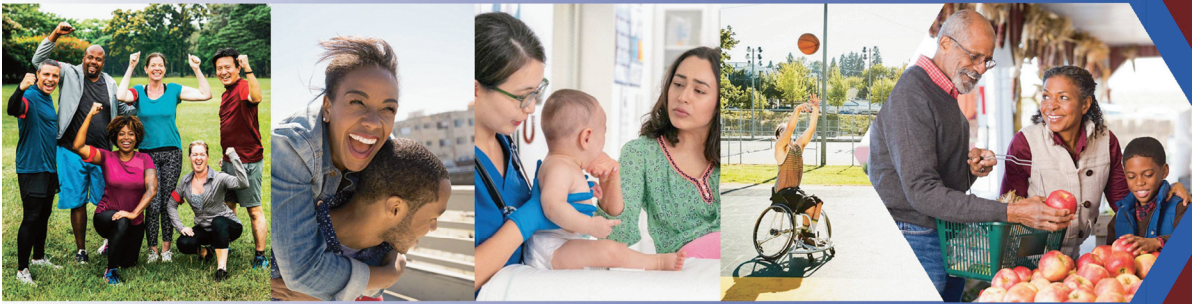


2025 OMAS: A Survey for All Ohioans



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INTRODUCTION

This study is sponsored by The Ohio State University 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 one month or more.

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 as a private plan from insurance companies or through marketplace websites, such as [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 #18 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 #18 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 #18 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 my own work
- Through someone else's work
- Both through my 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

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GENERAL HEALTH

These next questions ask about your health.

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

- Excellent
- Very good
- Good
- Fair
- Poor

19. 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

20. 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


12. Are you currently covered by any other type of health insurance not mentioned previously?

- Yes
- No → Go to #14

▶13. What other type of health insurance are you currently covered by?

14. Do you currently have any type of insurance that covers dental bills?

- Yes
- No

 If you are currently covered by Medicaid → *Continue to #15*
If you are not currently covered by Medicaid → *Go to #18*

15. 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 #18*

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

- Yes
- No → Go to #18

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

- Yes
- No

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No → Go to #25

→24. Did this serious difficulty with walking or climbing stairs begin before age 22?

- Yes
- No

25. Do you have difficulty dressing or bathing?

- Yes
- No → Go to #27

→26. Did this difficulty with dressing or bathing begin before age 22?

- Yes
- No

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

- Yes
- No

28. 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 #30

→29. Did this difficulty doing errands alone begin before age 22?

- Yes
- No

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

- No difficulty → Go to #32
- Some difficulty
- A lot of difficulty
- Cannot do at all

→31. Did this difficulty communicating begin before age 22?

- Yes
- No

32. Do you have a developmental disability?

- Yes
- No

33. What is your sex?

- Male → Go to #36 on page 7
- Female

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

- Yes
- No → Go to #36 on page 7

→35. Are you currently pregnant?

- Yes
- No

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These next questions are about medical conditions you may have.

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

- Yes
- No

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

- Yes
- Borderline
- No → Go to #39

→38. Was your diabetes only during a time associated with a pregnancy?

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

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

- Yes
- No

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

- Yes
- No → Go to #42

→41. Do you still have asthma?

- Yes
- No

42. 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.

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

- Excellent
- Very good
- Good
- Fair
- Poor

44. 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?

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 Days

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

- Hardly ever
- Some of the time
- Often

46. How often do you feel left out?

- Hardly ever
- Some of the time
- Often

47. How often do you feel isolated from others?

- Hardly ever
- Some of the time
- Often

48. How often do you feel lonely?

- 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.

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

- Yes
 No → Go to #51

→50. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
 Some days
 Not at all

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

- Yes
 No → Go to #53

→52. 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

53. 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?

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

Days

If you answered 0 days → Go to #56 on page 9



For females who answered more than 0 days → Go to #54

For males who answered more than 0 days → Go to #55

54. (If female)

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 #56 on page 9

55. (If male)

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

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The next questions are about CBD or hemp products made from hemp plants. CBD and hemp products have no or small amounts of THC and are not intended to cause a “high.” They come in many forms including oils, lotions, edibles, and isolate.

