WEB INTRO1.
Thank you for agreeing to participate in the 2021 Colorado Health Access Survey, on behalf of the Colorado Health Institute. Click [here] for more information about the Colorado Health Institute.

As the letter you received in the mail explains, this survey is part of a study about health care and insurance in Colorado.

This survey is voluntary and confidential. Your answers will be kept confidential and combined with other respondents’. Your decision whether to participate will not impact your insurance, health care, or your relationship with any state or federal agency. The data may be used for future analyses.

The survey takes about 25 minutes but may be shorter. You may pause the survey and finish it at a later time, by selecting the ‘Exit’ button.

You have the right to participate or decline. You can skip any question or stop the survey at any time.

To speak with someone about this survey, please call NORC at the University of Chicago at 888-326-9412.

For questions about your rights as a survey participant, please call the NORC Institutional Review Board Manager toll-free at 1-866-309-0542.

You will need the materials we mailed to you to start the survey.

Please enter the 7-digit Secure Access Code found on the materials we mailed you.

Secure Access Code __ __ __ __ __ __ __

[ADDITIONAL INSTRUCTIONS/HELP LINK]
Please move through the survey and answer EACH question by selecting the item or category that best describes your response.

If you are unable to answer or want to skip a particular question, you may select "NEXT" to advance to the next question.

To select responses in questions with buttons, click on the button beside your response. If a question asks for a text response, click on the box and begin typing.

On the bottom of each page, there are buttons to help move you through the survey:

Click the "NEXT" button to advance to the next question.
Click the "PREVIOUS" button to go back to an earlier question.

Please DO NOT use your browser’s navigation buttons or menus while taking the survey.

[ERROR MESSAGE]
EM1. Your answers to these questions are very important to us. Can you please take a moment to respond to the question below?

SUSPEND SCREEN (To be shown after they click exit the survey.)
SUSPEND. Are you sure you want to exit the survey? Your answers have been saved. When you return to continue the survey, you will need to reenter the Secure Access Code that was provided in the letter you received.

If you reached this page by mistake, please click BACK to return to the survey.

SUSPEND RESUME SCREEN (To be shown when respondents reenter the survey and after the Secure Access code has been entered.)
SUSPEND_RESUME. Welcome back to the 2021 Colorado Health Access Survey. To finish completing your survey, please enter the 7-digit Secure Access Code found on the materials we sent you.

CATI INBOUND SCREEN/INBOUND INTRO1
(INTERVIEWER INSTRUCTION: READ ONLY ONE TIME – DON’T READ IF RESPONDENTS SWITCH AFTER DETERMINING ELIGIBILITY). Hello, thank you for calling NORC on behalf of the Colorado Health Institute.

(IF RESPONDENT ASKS: What is the Colorado Health Institute? RESPOND: The Colorado Health Institute is an independent, nonprofit research firm that believes good analysis and research leads to healthier Coloradans.)

SA1A. Before we continue, are you calling from a cell phone or landline?

1. Cell phone (Go to Sa1B)
2. Land line (Continue with introduction)
3. Refused (THANK AND TERMINATE AS REFUSAL)

(IF CELL PHONE; SA1A=1)

SA1B. Are you driving and unable to complete the survey?

1. Continue, on cell phone and not driving (Continue with introduction)
2. Respondent is driving (SET UP CALL BACK)
3. This is NOT a cell phone (CONTINUE with introduction)
9. Refused (THANK AND TERMINATE AS A REFUSAL)

(CONTINUE IF SA1B=1,3)
As the letter you received in the mail explains, we are working on a study about health care and insurance in Colorado.

(READ IF NEEDED: Colorado is trying to find ways to make health insurance and health care more affordable and easier to obtain.)

The survey takes about 30 minutes but may be shorter.

WEB AND INBOUND PHONE SCREENING QUESTIONS
WSC1. Are you completing the survey for…

[SHOW ADDRESS FROM SAMPLE]

1. Yes (go to WSC2)
2. No (go to EXIT1)
EXIT1. The Colorado Health Access Survey needs to collect information about [ADDRESS FROM SAMPLE]. Because you have indicated that you are not completing the survey for that address, we do not need any further information at this time.

Thank you. (TQEXIT1 AND RESET RECORD)

(ASK IF COMPLETING SURVEY FOR ADDRESS; WSC1=1)

WSC2. Do **YOU** live or stay at this address?

[SHOW ADDRESS FROM SAMPLE]

Select "Yes" if you…
Usually live or stay at this address, OR have no other permanent place to live or stay and currently live or stay at this address, even for a short time.
Please also select "Yes" if the address listed above is a PO Box that belongs to you AND your physical address of residence is in the state of Colorado.

1  Yes     GO TO WSC2b
2  No     GO TO WSC4
9 (CATI: Refused) THANK AND TERMINATE AS REFUSAL

(ASK IF LIVE AT ADDRESS; WSC2=1)

WSC2b. Is this address your main residence, a second home or a vacation home?

1  Main residence  GO TO WSC3
2  Second home   GO TO EXIT2
3  Vacation home   GO TO EXIT2
9 (CATI: Refused) THANK AND TERMINATE AS REFUSAL

(ASK IF DON'T HAVE MAIN RESIDENCE IN CO; WSC2B=2, 3– TERMINATE)

EXIT2. We are only interviewing people whose main residence is in Colorado. Thank you.

(ASK IF MAIN RESIDENCE IN CO; WSC2b=1)

WSC3. Are you at least 18 years old?

1  Yes     GO TO S2
2  No     (go to IDENTIFY_ADULT)
9 (CATI: Refused) THANK AND TERMINATE AS REFUSAL

(ASK IF R DOESN'T LIVE AT ADDRESS; WSC2=2)

WSC4. Does ANYONE live or stay at…[SHOW ADDRESS FROM SAMPLE]

Select "Yes" if ANYONE…
Usually lives or stays at this address, OR has no other permanent place to live or stay and currently lives or stays at this address, even for a short time.

1  Yes     (go to IDENTIFY_ADULT1)
2  No     (go to WSC5)
9 (CATI: Refused) THANK AND TERMINATE AS REFUSAL

(ASK IF UNOCCUPIED; WSC4=2)
WSC5.  Is this address a residential address, a business address, or both?

[SHOW ADDRESS FROM SAMPLE]

1 Residential      (TQSC51)(code as vacant, and go to EXIT3)
2 Business        (TQSC52)(code as business, and go to EXIT3)
3 Both Residential and Business  (TQSC53)(code as vacant, and go to EXIT3)
9 (CATI: Refused)   THANK AND TERMINATE AS REFUSAL
X BLANK            (code as blank, and go to EXIT3)

(IF WSC3=2 OR WSC4=1 AND WEB)
IDENTIFY_ADULT1. Please follow the instructions provided in the materials we mailed and give these materials to an adult who lives or stays at [ADDRESS FROM SAMPLE]. Thank you.

(IF WSC3=2 OR WSC4=1 AND INBOUND PHONE)
IDENTIFY_ADULT2. Is there an adult in who lives or stays at this address? Are they currently available to talk with?

1 Yes               GO TO INBOUND INTRO 1
2 No
9 (CATI: Refused)  THANK AND TERMINATE AS REFUSAL

(IF ADULT NOT AVAILABLE; IDENTIFY_ADULT2=2)
EXIT2b. We’d like to talk with the adult who lives or stays at this address. Please provide them with the materials that were sent so that they may participate in the survey. Thank you.

(IF UNOCCUPIED/NON RESIDENTIAL; WSC5=1,2,3,BLANK)
EXIT3. We are only interviewing occupied residential households in Colorado. Thank you.

ASK OF INBOUND CALLS
INTRO3. Everything you say will be kept confidential. Your phone number will not be linked to your answers, and your answers will be combined with other respondents’. You have the right to participate or decline. Your decision whether to participate will not impact your insurance, health care, or your relationship with any state or federal agency. The data may be used for future analyses. You may skip questions or stop the interview at any time. This call will be recorded for quality assurance.

ASK OF INBOUND CALLS
INTRO4. If you have questions about the study, I can give you phone numbers at the end of the survey. READ AS NECESSARY IF RESPONDENTS ASK: To speak with someone from the organization responsible for this survey, please call NORC at the University of Chicago at 888-326-9412. For questions about your rights as a survey participant, please call the NORC Institutional Review Board Manager toll-free at 1-866-309-0542.

(ASK OF INBOUND CALLS )
Sa2B. What is your age (as of your last birthday)?
(INTERVIEWER IF RESPONDENT DK/REFUSES AGE: I understand your reluctance to give your age, but this information is totally confidential. It is very important that we gather this information accurately to help improve health insurance coverage for Colorado families. IF RESPONDENT STILL DK/REFUSES AGE, ASK Sa3.)

_____________ (AGE) (RANGE 0-110)
999 (DO NOT READ) Refused
(IF THE RESPONDENT IS <18 IN Sa2B READ: Is there an adult available to complete the survey? IF YES, GET PERSON ON PHONE AND CONTINUE (SKIP TO Sa2B). IF NO, READ: Thank you. We are only interviewing adults for this study. TERMINATE.)

(ASK IF Sa2b = 999)

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

(READ LIST. ENTER ONE ONLY)

1 Less than 18 years of age (THANK AND TERMINATE)
2 18 years of age or older (CONTINUE)
8 (DO NOT READ) Don’t know (THANK AND TERMINATE)
9 (DO NOT READ) Refused (THANK AND TERMINATE)

RETIRE S1, S1aa, S1a, S1b.

ASK ALL HOUSEHOLDS WHO QUALIFY

(CATI: I’d like to begin by asking /WEB: Next are) some questions about health insurance coverage for people in your household.

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

1 Yes GO TO S4
2 No GO TO S3
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know GO TO S3
9 CATI ONLY: (DO NOT READ) Refused GO TO S3
X WEB: BLANK GO TO S3

((ASK IF S2=2, 8, 9 or blank)

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

1 Yes CATI: GET PERSON & CONTINUE (SKIP TO INBOUND INTRO1); WEB ROUTE TO EXITS3
2 No ARRANGE CALLBACK AND ROUTE TO EXITS3
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know THANK AND ROUTE TO EXITS3
9 CATI ONLY: (DO NOT READ) Refused THANK AND ROUTE TO EXITS3
X WEB: BLANK

(IF WEB: S3=1 OR WEB/CATI S3=2, 8, 9, BLANK)

EXITS3. We’d like to talk with the adult who can answer questions about health insurance and health care for all people in the household. Please provide them with the materials that were sent so that they may participate in the survey. Thank you.

(ASK IF S2=1 OR CATI S3=1)

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

WEB SHOW/CATI PROBE: Include in this number, children, foster children, roommates, housemates not related to you, college students living away while attending college, and National Guard members who are typically live in your household but are deployed temporarily.
Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or active duty military members stationed elsewhere or serving a lengthy deployment.

_________ people (RANGE 1-9) (WEB: INSERT PULLDOWN MENU)
10 10 or more people
98 WEB: Don’t know/CATI: (DO NOT READ) Don’t know GO TO EXITS3
99 CATI ONLY: (DO NOT READ) Refused GO TO EXITS3
X WEB: BLANK GO TO EXITS3

ASK ALL

S4a. How many of the people in your household are age…?

_________ people (RANGE 0-9) (WEB: INSERT PULLDOWN MENU)
10 10 or more people
98 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
99 CATI ONLY: (DO NOT READ) Refused
X WEB: BLANK

a. 64 or younger (RANGE 0 - number of people in household)

(If S4a item a = 0, 98, or 99, BLANK, THANK & TERM. RECORD AS TQS4a)

(If S4 = 2 or more)

RANDOM (CATI: I / WEB: We) need some general information about the people in this household so that one person can be picked at random to talk about their access to health insurance and health care services.

(Ask inbound sample and web only)

Ask S6 to S9 in succession for each member of the household

Ask “of your last birthday” for first family member only

(PN: Questions S6 – S9 can be used to create a “Household Roster” listing each person in household)

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

(CATI ONLY: INTERVIEWER IF RESPONDENT DK/REFUSES AGE/WEB: SHOW AS POP UP/ERROR MESSAGE IF DOESN’T INITIALLY ANSWER: I understand your reluctance to give (your age/other household members’ ages), but this information is totally confidential. It is very important that we gather this information accurately to help improve health care and health insurance coverage for Colorado families. IF RESPONDENT STILL DK/REFUSES AGE, ASK S6a1)

_________ (AGE) (RANGE 1-110)
999 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(Ask if S6 = 999 or blank)

S6a1. Could you please tell me if you are…? (READ LIST. ENTER ONE ONLY)

1 Less than 18 years of age GO TO S6A
2 18 years of age or older GO TO S7A1
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know GO TO S6A
9 CATI ONLY: (DO NOT READ) Refused GO TO S6A
X WEB: Blank GO TO S6A
(ASK IF S6<18 OR S6a1 = 1, 8, OR 9)

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

1. Yes
2. No
8. WEB: Don't know/CATI: (DO NOT READ) Don't know
9. CATI ONLY: (DO NOT READ) Refused

(ASK ALL)

RETIRE ITEM NUMBER S7A.

**S7A1.** How do you currently identify your gender? (WEB SHOW/ CATI PROBE: Gender identity refers to how you identify yourself, which may or may not be the same as the sex you were assigned at birth. (CATI INTERVIEWER: READ ANSWER CHOICES WITH THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD. SELECT ONE CHOICE. IF RESPONDENT CONFIDENTLY PROVIDES ONE RESPONSE, STOP READING ANSWER CHOICES AND ACCEPT THAT RESPONSE. DO NOT PROBE.)

