

2010 COMMUNITY HEALTH STATUS SURVEY
FIELD VERSION, 08-14-10

INSTITUTE FOR POLICY RESEARCH

August 2010

- I. INTRODUCTION: “Hello, this is _____ calling from the University of Cincinnati. I am conducting an ANONYMOUS study about health issues in your area in order to improve quality of healthcare. Approximately 3000 adults from Greater Cincinnati will participate in this research study and I'd really appreciate your help and cooperation. In order to determine who to interview in your household, I need to speak to the adult 18 or older -- including yourself -- who had the most recent birthday. Would that be yourself or is it someone else?”

IF PERSON IS HESITANT, NOT INTERESTED, ETC:

- This is strictly a public opinion study, there are no right or wrong answers.
- We are interested in your opinions and experiences. If there are any questions you feel you cannot answer, we can skip them.
- This is your opportunity to give your opinions on what you like or dislike about your community and how to improve your community.
- All information collected from the respondent is kept strictly confidential.
- You can call collect to speak with the Director of the survey. Dr. Eric Rademacher can be reached at (513) 556-5028.

A. (IF RESPONDENT) -- “Then you're the one I want to talk to.”
SKIP TO QUESTIONNAIRE

B. (IF SOMEONE ELSE) -- “May I speak to that person?”

(IF RESPONDENT IS NOT HOME) ASK -- “Could you suggest a convenient time for me to call back when I might be able to reach him/her?” GIVE SHIFT TIMES IF NECESSARY. GET FIRST NAME OF RESPONDENT.

C. (DON'T KNOW ALL BIRTHDAYS, ONLY SOME) ASK -- “Of the ones that you do know, who had the most recent birthday?”

IF RESPONDENT, INTERVIEW THAT PERSON. SKIP TO QUESTIONNAIRE.

IF SOMEONE ELSE, FOLLOW SAME PROCEDURE AS B.

D. DON'T KNOW ANY BIRTHDAYS OTHER THAN OWN. “Then you're the one I want to talk to.”
SKIP TO QUESTIONNAIRE.

CELL PHONE/INTRODUCTION SCREENER (Continued)

CELL PHONE INTRODUCTION: "Hello, this is _____ calling from the University of Cincinnati. I am conducting an ANONYMOUS study about health issues in your area in order to improve quality of healthcare. Approximately 3000 adults from Greater Cincinnati will participate in this research study and I'd really appreciate your help and cooperation.

I know I am calling you on a cell phone. If you qualify and complete an interview taking approximately 20 minutes, you will receive a \$10 [] gift card as a small token of our appreciation for your time. This is not a sales call.

IF PERSON IS HESITANT, NOT INTERESTED, ETC:

- This is strictly a public opinion study; there are no right or wrong answers.
- We are interested in your opinions and experiences. If there are any questions you feel you cannot answer, we can skip them.
- This is your opportunity to give your opinions on what you like or dislike about your community and how to improve your community.
- All information collected from the respondent is kept strictly confidential.
- You can call collect to speak with the Director of the survey. Dr. Eric Rademacher can be reached at (513) 556-5028.

SCREEN: "Now thinking about your telephone use... Is there at least one telephone INSIDE your home that is currently working and IS NOT a cell phone?"

- 1 Yes home telephone (TERMINATE: "Thank you very much, but we are only interviewing people that DO NOT have telephones inside their home.")
- 2 No, home telephone (SKIP TO SCREEN1)

SCREEN 1: "We realize that we are contacting people on their cell phones. Your safety is important to me. Are you driving a car or operating another motor vehicle right now?"

- 1 Yes (SKIP TO CBACK)
- 2 No/Don't Know/Refused (SKIPTO SCREEN2)

SCREEN 2: "Are you in a location where talking on the phone could jeopardize your safety or confidentiality?"

- 1 Yes (SKIP TO CBACK)
- 2 No/Don't Know/Refused (SKIP TO SCREEN3)

SCREEN 3: "Thank you, are you 18 years of age or older?"

- 1 Yes (SKIP TO SCREEN4)
- 2 No/Don't Know/Refused (TERMINATE: "Thank you very much, but we are only interviewing people age 18 and older.")

CELL PHONE/INTRODUCTION SCREENER (Continued)

SCREEN 4: “And are you a resident of Ohio, Kentucky or Indiana?”

- 1 OHIO (SKIP TO SCREEN 4A)
- 2 KENTUCKY (SKIP TO SCREEN 4B)
- 3 INDIANA (SKIP TO SCREEN 4C)

9 NO/DON’T KNOW/REFUSED(TERMINATE: “Thank you very much, but we are only interviewing people who are residents of Ohio, Kentucky or Indiana).

SCREEN 4A: “In what county do you live?”

- | | | |
|-----------------|-----------------|-----------------|
| 1. HAMILTON, OH | 4. BUTLER, OH | 7. HIGHLAND, OH |
| 2. ADAMS, OH | 5. CLERMONT, OH | 8. WARREN, OH |
| 3. BROWN, OH | 6. CLINTON, OH | |

- 96. NAMED OTHER COUNTY
- 99. DON’T KNOW/ NA/REFUSED

(TERMINATE: “Thank you very much, but we are only interviewing in certain counties in the Greater Cincinnati area. Thank you for your cooperation. Goodbye.”)

(SKIP TO QUESTIONNAIRE)

SCREEN 4B: “In what county do you live?”

- | | | |
|-----------------|-----------------|------------------|
| 1. BOONE, KY | 4. CARROLL, KY | 7. KENTON, KY |
| 2. BRACKEN, KY | 5. GALLATIN, KY | 8. OWEN, KY |
| 3. CAMPBELL, KY | 6. GRANT, KY | 9. PENDELTON, KY |

- 96. NAMED OTHER COUNTY
- 99. DON’T KNOW/ NA/REFUSED

(TERMINATE: “Thank you very much, but we are only interviewing in certain counties in the Greater Cincinnati area. Thank you for your cooperation. Goodbye.”)

(SKIP TO QUESTIONNAIRE)

SCREEN 4B: “In what county do you live?”

