

2023 OMAS: A Survey for All Ohioans



INTRODUCTION

This study is sponsored by The State of Ohio and will take approximately 20 minutes. Your participation is voluntary. You do not have to answer any question you do not want to, and your responses to questions will be kept confidential. The responses provided to this survey are used to help local and state agencies improve health services across Ohio.

If you have questions, concerns, or complaints about the study, please call Ohio State/RTI International at 1-833-947-2577.

INSTRUCTIONS

- This survey should be completed by the **adult, 19 years or older, who lives in this household, had the most recent birthday, and has lived in Ohio for one month or more.**
- Mark your answer by completely filling in the circle or marking an “X” in the circle.
- **You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow or a note that tells you what question to answer next.**

START HERE

1. **Are you completing this survey for yourself or for someone else in your household?**

- For myself → *Go to #2*
- For someone else in my household



If you are completing this survey for someone else, please provide responses for the adult (age 19 or older) in your household with the most recent birthday, who has lived in Ohio for at least one month.

The next questions ask about what kind of health insurance coverage you may have.

Health insurance may be obtained in many ways. It can be obtained through your (or your spouse or partner's) current or past employment. It can be purchased directly, such as through [healthcare.gov](https://www.healthcare.gov). It can also be obtained through government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE, or Champ-VA.

2. **Are you personally covered by any health insurance?**

- Yes → *Go to #7 on page 4*
- No → *Go to #3 on page 4*

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NOT COVERED BY INSURANCE

3. (If not covered by insurance) When were you last covered by any type of health insurance?

- Less than 3 months ago
- 3 months to 1 year ago
- 1 to 2 years ago
- 2 to 3 years ago
- More than 3 years ago
- I have never had health insurance

Go to #23 on page 5

4. Did you lose your insurance because of a job loss or layoff that you or a family member experienced?

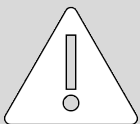
- Yes
- No

5. The last time you had health insurance, were you covered by Medicaid, the State of Ohio health insurance for those with lower income?

- Yes → Go to #23 on page 5
- No

6. The last time you had health insurance, were you covered by insurance obtained through a current or former employer or labor union?

- Yes
- No



If you are not currently covered by insurance, go to Question #23 on page 5

COVERED BY INSURANCE

7. (If covered by insurance) Are you currently covered by health insurance through a current or former employer or labor union?

- Yes
- No → Go to #10

8. How long have you been covered by your current health insurance through a current or former employer or labor union?

- Less than 3 months
- 3 months to 1 year
- 1 to 2 years
- More than 2 years

9. Is your insurance through your work or are you receiving insurance as a dependent through someone else's work? This includes current or past work.

- Through your own work
- Through someone else's work
- Both through your own work and someone else's work

10. Are you currently covered by Medicare, the Federal government-funded health insurance for people 65 years and older or with certain disabilities?

- Yes
- No

11. Are you currently covered by Ohio Medicaid, the State of Ohio health insurance for those with lower income?

- Yes
- No

12. Are you currently covered by health insurance from healthcare.gov (sometimes called the health insurance "exchange" or marketplace)?

- Yes
- No

13. Are you currently covered by health insurance purchased directly, and that is not related to a job or healthcare.gov?

- Yes
- No

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14. Are you currently covered by any other type of health insurance not mentioned previously?
- Yes
 No
15. Do you currently have any type of insurance that covers dental bills?
- Yes
 No
16. Do you currently have any type of insurance that covers eyeglasses, lenses, or vision care bills?
- Yes
 No



If you are currently covered by Medicaid, continue to #17.
If you are not currently covered by Medicaid, skip to #23.

17. How long have you been covered by Medicaid?

- Less than 3 months
 3 months to 1 year
 1 to 2 years
 More than 2 years
- } Go to #23

▶18. During the past 12 months, but before you were covered by Medicaid, were you covered by other insurance?