56. Have you ever, even once, used any CBD or hemp products?

Yes

No

Don't know

} Go to #58

→57. During the past 30 days, have you used any CBD or hemp products every day, some days, rarely, or not at all?

Every day

Some days

Rarely

Not at all

The next questions are about marijuana and cannabis products, sometimes called pot, weed, hashish, or concentrates. Some of the ways these products can be used are smoking, vaping, dabbing, eating or drinking, or applying as a lotion.

Please do not include products that only contain CBD or hemp when answering these questions.

58. Have you ever, even once, used marijuana or any cannabis product?

Yes

No

Don't know

} Go to #60

→59. During the past 30 days, have you used marijuana or any cannabis product every day, some days, rarely, or not at all?

Every day

Some days

Rarely

Not at all



If you have used any CBD/hemp products or marijuana/cannabis products in the past 30 days → *Continue to #60*

Everyone else → *Go to #61*

60. What are the main reasons why you have used CBD/hemp products or marijuana/cannabis products in the past 30 days?

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.

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

Yes

No

Don't know

62. 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

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HEALTH CARE

A primary care provider or practice (sometimes referred to as a PCP) is someone you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt.

63. Do you have a primary care provider or practice (PCP)?

- Yes
- No → Go to #65

→64. When you go to your primary care provider or practice, do you see the same provider each time?

- Yes
- No

The next set of questions will ask about seeing a doctor or any other type of healthcare provider. Please include in-person, online, and phone visits.

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

- Yes
- No → Go to #73 on page 12

66. During the past 12 months, did you see a doctor or other healthcare provider when you were sick with an illness?

- Yes → Continue to #67
- No → Go to #69 on page 11

67. During the past 12 months, where did you receive care from a doctor or other healthcare provider when you were sick with an illness? Please select “yes” or “no” for each option.

	Yes	No
a. A doctor’s office or health center, including by phone or video call	<input type="radio"/>	<input type="radio"/>
b. An emergency room	<input type="radio"/>	<input type="radio"/>
c. An urgent care center, including by phone or video call	<input type="radio"/>	<input type="radio"/>
d. A walk-in clinic in a pharmacy or grocery store	<input type="radio"/>	<input type="radio"/>
e. Some other place	<input type="radio"/>	<input type="radio"/>

68. During the past 12 months, did you receive care from your primary care provider or practice (PCP) when you were sick with an illness?

- Yes
- No
- Not applicable – I do not have a primary care provider or practice (PCP)



69. **During the past 12 months**, did you see a doctor or other healthcare provider for a **physical check-up or routine care**?

- Yes
- No → Go to #72

▶70. **During the past 12 months**, where did you receive care from a doctor or other healthcare provider for a **physical check-up or routine care**? Please select “yes” or “no” for each option.

	Yes	No
a. A doctor’s office or health center, including by phone or video call	<input type="radio"/>	<input type="radio"/>
b. An emergency room	<input type="radio"/>	<input type="radio"/>
c. An urgent care center, including by phone or video call	<input type="radio"/>	<input type="radio"/>
d. A walk-in clinic in a pharmacy or grocery store	<input type="radio"/>	<input type="radio"/>
e. Some other place	<input type="radio"/>	<input type="radio"/>

71. **During the past 12 months**, did you receive care from your **primary care provider or practice (PCP)** for a **physical check-up or routine care**?

- Yes
- No
- Not applicable – I do not have a primary care provider or practice (PCP)

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.

72. **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



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

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Times

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

74. **During the past 12 months**, have you had a **flu** vaccine? This may be given as a shot or nose spray.

- Yes
- No

75. **In the next 12 months**, how likely are you to get a **flu** vaccine? This may be given as a shot or nose spray.