1. Female
2. Male
3. A non-binary person (WEB SHOW/CATI PROBE IF NEEDED: Genderqueer Person, Gender Nonconforming Person, Gender Expansive, Two-Spirit, Neither Woman Or Man)
4. Other/Different gender identity
9. CATI ONLY: (DO NOT READ) Refused
X. WEB: Blank

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

(CATI ONLY: INTERVIEWER IF RESPONDENT DK/REFUSES AGE: I understand your reluctance to give other household members' ages, but this information is totally confidential. It is very important that we gather this information accurately to help improve health insurance coverage for Colorado families. IF RESPONDENT STILL DK/REFUSES AGE, ASK S6b1)

__________ years (ENTER AGE 1-110)
000. Less than 1 year old
998. WEB: Don't know/CATI: (DO NOT READ) Don’t know
999. CATI ONLY: (DO NOT READ) Refused
X. WEB: Blank

(ASK FOR EACH S6b-j = 998 OR 999)

**S6b1.** Could you please tell me if they are…? (CATI: READ LIST. ENTER ONE ONLY)

1. Less than 18 years of age
2. 18 years of age or older
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY: (DO NOT READ) Refused
X. (WEB) Blank

(IF S6(b-j) = 18+ OR S6b1 = 2, INSERT “person”, “Male” and “Female”)
(IF S6(b-j) IS <18 OR S6b1 = 1, INSERT “child”, “Girl”, “Boy”)

**S7(b-j).** What is this (child's/person's) gender? (CATI: DO NOT READ OPTIONS)
1 Female/Girl
2 Male/Boy
3 Other/Different gender identity
9 CATI ONLY: (DO NOT READ) Refused
X (WEB) Blank

S8(b-j). What is this person’s relationship to you?
(CATI: DO NOT READ. ENTER ONE ONLY. RESPONDENT CAN PROVIDE UP TO ONE PARTNER AND FOUR PARENTS, GUARDIAN AND WARD SHOULD BE CODED BEFORE ANY OTHER RELATIONSHIP EXCEPT PARENT OR STEPPARENT OR CHILD/STEPCHILD/FOSTER CHILD, SO A GRANDPARENT AND GUARDIAN SHOULD BE CODED AS GUARDIAN)

CATI: (INTERVIEWER IF RESPONDENT REFUSES RELATIONSHIP: I understand your reluctance to give your relationship to other members of your household, but this information is totally confidential. It is very important that we gather this information accurately to help improve health insurance coverage for Colorado families. IF RESPONDENT STILL REFUSES RELATIONSHIP, THANK AND TERMINATE.)

01 Spouse (someone you’re married to such as a partner, wife, or husband)
02 Unmarried partner, living together
03 Child / stepchild / foster child / ward
04 Parent / Stepparent / foster parent / guardian
05 Sibling / Stepsibling / Stepsister / Stepbrother / Foster sister / Foster brother / Foster sibling
06 Grandparent / Step-grandparent
07 Grandchild / Step-grandchild
08 Son-in-law / Daughter-in-law / Spouse or partner of your adult child
09 Father-in-law / Mother-in-law / Parent of your spouse or partner
10 Other relative
11 Employer
12 Employee (maid, nanny, au pair, housekeeper, etc.)
13 Professional caregiver (nurse, aide, etc.)
14 Other non-relative
99 CATI ONLY: (DO NOT READ) Refused
X (WEB) Blank

PROGRAMMER NOTE: ROSTER CHECK
Roster Check 1. (CATI: I’d/WEB: We’d) like to confirm the information you just provided about members of your household. Is the following correct?
Insert a row for each member of household showing responses from:

<table>
<thead>
<tr>
<th>S8 insert (relation)</th>
<th>S7 insert (Gender)</th>
<th>S6 insert (Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your IF S8B-J=1: Spouse</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-J=2: Partner</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-J=3: Child</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-J=4: Parent</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-J=5: Sibling</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-j=6: Grandparent</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-j=7 Grandchild</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-J=8: Son or Daughter in law</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your If S8B-J=9 Father or Mother in law</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>If S8B-J-10: Another relative</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-J=11: Employer</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE S6b1=1 Less than 18 S6B1=2: 18 or older</td>
</tr>
<tr>
<td>Your IF S8B-J=12: Employee</td>
<td>IF S7B-J=1: Female</td>
<td>IF S6B-J: AGE</td>
</tr>
<tr>
<td></td>
<td>IF S8b-J: Professional caregiver</td>
<td>IF S8b-J=14: Another non-relative</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>A</td>
<td>IF S8b-J=2: Male</td>
<td>IF S8b-J=1: Female</td>
</tr>
<tr>
<td></td>
<td>IF S8b-J=3: Person of a different gender</td>
<td>IF S8b-J=2: Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IF S8b-J=3: Person of a different gender</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IF S8b-J=1: Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IF S8b-J=2: Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IF S8b-J=3: Person of a different gender</td>
</tr>
</tbody>
</table>

1 Yes
2 No – IF NO GO BACK TO S6B AND SHOW INFORMATION

FOR RESPONDENT, INSERT “you”
(IF S4 = 1, READ VERBIAGE IN PARENS)

S10. FOR HOUSEHOLDS WITH 2 OR MORE HHLD MEMBERS: (CATI: I will be asking/ WEB: Next are some specific insurance coverage questions about one randomly chosen person from your household. For those questions (you/TARGET) (have/has) been selected. FOR HOUSEHOLDS WITH 1 HHLD MEMBER: (CATI: I will be asking / WEB: Next are ) some specific questions about your insurance coverage)

PROGRAMMER NOTE: FOR HOUSEHOLDS WITH A CHILD UNDER 18, PLEASE SELECT CHILD AS TARGET 50% OF THE TIME

INTERVIEWER RECORD
1 Respondent
2 TARGET

(PN: IF RANDOM PERSON CHOSEN IS TARGET AND S6b1 = 8 OR 9 FOR THAT PERSON OR S8b-j = 999 FOR THAT PERSON, THANK AND TERMINATE)

S10a. What is the first name or initials of the person (CATI: I) selected?

1 Answer given (CATI: specify/WEB: Please type your specific response here____________)
9 CATI ONLY: (DO NOT READ) Refused

(ASK FOR ALL HOUSEHOLD MEMBERS EXCEPT FOR RELATIONSHIP BETWEEN TARGET AND RESPONDENT)
(IF RESPONDENT IS TARGET OR HOUSEHOLD IS ONLY 2 MEMBERS, SKIP TO H1H)

S12(b-j). It would be helpful to know the relationship between the other members of your household and (INSERT NAME OR INITIALS FROM S10a OR RELATIONSHIP FROM S8[b-j])?

What is the relationship of (RELATIONSHIP FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j] if multiple members with same relationship code] to the (TARGET NAME OR INITIALS)?
(CATI: DO NOT READ, ENTER ONE ONLY, GUARDIAN AND WARD SHOULD BE CODED BEFORE ANY OTHER RELATIONSHIP EXCEPT PARENT OR STEPPARENT OR CHILD/STEPCHILD/FOSTER CHILD, SO A GRANDPARENT AND GUARDIAN SHOULD BE CODED AS GUARDIAN)
INTERVIEWER NOTE: EXAMPLE: YOUR (RELATIONSHIP FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j] if multiple members with same relationship code] IS (TARGET'S) …

01 Spouse (someone you’re married to such as a partner, wife, or husband)
02 Unmarried partner, living together
03 Child / stepchild / foster child / ward
04 Parent / Stepparent / foster parent / guardian
05 Sibling / Stepsister / Stepbrother / Stepsibling / Foster sister / Foster brother / Foster sibling
06 Grandparent / Step-grandparent
07 Grandchild / Step-grandchild
08 Son-in-law / Daughter-in-law / Spouse or partner of your adult child
09 Father-in-law / Mother-in-law / Parent of your spouse or partner
10 Other relative
11 Employer
12 Employee (maid, nanny, au pair, housekeeper, etc.)
13 Professional caregiver (nurse, aide, etc.)
14 Other non-relative
98 WEB SHOW:/ CATI: (DO NOT READ) Don't know
99 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

PROGRAMMER NOTE: ROSTER CHECK

Roster Check 2. (CATI: I’d/WEB: We’d) like to confirm the information you just provided about the relationship of the members of your household to (you/TARGET). Is the following correct?

Insert a row for each member of household showing responses from:
Your (S8b-j) (AS NEEDED S6b-j/S7b-j) is TARGET’S (S12b-j)

<table>
<thead>
<tr>
<th>S8 insert (relation to R)</th>
<th>S7 insert (Gender)</th>
<th>S6 insert (Age)</th>
<th>S12b-j insert (Relation to T)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your</td>
<td>IF S8B-J=1:</td>
<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
</tr>
<tr>
<td></td>
<td>Partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
</tr>
<tr>
<td></td>
<td>Child</td>
<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
</tr>
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<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>Parent</td>
<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>Sibling</td>
<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>Grandparent</td>
<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>Grandchild</td>
<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>a IF S7B-J=1: Female IF S7B-J=2: Male IF S7B-J=3: Person of a different gender aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<td>Son or Daughter in law</td>
<td>IF S7B-J=8: Son or Daughter in law a IF S7B-J=1: Female IF S7B-J=2: Male aged S6B-J: AGE S6b1=1 Less than 18 S6b1=2: 18 or older</td>
<td>Is (TARGET’S NAME/Initials)</td>
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<tr>
<th>Your</th>
<th>IF S8B-J=9 Father or Mother in law</th>
<th>a</th>
<th>IF S7B-J=1: Female</th>
<th>IF S7B-J=2: Male</th>
<th>IF S7B-J=3: Person of a different gender</th>
<th>aged</th>
<th>S6B-J: AGE</th>
<th>S6B1=1 Less than 18</th>
<th>S6B1=2: 18 or older</th>
<th>Is (TARGET's NAME/Initials)</th>
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<td>S6B1=2: 18 or older</td>
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<th>Your</th>
<th>IF S8B-J=10: Another relative</th>
<th>a</th>
<th>IF S7B-J=1: Female</th>
<th>IF S7B-J=2: Male</th>
<th>IF S7B-J=3: Person of a different gender</th>
<th>aged</th>
<th>S6B-J: AGE</th>
<th>S6B1=1 Less than 18</th>
<th>S6B1=2: 18 or older</th>
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<td>S6B1=2: 18 or older</td>
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<tr>
<th>Your</th>
<th>IF S8B-J=11: Employer</th>
<th>a</th>
<th>IF S7B-J=1: Female</th>
<th>IF S7B-J=2: Male</th>
<th>IF S7B-J=3: Person of a different gender</th>
<th>aged</th>
<th>S6B-J: AGE</th>
<th>S6B1=1 Less than 18</th>
<th>S6B1=2: 18 or older</th>
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<td>S6B1=2: 18 or older</td>
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<tr>
<th>Your</th>
<th>IF S8B-J=12: Employee</th>
<th>a</th>
<th>IF S7B-J=1: Female</th>
<th>IF S7B-J=2: Male</th>
<th>IF S7B-J=3: Person of a different gender</th>
<th>aged</th>
<th>S6B-J: AGE</th>
<th>S6B1=1 Less than 18</th>
<th>S6B1=2: 18 or older</th>
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<td>S6B1=2: 18 or older</td>
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<tr>
<th>A</th>
<th>IF S8b-J: Professional caregiver</th>
<th>a</th>
<th>IF S7B-J=1: Female</th>
<th>IF S7B-J=2: Male</th>
<th>IF S7B-J=3: Person of a different gender</th>
<th>aged</th>
<th>S6B-J: AGE</th>
<th>S6B1=1 Less than 18</th>
<th>S6B1=2: 18 or older</th>
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<tr>
<th>IF S8B-J=14: Another non-relative</th>
<th>a</th>
<th>IF S7B-J=1: Female</th>
<th>IF S7B-J=2: Male</th>
<th>IF S7B-J=3: Person of a different gender</th>
<th>aged</th>
<th>S6B-J: AGE</th>
<th>S6B1=1 Less than 18</th>
<th>S6B1=2: 18 or older</th>
<th>Is (TARGET's NAME/Initials)</th>
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<td>S6B1=2: 18 or older</td>
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1 Yes
2 No – IF NO -- SHOW ABOVE GRID WITH PULLDOWN FOR S12 ANSWER CATEGORIES

ASK IF (TAGE<18 or TAGE2=1) AND (S8(b-j) NE 03 for TARGET and S12(b-j) NE 04)

GUARDa. Are any members of your household the legal guardian or caretaker of (TARGET)?

1 Yes
2 No
8 WEB SHOW:/ CATI: (DO NOT READ) Don’t know
9 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF GUARDa=1)

(PROGRAMMER NOTE: BACK EDIT ANY SELECTED HOUSEHOLD MEMBERS TO S8 or S12 as PARENT TO TARGET)
PN: CREATE OLTRGREL # (1-9,0) TO HOLD THE INITIAL RELATIONSHIP IN ADDITION TO THE BACK EDIT.

GUARDb. Which household member (or members) is (TARGET's) legal guardian or caretaker?
(Do NOT READ, ALLOW MULTIPLE)

01 Person 1: Respondent
02 Person 2: "My" s7b_rels7bage s7b_sex
03 Person 3: "My" s7c_rels7cage s7c_sex
04 Person 4: "My" s7d_rels7dage s7d_sex
05 Person 5: "My" s7e_rels7eage s7e_sex
06 Person 6: "My" s7f_rels7fage s7f_sex
07 Person 7: "My" s7g_rels7gage s7g_sex
08 Person 8: "My" s7h_rels7hage s7h_sex
09 Person 9: "My" s7i_rels7iage s7i_sex
10 Person 10: “My” s7j_rels7j_age s7j_sex
11 Other: Not in Household
98 WEB SHOW: / CATI (DO NOT READ) Don’t know
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

SETUP1:
PN - Create the following variables to be used in remainder of survey

HH_COUNT – Number of people in household (S4)
TMARR – 1 if TARGET is married/partner; 0 otherwise
TPAR – 1 if TARGET is parent; 0 otherwise
TAGE – TARGET’s age
TFEM – 1 if TARGET is female; 0 otherwise
TFAM_COUNT – Number of people in TARGET’s family.
IF TAGE<19 & TMARR=0 & TPAR=0: TARGET+PARENTS+SIBLINGS<19 FROM ROSTER
IF TAGE<19 & (TMARR=1 OR TPAR=1): TARGET+SPOUSE+CHILDREN<19 FROM ROSTER
IF TAGE>18: TARGET+SPOUSE+CHILDREN<19 FROM ROSTER
TAGE2=2 IF Sa2 is refused and Sa3=2 18 years of age or older.