- Yes
 No → Go to #23

19. Was that prior insurance obtained through an employer or labor union?

- Yes → Go to #23
 No

20. Was that prior insurance from healthcare.gov (sometimes called the health insurance “exchange” or marketplace)?

- Yes → Go to #23
 No → Continue to #21

21. Was that prior insurance purchased directly, and that is not related to a job or healthcare.gov?

- Yes → Go to #23
 No

22. Was that prior insurance any other type of health insurance not mentioned previously?

- Yes
 No

GENERAL HEALTH

These next questions ask about your health.

23. In general, would you say your health is excellent, very good, good, fair, or poor?

- Excellent
 Very good
 Good
 Fair
 Poor

24. For the next question, please think about your physical health, which includes physical illness and injury. During the past 30 days, on how many days did a physical health condition keep you from doing your work or other usual activities?

Days

25. Thinking about your teeth and gums, would you say your dental health is excellent, very good, good, fair, or poor?

- Excellent
 Very good
 Good
 Fair
 Poor

The next questions are about any physical, mental, or emotional conditions that cause serious difficulties with daily activities.

26. Are you deaf, or do you have serious difficulty hearing?

- Yes
- No

27. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

28. Do you have serious difficulty walking or climbing stairs?

- Yes
- No → Go to #30

→29. Did this serious difficulty with walking or climbing stairs begin before age 22?

- Yes
- No

30. Do you have difficulty dressing or bathing?

- Yes
- No → Go to #32

→31. Did this difficulty with dressing or bathing begin before age 22?

- Yes
- No

32. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

33. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

- Yes
- No → Go to #35

→34. Did this difficulty doing errands alone begin before age 22?

- Yes
- No

35. Using your usual language, do you have difficulty communicating, for example understanding or being understood?

- No difficulty → Go to #37
- Some difficulty
- A lot of difficulty
- Cannot do at all

→36. Did this difficulty communicating begin before age 22?

- Yes
- No

37. Do you have a developmental disability?

- Yes
- No

38. What is your gender?

- Female
- Male
- I use a different term (Please specify):

} Go to #41 on page 7

39. During the past 12 months, were you pregnant at any time?

- Yes
- No → Go to #41 on page 7

→40. Are you currently pregnant?

- Yes
- No

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These next questions are about medical conditions you may have.

41. Has a doctor or other health professional **ever** told you that you had high blood pressure, also called hypertension?

- Yes
- No

42. Has a doctor or other health professional **ever** told you that you had a heart attack, also called myocardial infarction?

- Yes
- No

43. Has a doctor or other health professional **ever** told you that you had angina or coronary heart disease?

- Yes
- No

44. Has a doctor or other health professional **ever** told you that you had a stroke?

- Yes
- No

45. Has a doctor or other health professional **ever** told you that you had congestive heart failure, which is when your heart can't pump enough blood to meet the body's needs?

- Yes
- No

46. Has a doctor or other health professional **ever** told you that you had high cholesterol?

- Yes
- No

47. Has a doctor or other health professional **ever** told you that you had diabetes?

- Yes
- Borderline
- No → Go to #49

→48. (If yes or borderline) Was your diabetes only during a time associated with a pregnancy?

- Yes, only when pregnant
- No
- Does not apply (Never been pregnant)

49. Has a doctor or other health professional **ever** told you that you had chronic obstructive pulmonary disease, also called COPD?

- Yes
- No

50. Has a doctor or other health professional **ever** told you that you had asthma?

- Yes
- No

51. Has a doctor or other health professional **ever** told you that you had cancer?

- Yes
- No

MENTAL HEALTH

The next questions are about your mental or emotional health. You do not have to answer any questions that make you uncomfortable.

52. In general, would you say that your mental health is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor

53. Thinking about your mental health, which may include stress, depression, problems with emotions, or substance abuse, for how many days, during the past 30 days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

Days

54. How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

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SUBSTANCE USE

The next few questions are about your experiences with tobacco, alcohol, and other substances. The answers that you give us are important to this study's success, and only the combined responses from all survey participants will be reported, not just one person's answers.

