

METHODOLOGICAL REPORT

**MICHIGAN STATE UNIVERSITY
STATE OF THE STATE SURVEY
[MSU SOSS-5]**

October 1995 Round

Prepared by:

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NOTE TO THE READER

The State of the State Survey [SOSS] is administered by the Institute for Public Policy and Social Research of Michigan State University.

For the benefit of sponsors, consumers and users of SOSS data, we have prepared this guide to the purpose, design, methods, and content of the survey. Because the MSU SOSS is still relatively new, this is one of our early efforts to document the methods employed in it. We welcome your questions as well as suggestions for improvement of this report.

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1. PURPOSE OF SURVEY

Dr. Jack H. Knott, Director of the Institute for Public Policy and Social Research [IPPSR], made the Michigan State University State of the State survey [MSU SOSS] a reality by promoting the idea throughout the University and convincing the key sponsors to contribute funds to get the survey off the ground. With funding assured for the first year, planning began in June 1994.

SOSS is a quarterly survey of the citizens of Michigan. It employs Computer Assisted Telephone Interviewing (CATI) technology to interview a systematic random sample of Michigan citizens. Conducted by the Survey Research Division of the Institute for Public Policy and Social Research, SOSS was inaugurated in October 1994.

Although dozens of surveys are conducted in Michigan every year, none is designed to provide a regular systematic monitoring the public mood in major regions of the state. SOSS is designed to fill this information gap. SOSS has five principal objectives.

1. To Provide Information about Citizen Opinion on Critical Issues. In keeping with MSU's role as the premier Land Grant University in the United States, MSU seeks to inform the public about the state of the state. Although statistics from censuses, public records, programs, and services provide important information about the state of the state, there is no substitute for gathering information directly from the citizens. By conducting a State of the State survey at regular intervals, IPPSR hopes to monitor the public's mood about important aspects of Michigan's public life. This information should be useful not only to citizens at large but also to policy-makers in the public sector and to other groups and organizations that take an active interest in the state of state of Michigan.

By disseminating this information through the mass media and in special studies, IPPSR hopes to provide baselines for assessing change in the people's sources of satisfaction and dissatisfaction with the quality of life, the performance of public institutions, the impact and efficacy of public policy, and the opinions about various aspects of life in Michigan, such as confidence in the economy and the climate for business, protection of the environment, freedom from crime, the family life, and the vitality of ethnic groups and communities.

2. To Provide Data for Scientific and Policy Research by MSU faculty. MSU's faculty will use the data from the State of the State Survey to address a wide variety of issues in public policy. What are the factors associated with the declining levels of confidence in governmental institutions? To what extent does social and economic status affect tolerance and mutual trust between ethnic and racial groups? Are subjective perceptions of environmental quality related to "objective" measures of environmental quality in Michigan's counties? These are only a few examples of the types of questions that the principal researchers will address using the SOSS results. To serve the interests of a wider scientific community, the SOSS data will be deposited in an international data archive.

3. To Provide Useful Information for Programs and Offices at MSU. IPPSR has conducted a wide variety of studies for the use of MSU administrators and faculty. SOSS will also develop data for such internal use as well as provide data for use by the MSU Extension, the Vice Provost for University Outreach, and other offices. The January round of the survey will assess the public image of higher educational institutions, which will be useful to many offices at MSU.

4. To Develop Survey Methods. The computer-assisted telephone interviewing (CATI) technology lends itself to experiments in question wording, question order, and formatting of response categories. By varying the wording and sequences of questions and responses, the investigators can study the sensitivity of answers to the format of questions. Although survey research demands creative skills and remains to some extent an "art," the scientific study of survey methods is a well established discipline. Contributing to the scientific literature on survey methods is an important goal of the SRD; hence, a variety of experiments are built into each survey instrument.

5. To Provide Opportunities for Student Training and Research. Data from SOSS will be made directly available to professors and students for use in instruction and research in classes at MSU. The availability of up-to-date information on public opinion and individual perceptions and experiences of the Michigan population will increase the sense of immediacy and relevancy of educational projects.

2. CALENDAR

People's experiences and the public mood change not only from year to year but also with the seasons. It is important to establish baselines for understanding what is a "normal" seasonal fluctuation and what is a more permanent change. For this reason, SOSS will be conducted at regular quarterly intervals. Roughly one-fourth of the questions will be repeated in each quarterly round.

SOSS will have seasons itself, however, by focusing the main theme of each round of the survey on topics that correspond with the annual cycle of major events in Michigan and at Michigan State University.

October. The October round in even-numbered years will focus on elections, political participation, and political attitudes and orientations. In odd-numbered years, the October round will focus on health and the environment.

January. The January round in each year will focus on the state of the state of Michigan, in particular on the performance of governmental institutions at all levels, on the subjective quality of life of Michigan's citizens (satisfaction with public education, work, protection from crime, environmental preservation, and so forth), and on the desire for reform in Michigan's political economy. This information should help to inform the public

discussion around the time of the Governor's annual budget message. In addition, questions on the public's perceptions of Michigan's higher educational institutions should help to inform public discussion around the time the annual "State of MSU" address by the President of the University.

April. The April round will have as a main theme the state of Michigan families, the role and status of women, and the status of children. Assessments of public opinion concerning issues of women's rights, the status of children, and related issues will help to inform policy debates.

July. The July round will focus primarily on the state of ethnic Michigan. The Michigan Folklike Festival, held on the MSU campus each summer, seeks to draw attention to the vitality and diversity of Michigan's ethnic and racial communities. SOSS will assess the strength of ethnic ties and identities, perceptions of various ethnic groups (tolerance, stereotyping), and experience of intolerance or discrimination. In addition, the extent of attachment to and vitality of wider communities (towns and cities) is an important mark of the quality of life in Michigan.

3. STRUCTURE OF THE QUESTIONNAIRE

The questionnaire for each round of the survey are designed by a different set of principal investigators, who are faculty and students at MSU. Each survey instrument consists of three main parts: a demographic core, a nondemographic core, and the main substantive theme or themes.

The demographic core contains questions on the social background and status of the respondents (age, sex, education, employment status and occupation, size of city, marital status, number of children, size of household, income, ethnic identity, etc.). This bloc of questions is expected to be repeated in each round, though more detailed questions on some of the dimensions might be included in certain rounds (such as more detailed breakdowns by ethnic group in the July round).

The nondemographic core contains additional questions that are expected to be repeated in every round of the survey in order to gauge broad shifts in the economic, social, and political orientations and status of the population. These include questions about consumer confidence, self-identification on a liberal-conservative scale, partisan identification, assessments of presidential performance and gubernatorial performance, and other issues.

Together the demographic and nondemographic core of the questionnaire take an average of about 6 minutes of interviewing time to complete.

The remainder of the interview is timed to last an average of 14 minutes, so that on average the interviews take about 20 minutes of the respondent's time.

The questionnaire consists almost entirely of closed-ended questions. Verbatim responses are used and open-ended coding are required for occupation as well as for a question about the most important issues facing the state or the community.

A word of caution is in order on the use of the data. Because of the inclusion of question-order and question-wording experiments, the codebook for the survey, containing the raw frequency distribution of responses, may be difficult to interpret and must be used carefully. Often, alternative variants of questions will be combined into composite measures in the final data that are distributed, but the original questions also remain in the codebook and data set. Although the SRD will do its best to document such situations, it is the responsibility of the data users and analysts, not of the SRD, to assure that the appropriate variants of questions are used in analyses and reports. A copy of the CATI interview program with the skip patterns indicated by "[goto ...]" commands and "[if ...]" commands accompanies the codebook to help clarify the paths particular respondents would take through the interview.

4. MANAGEMENT AND ORGANIZATION

IPPSR. Overall responsibility for the administration and management of the SOSS rests with the Survey Research Division (SRD) of the Institute for Public Policy and Social Research. The Principal SRD staff for SOSS consists of **Dr. Larry Hembroff**, Associate Director (and overall manager of SOSS for SRD), **Karen Clark**, Programmer and Project Manager, and **Kathy Cusick** (manager of interviewing operations for SOSS).

The SRD staff is responsible for the technical work of designing the CATI computer program, training and supervising interviewers, selection and administration of the sample, coding of data, and preparation of the final data set and documentation. In addition, the SRD staff works with and advises the principal investigators and other researchers in the design of the sample and the survey instrument. However, final approval of the survey and sample designs rest with the principal investigators, not the SRD staff.

SOSS Advisory Committee. The overall design of the SOSS project has been conducted by an Advisory Committee, which consists of representatives of all units at MSU that have provided financial backing for the survey. Beginning in summer 1994, the Advisory Committee, under the direction of **Dr. Brian Silver** of the Department of Political Science, approved the financial plan, principles for distribution and access to the data, the major themes of each survey, and the selection of principal investigators.