HEALTH INSURANCE

INSERT “you/have/do you” IF S10 = 1
INSERT “NAME/INITIALS/RELATIONSHIP/has/does…” IF S10 = 2
(ASK ITEMS b and l if TAGE>17)
(ASK ITEM c IF H1b < 1 >)
(ASK ITEM e IF TAGE>17)
(ASK ITEM l IF H1b AND H1c < 1 >)
(ASK ITEM m IF H1l AND H1b AND H1c < 1 >)
(ASK ITEM k if TAGE>15 AND <=64 AND H1b AND H1c < 1 >)
(ASK ITEM i IF [(S7=2 OR S6aa=2) AND (TAGE<=50 OR TAGE2 = 2)] OR [TAGE<19 OR TAGE2=1])

H1. (CATI: I am going to read you a list of different types of health insurance coverage. Please tell me if (you are/ TARGET is) currently covered by any of the following types of insurance.
/WEB: Next is a list of different types of health insurance coverage. Are you/is TARGET currently covered by… Please do not include any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.
(CATI: Are you / Is TARGET) currently covered by (READ LIST)?
(CATI: IF RESPONDENT ASKS TO SKIP THROUGH INSURANCE QUESTIONS, SAY: I’m sorry, but I have to read all of the insurance categories.”)
(CATI: INTERVIEWER NOTE: If respondent has Medicare & also says they have supplemental insurance policy, please make sure “YES” is entered for both Medicare (item d) and for health insurance bought directly by you (item l)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

SHOW EACH ITEM ON SEPARATE SCREEN.
h. Medicaid, also known as Health First Colorado (WEB SHOW/ CATI PROBE: This is a Colorado program for low-income individuals and people with disabilities.)
b. Health insurance through (your/TARGET’s) work or union (WEB SHOW/ CATI PROBE: PROBE: This insurance could be through a current employer, COBRA, through a former employer or a retiree benefit.)

c. Health insurance through someone else’s work or union (WEB SHOW/ CATI PROBE: PROBE: This insurance could be through a current employer, COBRA, through a former employer or a retiree benefit.)

d. Medicare (WEB SHOW/ CATI PROBE: PROBE: Medicare is the health insurance for persons 65 years old and older or persons with disabilities. This is a red, white and blue card and includes Medicare parts A, B, C or D)

e. Railroad Retirement Plan

f. Veteran’s Affairs, Military Health, or TRICARE? (IF NECESSARY: TRICARE is formerly known as CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services, a health care program of the United States Department of Defense Military Health System.)

g. Indian Health Service

i. Child Health Plan Plus (CHP+ [Chip Plus]).  (WEB SHOW/ CATI PROBE: PROBE: 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, also known as Health First Colorado.)

(ASK IF RESPONDENT/TARGET ANSWERS “YES” TO H1 ITEM i AND RESPONDENT/TARGET IS FEMALE 19 YEARS OR OLDER)

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, also known as Health First Colorado.  (Do/Does) (you/TARGET) fall into one of these two groups?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(If QH1ia=2,8,9, READ “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”.  CHP+ SHOULD THEN BE CODED AS NO (CODE H1i = 2 and remove code 09 from H1 IF H1ia = 2,8,9.  IF RESPONDENT CONTINUES TO INSIST THAT SHE/TARGET HAS CHP+, KEEP AS YES (H1i=1))

k. A student health insurance plan (WEB SHOW/ CATI PROBE: PROBE: This is a health insurance plan that is sponsored by a college or university.)

l. Health insurance bought directly by (you / TARGET) (WEB SHOW/ CATI PROBE: For example, bought directly from Anthem, Kaiser, United or another company, or bought through an insurance broker or Connect for Health Colorado, Colorado’s health insurance marketplace or exchange. This would also include a Medicare supplement you bought directly.)

m. Health insurance bought directly by someone else

(ASK IF H1c=1)

H1caa. How many employees work for the employer that (you get/ TARGET gets) (your/his/her/their) insurance through?  CATI: DO NOT READ LIST

01 Just one
02 Between 2 and 10
03 Between 11 and 25
04 Between 26 and 50
05 Between 51 and 100
06 Between 101 and 200
07 Between 201 and 500
08 Between 501 and 1000
09 Over 1000
10 Not employed
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF H1M=1)

**H1mb.** Which person (do you/ does TARGET) get (your/his/her/their) insurance through?
PN: DISPLAY ROSTER ON SCREEN SO INTERVIEWER CAN SELECT CORRECT PERSON

01 Person 1: Respondent
02 Person 2: “My” 8b_rel / “TARGET’s” s12b_rel
03 Person 3: “My” 8c_rel / “TARGET’s” s12c_rel
04 Person 4: “My” 8d_rel / “TARGET’s” s12d_rel
05 Person 5: “My” 8e_rel / “TARGET’s” s12e_rel
06 Person 6: “My” 8f_rel / “TARGET’s” s12f_rel
07 Person 7: “My” 8g_rel / “TARGET’s” s12g_rel
08 Person 8: “My” 8h_rel / “TARGET’s” s12h_rel
09 Person 9: “My” 8i_rel / “TARGET’s” s12i_rel
10 Person 10: “My” 8j_rel / “TARGET’s” s12j_rel
11 WEB: Someone else not in the household CATI: (DO NOT READ) Someone else not in the household
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF H1mb = 11 AND IF TAGE<=26)

INSERT “your” IF S10 = 1/INSERT “TARGET’s” IF S10 = 2

**H1ab.** Is this through (your/TARGET’s) parent or guardian?
(READ IF NECESSARY: The health insurance bought directly by someone else?)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF H1M=1)

(If h1mb=1 (the insurer is the respondent), INSERT “Are you”; IF h1mb NE 1 (the insurer is not the respondent), INSERT “Is this person”)

**H1mba.** (Is this person/Are you) employed?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank
H1mbb. How many employees work for (your/this person’s) employer? (CATI: DO NOT READ LIST)

01 Just one
02 Between 2 and 10
03 Between 11 and 25
04 Between 26 and 50
05 Between 51 and 100
06 Between 101 and 200
07 Between 201 and 500
08 Between 501 and 1000
09 Over 1000
10 Not employed
99 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

H1aa. Was (your/TARGET’s) health insurance coverage selected through Connect for Health Colorado, Colorado’s health insurance marketplace or exchange? (CATI PROBE: Connect for Health Colorado offers only private health insurance and does not include Medicaid, also known as Health First Colorado. / WEB: Connect for Health Colorado offers only private health insurance and does not include Medicaid, also known as Health First Colorado.)

1 Yes
2 No
3 CATI: (DO NOT READ) (I/TARGET) tried to sign up on Connect for Health Colorado, but wasn’t able to complete (my/their) application/got all the way to the end but then (I/they) had to sign up elsewhere /WEB Unable to complete or submit application through Connect for Health Colorado
97 WEB: Other (CATI: specify/WEB: Please type your specific response here___________)
8 WEB SHOW/CATI :(DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

H2. (Are you/Is TARGET) currently covered by any other type of insurance? (CATI: DO NOT READ, ALLOW MULTIPLE)

Please select all that apply

0 No other 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 Colorado Indigent Care Program (CICP)
6 Railroad Retirement Plan
7 Student Health insurance (WEB SHOW/ CATI PROBE: This is a health insurance plan that is sponsored by a college or university.)
8 Indian Health Service
97 Other Insurance (CATI: specify/WEB: Please type your specific response here___________)
98 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
99 CATI ONLY (DO NOT READ) Refused
For the purposes of this survey, we’ll assume that you do not have health insurance. Now go to H6.

(ASK IF H1 = 2, 8 OR 9 FOR ALL AND H2 = 0, 98 OR 99)
INSERT “you do” IF S10 = 1
INSERT “NAME/INITIALS/RELATIONSHIP does…” IF S10 = 2

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

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF H3 = 2)
INSERT “you” IF S10 = 1
INSERT “they” IF S10 = 2

H3a. What insurance (are you/is TARGET) covered by? (CATI: DO NOT READ, ENTER ONE ONLY)
WEB SHOW / CATI PROBE: If you can, it might be helpful to look at (your/their) insurance card to help identify the type of insurance.

08 Medicaid, also known as Health First Colorado
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, or TRICARE? (IF NECESSARY: TRICARE is formerly known as CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services, a health care program of the United States Department of Defense Military Health System)
07 Indian Health Service
09 Child Health Plan Plus (CHP+ [Chip Plus])

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, also known as Health First Colorado. Do (you/TARGET) fall into one of these two groups?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(CATI AND IF QH3a09a=2, READ
“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.” If H3a09a = 2 then code H3a09 = 2. IF RESPONDENT CONTINUES TO INSIST THAT S(HE)/TARGET HAS CHP+, KEEP AS YES (H3a09=1))

11 Student health plan (WEB: SHOW/ CATI PROBE: A health insurance plan that is sponsored by a college or university)
12 Health insurance bought directly by (you / TARGET) (WEB SHOW/ CATI PROBE: For example, bought directly from Anthem, Kaiser, United or another company, or bought through an insurance broker or
Connect for Health Colorado, Colorado’s health insurance marketplace or exchange. This would also include a Medicare **supplement** you bought directly.

13 Health insurance bought directly by someone else
14 Connect for Health Colorado
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 (CATI: specify/WEB: Please type your specific response here___________)
98 WEB SHOW: /CATI: (DO NOT READ) Don’t know
99 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

IF H3a = 15-18, READ:
INSERT “you do” IF S10 = 1; INSERT “TARGET does” IF S10 = 2
For the purposes of this survey, we’ll assume that (you do/TARGET does) not have health insurance. NOW GO TO H6

(ASK IF H3a=3)

**H3ac.** How many employees work for the employer that (you get/ TARGET gets) (your/his/her/their) insurance through? (CATI ONLY: DO NOT READ LIST)

01 Just one
02 Between 2 and 10
03 Between 11 and 25
04 Between 26 and 50
05 Between 51 and 100
06 Between 101 and 200
07 Between 201 and 500
08 Between 501 and 1000
09 Over 1000
10 Not employed
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF H3a=13)

**H3mb.** Which person (do you/ does TARGET) get (your/his/her/their) insurance through?
PN: DISPLAY ROSTER ON SCREEN SO INTERVIEWER CAN SELECT CORRECT PERSON

01 Person 1: Respondent
02 Person 2: “My” 8b_rel / “TARGET’s” s12b_rel
03 Person 3: “My” 8c_rel / “TARGET’s” s12c_rel
04 Person 4: “My” 8d_rel / “TARGET’s” s12d_rel
05 Person 5: “My” 8e_rel / “TARGET’s” s12e_rel
06 Person 6: “My” 8f_rel / “TARGET’s” s12f_rel
07 Person 7: “My” 8g_rel / “TARGET’s” s12g_rel
08 Person 8: “My” 8h_rel / “TARGET’s” s12h_rel
09 Person 9: “My” 8i_rel / “TARGET’s” s12i_rel
10 Person 10: “My” 8j_rel / “TARGET’s” s12j_rel
11 WEB: Someone else not in the household /CATI:(DO NOT READ) Someone else not in the household
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF H3mb = 11 AND IF TARGET<=26 [S6 = < =26 OR S6(b-j) = < =26])
INSERT “your” IF S10 = 1; INSERT “TARGET’s” IF S10 = 2
H3ab. Is this through (your/TARGET’s) parent or guardian?  
(WEB SHOW / CATI READ IF NECESSARY: The health insurance bought directly by someone else?)

1 Yes  
2 No  
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know  
9 CATI ONLY (DO NOT READ) Refused  
X WEB: Blank  

(ASK IF H3a=13)  
(IF h3mb=1 (the insurer is the respondent), INSERT “Are you”; IF h3mb NE 1 (the insurer is not the respondent), INSERT “Is this person”)  

H3mba. Is (Is this person/Are you) employed?  

1 Yes  
2 No  
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know  
9 CATI ONLY (DO NOT READ) Refused  
X WEB: Blank  

(IF h3mb=1 (the insurer is the respondent), INSERT “your”; IF h3mb NE 1 (the insurer is not the respondent), INSERT “this person’s”)  

H3mbb. How many employees work for (this person’s/your) employer? (CATI: DO NOT READ LIST)  

01 Just one  
02 Between 2 and 10  
03 Between 11 and 25  
04 Between 26 and 50  
05 Between 51 and 100  
06 Between 101 and 200  
07 Between 201 and 500  
08 Between 501 and 1000  
09 Over 1000  
10 Not employed  
99 CATI ONLY: (DO NOT READ) Refused  
X WEB: Blank  

(ASK IF H3a = 12, 13)  

H3aa. Was (your/TARGET’s) health insurance coverage selected through Connect for Health Colorado, Colorado’s health insurance marketplace or exchange? (WEB SHOW/ CATI PROBE: Connect for Health Colorado offers only private health insurance and does not include Medicaid, also known as Health First Colorado.)  

1 Yes  
2 No  
3 (CATI:DO NOT READ) (I/TARGET) tried to sign up on Connect for Health Colorado, but wasn’t able to complete (my/their) application/got all the way to the end but then (I/they) had to sign up elsewhere /WEB Unable to complete or submit application through Connect for Health Colorado  
97 WEB: Other (CATI: specify/WEB: Please type your specific response here__________)  
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know  
9 CATI ONLY (DO NOT READ) Refused  
X WEB: Blank  

(ASK IF H3a = 98 OR 99 or blank)  
INSERT “you/your” IF S10 = 1; INSERT “they/their” IF S10 = 2
**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
8. WEB: Don't know/CATI: (DO NOT READ) Don't know
9. CATI ONLY (DO NOT READ) Refused

X WEB: Blank

(ASK IF H2 = 8 OR [H1g = 1 AND H1a-f, h-m NE 1]) OR IF H3a = 07) INSERT “your/you” IF S10 = 1; INSERT “TARGET’s/they” IF S10 = 2

**H3c.** In addition to the Indian Health Service, does anyone else pay for (your/TARGET’s) bills when (you/they) go to a doctor or hospital?