55. How often do you feel left out?
- Hardly ever
 - Some of the time
 - Often
56. How often do you feel isolated from others?
- Hardly ever
 - Some of the time
 - Often
57. During the past two weeks, how often have you been bothered by feeling nervous, anxious, or on edge? Would you say...
- Nearly every day
 - More than half the days
 - Several days
 - Not at all
58. During the past two weeks, how often have you been bothered by not being able to stop or control worrying? Would you say...
- Nearly every day
 - More than half the days
 - Several days
 - Not at all
59. During the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless? Would you say...
- Nearly every day
 - More than half the days
 - Several days
 - Not at all
60. During the past two weeks, how often have you been bothered by having little interest or pleasure in doing things? Would you say...
- Nearly every day
 - More than half the days
 - Several days
 - Not at all

61. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No → Go to #63

→62. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all

63. Have you ever used an electronic cigarette or vaping product, even one time?

- Yes
- No → Go to #65

→64. Do you now use electronic cigarettes or vaping products every day, some days, rarely, or not at all?

- Every day
- Some days
- Rarely
- Not at all

65. During the past 30 days, on how many days did you have at least one drink of an alcoholic beverage such as beer, wine, a malt beverage or liquor?

Enter "0" if you have not had an alcoholic beverage during the past 30 days.

Days

If you answered 0 days → Go to #68 on page 9

For women who answered more than 0 days → Go to #66 on page 9

For men who answered more than 0 days → Go to #67 on page 9



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66. (If woman) During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have 4 or more drinks on an occasion?

Days → Go to #68

67. (If man) During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have 5 or more drinks on an occasion?

Days

The next questions ask about marijuana and cannabis products. When answering these questions, please **do not include** CBD or other hemp products that have no or small amounts of THC and are not intended to cause a “high”.

68. Have you **ever**, even once, used marijuana, cannabis, or any form of THC product such as edibles, oils, and food products?

- Yes
- No
- Don't know

} Go to #70

→69. **During the past 30 days**, have you used marijuana, cannabis, or any form of THC product every day, some days, rarely, or not at all?

- Every day
- Some days
- Rarely
- Not at all

The next questions ask about using prescription pain relievers, such as Oxycontin (oxycodone), Vicodin (hydrocodone), and Opana (oxymorphone). When answering these questions, please **do not include** pain relievers such as aspirin, Tylenol, Aleve, and Advil, or other ibuprofens.

70. **During the past 12 months**, have you been prescribed a pain reliever by a doctor?

- Yes → Continue to #71
- No
- Don't know

} Go to #73

71. **During the past 12 months**, have you used a prescription pain reliever in any way a doctor did not direct you to use it?

- Yes
- No
- Don't know

} Go to #73

72. **During the past 12 months**, have you used a prescription pain reliever in greater amounts, more often, or longer than a doctor told you to take it?

- Yes
- No
- Don't know

73. **During the past 12 months**, have you used a prescription pain reliever that was **not prescribed for you** by a doctor?

- Yes
- No
- Don't know

HEALTH CARE

The next set of questions asks about your use of health care services.

74. When you are sick or need advice about your health, do you usually receive care at one place, more than one place, or no place at all?

- One place
- More than one place
- No place at all → Go to #76 on page 10

→75. **Where do you usually receive care or advice about your health?**

- A doctor's office or health center, including by phone or video call
- A hospital emergency room
- An urgent care center, including by phone or video call
- A clinic in a pharmacy or grocery store
- Some other place

76. **During the past 12 months**, did you see a doctor or other healthcare provider...?

	Yes	No
a. In-person	<input type="radio"/>	<input type="radio"/>
b. By audio-only call without video	<input type="radio"/>	<input type="radio"/>
c. By video call with audio	<input type="radio"/>	<input type="radio"/>

This next question asks you about telehealth. Telehealth lets a doctor, nurse, or other healthcare provider care for you without an in-person office visit. Telehealth appointments are usually done online (using a computer, tablet, or smartphone) or by phone.

77. **During the past 12 months**, how many times have you had a **telehealth** visit with a doctor, nurse, or other healthcare provider?

- 0 times
- 1-2 times
- 3-6 times
- 7 or more times

78. **About how long has it been since you last visited a doctor or other health professional for a **routine checkup**?** A *routine checkup* is a general physical exam, not an exam for a specific injury, illness, or condition. If you are unsure, please make your best estimate.