- Very likely
- Somewhat likely
- Not too likely
- Not likely at all

76. **During the past 12 months**, have you had a **COVID-19** vaccine?

- Yes
- No

77. **In the next 12 months**, how likely are you to get a **COVID-19** vaccine?

- Very likely
- Somewhat likely
- Not too likely
- Not likely at all

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.

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

- Yes
- No → Go to #81 on page 13

→79. Were you able to **get** the dental care that you needed?

- Yes → Go to #81 on page 13
- No

80. 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 did not have any dental insurance	<input type="radio"/>	<input type="radio"/>
b. My insurance would not cover the care	<input type="radio"/>	<input type="radio"/>
c. I could not find a provider who would accept my insurance	<input type="radio"/>	<input type="radio"/>
d. A provider was not available	<input type="radio"/>	<input type="radio"/>
e. I did not have transportation to or from appointments	<input type="radio"/>	<input type="radio"/>
f. I thought it would cost too much	<input type="radio"/>	<input type="radio"/>
g. I am afraid of dental work	<input type="radio"/>	<input type="radio"/>
h. Some other reason	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No → Go to #84

→82. Were you able to **get** the vision care, eyeglasses, or contact lenses that you needed?

- Yes → Go to #84
- No

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

	Yes	No
a. I did not have vision insurance	<input type="radio"/>	<input type="radio"/>
b. My insurance would not cover the care	<input type="radio"/>	<input type="radio"/>
c. I could not find a provider who would accept my insurance	<input type="radio"/>	<input type="radio"/>
d. A provider was not available	<input type="radio"/>	<input type="radio"/>
e. I did not have transportation to or from appointments	<input type="radio"/>	<input type="radio"/>
f. I thought it would cost too much	<input type="radio"/>	<input type="radio"/>
g. Some other reason	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No → Go to #87 on page 14

→85. Were you able to **get** the mental or emotional health care or counseling services that you needed?

- Yes → Go to #87 on page 14
- No

86. 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 could not find a provider who would accept my insurance	<input type="radio"/>	<input type="radio"/>
b. A provider was not available	<input type="radio"/>	<input type="radio"/>
c. I did not have transportation to or from appointments	<input type="radio"/>	<input type="radio"/>
d. I thought it would cost too much	<input type="radio"/>	<input type="radio"/>
e. Some other reason	<input type="radio"/>	<input type="radio"/>

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87. Have you ever needed any 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 #91

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

- Yes
- No → Go to #91

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

- Yes → Go to #91
- No

90. 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 could not find a provider who would accept my insurance	<input type="radio"/>	<input type="radio"/>
b. A provider was not available	<input type="radio"/>	<input type="radio"/>
c. I did not have transportation to or from appointments	<input type="radio"/>	<input type="radio"/>
d. I thought it would cost too much	<input type="radio"/>	<input type="radio"/>
e. I did not want to get the treatment	<input type="radio"/>	<input type="radio"/>
f. Some other reason	<input type="radio"/>	<input type="radio"/>

91. 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 #93 on page 15

92. 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 did not have prescription insurance	<input type="radio"/>	<input type="radio"/>
b. I could not find a pharmacy that would accept my insurance	<input type="radio"/>	<input type="radio"/>
c. The pharmacy was not open when I could go	<input type="radio"/>	<input type="radio"/>
d. I did not have transportation to or from the pharmacy	<input type="radio"/>	<input type="radio"/>
e. My insurance would not cover any of the prescription	<input type="radio"/>	<input type="radio"/>
f. I could not afford the co-pay	<input type="radio"/>	<input type="radio"/>
g. The prescription was out of stock	<input type="radio"/>	<input type="radio"/>
h. I ran out of refills	<input type="radio"/>	<input type="radio"/>
i. Some other reason	<input type="radio"/>	<input type="radio"/>



93. **During the past 12 months**, was there a time when you **needed** any other health care, such as a medical exam or medical supplies, devices, or equipment?

- Yes
- No → Go to #97

→94. Were you able to **get** the other health care that you needed?