Members of the Advisory Committee include:

Dr. Brian Silver, Professor and Chair, Dept. of Political Science (Chair of

Advisory Committee)

- Dr. Charles Atkin**, Professor, Dept. of Communication
- Dr. Clifford Broman**, Associate Professor, Dept. of Sociology
- Dr. Marilyn Flynn**, Professor and Chair, School of Social Work
- Dr. Dennis Keefe**, Assistant Professor, Family and Child Ecology
- Dr. Jack Knott**, Director, Institute for Public Policy and Social Research
- Dr. Mary Lou McPherson**, MSU Extension
- Dr. Mark Notman**, Assistant Professor, Dept. of Family Medicine
- Dr. Paul Menchik**, Chair, Dept. of Economics
- Dr. David Rohde**, University Distinguished Professor, Dept. of Political Science; Director, Political Institutions and Public Choice Program, IPPSR
- Dr. Lorilee Sandmann**, Director of Community Outreach, Office of Vice Provost for University Outreach
- Dr. John Schweitzer**, Professor, Urban Affairs Programs
- Dr. Eileen VanRavenswaay**, Professor, Dept. of Agricultural Economics
- Dr. John Hudzik**, Associate Dean, College of Social Science

For each round of the survey, a smaller working group of principal investigators is responsible for the design of the instrument for that round, subject to final approval by the SOSS Advisory Committee. The working groups consist primarily of "principal investigators" for the given round who will conduct the major initial analyses of the data, provide a public briefing, and have priority in analyzing the data for publication for the six-month period following the end of the field period for that round (more on data access below).

The Working Group for the October 1995 survey was comprised of:

- Dr. John H. Goddeeris**, Professor, Department of Economics
- Dr. Andrew J. Hogan**, Assoc. Professor, College of Human Medicine
- Dr. E. James Potchen**, Professor, Eli Broad College of Business, and Department of Radiology
- Mr. David A. Gift**, MS, Department of Radiology
- Dr. Nan E. Johnson**, Professor, Department of Sociology
- Dr. Mark E. Notman**, Assistant Professor, Department of Family Medicine

Dr. Larry A. Hembroff, Associate Professor, Institute for Public Policy and
Social Research

Dr. Brian D. Silver, Professor and Chairperson, Department of Political
Science

5. FUNDING

The following units on campus have provided funding for SOSS during its second year:

Office of the Provost
Office of the Vice Provost for University Outreach
Agricultural Experiment Station
MSU Extension
College of Communication Arts and Sciences
Department of Radiology
School of Social Work
Department of Sociology
Legislative Leadership Program
Eli Broad College of Business
College of Osteopathic Medicine
College of Social Science
Urban Affairs Programs
Dept. of Political Science
School of Criminal Justice
Julian Samora Research Institute
The Institute for Public Policy and Social Research

6. DISSEMINATION OF RESULTS

To assure timely dissemination of the results and timely and fair access to the data, early in its deliberations the Advisory Committee approved certain principles.

Each round of the survey has an identified set of Principal Investigators (PI's) who have priority in access to the data for that round but also certain obligations. The PI's are responsible for preparing and conducting a press briefing based on results of the survey within one week of the end of the field date. IPPSR's outreach and design staff assist in this effort, working with the MSU News Bureau.

The PI's have exclusive right to prepare scientific papers for publication from the data for that survey for a period of six months after the end of the field date.

All data for the survey, however, are made available to offices within MSU for internal use as soon as the data are available and documentation is prepared. All data for the survey are made available to instructors in courses at MSU to use the data for instructional purposes as soon as the data are available and documentation prepared.

Six months after completion of the field date, the survey data is made available on an unrestricted basis to all MSU faculty and students.

One year after completion of the field date, the data and documentation will be deposited at the Inter-University Consortium for Political and Social Research (ICPSR) in Ann Arbor. Such a deposition of the data is intended to facilitate dissemination and use of the data by the wider scientific and policy community as well put a certain seal of approval on data quality to enhance the possibilities for researchers to publish from the data.

7. SAMPLE DESIGN

The referent population is the noninstitutionalized, English-speaking adult population of Michigan age 18 and over. Since the survey was conducted by telephone, only persons who lived in households that had telephones had a chance of being interviewed.

Stratification. To assure representation of major regions within Michigan, the sample was stratified into six regions, each consisting of a set of contiguous counties, plus the City of Detroit. The grouping of counties correspond to that used by MSU Extension with Detroit separated out from the Southeast region.

The six regions are defined as follows (counties listed within regions -- also see the map in the Appendix):

1. Upper Peninsula (Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Ontonagon, Mackinac, Marquette, Menominee, Schoolcraft)
2. Northern Lower Peninsula (Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Wexford)
3. West Central (Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa)

4. East Central (Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola)
5. Southwest (Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren)
6. Southeast (Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne [excluding Detroit])
7. Detroit City

To allow reclassification of the place of residence (county) into the alternative regional groupings, each respondent's county of residence is also coded on the data set.

Sampling. Respondents' households were selected using random-digit dial sampling procedures. The initial sample of randomly generated telephone numbers was purchased from Survey Sampling, Inc. (SSI), in Fairfield, CT. SSI begins the process of generating phone numbers with the list of all working area code and phone number prefix combinations. In the case of this study, this universe was constrained to include only those that are active in the state of Michigan. From within this list of possible phone numbers, SSI eliminates those banks of numbers represented by the 4-digit suffix that are known to be unused or are known to be used only by institutions. Telephone numbers are selected at random in proportion to the number of households in each county from all those numbers remaining as possible numbers until the total number of numbers needed within a particular geographic grouping of counties is obtained.

As a final step, SSI screens the phone numbers generated against directory-based information on the density of banks, i.e., the number of numbers from within a bank that appear in phone directory listings. Since other research has indicated that unlisted numbers are not assigned to separate banks of phone numbers from those that are listed, then SSI excludes for efficiency purposes any numbers that are selected from banks with fewer than three published phone numbers. Of the remaining numbers selected, SSI expects that, on average, about 60-75% of the phone numbers generated at random will be working household numbers.

To determine the total number of telephone numbers to have SSI generate in order to achieve the desired sample sizes within regions of the state, SRD divided the number of completed interviews desired by the product of (a) the proportion of numbers expected to be working household numbers (the Hit Rate), (b) the proportion of household numbers that would contain an eligible respondent (the Eligibility Rate), and (c) the proportion of households with eligible respondents who would complete the interview in the time period available (the Completion Rate).

The sampling design for the State of the State Survey was a stratified sample based on regions of the state with the regions sampled somewhat disproportionate to the

actual sizes of the populations within each region. The purpose of the stratification was to assure a sufficient minimum number of respondents from each of the strata to permit detailed analysis.

The design called for approximately 150 interviews from the East Central Region, the Southwest Region, and the combined Upper Peninsula and Northern Lower Peninsula Regions. Approximately two hundred interviews were to be completed in the West Central Region and the Southeast Region. And approximately 150 interviews were to be completed from the City of Detroit. The total sample size was to be approximately 1,000.

Sample Weights. Because of the stratification and the unequal sampling rates across the strata, it is necessary to use "weights" to bring the characteristics of the sample into line with those of each region, or with those of the state as a whole (depending on the purpose of the analysis). Accordingly, the data files contain weights for the six MSU Extension regions, as well as for the state as a whole.

To construct the weights, characteristics of the population of the regions were drawn from 1990 census data. To make generalizations about individuals' views and behaviors, it is necessary to ensure that each respondent in a survey sample had an equal probability of selection or is represented in the data set as having had equal probabilities of being selected. However, since households with multiple phone lines have more chances of being selected into the sample than those with only one phone line, this source of unequal chances has to be adjusted for in analyzing the data. Consequently, the interview included a question asking respondents how many separate phone numbers the household has. Each case was then weighted by the reciprocal of the number of phone numbers and then adjusted so that the total number of cases matched the actual number of completed interviews. In the data set this weight is named PHWT.

Similarly, an adult in a two-adult household would have half the chance of being selected to be interviewed as would the only adult in a single adult household. This, too, requires adjustment to correct for unequal probabilities of selection. The interview included a question as to the number of persons 18 years of age or older living in the household. Each case was then weighted by the inverse of its probability of selection within the household, or by the number of adults in the household. This was then also adjusted so that the total number of weighted cases matched the actual number of completed interviews. In the data set, this weight is named ADLTWT.

It is common for some groups of individuals to be more difficult to reach or more likely to refuse in RDD (random-digit dialing) surveys. For making generalizations about the population from which the sample was drawn, the accuracy of the results can be distorted by these non-response patterns. Consequently, it is common to weight cases in the sample to adjust for non-response. This is accomplished by weighting each case so that case of each type appear in the sample proportionately to their representation in the general population.

For the State of the State Survey, cases were weighted so that the proportions of white males, African American males, Other Racial Group males, white females, African American females, and Other Racial Group females in the sample for each region matched the proportions each of these groups represent in the adult population of each region based on the 1990 Census. In the data set, this weighting factor is named RACGENCT. Furthermore, within each region, the cases were additionally weighted so that the proportion of cases falling into each of the following age groups matched the proportions in the 1990 Census for each region: 18 - 24 years old, 25 - 29, 30 - 39, 40 - 49, 50 - 59, 60 - 64, and 65 or older. In the data set, this weighting factor is named AGEWT (Since rounding and missing data sometimes result in the weighted number of cases differing slightly from the actual number, AGEWT is adjusted slightly with ADJWT to ensure the the number of cases for each region in the weighted data set is the same as the actual number of interviews completed). Detroit continued to be a separate stratum to this point, but a new variable MSUEREGR was constructed to fold Detroit proportionately into the Southeast region within that variable (the codes for regions 4 and 5 flip flop also since the original values assigned to these regions did not correspond to those used by MSUE.)