- Within the last 12 months
- More than 12 months ago
- I have never seen a doctor for a routine checkup

79. **During the past 12 months**, how many times were you a patient in a hospital **emergency** room?

- 0 times
- 1-2 times
- 3-6 times
- 7 or more times

We would now like to ask you a couple of questions about vaccines.

80. **During the past 12 months**, have you had a **shot or vaccine for the flu**?

- Yes
- No
- Don't know

81. Have you **ever** had a shot or vaccine for any of the following?

	Yes	No	Don't know
a. Shingles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. **Currently**, how hesitant are you to receive the following vaccines?

	Very hesitant	Somewhat hesitant	Not that hesitant	Not at all hesitant
a. Shingles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Flu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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These next questions ask about different types of care you may have needed and whether or not you were able to get this needed care.

83. **During the past 12 months, was there a time when you needed dental care?**

- Yes, I needed dental care
- No, I did not need dental care → Go to #86

84. **Were you able to get the dental care that you needed?**

- Yes, I got the dental care I needed → Go to #86
- No, I **did not get** the dental care I needed

85. **Why did you not get the dental care you needed during the past 12 months? Please select "yes" or "no" for each reason.**

	Yes	No
a. I thought it would cost too much	<input type="radio"/>	<input type="radio"/>
b. I did not have transportation to or from appointments	<input type="radio"/>	<input type="radio"/>
c. The provider was not available when I needed to go	<input type="radio"/>	<input type="radio"/>
d. I could not find a provider who would accept my insurance	<input type="radio"/>	<input type="radio"/>
e. Another reason not listed (Please specify) ↓	<input type="radio"/>	<input type="radio"/>

86. **During the past 12 months, was there a time when you needed vision care, eyeglasses, or lenses?**

- Yes, I needed vision care, eyeglasses, or lenses
- No, I did not need vision care, eyeglasses, or lenses → Go to #89 on page 12

87. **Were you able to get the vision care, eyeglasses, or lenses that you needed?**

- Yes, I got the vision care, eyeglasses, or lenses I needed → Go to #89 on page 12
- No, I **did not get** the vision care, eyeglasses, or lenses I needed

88. **Why did you not get the vision care, eyeglasses, or lenses you needed during the past 12 months? Please select "yes" or "no" for each reason.**

	Yes	No
a. I thought it would cost too much	<input type="radio"/>	<input type="radio"/>
b. I did not have transportation to or from appointments	<input type="radio"/>	<input type="radio"/>
c. The provider was not available when I needed to go	<input type="radio"/>	<input type="radio"/>
d. I could not find a provider who would accept my insurance	<input type="radio"/>	<input type="radio"/>
e. Another reason not listed (Please specify) ↓	<input type="radio"/>	<input type="radio"/>



89. **During the past 12 months, was there a time when you needed mental or emotional health care or counseling services?**

- Yes, I needed mental or emotional health care or counseling services
- No, I did not need mental or emotional health care or counseling services → **Go to #92**

▶90. **Were you able to get the mental or emotional health care or counseling services that you needed?**

- Yes, I got the mental or emotional health care or counseling services I needed → **Go to #92**
- No, I **did not get** the mental or emotional health care or counseling services I needed

91. **Why did you not get the mental or emotional health care or counseling services you needed during the past 12 months? Please select "yes" or "no" for each reason.**

	Yes	No
a. I thought it would cost too much	<input type="radio"/>	<input type="radio"/>
b. I did not have transportation to or from appointments	<input type="radio"/>	<input type="radio"/>
c. The provider was not available when I needed to go	<input type="radio"/>	<input type="radio"/>
d. I could not find a provider who would accept my insurance	<input type="radio"/>	<input type="radio"/>
e. Another reason not listed (Please specify) ↓	<input type="radio"/>	<input type="radio"/>

92. **Have you ever needed treatment for your use of alcohol or other drugs, not including nicotine products?**

- Yes
 - No
 - I have never used alcohol or other drugs
- } **Go to #96 on page 13**