- | | | |
|-----------------|---------------|--------------------|
| 1. DEARBORN, IN | 3. OHIO, IN | 5. SWITZERLAND, IN |
| 2. FRANKLIN, IN | 4. RIPLEY, IN | |

- 96. NAMED OTHER COUNTY
- 99. DON’T KNOW/ NA/REFUSED

(TERMINATE: “Thank you very much, but we are only interviewing in certain counties in the Greater Cincinnati area. Thank you for your cooperation. Goodbye.”)

CBACK: (IF RESPONDENT CANNOT CONDUCT INTERVIEW AT THIS TIME) READ/ASK –
“Thank you. We will contact you at another time. Can I just have your first name so I know who to call back?”

[SKIP TO Q 5]

LANDLINE PHONE QUESTIONNAIRE STARTS HERE

Q 1. “And are you a resident of Ohio, Kentucky or Indiana?”

- 1 OHIO (SKIP TO Q 2)
- 2 KENTUCKY (SKIP TO Q 3)
- 3 INDIANA (SKIP TO Q 4)

9 NO/DON'T KNOW/REFUSED (TERMINATE: “Thank you very much, but we are only interviewing people who are residents of Ohio, Kentucky or Indiana).

Q 2. “In what county do you live?”

- | | | |
|-----------------|-----------------|-----------------|
| 1. HAMILTON, OH | 4. BUTLER, OH | 7. HIGHLAND, OH |
| 2. ADAMS, OH | 5. CLERMONT, OH | 8. WARREN, OH |
| 3. BROWN, OH | 6. CLINTON, OH | |

96. NAMED OTHER COUNTY	→	(TERMINATE: “Thank you very much, but we are only interviewing in certain counties in the Greater Cincinnati area. Thank you for your cooperation. Goodbye.”
99. DON'T KNOW/ NA/REFUSED	→	

[SKIP TO Q 5]

Q 3. “In what county do you live?”

- | | | |
|-----------------|-----------------|------------------|
| 1. BOONE, KY | 4. CARROLL, KY | 7. KENTON, KY |
| 2. BRACKEN, KY | 5. GALLATIN, KY | 8. OWEN, KY |
| 3. CAMPBELL, KY | 6. GRANT, KY | 9. PENDELTON, KY |

96. NAMED OTHER COUNTY	→	(TERMINATE: “Thank you very much, but we are only interviewing in certain counties in the Greater Cincinnati area. Thank you for your cooperation. Goodbye.”
99. DON'T KNOW/ NA/REFUSED	→	

[SKIP TO Q 5]

Q 4. “In what county do you live?”

- | | | |
|-----------------|---------------|--------------------|
| 1. DEARBORN, IN | 3. OHIO, IN | 5. SWITZERLAND, IN |
| 2. FRANKLIN, IN | 4. RIPLEY, IN | |

96. NAMED OTHER COUNTY	→	(TERMINATE: “Thank you very much, but we are only interviewing in certain counties in the Greater Cincinnati area. Thank you for your cooperation. Goodbye.”
99. DON'T KNOW/ NA/REFUSED	→	

[SKIP TO Q 5]

“The first questions are about your health . . . “

Q 5. “In general, would you say your health is . . . (READ 1 THRU 5)

1. excellent,
2. very good,
3. good,
4. fair, or
5. poor?”

8. DON’T KNOW (**PROBE: “Generally speaking . . . “**)
9. NA/REFUSED

Q 6. “The following questions are about activities you might do during a typical day. Does your health now limit you in these activities . . . what about . . . (READ a AND b) . . . does your health limit you in this activity? If so, how much . . . a little or a lot?”

	YES, LIMITED <u>A LOT</u>	YES, LIMITED <u>A LITTLE</u>	NO, NOT LIMITED <u>AT ALL</u>	REFUSED/ <u>DK</u>	<u>NA</u>
a. “Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf”	1	2	3	8	9
b. “Climbing several flights of stairs”	1	2	3	8	9

[PROBE DON’T KNOW: “In general . . . “]

Q 7. “During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health. What about . . .

	<u>YES</u>	<u>NO</u>	<u>DK</u>	NA/ <u>REFUSED</u>
a. accomplished less than you would like?”	1	2	8	9
b. During the past 4 weeks were you limited in the kind of work you do or other activities as a result of physical health?”	1	2	8	9

[PROBE DON’T KNOW: “In general . . . “]

Q 8. “During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems, such as feeling depressed or anxious? What about ...

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NA/ REFUSED</u>
a. accomplished less than you would like?”	1	2	8	9
b. During the past 4 weeks, did you not do work or other activities as carefully as usual as a result of any emotional problems?”	1	2	8	9

[PROBE DON'T KNOW: “In general . . . “]

Q 9. “During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework . . . (READ 1 TO 5)

1. not at all,
2. a little bit,
3. moderately,
4. quite a bit, or
5. extremely?”

8. DON'T KNOW (PROBE: “In general . . .”)

9. NA/REFUSED

Q 10. “These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.”

“First, how much of the time during the past 4 weeks ... (READ a TO c) ... all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?”

	<u>ALL OF THE TIME</u>	<u>MOST OF THE TIME</u>	<u>A GOOD BIT OF THE TIME</u>	<u>SOME OF THE TIME</u>	<u>A LITTLE OF THE TIME</u>	<u>NONE OF THE TIME</u>	<u>DK</u>	<u>NA/REF</u>
a. Have you felt calm & peaceful.	1	2	3	4	5	6	8	9
b. Did you have a lot of energy.	1	2	3	4	5	6	8	9
c. Have you felt downhearted and blue.	1	2	3	4	5	6	8	9

[PROBE DON'T KNOW: “In general . . . “]

Q 11. "During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities such as visiting friends or relatives . . . (READ 1 TO 6)

1. all of the time,
2. most of the time,
3. a good bit of the time,
4. some of the time,
5. a little of the time, or
6. none of the time?"

8. DON'T KNOW (PROBE: "In general . . .")

9. NA/REFUSED

Q 12. "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

___ (RECORD EXACT NUMBER OF DAYS -- E.G., 2)

97. NONE

98. DON'T KNOW (PROBE: "Approximately. . .")

99. NA/REFUSED

Q 13. "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

___ (RECORD EXACT NUMBER OF DAYS -- E.G., 2)

97. NONE

98. DON'T KNOW (PROBE: "Approximately. . .")

99. NA/REFUSED

Q 14. "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

___ (RECORD EXACT NUMBER OF DAYS -- E.G., 2)

97. NONE

98. DON'T KNOW (PROBE: "Approximately. . .")

99. NA/REFUSED

“Next . . .”