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X WEB: Blank

IF H3c = 2, 8, OR 9, READ:
INSERT “you do” IF S10 = 1; INSERT “TARGET does” IF S10 = 2

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. NOW GO TO H6

(ASK IF H3c = 1 OR H3b=1)

**H4.** And who is that? (CATI: DO NOT READ, ENTER ONE ONLY)

00. None/No insurance (IF NEEDED: For example, employer pays for bills, but not an insurance policy, family member pays out of pocket for any bills, other non-insurance payment source like a discount card.)
08. Medicaid, also known as Health First Colorado
01. COBRA
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, or TRICARE? (IF NECESSARY: TRICARE is formerly known as CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services, a health care program of the United States Department of Defense Military Health System.)
07. Indian Health Service
09. Child Health Plan Plus (CHP+ [Chip Plus])
**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, also known as Health First Colorado. Do (you/TARGET) fall into one of these two groups?

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

(CATI AND IF QH409a=2 READ
“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.” If H409a = 2 then code H409 = 2 IF RESPONDENT CONTINUES TO INSIST THAT S(HE)/TARGET HAS CHP+, KEEP AS YES (H409=1))

11. Student health plan (WEB SHOW/ CATI PROBE: A health insurance plan that is sponsored by a college or university)
12. Health insurance bought directly by (you / TARGET) (WEB SHOW/ CATI PROBE: For example, bought directly from Anthem, Kaiser, United or another company or bought through an insurance broker or Connect for Health Colorado, Colorado’s health insurance marketplace or exchange.)
13. Health insurance bought directly by someone else
14. Connect for Health Colorado
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 (CATI: specify/WEB: Please type your specific response here___________)
98. WEB SHOW: CATI (DO NOT READ) Don’t know
99. CATI ONLY: (DO NOT READ) Refused
X. WEB: Blank

IF H4 = 07 OR 15-18, READ:
INSERT “you do” IF S10 = 1; INSERT “TARGET does” IF S10 = 2
For purposes of this survey, we’ll assume (you do/TARGET does) not have insurance. NOW GO TO H6

(ASK IF H4=3)

**H4ab.** How many employees work for the employer that (you get/ TARGET gets) (your/his/her/their) insurance through? (CATI: DO NOT READ LIST)

01. Just one
02. Between 2 and 10
03. Between 11 and 25
04. Between 26 and 50
05. Between 51 and 100
06. Between 101 and 200
07. Between 201 and 500
08. Between 501 and 1000
09. Over 1000
10. Not employed
99. (CATI ONLY: (DO NOT READ) Refused
X. WEB: Blank
(ASK IF H4=13)

**H4mb.** Which person (do you/does TARGET) get (your/his/her/their) insurance through?
PN: DISPLAY ROSTER ON SCREEN SO INTERVIEWER CAN SELECT CORRECT PERSON

01 Person 1: Respondent
02 Person 2: “My” 8b_rel / “TARGET’s” s12b_rel
03 Person 3: “My” 8c_rel / “TARGET’s” s12c_rel
04 Person 4: “My” 8d_rel / “TARGET’s” s12d_rel
05 Person 5: “My” 8e_rel / “TARGET’s” s12e_rel
06 Person 6: “My” 8f_rel / “TARGET’s” s12f_rel
07 Person 7: “My” 8g_rel / “TARGET’s” s12g_rel
08 Person 8: “My” 8h_rel / “TARGET’s” s12h_rel
09 Person 9: “My” 8i_rel / “TARGET’s” s12i_rel
10 Person 10: “My” 8j_rel / “TARGET’s” s12j_rel
11 WEB: Someone else not in household/ CATI: (DO NOT READ) Someone else not in the household
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF H4mb =11 AND IF TARGET<=26 [S6 = <26 OR S6(b-j) = <26])

INSERT “your” IF S10 = 1; INSERT “TARGET’s” IF S10 = 2

**H4b.** Is this through (your/TARGET’s) parent or guardian?
(WEB SHOW/ CATI READ IF NECESSARY: The health insurance bought directly by someone else?)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF H4=13)

(If h4mb=1 (the insurer is the respondent), INSERT “Are you”; IF h4mb NE 1 (the insurer is not the respondent), INSERT “Is this person”)

**H4mba.** (Is this person/Are you) employed?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank
(ASK IF H4mba=1)
(If h4mb=1 (the insurer is the respondent), INSERT “your”; If h4mb NE 1 (the insurer is not the respondent), INSERT “this person’s”)

**H4mbb.** How many employees work for (this person’s/your) employer? (CATI: DO NOT READ LIST)

- 01 Just one
- 02 Between 2 and 10
- 03 Between 11 and 25
- 04 Between 26 and 50
- 05 Between 51 and 100
- 06 Between 101 and 200
- 07 Between 201 and 500
- 08 Between 501 and 1000
- 09 Over 1000
- 10 Not employed
- 99 CATI ONLY: (DO NOT READ) Refused
- X WEB: Blank

(ASK IF H4 = 12, 13)

**H4aa.** Was (your/TARGET’s) health insurance coverage selected through Connect for Health Colorado, Colorado’s health insurance marketplace or exchange? (WEB SHOW/ CATI PROBE: Connect for Health Colorado offers only private health insurance and does not include Medicaid, also known as Health First Colorado.)

- 1 Yes
- 2 No
- 3 CATI: (DO NOT READ) (I/TARGET) tried to sign up on Connect for Health Colorado, but wasn’t able to complete (my/their) application/got all the way to the end but then (I/they) had to sign up elsewhere
- 97 WEB: Other (CATI: specify/WEB: Please type your specific response here___________)
- 8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
- 9 CATI ONLY (DO NOT READ) Refused
- X WEB: Blank

**SETUP2**

PN: CREATE VARIABLES FOR INSURANCE STATUS to use in rest of survey

TINS =1 if TARGET insured (H1 b-f = 1 OR H1h-m = 1 OR H2 = 6,7,97 OR H3a = 01-06, 08-14 or H3a=97 OR H4=97 OR H4 = 01-06, 08-14)

TINS = 0 if TARGET not insured ([H1 = 2, D, OR R TO ALL AND H2 = 1-5,8 AND H3 = 2] OR [H3a = 15-18 OR H3c = 2, D, OR R OR H4 = 07 OR 15-18])

TESI = 1 IF TARGET HAS INSURANCE THROUGH OWN WORK OR UNION (H1b = 1 OR H3a = 02 OR H4 = 02)

(ASK IF S4>1)

**H5a2.** How many generations live in your household? (CATI probe/WEB show: A generation is a group of people born and living at about the same time.) Select one. Your best guess is fine.

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
- 9 CATI ONLY (DO NOT READ) Refused
Thinking about the other members of your household, are they all covered by some type of health insurance, just some are covered, or are none of them covered by health insurance?

1. All are covered
2. Some are covered
3. None are covered
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

Some people start the year without health insurance and then gain coverage through an employer, a public insurance program or they buy it themselves. Other people start the year with one insurance plan and decide to change plans during the course of the year.

[At any time – in the past 12 months – (have you/has TARGET) lost coverage, switched from one type of insurance coverage to another, or gained insurance coverage?]
[At any time since TARGET was born, has (he/she/they) lost coverage or switched from one type of insurance coverage to another, or gained insurance coverage?]

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

What type of coverage did (you/TARGET) have before?
CATI (INTERVIEWER NOTE: Naming an insurance company, like “Blue Cross” or “United Health Care” is not sufficient – PLEASE PROBE FOR TYPE OF COVERAGE)
WEB SHOW/CATI PROBE, IF NEEDED: What was (your/his/her/their) primary insurance?
CATI: DO NOT READ LIST. ENTER ONE ONLY.)

00. None/No insurance (IF NEEDED: For example, employer pays for bills, but not an insurance policy, family member pays out of pocket for any bills, other non-insurance payment source like a discount card.)
08. Medicaid, also known as Health First Colorado
01. COBRA
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, or TRICARE? (IF NECESSARY: TRICARE is formerly known as CHAMPUS, the Civilian Health and Medical Program of the United Services Department of Defense Military Health System.)
07. Indian Health Service
09. Child Health Plan Plus (CHP+ [Chip Plus])
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, also known as Health First Colorado. (Do you/Does TARGET) fall into one of these two groups?

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

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.

If H5b09a = 2,D,R then code H5b09 = 2, code H5a=2, and blank response at H5b. IF RESPONDENT CONTINUES TO INSIST THAT S(HE)/TARGET HAS CHP+, KEEP AS YES (H5b09=1)

11. Student health plan (WEB SHOW/CATI PROBE: A health insurance plan that is sponsored by a college or university)
12. Health insurance bought directly by (you/TARGET) (WEB SHOW/CATI PROBE: For example, bought directly from Anthem, Kaiser, United or another company or bought through an insurance broker or Connect for Health Colorado, Colorado’s health insurance marketplace or exchange. This would also include a Medicare supplement you bought directly.
13. Health insurance bought directly by someone else
15. Worker’s 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. WEB: Other CATI: specify/CATI: Please type your specific response here___________)
98. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
99. CATI ONLY: (DO NOT READ) Refused
X. WEB: Blank

Was (your/TARGET’s) health insurance coverage selected through Connect for Health Colorado, Colorado’s health insurance marketplace or exchange? (WEB SHOW/CATI PROBE: Connect for Health Colorado offers only private health insurance and does not include Medicaid, also known as Health First Colorado.)

1. Yes
2. No
3. (DO NOT READ) (I/TARGET) tried to sign up on Connect for Health Colorado, but wasn’t able to complete (my/their) application/got all the way to the end but then (I/they) had to sign up elsewhere /WEB Unable to complete or submit application through Connect for Health Colorado
97. WEB: Other CATI: specify/CATI: Please type your specific response here___________)
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank
(ASK IF TINS=1 AND TGAP_PREVINS=1)
INSERT "your" IF S10 = 1; INSERT "TARGET's" IF S10 = 2
H5c. What is the main reason (your/TARGET's) previous coverage ended or changed? (CATI: DO NOT READ LIST. ENTER ONE ONLY.)

01 Changed jobs/Job that provided coverage ended (SHOW ONLY FOR CATI: had to obtain coverage on my own)
02 My Employer stopped offering coverage, but still have job (SHOW ONLY FOR CATI: had to obtain coverage on my own)
03 Could no longer afford to buy health insurance
04 COBRA coverage ran out
05 No longer eligible under public insurance program
06 Never got around to reapplying for public insurance
07 Moved out of state/coverage area
08 No longer eligible for parents' policy (SHOW ONLY FOR CATI: had to obtain coverage on my own)
09 Employer changed coverage options, but still have job
10 Retired/on Medicare
11 Lost job/laid off/quit/on disability/unemployed
12 Found cheaper insurance
13 Became ineligible
14 Wanted to try another/switched
15 Employer offered coverage
16 Coverage/better coverage through spouse/other family member
17 Changed work status
18 Lifestyle change
97 Other (CATI: specify/WEB: Please type your specific response here___________)
98 WEB SHOW / CATI: (DO NOT READ) Don't know
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF TINS=1 AND TGAP_NOINS=1)
INSERT "you" IF S10 = 1; INSERT "TARGET" IF S10 = 2
H5e. Thinking back to the time (you/TARGET) got this current form of insurance, what was the main reason (you/TARGET) got coverage at this time? (CATI: DO NOT READ. ENTER ONE ONLY.)

01 Got a new job offering insurance
02 Family member got a new job with coverage
03 Became eligible for insurance through work
04 Became eligible for insurance through someone else’s work
05 Became eligible for public insurance/not eligible before
06 Applied for public insurance/knew already eligible
07 Could afford to buy health insurance/Received tax credit
08 Needed or wanted health insurance
09 Became sick
10 Employer changed coverage options, but still have job
11 Pre-existing condition no longer excluded/no longer a barrier to coverage
12 Did not want to pay the Obamacare tax penalty/the individual mandate
97 Other (CATI: specify/WEB: Please type your specific response here___________)
98 WEB SHOW / CATI: (DO NOT READ) Don't know
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank
(ASK IF TINS = 0 OR H5a = 1)
INSERT “were you” IF S10 = 1; INSERT “was TARGET” IF S10 = 2

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

__________ months (RANGE 1-12)
00 Less than 1 month
97 None
98 WEB SHOW:// CATI: (DO NOT READ) Don’t know
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF TINS = 0)
INSERT “you” IF S10 = 1; INSERT “TARGET” IF S10 = 2

H7. How long has it been since (you/TARGET) had any health insurance?
(PROBE FOR MONTHS IF LESS THAN 2 YEARS)
(IF LENGTH OF TIME EXCEEDS THE RESP/TARGET’S AGE, PROBE: “You said X (years/months), but you said that (you/TARGET) was [INSERT AGE FROM Sa2, S6, or S6(b-j)] years old. Is this correct?)

WEB: You may enter days and/or weeks

00 Less than 1 month
01 ANSWER GIVEN IN YEARS __________# (1-50) years
02 ANSWER GIVEN IN MONTHS__________# (1-24) months
97 NEVER HAD COVERAGE/Never had coverage
98 WEB SHOW: / CATI: (DO NOT READ) Don’t know
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF TINS=0 AND H7=00, 01, 02)
INSERT “were you” IF S10 = 1; INSERT “was TARGET” IF S10 = 2
PN: DISPLAY CODES 02,12 IF THE PERSON BEING ASKED ABOUT IS >17 YEARS OF AGE

H7a. What type of insurance (were you/was TARGET) covered by most recently?
(CATI INTERVIEWER NOTE: Naming an insurance company, like “Blue Cross” or “United Health Care” is not sufficient – PROBE FOR TYPE OF INSURANCE)
[WEB SHOW/CATI PROBE: What was your primary insurance? DO NOT READ. ENTER ONE ONLY.]