Finally, since the sample was drawn disproportionately across six MSUE regions of the state (with Detroit in the Southeast region), statewide estimates of the citizenry's opinions require post-stratification weights to adjust for the over-sampling of some regions and the under-sampling of others. Thus each case was weighted so that the proportion of cases from each region in the total sample matched the proportion of adults from the corresponding region in the state's population based on 1990 Census data. The weighting factor for this post-stratification weighting in the data set is named STATEWT.

It is important to note that these weight factors were constructed sequentially and build on the earlier steps. Thus, AGEWT weights cases adjusting for the number of phone lines, the number of adults in the household, the gender X race category proportions within the region, and the age category proportions within regions. STATEWT weights cases by all of those adjustments implied by AGEWT and adjusts the proportions of cases across regions. **For developing statewide results**, the user should use the data weighted by STATEWT. **For comparing the results among regions** -- if Detroit is to be separate -- the user should use the data weighted by ADJWT. **To compare directly the MSUE regions**, the data should be weighted by MSUEWT.

Table A in the Appendix presents the characteristics of the unweighted respondents on several characteristics, in comparison with the population in each region and in the state of Michigan as a whole.

Sampling Error. The sampling error can be estimated for each region and for the state as a whole at the 95% confidence level as follows:

$$ConfidenceInterval = \pm 1.96 \sqrt{(P \times Q) / (n - 1)}$$

where n is the number of cases within the region or the total sample and P is the proportion of cases giving a particular response and Q is 1-P. While this may vary from question to question depending on the pattern of answers, the largest margin error would occur when P is .5 and Q is .5. Therefore, the margins of error for each region and the total statewide sample can be estimated as:

<u>REGION</u>	<u>Number of Cases</u>	<u>Margin of Sampling Error</u>
Upper Peninsula	61	± 12.7%
Northern Lower Peninsula	92	± 10.3%
West Central	199	± 7.0%
East Central	162	± 7.7%
Southwest	148	± 8.1%
Southeast	206	± 6.8%
Detroit	146	± 8.1%
Statewide Total	1,013	± 3.1%

8. FIELD PROCEDURES

CATI System. Interviews were conducted using the Computer Assisted Telephone Interviewing system (CATI) of IPPSR's Survey Research Division (SRD). SRD uses the CASES software for its CATI system. CASES was developed by the University of California–Berkeley and the U.S. Department of Agriculture. In a CATI system, the completed interview is scripted and then programmed so that, when executed from a computer workstation, each question or instruction is presented on the computer screen in order to the interviewer. The program then indicates what numeric codes or text the interviewer is allowed to enter as responses to each of the questions. When entered, the responses are stored directly into the data set for the study.

The CASES software enables the interview to be fully programmable. The software integrates both closed-ended questions and open-ended questions. The software allows interviewers to record notes along with responses to closed questions. By default, the software moves directly from one item to the next in the sequence unless specific program commands are inserted to direct the execution path elsewhere. Different skip commands can be associated with separate responses to the same questions. For example, the interview can be directed to a separate battery of follow-up responses if the respondent answers "<1> YES" to a question on smoking cigarettes, and to an entirely different series of questions if the respondent answers "<5> NO." Commands can also be inserted

between questions to direct the interview to a particular battery of questions based on the combination of responses to two or more previously answered questions. The programming features minimize the opportunities for many errors since inappropriate questions will not be asked and, as a result, appreciably less editing is necessary after the interview.

Interviewers and Interviewer Training. New interviewers received approximately 15 hours of training, including a shift of practice interviewing. Each interviewer trainee receive a training manual with instructions on techniques and procedures, copies of all relevant forms, and descriptions of operations. The SRD telephone interviewing training package was developed using "General Interviewing Techniques: A Self-Instructional Workbook for Telephone and Personal Interviewer Training", authored by P. J. Guenzel, T. R. Berckmans, and C. F. Cannell (1983) of the Survey Research Center, Institute for Social Research, University of Michigan.

Experienced interviewers received approximately two hours of study specific training to acquaint them with the study protocols, the interview instrument, and the objectives of the various questions. New interviewers were also given this information as a part of their training. Fifty-seven different interviewers were involved in data collection on the State of the State Survey. Most had worked on a number of surveys prior to the State of the State Survey.

Field Period and Respondent Selection in Household. Interviewing began on October 13, 1995, and continued through the morning of November 11, 1995. When interviewers successfully contacted a household, the study procedures required them to randomly select an adult from among those residing in the household to be the respondent. The "most recent birthday" technique developed by Salmon and Nichols was used as the mechanism for choosing a respondent within each household.

Telephone numbers were called across times of the day and days of the week. If after a minimum of six call attempts, no contact had been made with someone at the number, the call schedule for that case was reviewed by a supervisor to see that it had been tried across a variety of time periods. If it had not, the supervisor would re-release the number for additional calling in time periods that had not been tried. If, after additional calls were made, still no contact was made, the number was retired as a non-working number. If the review of the case indicated that it had been tried at various times and days, the supervisor might finalize the case as non-working or might release it for one or two additional tries. In the case contact was established, the number would continue to be tried until the interview was completed, the interview was refused, or the case was determined to be ineligible or incapable.

The average interview lasted approximately 17.3 minutes with the median being 16 minutes (mode=16) and the standard deviation 3.75 minutes.

In the case of an initial refusal, numbers were called back after five days (although this was shortened as the end of the field period neared). Efforts were made to persuade initially reluctant respondents to complete the interview. A total of 110 interviews were completed as a result of conversion efforts.

Completion Rate. A total of 1,000 interviews were completed and an additional 13 interviews were completed beyond a partial point which indicated that the interview was sufficiently near completion to retain in the data set. The overall completion rate among eligible households for the study was 66.1%. The completion rate was highest in the West Central Region and lowest in Detroit. The refusal rate was 16.5%. The refusal rate was highest in the Southeast region and East Central region and lowest in the Northern Lower Peninsula region.

9. DOCUMENTATION AVAILABLE

The following documentation is available for this survey:

- a. Methodological Report
- b. Questionnaire (included in Methodological Report)
- c. Codebook (included in separate file)
- d. SPSS portable datafile (in separate file)

10. DATA FORMAT AND ARCHIVING

Data are available in an SPSS-Windows systems file, with weight variables included.

11. APPENDIX

- a. Map of the MSU Extension Regions
- b. Demographic Data in MSU State of the State Survey: MSUE Regions

Weighting Program for 1990 Census Profile of Michigan (MSUSOSS5: October, 1995, MSUE Regions)

Table 1. Phone Lines

Table 2. Number of Adults in Household

Table 3. Weighting for Race and Gender within Regions

Table 4. Weighting by Age within Region

Table 5. Weighting to fold Detroit into Southeast Region

Table 6. Weighting across Regions for Statewide Estimates

12. QUESTIONNAIRE (October, 1995)

>U1< Let me tell you any information you give me will be kept strictly confidential. Also, let me tell you that this interview is completely voluntary. Should we come to any question that you don't want to answer, just let me know and we'll go on to the next question.

type <g> to proceed ===>

>ID1< [allow 5][loc 13/1][#inputloc 1/1][copy ID1 in ID1]

>R1< [allow 1][#preset <1>][copy R1 in R1]

>cnty< [allow 5][#inputloc 1/22][copy cnty in cnty]

>regn< [allow 1][#inputloc 1/28][copy regn in regn]

>CD1< [start note count]RECORD GENDER OF RESPONDENT HERE:

<1> MALE

<5> FEMALE

[##md1=9][##md2=0][##blank=0]

===>

>HS1< I would like to start by asking you some general questions about your current health status.

Would you say that in general your health is excellent, very good, good, fair or poor?

<1> EXCELLENT

<2> VERY GOOD

<3> GOOD

<4> FAIR

<5> POOR

[##md1=9][##md2=0][##blank=0]

<8> DO NOT KNOW

<9> REFUSED - NO ANSWER

===>

>HS2< Compared to 12 months ago, would you say your health is better now, about the same, or worse now than it was then?

<1> BETTER

<2> SAME

<3> WORSE

[##md1=9][##md2=0][##blank=0]

<8> DO NOT KNOW

<9> REFUSED - NO ANSWER

===>

>HS3< Has a doctor or other health care professional ever told you that you have high blood pressure or hypertension?

<1> YES
<5> NO[goto HS4]
 [##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto HS4]
<9> REFUSED - NO ANSWER[goto HS4]
====>

>HS3a< Are you currently taking any medication to control your high blood pressure?

<1> YES
<5> NO
 [##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>HS4< Has a doctor or other health care professional ever told you that you have diabetes?

<1> YES
<5> NO[goto CD2]
 [##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>sk1< [if CD1 eq <1>][goto HS4b][endif] males skip this question

>HS4a< Were you pregnant at the time?