Q 15. “About how long has it been since you personally last visited a health care professional for a routine checkup . . . was it . . . (READ 1 TO 6)

1. in the past 1 year,
2. in the past 2 years,
3. in the past 3 years,
4. in the past 5 years,
5. more than 5 years ago, or
6. never?”

8. DON’T KNOW/NOT SURE (PROBE: “Approximately. . .”)
9. NA/REFUSED

Q 16. “Is there one particular clinic, health center, doctor’s office, or other place that you usually go to if you are sick or need advice about your health?”

1. YES
2. NO (**SKIP TO Q 18**)

8. DON’T KNOW/NOT SURE (**PROBE: REREAD QUESTION**) (**SKIP TO Q 18**)
9. NA/REFUSED (**SKIP TO Q 18**)

Q 17. “When you are sick or need advice about your health, to which one of the following places do you usually go . . . Would you say . . . (READ NUMBERS 1 TO 7)

1. a private doctor's office other than a public health clinic or community-based health center,
2. a community-based health center or public health clinic,
3. a clinic at a retail store,
4. a hospital outpatient department,
5. a hospital emergency room,
6. urgent care center, or
7. some other kind of place?”

97. NO USUAL PLACE (Volunteered)
98. DON’T KNOW (**PROBE: “Generally speaking . . .”**)
99. NA/REFUSED
0. INAP

Q 18. “Do you have some form of reliable transportation if you or a loved one need to go to the doctor or the pharmacy?”

1. YES
2. NO

8. DON’T KNOW/NOT SURE (**PROBE: REREAD QUESTION**)
9. NA/REFUSED

Q 19. “DURING THE PAST 12 MONTHS, how many times, if any did you use a DOCTOR or nurse’s services at a retail store such as KROGER, WALMART, WALGREENS or another pharmacy like CVS?

[IF NECESSARY: “Your best estimate is fine.”]

_____ RECORD NUMBER OF TIMES

- 997. NONE
- 998. DON’T KNOW
- 999. NA/REFUSED

Q 20. “Has a doctor or other health care provider ever told you that you had any of the following conditions?

Has a doctor or other health care provider ever told you that you had . . . (READ A to J)

		YES	NO	DON’T KNOW	NA/REFUSED
A	Asthma	1	2	8	9
B	Cancer (If yes: “Specify type of cancer?”) _____ (RECORD VERBATIM)	1	2	8	9
C	Chronic lung disease (including chronic bronchitis or emphysema)	1	2	8	9
D	Diabetes	1	2	8	9
E	Heart trouble or angina	1	2	8	9
F	High blood pressure or Hypertension	1	2	8	9
G	High cholesterol or Triglycerides	1	2	8	9
H	A stroke	1	2	8	9
I	Severe allergies	1	2	8	9
J	Depression	1	2	8	9

[PROBE DON’T KNOW: REREAD QUESTION]

“Next ...”

Q 21. “How would you describe the condition of your mouth and teeth, including false teeth and dentures?
Would you say . . . (READ 1 TO 4)

- 1. very good,
- 2. good,
- 3. fair, or
- 4. poor?”

- 8. DON’T KNOW (**PROBE: “Generally speaking . . .”**)
- 9. NA/REFUSED

Q 22. "In the past 12 months, was there a time when you thought that you needed dental care but did not get it, or delayed getting it?"

1. YES
2. NO

8. DON'T KNOW/NOT SURE (**PROBE: REREAD QUESTION**)
9. NA/REFUSED

Q 23. "At the present time, would you say your eyesight, with glasses or contact lenses if you wear them, is (READ 1 TO 4)

1. very good,
2. good,
3. fair, or
4. poor?"

8. DON'T KNOW (**PROBE: "Generally speaking . . ."**)
9. NA/REFUSED

Q 24. "When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light."

1. WITHIN THE PAST MONTH (anytime less than 1 month ago)
2. WITHIN THE PAST YEAR (1 month but less than 12 months ago)
3. WITHIN THE PAST TWO YEARS (1 year but less than 2 years ago)
4. MORE THAN 2 YEARS AGO
5. NEVER

8. DON'T KNOW (PROBE: REREAD QUESTION)
9. NA/REFUSED

"And, on another topic . . ."

Q 25. "About how tall are you without shoes?"

(NO FRACTIONS)

(ROUND 1/2 AND 3/4 UP)

|____| FEET |____|____| INCHES

998. DON'T KNOW/NOT SURE (**PROBE: "Approximately . . ."**)

999. NA/REFUSED

Q 26. "About how much do you weigh without shoes?"

(NO FRACTIONS)

(ROUND 1/2 AND 3/4 UP)

|____|____|____| POUNDS

998. DON'T KNOW/NOT SURE (**PROBE: "Approximately . . ."**)

999. NA/REFUSED

“Next ...”

Q 27. “Have you smoked at least 100 cigarettes in your entire life?”

1. YES
2. NO (**SKIP TO Q 29**)

8. DON'T KNOW/NOT SURE (**PROBE: “In general . . .”**) (**SKIP TO Q 29**)
9. NA/REFUSED (**SKIP TO Q 29**)

Q 28. “Do you now smoke cigarettes everyday, some days, or not at all?”

1. EVERYDAY
2. SOME DAYS
3. NOT AT ALL

8. DON'T KNOW/NOT SURE (**PROBE: REREAD QUESTION**)
9. NA/REFUSED
0. INAP

“On another subject ...”

Q 29. “During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?”

1. YES
2. NO (**SKIP TO Q 36**)

8. DON'T KNOW/NOT SURE (**SKIP TO Q 36**)
9. NA/REFUSED (**SKIP TO Q 36**)

Q 30. “During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?”

1. Days Per Week (RECORD NUMBER Days Per Week)
2. Days Per Month (RECORD NUMBER OF Days Per Month)

7. NEVER (**SKIP TO Q 36**)
8. DON'T KNOW/NOT SURE (**SKIP TO Q 36**)
9. NA/REFUSED (**SKIP TO Q 36**)
0. INAP

Q 31. “One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?”

Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

__ Number of drinks

998. DON'T KNOW/NOT SURE
999. NA/REFUSED
0. INAP

Q 32. RECORD SEX OF RESPONDENT

1. MALE (**SKIP TO Q 33**)
2. FEMALE (**SKIP TO Q 34**)
0. INAP

[PROMPT: “For scientific purposes, I need you to please verbally indicate your sex?”]

Q 33. “Considering all types of alcoholic beverages, how many times during the past 30 days did you have **5** or more drinks on an occasion?”

__ Number of times

997. NONE
998. DON’T KNOW/NOT SURE
999. NA/REFUSED
0. INAP

[SKIP TO Q 35]

Q 34. “Considering all types of alcoholic beverages, how many times during the past 30 days did you have **4** or more drinks on an occasion?”

__ Number of times

997. NONE
998. DON’T KNOW/NOT SURE
999. NA/REFUSED
0. INAP

Q 35. “During the past 30 days, how many times, if any, have you driven when you’ve had perhaps too much to drink?”

__ Number of times

997. NONE
998. DON’T KNOW/NOT SURE
999. NA/REFUSED
0. INAP

“On another topic ...”

Q 36. “Have you ever used a prescription pain killer, like Vicodin, OxyContin or Percocet, when you didn’t need it to control pain, just to feel good?”

1. YES
2. NO (**SKIP TO Q 38**)
7. DON’T KNOW/NOT SURE (**DO NOT PROBE**) (**SKIP TO Q 38**)
9. NA/REFUSED (**SKIP TO Q 38**)

Q 37. “During the past 30 days, how many times did you use a prescription pain killer, like Vicodin, OxyContin, or Percocet, when you didn’t need it to control pain, just to feel good?”

_____ RECORD NUMBER OF TIMES

997. NONE
998. DON’T KNOW (**DO NOT PROBE**)
999. NA/REFUSED
0. INAP

Q 38. “Have you ever used an over-the-counter drug like cold medicine, sleeping pills or stay awake pills, when you didn’t need it, just to feel good?”

1. YES
2. NO (**SKIP TO Q 40**)

8. DON’T KNOW/NOT SURE (**DO NOT PROBE**) (**SKIP TO Q 40**)
9. REFUSED (**SKIP TO Q 40**)

Q 39. “During the past 30 days, how many times did you use an over-the-counter drug, like cold medicine, sleeping pills or stay awake pills to when you didn’t need it, just to feel good?”

_____ RECORD NUMBER OF TIMES

997. NONE
998. DON’T KNOW (**DO NOT PROBE**)
999. NA/REFUSED
0. INAP

Q 40. “Last week . . . were you working full-time, part-time, going to school, keeping house, or what?”

(SELECT ONE CODE ONLY. IF MORE THAN ONE RESPONSE, GIVE PREFERENCE TO SMALLEST [LOWEST] CODE NUMBER THAT APPLIES.)

1. WORKING FULL-TIME (**SKIP TO Q 41**)
2. WORKING PART-TIME (**SKIP TO Q 41**)
3. WITH A JOB BUT NOT AT WORK BECAUSE OF TEMPORARY ILLNESS, VACATION, STRIKE (**SKIP TO Q 41**)
4. UNEMPLOYED, LAID OFF, LOOKING FOR WORK)(**SKIP TO Q 42**)
5. DISABLED, TOO ILL TO WORK (PERMANENT)) (**SKIP TO Q 42**)
6. RETIRED (**SKIP TO Q 42**)
7. IN SCHOOL (**SKIP TO Q 42**)
8. KEEPING HOUSE (**SKIP TO Q 42**)
9. NA/REFUSED (**SKIPTO Q 49**)

“On another topic . . .”

“The next questions are about physical activities (exercises, sports, physically active hobbies . . .) that you may do in your LEISURE time. We are interested in two types of physical activity - moderate and vigorous. MODERATE activities cause small increases in breathing or heart rate while VIGOROUS activities cause large increases in breathing or heart rate.

Q 41. “Now, thinking about the MODERATE activities you do in a usual week “**when you are not working**” . . . do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?”

1. YES (**SKIPTO Q 43**)
2. NO (**SKIPTO Q 45**)

7. UNABLE TO DO THIS ACTIVITY (**VOLUNTEERED**) (**SKIPTO Q 45**)
8. DON’T KNOW (**PROBE: “Approximately. . .”**) (**SKIPTO Q 45**)
9. NA/REFUSED (**SKIPTO Q 45**)
0. INAP

Q 42. “Now, thinking about the MODERATE activities you do in a usual week ... do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?”

1. YES
2. NO (**SKIPTO Q 45**)

7. UNABLE TO DO THIS ACTIVITY (VOLUNTEERED) (**SKIPTO Q 45**)
8. DON'T KNOW (**PROBE: “Approximately. . .”**) (**SKIPTO Q 45**)
9. NA/REFUSED (**SKIPTO Q 45**)
0. INAP

Q 43. “How many days per week do you do these MODERATE activities for at least 10 minutes?”

—
: : (**CODE EXACT NUMBER OF DAYS -- E.G., 2**)
:_:

8. DON'T KNOW (**PROBE: “Approximately. . .”**) (**SKIPTO Q 45**)
9. NA/REFUSED (**SKIPTO Q 45**)
0. INAP

Q 44. “On days when you do MODERATE activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?”

[**INTERVIEWER: CONVERT TO MINUTES; E.G. 1 Hour = 60 Minutes**]

— —
: : : (**CODE EXACT NUMBER OF MINUTES -- E.G., 120**)
:_: _:

998. DON'T KNOW (**PROBE: “Approximately. . .”**)
999. NA/REFUSED
0. INAP

[**IF Q40 EQ 1,2,3 ASK Q 45; IF Q40 EQ 4,5,6,7,8 ASK Q 46**]

Q 45. “Now, thinking about the VIGOROUS activities you do in a usual week “**when you are not working**” ..., do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?”

1. YES (**SKIP TO Q 47**)
2. NO (**SKIP TO Q 49**)

7. UNABLE TO DO THIS ACTIVITY (VOLUNTEERED) (**SKIP TO Q 49**)
8. DON'T KNOW (**PROBE: “Approximately. . .”**) (**SKIP TO Q 49**)
9. NA/REFUSED (**SKIP TO Q 49**)
0. INAP

Q 46. “Now, thinking about the VIGOROUS activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?”