00 None/No insurance (IF NEEDED: For example, employer pays for bills, but not an insurance policy, family member pays out of pocket for any bills, other non-insurance payment source like a discount card.)
08 Medicaid, also known as Health First Colorado
01 COBRA
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, or TRICARE? (IF NECESSARY: TRICARE is formerly known as CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services, a health care program of the United States Department of Defense Military Health System.)
07 Indian Health Service
09 Child Health Plan Plus (CHP+ [Chip Plus])

INSERT “Do you” IF S10 = ; INSERT “Does TARGET” IF S10 = 2
H7a09a. 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, also known as Health First Colorado. (Do you/Does TARGET) fall into one of these two groups?

1  Yes
2  No
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank

(CATI AND IF QH7a09a=2
READ “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.” If H7a09a = 2 then code H7a09 = 2 IF RESPONDENT CONTINUES TO INSIST THAT S(HE)/TARGET HAS CHP+, KEEP AS YES (H7a09=1))

11 Student health plan (WEB SHOW/ CATI PROBE: A health insurance plan that is sponsored by a college or university)
12 Health insurance bought directly by (you / TARGET) (WEB SHOW/ CATI PROBE: For example, bought directly from Anthem, Kaiser, United or another company or bought through an insurance broker or Connect for Health Colorado, Colorado’s health insurance marketplace or exchange. This would also include a Medicare supplement you bought directly.
13 Health insurance bought directly by someone else
15 Worker’s 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 (CATI: specify/WEB: Please type your specific response here___________)
98 WEB SHOW/ CATI: (DO NOT READ) Don’t know
99 CATI ONLY: (DO NOT READ) Refused
X  WEB: Blank

(ASK IF H7a = 12 OR H7a = 13)

H7aa. Was (your/TARGET’s) health insurance coverage selected through Connect for Health Colorado, Colorado’s health insurance marketplace or exchange? (WEB SHOW/ CATI PROBE: Connect for Health Colorado offers only private health insurance and does not include Medicaid, also known as Health First Colorado.)

1  Yes
2  No
3  CATI: (DO NOT READ) (I/TARGET) tried to sign up on Connect for Health Colorado, but wasn’t able to complete (my/their) application/got all the way to the end but then (I/they) had to sign up elsewhere /WEB Unable to complete or submit application through Connect for Health Colorado
97 WEB: Other (CATI: specify/WEB: Please type your specific response here___________)
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank
(ASK IF TINS=0 AND H7=00, 01, 02)
INSERT “your” IF S10 = 1; INSERT “TARGET’s” IF S10 = 2
PN: DISPLAY CODE 01 IF TAGE = 18+ OR TAGE2 = 2

H7b. And what is the main reason (your/TARGET’s) coverage ended? (CATI DO NOT READ. ENTER ONE ONLY.)

   01 Lost job/laid off/quit/on disability/unemployed
   02 Employer stopped offering coverage, but still have job
   03 Could no longer afford to buy health insurance
   04 COBRA coverage ran out
   05 No longer eligible under public insurance program
   06 Never got around to reapplying for public insurance
   08 No longer eligible for parents’ policy
   09 Decided no longer needed or wanted insurance
   12 A family member’s job that provided coverage ended
   13 Never had health insurance
   15 Not offered by employer
   97 Other (CATI: specify/WEB: Please type your specific response here___________)
   98 WEB SHOW/ CATI (DO NOT READ) Don’t know
   99 CATI ONLY: (DO NOT READ) Refused
   X WEB: Blank

(ASK IF TINS = 0)
INSERT “you/ do” IF S10 = 1; INSERT “TARGET/ does” IF S10 = 2; (SCRAMBLE ITEMS)

H8.  CATI: I’m going to read a list of some other reasons that people sometimes give for why they don’t have health insurance. Please tell me if any of these are also reasons.
WEB: Next is a list of some other reasons that people sometimes give for why they don’t have health insurance. Please indicate if each is a reason that (you/TARGET) (do/does) not have health insurance. How about (INSERT)?

   1 Yes
   2 No
   8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
   9 CATI ONLY: (DO NOT READ) Refused
   X WEB: Blank

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 the Child Health Plan Plus (CHP+/CATI: CHIP-PLUS) or Medicaid, also known as Health First Colorado
e. Cost is too high
f. Don’t need insurance
g. Don’t know how to get insurance
h. Traded health insurance for another benefit or higher pay
i. Can’t get health insurance, have pre-existing condition
j. Some other reason (CATI: specify/WEB: Please type your specific response here___________)

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H8fa. When you say (you don’t/TARGET doesn’t) need health insurance, is this because (you/he/she) (INSERT)?

1  Yes
2  No
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank

a. Disagree(s) with Obamacare
b. (Are/is) in good health and do not expect that to change

H8fb. [Do you/Does TARGET] participate in a health care sharing ministry? This is also known as a faith-based health plan. (CATI Probe/WEB show: Health care sharing ministries include members that share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs.)

1  Yes
2  No
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank

EMPLOYMENT

INSTRUCTIONS FOR SEQUENCE E1 TO E14:
IF TAGE= 16-26: PROCEED THROUGH ROSTER FOR TARGET
IF TAGE>26: PROCEED THROUGH ROSTER FOR TARGET

EMPLOYMENT SECTION IS NOW ONLY ASKED OF TARGETS AGED 16 OR OLDER: ASK IF TAGE>=16

(ASK EVERYONE)

E1. (Are you /Is TARGET/Is your RELATIONSHIP FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j]) currently… (CATI: READ LIST. ENTER ONE ONLY)

0  Unable to work because of a disability
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
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
(ASK IF E1 = 1, 2, OR 3)
INSERT “Do you/your/you/work” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Does TARGET/their/he/works” IF PERSON ASKING ABOUT IS “TARGET” AND S7 = 1
INSERT “Does TARGET/their/she/works” IF PERSON ASKING ABOUT IS “TARGET” AND S7 = 2
INSERT “Does your RELATIONSHIP FROM S8(b-j)/AGE FROM S6(b-j)/GENDER FROM S7(b-j)/their/he/she “ IF OTHER
PERSON IN HOUSEHOLD

E4. How many hours per week (do you /does TARGET/(does your RELATIONSHIP FROM S8[b-j] [INSERT
AGE/GENDER FROM S6[b-j] AND S7 [b-j]) usually work at (your/their) main job?

WEB SHOW/ CATI IF NEEDED: By main job, (CATI: I /WEB: we) mean the one at which (you/he/she/they) usually
(work/works) the most hours.

__________ hours (ENTER # OF HOURS 1-100)
998 WEB SHOW:/ CATI (DO NOT READ) Don’t know
999 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF E1=1,2,3)
(If E1 =1, READ VERBIAGE IN PARENS)
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET”
INSERT “your RELATIONSHIP’s FROM S8(b-j) [INSERT AGE/GENDER FROM S6(b-j)]“ IF OTHER PERSON IN
HOUSEHOLD

E7. Counting all locations where this employer operates, are there more than 50 people working for
(your/TARGET’s/your RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j])
employer? (Including (yourself/TARGET/your RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-
]j] AND S7 [b-j]) are there more than 50 people working for this business?)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF E7 = 2)
INSERT “business” IF E1 = 1; OTHERWISE, INSERT “employer”
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET”
INSERT “your RELATIONSHIP’s FROM S8(b-j)/AGE FROM S6(b-j)/GENDER FROM S7(b-j)”“ IF OTHER PERSON IN
HOUSEHOLD

E8. Which category best represents the total number of persons who work for (your/TARGET’s your
RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j]) employer/business? (CATI
ONLY: Would it be…?)

1 Just one
2 Between 2 and 10
3 Between 11 and 25
4 Between 26 and 50
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF E7 = 1)
INSERT “business” IF E1 = 1; OTHERWISE, INSERT “employer”
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET”
INSERT “your RELATIONSHIP’s FROM S8(b-j)/AGE FROM S6(b-j)/GENDER FROM S7(b-j)” IF OTHER PERSON IN HOUSEHOLD

E9.  Which category best represents the total number of persons who work for (your/TARGET’s/ your RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j]) employer/business?  ? (CATI ONLY: Would it be…?)

1  Between 51 and 100
2  Between 101 and 200
3  Between 201 and 500
4  Between 501 and 1000
5  Over 1000
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank

(ASK IF TESI = 0 AND IF E1 = 2 OR 3 AND IF E10 = 1, 8, OR 9)
INSERT “Are you/your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Is TARGET/their” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “Is your RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j]) offered health insurance through (your/their) work?

WEB SHOW/CATI PROBE: Could (you/they) get health insurance through (your/their) work?

0  {NOT SHOWN IN CATI OR WEB: Autopunch Yes from H1}
1  Yes
2  No
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank

ACCESS, USE AND COST
(ASK EVERYONE)
INSERT “your/you/go/are” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s/goes/he/she/is/his/her/they/their” IF PERSON ASKING ABOUT IS “TARGET PERSON”

A1.  (CATI: My/WEB: The) 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/they) (are/is) sick or when (you/he/she/they) (need/needs) advice about (your/(his/her)/their) health?

1  Yes
2  No
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank

(ASK EVERYONE)
(If A1 = 2, 8 or 9 insert “If (you/TARGET) were to get sick or need a medical professional, where would (you/TARGET) go?”
A2. What kind of place is it? (CATI: READ LIST. ENTER ONE ONLY) Is it….?

1. A doctor’s office or private clinic
2. A community health center that offers a discounted fee
3. A retail clinic like Walmart
4. An emergency room
5. An emergency room not part of a hospital
6. An urgent care center
7. Or, some other place (CATI: specify/WEB: Please type your specific response here___________)
8. WEB SHOW/CATI (DO NOT READ) Doesn’t go to one place most often
9. WEB SHOW:/ CATI: (DO NOT READ) Don’t know
97. 99. CATI ONLY: (DO NOT READ) Refused
X. WEB: Blank

(ASK IF A1 = 2; OR (A1=1 AND A2=4))
(IF A1=1 AND A2=4, INSERT "For purposes of this survey, we do not consider an emergency room to be an appropriate regular place for health care.")

A2b. What is the main reason (you/TARGET) (do/does) not have a regular place that (you/he/she) goes for health care? (CATI: DO NOT READ)

1. Have not had any problems
2. No doctors take (my/her/his/their) insurance
3. No doctors speak (my/her/his/their) language
4. Doctor’s office is too far away
5. Doctor’s office is not convenient
6. Do not plan to see a doctor even when sick
7. Other (CATI: specify/WEB: Please type your specific response here___________)
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank
(ASK EVERYONE)

**A2d.** (Have you/Has TARGET) visited a health care professional or health care facility in the past 12 months? Please include any telemedicine visits, meaning visits [you/he/she/they] had over video or phone. (WEB SHOW/CATI IF NEEDED: this includes a telemedicine visit or an in-person visit to a doctor’s office, emergency room, urgent care facility, community or public health office or retail clinic, such as Walmart).

1  Yes
2  No
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY: (DO NOT READ) Refused
X  WEB: Blank

(ASK IF A2d = 1)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET”

**A3.** In the past 12 months, how many times did (you/ TARGET) receive care in an emergency room?
(WEB SHOW/CATI PROBE IF NEEDED: Your best guess is fine. ENTER ONE NUMBER ONLY. DO NOT ENTER A RANGE)

_________ # OF ER VISITS (RANGE 0-99)
998 WEB SHOW/ CATI (DO NOT READ) Don’t know
999 CATI ONLY: (DO NOT READ) Refused
X  WEB: Blank

RETIRE ITEM NUMBERS A3a and A3b.

(ASK IF A2d = 1)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET”
INSERT “or pediatrician” IF TAGE<18
(PN: DISPLAY VERBIAGE IN BRACKETS IF A3 > 0)

**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. This includes telemedicine visits. [Please do not include care (you/he/she/they) received when (you were/he was/she was/they were) in hospital emergency rooms.]
(WEB SHOW / CATI PROBE IF NEEDED: Your best guess is fine. ENTER ONE NUMBER ONLY. DO NOT ENTER A RANGE)

_________ Number of visits to general doctor (0-365)
998 WEB SHOW/ CATI (DO NOT READ) Don’t know
999 CATI ONLY: (DO NOT READ) Refused
X  WEB: Blank

(ASK IF A5 > 0)
(IF A5 = 1, INSERT “Was this visit”; IF A5 = 2+, INSERT “Were any of those visits”)

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

1  Yes
2  No
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY: (DO NOT READ) Refused
X  WEB: Blank

(ASK IF A5=0 OR A2d=2)
A5b. In the past 12 months, was there a time (you/TARGET/TARGET’S parent/guardian) tried to get general doctor care (IF TAGE=0-17: for TARGET)? (WEB SHOW/ CATI PROBE: A general doctor is a doctor (or pediatrician) in general practice, family medicine or internal medicine. Include telemedicine visits.)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF A5b=1 OR A5>0)

A5c. Thinking back to the last time (you/TARGET/ TARGET’S parent/guardian) tried to get general doctor care (IF TAGE=0-17L: for TARGET), about how long did (you/he/she/they) have to wait until the first available appointment that worked with your schedule?

(WEB SHOW/CATI READ: For the purposes of this survey, the number of days [you/TARGET] waited until the first available appointment should be the number of days between [your/TARGET’s] preferred appointment date and the date the provider was able to schedule your appointment.

(WEB SHOW/CATI PROBE: Your best guess is fine. Include telemedicine visits.)

(PROBE (But show/read if A2d=2): A general doctor is a doctor (or pediatrician) in general practice, family medicine or internal medicine. WEB: You may enter days and/or weeks.