<1> YES
<5> NO
 [##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>HS4b< How old were you when a doctor or other health care professional told you that you had diabetes? [allow 3]

<1-100> YEARS OLD
 [##md1=999][##md2=0][##blank=0]
<d> DO NOT KNOW <998>
<r> REFUSED - NO ANSWER <999>
====>

>cp1< [if HS4b eq <d>][store <998> in HS4b][endif]
 [if HS4b eq <r>][store <999> in HS4b][endif]

>HS4c< Are you currently using medicine that [u]you swallow[n] to treat or control your diabetes.

<1> YES [goto CD2]

<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>HS4d< Are you now using insulin injections (to control your diabetes)?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>CD2< [start timer]Before we go any further, I have a couple of general questions about you and your background.[allow 3]

In what year were you born?

18 <95-99> YEAR
[##md1=999][##md2=0][##blank=0] 19 <00-77> YEAR

<d> DON'T KNOW <998>
<r> REFUSED <999>

====>

>cp2< [if CD2 eq <d>][store <998> in CD2][endif]
[if CD2 eq <r>][store <999> in CD2][endif]

>CD8< Including yourself, how many individuals who are 18 years of age or older live in your household?

<1> PERSON, ONLY RESPONDENT
<2-10> ADULTS
[##md1=99][##md2=0][##blank=0]
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER
====>

>adts< [allow 2][#preset <0>][copy adts in adts]
[#if CD8 le <10>][#store CD8 in adts][#endif] number of adults

>CD9< How many of these adults are [bold]over 64 years of age?[n]

<0> NO ADULTS OVER 64
<1-10> ADULTS OVER 64
[##md1=99][##md2=99][##blank=99]
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER
====>

>CD10< How many children younger than 18 live in your household?

<0> NONE [goto chld]
<1-10> CHILDREN
[##md1=99][##md2=99][##blank=99]
<98> DO NOT KNOW[goto chld]
<99> REFUSE TO ANSWER[goto chld]

====>

>CD11< How many of these children are [bold]under 5 years of age?[n]

<0> NO CHILDREN UNDER 5
<1-10> CHILDREN UNDER 5
[##md1=99][##md2=99][##blank=99]
<98> DO NOT KNOW
<99> REFUSE TO ANSWER

====>

>chld< [allow 2][#preset <0>][copy chld in chld]
[#if CD10 le <10>][#store CD10 in chld][#endif] number of children

>hhld< [allow 2][copy hhld in hhld]
[#store <0> in hhld]
[#add adts to hhld]
[#add chld to hhld]

>HS5< [stop timer]I have a couple of additional questions about your current health status. [allow 3]

About how tall are you?

[r]IWER: ENTER ONLY FEET HERE[n]

<3-7> FEET
[##md1=9][##md2=0][##blank=0]

<8> DO NOT KNOW
<9> REFUSED - NO ANSWER

====>

>HS5a< [no erase] (How many inches)?

[r]IWER: ENTER ONLY INCHES HERE[n]

<0-11> INCHES
[##md1=99][##md2=99][##blank=99]

<98> DO NOT KNOW
<99> REFUSED - NO ANSWER

====>

>HS6< About how much do you currently weigh?

<1-500> POUNDS
[##md1=999][##md2=0][##blank=0]
<d> DON'T KNOW <998>
<r> REFUSED <999>

====>
>cp3< [if HS6 eq <d>][store <998> in HS6][endif]
[if HS6 eq <r>][store <999> in HS6][endif]

>PF1< We are interested in learning if people have
trouble with various activities due to health or physical problems.

Because of health or physical problems, do [bold]you[n] personally need
someone else's help in meeting your needs for personal care, such
as getting across a room, getting dressed, taking a bath or shower,
going to the toilet, or eating a meal?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>sk2< [if hhld eq <1>][goto H1][endif] if only one person in the household
skip this question

>PF2< Because of [bold]health or physical problems[n], do any [bold]other[n]
people in your household need regular help in meeting their
needs for personal care (such as getting help walking across a
room, getting dressed, taking a bath or shower, going to the toilet,
or eating a meal).

[r]IWER: DO NOT INCLUDE INFANTS OR YOUNG CHILDREN UNLESS THEY[n]
[r] HAVE A HEALTH OR PHYSICAL PROBLEM OR DISABILITY[n]

<1> YES
<5> NO[goto H1]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto H1]
<9> REFUSED - NO ANSWER[goto H1]
====>

>PF3< Other than yourself, how many other people in your household need
regular assistance meeting their personal care needs?

<1-6> PEOPLE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto H1]
<9> REFUSED - NO ANSWER[goto H1]

====>

>PF4< Are these people related to you, or is this a residence for
individuals who need this kind of special care?

[r]IWER: EXAMPLE OF RESIDENCES - ADULT FOSTER CARE HOMES[n]

<1> RELATED TO YOU
<5> RESIDENCE FOR SPECIAL CARE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED-NO ANSWER
====>

>P1< What is the age of the (first) person (other than yourself,
in your household that needs regular help in
meeting personal care needs)?

[r]IWER: MAKE SURE THAT THE R IS NOT IDENTIFYING THEMSELVES[n]

<0> LESS THAN 1 YEAR
<1-100> AGE
<997> NOT APPLICABLE
[##md1=999][##md2=997][##blank=997]
<d> DON'T KNOW <998>
<r> REFUSED <999>

====>

>cp4< [if P1 eq <d>][store <998> in P1][endif]
[if P1 eq <r>][store <999> in P1][endif]

>P1a< [no erase]Is that person male or female?

<1> MALE
<5> FEMALE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>sk3< [if PF3 eq <1>][goto H1][endif] if only 1 skip to H1

>P2< What is the age of the (second) (other) person (other than yourself,
in your household that needs regular help in meeting personal
care needs)?

[r]IWER: MAKE SURE THAT THE R IS NOT IDENTIFYING THEMSELVES[n]

<0> LESS THAN 1 YEAR
<1-100> AGE
<997> NOT APPLICABLE
[##md1=999][##md2=997][##blank=997]

<d> DON'T KNOW <998>
<r> REFUSED <999>

====>

>cp5< [if P2 eq <d>][store <998> in P2][endif]
[if P2 eq <r>][store <999> in P2][endif]

>P2a< [no erase]Is that person male or female?

<1> MALE
<5> FEMALE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>sk4< [if PF3 eq <2>][goto H1][endif] if only 2 people skips to H1

>P3< What is the age of the third person (in your household that needs regular help in meeting personal care needs)?

[r]IWER: MAKE SURE THAT THE R IS NOT IDENTIFYING THEMSELVES[n]

<0> LESS THAN 1 YEAR
<1-100> AGE
<997> NOT APPLICABLE
[##md1=999][##md2=997][##blank=997]

<d> DON'T KNOW <998>
<r> REFUSED <999>

====>

>cp6< [if P3 eq <d>][store <998> in P3][endif]
[if P3 eq <r>][store <999> in P3][endif]

>P3a< [no erase]Is that person male or female?

<1> MALE
<5> FEMALE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>sk5< [if PF3 eq <3>][goto H1][endif] if 3 people skips to H1 skip this question

>P4< What is the age of the fourth person (in your household that needs regular help in meeting personal care needs)?

[r]IWER: MAKE SURE THAT THE R IS NOT IDENTIFYING THEMSELVES[n]

<0> LESS THAN 1 YEAR
<1-100> AGE
<997> NOT APPLICABLE
[##md1=999][##md2=997][##blank=997]

<d> DON'T KNOW <998>
<r> REFUSED <999>

====>

>cp12< [if P4 eq <d>][store <998> in P4][endif]
[if P4 eq <r>][store <999> in P4][endif]

>P6a< [no erase]Is that person male or female?

<1> MALE
<5> FEMALE
[##md1=9][##md2=0][##blank=0]
====>

>H1< Now I would like to ask you some questions relating to health care and health care services.

Is there a particular person (a doctor or other health care professional) that you usually go to see when you need medical care?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>ID2< [allow 5][loc 14/1][#store csid in ID2][copy ID2 in ID2]

>R2< [allow 1][#preset <2>][copy R2 in R2]

>H2< When you need [bold]medical care[n], do you [bold]most often[n] see a physician, a nurse or nurse practitioner, a physician assistant, a chiropractor, a podiatrist, or some other health professional?

<1> PHYSICIAN[goto H2a]
<2> NURSE OR NURSE PRACTITIONER
<3> PHYSICIAN ASSISTANT
<4> CHIROPRACTOR
<5> PODIATRIST
<6> PSYCHOLOGIST
<7> PHARMACIST
<8> SOCIAL WORKER
<9> DENTIST
<10> COMBINATION: 2 EQUALLY
0 OTHER HEALTH PROFESSIONAL: SPECIFY[#specify]
<97> OTHER MENTIONED: MISCELLANEOUS
[##md1=99][##md2=0][##blank=0]
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER ====>[goto H3]

>H2a< Is that person an M.D. or a D.O. (a medical doctor or an osteopathic physician)?

<1> M.D. MEDICAL DOCTOR
<5> D.O. OSTEOPATHIC PHYSICIAN
<7> SEES BOTH TYPES (R:PROVIDED)
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>H3< Currently, when you go to get health care, do you usually go to a

physician's office, to a clinic, to a health center, to the emergency department of a hospital, to a hospital outpatient department, or somewhere else?