1. YES
2. NO (**SKIP TO Q 49**)

7. UNABLE TO DO THIS ACTIVITY (VOLUNTEERED) (**SKIP TO Q 49**)
8. DON'T KNOW (**PROBE: “Approximately. . .”**) (**SKIP TO Q 49**)
9. NA/REFUSED (**SKIP TO Q 49**)

0. INAP

Q 47. "How many days per week do you do these VIGOROUS activities for at least 10 minutes?"

—
: : (CODE EXACT NUMBER OF DAYS -- E.G., 2)
:_:

8. DON'T KNOW (PROBE: "Approximately. . .") (SKIP TO Q 49)

9. NA/REFUSED (SKIP TO Q 49)

0. INAP

Q 48. "On days when you do VIGOROUS activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?"

[INTERVIEWER: CONVERT TO MINUTES; E.G. 1 Hour = 60 Minutes]

— —
: : : (CODE EXACT NUMBER OF MINUTES -- E.G., 120)
:_: _:

998. DON'T KNOW (PROBE: "Approximately. . .")

999. NA/REFUSED

0. INAP

Q 49. "Now please tell me if you agree or disagree with the following statement . . . There are sidewalks or shoulders on streets in my community that allow for safe walking, jogging, or biking . . . do you agree or disagree?"

(IF AGREE:) "Do you agree strongly or just somewhat?"

(IF DISAGREE:) "Do you disagree strongly or just somewhat?"

(IF DON'T KNOW:) "Do you lean toward agreeing or disagreeing?"

1. STRONGLY AGREE

2. SOMEWHAT AGREE

3. LEAN TOWARD AGREE

4. LEAN TOWARD DISAGREE

5. DISAGREE SOMEWHAT

6. STRONGLY DISAGREE

8. DON'T KNOW (PROBE)

9. NA/REFUSED

"These next questions are about the foods you usually eat. Please include all foods *you* eat, both at home and away from home."

Q 50. "A serving of vegetables is a half cup of any vegetable (not including potatoes) or 1 cup of salad greens. In the past week, how many servings of vegetables did you eat, on average, daily?"

1. Average Daily Servings (RECORD NUMBER OF SERVINGS)

997. NEVER

998. DON'T KNOW/NOT SURE

999. NA/REFUSED

Q 51. “A serving of fruit is defined as a half a cup of sliced fruit or one medium piece of fruit. In the past week, how many servings of fruit did you eat, on average, daily?”

1. Average Daily Servings (RECORD NUMBER OF SERVINGS)

997. NEVER

998. DON'T KNOW/NOT SURE

999. NA/REFUSED

Q 52. “The next question is about eating fast food, including when you eat at the fast food restaurants, go through the drive-thru, carry-out or have it delivered. How often do you eat fast food?”

(If asked..”For example, McDonalds™, Kentucky Fried Chicken™, Pizza Hut™, Subway™, and Taco Bell™ . You may include other fast food restaurants when answering the questions. These are just examples.)

1. PER DAY (RECORD NUMBER OF TIMES)

2. PER WEEK (RECORD NUMBER OF TIMES)

3. PER MONTH (RECORD NUMBER OF TIMES)

4. PER YEAR (RECORD NUMBER OF TIMES)

7. NEVER

8. DON'T KNOW/NOT SURE

9. NA/REFUSED

“Next, I would like to ask you some questions about health insurance.”

“First . . .”

Q 53. “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?”

1. YES (**SKIP TO Q 55**)

2. NO

8. DON'T KNOW (PROBE: REREAD QUESTION)

9. NA/REFUSED (**SKIP TO Q 55**)

Q 54. “Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE or Champ-VA and the Indian Health Service. Health insurance may also include the federal subsidy program known as COBRA, a health insurance law that allows an employee who leaves a company to continue to be covered under a company's health plan.”

“Keeping this in mind, are you currently covered by health insurance or some other type of health care plan?”

1. YES

2. NO (**SKIP TO Q 60**)

8. DON'T KNOW (PROBE: REREAD QUESTION) (**SKIP TO Q 60**)

9. NA/REFUSED (**SKIP TO Q 60**)

0. INAP

Q 55. “Which type of health insurance do you now have? Is it ... (READ NUMBERS 1 TO 7)

1. a plan through your employer,
2. a plan through your spouse's employer,
3. a plan you purchased yourself,

4. MEDICARE, the insurance program for people over 65 and some people with disabilities, including **MEDICARE ADVANTAGE, where Medicare buys private insurance for you**

5. MEDICAID, the insurance program for people with lower incomes, children and some people with disabilities, **(SKIP TO Q 59)**

6. both MEDICARE AND MEDICAID, or **(SKIP TO Q 59)**

7. do you get your health insurance from somewhere else?”
[RECORD VERBATIM RESPONSE] _____

8. DON'T KNOW (PROBE: REREAD QUESTION)
9. NA/REFUSED
0. INAP

[INTERVIEWER NOTE: IF RESPONDENT NAMES MORE THAN ONE SOURCE OF INSURANCE, ENTER RESPONSE CHOICE '7' AND TYPE IN SOURCES OF INSURANCE VERBATIM]

[INTERVIEWER NOTE Kentucky: MEDICAID includes KY Health Choices, Global Choices, Family Choices, Optimum Choices, Comprehensive Choices, PASSPORT and Medicaid waiver programs.

[INTERVIEWER NOTE Ohio]: MEDICAID also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and Spenddown Medicaid. Medicaid waiver programs include Passport, Choices Waiver, Individual Options or IO, Ohio Home Care Waiver, Level One and Transition Waiver.]

[NOTE: SKIP TO Q56, Q57, Q58 -- Depending on Respondent State]

Q 56. **(FOR KENTUCKY)** “Are you covered by MEDICAID, the government assistance program that includes Kentucky Health Choices, PASSPORT or Medicaid waiver programs?”

(IF RESPONDENT IS UNSURE ABOUT THE MEANING OF ‘COVERED’: “Are you enrolled in the program now?” Or “Are you eligible to receive benefits now?”)

