before, we're offering a chance to win a \$250 check to each eligible household that completes the survey.)

(ASK RDD SAMPLE ONLY)

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

- 1 Main Residence
- 2 Second home
- 3 Vacation home
- D Don't know
- R Refused

(ASK RDD SAMPLE ONLY)

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

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

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

- _____ (AGE)
- RR Refused

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

S6a2. Is there someone available who is 18 or older?

- 1 Yes
- 2 No
- 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

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

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

(FOR HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION)

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

(FOR HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION)

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

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

(FOR HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEON ELSE)

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

(FOR HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEON ELSE)

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

(IF TARGET HAS INSURANCE OPTIONS 15-18 IN 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

(IF H3a = INDIAN HEALTH SERVICES)

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 H4 = 7, 15-18)

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)

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 _____#
- 02 ANSWER GIVEN IN MONTHS _____#
- 00 Less than 1 month
- NN NEVER HAD COVERAGE
- DD Don't know
- RR Refused

(IF TARGET IS UNINSURED)

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) _____

(IF TARGET IS UNINSURED)

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

I1. What type of health insurance (are you/is this person) covered by? Is it (INSERT OPTION FROM LIST a. – 1. 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)

I1ia. 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 I1ia)

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

(FOR HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION)

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 I3a = 7, 15-18)

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

(IF PERSON IS INSURED)

14. [(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
- 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 _____#
 - 02 ANSWER GIVEN IN 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 Retired
- 6 Unemployed and looking for work
- 7 Not employed and *not* looking for work
- 10 Unable to work because of a disability
- D Don't know
- R Refused

(IF 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 EMPLOYED)

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

- _____ hours
- DD Don't know
 - RR Refused

(IF EMPLOYED AT MULTIPLE JOBS)

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

- _____ hours
- DD Don't know
 - RR Refused

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

- 01 _____ ANSWER GIVEN IN YEARS
- 02 _____ ANSWER GIVEN IN MONTHS
- 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 25
- 4 Between 26 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 200
- 4 Between 201 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

A2. What kind of place is it? Is it...? (IF A1 = NO, If (you/TARGET) were to get sick or need a medical professional, where would (you/TARGET) go?)

- 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

(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

A2e. The last time (you/TARGET/TARGET's parent/guardian) chose a health care provider for (you/TARGET), which one of the following reasons was the most important reason for choosing that provider?

- 1 The provider took (your/TARGET's) insurance
- 2 Cost
- 3 Availability of appointments
- 4 The provider was located close to where you live or work
- 5 Recommendations from friends and family
- 6 Quality of the provider's care
- 7 Gender of the health care provider
- 8 The provider spoke a language other than English
- 9 Not one reason
- 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 VISITED A HEALTH CARE PROFESSIONAL IN THE PAST 12 MONTHS)

A2f. The next questions are about the health care (you/ TARGET) received in the past 12 months. Choices for treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did a doctor or other health provider tell (you/TARGET/TARGET'S parent/guardian) there was more than one choice for (your/their) treatment or health care?

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

(IF VISITED A HEALTH CARE PROFESSIONAL IN THE PAST 12 MONTHS AND HAD A CHOICE FOR TREATMENT)

A2g. In the last 12 months, when there was more than one choice for (your/their) treatment or health care, did a doctor or other health provider ask which choice (you/TARGET/TARGET'S parent/guardian) thought was best?

- 1 Definitely yes
- 2 Somewhat yes
- 3 Somewhat no
- 4 Definitely no
- D Don't Know
- R Refused

(IF VISITED A HEALTH CARE PROFESSIONAL IN THE PAST 12 MONTHS)

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 VISITED AN EMERGENCY ROOM IN THE PAST 12 MONTHS)

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 VISITED AN EMERGENCY ROOM IN THE PAST 12 MONTHS)

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

(IF VISITED AN EMERGENCY ROOM IN THE PAST 12 MONTHS)

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

(IF VISITED A HEALTH CARE PROFESSIONAL IN THE PAST 12 MONTHS)

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

(IF VISITED A GENERAL DOCTOR)

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

(IF VISITED A HEALTH CARE PROFESSIONAL IN THE PAST 12 MONTHS)

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. – e. 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
- e. Not get mental health 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)
- 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

AFFORDABILITY

(ALL QUESTIONS IN THIS SECTION ARE ONLY ASKED OF THE UNINSURED)

AF1. If low-cost health insurance were made available, would (you/TARGET/TARGET’S parent/guardian) be ABLE to pay anything at all to get health care coverage for (you/TARGET)?