_______ Number of days
_______ Number of weeks
0 Same day
1 Next day
997 Never received care
998 WEB SHOW / CATI: (DO NOT READ) Don’t know
999 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF A2d = 1)

INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET”

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/was) hospitalized overnight or in hospital emergency rooms. Please include any telemedicine visits (you/TARGET) had with a specialist.

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF A6=2 OR A2d=2)

A6a. In the past 12 months, was there a time (you/TARGET/ TARGET’S parent/guardian) tried to get specialist care (IF TAGE=0-17: for TARGET)?

(WEB SHOW/CATI PROBE: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

1 Yes
2 No
A6b. Thinking back to the last time (you/TARGET/ TARGET'S parent/guardian) tried to get specialist care (IF TAGE=0-17L: for TARGET), about how long did (you/he/she/they) have to wait until the first available appointment that worked with your schedule?

(Web show/CATI probe: Your best guess is fine. Include telemedicine appointments.) Web: You may enter days and/or weeks.

(Web show/CATI read: For the purposes of this survey, the number of days you waited until the first available appointment should be the number of days between your preferred appointment date and the date the provider was able to schedule your appointment.)

_______ Number of days  
_______ Number of weeks  
0 Same day  
1 Next day  
997 Never received care  
998 Web show: / CATI (do not read) Don’t know  
999 CATI only: (do not read) Refused  
X Web: Blank

Retire A6d, A6e, A6f. (These were the unfair treatment items in 2019 that were moved after the Substance Use section and revised as the Discrimination in Health Care series.)

(Ask everyone)

Insert “you” if person asking about is respondent; insert “TARGET” if person asking about is “TARGET”

A7. In the past 12 months, did (you/TARGET) see a dentist or a dental hygienist? (Please include any visits (you/TARGET) had over video/teledentistry).

1 Yes  
2 No  
8 Web: Don’t know/CATI: (do not read) Don’t know  
9 CATI only: (do not read) Refused  
X Web: Blank

(Ask everyone)

Insert “Do you” if person asking about is respondent; insert “Does TARGET” if person asking about is “TARGET”

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

1 Yes  
2 No  
8 Web: Don’t know/CATI: (do not read) Don’t know  
9 CATI only: (do not read) Refused  
X Web: Blank

(Ask everyone)
A7b. Overall, how would you rate the health of (your/TARGET’s) teeth and gums? (CATI ONLY: Would you say – excellent, very good, good, fair, or poor? (ENTER ONE ONLY))

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

CATI: Next, I’m going to read you a list of problems some people experience when they need dental care. WEB: Next is a list of problems some people experience when they need dental care.

(ASK EVERYONE)

FOR ITEM h INSERT “TARGET’s parent/guardian” IF TARGET IS <18

A7c. (CATI: Please tell me if/WEB: Please indicate if) (you/TARGET) did not get dental care (you/TARGET) needed because of these problems in the past 12 months. (INSERT).

SHOW FOR SUBSEQUENT SCREENS: Please indicate if (you/TARGET) did not get dental care (you/TARGET) needed because of these problems in the past 12 months. (INSERT).

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. The dental office or clinic was not accepting new patients.
b. There is not a dental office or clinic in your community.
c. (You/TARGET) was concerned about catching COVID-19.
d. The dental office or clinic was closed due to COVID-19.
e. (You/TARGET) did not have a way to get to a dentist’s office or clinic.
f. It was challenging to find a dentist or hygienist that (you/TARGET) could relate to.
g. (You were/TARGET was) afraid of pain from the procedures the dentist would perform.
h. (You/TARGET/TARGET’s parent or guardian) didn’t understand (your/TARGET’S) dental benefits.

(ASK EVERYONE)

A7d. In the past 12 months, (were/was) (you/TARGET) unable to fully participate in regular daily activities like school or work due to dental pain?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF A2d = 1)

A8. During the past 12 months, (have/has) (you/TARGET) had an appointment with a doctor, nurse, or other health professional by video or phone? This is also known as telemedicine.

1 Yes
A8a. What type of service or care did (you/TARGET) get during (your/TARGET’s) most recent telemedicine appointment? Choose the option that best describes the service.

1. Dental care
2. Mental health
3. Primary care (regular visit with a doctor, nurse practitioner, or physician assistant)
4. Physical therapy/occupational therapy/speech therapy
5. Specialist care (WEB SHOW/CATI PROBE: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)
6. Substance use treatment
7. Other: _____________

8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

(ASK if A8 = 1)

A8b. How did (you/TARGET) go to (your/their) most recent telemedicine appointment? Choose the option that best describes the service.

1. Telephone (audio only)
2. Video through a public app (Zoom, FaceTime, etc)
3. Video through a health care provider’s online portal or app
4. Online chat with the health care provider
5. Other: _____________

8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

(ASK if A8 = 1)

A8c. How would (you/TARGET/TARGET’s parent or guardian) rate the quality of care or the quality of the service that (you/TARGET) received on (your/their) most recent telemedicine appointment?

1. Much better than in-person care
2. Better than in-person care
3. About the same as in-person care
4. Worse than in-person care
5. Much worse than in-person care

8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

(ASK if A8 = 1)

ASK ITEMS c, d if A8b = 3 or 4.
ASK ITEM b if A8b = 1

A8d. Did (you/TARGET) have any of the following problems with (your/their) most recent telemedicine appointment? (CATI: READ AND RANDOMIZE)
1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

a. Internet connection was bad.
b. Phone connection was bad.
c. The health care provider’s portal or app did not suit (your/TARGET’s) needs.
d. The health care provider’s portal or app was difficult to use.
e. (You/TARGET) needed a translator or had translation problems.
f. (You/TARGET) did not have a private place to join from.
g. (You/TARGET/TARGET’s parent or guardian) ran out of phone minutes or data.
h. (You/TARGET) couldn’t hear the health care provider.
i. Other problem:

(Ask if A8 = 2)

A8e. Why (haven’t you/hasn’t TARGET) had a telemedicine visit in the past 12 months? Indicate whether each statement applies to (you/TARGET).

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

a. (You/TARGET) didn’t need health care.
b. (You/TARGET) would rather go in-person.
c. (Your/TARGET’s) health care needs could not be taken care of by phone or video. For example, (you/TARGET) needed stitches.
d. (You/TARGET) had internet issues (no access or unreliable access).
e. (You/TARGET/TARGET’s parent or guardian) did not have a computer, tablet, or smart phone.
f. (Your/TARGET’s) provider did not offer telemedicine visits.
g. (You/TARGET) could not get an appointment.
h. (You/TARGET/TARGET’s parent or guardian) (were/was) worried about the visit being confidential.
i. (You/TARGET) did not have a private place for a telemedicine visit.
j. (You/TARGET/TARGET’s parent or guardian) (were/was) worried about getting bad care.
k. (You/TARGET/TARGET’s parent or guardian) did not know how to use telemedicine services.
l. (You/TARGET/TARGET’s parent or guardian) (were/was) waiting for things to get back to normal.
m. (Your/TARGET’s) insurance did not cover telemedicine.
n. (You/TARGET/TARGET’s parent or guardian) (were/was) worried about the cost.
o. Other:

(Ask everybody.)

A8f. In the future, how likely (are you/is TARGET) to use telemedicine visits instead of in-person visits? (WEB SHOW/ CATI PROBE: Telemedicine refers to having an appointment with a doctor, nurse, or other health professional by video or phone.)

1. Extremely likely
2. Very likely
3. Somewhat likely
4. Not very likely
A8g. Why would (you/TARGET/TARGET’s PARENT OR GUARDIAN) consider using telemedicine instead of in-person visits? Indicate whether each statement applies to (you/TARGET).

1. Yes
2. No

b. Less worry about childcare.
c. Visits don’t require transportation.
d. Have to take less time off from school or work.
e. It’s easier.
f. Visit quality seems just as good.
g. It’s less expensive.
h. Other:

A8h. Why would (you/TARGET/TARGET’s Parent or Guardian) rather go to an in-person visit than use telemedicine? Indicate whether each statement applies to (you/TARGET).

1. Yes
2. No

a. (You prefer/TARGET prefers/TARGET’S PARENT OR GUARDIAN prefers) in-person care.
b. (Your/TARGET’s) needs can’t be taken care of by phone or video.
c. No internet access or unreliable access.
d. No computer, tablet, or smart phone.
e. Provider does not offer telemedicine visits.
f. Cannot get an appointment.
g. Worried the visit won’t be confidential.
h. No private place for a telemedicine visit.
i. Worried about getting bad care.
j. Not sure how to use telemedicine services.
k. Waiting for things to get back to normal.
l. Insurance doesn’t cover telemedicine.
m. Worried about the cost.
n. Other:

CULTURAL RESPONSIVENESS ITEM SUBSET

(ASK EVERYONE)
CR1. Does (your/TARGET’s) language, race, religion, ethnic background, culture, gender identity, sexual orientation, disability or other personal history, such as domestic violence or refugee status, make a difference in the kind of health care (you need/TARGET needs)?

1 Yes  
2 No  
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know  
9 CATI ONLY (DO NOT READ) Refused  
X WEB: Blank

(ASK IF CR1 = 1)  
CR2. Which of the following make a difference in the kind of health care (you need/TARGET needs)?

1 Yes  
2 No  
8 (DO NOT READ) Don’t know  
9 CATI ONLY: (DO NOT READ) Refused  
X WEB: Blank

a. Language other than English  
b. Race  
c. Religion  
d. Ethnic background or culture  
e. Gender identity  
f. Sexual orientation  
g. A disability or physical, mental, or cognitive condition  
h. Experience with violence or abuse (such as domestic violence)  
i. Experience with homelessness  
j. Asylum seeker or refugee status  
k. Other [specify]:

(ASK IF A2d = 1 AND CR1 = 1)  
CR3. In the last 12 months, have all of (your/TARGET’s) health care providers met those needs?

1 Yes  
2 No  
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know  
9 CATI ONLY (DO NOT READ) Refused  
X WEB: Blank

(ASK IF CR3 = 2)  
CR4. Thinking back to the health care providers who did not meet (your/TARGET’s) needs, did (your/TARGET’s) experience with them impact (your/TARGET’s) ability to get the care (you/TARGET) needed or the quality of care (you/TARGET) received?

1 Yes  
2 No  
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know  
9 CATI ONLY (DO NOT READ) Refused  
X WEB: Blank
(ASK EVERYONE)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET”
INSERT “Is your RELATIONSHIP’s FROM S8(b-j)/AGE FROM S6(b-j)/GENDER FROM S7(b-j)” IF OTHER PERSON IN HOUSEHOLD
FOR ITEM a INSERT “for TARGET” IF TAGE<18
(SCRAMBLE)
A9. Still thinking about the past 12 months, was there any time that (you/ TARGET/ TARGET’s parent/guardian RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j]] did (CATI: INSERT ITEM/WEB: each of the following) because of cost?
(CATI: How about (INSERT)? IF NECESSARY: Still thinking about the past 12 months, was there any time that (you/ TARGET/ RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j]] did (INSERT) because of cost?)
SHOW FOR SUBSEQUENT SCREENS: WEB: How about (INSERT ITEM) because of cost?
1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. Not fill a prescription for medicine (for him/her)
b. Not get general doctor care that (you/TARGET) needed
c. Not get specialist care that (you/TARGET) needed (WEB SHOW/CATI IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)
d. Not get dental care that (you/TARGET) needed

(ASK EVERYONE)
(INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT)
(INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET”)
(INSERT “Is your RELATIONSHIP’s FROM S8(b-j)/AGE FROM S6(b-j)/GENDER FROM S7(b-j)” IF OTHER PERSON IN HOUSEHOLD)
(FOR ITEMS a & b INSERT “for TARGET” IF TAGE<18)
(SCRAMBLE ITEMS IN SAME ORDER AS A9)
A9a. Still thinking about the past 12 months, was there any time that (you/ TARGET/ TARGET’s parent/guardian RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j]] did CATI: INSERT ITEM/WEB: each of the following) for a reason other than cost?
(CATI: How about (INSERT)? IF NECESSARY: Still thinking about the past 12 months, was there any time that (you/ TARGET/ RELATIONSHIP’s FROM S8[b-j] [INSERT AGE/GENDER FROM S6[b-j] AND S7 [b-j]] did (INSERT) for a reason other than cost?)
SHOW FOR SUBSEQUENT SCREENS: WEB: How about (INSERT ITEM) for a reason other than cost?
1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. Not fill a prescription for medicine (for him/her)
b. Not get general doctor care that (you/TARGET) needed
c. Not get specialist care that (you/TARGET) needed
   (WEB SHOW/CATI IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

d. Not get dental care that (you/TARGET) needed

(Ask if A9a = 1 or A9a(a) = 1).

A9a1. Did (your/TARGET’s) condition get worse as a result of not filling (your/TARGET’s) prescription?

   1 Yes, it got worse.
   2 No, it did not get worse.
   8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
   9 CATI ONLY (DO NOT READ) Refused
   X WEB: Blank

CATI: Next, I’m going to read you a list of problems some people experience when they need to get health care. WEB: Next is a list of problems some people experience when they need to get health care.

(ASK EVERYONE)
(ASK ITEM b if TINS=1)
(ASK ITEM e IF E1 = 1, 2 OR 3 AND TAGE>16 OR S6a1>1)
(ASK ITEM e1 IF TAGE < 16)
(ASK ITEM f IF TARGET HAS CHILD AGE 0-14)
INSERT “you have/you were/you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET has/TARGET was/he/she/they” IF PERSON ASKING ABOUT IS “TARGET”
FOR ITEMS a, b, c, d, e & g INSERT “TARGET’s parent/guardian” IF TARGET IS <18

A9b. (CATI: Please tell me if/WEB: Please indicate if ) (you have/TARGET has) had these problems in the past 12 months. (INSERT).
   (CATI IF NECESSARY: Please tell me if (you have/TARGET has) had these problems in the past 12 months. (INSERT).)
   SHOW FOR SUBSEQUENT SCREENS: Please indicate if (you have/TARGET has) had these problems in the past 12 months. (INSERT).