▶93. **During the past 12 months, was there a time when you needed treatment for your use of alcohol or other drugs, not including nicotine products?**

- Yes, I needed treatment for alcohol or other drugs, not including nicotine products
- No, I did not need treatment for alcohol or other drugs, not including nicotine products → **Go to #96 on page 13**

94. **Were you able to get the treatment you needed for your use of alcohol or other drugs, not including nicotine products?**

- Yes, I got the treatment I needed for alcohol or other drugs, not including nicotine products → **Go to #96 on page 13**
- No, I **did not get** the treatment I needed for alcohol or other drugs, not including nicotine products

95. **Why did you not get the treatment you needed for your use of alcohol or other drugs, not including nicotine products, during the past 12 months? Please select "yes" or "no" for each reason.**

	Yes	No
a. I thought it would cost too much	<input type="radio"/>	<input type="radio"/>
b. I did not have transportation to or from appointments	<input type="radio"/>	<input type="radio"/>
c. The provider was not available when I needed to go	<input type="radio"/>	<input type="radio"/>
d. I could not find a provider who would accept my insurance	<input type="radio"/>	<input type="radio"/>
e. Another reason not listed (Please specify) ↓	<input type="radio"/>	<input type="radio"/>

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96. **During the past 12 months**, was there a time when you were **not** able to fill a prescription?

- Yes, there was a time I was **not** able to fill a prescription
- No, I was able to fill all my prescriptions
- I did not have any prescriptions in the past 12 months

Go to #98

97. **Thinking about the most recent time you were not able to fill a prescription, why were you not able to fill it? Please select "yes" or "no" for each reason.**

	Yes	No
a. I could not afford to pay for the prescription	<input type="radio"/>	<input type="radio"/>
b. I did not have transportation to or from the pharmacy	<input type="radio"/>	<input type="radio"/>
c. The pharmacy was not open when I needed to go	<input type="radio"/>	<input type="radio"/>
d. I could not find a pharmacy that would accept my insurance	<input type="radio"/>	<input type="radio"/>
e. I ran out of refills	<input type="radio"/>	<input type="radio"/>
f. My insurance would not cover the prescription	<input type="radio"/>	<input type="radio"/>
e. Another reason not listed (Please specify)	<input type="radio"/>	<input type="radio"/>

FINANCIAL SITUATION

These next questions are about your financial situation.

98. **During the past 12 months**, how difficult has it been for your household to pay for usual household expenses, such as food, rent or mortgage, medical expenses, and so on?

- Not at all difficult
- A little difficult
- Somewhat difficult
- Very difficult

99. **During the past 12 months**, at any point did you have difficulty paying your rent or mortgage?

- Yes
- No
- I did not have rent or a mortgage during the past 12 months

Go to #101

100. **During the past 12 months**, were you forced to move because you couldn't pay your rent or mortgage?

- Yes
- No

101. **During the past 12 months**, at any point did you have difficulty paying medical bills for yourself or anyone else in the family or household?

- Yes
- No
- I did not have any medical bills during the past 12 months

102. **During the past 12 months**, at any point did you have difficulty paying any debt that you have?

- Yes
- No
- I did not have any debt during the past 12 months

103. At any time in the past 12 months, have you worried whether your food would run out before you got money to buy more?

- Yes
- No

104. At any time in the past 12 months, have you run out of food before you got money to buy more?

- Yes
- No

105. During the past 12 months, at any point did you have difficulty paying for food for your family or household?

- Yes
- No
- I did not buy food for my family or this household during the past 12 months

106. During the past 30 days, have you used an EBT or Food Stamp benefit card?

- Yes
- No

107. During the past 12 months, at any point did you have difficulty accessing reliable transportation?

- Yes
- No

Now we have a question about your community.

108. How big of a problem do you think the following issues are in your community?

	A very big problem	A moderately big problem	A small problem	Not a problem at all
a. Access to transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drug addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lack of jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Paying for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Paying for housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Problem not mentioned, (Please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WORK STATUS

Now we'd like to ask you some questions about your current work situation.