<1> PHYSICIANS OFFICE
<2> CLINIC (planned parenthood,

<3> HEALTH CENTER
<4> EMERGENCY DEPARTMENT
<5> HOSPITAL OUT-PATIENT DEPARTMENTS (VA hospital,
 <6> MED-STATION (redi-care, delta medical, etc)
 <7> NONE-DO NOT SEE DR'S MEDICAL PERSONNEL
 <97> OTHER: MISCELLANEOUS
0 SOMEONE ELSE: SPECIFY[#specify]
 [##md1=99][##md2=0][##blank=0]
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER
====>

>H4< How much time, in minutes, does it [u]usually[n]
take for you to get from your home to the location of your
health care provider?

<1-90> MINUTES
 [##md1=99][##md2=0][##blank=0]
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER
====>

>I1< Individuals can get health insurance coverage from a variety of sources,
including Medicare, Medicaid, another government program such as CHAMPUS,
from private insurance provided through an employer or union,
or from private insurance that is purchased by an individual.

Do you currently have health insurance coverage of any kind?

<1> YES
<5> NO[goto sk8]
 [##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER[goto sk8]
====>

>I2< Does your [bold]primary[n] health insurance coverage come from
Medicare, Medicaid, another government health insurance program,
from a plan provided through an employer or union, or from
an individually purchased private insurance plan?

[r]IWER: MEDICARE - GOV'T PROGRAM ELDERLY AND DISABLED
 MEDICAI - GOV'T PROGRAM FOR THE NEEDY
 CHAMPUS - MILITARY INSURANCE [n]

<1> MEDICARE[goto I2a]
<2> MEDICAID[goto I4]

<3> ANOTHER GOVERNMENT PROGRAM (CHAMPUS)[goto I3]
<4> PLAN PROVIDED THROUGH EMPLOYER[goto I7]
<5> INDIVIDUALLY PURCHASED OR PRIVATE INSURANCE PLAN[goto I7]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto sk8]
<9> REFUSED - NO ANSWER[goto sk8]
====>

>I3< Many people covered by Medicare or other government insurance programs also have supplementary insurance coverage, either private insurance or from the government through Medicaid.

Do you have one of these types of supplemental coverage?

<1> YES, PRIVATE INSURANCE
<2> YES, MEDICAID, OTHER GOVERNMENT
<5> NO, NO OTHER SUPPLEMENTAL INSURANCE[goto sk8]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto sk8]
<9> REFUSED - NO ANSWER[goto sk8]
====>

>I3b< Now I'll ask you some questions about your supplemental coverage.

[loc 0/490]

TYPE <g> TO PROCEED

====>

>i3c< [if I3 eq <1> goto I7]
[if I3 eq <2> goto I4]

>I4< Are you enrolled in a Medicaid Health Maintenance Organization or HMO?
[equiv I3 position 2]

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>I5< Have you been assigned to a physician sponsor?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>I6< Has concern about losing your Medicaid coverage kept you from looking for employment or increasing your hours of work?

<1> YES

<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>[goto sk8]

>l7< Does an employer or union pay all, part, or none of the cost of the policy?

<1> ALL
<3> PART
<5> NONE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>sk10< [if hhld eq <1>][goto l9][endif]

>l8< Is anyone else in your household besides yourself covered by this policy?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>l9< When you or another family member chose this insurance plan, did you have a choice from among more than one different plan, or was this the only insurance plan offered?

<1> CHOICE OF MORE THAN ONE PLAN
<5> ONLY INSURANCE PLAN OFFERED [goto l14]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto l14]
<9> REFUSED - NO ANSWER[goto l14]
====>

====>

>l10< When you chose your health insurance plan how important were the following factors in your decision?

[bold](How important was) the number and diversity of physicians available under the plan[n]?

Was this very important, somewhat important, not very important, or not important at all (in your decision)?

<1> VERY IMPORTANT
<2> SOMEWHAT IMPORTANT
<3> NOT VERY IMPORTANT

<4> NOT IMPORTANT AT ALL
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>l11< (How important was) the insurance plan's reputation for quality?

[bold](Was this very important, somewhat important, not very important, or not important at all in your decision)?[n]

<1> VERY IMPORTANT
<2> SOMEWHAT IMPORTANT
<3> NOT VERY IMPORTANT
<4> NOT IMPORTANT AT ALL
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>l12< How important was how close the nearest clinic or doctor's office is to where you live?

[bold](Was this very important, somewhat important, not very important, or not important at all in your decision)?[n]

<1> VERY IMPORTANT
<2> SOMEWHAT IMPORTANT
<3> NOT VERY IMPORTANT
<4> NOT IMPORTANT AT ALL
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>l13< How important was the overall cost of the plan for you, including premiums, co-payments, deductibles, and the need to pay for uncovered services?

[bold](Was this very important, somewhat important, not very important, or not important at all?) [n]

<1> VERY IMPORTANT
<2> SOMEWHAT IMPORTANT
<3> NOT VERY IMPORTANT
<4> NOT IMPORTANT AT ALL
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>l14< Does your insurance coverage require you to choose a primary care physician?

<1> YES
<5> NO[goto I16]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto I16]
<9> REFUSED - NO ANSWER[goto I16]
====>

>I15< Does your primary care physician or insurer have to approve any contacts with specialty physicians before the insurance will cover care from a specialist?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>I16< Does your insurance cover [bold]any of the costs[n] (some or all) of prescription drugs?

<1> YES
<5> NO[goto I21]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto I21]
<9> REFUSED - NO ANSWER[goto I21]
====>

>I17< Does your insurance coverage require you to get [u]some[n] prescriptions by mail order?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>I18< Does your insurance coverage require you to [u]use particular pharmacies[n]?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>I19< Does your insurance coverage require you to [u]use generic drugs[n] if they are available?

<1> YES

<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>l20< For some kinds of medications, does your insurance coverage limit which brand-names you can use?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>l21< Have you or any of the others in your household covered by this insurance ever had coverage denied for a particular health problem, because it was a pre-existing condition at the time the insurance took effect?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>l22< Are you currently thinking about changing to a different insurance plan?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>sk9< [if l7 ge <5>][goto sk8][endif] if employer pays none of health insurance skip question

>l23< Would you like to change jobs but have not done so because you are afraid of losing health insurance coverage for yourself or your dependents.

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>sk8< [if hhld eq <1>][goto H7][endif]
if one person hhld-no insurance skip to H7

>l24< Are any other members of your household [bold]not covered[n]
by health insurance of any kind, including any of the government
sponsored programs I've mentioned?

<1> YES
<5> NO[goto H7]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER[goto H7]
====>

>sk20< [if adts eq <1>][goto l26][endif] if no other adults, skips to l26

>l25< How many adults in your household [bold]do not[n] have health care
insurance coverage?

<0> ADULTS
<1-10> ADUTLS
[##md1=99][##md2=99][##blank=99]
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER
====>

>sk11< [if chld eq <0>][goto H7][endif] if no children in household, skips
to H7

>sk19< [if CD10 eq CD11][goto l27][endif] if # children equal to # under 5
skips to l27

>l26< How many children in your household between the ages of 5 and 18
[bold]do not[n] have health care insurance?

<0> CHILDREN 5 TO 18
<1-10> CHILDREN 5 TO 18
[##md1=99][##md2=99][##blank=99]
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER
====>

>sk15< [if CD11 eq <0>][goto H7][endif] if no children under 5 skips to H7

>l27< How many children in your household under the age of 5 [bold]do not[n]
have health care insurance?

<0> CHIDREN UNDER 5
<1-10> CHILDREN UNDER 5
[##md1=99][##md2=99][##blank=99]
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER
====>

>H7< Now I'll ask some questions about your use of health care.

Have you [bold]ever[n] had to change doctors or been unable to see a doctor you wanted to see because of your insurance coverage?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>H8< In the past year, have you [bold]ever not sought[n] medical care even when you thought you needed it or when you thought you should?

<1> YES
<5> NO[goto HC1]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto HC1]
<9> REFUSED - NO ANSWER[goto HC1]
====>

>H8a< Was that because you didn't think you could afford the care you might need, because your health insurance makes it difficult for you to get the care you need, or was it for some other reason?

<1> COST-EXPENSE-COULD NOT AFFORD
<2> INSURANCE MAKES IT DIFFICULT TO GET NEEDED CARE (referrals, etc)
<3> NO TIME-LACK OF TIME-INCONVENIENT (no time, busy)
<4> TREAT SELF-HOME REMEDIES
<5> NO INSURANCE-INSURANCE WOULD NOT COVER
<6> DO NOT LIKE DOCTORS (wimpy, scared, chicken)
<7> THOUGHT ILLNESS WOULD GO AWAY (got better on own)
<8> NO REGULAR DR, DON'T LIKE USING ER, ETC
<9> LACK OF TRANSPORTATION
<10> NOT SERIOUS ENOUGH OF AN ILLNESS
<11> LAZY
0 OTHER REASONS: SPECIFY[#specify]
<97> OTHER: MISCELLANEOUS
<98> DO NOT KNOW
<99> REFUSED - NO ANSWER [##md1=99][##md2=0][##blank=0]
====>

>HC1< In the past three months (that is since last July), have you seen a physician for any reason, including for office visits or outpatient procedures?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>HC2< In the past three months (that is since last July), have you gone to a

hospital emergency room for treatment of any illness or injury?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
===>

>HC3< In the past three months (that is, since last July),
have you been admitted to the hospital and stayed at least
overnight?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
===>

>HC4< In the past year, has a doctor written or renewed a prescription
for you?