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

AF2. How much would (you/ TARGET/TARGET’s parent/guardian) be WILLING to pay for (your/TARGET’S) health care coverage?

- 1 _____\$ Monthly
- 2 _____\$ Yearly
- D Don’t know
- R Refused

(IF AF2 = DON’T KNOW OR REFUSED)

AF3. Could (you/TARGET/TARGET'S parent/guardian) afford to pay \$200 per month for (your/TARGET’S) health care coverage?

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

(IF AF2 = DON’T KNOW OR REFUSED AND AF3 = NO)

AF3a. Could (you/TARGET/TARGET'S parent/guardian) afford to pay \$150 per month for (your/TARGET’S) health care coverage?

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

(IF AF2 = DON’T KNOW OR REFUSED, AF3 = NO, AND AF3a = NO)

AF3b. Could (you/TARGET/TARGET'S parent/guardian) afford to pay \$100 per month for (your/TARGET’S) health care coverage?

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

(IF AF2 = DON'T KNOW OR REFUSED, AF3 = NO, AF3a = NO, AND AF3b = NO)

AF3c. Could (you/TARGET/TARGET'S parent/guardian) afford to pay \$50 per month for (your/TARGET'S) health care coverage?

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

AF4. If (you were/TARGET was) eligible for health coverage through a public program at no cost to (you/TARGET/TARGET'S parent/guardian), would (you/TARGET) become enrolled?

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

HEALTH STATUS

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

HEALTH REFORM/HEALTH SYSTEM

HR1. Generally speaking, you believe the current health care system is meeting the needs of your family?

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

HR2. Generally speaking, do you believe the current health care system is meeting the needs of most Coloradans?

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

BACKGROUND

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 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Hispanic (ONLY IF D1 = YES)
- 7 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 Yes
- 2 No
- D Don't know
- R Refused

(IF SPEAKS LANGUAGE OTHER THAN ENGLISH)

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)

D4. Is your (RELATIONSHIP) Hispanic or Latino?

- 1 Yes
- 2 No
- 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

D9. How many people in the household have a cell phone?

_____ number of people

- DD Don't know
- RR Refused

(IF HOUSEHOLD HAS AT LEAST ONE CELL PHONE)

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 _____ #
- 02 ANSWER GIVEN IN MONTHS _____ #
- 03 Lived in Colorado for entire life
- DD Don't know
- RR Refused

D12. (Are you/is TARGET) a citizen of the United States?

- 1 Yes
- 2 No
- D Don't know
- R 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 2010. During 2010, 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 2010. During 2010, did (you/ TARGET) receive any income from wages or salary?

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

IN2. During 2010, 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 2010, 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

(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

(IF INCOME IS AMT6 OR OVER)

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

2010 Poverty Guidelines												
Persons in Family or Household	48 Contiguous States and D.C.	AMT 1	AMT 2	AMT 3	AMT 4	AMT 5	AMT 6	AMT 7	AMT 8	AMT 9	AMT 10	AMT 11
		60%	100%	133%	150%	200%	225%	250%	300%	400%	500%	600%
1	\$10,830	6498	10830	14404	16245	21660	24368	27075	32490	43320	54150	64980
2	14,570	8742	14570	19378	21855	29140	32783	36425	43710	58280	72850	87420
3	18,310	10986	18310	24352	27465	36620	41198	45775	54930	73240	91550	109860
4	22,050	13230	22050	29327	33075	44100	49613	55125	66150	88200	110250	132300
5	25,790	15474	25790	34301	38685	51580	58028	64475	77370	103160	128950	154740
6	29,530	17718	29530	39275	44295	59060	66443	73825	88590	118120	147650	177180
7	33,270	19962	33270	44249	49905	66540	74858	83175	99810	133080	166350	199620
8	37,010	22206	37010	49223	55515	74020	83273	92525	111030	148040	185050	222060
9	40,750	24450	40750	54198	61125	81500	91688	101875	122250	163000	203750	244500
10	44,490	26694	44490	59172	66735	88980	100103	111225	133470	177960	222450	266940
11	48,230	28938	48230	64146	72345	96460	108518	120575	144690	192920	241150	289380
12	51,970	31182	51970	69120	77955	103940	116933	129925	155910	207880	259850	311820
13	55,710	33426	55710	74094	83565	111420	125348	139275	167130	222840	278550	334260
14	59,450	35670	59450	79069	89175	118900	133763	148625	178350	237800	297250	356700
15	63,190	37914	63190	84043	94785	126380	142178	157975	189570	252760	315950	379140
16	66,930	40158	66930	89017	100395	133860	150593	167325	200790	267720	334650	401580
17	70,670	42402	70670	93991	106005	141340	159008	176675	212010	282680	353350	424020