1. YES
2. NO

8. DON'T KNOW (PROBE: REREAD QUESTION)
9. NA/REFUSED
0. INAP

Q 57. **(FOR OHIO)** “Are you covered by MEDICAID, the state insurance assistance program that includes Healthy Families, Healthy Start; Disability Assistance; or Medicaid waiver programs?”

[IF ASKED, READ: Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, Spenddown Medicaid, and MBI WD. Medicaid waiver programs include Passport, Choices Waiver, Level One, Individual Options or IO, Ohio Home Care Waiver, and Transition Waiver. Medicaid also includes AMERIGROUP Community Care, Buckeye Community Health Plan, CareSource, Molina Healthcare, Paramount Advantage , Unison Health Plan, WellCare (Updated 5/09)]

[IF RESPONDENT IS UNSURE ABOUT THE MEANING OF ‘COVERED’: “Are you enrolled in the program now?” or “Are you eligible to receive benefits now?”]

1. YES
2. NO

8. DON’T KNOW (PROBE: REREAD QUESTION)
9. NA/REFUSED
0. INAP

Q 58. **(FOR INDIANA)** “Are you covered by MEDICAID, the state insurance assistance program that includes Hoosier Healthwise, Care Select, The Healthy Indiana Plan or Medicaid waiver programs?”

[IF RESPONDENT IS UNSURE ABOUT THE MEANING OF ‘COVERED’: “Are you enrolled in the program now?” or “Are you eligible to receive benefits now?”]

1. YES
2. NO

8. DON’T KNOW (PROBE: REREAD QUESTION)
9. NA/REFUSED
0. INAP

Q 59. “Next ... during the past 12 months, was there any time that you did not have any health insurance or health care coverage?”

1. YES
2. NO

8. DON’T KNOW (PROBE: REREAD QUESTION)
9. NA/REFUSED
0. INAP

“On another topic ...”

Q 60. “During the last 12 months, were there times when you had problems paying or were unable to pay for medical bills?”

[INTERVIEWER NOTE: this can include bills for another family member]

1. YES
2. NO

8. DON’T KNOW/NOT SURE (**PROBE: REREAD QUESTION**)
9. NA/REFUSED

Q 61. “During the last year, did any household member not receive a doctor's care because the household needed the money to buy food, clothing, or pay for housing?”

1. YES
2. NO

8. DON'T KNOW (PROBE: REREAD QUESTION)
9. NA/REFUSED

Q 62. “During the last year, did any household member not receive prescription medications because the household needed the money to buy food, clothing, or pay for housing?”

1. YES
2. NO

8. DON'T KNOW (PROBE: REREAD QUESTION)
9. NA/REFUSED

Q 63. “Now I am going to read to you some statements about your community. Please tell me if you agree or disagree with each statement. First . . . **[INSERT QUESTION]** . . . do you agree or disagree?”

(IF AGREE:) “Do you agree strongly or just somewhat?”

(IF DISAGREE:) “Do you disagree strongly or just somewhat?”

(IF DON'T KNOW:) “Do you lean toward agreeing or disagreeing?”

	<u>Agree</u> <u>Strongly</u>	<u>Agree</u> <u>Somewhat</u>	<u>Lean</u> <u>Agree</u>	<u>Lean</u> <u>Dis-</u> <u>agree</u>	<u>Dis-</u> <u>agree</u> <u>Somewhat</u>	<u>Dis-</u> <u>agree</u> <u>Strongly</u>	<u>DK</u>	<u>NA</u>
Q 64. People can depend on each other in my community.	1	2	3	4	5	6	8	9
Q 65. Living in my community gives me a secure feeling.	1	2	3	4	5	6	8	9
Q 66. People in my community know they can get help from the community if they are in trouble.	1	2	3	4	5	6	8	9

“Now a few final questions . . .”

Q 67. “Are you currently married, widowed, divorced, separated, or have you never been married?”

1. MARRIED AND LIVING WITH SPOUSE (INCLUDE COMMON LAW MARRIAGE & SPOUSE AWAY IN SERVICE)
2. WIDOWED
3. DIVORCED
4. SEPARATED
5. NEVER MARRIED (INCLUDING ANNULMENTS)
6. PARTNERS NOT MARRIED (VOLUNTEERED)

8. DON'T KNOW
9. NA/REFUSED

Q 68. “Were you, or any of your people, born in Southeastern Ohio, Eastern Kentucky, Eastern Tennessee, or West Virginia?”

1. YES
2. NO/DON'T KNOW (**DO NOT PROBE**)

9. NA/REFUSED

Q 69.”In what state were you born?”

RECORD STATE OF BIRTH: _____

| | |
|_|_|
CODE

97. NOT BORN IN US (**VOLUNTEERED**) (**SKIP TO Q 71**)
98. DON'T KNOW (**SKIP TO Q 71**)
99. NA/REFUSED (**SKIP TO Q 71**)

Q 70.”In which county were you born?”

RECORD COUNTY OF BIRTH: _____

| | |
|_|_|
CODE

IF RESPONDENT CAN ONLY GIVE A CITY OF BIRTH, RECORD CITY HERE:

98. DON'T KNOW
99. NA/REFUSED

Q 71. "In what state was your father born?"

RECORD STATE OF BIRTH: _____

— —
| | |

|_|_|

CODE

97. NOT BORN IN US (VOLUNTEERED) (SKIP TO Q 73)

98. DON'T KNOW (SKIP TO Q 73)

99. NA/REFUSED (SKIP TO Q 73)

Q 72. "In which county was your father born?"

RECORD COUNTY OF BIRTH: _____

— —
| | |

|_|_|

CODE

IF RESPONDENT CAN ONLY GIVE A CITY OF BIRTH, RECORD CITY HERE:

98. DON'T KNOW

99. NA/REFUSED

Q 73. "In what state was your mother born?"

RECORD STATE OF BIRTH: _____

— —
| | |

|_|_|

CODE

97. NOT BORN IN US (VOLUNTEERED) (SKIP TO Q 75)

98. DON'T KNOW (SKIP TO Q 75)

99. NA/REFUSED (SKIP TO Q 75)

Q 74. "In which county was your mother born?"

RECORD COUNTY OF BIRTH: _____

— —
| | |

|_|_|

CODE

IF RESPONDENT CAN ONLY GIVE A CITY OF BIRTH, RECORD CITY HERE:

98. DON'T KNOW

99. NA/REFUSED

Q 75."What is the highest grade or year of school you completed?"