109. Last week did you have a job, either full or part-time?

- Yes → Continue to #110 on page 15
- No → Go to #115 on page 15

WORKING

110. (If working) Thinking about just last week, how many hours did you work? If you are unsure, please make your best guess.

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 Hours

111. How long have you had your current job? If you are unsure, please make your best guess.

- Less than 3 months
- 3 months to 6 months
- More than 6 months to 1 year
- More than 1 year

These next few questions ask about employment and health insurance.

112. Does your employer or labor union offer health insurance to any of its employees? If you are self-employed, please answer "Does not apply."

- Yes
 - No
 - Does not apply
- } Go to #118 on page 16

113. Are you currently eligible to participate in your employer or union health insurance?

- Yes
- No → Go to #118 on page 16



If you are eligible for your employer/ union health insurance but do not participate in it → Continue to #114

Everyone else → Skip to #118 on page 16

114. Please tell us whether each of the following was a reason you are not participating in your employer or labor union health insurance.

	Yes	No
a. It costs too much.	<input type="radio"/>	<input type="radio"/>
b. I have other insurance.	<input type="radio"/>	<input type="radio"/>
c. I do not need it.	<input type="radio"/>	<input type="radio"/>

→ Go to #118 on page 16

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NOT WORKING

115. (If not working) During the past 30 days, did you look for work?

- Yes
- No

116. People are not working for various reasons. Why were you not working last week? Please select "yes" or "no" for each reason.

	Yes	No
a. I am retired	<input type="radio"/>	<input type="radio"/>
b. I am caring for a child/adult family member	<input type="radio"/>	<input type="radio"/>
c. I have at least one physical or mental health limitation	<input type="radio"/>	<input type="radio"/>
d. I am in a job training program or in school	<input type="radio"/>	<input type="radio"/>
e. I could not find work	<input type="radio"/>	<input type="radio"/>
f. I do not have reliable transportation	<input type="radio"/>	<input type="radio"/>
g. Some other reason (Please specify)	<input type="radio"/>	<input type="radio"/>



If you are currently covered by Medicaid → Continue to #117

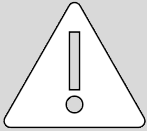
If you are not currently covered by Medicaid → Skip to #118 on page 16

117. Does having Medicaid coverage affect your ability to look for work?

- Makes it easier
- Has no effect
- Makes it harder
- Don't know

118. At any time during the last 12 months, were you self-employed? *This may be in addition to your main job.*

- Yes
- No



If you are currently covered by Medicaid and currently working (including self-employed) → Continue to #119

Everyone else → Skip to #120

119. Does having Medicaid coverage affect your ability to work?

- Makes it easier
- Has no effect
- Makes it harder
- Don't know

Now we'd like to ask you about changes to your job situation during the past 12 months.

120. During the past 12 months, did you lose a job? *By 'lose a job,' we mean getting fired, let go, or laid off, meaning that you no longer work in that job.*

- Yes
- No
- Don't know

121. During the past 12 months, did you choose to leave a job? *By 'leave a job,' we mean quitting or voluntarily deciding to no longer work in that job.*

- Yes → Continue to #122
 - No
 - Don't know
- } Go to #123

122. Why did you choose to leave that job? *Please select "yes" or "no" for each reason. If you chose to leave more than one job during the past 12 months, please refer to the most recent job you left.*

	Yes	No
a. The pay was too low	<input type="radio"/>	<input type="radio"/>
b. There were not enough opportunities for advancement	<input type="radio"/>	<input type="radio"/>
c. I felt disrespected at work	<input type="radio"/>	<input type="radio"/>
d. Because of childcare issues	<input type="radio"/>	<input type="radio"/>
e. There was not enough flexibility in work schedule or hours	<input type="radio"/>	<input type="radio"/>
f. The benefits, such as health insurance, weren't good	<input type="radio"/>	<input type="radio"/>
g. Because of transportation issues	<input type="radio"/>	<input type="radio"/>

DEMOGRAPHICS

The next few questions are for general classification purposes.