   1 Yes
   2 No
   8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
   9 CATI ONLY (DO NOT READ) Refused
   X WEB: Blank

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

(ASK IF A9ba=1)

a. Was that for general doctor care, specialty care, both or some other type of care?
   (WEB SHOW/CATI PROBE: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

   1 General Doctor Care
   2 Specialty Care
   3 Both
   4 Some Other Type of Care
   8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
b. (You were/TARGET was/TARGET’s parent/guardian was) told by a doctor’s office or clinic that they weren’t accepting patients with (your/TARGET’s) type of health insurance.

(ASK IF A9bb=1)
a. Was that for general doctor care, specialty care, both or some other type of care?

(WEB SHOW/CATI PROBE: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

1 General Doctor Care
2 Specialty Care
3 Both
4 Some Other Type of Care
8 WEB SHOW/ CATI (DO NOT READ) Don’t Know
9 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

c. (You were/TARGET was/TARGET’s parent/guardian was) told by a doctor’s office or clinic that they weren’t accepting new patients.

(ASK IF A9bc=1)
a. Was that for general doctor care, specialty care, both or some other type of care?

(WEB SHOW/CATI PROBE: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

1 General Doctor Care
2 Specialty Care
3 Both
4 Some Other Type of Care
8 WEB SHOW/ CATI (DO NOT READ) Don’t Know
9 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

d. (You/TARGET) had to go without health care because (you/TARGET) didn’t have a way to get to a doctor’s office or clinic.

(ASK IF A9bd=1)
a. Was that for general doctor care, specialty care, both or some other type of care?

(WEB SHOW/CATI PROBE: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

1 General Doctor Care
2 Specialty Care
3 Both
4 Some Other Type of Care
8 WEB SHOW/ CATI (DO NOT READ) Don’t Know
9 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

e. (You were/TARGET’s parent/guardian was) unable to make an appointment because (you/they) could not take off from work.
e1. TARGET’s parent/guardian was unable to make an appointment because (they) could not take off work to take TARGET.

f. (You were/TARGET was/TARGET’s parent or guardian) unable to schedule an appointment because (you/he/she/they) could not find childcare.

g. (You/TARGET/TARGET’s parent/guardian) skipped getting care because (you were//they were) concerned about unfair treatment or consequences.

h. (You/TARGET) went without health care because (you/TARGET/TARGET’s parent or guardian) could not find a health care provider who spoke (your/their) language.

(ASK EVERYONE)

INSERT “you/were you/your” when respondent is TARGET and TARGET’s TFAM_COUNT= 1

INSERT “your family/were they/their” when respondent is TARGET and TARGET’s TFAM_COUNT> 1

INSERT “TARGET/was he/was she/were they/his/her/their” when TARGET is not respondent and TARGET’s TFAM_COUNT=1

INSERT “TARGET’s FAMILY”/were they/their when TARGET is not respondent and TARGET’s TFAM_COUNT> 1

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

Please only include household members considered to be family.

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF A11 = 1)

INSERT “you/your” IF PERSON ASKING ABOUT IS RESPONDENT

INSERT “TARGET/his/her/their” IF PERSON ASKING ABOUT IS “TARGET PERSON”

INSERT “TARGET’s parent/guardian/their” IF TAGE <18 or TARGAGERF=1

A11a. (CATI: Now I’m going to list/Web: Next is a list of) some situations that might result from having expensive medical bills. Please (CATI: tell me/Web: indicate) “yes” or “no” for whether each statement applies to (you/TARGET).

(CATI: Because of these medical bills (INSERT)?)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. Did anyone in (your/his/her/their) immediate family add hours at a current job or take another job to help cover the cost of health care

b. (Were you/Was TARGET/Was TARGET’s parent/guardian) unable to pay for basic necessities like food, heat, or rent

c. Did (you/TARGET/TARGET’s parent/guardian) take on credit card debt

d. Did (you/TARGET/TARGET’s parent/guardian) take out a loan

e. Did (you/TARGET/TARGET’s parent/guardian) cut back on savings or take money out of savings

f. Did (you/TARGET/TARGET’s parent/guardian) declare bankruptcy

(ASK EVERYONE)
**A12.** In the last 12 months, (have you/has TARGET/has TARGET’s parent/guardian) been surprised by a medical bill (you/TARGET/they) had to pay that (you/he/she/they) thought would be covered by (your/his/her/their) health insurance?

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

(ASK EVERYONE)

**A13.** In the last 12 months, did (you/TARGET) ever eat less than (you/he/she/TARGET’s parent/guardian) felt (you/he/she) should because there wasn’t enough money for food?

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

(Ask if TARGET is age 16 or over [employment age].)

**A14.** Have (you/TARGET) experienced any of the following as a result of COVID-19?

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

a. Switched to working from home
b. Had reduced hours/income
c. Continued work as an essential worker
d. Struggled to pay for basic necessities
e. Lost job
f. Struggled to pay rent/mortgage
g. Had a decline in physical health
h. Had a decline in mental health, such as anxiety, depression, loneliness
i. Was treated unfairly due to race/ethnicity
j. Had at least one household member who attended school remotely.
k. Other challenges (specify):

(Ask A15 if TARGET is a parent/guardian of a child age 17 or younger OR if TARGET is a child).

**A15.** In the past 12 months, was there a time when (you/TARGET/TARGET’s parent or guardian) could not find childcare when (you/they) needed it for a week or longer?

1. Yes
2. No
3. Not applicable — childcare not needed.
A15a. What is the main reason (you were/TARGET was/TARGET’s parent or guardian was) unable to find childcare at that time?

1. Couldn’t afford any childcare
2. Childcare was closed due to COVID-19.
3. Could not find a provider with a space.
4. The hours and/or location did not work.
5. Could not afford the quality of childcare (you/they) wanted.
6. Could not find the quality of childcare (you/they) wanted.
7. Other reason (specify):
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X WEB: Blank

HEALTH STATUS
My next questions are about (your/TARGET’s) health.

(ASK EVERYONE)
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET”
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
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK EVERYONE)
INSERT “Do you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Does TARGET/his/her/their IF PERSON ASKING ABOUT IS “TARGET”
HS3. (Do you/Does TARGET) have any difficulty performing daily activities because of any physical, mental, or emotional condition? (Prompt: This includes things like bathing, climbing stairs, or doing errands alone.)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

RETIRE HS2.

HS4. Do (you/TARGET) currently take any prescription medicine or not?
1 Yes, take
2 No, do not take
8 WEB: Don't know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(Ask if HS4 = 1)

**HS4a.** In general, how easy or difficult is it for (you/TARGET/TARGET’S parent or guardian) to afford to pay the cost of (your/TARGET’s) prescription medicine?

1 Very easy
2 Somewhat easy
3 Somewhat difficult
4 Very difficult
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

RETIRE AD1 AND AD2.

**MENTAL HEALTH**

(ASK MH1-MH4 IF TAGE = 5 OR MORE OR TAGE2 = 2)

Next, I am going to ask you a few questions about mental health, which includes stress, depression, and problems with emotions.

(ASK IF TAGE > 4 OR TAGE2 = 1 OR 2)

INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET”

(INTERVIEWER NOTE: MENTAL HEALTH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS) [WEB SHOW: Mental health includes stress, depression, and problems with emotions.]

**MH1.** How many days during the past 30 days was (your/TARGET’S) mental health not good?

[WEB SHOW/ CATI PROBE: *Your best guest is fine*]

__________ NUMBER OF DAYS (0-30)
98 WEB SHOW/ CATI (DO NOT READ) Don’t know
99 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

(ASK IF TAGE > 4 OR TAGE2 = 1 OR 2)

(IF TAGE<18, use wording: “During the past 12 months, did you or (TARGET) see or talk to any of the following health care providers about (their) own mental health?”)

**MH1a.** During the past 12 months, did (you/TARGET) see or talk to any of the following health care providers about (your/their) own mental health?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. A general doctor or primary care provider
b. A psychiatrist, psychologist, psychiatric nurse, clinical social worker, or other provider who specializes in mental health or substance use treatment

(Ask if MH1a(b) = 1).

MH1a1. Was this the first time (you/TARGET) used mental health or substance use services? [CATI: PROBE/WEB: SHOW:] Consider any mental health or substance use services.

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

(Ask if MH1a(b) = 1)

MH1a2. Using any number from 0 to 10, where 0 is the worst mental health care possible and 10 is the best mental health care possible, what number would (you/TARGET/TARGET’s parent or guardian) use to rate all (your/their) mental health care in the last 12 months? (Select one number.) [CATI: PROBE/WEB: SHOW:] Consider any mental health or substance use services.

0. 0 Worst mental health care possible
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10 Best mental health care possible
998. WEB: Don’t know/CATI: (DO NOT READ): Don’t know
999. CATI ONLY (DO NOT READ) Refused
X. Blank

(Ask if MH1a(b) = 1)

MH1a3. In the last 12 months, how often (were you/ was TARGET/ was TARGET’s parent or guardian) involved as much as (you/they) wanted in (your/TARGET’s) mental health care? (Select one.) [CATI: PROBE/WEB: SHOW:] Consider any mental health or substance use services.

1. Never
2. Sometimes
3. Usually
4. Always
8. WEB: Don’t know/CATI: (DO NOT READ): Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. Blank

(Ask if MH1a(b) = 1)

MH1a4. In the last 12 months, how often did (you/TARGET) feel that the staff respectfully engaged with (you/TARGET/TARGET’s parent or guardian) in (his/her/their) treatment? (Select one.) [CATI: PROBE/WEB: SHOW:] Consider any mental health or substance use services.

1. Never
MH2. During the past 12 months, was there a time when (you/TARGET) needed mental health care or counseling services but did not get it at that time?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

CATI: I’m going to read you some reasons people have for not getting mental health care even when they think they might need it.
WEB: Next are some reasons people have for not getting mental health care even when they think they might need it.

(ASK IF MH2 = 1)
(ASK ITEM e IF TINS = 1 OR [TINS=0 AND H6 = 0-11]
(ASK ITEM f IF TINS = 0 OR TGAP_NOINS = 1)

MH3. (CATI: Please tell me WEB: Please indicate) “yes” or “no” for whether each statement applies to why (you/TARGET) did not see a professional during the past 12 months.

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. (You were/TARGET was/TARGET’s parents/guardian was) concerned about the cost of treatment
b. (You/TARGET/TARGET’s parents/guardian) did not feel comfortable talking with a health professional about (your/his/her/TARGET’s) personal problems
c. (You were/TARGET was/TARGET’s parents/guardian was) concerned about what would happen if someone found out (you/he/she/they/TARGET) had a problem
d. (You/TARGET/TARGET’s parents/guardian) had a hard time getting an appointment
e. (You/TARGET/TARGET’s parents/guardian) did not think (your/his/her/TARGET’s) health insurance would cover it
f. (You/TARGET/TARGET’s parents/guardian) did not seek an appointment because (you were/TARGET was) uninsured

(ASK IF TAGE >4 OR TAGE2 = 1 OR 2)
MH4. (Do you/Does TARGET/Does TARGET’s parent or guardian) anticipate (you/they/TARGET) will need mental health or substance use services in the next 12 months?
SUBSTANCE USE
(READ/SHOW TO IF TAGE>18)
The following questions are about alcohol and drug use. As a reminder, this survey is voluntary. You have a right to
decline, skip any question, or stop the survey at any time. Your answers are confidential and will be combined with
those of other respondents.

(ASK IF TAGE>=18 or TAGE2=2)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET”
SU1. During the past 12 months, was there a time when (you/TARGET) needed treatment or counseling for alcohol
or drug use but did not get it at that time?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF SU1 = 1)
(ASK ITEM e IF TINS = 1 OR [TINS=0 AND H6 = 0-11])
INSERT “you/your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET/his/her/he/she/they” IF PERSON ASKING ABOUT IS “TARGET”
SU2. (CATI: I’m going to read you/WEB: Next are) some reasons people have for not getting treatment or
counseling for alcohol or drug use even when they think they might need it.
(CATI: Please tell me/WEB: Please indicate) “yes” or “no” for whether each statement applies to why
(you/TARGET) did not see a professional during the past 12 months.

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. (You were/TARGET was/TARGET’s parents/guardian was) concerned about the cost of treatment
b. (You/TARGET/TARGET’s parents/guardian) did not feel comfortable talking with a health professional
   about (your/his/her/their/TARGET’s) personal problems
c. (You were/TARGET was/TARGET’s parents/guardian was) concerned about what would happen if
   someone found out (you/he/she/they/TARGET) had a problem
d. (You/TARGET/TARGET’s parents/guardian) had a hard time getting an appointment
e. (You/TARGET/TARGET’s parents/guardian) did not think (your/his/her/their/TARGET’s) health insurance
   would cover it

RETIRE ITEM NUMBERS SU3 and SU5.

DISCRIMINATION IN HEALTH CARE
(ASK IF S10 = 1 AND TAGE>=18. DHC1 – DHC3 are asked only if target is the adult responding to the survey.)

**DHC1.** In the last 12 months when seeking health care, did you feel you were treated with less respect or received services that were not as good as what other people get?