<1> YES
<5> NO[goto S1]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto S1]
<9> REFUSED - NO ANSWER[goto S1]
===>

>HC5< Sometimes people delay taking medications or filling prescriptions
because of the cost. During the last three months, have you taken
less medication than was prescribed for you because of the cost?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
===>

>S1< Next, I would like to ask you some questions about your overall
satisfaction or dissatisfaction with the health care you are currently
receiving.

Overall, how satisfied or [bold]dis[n]satisfied are you with your current
ability to get health care when you need it?

Would you say you are very satisfied, somewhat satisfied, somewhat
[bold]dis[n]satisfied or [bold]very dis[n]satisfied?

<1> VERY SATISFIED[goto sk13]
<2> SOMEWHAT SATISFIED
<3> NEITHER SATISFIED OR DISSATISFIED

<4> SOMEWHAT DISSATISFIED
<5> VERY DISSATISFIED
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW[goto sk13]
<9> REFUSED - NO ANSWER[goto sk13]
====>

>S2< What is the [bold]main[n] source of your dissatisfaction?

<1> COSTS TOO MUCH (high premiums, high deductibles, cost go up,
high co-pays, anything to do with \$\$\$
<2> TAKES TOO LONG TO GET AN APPOINTMENT
<3> TAKES TOO LONG TO GET THERE
<4> WAIT IS TOO LONG TO BE SEEN (slow, busy doctors
<5> TOO RESTRICTED IN CHOICE OF PROVIDERS (unable to choose dr,
don't like choice of drs,
<6> NONE OR NOT GOOD PRESCRIPTION COVERAGE (won't cover certain drugs,
must use pharmacies)
<7> TOO RESTRICTED IN COVERAGE (no preventative care, lack of
coverage, doesn't pay everything, doesn't cover specialists,
no vision or dental coverage, doesn't cover children etc)
<8> PAPER WORK
<9> INCOMPETENT DOCTORS (unable to treat illness,
<10> UNABLE TO GET COVERAGE DUE TO ILLNESS OR CONDITION
0 OTHER: SPECIFY [#specify] [##md1=99][##md2=0][##blank=0]
<97> OTHER: MISCELLANEOUS
<98> DO NOT KNOW <99> REFUSED ====>

>sk13< [if l1 ge <5>][goto S5][endif] if no insurance coverage skips to S5

>S3< The next two questions are about your insurance coverage.

In general, how satisfied or [bold]dis[n]satisfied are you with
the amount of paper work required by your primary health [bold]insurance[n]?

(Would you say you are very satisfied, somewhat satisfied, somewhat
[bold]dis[n]satisfied or [bold]very dis[n]satisfied)?

<1> VERY SATISFIED
<2> SOMEWHAT SATISFIED
<3> NEITHER SATISFIED OR DISSATISFIED
<4> SOMEWHAT DISSATISFIED
<5> VERY DISSATISFIED
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>S4< In general, when you have questions for your primary health
[bold]insurer[n], how satisfied or [bold]dis[n]satisfied
are you with how your inquiry is handled?

(Would you say you are very satisfied, somewhat satisfied, somewhat
[bold]dis[n]satisfied or [bold]very dis[n]satisfied)?

<1> VERY SATISFIED
<2> SOMEWHAT SATISFIED
<3> NEITHER SATISFIED OR DISSATISFIED
<4> SOMEWHAT DISSATISFIED
<5> VERY DISSATISFIED
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>S5< The next few questions are about the health care [bold]provider[n]
you [u]usually[n] go to for care.

In general, when you receive health care, how would you rate
the technical skills of your health care providers, that is,
the thoroughness, carefulness, and competence?

Would you say it is excellent, very good, good, fair, or poor?

<1> EXCELLENT
<2> VERY GOOD
<3> GOOD
<4> FAIR
<5> POOR
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>S6< In general, how would you rate the personal manner of your health
care [bold]providers[n], that is, the courtesy, respectfulness,
sensitivity, and friendliness of your health care providers?

Would you say it is excellent, very good, good, fair, or poor?

<1> EXCELLENT
<2> VERY GOOD
<3> GOOD
<4> FAIR
<5> POOR
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>S7< Looking to the next five years, do you think that your ability
[bold]to afford[n] the health care that you need will stay about the
same as it is now, get better, or get worse?

<1> STAY ABOUT THE SAME
<2> GET BETTER
<3> GET WORSE
[##md1=9][##md2=0][##blank=0]

<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>S8< Looking to the next five years, do you think that your ability
[bold]to get[n] health care when you need it will stay about the
same as it is now, will get better, or will get worse?

<1> STAY ABOUT THE SAME
<2> GET BETTER
<3> GET WORSE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>S9< Looking to the next five years, do you think that the [bold]quality of
the health care[n] you receive will stay about the same as it is now,
will get better, or will get worse?

<1> STAY ABOUT THE SAME
<2> GET BETTER
<3> GET WORSE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER
====>

>A1< Federal and state policy makers are looking for ways to reduce the
growth of Medicare and Medicaid in order to hold down spending.
For each of the following statements, please tell me to what
extent you agree or disagree with each.

The first statement is this . . .

[bold]Individuals who cannot afford to pay for their own health
care should face more limits on when and where they get care
than those who can afford it[n].

Would you say you strongly agree, somewhat agree, somewhat disagree, or
strongly disagree with the statement?

<1> STRONGLY AGREE
<2> SOMEWHAT AGREE
<3> NEITHER AGREE NOR DISAGREE
<4> SOMEWHAT DISAGREE
<5> STRONGLY DISAGREE
[##md1=9][##md2=0][##blank=0] <8> DO NOT KNOW
<9> REFUSED - NO ANSWER ===>

>A2< The next is . . .

[bold]Even if spending has to be cut, the government should provide
the same quality and choice of health care coverage for the elderly

that is available to the non-elderly[n].

(Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement)?

- <1> STRONGLY AGREE
- <2> SOMEWHAT AGREE
- <3> NEITHER AGREE NOR DISAGREE
- <4> SOMEWHAT DISAGREE
- <5> STRONGLY DISAGREE
- [##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW
- <9> REFUSED - NO ANSWER
- ====>

>A3< The next is . . .

[bold]Medicare recipients who can afford to pay for a larger share of their health care costs should be expected to do so[n].

(Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement)?

- <1> STRONGLY AGREE
- <2> SOMEWHAT AGREE
- <3> NEITHER AGREE NOR DISAGREE
- <4> SOMEWHAT DISAGREE
- <5> STRONGLY DISAGREE
- [##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW
- <9> REFUSED - NO ANSWER
- ====>

>A4< How strongly would you favor or oppose cutting Medicare and Medicaid expenditures as a part of an overall strategy to reduce government spending?

Would you say you strongly favor, somewhat favor, somewhat oppose, or strongly oppose?

- <1> STRONGLY FAVOR
- <2> SOMEWHAT FAVOR
- <3> NEITHER FAVOR OR OPPOSE
- <4> SOMEWHAT OPPOSE
- <5> STRONGLY OPPOSE
- [##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW
- <9> REFUSED - NO ANSWER
- ====>

>CC1< [start timer2]Next, we have a few questions about how things are going for Michigan residents in general.

We are interested in how people are doing these days. Would you say that you (and your family living

there) are better off or worse off financially than you were a year ago?

- <1> BETTER OFF
 - <3> ABOUT THE SAME (R PROVIDED)
 - <5> WORSE OFF
 - [##md1=9][##md2=0][##blank=0]
 - <8> DO NOT KNOW
 - <9> REFUSED - NO ANSWER
- ====>

>CC2< Now looking ahead, do you think that a year from now, you (and your family living there) will be better off financially or worse off financially?

- <1> BETTER OFF
- <3> ABOUT THE SAME (R PROVIDED)
- <5> WORSE OFF
- [##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW
- <9> REFUSED/NO ANSWER

====>

>CC3< How would you rate your household's overall financial situation these days?

Would you say it is excellent, good, just fair, not so good, or poor?

- <1> EXCELLENT
- <2> GOOD
- <3> JUST FAIR
- <4> NOT SO GOOD
- <5> POOR
- [##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW
- <9> REFUSED-NO ANSWER

====>

>CC4< During the next twelve months, do you think the rate of inflation in this country will go up, will go down, or will stay about the same as it was in the last 12 months?

- <1> UP
- <3> ABOUT THE SAME
- <5> DOWN
- [##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW
- <9> REFUSE TO ANSWER

====>

>CC5< Twelve months from now, do you expect the unemployment situation in this country to be better than, worse than, or about the same as it was in the last 12 months?

- <1> BETTER
- <3> ABOUT THE SAME
- <5> WORSE
[##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW
- <9> REFUSE TO ANSWER

====>

>CC6< Now turning to business conditions in your community, do you think that during the [u]next twelve months[n] your community will have [u]good times[n] financially, or [u]bad times[n], or something else?