123. How old were you on your last birthday?

		Years
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124. What is the highest level of school you have completed or the highest degree received?

- Less than 8th grade
- Some high school, but no diploma
- GED
- High school or vocational/trade school graduate
- Some college, but no degree
- Associate degree (1-2 year occupational, technical or academic program)
- Four-year college graduate/bachelor's degree
- Advanced degree (including master's, professional degree, or doctorate)

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125. What is your current marital status?

- I am married
- I am widowed
- I am divorced
- I am separated
- I have never been married

126. Have you ever served in the United States Armed Forces?

- Yes
- No → Go to #128

▶ **127. Are you currently serving in the United States Armed Forces?**

- Yes
- No

128. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

129. Which one or more of the following would you say is your race? Select all that apply.

- White
- Black or African American
- Asian
- Native American, American Indian, or Alaskan Native
- Native Hawaiian or Pacific Islander
- Hispanic, Latino, Spanish
- Other

130. About how much do you weigh without shoes? If currently pregnant, consider your weight just before your current pregnancy.

Pounds

131. About how tall are you without shoes?

Feet Inches

The next few questions ask about your income so that the survey sponsors can find out how income relates to health insurance coverage and access to health care.

132. How many family members, including yourself, are supported by the family's total income? Please include yourself. Total income includes money from jobs, business, farm, pensions, investments, social security payments and other income received before taxes or other deductions.

Family Members

133. Are there any other family members who do not live in your home who are also supported by the family's total income?

- Yes
- No → Go to #135

▶ **134. How many other family members who do not live in your home are also supported by the family's total income?**

Other Family Members

135. What is your best estimate of you and your family members' income last month before taxes and other deductions? This includes family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.

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136. What is your best estimate of you and your family members' total 2022 annual income before taxes and deductions? This includes family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.

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137. How many members of your household, including yourself, are 19 years of age or older?

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 Adults

138. Including yourself, how many adult members of your family, age 19 and over, live in this household? *Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.*

--	--

 Adults

139. How many children 18 years of age or younger live in your household, whether they are family members or not?

--	--

 Children

If there are no children → Skip to #142

If there is at least one child → Continue to #140

140. How many of the children living in your household are members of your family? *Please only count individuals 18 years of age or younger. Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.*

--	--

 Children

141. Are you a parent of any of the children living in your household? *A parent includes stepparents, foster parents, and legal guardians.*

- Yes
- No



If you are completing this survey for someone else → **Continue to #142**

Everyone else → **Go to #143**

142. What is your relationship to this person?

- I am this person's wife/female partner
- I am this person's husband/male partner
- I am this person's mother
- I am this person's father
- I am this person's daughter
- I am this person's son
- I am this person's grandmother
- I am this person's grandfather
- I am this person's aunt
- I am this person's uncle
- I am this person's sister
- I am this person's brother
- I am this person's other female relative
- I am this person's other male relative
- I am this person's female legal guardian
- I am this person's male legal guardian
- I am this person's foster mother
- I am this person's foster father
- I am this person's other female non-relative
- I am this person's other male non-relative

CONTACT INFORMATION

143. We would like to thank you again for your participation. Is it okay if we contact you with follow-up questions?

- Yes
- No → **Go to #149 on page 19**

▶144. Please enter your email address:

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145. What is your phone number?

- -

146. Is this a cell phone number?

- Yes
 No → Go to #148

147. May we text you?

- Yes
 No

148. What is your preferred method of contact?

- Email
 Call
 Text

149. In order to mail you your \$10 as a token of appreciation for completing this survey, we need to collect your name and mailing address:

First Name:

Last Name:

Address:

Apartment:

City:

State:

Zip Code:

150. Please select how you would like to receive your \$10 in the mail:

- Physical Visa Gift Card
 Check

Thank you for your participation!

Please return this questionnaire in the envelope provided.

If you have lost the envelope or did not receive one, please return this questionnaire to:

**RTI International
Attn: Data Capture (0219168.000.005)
5265 Capital Boulevard
Raleigh, NC 27690-1653**

You will receive your \$10 VISA gift card or \$10 check in three to four weeks by mail.