1. Yes
2. No
8. (DO NOT READ) Don’t know
9. CATI ONLY: (DO NOT READ) Refused

(ASK IF DHC1 = 1)

**DHC2.** (CATI: Please tell me which/Web: Which) of the following do you think are reasons why you were treated with less respect? Was it because of… (CATI: READ AND RANDOMIZE A-L)

1. Yes
2. No
8. (DO NOT READ) Don’t know
9. CATI ONLY: (DO NOT READ) Refused
X. WEB: Blank

a. Language other than English
b. Race
c. Religion
d. Ethnic background or culture
e. Gender or gender identity
f. Sexual orientation
g. A disability or physical, mental, or cognitive condition
h. Experience with violence or abuse (such as domestic violence)
i. Experience with homelessness
j. Asylum seeker or refugee status
k. Age
l. Income or financial situation
m. Other [specify]: ______

(ASK if DHC1 = 1)

**DHC3.** Who do you feel did not treat you with respect? Was it… (CATI: READ AND RANDOMIZE A-H.)

1. Yes
2. No
8. (DO NOT READ) Don’t know
9. CATI ONLY: (DO NOT READ) Refused
X. WEB: Blank

a. A doctor, nurse practitioner, or physician’s assistant
b. A psychologist, therapist, psychiatric nurse, clinical social worker, or other provider who specializes in mental health,
c. A nurse, medical assistant, or other clinical staff
d. Staff at the front desk
e. The billing department
f. Your insurance provider
h. Someone else (Please type your specific response)

RETIRE ITEM NUMBERS HR1 AND HR2.

BACKGROUND
CATI: Now, I’d like to ask a few questions to help us describe the people who participated in our survey.
WEB: Now, we’d like to ask a few questions to help us describe the people who participated in our survey.

(ASK EVERYONE)
INSERT “Are you” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET”

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

1. Yes
2. No, not of Hispanic origin
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

(ASK if D1 = 1)

D1a. Please indicate how (you identify/TARGET identifies) or represent (yourself/themselves).

1. Yes
2. No
8. WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9. CATI ONLY (DO NOT READ) Refused
X. WEB: Blank

a. Mexican/Mexican American
b. Chicano
c. Central American (El Salvador, Guatemala, Honduras, Nicaragua, Panama, etc.)
d. South American (Chile, Colombia, Ecuador, Peru, Venezuela, etc.)
e. Caribbean (Cuba, Dominican Republic)
f. LatinX
g. Spanish-American (from Spain)
h. Something else (Specify: __________)

(ASK ITEM 4 IF HISPANIC D1 = 1)
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET”

D3. Which one or more of the following would you use to describe (yourself/TARGET)? Would you describe (yourself/TARGET) as…

You may select more than one.
CATI: READ LIST. ENTER ALL THAT APPLY

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Hispanic/Latino
5. Middle Eastern or North Africa
6 Native Hawaiian or Other Pacific Islander
7 White
97 Some other race (CATI: specify/WEB: Please type your specific response here___________)
8 (DO NOT READ) Don’t know
9 CATI ONLY: (DO NOT READ) Refused
X WEB: Blank

RETIRE D2.
(ASK Item D3a if D3 = 2)
D3a. You said Asian, which group best represents (your/TARGET’S) heritage or ancestry? (CATI: READ LIST. ENTER ALL THAT APPLY) (WEB: You may select more than one.)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. Bangladeshi
b. Burmese
c. Cambodian
d. Chinese
e. Filipino
f. Hmong
g. Indian (India)
h. Indonesian
i. Japanese
j. Korean
k. Laotian
l. Malaysian
m. Pakistani
n. Sri Lankan
o. Taiwanese
p. Thai
q. Vietnamese
r. Something else? (Please specify what other group best represents your Asian heritage or ancestry:_________)

(Ask Item D3b if D3 = 6).
D3b. You said Native Hawaiian or Other Pacific Islander, which group best represents (your/TARGET’S) heritage or ancestry? (Check all that apply).

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

a. Native Hawaiian
b. Guamanian or Chamorro
c. Samoan
d. Something else? (Please specify what other group best represents (your/TARGET’s) Pacific Islander heritage or ancestry:_________)  

(Ask Item D3c if D3 = 3)  

D3c. You said Black or African American, which group best represents (your/TARGET’S) Black heritage or ancestry? (Check all that apply.)  

1 Yes  
2 No  
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know  
9 CATI ONLY (DO NOT READ) Refused  
X WEB: Blank  

a. African American  
b. Afro-Latino  
c. Caribbean or West Indian  
d. A recent immigrant or the child of recent immigrants from Africa  
e. Something else? (Please specify what other group best represents (your/TARGET’s) Black or African American heritage or ancestry:_________)  

(Ask Item D3d if D3 = 5)  

D3d. You said Middle Eastern or North African, which group best represents (your/TARGET’S) Middle Eastern or North African heritage or ancestry? (Check all that apply.)  

1 Yes  
2 No  
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know  
9 CATI ONLY (DO NOT READ) Refused  
X WEB: Blank  

a) Algeria  
b) Bahrain  
c) Djibouti  
d) Egypt  
e) Gaza  
f) Iran  
g) Iraq  
h) Israel  
i) Jordan  
j) Kuwait  
k) Lebanon  
l) Libya  
m) Mauritania  
n) Morocco  
o) Oman  
p) Qatar  
q) Saudi Arabia  
r) Sudan  
s) Syria  
t) Tunisia  
u) United Arab Emirates  
v) West Bank  
w) Yemen
x) Something else? (Please specify what other group best represents your Middle Eastern or North African heritage or ancestry:_________) 

(ASK EVERYONE)

D6. (Do you /does TARGET/does RELATIONSHIP’s FROM S8{b-j} [INSERT AGE/GENDER FROM S6{b-j} AND S7 {b-j}]) speak a language other than English at home?

1  Yes
2  No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF D6 = 1)

D7. What language is this? Select all that apply

1  Spanish
2  Russian
3  Vietnamese
4  Japanese
5  Chinese
6  French
7  Other
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF CATI INBOUND and OUTBOUND)

INT1. Do you use the internet, at least occasionally?

1  Yes
2  No
8  (DO NOT READ) Don’t Know
9  (DO NOT READ) Refused

(ASK IF INT1=2,8,9):  

INT3. Do you access the internet on a cell phone, tablet or other mobile handheld device, at least occasionally?

1  Yes
2  No
8  (DO NOT READ) Don’t Know
9  (DO NOT READ) Refused

(ASK EVERYONE)

D10. Is this residence…?

1  Owned by or being bought by you (IF S4 > 1, add “or someone in your household”)
2  Rented for cash
3  Occupied without payment of rent
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X WEB: Blank
D11. (Are you/Is TARGET/Is TARGET's parent/guardian) worried that in the next 2 months, (you/TARGET) may not have stable housing?

1  Yes
2  No
8  WEB SHOW/CATI: (DO NOT READ) Don't know
9  CATI ONLY: (DO NOT READ) Refused
X  WEB: Blank

S9. What is the highest level of school (you have/TARGET has) completed or the highest degree (you have/TARGET has) received? (CATI: DO NOT READ. ENTER ONE ONLY)

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 occupational 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)
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank

S11. Have you/Has TARGET ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

1  Yes
2  No
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank
like you to think back to 2020. During 2020, did you receive any income from wages or salary?

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

ASK EVERYONE

IN3. Thinking about all the different sources of income (you/ your) (and [your/ your’s) immediate family) received in 2020, what was the combined total income from all sources before taxes and other deductions? Your best estimate is fine.

$__________ (RECORD AMOUNT)

-8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
-9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

ASK IF IN3 = -8 OR -9

IN3a. Was it under (INSERT AMT5 FOR FAMILY SIZE) or was it (INSERT AMT5 FOR FAMILY SIZE) or more? (WEB SHOW/ CATI PROBE IF NEEDED: Your best estimate is fine.)

1 Under (INSERT AMT5)
2 (INSERT AMT5) or more
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

ASK IF IN3a = 1

IN4. (CATI: Now, just stop me when I get to the right category). Was (your/ your) total (family) income…? (IF NEEDED: The computer gives me different income values for the question depending on the size of your family). (WEB SHOW/ CATI PROBE IF NEEDED: Your best estimate is fine) (CATI: READ LIST. ENTER ONE ONLY)

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)
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

ASK IF IN3a = 2

IN3b. Was it under (INSERT AMT5 FOR FAMILY SIZE) or was it (INSERT AMT5 FOR FAMILY SIZE) or more? (WEB SHOW/ CATI PROBE IF NEEDED: Your best estimate is fine) (CATI: READ LIST. ENTER ONE ONLY)
INSERT “family” IF FAM_COUNT > 1

IN5.  {CATI: Now, just stop me when I get to the right category.) Was (your/TARGET’S) total (family) income …? (IF NEEDED: The computer gives me different income values for the question depending on the size of your family). (WEB SHOW/ CATI PROBE IF NEEDED: Your best estimate is fine) (CATI: READ LIST. ENTER ONE ONLY)

2 (INSERT AMT5 to under (INSERT AMT6)
3 (INSERT AMT6 to under (INSERT AMT7)
4 (INSERT AMT7 to under (INSERT AMT8)
5 (INSERT AMT8 to under (INSERT AMT9)
6 (INSERT AMT9) or more
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK EVERYONE)
INSERT “you/your” IF PERSON ASKING ABOUT IS RESPONDENT; S10 = 1
INSERT “TARGET/TARGET’s” IF PERSON ASKING ABOUT IS “TARGET”; S10<>1
INSERT “immediate family” IF FAM_COUNT > 1

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? Your best estimate is fine.

$__________ (RECORD AMOUNT)
-8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
-9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

(ASK IF IN6 = -8 OR -9)

IN6a. Was it under (INSERT AMT5a FOR FAMILY SIZE) or was it (INSERT AMT5a FOR FAMILY SIZE) or more? (WEB SHOW/ CATI PROBE IF NEEDED: Your best estimate is fine.)

1 Under (INSERT AMT5a)
2 (INSERT AMT5a) or more
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank (ASK IF IN6a = 1)

INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET” INSERT “family” IF FAM_COUNT > 1

IN7.  {CATI: Now, just stop me when I get to the right category.) Was (your/ TARGET’S) total (family) income…? (CATI IF NEEDED: The computer gives me different income values for the question depending on the size of your family). (WEB SHOW/ CATI: PROBE IF NEEDED: Your best estimate is fine) (CATI: READ LIST. ENTER ONE ONLY)

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)
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank
(ASK IF IN6a = 2)
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT; INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET”
INSERT “family” IF FAM_COUNT > 1

IN8.  {CATI: Now, just stop me when I get to the right category.}  Was (your/ TARGET’S) total (family) income …?
(CATI IF NEEDED: The computer gives me different income values for the question depending on the size of
your family).  (WEB SHOW/ CATI PROBE IF NEEDED: Your best estimate is fine) (CATI: READ LIST.  ENTER ONE
ONLY)

2  (INSERT AMT5a) to under (INSERT AMT6a)
3  (INSERT AMT6a) to under (INSERT AMT7a)
4  (INSERT AMT7a) to under (INSERT AMT8a)
5  (INSERT AMT8a) to under (INSERT AMT9a)
6  (INSERT AMT9a) or more
8  WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9  CATI ONLY (DO NOT READ) Refused
X  WEB: Blank

2020 ANNUAL Poverty Guidelines (48 Contiguous States and D.C.)

<table>
<thead>
<tr>
<th>Persons in Household /Family Size</th>
<th>AMT1</th>
<th>AMT2</th>
<th>AMT3</th>
<th>AMT4</th>
<th>AMT5</th>
<th>AMT6</th>
<th>AMT7</th>
<th>AMT8</th>
<th>AMT9</th>
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<td>159,240</td>
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For each additional person, add $4,480 to the 100% column.
### 2021 MONTHLY Poverty Guidelines (48 Contiguous States and D.C.)

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<th>Persons in Household /Family Size</th>
<th>AMT1A</th>
<th>AMT2A</th>
<th>AMT3A</th>
<th>AMT4A</th>
<th>AMT5A</th>
<th>AMT6A</th>
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</table>

For each additional person, add $378 to the 100% column.

### (ASK EVERYONE)

**ZIP.** What is your zip code?

- 

  (ENTER ZIP CODE)

  99999 CATI ONLY: (DO NOT READ) Refused

  X WEB: Blank

### (ASK LANDLINE OR WEB)

**COUNTY.** Just to make sure that we speak with people throughout the state, (CATI: can you please tell me/WEB: please indicate) what county you live in? (WEB PROGRAMMER NOTE: SHOW COUNTIES.)

- 

  (ENTER COUNTY NAME)

  98 (DO NOT READ) Don’t know

  99 CATI ONLY: (DO NOT READ) Refused

  X WEB: Blank

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<th>FIPS</th>
<th>COUNTY</th>
<th>FIPS</th>
<th>COUNTY</th>
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SO1. Research has shown that some sexual minority community members face challenges accessing health care. We are collecting information about sexual orientation to learn whether this is true in Colorado. Remember, your answers are confidential.

How do you identify your sexual orientation?
IF NEEDED: If respondent asks for explanation of terms used in question:
Gay or Lesbian—A person who is primarily attracted to people of the same sex.
Straight—A person who is primarily attracted to people of the opposite sex.
Bisexual—A person who is attracted to people of either sex.

[INTERVIEWER CODING NOTE: If respondent replies that they are “homosexual,” please code with “gay or lesbian”. If respondent replies that they are “heterosexual,” please code with “straight”.]

1 Straight, that is, not lesbian or gay (heterosexual)
2 Gay or Lesbian (homosexual)
3 Bisexual
4 Other/Different sexual orientation (Pansexual, Asexual, or Other Orientation)
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

SO2. Do you identify as transgender? (READ/SOCHEW As a reminder, your answers are confidential and will be combined with those of other respondents.)
(CATI PROBE/WEB SHOW: Some people describe themselves as transgender when they have a gender identity that is different than the sex they were assigned at birth. An example of a transgender person is a person who was assigned male at birth and currently identifies as a female.)

1 Yes
2 No
8 WEB: Don’t know/CATI: (DO NOT READ) Don’t know
9 CATI ONLY (DO NOT READ) Refused
X WEB: Blank

THANK_YOU. That was our last question. Thank you again for your time and effort in helping with this survey.

To speak with someone about this survey, please call NORC at the University of Chicago at 888-326-9412. For questions about your rights as a survey participant, please call the NORC Institutional Review Board Manager toll-free at 866-309-0542.

Please click here to see resources available to you regarding topics mentioned during this survey.