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 8 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE/BACHELORS DEGREE)
7. POST-COLLEGE/GRADUATE DEGREE (PHD; MD; JD; DOCTORATE; MASTERS)

8. DON'T KNOW (**PROBE: REREAD QUESTION**)
9. NA/REFUSED

Q 76."What is your current age?"

— —
: : : (CODE EXACT NUMBER OF YEARS OLD -- E.G., 45)
:_: _:

95. NINETY-FIVE YEARS OF AGE OR OLDER

97. REFUSED (**DO NOT PROBE**)
98. DON'T KNOW (**PROBE: REREAD QUESTION**)
99. NA

Q 77."Which one of the following would you say best represents your race . . . (READ 1 TO 7)

1. white,
2. black or African-American,
3. asian,
4. native Hawaiian or Other Pacific Islander,
5. american Indian or Alaska Native, or
7. some other race?" (**PROBE**) _____

8. DON'T KNOW (**DO NOT PROBE**)
9. NA/REFUSED

Q 78."Do you consider yourself to be Appalachian or of Appalachian ancestry?"

[Pronunciation Key: Appalachian "Appa-latch-chin"]

1. YES
2. NO/DON'T KNOW (**DO NOT PROBE**)

9. NA/REFUSED

Q 79."Are you Hispanic or Latino?"

1. YES
2. NO

8. DON'T KNOW (**DO NOT PROBE**)
9. NA/REFUSED

Q 80. “Was the total income you and your family received in 2009, not just from wages or salaries but from all sources . . . \$40,750 or less . . . between \$40,751 and \$81,500 . . . or more than \$81,500?”

1. \$40,750 OR LESS (**SKIP TO Q 81**)
2. BETWEEN \$40,751 AND \$81,500 (**SKIP TO Q 82**)
3. MORE THAN \$81,500 (**SKIP TO Q 83**)

97. REFUSED [**SKIP TO Q 84**]

98. DON'T KNOW (PROBE: “Approximately . . .”) [**SKIP TO Q 84**]

99. NA [**SKIP TO Q 84**]

NOTE: INCOME SOURCES TO BE INCLUDED:

- | | |
|------------------------|------------------------------|
| 1. Wages & Salaries | 6. Welfare |
| 2. Interest on Savings | 7. Unemployment Compensation |
| 3. Dividends | 8. Alimony |
| 4. Social Security | 9. Child Support |
| 5. Pensions | |

Q 81. “Next, I will read some income categories, please stop me when I get to yours . . . (READ 1 TO 9)

1. \$10,830 or less
2. \$10,831 to \$14,570
3. \$14,571 to \$18,310
4. \$18,311 to \$22,050
5. \$22,051 to \$25,790
6. \$25,791 to \$29,530
7. \$29,531 to \$33,270
8. \$33,271 to \$37,010
9. \$37,011 to \$40,750?”

97. REFUSED

98. DON'T KNOW (PROBE: “Approximately . . .”) [

99. NA

00. INAP

[SKIP TO Q 84]

Q 82. “Next, I will read some income categories, please stop me when I get to yours . . . (READ 1 TO 6)

1. \$40,751 to \$44,100
2. \$44,101 to \$51,580
3. \$51,581 to \$59,060
4. \$59,061 to \$66,540
5. \$66,541 to \$74,020
6. \$74,021 to \$81,500?”

97. REFUSED

98. DON'T KNOW (PROBE: “Approximately . . .”) [

99. NA

00. INAP

[SKIP TO Q 84]

Q 83. "Next, I will read some income categories, please stop me when I get to yours . . .
(READ 1 TO 3)

1. \$81,501 to \$89,999,
2. \$90,000 to \$99,999, or
3. \$100,000 or more?"

97. REFUSED

98. DON'T KNOW (PROBE: "Approximately . . .")

99. NA

00. INAP

"On another topic . . ."

Q 84. "Not counting business lines, extension phones or cellular phones -- on how many different telephone NUMBERS can your household be reached?"

1. ONE (**SKIP TO Q 86**)
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX
7. SEVEN
8. EIGHT OR MORE

98. DON'T KNOW (**PROBE: REREAD QUESTION**) (**SKIP TO Q 86**)

99. NA/REFUSED (**SKIP TO Q 86**)

Q 85."How many of those (INSERT NUMBER) telephone NUMBERS are used ONLY for electronic equipment--such as computers and fax machines . . . and never answered for personal calls?"

RECORD #: _____ (ENTER NUMBER OF LINES)

97. NONE

98. DON'T KNOW (**PROBE: REREAD QUESTION**)

99. NA/REFUSED

0. INAP

Q 86."During the past 12 months, how many times, if any, has your telephone service been interrupted for a period of seven days in a row or more?"

1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX
7. SEVEN
8. EIGHT
9. NINE
10. TEN OR MORE

97. NONE (**SKIP TO Q 88**)

98. DON'T KNOW (PROBE: REREAD QUESTION) (**SKIP TO Q 88**)

99. NA/REFUSED (**SKIP TO Q 88**)

Q 87.”Thinking about those [INSERT NUMBER] times when service was interrupted for seven or more days, what was the total number of days that your telephone service was interrupted?”

RECORD # : ____:

998. DON’T KNOW (PROBE: REREAD QUESTION)

999. NA/REFUSED

0. INAP

Q 88. CATI INSTRUCTION:

[HAMILTON COUNTY (OH) RESPONDENTS ONLY ARE ASKED Q 89].

[KENTON COUNTY (KY) RESPONDENTS ONLY ARE ASKED Q 91].

[ALL OTHER RESPONDENTS SKIP TO SKIP TO Q 92]

Q 89.”Next, do you live inside the city limits of Cincinnati or in one of the suburbs of Cincinnati?”

1. CITY

2. SUBURBS (**SKIP TO Q 92**)

8. DON’T KNOW (**PROBE: REREAD QUESTION**) (**SKIP TO Q 92**)

9. NA/REFUSED (**SKIP TO Q 92**)

0. INAP

Q 90.”What neighborhood do you live in?”