- Yes → Go to #97
- No

95. Why did you **not get** the other health care you needed **during the past 12 months**?

96. What was the other health care that you needed but did not get **in the past 12 months**?

FINANCIAL SITUATION

These next questions are about your financial situation.

97. **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

98. **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

99. **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

100. **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

101. During the past 12 months, how often were you or anyone in your household unable to eat healthy and nutritious food (such as fruits and vegetables) because of a lack of money or other resources?

- Often
- Sometimes
- Rarely
- Never

102. During the past 12 months, how often did you or anyone in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Often
- Sometimes
- Rarely
- Never

103. During the past 12 months, how often did you or anyone in your household run out of food before you got money to buy more?

- Often
- Sometimes
- Rarely
- Never

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

- Yes
- No

105. 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. Rather than answering while thinking about yourself, please think about residents in your community as a whole.

106. How big of a problem are the following issues in your community?

	A very big problem	A moderately big problem	A small problem	Not a problem at all	Don't know
a. Access to transportation	<input type="radio"/>	<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"/>	<input type="radio"/>
c. Drug addiction	<input type="radio"/>	<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"/>	<input type="radio"/>
e. Paying for food	<input type="radio"/>	<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"/>	<input type="radio"/>

EMPLOYMENT STATUS

Now we'd like to ask you some questions about your own current work situation. Please think about yourself and your own situation as you answer the following questions.

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

- Yes → Continue to #108 on page 17
- No → Go to #113 on page 17

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WORKING

108. *(If working)*

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

			Hours
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109. 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.

110. 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 #115 on page 18

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

- Yes
- No → Go to #115 on page 18



If you are eligible for your employer/ union health insurance but **do not** participate in it → **Continue to #112**

Everyone else → **Go to #115 on page 18**

112. 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 #115 on page 18

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NOT WORKING

113. *(If not working)*

During the past 30 days, did you look for work?

- Yes
- No

114. 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. I have a disability or I am on Supplemental Security Income (SSI)	<input type="radio"/>	<input type="radio"/>
h. Some other reason	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

DEMOGRAPHICS

The next few questions are for general classification purposes.

116. How old are you today?

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 Years

117. What is your current marital status?

- I am married
 - I am widowed
 - I am divorced
 - I am separated
 - I have never been married
- } **Go to #119**

118. Do you live in the same household with your spouse?

- Yes
 - No
- } **Go to #120**

119. Which of the following statements apply to you?

- I have a partner, and we live in the same household
- I have a partner, but we don't live in the same household
- I don't have a partner

120. What is the highest level of school you have completed?

- Less than high school 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)

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

- Yes
- No → **Go to #123**

122. Are you currently serving in the United States Armed Forces?

- Yes
- No

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

- Yes
- No

124. 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

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

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 Pounds

126. About how tall are you without shoes?

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 Feet

--	--

 Inches

The next few questions ask about your household's annual and monthly income so that the survey sponsors can find out how household income relates to health insurance coverage and access to health care. Your answers to these questions will not impact your eligibility for governmental assistance programs.

127. How many family members living in your household, 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.

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 Family Members

128. 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 #130

→ 129. How many other family members who do not live in your home are also supported by the family's total income?

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 Other Family Members

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130. 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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131. What is your best estimate of you and your family members' total 2024 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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132. How many members of your household, including yourself, are 19 years of age or older?

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 Adults

133. 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.*

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 Adults

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

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 Children

If there are no children → Go to #137 on page 20

If there is at least one child → Continue to #135 on page 20

144. In order to mail you your <<incentive>> 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:

145. Please select how you would like to receive your <<Incentive>> in the mail:

- Physical Visa Gift Card
- Check

146. We'd like to learn more about your experience taking this survey. If you experienced any issues taking this survey or found any questions confusing, please describe in the textbox below.



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 (0219168.002.005)
PO Box 12194
RTP, NC 27709-12194**

You will receive your <<incentive>> VISA gift card or <<incentive>> check in three to four weeks by mail.