- <1> GOOD TIMES
- <5> BAD TIMES
- <3> NEITHER GOOD NOR BAD; MIEDIOCRE STAY THE SAME(R PROVIDED)
- <7> OTHER: MISCELLANEOUS
- 0 OTHER (SPECIFY)[#specify]
[##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW (not really sure)
- <9> REFUSED-NO ANSWER

====>

>ID3< [allow 5][loc 15/1][#store csid in ID3][copy ID3 in ID3]

>R3< [allow 1][#preset <3>][copy R3 in R3]

>PO1< Now, I have a few questions about the performance of various public officials. In general, how would you rate the way Bill Clinton is performing his job as President -- would you say excellent, good, fair, or poor?

- <1> EXCELLENT
- <2> GOOD
- <3> FAIR
- <4> POOR
[##md1=9][##md2=0][##blank=0]
- <8> DON'T KNOW
- <9> REFUSED-NO ANSWER

====>

>PO2< How would you rate the way John Engler is performing his job as Michigan's governor -- (would you say excellent, good, fair, or poor?)

- <1> EXCELLENT
- <2> GOOD
- <3> FAIR

<4> POOR
[##md1=9][##md2=0][##blank=0]
<8> DON'T KNOW
<9> REFUSED-NO ANSWER

====>

>CD16< Finally, I just have a few more background questions.

We are interested in learning about the different ways people may earn their living. Last week, were you working full-time, part-time, going to school, a home-maker or something else?

<0> SELF EMPLOYED EITHER FULL OR PART TIME
<1> WORK FULL TIME
<2> WORK PART TIME
<3> WORK AND GO TO SCHOOL
<4> IN THE ARMED FORCES
<5> HAVE A JOB, BUT NOT AT WORK LAST WEEK (ON VACATION OR LEAVE)
<6> UNEMPLOYED, LAID OFF, LOOK FOR WORK[goto CD20]
<7> RETIRED [goto CD21]
<8> SCHOOL [goto CD21]
<9> HOME-MAKER [goto CD21]
<10> DISABLED [goto CD21]
<s> <97> OTHER [#specify]
<98> DO NOT KNOW[goto CD21]
<99> REFUSED - NO ANSWER[goto CD21]
[##md1=99][##md2=99][##blank=99]
====>

>ifcd< [if CD16 eq <s>][store <97> in CD16][endif]

>CD17< Do you currently work for pay at more than one job?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER

====>

>CD18< On average, how many hours per week do you work at your main job?

<1-75> HOURS PER WEEK
[##md1=99][##md2=0][##blank=0]
<98> DO NOT KNOW
<99> REFUSED TO ANSWER

====>

>sk16< [if CD17 ge <5>][goto CD21][endif]

>CD19< On average, how many hours per week do you work at any jobs other than your main job?

<1-40> HOURS PER WEEK
<98> DO NOT KNOW
[##md1=99][##md2=0][##blank=0]
<99> REFUSED TO ANSWER
====>[goto CD21]

IF UNEMPLOYED, LAID OFF OR LOOKING FOR WORK. . .
>CD20< I'd like to ask you a couple of additional questions about
your employment status.

Have you been actively looking for work?

<1> YES
<5> NO
<8> DO NOT KNOW
<9> REFUSED TO ANSWER
[##md1=9][##md2=0][##blank=0]
====>

>CD21< In your main (last) job, what kind of work do (did) you
normally do? That is, what is (was) your job called?

0 OCCUPATION (TYPE IN OCCUPATION TITLE AND NOTES)[#specify]
<1-9999> OCCUPATION SOC CODE
<d> DO NOT KNOW <9998>
<r> REFUSED <9999>
<n> R HAS NEVER WORKED <9997>
[##md1=9999][##md2=0][##blank=0]
====>

>cp10< [if CD21 eq <d>][store <9998> in CD21][endif]
[if CD21 eq <r>][store <9999> in CD21][endif]
[if CD21 eq <9997>][goto CD6][endif]

>CD22< In your main (last) job, are (were) you self-employed or
do (did) you work for someone else?

<1> SELF-EMPLOYED
<5> WORK FOR SOMEONE ELSE
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED - NO ANSWER

====>

>CD23< (In your main job, At your last) (do/did) you work for an hourly wage,
an annual salary, or something else?

<1> HOURLY WAGE
<3> ANNUAL SALARY
<5> ON COMMISSION (R PROVIDED)
<7> OTHER [#specify]
<8> DO NOT KNOW
<9> REFUSED TO ANSWER

[##md1=9][##md2=0][##blank=0]

====>

>CD6< What is the religious group which you feel most closely represents your religious views? (Is it Catholic, Islamic, Jewish, Protestant, some other religion, or no religion)?

[r]MOST CHRISTIAN RELIGIONS FIT INTO THE PROTESTANT CATEGORY[n]

- <0> NONE; NO RELIGIOUS GROUP
- <1> CATHOLIC; ROMAN CATHOLIC, ORTHODOX
- <2> ISLAMIC
- <3> JEWISH
- <4> PROTESTANT (includes Baptist, Lutheran, Presbyterian, Methodist Christian Reformed, Jehovah's Witness, Pentecostal, Apostolic, etc, LDS, Mormon)
- <5> OTHER NON-CHRISTIAN (Hindu, Buddhist)
- 7 OTHER [#specify](SPECIFY)
[##md1=9][##md2=0][##blank=0]
- <8> DO NOT KNOW
- <9> REFUSED - NO ANSWER

====>

>CD12< Are you currently remarried, married, divorced, separated, widowed, member of an unmarried couple, or have you never been married?

- <0> REMARRIED
- <1> MARRIED
- <2> DIVORCED
- <3> SEPARATED
- <4> WIDOWED
- <5> MEMBER OF AN UNMARRIED COUPLE
- <6> SINGLE, NEVER BEEN MARRIED
- 7 OTHER [#specify](R PROVIDED; SPECIFY)
[##md1=99][##md2=0][##blank=0]
- <98> DO NOT KNOW
- <99> REFUSED TO ANSWER

====>

>CD3< What is the highest level of education that you have completed?

[r]IWER: IF R IS A FIFTH YEAR SENIOR OR HAS GONE LONGER THAN FOUR YEARS BUT IS WITHOUT A DEGREE, CODE AS '13'[n]

- <0> DID NOT GO TO SCHOOL
- <1-11> GRADE
- <12> HIGH SCHOOL GRADUATE OR GED HOLDER
- <13-15> SOME COLLEGE (ONE TO THREE YEARS)
- <16> COLLEGE GRADUATE (FOUR YEARS)

<17> SOME POST GRADUATE
<18> GRADUATE DEGREE
<20> TECHNICAL SCHOOL OR JUNIOR COLLEGE GRADUATE
<98> DO NOT KNOW
[##md1=99][##md2=99][##blank=99]
<99> REFUSE TO ANSWER

====>

>CD4< Which of the following describes your racial background?
Would you say African-American (or Black), Asian or Pacific
Islander, Native American, or White (or Caucasian)?

<1> AFRICAN-AMERICAN OR BLACK
<2> ASIAN OR PACIFIC ISLANDER
<3> NATIVE AMERICAN
<4> WHITE OR CAUCASIAN
<5> BI-RACIAL
<7> OTHER-NEC
0 OTHER [#specify](SPECIFY)
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED TO ANSWER

====>

>CD5< Are you of Hispanic origin or descent, such as Spanish,
Mexican, Puerto Rican, Cuban, or another Latin American
background?

<1> YES
<5> NO
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSED TO ANSWER

====>

>CD7< Generally speaking, do you think of yourself as a
Republican, a Democrat, an Independent or what?

<1> REPUBLICAN[goto CD7A]
<7> DEMOCRAT [goto CD7B]
<4> INDEPENDENT [goto CD7C]
<0> OTHER [#specify](SPECIFY)[goto ptid]
[##md1=9][##md2=9][##blank=9]
<8> DO NOT KNOW [goto ptid]
<9> REFUSE TO ANSWER [goto ptid]

====>

IF REPUBLICAN. . .

>CD7A< Would you call yourself a strong Republican or a not very
strong Republican?

<1> STRONG REPUBLICAN
<2> NOT A VERY STRONG REPUBLICAN
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW
<9> REFUSE TO ANSWER

====> [goto ptid]

IF DEMOCRAT. . .

>CD7B< Would you call yourself a strong Democrat or a not very strong Democrat?

<7> STRONG DEMOCRAT
<6> NOT A VERY STRONG DEMOCRAT
<8> DO NOT KNOW
<9> REFUSE TO ANSWER
[##md1=9][##md2=0][##blank=0]

====> [goto ptid]

IF INDEPENDENT. . .

>CD7C< Do you generally think of yourself as closer to the Democratic Party or the Republican Party?