1 “Avondale”	16 “Fairmont (N, S)”	31 “Northside”	46 “Westwood”
2 “Bond Hill”	17 “Fairview”	32 “Oakley”	47 “Winton Hills”
3 “California”	18 “Fay Apartments”	33 “O’Byronville”	48 “Winton Place”
4 “Camp Washington”	19 “Hartwell”	34 “Over-The-Rhine”	49 “Other” (RECORD) _____
5 “Carthage”	20 “Hyde Park”	35 “Paddock Hills”	
6 “Clifton”	21 “Kennedy Heights”	36 “Pleasant Ridge”	
7 “Clifton Heights”	22 “Linwood”	37 “Price Hill”	
8 “College Hill”	23 “Madisonville”	38 “Queensgate”	
9 “Columbia-Tusculum”	24 “Millvale”	39 “Riverside”	
10 “Corryville”	25 “Mt Adams”	40 “Roselawn”	
11 “Cumminsville”	26 “Mt Airy”	41 “Saylor Park”	
12 “Downtown (CBD)”	27 “Mt Auburn”	42 “Sedamsville”	
13 “East End”	28 “Mt Lookout”	43 “University Heights”	
14 “English Woods”	29 “Mt Washington”	44 “Walnut Hills (E)”	
15 “Evanston”	30 “North Avondale”	45 “West End”	

SKIP TO Q 92

Q 91."Next, do you live inside the city limits of the City of Covington?"

1. YES, LIVE IN CITY OF COVINGTON
2. NO, DO NOT LIVE IN CITY OF COVINGTON

8. DON'T KNOW (**PROBE: REREAD QUESTION**)
9. NA/REFUSED
0. INAP

Q 92."Next, how many of the persons who currently live in your household are under 18 years of age, including babies and small children?"

RECORD # _____

97. NONE
99. NA/DON'T KNOW/REFUSED

Q 93."Including yourself, how many people aged 18 or older, currently live in your household?"

RECORD # _____

99. NA/DON'T KNOW/REFUSED

[IF ONE, SKIP TO Q 95]

Q 94. "What is the total number of persons aged 18 or older, currently living in your household that are NOT currently covered by health insurance?"

_____ RECORD # of ADULTS

97. NONE
0. INAP

“The next questions are for census purposes only . . . “

Q 95.”Could you please tell me your current address? We use this information to place your household into a specific census tract in your area. This way all areas of your county are equally represented.”

(PLEASE ENTER STREET NUMBER, STREET NAME AND STREET TYPE)

STREET # STREET NAME

(IF RESPONDENT IS HESITANT, PROBE FOR THE NAME OF THEIR STREET AND NEAREST CROSS-STREET)

(PLEASE ENTER STREET NUMBER, STREET NAME, AND STREET TYPE)

(E.G. ‘801 DOVER AVE’ OR ‘DOVER AVE AND VICTORIA ST’)

(DO NOT ENTER ANY PUNCTUATION OR COMMENTS)

(IF THE RESPONDENT REFUSES TO GIVE THEIR ADDRESS OR CROSS-STREETS--TYPE 'REF' IN THE BOX BELOW AND ATTEMPT TO GET THE CITY AND ZIP CODE IN THE FOLLOWING QUESTIONS!)

Q 96. “Could you please tell me the city in which you currently live?”

(PLEASE ENTER CITY NAME)

CITY NAME

98. DON'T KNOW

99. NA/REFUSED

Q 97. “Could you please tell me your current zip code?”

(PLEASE ENTER ZIP CODE)

--	--	--	--	--

99999. REFUSED

Q 98.

CELL PHONE SAMPLE ONLY:

GIFT That’s the end of the interview. We’d like to send you a \$10 [] gift card for your time. Can I please have your full name and a mailing address where we can send you the gift card?

INTERVIEWER NOTE: If R does not want to give full name, explain we only need it so we can send the gift card to them personally.

- 1 [ENTER FULL NAME] – INTERVIEWER: PLEASE VERIFY SPELLING
- 2 [ENTER MAILING ADDRESS]
- 3 [City]
- 4 [State]
- 5 CONFIRM ZIP from above
- 9 (VOLUNTEERED) Respondent does not want the gift card

“IF YOU HAVE ANY QUESTIONS ABOUT THIS PROJECT, PLEASE CONTACT DR. ERIC RADEMACHER AT THE UNIVERSITY OF CINCINNATI INSTITUTE FOR POLICY RESEARCH AT (513) 556-5028. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT, YOU MAY CONTACT THE UNIVERSITY OF CINCINNATI INSTITUTIONAL REVIEW BOARD – SOCIAL AND BEHAVIORAL SCIENCES AT (513) 558-5784 OR EMAIL THE IRB OFFICE AT IRB@UCMAIL.UC.EDU.”

“That's all the questions I have ...”

“You've been very helpful.
Thank you for your cooperation. Goodbye.”

INTERVIEWER SUPPLEMENT

Q 99.Record Telephone Number or Patch Number

____ _
: : : : : : : : :
: : : : : : : : :

Q 100.Record Your Interviewer Number

____ _
: : :
: : :

Q 101.Record Date Interview Completed

____ _
: : : : : : :
: : : : : : : (E.G. 08-31)

Record Final Status Code

- 0. COMPLETION FROM RAW NUMBER
- 1. COMPLETION FROM APPT.
- 2. COMPLETION FROM REFUSAL
- 3. COMPLETION FROM PARTIAL--(REG or RF)
- 4. FINAL PARTIAL

NOTE: BE SURE TO RECORD "FINAL CALL STATUS" ON CALL RECORD.

COUNTY LIST

- | | | |
|-----------------|------------------|---------------------|
| 1. HAMILTON, OH | 9. CLERMONT, OH | 17. OHIO, IN |
| 2. ADAMS, OH | 10. CLINTON, OH | 18. OWEN, KY |
| 3. BOONE, KY | 11. DEARBORN, IN | 19. PENDELTON, KY |
| 4. BRACKEN, KY | 12. FRANKLIN, IN | 20. RIPLEY, IN |
| 5. BROWN, OH | 13. GALLATIN, KY | 21. SWITZERLAND, IN |
| 6. BUTLER, OH | 14. GRANT, KY | 22. WARREN, OH |
| 7. CAMPBELL, KY | 15. HIGHLAND, OH | |
| 8. CARROLL, KY | 16. KENTON, KY | |