For each additional person, add 3740

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

2011 Monthly Poverty Guidelines												
Persons in Family or Household	48 Contiguous States and D.C.	AMT 1a	AMT 2a	AMT 3a	AMT 4a	AMT 4a	AMT 5a	AMT 6a	AMT 7a	AMT 8a	AMT 9a	AMT 10a
		60%	100%	133%	150%	200%	225%	250%	300%	400%	500%	600%
1	\$10890	545	908	1207	1361	1815	2042	2269	2723	3630	4538	5445
2	14710	736	1226	1630	1839	2452	2758	3065	3678	4903	6129	7355
3	18530	927	1544	2054	2316	3088	3474	3860	4633	6177	7721	9265
4	22350	1118	1863	2477	2794	3725	4191	4656	5588	7450	9313	11175
5	26170	1309	2181	2901	3271	4362	4907	5452	6543	8723	10904	13085
6	29990	1500	2499	3324	3749	4998	5623	6248	7498	9997	12496	14995
7	33810	1691	2818	3747	4226	5635	6339	7044	8453	11270	14088	16905
8	37630	1882	3136	4171	4704	6272	7056	7840	9408	12543	15679	18815
9	41450	2073	3454	4594	5181	6908	7772	8635	10363	13817	17271	20725
10	45270	2264	3773	5017	5659	7545	8488	9431	11318	15090	18863	22635
11	49090	2455	4091	5441	6136	8182	9204	10227	12273	16363	20454	24545
12	52910	2646	4409	5864	6614	8818	9921	11023	13228	17637	22046	26455
13	56730	2837	4728	6288	7091	9455	10637	11819	14183	18910	23638	28365
14	60550	3028	5046	6711	7569	10092	11353	12615	15138	20183	25229	30275
15	64370	3219	5364	7134	8046	10728	12069	13410	16093	21457	26821	32185
16	68190	3410	5683	7558	8524	11365	12786	14206	17048	22730	28413	34095
17	72010	3601	6001	7981	9001	12002	13502	15002	18003	24003	30004	36005
For each additional person, add 3820												

What is your ZIP Code?

_____ (ENTER ZIP CODE)
DD Don't know
RR Refused

What is your county?

- | | |
|----------------|---------------|
| 01 Adams | 57 San Juan |
| 02 Alamosa | 58 San Miguel |
| 03 Arapahoe | 59 Sedgwick |
| 04 Archuleta | 60 Summit |
| 05 Baca | 61 Teller |
| 06 Bent | 62 Washington |
| 07 Boulder | 63 Weld |
| 08 Broomfield | 64 Yuma |
| 09 Chaffee | DD Don't know |
| 10 Cheyenne | RR Refused |
| 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 | |

Are (you/TARGET) registered to vote as...

- 1 Democrat
- 2 Republican
- 3 Independent
- 4 Are you not registered to vote at this time
- D Don't know
- R Refused

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 your rights as a survey participant, please call Adrienne Jones at 303.860.1705.

To speak with someone from the organization responsible for this survey please call Megan Dwyer at 720.382.7076.

(IF RESPONDENT REFUSES, CONTINUE WITH...)

(RDD ONLY – OPTION 1)

The last thing I need is to confirm your telephone number to enter you in the drawing for \$250 as our thank you for your contribution to this important research. 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

IF NO (2):

What should be the number I would use to reach you at your main residence?

Telephone Number: _____

(CELL ONLY – OPTION 2)

The last thing I need is your name and mailing address to send you your check for \$10 as a thank you for your contribution to this important research and enter you in the drawing for a \$250 check. Would you like to receive the check for \$10 as a thank you and be included in the drawing?)

COLLECT AND ENTER RESPONDENT'S COMPLETE NAME AND MAILING

Name: _____

Street: _____

City: _____

ZIP Code: _____

The development and administration of the 2011 Colorado Health Access Survey was funded by The Colorado Trust.