<3> REPUBLICAN
<4> NEITHER (R PROVIDED)
<5> DEMOCRAT
<8> DO NOT KNOW
<9> REFUSE TO ANSWER
[##md1=9][##md2=0][##blank=0]

====>

>ptid< [allow 1][if CD7A eq <1>][store <1> in ptid][endif] 1 strong republican
[if CD7A eq <2>][store <2> in ptid][endif] 2 not strong rep
[if CD7A eq <8>][store <8> in ptid][endif] 3 lean republican
[if CD7A eq <9>][store <9> in ptid][endif] 4 neither
[if CD7B eq <6>][store <6> in ptid][endif] 5 lean democrat
[if CD7B eq <7>][store <7> in ptid][endif] 6 not strong dem
[if CD7B eq <8>][store <8> in ptid][endif] 7 strong dem
[if CD7B eq <9>][store <9> in ptid][endif] 8 do not know
[if CD7C eq <3>][store <3> in ptid][endif] 9 refused
[if CD7C eq <4>][store <4> in ptid][endif] 0 other
[if CD7C eq <5>][store <5> in ptid][endif]
[if CD7 eq <0>][store <0> in ptid][endif]
[if CD7 eq <8>][store <8> in ptid][endif]
[if CD7 eq <9>][store <9> in ptid][endif]
[if CD7C eq <8>][store <8> in ptid][endif]
[if CD7C eq <9>][store <9> in ptid][endif]

>CD13< Do you rent or do you own your own home?

<1> RENT [goto INC1]
<5> OWN (INCLUDES PAYING MORTGAGE CURRENTLY)
<7> OTHER [#specify]
[##md1=9][##md2=0][##blank=0]
<8> DO NOT KNOW

<9> REFUSE TO ANSWER[goto INC1]

====>

>CD15< What is your home's approximate market value -- that is,
what could you sell your home for now?

<5000-10000000> \$1 - \$10,000,000 DOLLARS
[##md1=999999999][##md2=0][##blank=0]
<d> DO NOT KNOW <999999998>
<r> REFUSE TO ANSWER <999999999>

====>

>cp11< [if CD15 eq <d>][store <999999998> in CD15][endif]
[if CD15 eq <r>][store <999999999> in CD15][endif]

>INC1< To get a picture of people's financial situations, we'd
like to know the general [u]range of incomes[n] of all
households we interview. This is for statistical analysis
purposes and your answers will be kept strictly
confidential. Now, thinking about your household's total
annual income from all sources (including your job), did
your household receive \$30,000 or more in 1994?[allow 2]

<1> YES (\$30,000 OR MORE)[goto INC4]
<5> NO (LESS THAN \$30,000)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION[goto lh31]
<99> REFUSED-NO ANSWER[goto lh31]
====>

>INC2< [allow 2]Was it \$20,000 or more?

<1> YES (\$20,000 - 29,999)[goto inca]
<5> NO (LESS THAN \$20,000)[goto INC3]
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION[goto lh31]
<99> REFUSED-NO ANSWER[goto lh31]

====>

>inca< [allow 2]Was it \$25,000 or more?

<1> YES (\$25,000 - 29,999)[goto lh31]
<5> NO (LESS THAN \$25,000)[goto lh31]
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION[goto lh31]
<99> REFUSED-NO ANSWER[goto lh31]
====>

>INC3< [allow 2]Was it \$10,000 or more?

<1> YES (\$10,000 - 19,999)
<5> NO (LESS THAN \$10,000) [goto lh31]
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION [goto lh31]
<99> REFUSED-NO ANSWER [goto lh31]
====>

>incb< [allow 2]Was it \$15,000 or more?

<1> YES (\$15,000 - 19,999)
<5> NO (LESS THAN \$15,000)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION
<99> REFUSED-NO ANSWER
====> [goto lh31]

>INC4< [allow 2]Was it \$60,000 or more?

<1> YES[goto INC7] (\$60,000 OR MORE)
<5> NO (MORE THAN \$30,000 LESS THAN \$60,000)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION[goto lh31]
<99> REFUSED-NO ANSWER[goto lh31]
====>

>INC5< [allow 2]Was it \$40,000 or more?

<1> YES (\$40,000 OR MORE)[goto INC6]
<5> NO (\$30,000 - 39,999)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION[goto lh31]
<99> REFUSED-NO ANSWER [goto lh31]

====>

>incc< [allow 2]Was it \$35,000 or more?

<1> YES (\$35,000 - 39,999)
<5> NO (\$30,000 - 34,999)[goto lh31]
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION[goto lh31]
<99> REFUSED-NO ANSWER [goto lh31]

====> [goto lh31]

>INC6< [allow 2]Was it \$50,000 or more?

<1> YES (\$50,000 - 59,999)
<5> NO (\$40,000 - 49,999)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW/NO OPINION
<99> REFUSED/NO ANSWER

====> [goto lh31]

>INC7< [allow 2]Was it \$80,000 or more?

<1> YES (\$80,000 OR MORE)[goto INC9]
<5> NO (\$60,000 - 79,999)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION [goto lh31]
<99> REFUSED-NO ANSWER [goto lh31]
====>

>INC8< [allow 2]Was it \$70,000 or more?

<1> YES (\$70,000 - 79,999)
<5> NO (\$60,000 - 69,999)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION
<99> REFUSED-NO ANSWER
====> [goto lh31]

>INC9< [allow 2]Was it \$100,000 or more?

<1> YES (\$100,000 OR MORE)[goto NC11]
<5> NO (\$80,000 - 99,999)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION[goto lh31]
<99> REFUSED-NO ANSWER[goto lh31]
====>

>NC10< [allow 2]Was it \$90,000 or more?

<1> YES (\$90,000 - 99,999)
<5> NO (\$80,000 - 89,999)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION
<99> REFUSED-NO ANSWER

====>[goto lh31]

>NC11< [allow 2]Was it \$110,000 or more?

<1> YES (\$110,000 OR MORE)
<5> NO (\$100,000 - 109,999)
[##md1=99][##md2=0][##blank=0]
<98> DON'T KNOW-NO OPINION
<99> REFUSED-NO ANSWER

====>

>lh31< [if NC11 eq <1>][store <15> in INC][endif] 110,000 or more
[if NC11 eq <5>][store <14> in INC][endif] 100,000 - 109,999
[if NC10 eq <1>][store <13> in INC][endif] 90,000 - 99,999
[if NC10 eq <5>][store <12> in INC][endif] 80,000 - 89,999
[if INC8 eq <1>][store <11> in INC][endif] 70,000 - 79,999
[if INC8 eq <5>][store <10> in INC][endif] 60,000 - 69,999
[if INC6 eq <1>][store <9> in INC][endif] 50,000 - 59,999
[if INC6 eq <5>][store <8> in INC][endif] 40,000 - 49,999
[if incc eq <1>][store <7> in INC][endif] 35,000 - 39,999
[if incc eq <5>][store <6> in INC][endif] 30,000 - 34,999
[if inca eq <1>][store <5> in INC][endif] 25,000 - 29,999
[if inca eq <5>][store <4> in INC][endif] 20,000 - 24,999
[if incb eq <1>][store <3> in INC][endif] 15,000 - 19,999
[if incb eq <5>][store <2> in INC][endif] 10,000 - 14,999
[if INC3 eq <5>][store <1> in INC][endif] \$10,000 or less

[if INC1 eq <98>][store <98> in INC][endif]
[if INC1 eq <99>][store <99> in INC][endif]

>INC< [allow 2]

>sk17< [if CD16 le <5>][goto CD25]
[else][goto CD26][endif]

IF WORK FULL TIME, WORK PART TIME OR WITH A JOB BUT NOT AT WORK

>ID4< [allow 5][loc 16/1][#store csid in ID4][copy ID4 in ID4]
>R4< [allow 1][#preset <4>][copy R4 in R4]

>CD25< What is the gross annual income from your main job --
that is, before taxes or other deductions?

[r]IWER: DOUBLE CHECK YOUR ENTRY HERE [n]

<1-1000000> \$ DOLLARS
[##md1=9999999][##md2=0][##blank=0]
<d> DO NOT KNOW <9999998>
<r> REFUSED <9999999>

====>

>cp13< [if CD25 eq <d>][store <9999998> in CD25][endif]
[if CD25 eq <r>][store <9999999> in CD25][endif]

>CD26< [stop timer2][stop note count]How many phone [bold]numbers[n]
does your household have (that is, how many separate phone lines
--additional household phone numbers)?

[r]IWER; Remember we are asking about phone numbers not[n]
[r] extensions[n]

<1-8> DIFFERENT PHONE NUMBERS

[[##md1=9]][##md2=0][##blank=0]
<9> REFUSED

====>[goto cor1]

>I2a< Are you enrolled in a Medicare HMO (Health Maintenance Organization)?

<1> YES
<5> NO

<8> DO NOT KNOW
<9> REFUSED
====>[goto I3]

>cor1< [loc 0/502][allow 6][record timer in cor1]
>cor2< [allow 6][record timer2 in cor2]
>core< [allow 7][store <0> in core]
 [add cor1 to core]
 [add cor2 to core]
>ntct< [allow 2][record note count in ntct]
 [goto MOD7]
>que1< [allow 2][loc 0/177]

>FNL1< [equiv I2a position 2][allow 2]
>DAT1< [allow 6]
>TCT1< [allow 2]
>INV1< [allow 3]
>TIM1< [allow 4]